PSYCHOLOGY PREDOCTORAL INTERNSHIP PROGRAM

Psychology Services
Holland Bloorview Kids Rehabilitation Hospital

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Holland Bloorview Kids Rehabilitation Hospital
A World of Possibility

Introduction

Children, youth and families are the heart of Holland Bloorview Kids Rehabilitation Hospital (formerly Bloorview Kids Rehab). As the country's largest pediatric rehabilitation facility for young people with disabilities and special needs, our family-centered clinical and research programs have developed specialized expertise in the areas of rehabilitation and habilitation, advocacy, education and research. Services at Holland Bloorview include inpatient hospital care for children with complex medical or rehabilitation needs, respite care, outpatient clinics and community outreach programs. We also have a school on the premises which offers a comprehensive program for 4 to 7 year old children with physical disabilities. The school also provides ongoing educational programming for children and youth from kindergarten to high school during their inpatient or day patient stays in the hospital. Children, youth and their families from across the province come to Holland Bloorview when their special needs cannot be addressed in their home communities. Each year more than 6,000 clients and their families benefit from the services provided by Holland Bloorview.

Clinical teams consist of professionals from a number of areas (e.g., Physicians, Nurses, Dentists, Psychologists, Physiotherapists, Occupational Therapists, Speech and Language Pathologists, Child and Youth Workers, Child Life Specialists, Recreation Therapists, Teachers, Social Workers), and are complemented by Rehabilitation Engineers and Researchers. We are the local service provider for several thousand young people with disabilities who live in the Toronto area.

Teaching and Learning

Holland Bloorview Kids Rehabilitation Hospital is a teaching hospital and is fully affiliated with the University of Toronto. Indeed, teaching and education has become such an integral component of the organization that Accelerating Knowledge has been identified as one of the essential components of our current (2012-2017) Strategic Plan. As stated in the Plan, Holland Bloorview intends to become “a recognized leader in attracting and training the very best of the next generation of experts in childhood disability by embracing best practice models in teaching and learning, and providing an exceptional student experience”. Since 2009 we have been working under a Strategic Plan specifically related to Teaching and Learning. One of the most significant outcomes of this movement has been the development of our Teaching and Learning Institute, led by Dr. Kathryn Parker, Direct of Academic Affairs/Simulation Lead. The role of the Institute is to enhance and develop learning initiatives through-out Holland Bloorview. Through this program, our organization is developing a range of simulation-based teaching activities (such as the use of Standardized Patients) that can be available to staff and students alike, including interns. Our current
internship coordinator, Dr. Janice Hansen, has previous experience as a Standardized Patient, and is actively involved in the development and implementation of simulation activities.

Research

We are also home to the Bloorview Research Institute, the only pediatric rehabilitation research institute within an academic health science centre in Canada. Multidisciplinary teams of scientists (encompassing epidemiology, biostatistics, engineering, outcomes research, physiotherapy, occupational therapy, speech language pathology, psychology, education, music therapy) conduct applied clinical research intended to improve the quality of care and quality of life for children and youth with disabilities and special needs. Dissemination and critique of research activities are the foci of the weekly seminar series that are open to interns as well as staff.

We have recently launched the Concussion Research Centre, led by Dr. Michelle Keightley, a psychologist and Senior Clinician Scientist. She is in charge of the NeuroCare Project, conducting ground-breaking research on how the youth brain recovers following a Mild Traumatic Brain Injury. As she has just joined the organization she has not yet been involved with our interns, but we anticipate that interns with the relevant background may be able to participate in some way with her program.

One of our supervising psychologists, Dr Jessica Brian, is the co-lead for the Autism Research Centre (ARC) which is also part of the Research Institute. The ARC conducts research aimed at improving outcomes and quality of life for children with autism spectrum disorders. The Centre brings together a team of professionals with a wide range of expertise. These include neurology, developmental pediatrics, psychology, psychometry, engineering, early intervention, occupational therapy, speech and language pathology, and nursing. Ongoing research studies include the characterization of autism and the earliest signs of risk, examination of developmental trajectories, pharmacological and behavioural intervention studies, and technology development.

One of our neuropsychologists, Dr. Sara Stevens, has also recently been appointed as a Clinical Team Investigator. Her research focuses on understanding psychosocial functioning, self-regulation and social cognitive outcomes following brain injury of varying etiologies and timing, as well as investigating best practices in cognitive and emotional intervention in acquired brain injury populations.

Community Collaboration

By providing professional education and consultation Holland Bloorview is an important resource for other rehabilitation centers and agencies that serve children. Working in partnership with our clients’ communities across the province, we strive to develop local resources so that increasingly more young
people can receive the services they need closer to home. For example, we have established satellite clinics at two other agencies in Toronto, so that children under six years of age can receive tertiary multidisciplinary diagnostic services in their own communities. Our services, partnerships, research and education initiatives are all aimed at helping children and youth with disabilities develop the skills they need to achieve their goals. Hence, our vision statement: *A World of Possibility!*

**Embracing Diversity**

We serve a variety of children and youth with many disabilities and diagnoses including Acquired Brain Injury, Autism Spectrum Disorder (ASD), Cerebral Palsy, Cleft Lip and Palate, and genetic disorders. Many of our clients have multiple medical concerns and present with additional complex needs including family issues, financial difficulties, and language and cultural differences. Indeed, as we are located in the most multicultural city in the world, Holland Bloorview is committed to promoting a climate that welcomes, understands and respects diversity in all forms. New employees and interns learn about diversity and cultural sensitivity during their orientation to Holland Bloorview. Our facility is accessible for people with physical disabilities, and there are many staff members who have disabilities. The staff at Holland Bloorview reflects our city’s ethnic diversity and speaks a variety of languages; some have even been trained to serve as interpreters for our clients. When internal interpreters are lacking, we employ an agency that provides interpreters in many languages.

**Our History**

Two dozen women, a house, and a dream. Those are the roots of Holland Bloorview Kids Rehabilitation Hospital.

Over the past century, Holland Bloorview has evolved from two distinct entities, whose name changes have reflected the Zeitgeist of the times. In May 1899, a group of community-minded women met in Toronto to discuss the creation of a *Home for Incurable Children*. They called themselves the “Ladies Committee” and included women such as Mrs. Archibald Cox, Mrs. Walter Cassels, Mrs. M. Gooderham, Mrs. G. S. Ryerson and others. “While they were socially privileged,” says Magda Zakanyi, previous archives coordinator at Holland Bloorview, “they were very aware of the community and the need to provide a safe, caring environment for children with chronic illnesses and disabilities.”

Many of the home’s founders had already helped establish the Hospital for Sick Children in 1875, and were concerned with the lack of services available for children following acute care treatment at the hospital. “Essentially,” Magda explains, “they took on all of the financial management of establishing a new institution.” They were consummate dealmakers, using their social connections to publicize their cause and secure donations. Within seven months, a house at 138 Avenue Road and furnishings were donated for 15 children. Five physicians had signed on, deferring payment for their work, and Miss Underhill, a
superintendent, was hired for $15 per month. Donations included ice cream every Saturday for the children’s tea.

In 1964, the Home for Incurable Children became Bloorview Children’s Hospital. Subsequently, Bloorview Children’s Hospital moved to Buchan Court in North York in 1975. Meanwhile, in 1962, the Ontario Crippled Children’s Centre opened at 350 Rumsey Road in Toronto through the dedication of Mr. John David Eaton, Mr. George Gardiner, Mr. John S. Proctor, and others. In the early 1980’s, in honour of Dr. Hugh MacMillan, one of the Center’s early physicians, Ontario Crippled Children’s Centre was renamed Hugh MacMillan Medical Centre and then renamed Hugh MacMillan Rehabilitation Centre in 1989.

In 1996, Bloorview Children’s Hospital and Hugh MacMillan Rehabilitation Centre merged to create a unified children’s rehabilitation and habilitation facility called Bloorview MacMillan Centre, later changed to Bloorview MacMillan Children’s Centre in 2001. Following the move to our new facility in February 2006, our organization became Bloorview Kids Rehab. In June 2010 our name changed again to reflect a substantial donation from the Holland family, and we became Holland Bloorview Kids Rehabilitation Hospital. “As much as things have changed, the key components of care have remained the same,” says Magda. “From the very beginning, the philosophy of allowing children to achieve their personal best was very important to the ‘Ladies Committee.’ Education was important, spiritual growth was important, and recreation and skills development were important.”

Although Holland Bloorview has undergone many changes over the last century, the greatest change has been that “as medical knowledge, scientific discovery and technological innovation have progressed, Holland Bloorview has been able to do a lot more,” says Stephen Trumper, a former trustee and previous client of Holland Bloorview. “What was considered incurable then was probably everything we would accept as curable now.”

**Our Location**

We currently offer services on three sites: the main site is at our state of the art building at 150 Kilgour Road, the original MacMillan site location. We are centrally located in the city within a residential neighborhood that backs onto a large system of parks and recreational trails. In addition to housing offices for clinical and administrative staff, our new facility includes many amenities to benefit clients, families, staff and the community at large. Highlighted features include a Centre for the Arts, offering accessible activities related to the visual and performing arts, a resource centre including a library and internet access, a swimming pool, fitness room for staff, roof-top terrace, hotel for parents of inpatients, and a cafeteria. Additional workplace amenities include a daycare for the children of staff and community parents, as well as a gymnasium that can be booked by staff for activities.

We also offer diagnostic services for children under 5 years at two satellite developmental clinics, one housed at Toronto East General Hospital and one at another agency in Eglinton West.
Our City

Toronto, a metropolis of 2.5 million people, has much to offer. One of the most diverse cities in the world, Toronto embodies the “mosaic” character of our country. Pockets of culture representing almost every corner of the world are sprinkled throughout Toronto. Annual events such as Carnival and Pride Festivals, the Toronto Film and Jazz Festivals, and the Molson Indy and the Santa Claus Parade are internationally known. Toronto is home to numerous attractions (CN Tower, Royal Ontario Museum, Art Gallery of Ontario, Toronto Science Centre, and Ontario Place), sport, theatre and entertainment venues (the Air Canada Centre, the Rogers Centre (formerly Skydome), Roy Thompson Hall and the Princess of Wales Theatre) and an exciting nightlife (the Beach, the Danforth, Yorkville, College Street) scattered throughout this vibrant city. The Toronto Islands, accessible by ferry, are one of our best-kept secrets. There are beautiful and tranquil areas to bicycle, rollerblade, or simply enjoy a picnic lunch. As well, there are a myriad of interconnecting parks and paths that weave through the enormous Don Valley. The park system provides miles and miles of enjoyment for hikers, cyclists, or runners and is directly connected to the grounds of our building!

For more information about our world-class city, the following websites are excellent resources:

General Information  www.city.toronto.on.ca
Getting Here www.city.toronto.on.ca/attractions/getting.here.htm
Maps www.map.city.toronto.on.ca
Attractions www.toronto.com
Getting Around (TTC) www.ttc.ca
Orientation

Holland Bloorview Kids Rehabilitation Hospital requires that each new staff member participate in a General Orientation. Psychology interns attend a half-day orientation session that will familiarize them with the Values, Mission, and Structure of the organization as well as provide training in a variety of skills necessary for dealing with our varied and complex clientele. In addition to this general orientation, interns will also learn our computerized system (Meditech) for receiving referrals, submitting and signing reports, and tracking workload. While the specific details of interns’ work settings may differ, the skills and knowledge acquired during these sessions will familiarize them with the general way in which a large health centre operates in terms of administrative policies and procedures. To facilitate the orientation process, interns are also provided with an orientation binder that includes a list of policies and forms both specific to the practice of psychology and to administrative guidelines for working at Holland Bloorview. Like all new staff, interns must also sign an oath of confidentiality and consent to a criminal reference check.

An important part of working in an interdisciplinary setting is interacting with other team members. At the beginning of each rotation, interns will have several opportunities to meet and speak with staff from the various disciplines, either through team rounds or informally arranged meetings with the intern’s supervisor. By meeting staff members who are part of a program’s team, interns become familiar with their roles within the organization and how they complement the practice of psychology.

Various noon-hour and after-work activities and programs are offered which provide opportunities for interns to interact with each other and staff on a more informal basis as well. In the past, these activities have included lunchtime swims, walking and running groups, evening volleyball, camping trips, yoga classes, and golf tournaments. Annual events such as a winter Holiday Dinner and Dance and a Talent Show provide further opportunities for interns to meet staff from Holland Bloorview.
Psychology Services

Psychology services at Holland Bloorview are currently provided under two broad-based clinical programs: Child Development and Rehabilitation and Complex Continuing Care. Under each of these programs, various teams provide services to a range of diagnostic groups. The Child Development Program presently includes teams and services for clients with Cerebral Palsy, Autism Spectrum Disorders, genetic disorders and Seizure disorders, clients with Cleft Lip and Palate and Craniofacial disorders, and clients with Spina Bifida, Hydrocephalus and neuromuscular disorders. The Rehabilitation and Complex Continuing Care program serves the needs of our inpatient clients, as well as day patients and outpatients with specific rehabilitation needs. Though this program serves the needs of a wide range of clients, including those with Acquired Brain Injury, Arthritis and Orthopedic issues, Spinal Cord injury, and Amputee needs, psychologists primarily provide services to clients with Acquired Brain Injury through the Brain Injury Rehab Team.

In addition to these clinical programs, Holland Bloorview offers a number of community-based services under our extensive Community Program. This program includes, for example, community-based nursery schools, therapeutic recreation services, respite services, communication and writing aids teams, life skills and summer camp programs. Though psychology staff are not attached to the Community Program, we sometimes offer consultation regarding clients that are served by this program.

Within our clinical programs and services, we offer primarily developmental, cognitive, psycho-educational, behavioural and neuropsychological assessments, as well as some individual and group therapies. Consultation services are provided to other members of the multidisciplinary teams and community professionals, including school staff. We are committed to helping community service providers develop expertise in working with children who have physical disabilities and/or a range of complex special needs to ensure continuity of care for our clients and quality service for others.

The psychology staff at Holland Bloorview works within a program management structure and provide services within the Brain Injury Rehab Team, and a number of different teams under the Child Development Program. Some of our staff also provides psychological services off-site at our two satellite clinics.

Brain Injury Rehab Team

The Brain Injury Rehab Team (BIRT) serves inpatient, day patient and outpatient clients who have sustained an acquired brain injury and their families. Intensive rehabilitation assessment and treatment services are provided by a multidisciplinary team that includes physicians, nurses, social workers, physiotherapists, occupational therapists, speech language pathologists, resource child and youth workers, child life specialists, therapeutic recreation specialists, and special education teachers. The inpatient/day patient and the outpatient
teams are each staffed with two clinical neuropsychologists and two psychometrists.

**Child Development Program**

Psychologists also work in all four teams under the Child Development Program (CDP). There is currently a Child Development Team (CDT) providing services to children and adolescents with autism spectrum disorder, cerebral palsy, epilepsy, and other neurodevelopmental disabilities. The team offers a multi-disciplinary approach that may include input from physiotherapists, occupational therapists, speech pathologists, developmental pediatricians, nurse practitioners, and social workers. One component of the CDT is the Communication, Learning and Behaviour Team (CLBT) which is a diagnostic team that provides assessments for clients who may have Autism Spectrum Disorders.

The CDP has also recently introduced two new group intervention programs, the Triple P Parenting Program, and Facing Your Fears, a group CLBT program for children with Autism and anxiety. The Triple P program is run as a parent group only, while the Facing Your Fears program is designed for both parents and their children. Given our organization’s emphasis on inter-professional collaboration, the Triple P program is co-facilitated with a number of other professionals, including social workers and speech pathologists. One of our psychologists, Dr. Naomi Slonim from the CDT, is currently co-leading the Triple P program. Dr. Vicki Nolan and Dr. Abbie Solish, along with additional staff from our CLBT team, run the Facing Your Fears program. Interns will facilitate each of the Parent and Child Facing Your Fears groups, regardless of their rotations.

The Cleft Lip and Palate/Craniofacial Team is also part of the CDP. This outpatient team provides services to clients born with cleft lip and/or palate, or a variety of craniofacial and genetic disorders such Apert’s, Crouzon’s, Velocardiofacial, Goldenhar and Treacher-Collins Syndromes. The team includes three speech and language pathologists, a social worker, a neuropsychologist, and a psychometrist.

One of our psychologists provides assessment and counseling services in the Spina Bifida and Neuromuscular Teams, also housed under the CDP. These teams offer multidisciplinary services to outpatient clients with spina bifida and neuromuscular disorders, and their families. This psychologist also provides services to the Integrated Education and Therapy program (IET), our in-house school for young children with physical disabilities.

**Psychology Meetings**

The psychology group maintains its cohesion as a discipline through regular administrative and educational (e.g., Psychology Rounds, Clinical Rounds, Journal Club) meetings. As part of our professional governance structure, our monthly mandated Psychology Practice Council meetings provide a forum that facilitates dialogue, supports decision-making, and promotes excellence in professional practice. As psychology staff members, our interns are actively involved in these meetings. Business items discussed can include feedback about
management initiatives, practice and ethical issues or guest speakers. Our Psychology Rounds involve presentations from psychology staff and students on research projects and topics of interest based on their clinical experiences. We also offer a didactic seminar series, Clinical Rounds (affectionately known as CSI, or Case Study Investigations), and a monthly Journal Club where we discuss relevant articles related to clinical practice and research.
The Psychology Predoctoral Internship Program

Psychology Services are proud to have received Holland Bloorview Kids Rehabilitation Hospital Foundation grants to support our internship program that formerly began in the fall of 1999. We first became accredited with the Canadian Psychological Association (CPA) in 2002, and in November 2011, we were awarded a re-accreditation term of six years. The internship standards from CPA for application, rotations and delivery of the program are being followed. There are two full-time paid internship positions available.

Our Applicant Pool

We have a long history of training practicum and internship psychology students from graduate clinical programs at universities across Ontario. Our initial applicants were students from Child-Clinical, Clinical Developmental, Clinical Neuropsychology, Neuroscience or School and Child programs from local Ontario universities. When we obtained CPA accreditation, we began to attract interns from clinical psychology programs across Canada as well as the United States, who are interested in acquiring experience with a specialized and diverse pediatric population.

We now accept only candidates from CPA or APA-accredited clinical, school, or counseling programs. Successful intern candidates have had graduate level training in pediatric psychology (including courses in development and child assessment), and clinical experience with children and adolescents. We look for candidates with a strong background in the administration and scoring of a number of standardized pediatric assessment measures (i.e., cognitive, academic, behavioural) as well as some counseling experience.

Most of our interns expect to work as clinical child psychologists or clinical neuropsychologists and are prepared to work in a variety of settings such as mental health agencies, school boards and pediatric health facilities. Graduate students enrolled in APA or CPA-accredited doctoral programs in clinical, counseling or school psychology that have completed their coursework and have a total of 1000 hours of supervised practicum experience (including direct and indirect services, as well as support hours) are invited to apply.

(See page 36 for information on how to apply)

Goals and Objectives of the Program

Our primary goal in offering the internship is to train future psychologists who are competent in providing clinical services to children and their families. Using a mastery model of training, interns gain experience with diverse health care issues, and have opportunities to work with children with medical diagnoses not often encountered in other settings. At the same time, the internship program provides training in broad-based skills of assessment, consultation and treatment that can be readily generalized to other populations, including typically developing children and adolescents who may be referred to psychology services in school boards or other community agencies.
Following the mastery model, we adopt a “teach-show-do” approach where interns are expected to assume increased responsibility and independence as the year progresses. Through this approach, interns acquire valuable skills such as conducting comprehensive intake interviews, providing therapeutic feedback (including “breaking bad news”), conducting standardized assessments as well as learning how to adapt assessments to accommodate varying abilities and needs, formulating and communicating differential diagnoses, delivering CBT in a group format, developing and implementing hierarchies for anxiety treatment, and providing consultation to parents, teachers, and other professionals.

**Goal 1 Comprehensive, diverse training opportunities**

Our overarching goal is to train interns to become competent clinical psychologists who are skilled at providing a range of psychological services to children, adolescents and their families. With this primary goal in mind, rotations are selected to ensure a diverse experience that includes a variety of populations (inpatient/outpatient, medical diagnoses), age-ranges, psychological diagnoses, and ethnicity. Interns are expected to track details such as the ethnic and cultural backgrounds, ages, gender, and types of disability of the clients with whom they work. We also ensure that our interns have opportunities to work with interpreters during their placement. In keeping with CPA accreditation standards, training is provided in the key areas listed below.

**Goal 2 Training in Assessment, Intervention, Consultation and Program Evaluation**

2a) Assessment

Assessment is a primary mandate of psychological services at Holland Bloorview and interns can expect to receive extensive and rich training in this area regardless of their rotations.

Specifically, our objectives include enhancing and developing the breadth and depth of skills in psychological assessment through the following methods:

- Conducting intake interviews
- Using observational skills
- Formulating the problem
- Administering and scoring tests
- Interpreting and integrating test results with other data
- Knowledge/application of diagnosis
- Providing feedback to clients/families
- Writing reports
2b) Intervention

Depending on their rotations, interns typically gain experience in cognitive therapy, group therapy and/or parent counselling/support counselling, as well as some individual therapy. As mentioned, all interns will receive training in Group CBT through participation in the 14 week Facing Your Fears program offered to children with high-functioning ASD and anxiety, and their parents.

We hold at least two group sessions each year, with each intern taking responsibility for co-leading either the parent or child group in the Fall, and then switching for the Spring group. In keeping with the organization’s emphasis on inter-collaborative practice, the group leaders may include staff from a variety of disciplines such as social workers, behaviour therapists, and developmental pediatricians, although the groups are always co-led by psychology staff.

In keeping with our mastery model, interns are given increasing responsibility for planning the activities and leading the group as they become more competent in the process. Although the intervention is provided within the context of a group, the Facing Your Fears program is very clinically-based and there is time allotted within each session for the group leaders to work individually with the parent-child dyads to develop and implement their specific fear hierarchies and exposures directly during the sessions. Thus, interns are able to gain experience with individual/dyad intervention in addition to the group intervention component.

According to the interests of the interns and client referrals, interns also have the possibility of taking on an individual therapy case with a school-age child or adolescent which is carried throughout the major intern rotations. Some of these cases may involve providing individual CBT to clients on the referral wait-list who may not be appropriate for a group program.

Within the Brain Injury Rehab Team inpatient rotation, there also are opportunities for interns to provide individual as well as group supportive counseling services to clients who are experiencing coping and adaptation issues as a result of their illnesses or injuries.

Depending on their rotation and referrals, the following skills may be evaluated with respect to intervention:

- Intervention planning
- Individual psychotherapy
- Play therapy
- Individual and group CBT
- Development and implementation of hierarchies
- Group support therapy
- Developing a behavioural intervention program
- Theoretical knowledge/application of therapeutic techniques
2c) Consultation

Consultation is another primary component of psychological practice at Holland Bloorview. Interns will have opportunities to provide consultations both internally, on multi-disciplinary teams, and externally, to schools and other agencies. The following specific objectives are part of the training plan:

- Interact with multi-disciplinary teams:
  - Observe and appreciate the significant contributions of team members from various disciplines
  - Offer information and advice to teams in order to enhance understanding and services
  - Contribute to the efficiency of team functioning through the use of conflict resolution, communication and the analysis and synthesis of information
- Consult with other professionals within the organization
- Consult with professionals from the community to acquire and provide information

2d) Program Evaluation

Skills in program evaluation are typically developed through the evaluation of the Facing Your Fears CBT program, as well as through participation in quality improvement initiatives related to the internship program. Skills to be evaluated include:

- Collection of data
- Scoring test forms
- Entry of data for program evaluation
- Analysis and summary of results

Goal 3 Developing as a professional psychologist

In addition to providing training in specific clinical skills, our goals include fostering the development of independent thinking and responsibility so our interns are gradually prepared for autonomous practice. Our supervisors focus on ethical discussions, clinical decision-making and other broad-based competencies as outlined below:

- Maintain a professional demeanor
- Establish rapport with a variety of client populations
- Appreciate and understand multicultural issues and individual differences
- Engage in competent clinical decision-making, e.g., choosing appropriate tests
- Communicate openly with supervisor and respond appropriately to supervision
- Demonstrate knowledge of and apply ethical standards of practice
- Ability to work responsibly in absence of supervision
• Ability to work with other staff
• Efficiency/punctuality of appointments
• Openness to learning
• Creativity and initiative
• Awareness of limitations

Goal 4 Professional Development

Interns are expected to participate in active learning through regular attendance at Didactic Seminars, Journal Club, Rounds, Clinical Case Rounds, and other educational opportunities as described throughout this brochure.

Goal 5 Involvement in and Awareness of Research

Though most of our supervising staff do not have dedicated research time, as mentioned, two of our supervisors, Dr. Jessica Brian and Dr. Sara Stevens, hold positions within the Bloorview Research Institute that include research responsibilities focused on early intervention in autism and psychosocial functioning after brain injury respectively. Depending on their training and background, interns may be involved in some aspects of these ongoing research projects. Our interns are also typically involved in the outcome research related to our Facing Your Fears CBT program.

For most interns, research expectations will be based on the following: Half a day per week devoted to research activities either related to the dissertation (i.e., writing it up for defense or publication) or other activities related to research at Holland Bloorview. Interns will also be required to choose a research article to lead for Journal Club and make one research-based presentation for Psychology Rounds.

Goal 6 Development of Supervision Skills

Interns are also expected to provide supervision to Psychometrists with respect to case discussions and decisions around which tests to use. Interns may also be involved in the supervision and mentoring of practicum students (with respect to specific skills such as test administration or academic/career goals), or training students, research assistants and/or newly hired staff on specific test measures.

• Work collaboratively with a Psychometrist when appropriate
• Provide constructive feedback regarding test administration and scoring when training practicum students, research assistants, or medical students

Goal 7 Administration Skills

• Develop accountability through documentation of work load data entry for Ministry of Health
• Develop effective time management skills
• Learn to comply with record-keeping procedures
Organization of Rotations

In consultation with the internship coordinator and supervisors, we expect interns to select three major rotations with three different psychologists during their year at Holland Bloorview Kids Rehabilitation Hospital.

Rotations are described in detail in a later section. Please note that the rotations are subject to change pending staff availability. Rotations are normally of four months duration and are consecutive (i.e., September to December, January to April, and May to August).

Most candidates can expect to do one rotation on a team offering neuropsychological services. The level of training and exposure to neuropsychology will vary, however, depending on the background and experience of the intern. For many interns, the focus of this rotation will be an introduction to the practice of neuropsychology. Interns pursuing training in neuropsychology may be offered a more intense exposure to the field, and might wish to consider two or three rotations in that area.

Those interested in educational psychology or pediatric health psychology should consider rotations with the Child Development and Spina Bifida and Neuromuscular Teams.

Interns are expected to choose rotations so that they are exposed to a variety of different populations. This ensures that interns are provided with adequate breadth of clinical experiences. The order of rotations varies depending on both the needs of the interns and the availability of their respective supervisors.

As noted, regardless of their rotations, all interns will also receive training in the Facing Your Fears group CBT program, working in both the Parent Group and the Children’s Group for two 14-week sessions.

While the majority of their time is spent with their assigned supervisors, interns who wish to do so also have the opportunity to explore minor interests in other rotations or in consultation with other staff such as psychological associates (refer to staff bio-sketches for more details).

A Typical Week for an Intern

Interns are very much included and incorporated within their respective rotations as psychology staff. They are afforded significant opportunities to interact with clients, their families and professionals from other disciplines. Interns can expect to spend a significant proportion of their time in direct client care, which may involve clinical interviewing, consultation with parents and families, psychological or neuropsychological testing, and individual and/or group counseling.

As noted previously, all interns are expected to participate as co-leaders in both the parent group and child or adolescent group of the CBT group therapy program for clients with ASD. A psychologist other than their rotation supervisor
may supervise their work in this program. When not engaged in assessment or intervention, interns may be involved in less direct aspects of client care such as report writing, file review, administrative tasks (e.g., writing progress notes), scoring and interpreting test results, attending interdisciplinary client rounds, and receiving clinical supervision.

Like all staff at Holland Bloorview, interns are also expected to document and enter their workload statistics using the Meditech system. Finally, interns attend and contribute to Psychology Rounds, Journal Club, Didactic Seminars, Clinical Rounds and staff meetings as noted.

**Supervision**

Our supervisors’ dedication and commitment to the success of our interns is evident in the extremely positive feedback received from our interns. Indeed, the quality of our supervision is consistently regarded as one of the strengths of the internship program at Holland Bloorview.

Our program follows the CPA standards for the supervision of interns, with a minimum of four hours per week of individual Ph.D. level supervision (or three hours individual and one group session), although interns often receive many more hours of collaborative teaching and discussion. Although the style of supervision varies with each supervisor, all of them follow our mastery model of training. Interns can expect to learn from modeling, observation, teaching, directed readings, feedback, ethical training and professional guidance.

**Supervisory Supports**

During their internship year, interns can take advantage of a range of supervisory and didactic supports, adding to the richness of the intern experience.

In addition to supervision provided by the supervising psychologist of each rotation, other training supports and consulting opportunities are available. For example, two Psychological Associates currently on the Child Development team, Ms. Janet Quintal and Ms. Molly Malone, are also available for consultation. Ms. Quintal works with a range of clients from the Child Development Team. Ms. Malone provides assessments to school-aged children, particularly those with learning disabilities, autism spectrum disorder, and attention deficit hyperactivity disorder.

(For a more detailed description of their areas of focus see their Biosketches)

**Educational Supports**

Apart from the supervisory experience, interns will discover a wealth of educational opportunities at Holland Bloorview.

Our new Teaching and Learning Institute provides leading edge training in the form of Simulation, including the use of Standardized Patients to provide experiential training in case scenarios and role-plays. These activities are
typically conducted within an inter-professional context, so our interns also have the opportunity to learn along with staff and students from other professions. To date, our interns have participated in simulation scenarios such as Code White situations, and the use of electronic documentation in clinical practice.

Holland Bloorview is also one of the leaders in Interprofessional Education (IPE). Our Resource Centre offers internet access as well as a library collection that includes books, journals, videos and other materials related to pediatric rehabilitation, disabilities, complex medical conditions, research and education. Our Resource Centre is also part of a consortium of health science libraries through the University of Toronto. Our librarians are extremely knowledgeable and resourceful and will help interns locate and obtain additional material not available on site.

Interns are also welcome to do their own searches, as they will each have their own computers with access to the internet. One of our neuropsychologists, Dr. Bigel, also has an extensive personal collection of neuropsychology journals dating back several years. These are available to students and include: Journal of the International Neuropsychological Society, Child Neuropsychology and Developmental Neuropsychology.

The Journal Club, Psychology Rounds, Didactic Seminars, and Case Study Investigation meetings are also essential educational components of the internship program. Interns are expected to attend the monthly Journal Club and Psychology Rounds along with psychology personnel and practicum students. They are responsible for selecting an article and leading discussion for one of the Journal Club meetings, and for presenting one seminar on a topic of their choice for Rounds. The Didactic Seminar series is a program that covers a range of topics relevant for psychology practice with children, including therapy issues including individual child therapy and family therapy, diagnostic issues such as ASD, ADHD, Intellectual Disabilities, as well as topics related to clinical practice and ethics (e.g. providing expert witness testimony, applying for College licensure) as well as pediatric health populations, such as Speech and Language issues and Cerebral Palsy.

Grand Rounds and Bio-ethics Rounds are also excellent educational opportunities for interns. These are centre-wide forums, where presentations are made by Holland Bloorview staff and external contributors. Interns can also attend research seminars conducted by the Bloorview Research Institute and Instructional Media Services. A variety of educational opportunities are listed on a monthly basis in Holland Bloorview’s Education Events Calendar.

Interns may also choose to receive training in the ADOS, an Autism diagnostic tool, and can be certified in Nonviolent Crisis Intervention, which focuses on the management of disruptive or aggressive behaviour.
Evaluation

Evaluation of the interns’ performance is an ongoing process. At the outset of the internship, interns meet with the internship coordinator and all three of their rotation supervisors to establish their training plan for the year. During each rotation, there is a formal mid-rotation meeting with the intern, their rotation supervisor and the Internship Coordinator, to review the intern’s goals. At this time, the intern receives formal written feedback about their progress in the rotation to date.

Additionally, each intern meets individually with the Internship Coordinator on a monthly basis. These meetings provide interns with opportunities to discuss privately their experiences in the rotations. The meetings also allow for the Internship Coordinator to ensure training goals are being addressed.

At the end of each rotation there is a transition meeting that includes the intern, the Internship Coordinator, the current supervisor and the incoming supervisor. In preparation for this meeting, the current supervisor completes another formal evaluation form which is reviewed privately with the intern prior to the meeting. At the transition meeting the intern’s performance and progress for the rotation are summarized.

There is a final meeting at the end of the training year where the intern, the Internship Coordinator and all three supervisors meet to review the intern’s progress in relation to their individual training plan. Interns receive a copy of each evaluation, and also receive a letter from the Internship Coordinator at the end of the internship year that outlines their progress throughout the entire year. Copies of the interns’ evaluations are also sent to their respective university Directors of Training.

Due Process

An appeal process is in place for interns and is described in detail in the intern orientation binder. Typically, an appeal involves the Internship Coordinator and can involve the intern’s university Director of Training, as appropriate. We follow a fair evaluation procedure that includes due process in the case of dispute in the internship evaluation process.

Quality Management of the Internship Program

We have an ongoing quality management program for evaluating our internship program. At the end of each rotation, interns are requested to complete an evaluation of the rotation and the supervisor. These remain with the Internship Coordinator until the end of the year when they are shared with the relevant supervisors and the Internship Committee.

The Internship Committee reviews and implements interns recommendations, as appropriate, the following year to improve our program. During their internship year, interns sit on the Internship Committee and provide a valuable contribution to the ongoing quality improvement activities of the program.
**Professional Development**

Professional development is also an essential component of the internship program and is considered a training goal. In addition to the in-house professional development opportunities, interns are also encouraged to participate in externally-based professional development activities including attending local conferences and workshops or making use of library facilities. They are allotted a total of up to five paid professional development days over the course of their year for these activities.

**Stipend and Benefits**

In the 2015-2016 internship year each of the two interns can expect to receive a stipend of approximately $36,800 in Canadian funds (including 17% in lieu of vacation and benefits).

Interns who require health benefits may purchase coverage through a company affiliated with Holland Bloorview. Past interns have also chosen to opt-in to the health coverage provided at their University during their internship year.

Interns are expected to take 10 working days (2 weeks) off for vacation during their 52-week internship. As vacation is paid in lieu, the vacation days are unpaid at the time it is taken.

As noted above, interns are granted five professional days per year to use for professional development (e.g., conference attendance, educational workshops). Like other psychology staff members, interns will have access to some professional development funds to assist with conference fees. Additional funds may also be available through the internship program.

As staff members at Holland Bloorview our interns are welcome to access our Employee Assistance Program that is free of charge. The range of services is varied and the service is confidential.

**Additional Intern Resources**

Interns are provided with office space including a personal desktop computer, telephone, locked storage area, and filing cabinet.

Also, interns are encouraged to take advantage of Holland Bloorview’s facilities, including staff pool times, as well as the staff fitness centre and fitness classes for a nominal monthly fee.
Rotations

CHILD DEVELOPMENT PROGRAM ROTATIONS:

1) CLEFT LIP & PALATE/CRANIOFACIAL TEAM (CLP/CF)

Marla Bigel, Ph.D., C. Psych.

This rotation offers outpatient services to children and adolescents with obvious facial differences such as a cleft lip and palate, craniosynostosis or Apert Syndrome as well as other craniofacial/genetic disorders.

Interns will be exposed to a wide range of neurological/medical, cognitive, learning, psychosocial and behavioural features that can be associated with these disorders. The rotation focuses primarily on neuropsychological and neurodevelopmental assessment of children and adolescents (ages 4 - 19), and provides interns with an opportunity to learn about brain development and brain-behaviour relationships in the context of these disorders.

Prior exposure to neuropsychological assessment techniques, either through practicum training or work experience, is helpful; however, for those without prior experience, an introduction to neuropsychological assessment will be provided.

Interns can expect to learn to administer, score and interpret a variety of cognitive, neuropsychological, academic and behavioural assessment measures. There will also be opportunities to learn how to choose appropriate assessment tools based on the presenting problem. As part of learning about test administration, interns will learn how to test in non-standardized or “difficult” testing situations. Opportunities to observe and conduct clinical interviews and feedback to clients/families, as well as write clinical reports will also be possible.

Interns will learn to integrate medical/ neurological and developmental information with neuropsychological test findings to formulate diagnoses (e.g., Learning Disability, Developmental Disability, ADHD) and to make appropriate recommendations in a report.

Consultation with parents, school/teachers and community professionals is an integral part of the rotation. Opportunities for behavioural intervention or brief education/counselling are dependent on the referrals at the time of rotation. Participation in clinical rounds, presentations and consultation meetings with CLP/CF team members at SickKids hospital periodically occur.
2) SPINA BIFIDA AND NEUROMUSCULAR TEAM and HOLLAND BLOORVIEW SCHOOL

Andrea Snider, Ph.D., C.Psych.

This rotation offers the opportunity to provide assessment and consultation to young children attending the Integrated Education and Therapy Program (IET).

The IET is a unique school program that provides an on-site comprehensive full-day program for young children with physical disabilities. The IET provides children from 4 to 7 years of age with educational and therapeutic interventions that prepare them for successful entry into the public school system. Interns work collaboratively with teachers and other staff, providing assessments, consultations to teachers, team feedbacks, attending case conferences, and potentially IPRC meetings, as well as providing consultation to parents. In addition to the young children seen in the IET, there are also occasional opportunities to work with older children attending the Holland Bloorview School during inpatient admissions.

Dr. Snider also works on a multi-disciplinary team that provides services to clients of all ages (from infants to adolescents) with spina bifida and spinal cord injuries, muscular dystrophy and other neuromuscular disorders. Unless they are in a summer rotation, interns will typically get exposure to both aspects of Dr. Snider’s services.

Regardless of the client population, the focus of this rotation is largely on assessment (cognitive and behavioural), but also includes consultation to parents, teachers, and other professionals, as well as some individual counselling for children. Interns learn how to administer and interpret a variety of assessment measures for a range of clients. Interns can expect to be responsible for 8 to 10 assessment cases and to participate in at least 5 or 6 joint cases with their supervisor.

Interns learn how to select assessment tools for various ages and presenting problems, how to administer formal and informal measures, how to score and interpret tests and interview data, and how to formulate diagnoses such as learning disabilities, Intellectual Disabilities, and attention deficit disorder.

They learn to conduct intake interviews, provide therapeutic feedback and education to clients, parents and families, and provide feedback to teams and consultation to teachers and other professionals. There are also opportunities to provide parent consultations at our weekly Spina Bifida clinic. Depending on the referrals at the time of the internship, there may also be opportunities to take on one or two counselling cases.
3) CHILD DEVELOPMENT TEAM

Janice Hansen, Ph.D., C. Psych.
Naomi Slonim, Ph.D. C.Psych.

The Child Development Team provides services to children and adolescents with a wide range of neuro Developmental Disabilities including autism, cerebral palsy, epilepsy, and others. The team offers a multi-disciplinary approach that may include input from physiotherapists, occupational therapists, speech pathologists, developmental pediatricians and social workers. The rotations within the CDT involve the opportunity to work with children of a wide range of ages, from preschoolers to adolescents.

As with Dr. Snider’s rotation, the focus is largely on assessment (developmental, psycho-educational, behavioural,) as well as consultation to parents, teachers and team members. Interns typically learn how to administer and interpret a variety of tests for a range of clients, including those with mild physical limitations, behavioural and language difficulties, as well as more complex clients who may be nonverbal and/or severely limited in their physical skills.

During the course of their rotation, interns are typically responsible for a minimum of 8 to 10 assessment cases, as well as participating in several other assessments with their supervisor. Interns gain valuable experience in formulating diagnoses, especially developmental disorders including Intellectual Disabilities, Learning Disabilities and Attention Deficit-Hyperactivity, as well as providing feedback and writing integrative reports.

Note: Dr. Hansen also works on the CLBT (described below), thus interns choosing a rotation with her will also gain experience in the assessment and diagnosis of Autism Spectrum Disorders.

4) CHILD DEVELOPMENT TEAM: Communication Learning & Behaviour Team

Jessica Brian, Ph.D. C.Psych.
Janice Hansen, Ph.D., C. Psych.
Thomas Rhee, Ph.D., C.Psych.
Abbie Solish, Ph.D. C.Psych.

The Communication Learning and Behaviour Team (CLBT), a component of the Child Development Team, is a multi-disciplinary diagnostic service that provides assessments for children and adolescents who may have Autism Spectrum Disorder (ASD). Interns who are interested in this experience may choose a major rotation with Dr. Hansen, Dr. Rhee, or Dr. Solish, or a minor rotation with Dr. Brian.
In their roles on the main site Dr. Hansen and Dr. Rhee are responsible for leading and coordinating the ASD assessment, including administering the Autism Diagnostic Observation Schedule (ADOS) and cognitive measures, formulating the diagnosis, providing feedback to the family and completing the written report. Interns who work in their rotations will have an opportunity to be involved in every step of this process. This allows for consultation with other team members, as well as supervision opportunities with a psychometrist.

In addition to their work on the main site, Dr. Rhee and Dr. Solish work half-time in the Eglinton West Satellite clinics. This clinic offers similar diagnostic services as the CLBT, however, the referrals are limited to children under 5 presenting with language, behaviour, cognitive, and/or social delays. Interns particularly interested in acquiring skills in developmental assessment with young children may be interested in this opportunity.

Dr. Brian provides similar services on the main site on another multi-disciplinary team with clients who may have ASD, however, her clinical FTE is limited, and thus she is only able to offer a minor rotation typically one to two days per week.

For interns who have a special interest in ASD, there is extensive opportunity for training with the ADOS, including potentially participating in a training workshop. Interns who have previous experience with this measure may be able to build on their skills sufficiently to achieve reliability with the ADOS during their internship year. For those who have no prior experience, the CLBT rotation can offer an introduction to ASD diagnosis, however, competence and reliability with the ADOS is usually not feasible in the time allotted during internship.

**BRAIN INJURY REHAB TEAM ROTATIONS**

*Mary Stewart, Ph.D., C. Psych.*
*Janine Hay, Ph.D., C. Psych.*
*Sara Stevens, Ph.D., C. Psych.*

The Brain Injury Rehabilitation Team (BIRT) offers services to clients with acquired and traumatic brain injuries (e.g., strokes, tumours, encephalitis, trauma from motor vehicle crashes, falls). This service is divided into two possible rotations: inpatient/day patient services and outpatient services. Both these rotations offer the opportunity to work with a range of ages including preschoolers, school-aged and adolescents.

While prior exposure to neuropsychological assessment techniques, either through practicum training or work experience is helpful, an introduction to neuropsychology will be provided to those without prior experience.

The focus of these rotations is on the neuropsychological (and occasionally psycho-educational) assessment, interpretation and diagnosis of children and adolescents with acquired brain injuries who, in some cases, also have pre-existing learning and behavioural issues. Within the inpatient/day patient program, there are also opportunities to provide individual and group supportive
counseling services, including an Adolescent Support Group (a supportive counseling group for teens with acquired or traumatic brain injuries between the ages of 13 and 18 years), cognitive rehabilitation for school-aged and adolescent clients, and behavioural consultation to families and multidisciplinary team members.

Group therapy experiences are not available in the outpatient rotation, however, interns who work with this population will have the unique opportunity to develop an understanding of the long-term consequences (cognitive, socioemotional, and behavioural) of an acquired brain injury (ABI) and the many ways these children present at different developmental stages. Opportunities for community liaison with the client’s school and external resources (e.g., other treatment providers) are also common in both rotations.

During the course of their rotation in either BIRT program, interns can expect to be responsible for a minimum of 5 neuropsychological or psycho-educational assessment cases. Interns conduct a clinical interview with clients as appropriate; administer a complete neuropsychological test battery or psycho-educational assessment as appropriate; provide feedback and education to clients and their families; provide feedback to community partners (e.g., school, community rehabilitation teams, etc.), and interpret and write neuropsychological or psycho-educational reports.

Interns also learn how to formulate a neuropsychological (i.e., brain-behaviour), clinical, or developmental diagnosis, and to assess the impact of pre-existing learning difficulties (e.g., learning disabilities, attention deficit disorders) on current cognitive functioning. Consultation with other members of the multidisciplinary team is an essential component of the psychologist’s role, and consequently, the intern’s role within the Brain Injury Rehab Team and Holland Bloorview Kids Rehabilitation Hospital as a whole.

Dr. Mary Stewart is currently offering the inpatient/day patient rotation in the BIRT program while Dr. Janine Hay and Dr. Sara Stevens work with the outpatients. Please refer to their biosketches for details regarding their background and training.
Psychology Staff

CHILD DEVELOPMENT PROGRAM

Dr. Marla Bigel
Supervisor: Cleft Lip & Palate/Craniofacial Team

Marla Bigel received her Ph.D. in Behavioural Neuroscience from the Department of Psychology at the University of Waterloo in 1998. Dr. Bigel is currently registered as a psychologist with the College of Psychologists of Ontario, in the area of Clinical Neuropsychology with children and adolescents. Longstanding interests in neuroanatomy, brain development, acquired brain injury and neurodevelopmental disorders led her to the field of pediatric neuropsychology. Dr. Bigel completed post-doctoral research at The Hospital for Sick Children where she investigated the impact of neuropathology on learning and memory in children and adolescents with epilepsy and explored material-specific deficits in right vs. left temporal lobe epilepsy. Since arriving at Holland Bloorview in 2000, Dr. Bigel has conducted neuropsychological and neurodevelopmental assessments with children/adolescents ranging in age from 2 to 19 in different programs at Holland Bloorview. Now working with the Cleft Lip and Palate/Craniofacial Team, her current clinical and consultation work focuses on neuropsychological assessment of children and adolescents with cleft lip and/or palate, and craniofacial/genetic disorders such as craniosynostosis, Crouzon’s, Treacher Collins and Apert’s Syndromes.

Dr. Jessica Brian
Supervisor: CLBT Team

Dr. Jessica Brian is a Psychologist in the Child Development Program and Clinician-Investigator at the Holland Bloorview Research Institute. She also co-leads the Autism Research Centre and has academic appointments at the University of Toronto and OISE/UT. Dr. Brian received her Ph.D. in Psychology (Clinical-Developmental) from York University in 2000. She received intensive training in Applied Behaviour Analysis with children with Autism during her pre-doctoral internship at the Princeton Child Development Institute. Dr. Brian’s interests in Autism research include understanding basic mechanisms of attention, as well as very early identification and intervention with high-risk toddlers. For several years, Dr. Brian has been involved in multi-site research programs aimed at identifying the earliest behavioural and genetic markers of Autism and related disorders, and she is currently evaluating the efficacy of a very early prevention/intervention program that she co-developed for use with infants and toddlers with suspected Autism. In her current position at Holland Bloorview Kids Rehab, Dr. Brian is involved in diagnostic and psychoeducational assessments of children with Autism Spectrum Disorders, Intellectual Disabilities, learning disabilities, and related complex needs. Some of these services are currently provided off-site at the Holland Bloorview Child Development Team community satellite, located at our new Eglinton West site.
Ms. Shawn Brumby  
*Psychometrist*

Shawn Brumby received her Masters of Science in Child, Adolescent and Family Mental Health at London Metropolitan University, UK (2010), and her Bachelor of Arts in Honours Psychology at Wilfrid Laurier University (2006). As a Psychometrist for the Child Development Program, her primary role is to conduct psychological and developmental assessments with children with autism spectrum disorders, learning disabilities, and Intellectual Disabilities. Her previous experience includes conducting assessments throughout schools in the Niagara region for the national initiative Understanding the Early Years (UEY). Shawn’s previous experience also includes coordinating and providing behavioural interventions for children with autism as a senior instructor therapist.

Dr. Janice Hansen  
*Internship Coordinator and Supervisor: CLBT and CDP teams*

Dr. Hansen obtained her Ph.D. in Clinical-Developmental Psychology from York University in 1994, becoming registered with the College of Psychologists in 1995. She has had experience working with a variety of populations of children with special needs both at Holland Bloorview and in a previous position at the E.C. Drury School for the Deaf. Much of her work has focused on the diagnosis of cognitive difficulties in children, including developmental assessment of preschoolers as well as autism spectrum disorders, attention deficit-hyperactivity disorder, Intellectual Disabilities and learning disabilities in school-aged children. She has undergone extensive training in administering the Autism Diagnostic Observation Schedule (ADOS) and has achieved reliability in administering all of the modules. At Holland Bloorview Dr. Hansen currently provides services to the Child Development Team, both within the Neuromotor stream (e.g. clients with CP and other physical disabilities) as well as the Communication Behaviour and Learning Team. This team provides diagnostic assessments for individuals with a possible Autism Spectrum Disorder. In addition to her assessment services, Dr. Hansen provides group intervention including the current Facing Your Fears CBT program for children with Autism and anxiety, as well as in a previous CBT group for children with anxiety without ASD. Dr. Hansen also teaches a variety of didactic sessions on topics such as Vineland Training, Setting up a Private Practice, and Expert Witness Testimony.

Dr. Hansen has been actively involved in supervision, training and mentoring for many years and in April 2005, she assumed the duties of the Internship Coordinator for the Psychology Predoctoral Internship program. In April 2008 she was honoured to be nominated for the CCPPP Award for Excellence in Clinical Training. In March 2012 her work with the internship program was recognized with a Spirit of Education Award given by Holland Bloorview's Teaching and Learning Institute. In addition to her clinical work, she has extensive previous experience working as a Standardized Patient and has recently brought this
expertise into her work with Simulation under the Teaching and Learning Institute.

In addition to her work at Holland Bloorview, Dr. Hansen has a part-time private practice where she provides assessment and consultation to preschool and school-aged children with learning and behavioural needs. Dr. Hansen also previously held a volunteer position with Bereaved Families of Ontario, running support groups for children who have experienced a loss.

Dr. Hansen is also actively involved in Holland Bloorview’s annual Talent Shows, and has enjoyed collaborating with interns as well as her Psychology colleagues, on several previous shows.

Ms. Molly Malone
Psychological Associate

Ms. Malone received her B.Sc. in Psychology from the University of Toronto (1979), M.A. in Clinical Child Psychology from the University of Guelph (1981) and Ph.D. in Special Education/Applied Psychology from the Ontario Institute for Studies in Education at the University of Toronto (1986). Ms. Malone became registered as a Psychological Associate with the College of Psychologists in 1995. She has worked for Psychological Services in the Durham Board of Education. She spent 18 years employed by the Hospital for Sick Children working in the Child Development Centre, prior to joining the Child Development Program at Holland Bloorview in 2005. Her primary area of expertise involves children with attention deficit hyperactivity disorder (ADHD). Assessment of children with ADHD has been a focus for clinical service and research activities. Ms. Malone has considerable experience in medication assessment, using a double-blind placebo-controlled procedure, to evaluate the effects of stimulants in cognitive, behavioural and affective domains for individual children and in the context of research studies. In addition to children with ADHD, Ms. Malone has assessed children with learning disabilities, developmental delay and oppositional behaviour to understand their strengths and challenges in learning and behaviour. More recently, experience in assessing children on the autism spectrum has been gained, as part of the interdisciplinary team. She is first author and co-author on several scientific publications and has been a co-investigator on a number of grants, which have examined genetic factors, neurophysiology (event-related potentials) and self-concept in children with ADHD. She has taught graduate-level university courses on Learning Disabilities/ADHD in Human Development & Applied Psychology at O.I.S.E., University of Toronto. In 2013, Ms. Malone was awarded a Clinical Study Investigator appointment in the Bloorview Research Institute. Her research will focus on cognitive processes in children with ASD and ADHD.
Ms. Maureen Mosleh  
*Psychometrist*

Ms. Mosleh received a Masters in Developmental Psychology at Wilfrid Laurier University in 2011. As a Psychometrist for the Communication, Learning and Behaviour Team, her role includes the psychological assessment of children and adolescents with autism spectrum disorders, learning, and intellectual disabilities. Her experience also includes the administration of cognitive assessments with infants and toddlers at high risk for Autism Spectrum Disorders.

Dr. Vicki Nolan  
*Supervisor: Facing Your Fears Program and Satellite*  
*Currently on maternity leave*

Vicki Nolan received her Ph.D. in Clinical Psychology from Queen’s University in 2012 and is now licensed with the College of Psychologists of Ontario. Her primary area of research interest involves the social participation of children with Intellectual Disabilities and autism spectrum disorders. Dr. Nolan completed her pre-doctoral internship at Holland Bloorview Kids Rehabilitation Hospital. As a Psychologist for the Child Development Program, her role previously involved completing psychological and developmental assessment of young children and adolescents with autism spectrum disorders, Intellectual Disabilities, and learning disabilities. Currently, Dr. Nolan facilitates the Facing Your Fears program, a Cognitive Behavioural Therapy Group for children with high-functioning Autism Spectrum Disorders and has recently been hired to provide services to our new satellite clinic previously housed at North York General Hospital. Dr. Nolan has also worked previously as an instructional therapist for children with autism, a research assistant, teaching assistant, and associate professor teaching developing psychology and applied behavior analysis.

Ms. Janet Quintal  
*Psychological Associate*

Ms. Quintal received her BA with First Class Honours in Psychology from McGill University and her Master’s degree in Developmental Psychology from York University. She subsequently became the first Psychological Associate registered with the College of Psychologists of Ontario in 1994. She has extensive experience working with children and adolescents with a range of disabilities and special needs both at Holland Bloorview Kids Rehab and in her private practice. At Holland Bloorview she provides psychological services including assessment, consultation, education and short periods of counselling when required to clients and families in the Child Development Program. Ms. Quintal’s work focuses primarily on cognitive based challenges including assessment and diagnosis in the areas of learning disability, intellectual disability, attention deficit hyperactivity disorder and autism spectrum disorder. Provision of management and programming strategies to families, schools and/or rehab teams are also an important outcome of learning, achievement, adaptive and behavioural assessments.
In the teaching realm Ms. Quintal has extensive experience as a Practicum Supervisor, and is presently the Coordinator of Practicum Students in Psychology. She has been an invited speaker on topics related to learning issues associated with neurological disabilities. Titles have included ‘Meeting the Needs of Students with Cerebral Palsy’ and ‘It’s Not Just a Physical Disability: Maximizing Learning Potential’. Ms. Quintal has also moderated a number of sessions of an online course for educators titled ‘Supporting Students with Cerebral Palsy and Spina Bifida & Hydrocephalus in the Classroom’. She participates as an oral examiner and interviewer for the College of Psychologists of Ontario.

Dr. Thomas Rhee  
*Supervisor: CLBT Team and Satellite*

Thomas Rhee received his Ph.D. in Clinical-Developmental Psychology from York University in 2009. His primary area of research interest involves the cognitive abilities and memory skills in children with autistic spectrum disorders and Intellectual Disabilities, and he has presented his work across various international conferences. As a Psychologist for the Child Development Program, his role includes psychological and developmental assessment of young children and adolescents with autism spectrum disorders, Intellectual Disabilities, and learning disabilities. This also includes spending part of each week at the Holland Bloorview Child Development Team satellite site, located at North York General Hospital (Branson Division). Dr. Rhee has also previously worked as a research assistant, teaching assistant, instructional therapist for children with autism, and psychoeducational consultant to the school board.

Dr. Naomi Slonim  
*Supervisor: CDP Team*

Dr. Naomi Slonim is a registered Psychologist in school and clinical child and adolescent psychology, practicing in the areas of assessment and intervention with individuals and families. She received her Ph.D. in School and Clinical Child Psychology from the Ontario Institute for Studies in Education of the University of Toronto where her doctoral research examined participation, civic engagement and delinquency in youth. Dr. Slonim completed a post-doctoral clinical fellowship at the Hincks Dellcrest Centre focusing on social-emotional and personality assessment and diagnosis of children and adolescents as well as individual and family therapy processes and modalities. She has worked in a number of school and clinical settings in Toronto, including the Toronto District School Board, Surrey Place Centre, Hospital for Sick Children and the Centre for Addiction and Mental Health.

As a member of the Child Development Team at Holland Bloorview, Dr. Slonim provides assessment and consultation for children and adolescents with a wide range of developmental, learning and social-emotional needs, including physical disabilities, Learning Disabilities, Intellectual Disabilities and Autism Spectrum Disorder. She is a supervising Psychologist in the mini-rotation in therapy and
has previously facilitated the Coping Kids cognitive-behaviour therapy group for anxiety and the Triple P Group Stepping Stones program. Dr. Slonim is involved in clinical research as a member of the Evidence to Care team at Holland Bloorview, an interdisciplinary group of clinicians and researchers working towards developing a pain assessment tool box and clinical guideline for outpatients with cerebral palsy. She has a part-time private practice where she provides assessment and therapy to children and adolescents.

Dr. Andrea Snider  
*Supervisor: Spina Bifida and Neuromuscular Team, IET School*

Andrea Snider received her Ph.D. in Psychology from McMaster University in 1989. She is registered as a psychologist with the College of Psychologists of Ontario. Since 1993, she has worked at Holland Bloorview with children, adolescents, and young adults with spina bifida, spinal cord injuries, muscular dystrophy and other neuromuscular disabilities, arthritis and orthopedic issues, amputations, cerebral palsy, and other syndromes. She also works in the Integrated Education Therapy school program at Holland Bloorview. Her work has focused on the diagnosis of cognitive difficulties in children and adolescents, providing supportive counselling to the young people and consultation to their families, teachers and other professionals. A particular focus of her clinical practice is on the effects of spina bifida and hydrocephalus on cognitive processes, school and social functioning. She has been involved in a research project adapting a client satisfaction questionnaire for adolescents, and a project looking at helping families to manage difficult self-care regimens. She currently coordinates a cognitive behaviour therapy group for children who experience anxiety and their parents and is on the Holland Bloorview bioethics forum.

Dr. Abbie Solish  
*Supervisor: Facing Your Fears Program and Satellite*

Abbie Solish received her Ph.D. in Clinical-Developmental Psychology from York University in 2011 and is a member of the College of Psychologists of Ontario. Her role as a psychologist at Holland Bloorview includes psychological and developmental assessments of young children with autism spectrum disorders and/or developmental delays at the Eglinton West Satellite Clinic. Dr. Solish also leads and coordinates Cognitive Behaviour Therapy groups for children and adolescents with autism spectrum disorders and significant anxiety. These groups are based on the manualized Facing Your Fears program and Dr. Solish is involved in evaluating these groups and disseminating the results. Dr. Solish has undergone extensive training administering the Autism Diagnostic Observation Schedule (ADOS) and has achieved research reliability in administering all 4 modules. She has also worked with children and adolescents with learning disabilities, ADHD, and Intellectual Disabilities. Dr. Solish has conducted research in the field of autism and Intellectual Disabilities and has several publications in peer-reviewed journals.
BRAIN INJURY REHABILITATION TEAM

Mr. Matthew Andres
Psychometrist

Matthew Andres received a Masters in Educational and Developmental Psychology at the University of Western Sydney in 2007 and his Bachelor of Arts in Psychology (Honors) at York University (2004). Mr. Andres has previous experience administering psychological and neuropsychological assessments to children and adolescents seen through the Cleft Lip and Palate department and the Child Development Program at Holland Bloorview Kids Rehabilitation Hospital. He also worked at the Hospital for Sick Children as a psychometrist on the Epilepsy Surgery Team and in the Genetic and Metabolic Disorders Follow-up Clinic. Currently, Mr. Andres divides his time working both as a Psychometrist for the Brain Injury Rehabilitation Team and as a Research Assistant for the Bloorview Research Institute. As a Psychometrist, Mr. Andres provides neuropsychological assessments to children and adolescents who have an acquired brain injury (ABI). As a Research Assistant, Mr. Andres supports and facilitates various research initiatives among clinicians, such as drafting research proposals to submit to the Research and Ethics Board and creating and maintaining research databases. In addition to his work at Holland Bloorview, Mr. Andres works in the community for two private practices in Toronto administering different types of psychological and neuropsychological assessments to children, adolescents, and young adults.

Ms. Halla Fahmi
Psychometrist

Halla completed her undergraduate studies in Psychology and Neuroscience from the University of Toronto. She then pursued her Master of Science degree from the Rehabilitation Science Department of the University of Toronto, in Cognitive Psychology. In her graduate studies, Halla explored the feasibility and efficacy of an online delivery platform for an evidence based cognitive rehabilitation intervention, namely Goal Management Training. She worked with older adults suffering from executive dysfunction after stroke at Sunnybrook Health Sciences Centre and Rotman Research Institute at Baycrest. She has also worked as a Psychometrist within a hospital and private clinic settings assessing cognitive functions as well as academic achievement under the supervision of a Neuropsychologist and Behavioural Pediatrician. Halla has worked with patient populations ranging from children, adolescent, young and older adults. She has extensive knowledge in neuropsychological measures for the differential diagnosis of mild cognitive impairment, alzheimers disease, dementia, multiple sclerosis, and traumatic brain injury. Her passion is to apply her skills as a psychometrist and rehabilitation professional with children and their families.
Dr. Janine Hay  
**Supervisor: Outpatient team**

Dr. Janine Hay received her Ph.D. in Psychology from McMaster University in 1997 and completed a neuroscience post-doctoral fellowship at the Rotman Research Institute in Toronto. She has published research articles focusing on the effects of normal aging on memory, as well as the impact of various neurological conditions on cognitive functioning. Dr. Hay is a licensed psychologist registered with the College of Psychologists of Ontario, with practice in Clinical Neuropsychology. Prior to joining Holland Bloorview, Dr. Hay worked at The Credit Valley Hospital in Mississauga from 2001 to 2007, where she performed neuropsychological assessments on children and adults with neurological, medical and/or psychiatric conditions. She has also worked at the Hospital for Sick Children, conducting neuropsychological assessments on children and adolescents with sickle cell disease. In her current position, Dr. Hay is part of the Outpatient Brain Injury Rehabilitation Team at Holland Bloorview, where she assesses children and adolescents with acquired brain injuries.


Ms. Debra Lee Moroz  
**Psychometrist**

Debra Moroz received a Master in Education in Counseling Psychology at the Ontario Institute for Studies in Education/University of Toronto in 1999. She also completed a Diploma in Art Therapy at the University of Western Ontario in 1995. As a Psychometrist for the Brain Injury Rehabilitation Team, her role includes neuropsychological assessment of children and adolescents who have acquired brain injuries (ABI). Her experience also includes personality assessments, individual supportive counseling, facilitation of support groups for adolescents and adults, and piloting of a skills-based ABI teen program.

Dr. Sara Stevens  
**Supervisor: Inpatient Team**

Dr. Sara Stevens received her Ph.D. in Psychology from the University of Toronto in 2012. She then completed a clinical psychology post-doctoral fellowship at York University. Dr. Stevens is a registered psychologist with the College of Psychologists of Ontario with competencies in clinical psychology and clinical neuropsychology for children and adolescents.

Dr. Stevens currently works as a clinical neuropsychologist on the Brain Injury Rehabilitation Team’s Inpatient Program at Holland Bloorview Kids Rehabilitation Hospital. Her clinical work involves neuropsychological assessments, behavioural
and cognitive intervention, as well as supportive counselling for children and adolescents with acquired brain injuries. Dr. Stevens also holds a Clinical Team Investigator appointment at the Bloorview Research Institute. Her research is focused on understanding psychosocial functioning, self-regulation and social cognitive outcomes following brain injury of varying etiologies and timing, as well as investigating best practices in cognitive and emotional intervention in acquire brain injury populations.

Dr. Mary Stewart
**Supervisor: Inpatient Team**

Mary L. Stewart earned her Ph.D. in Clinical Neuropsychology (CPA/APA approved program) from the University of Windsor in 1991. Dr. Stewart is registered as a psychologist with the College of Psychologists of Ontario with competences in clinical psychology, rehabilitation psychology, and clinical neuropsychology. She is also listed with the Canadian Register of Health Service Providers in Psychology.

Dr. Stewart currently works as a clinical neuropsychologist on the Brain Injury Rehabilitation Team’s Inpatient/Daypatient Program at Holland Bloorview. Her current clinical interests are in the areas of child and adolescent neuropsychological assessment, behavioural assessment and intervention, and individual/group supportive counseling of clients with acquired brain injuries. Dr. Stewart’s research interests include evaluating the predictive validity of early traumatic brain injury indicators on subsequent memory and psychosocial functioning, as well as the ecological validity of neuropsychological/executive functioning tasks within pediatric brain injury. She has also evaluated the psychosocial outcomes of adolescents with acquired brain injuries who participate in an emotional supportive counseling group during their rehabilitation admission.

Ms. Ruthanne Wasserman
**Psychometrist**

Ruthanne Wasserman completed her training at the Institute of Child Study, University of Toronto in 1995. Her area of specialization was assessment and counseling with children and adolescents with a primary focus on neuropsychological assessment. She also received a Masters of Social Work at the Faculty of Social Work, University of Toronto in 1973. Her experience has included working with children, adolescents and adults who have acquired brain injuries. While employed at Holland Bloorview, Ms. Wasserman has worked as a research assistant on projects that focused on music attention training, and peer group training of pragmatic skills with adolescents with acquired brain injury. She has also worked as a research assistant on a project that involved adolescents and adults with cerebral palsy. As a psychometrist for the outpatient component of the Brain Injury Rehab Team, her clinical role includes neuropsychological and behavioral assessment of children and adolescents.
How to Apply

We are a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and are part of the Internship Matching Program, following the guidelines for selection of interns from APPIC (see www.appic.org for APPIC’s policies). In keeping with these guidelines, we agree to abide by the APPIC policy that no person at Holland Bloorview Kids Rehab will solicit, accept, or use any ranking-related information from any intern applicant. Interested candidates are requested to register with the Match Program through the website http://www.natmatch.com/psychint/.

Interested applicants are asked to complete the on-line AAPI application, including graduate transcripts and three independent references using the standardized reference forms from CCPPP available at www.ccppp.ca. In accordance with APPIC policy, no paper copies of any documents are required. Applications should be submitted to:

Dr. Janice Hansen
Internship Coordinator for Psychology
Holland Bloorview Kids Rehabilitation Hospital
150 Kilgour Road Toronto, ON, M4G 1R8.

In accordance with federal privacy legislation (Personal Information Protection and Electronics Documents Act - http://laws.justice.gc.ca/en/P-8.6/) you should be aware that we are committed to only collecting the information in your application that is required to process your application. This information is secured by the Internship Coordinator and is shared only with those individuals involved in the evaluation of your internship application. If you are not matched with our program, your personal information is destroyed within four months of Match Day. If you are matched with our internship program, your application and CV will be available only to those involved in your supervision and training including your rotation supervisors, the Internship Coordinator, and relevant administrative support and human resources staff.

The application deadline is November 15, 2014.