

Holland Bloorview Kids Rehabilitation Hospital
Psychology Predoctoral Internship Program

Table of Contents

2022–2023 Internship Cycle	2
Introduction	3
Our History	6
Our City	7
Orientation	7
Psychology Services	9
The Psychology Predoctoral Internship Program	11
Our Applicant Pool.....	11
Goals and Objectives of the Program	12
Organization of Rotations	17
Supervision.....	18
Supervisory Supports	19
Educational Supports	19
Evaluation.....	20
Due Process.....	21
Quality Management of the Internship Program	21
Professional Development.....	21
Stipend and Benefits	21
Additional Intern Resources	22
Rotations	23
Child Development Program Rotations.....	23
Spina Bifida, Neuromuscular and Neuromotor Teams	23
Neuromotor Team Minor Rotation.....	23
Communication, Learning & Behaviour Team	24
Facing Your Fears Minor Rotation.....	25
Brain Injury Rehab Team (BIRT) Rotations	26
BIRT: Inpatient/Day Patient Program	27
BIRT: Outpatient Program/Persistent Concussion Team.....	28
(TOPS) Minor Rotation.....	29
GET UP AND GO: Persistent Pediatric Pain Service.....	30
Psychology Staff.....	31
How to Apply	46

Holland Bloorview Kids Rehabilitation Hospital A World of Possibility

2022–2023 Internship Cycle

The impact of COVID–19 on the 2022–2023 internship cycle is unknown at this time. Within the hospital environment, interns are both learners and paid employees; consequently, decisions about whether interns are permitted to be onsite and/or engage in direct client care are determined by department managers/directors (and overseen by the leadership team that adheres to provincial directives), not the Internship Coordinator. Please be advised that some of the descriptions in this brochure may be impacted by COVID–19 disruptions and restrictions within Holland Bloorview Kids Rehabilitation Hospital. Some rotations may be unavailable or available only with modifications. Interns may be involved with in–person client contact, virtual care, or a combination of the two. Similarly, professional development and consultation events and meetings will be held virtually when in–person options are not sanctioned. Additionally, restrictions associated with COVID19 may limit the interns’ orientation and work socialization activities. Onsite care may require residents to wear Personal Protective Equipment (PPE) such as masks and follow prescribed safety protocols. Interns arriving from out of province may be required to self–quarantine for two weeks before starting onsite work at Holland Bloorview.

This internship program is committed to the training of future psychologists and achieving core competencies will continue to be our top priority.

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. In 2011 Holland Bloorview Kids Rehabilitation Hospital formalized its commitment to education with the establishment of its Teaching and Learning Institute (the Institute) fulfilling the organization's mandate as articulated in the 2009–2014 Strategic Plan, Innovating and Excelling in Teaching and Learning. The role of the Institute is to enhance and develop learning initiatives throughout Holland Bloorview. Through this program, our organization has developed 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. One of our supervisors, Dr. Janice Hansen, has previous experience as a standardized patient, and has been actively involved in the development and implementation of simulation activities.

The Teaching and Learning Team, has developed a new Strategic Plan for 2015–2022 with five strategic directions: 1) Support students; 2) Build scholarship and evaluation into Teaching and Learning activities; 3) Cultivate excellence in teaching; 4) Integrate teaching and learning across the organization; and 5) Model knowledge translation for the broader healthcare system in the field of childhood disability.

Research

We are also home to the Bloorview Research Institute (BRI), the only pediatric rehabilitation research institute within an academic health science centre in Canada. Multidisciplinary teams of scientists (encompassing psychology, epidemiology, biostatistics, engineering, outcomes research, health economics, physiotherapy, occupational therapy, speech language pathology, 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.

One of our neuropsychologists, Dr. Shannon Scratch, works as a Clinician Scientist within the BRI. She is a member of the Concussion Centre which is examining how the youth brain recovers following concussion. In addition, her research program focuses on parent mental health and family functioning, as well as developing knowledge translation products advocating for clients with acquired brain injury and their families. In addition to Dr. Scratch, Dr. Sara Stevens holds joint clinical and research positions within the BRI. Dr. Stevens' research focuses on best practices in psychosocial and cognitive rehabilitation, as well as neuropsychological outcomes following acquired brain injury. Interns working in this rotation may have the opportunity to participate in some of this work.

One of our other supervising psychologists, Dr. Jessica Brian, is the co-lead for the Autism Research Centre (ARC), which is also part of the Bloorview Research Institute. The ARC conducts research aimed at improving outcomes and quality of life for children with autism spectrum disorder (ASD). The ARC brings together a team of professionals with a wide range of expertise. These include professionals in

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.

Community Collaboration

By providing professional education and consultation, Holland Bloorview is an important resource for other rehabilitation centres and agencies that serve children. Working in partnership with our clients' communities within Toronto and 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 an established satellite clinic in Toronto, so that children under five 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: The most meaningful and healthy futures for all children, youth and families.

Embracing Diversity

We serve a variety of children and youth with many disabilities and diagnoses, including acquired and traumatic injury, autism spectrum disorder, brain injury, cerebral palsy, chronic pain, post-concussion syndrome, spina bifida, 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. Respect for diversity is embedded within our Strategic Plan and new employees and interns are required to learn about diversity and cultural sensitivity during their orientation to Holland Bloorview. Our main facility is accessible for people with physical disabilities, and there are many staff members who have disabilities. The staff at Holland Bloorview also reflect our city's ethnic diversity and speak a variety of

languages. We have access to an agency that provides interpreters in many languages.

Our History

Over the past century, Holland Bloorview has evolved from two distinct entities, whose name changes have reflected the zeitgeist of the times. In 1899, a group of community-minded women met in Toronto to discuss the creation of a Home for Incurable Children. 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. Within seven months, a house at 138 Avenue Road and furnishings were donated for 15 children. In 1964, the Home for Incurable Children became Bloorview Children's Hospital. Meanwhile, in 1962, the Ontario Crippled Children's Centre opened at 350 Rumsey Road in Toronto. In the early 1980's, in honour of Dr. Hugh MacMillan, one of the Centre'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.

We currently offer services at our main site, a state-of-the-art building at 150 Kilgour Road, which was the original MacMillan site location. We are centrally located in the city within a residential neighbourhood that backs onto a large system of parks and recreational trails. In addition to housing offices for clinical and administrative staff, our main 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 family resource centre including a library and internet access, a swimming pool, fitness room for staff, rooftop 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 typically offer diagnostic services for children under age 5 at a satellite clinic located on Eglinton West (near Eglinton and Dufferin). However, satellite services have been temporarily suspended as a result of the COVID-19 pandemic restrictions.

Our City

Toronto, a metropolis of 2.7 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, 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 Beaches, 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 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!

Orientation

Holland Bloorview Kids Rehabilitation Hospital requires that each new staff member participate in a General Orientation. Psychology interns attend a four-day orientation program 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-Expanse) 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. As part of the formal orientation process, interns will participate in a unique full-day training session on collaborative practice, demonstrated through live simulations using standardized patients. Interns will also have several opportunities to meet informally and speak with staff from the various disciplines, either through team rounds or meetings arranged with the intern's supervisor.

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.

Psychology Services

The Psychology staff at Holland Bloorview work within a program management structure. We provide services within the Brain Injury Rehab Team, and within a number of different teams under the Child Development Program. We also have a Get Up and Go: Persistent Pediatric Pain Service, which is offered through our inpatient Specialized Orthopedic and Developmental Rehabilitation Program (SODR).

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. Neuropsychologists also provide assessment and consultation services as part of a multi-disciplinary Concussion Team for children and youth experiencing postconcussion symptoms persisting over one month after injury.

Additionally, the Teen Online Problem Solving (TOPS) program is a new intervention service that is being implemented with BIRT adolescent clients with traumatic brain injury and their families. Sessions are conducted virtually and opportunities exist for interns to gain experience with individual therapy and program evaluation.

Child Development Program

Psychologists also work in several different teams under the Child Development Program (CDP). This is a broad-based program providing services to clients with a variety of neurodevelopmental disabilities such as cerebral palsy and epilepsy (the Neuromotor Team), spina bifida and spinal cord injury, and neuromuscular disorders, each with their own teams. The CDP also includes the Communication, Learning and Behaviour Team (CLBT) which is a specialized diagnostic team that provides assessments for clients who may have Autism Spectrum Disorder (ASD) at the main and satellite sites.

In addition to diagnostic services, the CLBT offers the Facing Your Fears program, a group cognitive behavioural therapy (CBT) program for children with ASD and anxiety. The Facing Your Fears program is designed for both parents and their children to participate in sessions over 14 weeks, plus a booster session. Interns are able to be closely involved in facilitating the Facing Your Fears groups. There are also often opportunities for individual intervention with the Facing Your Fears clients.

Get Up and Go: Persistent Pediatric Pain Service

We launched this intervention-based service to treat clients with persistent (chronic) pain, the psychology portion of which is led by one of our clinical supervisors. Known as the Get Up and Go: Persistent Pediatric Pain Service, it is an intensive interdisciplinary rehabilitation service for children and youth (aged 12 to 18 years) who are experiencing severe pain-related disability in social, emotional, physical, and/or academic domains of functioning. This is the first in-patient, interdisciplinary persistent pediatric pain service in Canada. The service is 4 weeks in total, with two weeks inpatient followed by two weeks as day-treatment clients. Interns involved in this service typically provide individual therapy to youth and consult on an interdisciplinary team. They may also participate in and observe therapy groups.

Psychology Meetings

The psychology group maintains its cohesion as a discipline through regular administrative and educational (e.g., 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. Business items discussed can include feedback about management initiatives, practice and ethical issues or guest speakers.

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 formally 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 reaccreditation term of six years. In November 2016 we underwent another site visit and were awarded a re-accreditation term of seven years. For information about CPA accreditation, please contact the Registrar at accreditation@cpa.ca, or the CPA Office at 141 Laurier Ave West, Suite 702, Ottawa, Ontario, K1P 5J3. As we are an accredited program, 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 as a clinical psychology internship program, 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. Where possible, we look for applicants who have had a developmental focus in their academic or research work. 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 intervention 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 school boards, pediatric health facilities and private practice. Graduate students enrolled in APA or CPA-accredited doctoral programs in clinical, counselling or school psychology that have completed their coursework and have a

total of at least 1000 hours of supervised practicum experience (including direct and indirect services, as well as support hours) are invited to apply. (See page 46 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 broadbased 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, community agencies, hospitals, or private clinics. In fact, our graduates can be found working in all of these settings.

We follow a scientist-practitioner model whereby we offer training in evidence-based practice with respect to the core competencies of assessment, intervention, consultation, program evaluation, interpersonal relationships, professional standards and ethics, supervision, and research. Within this 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, conducting standardized assessments as well as learning how to adapt assessments to accommodate varying abilities and needs, formulating and communicating differential diagnoses, delivering multimodal interventions in both group and individual formats, and providing consultation to parents, teachers, and other professionals.

Goal 1. Comprehensive, Diverse Training Opportunities

With our 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, ethnicity, assessments (psycho-educational, developmental, neuropsychological, psycho-social), and presenting concerns

(learning disability, attention-deficit/hyperactivity disorder, intellectual disability, autism spectrum disorder, post-concussion symptoms, traumatic brain injury, acquired brain injury, chronic pain). Given our multilingual client population, 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 competency area regardless of their rotations.

Specifically, our objectives include enhancing and developing the breadth and depth of skills in psychological assessment such as conducting interviews, selecting appropriate assessment measures, administering and scoring tests, interpreting and integrating test results with other data, making diagnoses, communicating feedback to clients/families and interdisciplinary teams, and writing reports.

As assessment occurs within most psychology services, depending on chosen rotations, interns may receive training in neuropsychological assessment, Autism Spectrum Disorder (ASD) assessment in young children or older youth, as well as in cognitive and/or behavioural/social-emotional assessment of children with complex medical diagnoses and physical and/or cognitive disabilities.

2b) Intervention. Intervention opportunities exist within a number of services at Holland Bloorview and interns are able to gain experience in different treatment modalities (e.g., Cognitive-Behavioural Therapy (CBT), mindfulness-based intervention, group and individual therapy).

Training objectives for this competency include developing skills in choosing appropriate, evidence-based interventions and/or therapeutic techniques for children with social-emotional and/or behavioural difficulties (often in the context of complex medical needs, acquired brain injury, and/or developmental disability), engaging children and parents in the therapeutic process, implementing intervention in a competent way, monitoring progress and adapting intervention as

necessary, and handling crises and other difficult situations (e.g., suicidality, rupture in therapeutic relationship) as they arise.

Interns typically gain experience in CBT in a group format (e.g., anxiety treatment for youth with ASD through ‘Facing your Fears’ program or anxiety treatment for Neuromotor clients). Experience with group mindfulness-based therapy is also available through the ‘Get up and Go’ persistent pain program. Opportunities for individual therapy with children and youth are available through the ‘Get up and Go’ persistent pain program (using CBT and mindfulness approaches), through the ‘Facing Your Fears’ program (e.g., modifying group CBT for individuals not appropriate for group treatment), and also occasionally through Neuromuscular and Neuromotor teams. In addition, there are opportunities through the Brain Injury Rehab Team (BIRT) ‘Teen Online Problem Solving (TOPS) program minor rotation for interns to provide individual therapy to adolescents with traumatic brain injury. Interns may also have the chance within the inpatient rotation 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.

2c) Consultation. Consultation is another primary component of psychological practice at Holland Bloorview. Training objectives for this competency include understanding of one’s role as a consultant, developing skills in providing appropriate consultation to other clinicians, both within one’s own agency and to outside agencies, and seeking out consultation with other professionals as needed.

Interns will have opportunities within most rotations to provide consultations both internally, on multi-disciplinary teams, and externally, to schools and other agencies.

2d) Program Evaluation. Activities through which interns develop competency in program evaluation include: participation in ongoing program evaluation projects, and/or helping to design and implement new projects, participating in internship quality improvement activities, and participating in didactic learning related to program evaluation.

Interns are typically involved in one of the ongoing program evaluation projects overseen by psychology staff at Holland Bloorview. Interns may be involved in

contributing to writing research applications, collecting, entering and scoring outcome data, and analyzing results. On occasion, interns have had the opportunity to present results at an academic conference.

Goal 3. Training in Interpersonal Relationships

Training interns with respect to the core competency of interpersonal relationships is woven throughout all activities across the internship year. Main objectives for skill development in this area include: interacting in respectful ways with peers and colleagues in psychology, forming positive, collaborative relationships with professionals from other disciplines, being sensitive to diversity issues that impact work with colleagues and clients, being aware of how one's own attitudes and biases affect interactions, and competently managing conflict in relationships.

Learning about interpersonal relationships in a professional setting occurs both formally (e.g., didactic session about diversity; problem-solving in supervision meetings) and informally (e.g., observing supervisors modelling interpersonal skills during interactions with clients and in meetings with colleagues).

Goal 4. Training in Professional Standards and Ethics

In addition to providing training in specific clinical skills, our goals include fostering the knowledge, skills and attitudes pertaining to the core competency of professional standards and ethics. In particular, interns are expected to develop awareness of general professional conduct (e.g., punctuality, reliability, appropriate behaviour/attire), knowledge of professional values and emerging identity as a psychologist, understanding of own strengths and limits to competence, developing insight into the impact of work-related stressors on functioning (and establishing/developing self-care strategies), identifying ethical principles involved in work with clients, following professional and ethical guidelines for behaviour, and identifying and resolving ethical dilemmas.

Interns receive both formal didactic training in ethics and standards, as well as informal discussions with their supervisors regarding managing ethical dilemmas, clinical decision-making and other issues as outlined above.

Goal 5. Development of Supervision Skills

Our internship provides opportunities for promoting competency in supervision. Specific learning goals include identifying procedures and processes of supervision, understanding supervisory role, showing awareness of factors impacting on supervision, participating in supervision of others' clinical work, and communicating effectively with supervisee.

Formal and informal training with respect to supervision processes and procedures is provided through didactic training and supervision meetings. Interns will have an opportunity to supervise and mentor a practicum student with respect to specific skills, such as test administration, case formulation, or academic/career goals, while receiving meta-supervision from supervising psychologists. Interns may also be involved in training other students, research assistants and/or newly hired staff on specific test measures. In addition, they may provide supervision to psychometrists with respect to case discussions and decisions around test selection.

Goal 6. Experience in Research Activities

Although it is expected that interns have already received training in research throughout their graduate studies, our program provides interns with opportunities to further develop their skills in a hospital setting.

Though most of our supervising staff do not have dedicated research time, as mentioned, some of our supervisors (e.g., Drs. Jessica Brian, Sara Stevens, and Shannon Scratch), hold positions within the Bloorview Research Institute that include research responsibilities focused on early intervention in ASD, acquired brain injury, and impact of concussion. Depending on their training and background, as well as their dissertation status, interns may be involved in some aspects of these ongoing research projects, up to the equivalent of a half-time rotation. Interns who have not yet completed their dissertations or are not interested in a substantive research commitment, are allotted a half a day per week devoted to activities either related to their 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.

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

Organization of Rotations

Based on their training goals and preferences, interns have historically been assigned three major (4-month) 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. Most interns can expect to get at least some exposure to both neuropsychology and ASD populations. However, the level of training and depth of exposure to these specialized diagnostic services will vary, depending on the background, experience and goals of the intern. Interns pursuing doctoral training in neuropsychology may be offered a more intense exposure to the field. Other interns will be offered more of an introduction to the practice of neuropsychology. Similarly, interns with a strong interest in ASD diagnosis may wish to acquire proficiency with the Autism Diagnostic Observation Schedule (ADOS-2), a primary diagnostic tool, whereas others may be interested in an introduction to the diagnosis of ASD. In considering rotations, it is important to emphasize that our program is a clinical training program. Thus, while our program offers unique opportunities to learn about specialized populations, 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.

Interns can also consider doing a rotation in our “Get up and Go” Persistent Pain Service, which would include individual therapy as well as experience with group-based intervention.

Interns may also be assigned a minor rotation in cognitive behavioural therapy (CBT) group intervention, typically spanning the months of September through May/June. Most interns will receive training with the Facing Your Fears group CBT program and will have the opportunity to work in both the parent and the children’s group. Based

on availability, interns may receive training with the Coping Kids group CBT program for children in our Neuromotor service. Depending on referral volume, minor rotations in individual therapy may also be arranged with clients from the Neuromuscular Team, Neuromotor Team, and Inpatient Brain Injury and Rehabilitation Team. Opportunities are often available to work individually with children on the Facing Your Fears waiting list who are not able to participate in groups. In these cases, interns would learn how to adapt the Facing Your Fears curriculum to working with individual child–parent dyads. Within the BIRT program, interns may wish to train in the Teen Online Problem Solving (TOPS) program minor rotation to provide therapeutic support to adolescents and their families coping with the common cognitive and behavioural challenges that follow traumatic brain injury

Depending on the training and research interests of the intern, a minor research rotation may also be available in either the Autism Research Centre (ARC) or the Bloorview Research Institute (BRI), with one of our research supervisors.

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 (refer to staff bio–sketches for more details).

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. Interns will also receive one hour a month of Ph.D. level metasupervision to support the development of their own supervisory skills. Although the style of supervision varies with each supervisor, all of them follow our mastery model of training, with a focus on developing core competencies. 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 Masters level Psychologists currently in the Child Development Program, Ms. Janet Quintal and Ms. Molly Malone, are contributors to the internship program. Ms. Quintal works with a range of clients from the Neuromotor team. Ms. Malone provides assessments to school-aged children, particularly those with learning disabilities, ASD, 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 Teaching and Learning Institute provides leading edge training that includes simulation and 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, client- and family-centred care, and the use of electronic documentation in clinical practice. Holland Bloorview is also one of the leaders in Inter-Professional Education (IPE). Our Resource Centre offers 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.

The Journal Club, 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 along with psychology staff and practicum students. The Didactic Seminar series is a program that covers a range of topics relevant for psychology practice with children, including topics related to clinical

practice and ethics (e.g., providing expert witness testimony, developing a private practice, applying for College licensure) and program evaluation. Some of these didactics are held externally and are offered jointly with other internship sites in the GTA. This gives our interns the opportunity to network with fellow interns beyond their local cohort at Holland Bloorview.

Grand Rounds, Schwartz Center Rounds for Compassionate Healthcare, Bioethics presentations, and Neuro 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.

Evaluation

Evaluation of the interns' performance is an ongoing process. At the outset of the internship, interns meet with the internship coordinator and all 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. 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. 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 2022–2023 internship year each of the two interns can expect to receive a stipend of approximately \$33,000 in Canadian funds (including 4% 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. However, interns do receive pay for statutory holidays.

As noted above, interns are granted at least 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 are also 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 or laptop 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

Spina Bifida, Neuromuscular, and Neuromotor Teams

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

Dr. Snider works on two multi-disciplinary teams that provide services to clients of all ages (from infants to adolescents) with spina bifida and spinal cord injuries, muscular dystrophy and other neuromuscular disorders. She also conducts assessments in the Neuromotor program.

The focus is largely on assessment (cognitive and behavioural), but also includes consultation to parents, teachers, and other professionals. 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, provide feedback to teams and consultation to teachers and other professionals. They have an opportunity to experience working on multi-disciplinary teams. There are also opportunities to provide parent consultations at our weekly Spina Bifida and Neuromuscular clinics. Depending on the referrals at the time of the internship, there may also be opportunities to take on one or two counselling cases.

Neuromotor Team Minor Rotation

Ksusha Blacklock, Ph.D., C.Psych.

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

The Child Development Team provides services to children and adolescents with a wide range of neurodevelopmental 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 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: Drs. Hansen and Blacklock also work on the CLBT (described below), thus the Neuromotor rotation is considered a part-time rotation. Interns choosing this rotation will also be expected to gain experience in the assessment and diagnosis of ASD.

Communication Learning & Behaviour Team

Ksusha Blacklock, Ph.D., C.Psych.

Jessica Brian, Ph.D., C.Psych.

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

Heidi Kiefer, Ph.D. C.Psych.

Vicki Nolan, 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 Program, 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 rotations at the main site or satellite site (if reopened during the 2021-2022 internship year). As many of our ASD supervisors work part-time, interns may also do a combined rotation with two different supervisors. In the satellite clinic referrals are limited to

children under 5 presenting with language, behaviour, cognitive, and/or social delays. Thus interns interested in acquiring skills in developmental assessment with young children may be particularly interested in this opportunity. On the main site, referrals cover a broader age range, and typically include school-aged children as well as adolescents. Psychologists on both sites are responsible for leading and coordinating the ASD assessment, including administering the Autism Diagnostic Observation Schedule (ADOS-2), supervising the administration of cognitive measures, formulating the diagnosis, providing feedback to the family, completing the written report, and making appropriate referrals. 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.

For interns who have a special interest in ASD, there is extensive opportunity for training with the ADOS-2. Interns who have previous experience with this measure may be able to build on their skills sufficiently to achieve reliability with the ADOS-2 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-2 is usually not feasible in the time allotted during internship. Virtual ASD assessment services may be part of this rotation as well, with exposure to the Telemedicine-based Autism Spectrum Disorder Assessment in Toddlers (TELE-ASD-PEDS) and possibly other measures.

Facing Your Fears Minor Rotation

Abbie Solish, Ph.D., C.Psych.

Brianne Drouillard, M.A.

Facing Your Fears is a 14-week group-based cognitive behavioural therapy (CBT) program offered to children with high-functioning ASD and significant anxiety. 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, 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. As noted previously, interns may also be able to provide individual therapy to youth with ASD and anxiety who are not able to participate in a group format.

Brain Injury Rehab Team (BIRT) Rotations

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 rotations offer the opportunity to work with a range of ages including 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 interns without prior neuropsychology experience. The focus of these rotations is on the neuropsychological assessment, interpretation and diagnosis of and intervention with children and adolescents with acquired or traumatic brain injuries who, in some cases, also have pre-existing learning and behavioural issues.

Interns administer a neuropsychological test battery 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 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. Interns will also gain experience in providing clients and/or family members with feedback on the assessment results and recommendations. Consultation and feedback to 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. Opportunities for community liaison with the client's school and external resources (e.g., other treatment providers) are also common.

BIRT: Inpatient/Day Patient Program

Sara Stevens, Ph.D., C.Psych.

Mary Stewart, Ph.D., C.Psych.

During this rotation, interns meet with clients and families at the start of admission and obtain informed consent and relevant background information. They will administer admission cognitive screening and neuropsychological assessments to clients as appropriate. Clients in the inpatient and day patient programs receive intensive therapy from an inter-disciplinary team including neuropsychologists, developmental pediatrician, pediatric neurologist, social workers, physiotherapists, speech and language therapists, occupational therapists, therapeutic recreation specialists, child life specialists, and child and youth workers. In addition, our interdisciplinary team works closely with the onsite Bloorview School Authority classroom and community resource teachers. As clients are seen for their neuropsychological assessment as part of their intensive rehabilitation therapy and school program, the assessment may take several weeks to complete over several short testing sessions. Following opportunities to observe their supervisor and/or psychometrists, interns will gain experience in administering neuropsychological test measures and providing clients and/or family members with feedback on the assessment results and recommendations. Feedback occurs in both separate individual sessions, as well as at the larger inter-disciplinary team rounds and family meetings, which include the external treatment team, community school staff, and sometimes legal representation. Interns will write concise neuropsychological assessment reports with detailed recommendations for the client's return to school and program planning needs. The assessment results assist in the development of the client's Individual Education Plan (IEP) and provide support for identification (as appropriate) through the Identification, Placement, and Review Committee (IPRC) process. This is an especially critical component of a client's transition from hospital to their community, as they often require significant academic supports, and occasionally changes in their school placement, as a result of their newly acquired brain injuries.

There is also a significant clinical and rehabilitation focus in the inpatient/day patient rotation as clients in this program are in the acute rehabilitation phase and require a combination of assessment and intervention services and supports. Interns will have opportunities to provide individual and group intervention services, including: individual (supportive counselling, psychotherapy, or cognitive-behavioural therapy), group (adolescent supportive counselling group for teens), as well as cognitive rehabilitation for school-aged and adolescent clients, and behavioural consultation to families and multidisciplinary team members.

BIRT: Outpatient Program

Janine Hay, Ph.D., C.Psych.

Lily Riggs, Ph.D., C.Psych.

Interns in the outpatient program will have the unique opportunity to develop an understanding of the impact of moderate to severe brain injuries on neuropsychological development over time. The goal of this program is to track and support clients from the acute phase of their injury through major transitional periods in their development. This includes interpreting longitudinal data from previous inpatient and outpatient assessments, providing diagnostic decision-making, and supporting academic, socioemotional and behavioural functioning across key transition periods and developmental milestones. Particular emphasis is placed on advancing clinical skills in interviewing, formulation and diagnosis, and providing feedback to families and other healthcare professionals. Interns will also be involved in their client's academic planning, contributing to the development of Individual Education Plans and assisting with identification of students within school boards. There may be opportunity to attend off-site school meetings and advocate on behalf of clients for academic and behavioural supports within the school system. Since the outpatient program operates province-wide, there will also be opportunity to become familiar with different school board processes and collaborate with school staff across Ontario.

Persistent Concussion Team

Janine Hay, Ph.D., C.Psych.

Lily Riggs, Ph.D., C.Psych.
Shannon Scratch, Ph.D. C.Psych.

Interns who are interested in this rotation will have the opportunity to provide neuropsychological services as part of the Persistent Concussion Team at Holland Bloorview, serving clients experiencing post-concussion symptoms persisting over one month after injury. Interns will work with an inter-disciplinary team comprised of developmental pediatricians, a neurologist, occupational therapist, social worker, physiotherapist and nursing staff. The neuropsychology service provides neurocognitive evaluation and consultation with clients and their families. Much of the work focuses on the understanding of socioemotional and pre-existing clinical issues, their impact on persistent concussion symptoms and the provision of psychoeducation regarding recovery. Interns will participate in weekly rounds and will have the opportunity to collaborate with team members about clinical opinion and present neuropsychological findings and recommendations. Interns will also have an opportunity to be part of interdisciplinary concussion team assessments, which have become a leading model of evidence-based practice with a client and family centred approach. This rotation offers an opportunity to learn about the provision of neuropsychological services within a virtual care model, as the Persistent Concussion Team shifted to a virtual format at the onset of the COVID-19 pandemic.

Teen Online Problem Solving (TOPS) Minor Rotation

Shannon Scratch, Ph.D., C.Psych.
Sara Stevens, Ph.D., C.Psych.
Ksusha Blacklock, Ph.D., C.Psych.

The Teen Online Problem Solving (TOPS) program is a virtual intervention that focuses on the common cognitive and behavioural challenges experienced following a traumatic brain injury (TBI) in adolescents. Consisting of 10 core sessions that focus on problem solving, communication, self-regulation, anger management and social skills, clients view online didactic modules and participate in concurrent video therapy sessions. There are supplemental sessions (dealing with such topics as sleep, pain management, parents and siblings, etc.) in which

teens may also identify as relevant for themselves through self-assessment and discussion with their therapist.

Interns will be trained in the TOPS intervention and have the opportunity to shadow or co-lead virtual therapy sessions with individual adolescent clients and their families from the BIRT population. Additionally, Drs. Scratch and Stevens are conducting a clinical research program evaluation and quality improvement project of TOPS across its 2-year implementation at Holland Bloorview, the first instance of TOPS being delivered in a pediatric facility in Canada. This project involves working with an international and interdisciplinary team and interns will have an opportunity to attend training and supervision sessions with this broader group. Interns may also choose to take on aspects of this clinical research work as part of the program evaluation component of their internship year requirements.

GET UP AND GO: Persistent Pediatric Pain Service

Ardith Baerveldt, Ph.D., C.Psych.

Mandy Fulton, Ph.D., C.Psych.

The Get Up and Go: Persistent Pediatric Pain Service is the first in-patient intensive interdisciplinary persistent pediatric pain service in Canada. It serves children, youth (with the majority of clients being adolescents), and families who have been impacted socially, emotionally, physically, and/or academically by chronic/persistent pain (e.g., missing school on a regular basis, withdrawing from friends, social activities and other interests, reduced physical function and participation, experiencing increased stress and/or symptoms of anxiety and depression) and who have expressed readiness for an intensive rehabilitation service. Since pain is a complex phenomenon, a variety of approaches to treatment are often required to help clients achieve their goals, including physical, psychological and pharmacological strategies. Therefore, the multidisciplinary team includes a pediatrician, nurse practitioner, psychiatrist, psychologists, pharmacist, physiotherapists, social workers, occupational therapists, therapeutic recreation specialists, dietitians, nurses, and teachers, among others. The team works together with families in a coordinated and individualized manner over a 4-week intensive period, where clients spend two weeks as inpatients and two weeks as day-treatment clients. The psychologists provide brief (8 sessions) social-emotional

intervention to clients. This may include brief psychodiagnostic assessment (where appropriate) and individual therapy using a variety of modalities (e.g., behavioural, Acceptance and Commitment Therapy (ACT), and mindfulness). Psychologists work as part of the mental health team and consult regularly with the psychiatrist (who offers family therapy) and social workers (who provide individual parent support, parent groups, and mindfulness groups for clients). The overall treatment approach is guided by the principles of ACT. Interns can expect to be involved in the multidisciplinary team intake interview, individual therapy with youth and group supervision and consultation in weekly mental health rounds, as well as offering consultation on an interdisciplinary team (including weekly Rounds and team meetings). They may also gain exposure to psychoeducational groups (parent and client) and family therapy (conducted by the psychiatrist).

Due to the complexity of client presentations, intern involvement in therapy will be determined according to factors such as prior experience with individual therapy, comfort level and fit with the intern's future goals. For instance, interns with an assessment focus may expect to progress to co-therapy.

Psychology Staff

CHILD DEVELOPMENT PROGRAM

Dr. Ksusha Blacklock (Supervisor, Neuromotor and CLBT Teams and Integrated Education and Therapy [IET Program])

Ksusha Blacklock received her Ph.D. in Clinical-Developmental Psychology from York University in 2016 and is a member of the College of Psychologists of Ontario. Dr.

Blacklock provides services to the Child Development Team, both within the Neuromotor and the Communication Behaviour and Learning Teams. Dr. Blacklock provides assessment, diagnostic, and consultation services in the areas of learning disability, Intellectual Disability, attention deficit hyperactivity disorder, and Autism Spectrum Disorders (ASD). In addition, Dr. Blacklock is the Psychologist for the Bloorview School Authority IET Program. In this role, she provides assessments for children attending the Bloorview School, focusing on cognitive and academic challenges, in order to help plan for their educational programming and transition

to community schools. She also consults with school staff and parents on behaviour management as well as socio-emotional challenges of the students.

Dr. Jessica Brian (Supervisor, CLBT Team and Bloorview Research Institute)

Dr. Jessica Brian is a psychologist in the Child Development Program and Clinician Investigator at the 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. She has co-developed and evaluated a very early prevention/intervention program (Social ABCs) for infants and toddlers with suspected Autism/ASD and is currently involved in community extension of the program. In addition to her research work, Dr. Brian has a half-time clinical position on the main site, providing diagnostic and psychoeducational assessments of children with Autism Spectrum Disorder, Intellectual Disabilities, learning disabilities, and related complex needs.

Ms. Shawn Brumby (Psychometrist)

Shawn Brumby received her Master 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 for the Communication, Learning, and Behaviour team, and the Neuromotor team. Her previous experience includes coordinating and providing behavioural interventions for children with Autism.

Dr. Brianne Drouillard, (Supervisor, CLBT and Facing Your Fears Teams)

Brianne Drouillard received her Ph.D. in Clinical Child Psychology from the University of Windsor in 2019 following the completion of her internship at Holland Bloorview. Her role as psychologist at Holland Bloorview currently involves psychological and developmental assessments of young children with Autism Spectrum Disorders (ASD) and/or developmental delays. Brianne has undergone focused training in the Autism Diagnostic Observation Schedule (ADOS-2) and has achieved reliability in administering all 4 modules. Brianne also co-leads the Facing Your Fears cognitive-behavioural therapy (CBT) group for children and adolescents with ASD and anxiety.

Dr. Janice Hansen (Supervisor, CLBT and Neuromotor 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 Disorder, attention deficit-hyperactivity disorder, intellectual disabilities and learning disabilities in school-aged children and adolescents. 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. In addition to her assessment services, Dr. Hansen previously provided 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 has been actively involved in supervision, training and mentoring for many years. She was the Internship Coordinator for the Psychology Predoctoral Internship program from 2005 to 2015 and resumed this role again for the 2016-2018 term.

Outside of her work at Holland Bloorview, Dr. Hansen has a part-time private practice where she provides assessment to children and adolescents with learning

and behavioural needs. She also previously held a volunteer position with Bereaved Families of Ontario, running support groups for children who have experienced a loss.

In addition to her clinical work, Dr. Hansen 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.

Dr. Heidi Kiefer (Supervisor, CLBT Team)

Heidi Kiefer received her Ph.D. in School and Clinical Child Psychology from the Ontario Institute of Studies in Education/University of Toronto in 2013 and is licensed with the College of Psychologists of Ontario. At Holland Bloorview, Dr. Kiefer primarily works within the Child Development Program. Her focus is on completing developmental assessments with children under 5 years of age to explore queries related to Autism Spectrum Disorder, intellectual disabilities and other delays. She also co-hosts the ASD Engage podcast with Shawn Brumby and Maureen Mosleh. Dr. Kiefer was the interim Internship Coordinator for the Psychology Predoctoral Internship program from 2020–2021. Trained in the administration of the Autism Diagnostic Observation Schedule–Second Edition (ADOS–2), Dr. Kiefer has achieved reliability with all modules. Dr. Kiefer’s training consisted of placements at the (former) Hincks–Dellcrest Centre and ROCK: Reach Out Centre for Children. Her previous work positions have included Research Project Coordinator at the Hincks as well as the Centre for Addiction and Mental Health and School Psychologist at the Toronto District School Board. Outside of Holland Bloorview, Dr. Kiefer works in private practice, predominantly focusing on therapy with children, adolescents and families as well as consultation services.

In terms of research, Dr. Kiefer’s dissertation evaluated the effectiveness of the Handle With Care mental health promotion training program for child care practitioners working with children under 6 years of age. Through this, Dr. Kiefer gained extensive experience facilitating workshops involving didactic talks, group discussions and experiential activities. Additionally, she worked on projects exploring the development and attachment patterns of children adopted from China and the association between different temperament styles (aggressive, inhibited) to

various serotonin genes in preschool children. Dr. Kiefer has presented work related to these projects across various international conferences.

Ms. Molly Malone (Psychologist)

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 and recently became registered as a psychologist. She has worked previously for Psychological Services in the Durham Board of Education then 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 focuses on cognitive processes in children with ASD and ADHD.

Ms. Aparna Massey (Psychometrist)

Aparna Massey received her M.A. (Psychology) from HNB Garhwal University, India in 2001. As a psychometrist for the Communication, Learning and Behaviour Team,

her role is to conduct psychological assessment of children and adolescents. In her previous roles she worked as a psychometrist conducting psychoeducational assessments for the school board at a private practice in Toronto. Her international professional background has included training of educators and research in the area of bullying prevention and treatment of children in day and residential schools.

Ms. Maureen Mosleh (Psychometrist)

Ms. Mosleh received a Master of Arts 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 ASD, learning, and intellectual disabilities. Her experience also includes the administration of cognitive assessments with infants and toddlers at high risk for ASD.

Dr. Vicki Nolan (Internship Coordinator and Supervisor, CLBT Team)

Vicki Nolan received her Ph.D. in Clinical Psychology from Queen's University in 2012 and is licensed with the College of Psychologists of Ontario. Her primary area of research interest involves the social participation of children with Intellectual Disabilities and ASDs. Dr. Nolan completed her pre-doctoral internship at Holland Bloorview Kids Rehabilitation Hospital. As a psychologist for the Child Development Program, her role involves completing psychological and developmental assessment of young children and adolescents with ASD, attention deficit-hyperactivity disorder, intellectual disabilities, and learning disabilities. She has undergone extensive training in administering the Autism Diagnostic Observation Schedule (ADOS-2) and has achieved research reliability in administering all of the modules. In her prior role as a psychologist in the "Get up and Go" Persistent Pain Service, Dr. Nolan worked as part of an inter-disciplinary team providing intervention using various treatment modalities (e.g., Mindfulness, CBT, Solution Focused) individually and in groups for adolescents with persistent/chronic pain who are admitted for an intensive 4-week program (inpatient and day treatment patient). Dr. Nolan was the co-project coordinator for the Facing Your Fears program, a cognitive behavioural therapy group for children with high-functioning ASDs and anxiety; and she remains involved in research looking at the community dissemination of modified CBT for children and adolescents with ASD through the Autism Research Centre/Bloorview

Research Institute. Dr. Nolan has worked previously as the staff psychologist at Kerry's Place Autism Service, an instructional therapist for children with Autism, a research assistant, a teaching assistant, and associate professor teaching developing psychology and applied behavior analysis. She has experience supervising behaviour therapists, practicum students, and interns from, psychology graduate programs. In addition to her work at Holland Bloorview, Dr. Nolan works part-time in private practice where she provides assessment and intervention to adults with ASD and mental health concerns. She is also an Adjunct Clinical Supervisor at York University.

Ms. Janet Quintal (Psychologist)

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 is registered as a psychologist with the College of Psychologists of Ontario and serves as an oral examiner and interviewer for the College. Ms. Quintal 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. Her 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. She has been an invited speaker on topics related to learning issues associated with neurological disabilities.

Dr. Thomas Rhee (Supervisor, CLBT Team)

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 Autism Spectrum Disorder and intellectual disability, and he has presented his work across various international conferences. As a psychologist for the Child Development Program, his role includes psychological and developmental assessments of children with queries of Autism Spectrum Disorder, Intellectual Disability, as well as some psychoeducational assessments in our Neuromotor program. He has undergone extensive training in administering the Autism Diagnostic Observation Schedule (ADOS-2) and has achieved research reliability in administering all of the modules. Dr. Rhee currently works in the Child Development Program at Holland Bloorview three to four days per week, and also works part-time in private practice, administering psycho-educational assessments and developmental assessment, as well as offering some therapy and consultation services.

Dr. Andrea Snider (Supervisor, Spina Bifida, Neuromuscular and Neuromotor Teams)

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. 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 has previously coordinated 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, CLBT Team)

Abbie Solish received her Ph.D. in Clinical-Developmental Psychology from York University following the completion of her internship at Holland Bloorview. Her role as a psychologist at Holland Bloorview includes psychological and developmental assessments of children with Autism Spectrum Disorder (ASD) and/or developmental delays. Dr. Solish led the initiative to bring the Facing Your Fears anxiety program, a cognitive behaviour therapy group for children and adolescents with ASD and significant anxiety, to Holland Bloorview. She has been leading and supervising these

groups since they began in 2011, most recently virtually through Zoom. Dr. Solish has been involved in evaluating these groups and disseminating the results. Dr. Solish also supervises and co-leads didactic sessions for the Social ABCs early intervention program run through the Ontario Autism Program. In addition, she works part-time in the Autism Research Centre at Holland Bloorview, helping to provide clinical supervision on Dr. Jessica Brian's research projects. Dr. Solish has undergone extensive training administering the Autism Diagnostic Observation Schedule (ADOS/ADOS-2) and has achieved research reliability from trainings in Toronto and at the University of Michigan Autism & Communication Disorders Center. She has helped to co-lead ADOS-2 trainings run at Holland Bloorview. Dr. Solish has also worked with children and adolescents with learning disabilities, ADHD, and intellectual disabilities. She has conducted research in the field of ASD and intellectual disabilities and has several publications in peer-reviewed journals.

BRAIN INJURY REHABILITATION TEAM

Ms. Halla Fahmi (Psychometrist, Inpatient/Day Patient Team)

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, Alzheimer's 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 and Concussion Teams)

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, adults and older 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. She also provides neuropsychological assessment and consultation for Concussion Services. Dr. Hay is the Coordinator for the Practicum Program in Psychology at Holland Bloorview.

Ms. Debra Lee Moroz (Psychometrist, Outpatient and Concussion Teams)

Debra Moroz received a Master in Education in Counseling Psychology from 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 and group supportive counseling, cognitive and anxiety group facilitation, and piloting a skills-based ABI teen program.

Dr. Lily Riggs (Supervisor, Outpatient and Concussion Teams)

Dr. Riggs currently works as a clinical neuropsychologist on the Brain Injury Rehabilitation Team's Outpatient Program, including Concussion Services, at Holland Bloorview Kids Rehabilitation Hospital. Her clinical work involves comprehensive neuropsychological assessments for children and youths with

different types of acquired brain injuries and brief neuropsychological screeners for those experiencing post-concussion symptoms. Dr. Riggs also holds a Clinical Team Investigator appointment at the Bloorview Research Institute and she is an Assistant Professor (status-only) in the Department of Pediatrics at University of Toronto. Her research is focused on understanding how different types of brain injuries (e.g., concussion) affect brain development and cognition (e.g., memory), and how to ameliorate injury-related damage through rehabilitation/interventions. She uses a variety of research methods including structural MRI, fMRI, diffusion tensor imaging (DTI), magnetoencephalography (MEG), eye-tracking, neuropsychological assessment and qualitative methods.

Dr. Riggs completed her Ph.D. in Psychology and Neuroscience at the University of Toronto in 2012. She then completed a combined clinical/research post-doctoral fellowship at The Hospital for Sick Children (SickKids) and Princess Margaret Hospital. Dr. Riggs is a registered psychologist with the College of Psychologists of Ontario with competencies in clinical neuropsychology for children, adolescents, and adults.

Dr. Shannon Scratch (Supervisor, Concussion Team)

Dr. Shannon Scratch received her Master and Ph.D. degrees in Psychology (Clinical Neuropsychology) from the University of Melbourne, Australia in 2012. She then completed an approved registrar program (Australian Health Practitioner Regulation Agency) and earned endorsement in the area of Clinical Neuropsychology from the Psychology Board of Australia (2013). In addition, Dr. Scratch completed postdoctoral research training through the Murdoch Children's Research Institute.

Dr. Scratch currently works as a clinician scientist at the Bloorview Research Institute. Her research focuses on examining neuropsychological (cognitive, behavioural, and emotional) outcomes in youth after acquired brain injury, as well as parent and family functioning. From a clinical perspective, Dr. Scratch works as a clinical neuropsychologist with the Brain Injury Rehabilitation Team. Her clinical time is largely devoted to supporting the interdisciplinary Concussion Services working with youth with complex presentations after concussion. This clinical role involves neuropsychological assessments, interventions, and consultations.

Ms. Nikta Mazloom (Psychometrist, Inpatient/Day Patient Team)

Nikta completed her undergraduate studies in Psychology from York University. She then pursued her Master of Education degree from Niagara University, Buffalo–New York in School Psychology. During her graduate studies, Nikta completed her practicum hours at Toronto Catholic District School Board. In addition, she completed her internship at the Hamilton–Wentworth Catholic District School Board completing psychoeducational assessments. She has also worked as a psychometrist within hospital (Sunnybrook Hospital–NICU–Neonatal Intensive Care Unit) and private clinic settings assessing cognitive functions as well as academic achievement under the supervision of various psychologists. Nikta has worked with patient populations ranging from children, adolescent, young and older adults.

Currently, as a psychometrist for the Brain Injury Rehabilitation Team, her primary role is to conduct neuropsychological assessments which include test administration, scoring, norming of tests, and aspects of report writing for children and adolescents with acquired brain injury. It is her passion to continue to further her clinical experience to further apply her skills with children and their families.

Ms. Naomi Smith (Psychometrist, Outpatient and Concussion Teams)

Naomi Smith received both her Honours Bachelor of Arts degree, major in Psychology, minor in Philosophy (2006), and her Master of Education, focus on Psychology (2010) from the University of Western Ontario. More recently, she completed her Bachelor of Education (2014), from the University of Toronto. Currently, as a psychometrist for the Brain Injury Rehabilitation Team, her primary role is to conduct neuropsychological assessments which include test administration, scoring, norming of tests, and aspects of report writing for children and adolescents with acquired brain injury. Her previous experience includes working at The Hospital for Sick Children where she conducted neuropsychological, developmental, and cognitive assessments for Paediatric Brain Tumour and Cardiology programs. Naomi has worked with patient populations ranging from infancy to adulthood. All of Naomi's work has underscored for her the importance of recognizing each individual's unique strengths and needs and to help them reach their academic and life potential. In addition to clinical work, she values the importance of continuous professional development.

Dr. Sara Stevens (Supervisor, Inpatient/Day Patient 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 neuropsychology, clinical psychology, and rehabilitation psychology 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 focuses on best practices in psychosocial and cognitive rehabilitation, as well as neuropsychological outcomes following acquired brain injury populations.

Dr. Mary Stewart (Supervisor, Inpatient/Day Patient Team)

Dr. Mary Stewart earned her Ph.D. in Clinical Neuropsychology (CPA/APA approved program) from the University of Windsor in 1992. Dr. Stewart is registered as a psychologist with the College of Psychologists of Ontario with competences in clinical psychology, rehabilitation psychology, and clinical neuropsychology with children, adolescents and adults. She is a member of the Canadian Psychological Association as well as a member of the Psychologists in Hospitals and Health Centers section. Dr. Stewart 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/Day Patient Program at Holland Bloorview. Her current clinical interests are in the areas of child and adolescent neuropsychological assessment, behavioural assessment and intervention, and individual therapy/group supportive counseling of clients with acquired and traumatic brain injuries. Dr. Stewart's research interests include evaluating the predictive validity of early traumatic brain injury indicators on subsequent memory and psychosocial

functioning, the ecological validity of neuropsychological/executive functioning tasks within pediatric brain injury, and outcomes of clients with acquired and traumatic brain injuries on neuropsychological language measures. She also is currently involved in evaluating the psychosocial outcomes of adolescents with acquired brain injuries who participate in an emotional supportive counseling group during their rehabilitation admission.

A review of the traumatic brain injury literature as it pertains to the recovery and rehabilitation process in children and adolescents may be found in Picard, E.M. & Stewart, M.L. (2007). Neuropsychological Consequences. In MacGregor, D., Kulkarni, A.V., Dirks, P.B., & Rumney, P. (Eds.), *Head Injury in Children and Adolescents*. London: MacKeith Press.

GET UP AND GO: PERSISTENT PEDIATRIC PAIN SERVICE

Dr. Ardith Baerveldt (Supervisor, Get Up and Go)

Ardith Baerveldt is a psychologist in the areas of clinical and health psychology with children, adolescents, and families. She received her Ph.D. in School and Clinical Child Psychology from the Ontario Institute for Studies in Education at the University of Toronto, where her doctoral research examined intergenerational mediators of alcohol use in youth involved with child welfare.

Dr. Baerveldt completed a 2-year post-doctoral clinical fellowship in pediatric health psychology at the Hospital for Sick Children (SickKids) in August of 2016, focusing on management of chronic pain, obesity, and chronic health conditions. She completed her pre-doctoral internship at the Royal University Hospital in Saskatoon, with a joint focus on health psychology, community mental health, and assessment of Autism Spectrum Disorders. In addition, Dr. Baerveldt pursued specialized training in child abuse and neglect at the Child Study Center/Center on Child Abuse and Neglect at the University of Oklahoma Health Sciences Campus. She has also trained in a number of clinical and school settings in Toronto, including the Hincks-Dellcrest Centre, the Shaw Clinic (Mackenzie Health), and the Toronto District School Board. Dr. Baerveldt has an interest in the application of Third-Wave therapies (mindfulness; Acceptance and Commitment Therapy [ACT]) to persistent pain and has received advanced training in ACT.

In her role as a psychologist in “Get up and Go”, Dr. Baerveldt works as part of an interdisciplinary team and provides intervention using various treatment modalities (e.g., mindfulness; relational; behavioural; ACT) for children and adolescents with persistent pain who are admitted for intensive 4-week interdisciplinary treatment. Her case conceptualization is also influenced by her training in psychodynamic and emotion-focused approaches.

Dr. Mandy Fulton (Supervisor, Get Up and Go)

Mandy Fulton received her Ph.D. in Clinical Psychology from The University of New Brunswick in 2019 and is licensed with the College of Psychologists of Ontario. Her area of research involves quality of life of children with Autism Spectrum Disorder. In her role in the Get Up and Go program at Holland Bloorview, Dr. Fulton works on an interdisciplinary team providing a four-week intensive intervention program to children and adolescents with chronic pain using an ACT framework. In her previous roles in the Bloorview School Authority IET program and on the Neuromotor and Communication Behavior and Learning Teams, Dr. Fulton provided assessment and consultation in the areas of Autism Spectrum Disorder, intellectual disability, learning disability, and attention deficit hyperactivity disorder. She also provided intervention through the Facing Your Fears program for children and youth with Autism Spectrum Disorder and anxiety. In addition to her work at Holland Bloorview, Dr. Fulton works part-time in private practice where she provides assessment and intervention to children and youth with ASD as well as a range of mental health concerns. Dr. Fulton also provides psychoeducational assessments for children and youth at Grandview Kids.

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 Form (SRF). In accordance with APPIC policy, no paper copies of any documents are required. Applications should be submitted to Dr. Vicki Nolan, Internship Coordinator for Psychology, Holland Bloorview Kids Rehabilitation Hospital, 150 Kilgour Rd. Toronto, ON, M4G 1R8.

Please Note: If you had placements and/or requirements that were negatively impacted by the COVID-19 pandemic, please request that your Director of Clinical Training highlights the nature of this impact in their portion of the APPIC application. If you had placements that were cancelled or prematurely terminated, please describe the training and hours that were anticipated in your cover letter. In the event that your hours fall short of the minimal requirements due to COVID-19, this shortfall will be taken into consideration.

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, 2021.