

Holland Bloorview Kids Rehabilitation Hospital
Psychology Predoctoral Residency Program

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Holland Bloorview Kids Rehabilitation Hospital A World of Possibility

2027–2028 Residency Cycle

This residency program is committed to the training of future psychologists and achieving core competencies will continue to be our top priority. Please be advised that some of the rotations may be unavailable or available only with modifications due to supervisors' schedules and availability.

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 residents. 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.

Holland Bloorview's most recent strategic plan, *Transformative Care, Inclusive World: Holland Bloorview 2030*, was born out of the strengths, passions, expertise and experiences of the Holland Bloorview community and the challenges and aspirations beyond our walls. The plan highlights four goals and commitments: 1) Healthy team; 2) Care that's agile; 3) Care that's socially accountable; 4) Care that's transformed by research and education.

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. Residents 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. 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 residents 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, an inclusive playground for children of all abilities, 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.

Our City

Toronto, a metropolis of over 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 Caribbean Carnival and Pride Festivals, the Toronto Film and Jazz Festivals, and the Santa Claus Parade are internationally known. Toronto is home to numerous attractions (CN Tower, Royal Ontario Museum, Art Gallery of Ontario, Ripley's Aquarium of Canada, Hockey Hall of Fame), sport, theatre and entertainment venues (Scotiabank Arena, the Rogers Centre (formerly Skydome), Roy Thompson Hall and the Princess of Wales Theatre) and an exciting nightlife (King Street West, the Danforth, Yorkville, Ossington 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 is a myriad of interconnecting parks and paths that weave through the enormous Don Valley. The park system provides miles and miles of enjoyment for hikers, cyclists, or runners and is directly connected to the grounds of our building!

Orientation

Holland Bloorview Kids Rehabilitation Hospital requires that each new staff member participate in a General Orientation. Psychology residents 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, residents will also learn our computerized system (Meditech-Expanse) for receiving referrals, submitting and signing reports, and tracking workload. While the specific details of residents' 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, residents 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, residents 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, residents will participate in a unique full-day training session on collaborative practice, demonstrated through live simulations using standardized patients. Residents 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 resident's supervisor.

Various noon-hour and after-work activities and programs are offered which provide opportunities for residents 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, our inpatient Specialized Orthopedic and Developmental Rehabilitation Program (SODR), and a unique school program that provides an on-site comprehensive full-day program for children with disabilities.

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 post-concussion symptoms persisting over one month after injury.

Additionally, the Teen Online Problem Solving (TOPS) program is an intervention service that is offered to BIRT adolescent clients with traumatic brain injury and their families. Sessions are conducted virtually and opportunities exist for residents 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 present with autism spectrum disorder (ASD).

Specialized Orthopedic and Developmental Rehabilitation

The Specialized Orthopedic and Developmental Rehabilitation Program (SODR) services inpatient and day patient clients with a variety of musculoskeletal, developmental or neuromotor conditions. It is an intensive interdisciplinary rehabilitation service for children and youth who have significant functional mobility and movement impairment related to the musculoskeletal system. Psychology's role on SODR includes conducting socio-emotional assessments for clients with complex psychosocial concerns, providing consultation to interdisciplinary teams and families, and providing intervention to clients and families.

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. Residents 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.

Extensive Needs Service

The Extensive Needs Service (ENS) is a program that provides vital wrap-around services for children and youth with extensive needs in Ontario who have co-occurring urgent medical, physical and developmental complexities and/or social

vulnerabilities. The service is designed to reduce barriers to accessing timely, evidence-based, and trauma-informed treatment for some of the most vulnerable children in Ontario. Holland Bloorview, the Children's Hospital of Eastern Ontario and McMaster Children's Hospital are the three sites in Ontario leading this prototype program funded by Ontario's Ministry of Health and the Ministry of Children, Community and Social Services. Holland Bloorview has partnered with Michael Garron Hospital, Grandview Kids and the Children's Treatment Network each of which deliver the ENS program in their local communities. Residents involved in this service interns can expect to deliver individual therapy using an eclectic/multimodal approach, participate in multidisciplinary team meetings and consultation and engage in ongoing program improvement initiatives.

The Integrated Education and Therapy Program (IET)

The Integrated Education and Therapy (IET) program is a unique school program that provides an on-site comprehensive full-day program for young children with physical disabilities. The IET provides children with educational and therapeutic interventions that prepare them for successful entry into the public school system. This rotation offers the opportunity to provide assessment and consultation to students in junior kindergarten through grade one attending the IET program.

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 Residency Program

Psychology Services are proud to have received Holland Bloorview Kids Rehabilitation Hospital Foundation grants to support our residency 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 re-accreditation term of six years. In November 2016, we underwent another site visit and were awarded a re-accreditation term of seven years. In May 2024, we had our most recent site visit and were awarded a re-accreditation term of five years. For information about CPA accreditation, please contact the Registrar at accreditation@cpa.ca, or the CPA Office at 1101 Prince of Wales Drive, Suite 230, Ottawa, Ontario, K2C 3W7. As we are an accredited program, the residency standards from CPA for application, rotations and delivery of the program are being followed. There are two full-time paid residency positions available.

Our Applicant Pool

We have a long history of training practicum and residency 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 residency program, we began to attract residents 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 intervention experience. Most of our residents 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 48 for information on how to apply).

Goals and Objectives of the Program

Our primary goal in offering the residency is to train future psychologists who are competent in providing clinical services to children and their families. Using a mastery model of training, residents 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 residency program provides training in broad-based skills of assessment, consultation and treatment that can be readily generalized to other populations, including typically developing children and adolescents who may be referred to psychology services in school boards, 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 residents are expected to assume increased responsibility and independence as the year progresses. Through this approach, residents 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 residents 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 residents 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, residents may receive training in neuropsychological assessment, autism spectrum disorder (ASD) assessment in young and school-age 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 residents 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 or social vulnerabilities (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.

Experience with group mindfulness-based therapy is 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 Acceptance and Commitment (ACT) and mindfulness approaches), through the Specialized Orthopedic and Developmental Rehabilitation Program (SODR), and also occasionally through Neuromuscular and Neuromotor teams. In addition, there are opportunities through the Psychological Intervention Hub to provide intervention through two streams: the Brain Injury Rehab Team (BIRT) 'Teen Online Problem Solving' (TOPS) program offers individual therapy to adolescents with traumatic brain injury while 'Ready to Launch' supports adolescents experiencing stress and anxiety. Residents 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.

Residents 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 residents develop competency in program evaluation include: participation in ongoing program evaluation projects, and/or helping to design and implement new projects, participating in residency quality improvement activities, and participating in didactic learning related to program evaluation.

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

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

Goal 3. Training in Interpersonal Relationships

Training residents with respect to the core competency of interpersonal relationships is woven throughout all activities across the residency 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, residents 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.

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

Formal and informal training with respect to supervision processes and procedures is provided through didactic training and supervision meetings. Residents 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. Residents 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 residents have already received training in research throughout their graduate studies, our program provides residents 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, residents may be involved in some aspects of these ongoing research projects, up to the equivalent of a half-time rotation. Residents 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. Residents will also be required

to choose a research article to lead for Journal Club and make one research-based presentation for Psychology Rounds.

Residents 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, residents will be assigned two major (6-month) rotations with at least two 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 residents 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. Residents pursuing doctoral training in neuropsychology may be offered a more intense exposure to the field. Other residents will be offered more of an introduction to the practice of neuropsychology.

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

Residents can also consider doing a rotation in our “Get up and Go” Persistent Pain Service, and as well in our Extensive Needs Program which could include individual therapy as well as experience with group-based intervention. A rotation in the

Integrated Education and Therapy (IET) program exposes residents to assessment and consultation within a unique school environment.

Minor rotations in individual therapy may also be arranged with clients from the Neuromotor, Extensive Needs, and Inpatient Brain Injury and Rehabilitation Teams. Within the BIRT program, residents may wish to train in the Psychological Intervention Hub minor rotation to provide therapeutic support to adolescents and their families coping with the common cognitive and behavioural challenges that follow traumatic brain injury and neuromotor conditions.

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, residents 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 residents is evident in the extremely positive feedback received from our residents. Indeed, the quality of our supervision is consistently regarded as one of the strengths of the residency program at Holland Bloorview. Our program follows the CPA standards for the supervision of residents, with a minimum of four hours per week of individual Ph.D. level supervision (or three hours individual and one group session), although residents often receive many more hours of collaborative teaching and discussion. Residents 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. Residents can expect to learn from modeling, observation, teaching, directed readings, feedback, ethical training and professional guidance.

Supervisory Supports

During their residency year, residents 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.

Educational Supports

Apart from the supervisory experience, residents 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 residents also have the opportunity to learn along with staff and students from other professions. To date, our residents 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 residents 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 residency program. Residents 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 residency sites in the GTA. This gives our residents the opportunity to network with fellow residents 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 residents. These are centre-wide forums, where presentations are made by Holland Bloorview staff and external contributors. Residents can also attend research seminars conducted by the Bloorview Research Institute.

Evaluation

Evaluation of the residents' performance is an ongoing process. At the outset of the residency, residents meet with the residency coordinator and their rotation supervisors to establish their training plan for the year. During each rotation, there is a formal mid-rotation meeting with the resident, their rotation supervisor and the Residency Director, to review the resident's goals. At this time, the resident receives formal written feedback about their progress in the rotation to date. Additionally, each resident meets individually with the Residency Director on a monthly basis. These meetings provide residents with opportunities to discuss privately their experiences in the rotations. The meetings also allow for the Residency Director to ensure training goals are being addressed. At the end of each rotation there is a transition meeting that includes the resident, the Residency Director, 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 resident prior to the meeting. At the transition meeting, the resident's performance and progress for the rotation are summarized. Residents receive a copy of each evaluation and also receive a letter from the Residency Director at the end of the residency year that outlines their progress throughout the entire year. Copies of the residents' evaluations are also sent to their respective university Directors of Training.

Due Process

An appeal process is in place for residents and is described in detail in the intern orientation binder. Typically, an appeal involves the Residency Director 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 residency evaluation process.

Quality Management of the Residency Program

We have an ongoing quality management program for evaluating our residency. At the end of each rotation, residents are requested to complete an evaluation of the rotation and the supervisor. These remain with the Residency Director until the end of the year when they are shared with the relevant supervisors and the Residency Committee. The Residency Committee reviews and implements residents' recommendations, as appropriate, the following year to improve our program. During their residency year, residents sit on the Residency 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 residency program and is considered a training goal. In addition to the in-house professional development opportunities, residents 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 2027–2028 residency year each of the two residents can expect to receive a stipend of approximately \$42,000 in Canadian funds (including 4% in lieu of vacation and benefits). Residents who require health benefits may purchase coverage through a company affiliated with Holland Bloorview. Past residents have also chosen to opt-in to the health coverage provided at their University during their residency year. Residents are expected to take 10 working days (2 weeks) off for vacation during their 52-week residency. As vacation is paid in lieu, the vacation days are unpaid at the time it is taken. However, residents do receive pay for statutory holidays.

As noted above, residents 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, residents will have access to some professional development funds to assist with conference fees. Additional funds are also available through the residency program.

As staff members at Holland Bloorview our residents 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

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

Also, residents 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

Neuromotor Team Rotation

Ksusha Blacklock, Ph.D., C.Psych. (Currently on Leave)

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

Ryan O'Byrne Ph.D., C.Psych. (Supervised Practice)

The Child Development Team provides services to children and adolescents with a wide range of neurodevelopmental and neuromuscular disabilities including autism, cerebral palsy, epilepsy, spina bifida, muscular dystrophy 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. The focus is largely on assessment (developmental, psycho-educational, behavioural,) as well as consultation to parents, teachers and team members. Residents 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, residents gain valuable experience in formulating diagnoses, especially developmental disorders including intellectual disabilities, learning disabilities and attention deficit-hyperactivity, as well as providing feedback and writing integrative reports. Note: Dr. Hansen also works on the CLBT (described below), thus the Neuromotor rotation may be considered a part-time rotation. Residents choosing this rotation will also be expected to gain experience in the assessment and diagnosis of ASD.

Communication Learning & Behaviour Team Rotation

Jessica Brian, Ph.D., C.Psych.
Hadas Dahary, Ph.D., C.Psych.
Brienne Drouillard, 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.
Azin Taheri, 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). As many of our ASD supervisors work part-time, residents may do a combined rotation with two different supervisors. Referrals cover a broader age range, and typically include young children under age 5, school-aged children as well as adolescents. Psychologists are responsible for leading and coordinating the ASD assessment, including administering the Autism Diagnostic Observation Schedule (ADOS-2), supervising the administration of possible cognitive measures, formulating the diagnosis, providing feedback to the family, completing the written report, and making appropriate referrals. Residents who work in these 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 residents who have a special interest in ASD, there is extensive opportunity for training with the ADOS-2. Residents 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 residency 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 residency. Virtual or hybrid (mix of virtual and in-person appointments) 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.

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 residents 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.

Residents 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. Residents 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. Residents 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

Sabrina Freund, Ph.D., C.Psych.

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

During this rotation, residents 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 pediatricians, pediatric neurologists, 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, residents 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. Residents 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.

Residents 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

Tracy Fabri, Ph.D., C.Psych. (Currently on Parental Leave)

Janine Hay, Ph.D., C.Psych. (Currently on Leave)

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

Residents 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. Residents 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 Minor Rotation

Janine Hay, Ph.D., C.Psych. (Currently on Leave)

Shannon Scratch, Ph.D. C.Psych.

Tracy Fabri, Ph.D., C.Psych. (Currently on Parental Leave)

Residents 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. Residents 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 focused neurocognitive assessments 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. Residents will participate in bi-weekly rounds and will have the opportunity to collaborate with team members about clinical opinion and present neuropsychological findings and recommendations. Residents will also have an opportunity to be part of interdisciplinary concussion team consultations, 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 offers some services through a virtual format.

Psychological Intervention Hub Minor Rotation

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

Ksusha Blacklock, Ph.D., C.Psych. (Currently on Leave)

Azin Taheri, Ph.D., C.Psych.

The Psychological Intervention Hub provides evidence-based interventions (virtually) for children and adolescents with brain injuries and neuromotor conditions. The Hub offers two intervention streams: 1) Teen Online Problem Solving (TOPS) and 2) Ready to Launch. Following a comprehensive intake

assessment, clients are matched to the program that best aligns with their cognitive, emotional, and functional needs.

Teen Online Problem Solving (TOPS) is a virtual intervention originally developed for adolescents with traumatic brain injury and has since been adapted for youth experiencing a range of brain differences. The program combines online learning modules with therapist-guided sessions focused on executive functioning (e.g., planning, organization), problem-solving, communication, self-regulation, and social skills, with additional modules available based on individual needs.

Ready to Launch is a cognitive behavioural therapy (CBT)-based program designed to support adolescents experiencing stress and anxiety. Youth learn about anxiety and the relationship between thoughts, feelings, physical sensations, and behaviours, while developing practical coping skills to manage stress and anxiety. The program also emphasizes gradually facing fears and anxiety-provoking situations, helping youth build confidence and develop effective strategies for managing everyday challenges.

Residents will receive training in one or both intervention streams and will participate in intake assessments, clinical formulation, treatment planning, and intervention delivery. Opportunities include observing, co-facilitating, and leading intervention sessions with adolescents and their families under supervision.

In addition, Drs. Scratch and Taheri are leading a clinical program evaluation and quality improvement initiative examining the implementation and outcomes of the interventions offered in The Hub at Holland Bloorview. Residents with an interest in research may have opportunities to contribute to program evaluation, data analysis, and knowledge translation activities as part of their residency training.

GET UP AND GO: Persistent Pediatric Pain Service

Tracy Fabri, Ph.D., C.Psych. (Currently on Parental Leave)

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. Residents 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, residents with an assessment focus may expect to progress to co-therapy.

Specialized Orthopedic and Developmental Rehabilitation (SODR) Rotation

Shiming Huang Ph.D., C.Psych.

This rotation involves working with children and youth who have significant functional mobility and movement impairment related to the musculoskeletal system. This program uses an interdisciplinary approach to provide support to families and residents will work closely with other health care professionals in providing care to clients. Mental health presentations can include mood and anxiety concerns, experiences of trauma, behavioural and emotional dysregulation. In addition, families often present with complex family dynamics and psychosocial concerns. Residents may be involved in conducting socio-emotional assessments to aid in the formulation and provision of treatment recommendations. Therapeutic intervention is provided in several formats depending on client need and fit: individual therapy with children and youth, parent counselling, and family therapy. Opportunity to participate in group therapy is also available.

Extensive Needs Rotation

Dr. Jonathan Leef Ph.D., C.Psych. (Currently on Leave)

Residents involved in this service can expect to deliver individual therapy using an eclectic/multimodal approach, participate in multidisciplinary team meetings and consultation and engage in ongoing program improvement initiatives.

The Integrated Education and Therapy Program

Dr. Mandy Fulton, PhD., C.Psych. (Currently on Parental Leave)

This rotation offers the opportunity to provide assessment and consultation to students in junior kindergarten through grade one attending the IET program.

Residents work collaboratively with teachers and other staff, providing assessments, consultations to teachers, team feedbacks, attending case conferences, and potentially IPRC meetings, as well as providing consultation to parents.

Psychology Staff

CHILD DEVELOPMENT PROGRAM

Dr. Ksusha Blacklock (Supervisor, Neuromotor Team & Psychological Intervention Hub)

NOTE: *Dr. Ksusha Blacklock is on leave and may be absent for the 2027-2028 residency cycle.*

Ksusha Blacklock received her Ph.D. in Clinical-Developmental Psychology from York University in 2016 and is a member of the College of Psychologists and Behaviour Analysts of Ontario. Dr. Blacklock provides services to the Child Development Team, within the Neuromotor Program. Dr. Blacklock provides assessment, diagnostic, and consultation services in the areas of learning disability, intellectual developmental disorder, attention deficit hyperactivity disorder, and autism spectrum disorder (ASD). Dr. Blacklock is also a supervisor for the TOPS program.

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

Dr. Jessica Brian is a psychologist in the Child Development Program and a Senior Clinician-Scientist at the Bloorview Research Institute. She 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 during her pre-doctoral residency at the Princeton Child Development Institute in the US. Dr. Brian's interests in autism research include understanding basic mechanisms of attention, as well as very early identification and intervention with 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 neurodevelopmental conditions. She has co-developed and evaluated a very early prevention/intervention program (Social ABCs) for infants and toddlers with suspected autism, and is currently involved in community extension of the program. In addition to her research portfolio, Dr. Brian carries a 20% clinical load, providing diagnostic assessments for children referred for possible autism, 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. Hadas Dahary (Supervisor, CLBT Team)

Dr. Hadas Dahary holds an M.A. and Ph.D. in School/Applied Child Psychology from McGill University. She is registered with the College of Psychologists and Behaviour Analysts of Ontario (CPBAO) as a Clinical and Health Psychologist.

Dr. Dahary has clinical experience across diverse bilingual (French/English) settings, including mainstream and specialized schools, as well as rehabilitation environments. Her work has focused on assessing and supporting children who are neurodiverse and present with health-related concerns such as chronic pain, visual and motor differences, and somatization. During her predoctoral residency, she received extensive training in conducting autism assessments and achieved research reliability across modules of the Autism Diagnostic Observation Schedule (ADOS-2). Throughout her graduate studies, Dr. Dahary was recognized as an autism research trainee and remained actively engaged in research examining strength-based approaches to supporting young autistic people. She later completed a postdoctoral clinical research fellowship at the Azrieli Adult Neurodevelopmental Centre at the Centre for Addiction and Mental Health (CAMH), where she contributed to research examining the impact of Acceptance and Commitment Therapy (ACT) on the well-being of autistic people and their caregivers.

At Holland Bloorview, Dr. Dahary conducts developmental and psychoeducational assessments to clarify neurodevelopmental differences such as autism, intellectual disability, and learning disability. In addition to her role at the hospital, Dr. Dahary

offers clinical and health psychology services in private practice, supporting children, youths, and emerging adults with evidence-based therapy and parent coaching.

Dr. Brianne Drouillard, (Supervisor, CLBT Team)

Brianne Drouillard received her Ph.D. in Clinical Child Psychology from the University of Windsor in 2019 following the completion of her residency at Holland Bloorview. Her role as psychologist at Holland Bloorview currently involves psychological and developmental assessments of children with autism spectrum disorder (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. She has experience facilitating the Facing Your Fears program, a cognitive behaviour therapy group for children and adolescence 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.

Dr. Hansen has been actively involved in supervision, training and mentoring for many years. She was the Residency Coordinator for the Psychology Predoctoral

Residency program from 2005 to 2015 and resumed this role again for the 2016–2018 term.

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 (Residency Director & 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 and youth across ages 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 is the current Residency Director for the Psychology Predoctoral Residency program. 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. Mary Mariadas (Psychometrist)

Mary Mariadas received her Master of Education in Developmental Psychology and Education at the University of Toronto (2022), and her Bachelor of Science in Psychology and Health Studies at the University of Toronto (2017). 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, as well as the Neuromotor team. Her previous experience includes delivering evidence based behavioural services and training for individuals with neurodevelopmental disorders and their families.

Ms. Maureen Mosleh (Psychometrist)

Maureen 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 (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 and Behaviour Analysts 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 residency 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 interdisciplinary 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. 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 residents 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.

Dr. Ryan O'Byrne (Supervised Practice, Neuromotor Team and Psychological Intervention Hub)

Dr. O'Byrne completed his graduate training in the Clinical Child and Adolescent Psychology program at the University of Guelph. His clinical experiences include a predoctoral internship at Holland Bloorview, as well as practica at Surrey Place and the Guelph District School Board. He is passionate about adapting assessment and intervention services to the unique needs of children and adolescents with complex disabilities, as well as bringing a strength-based lens to this work. Ryan is currently working within the Neuromotor, Neuromuscular, and Spina Bifida programs providing comprehensive developmental and psychoeducational assessments to children and adolescents with complex physical disabilities. He also provides short-term intervention services to adolescents and their families through the Teen Online Problem Solving program.

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 assessments, as well as offering some therapy and consultation services.

Dr. Abbie Solish (Supervisor, CLBT Team)

Abbie Solish received her Ph.D. in Clinical-Developmental Psychology from York University following the completion of her residency at Holland Bloorview (HB). Her clinical role as a Psychologist at Holland Bloorview includes diagnostic assessments of children and youth from toddlerhood to adolescence with suspected ASD, ADHD, learning differences, and/or developmental delays. She provides supervision and mentorship to psychology residents and psychologists in supervised practice. Dr. Solish also works part-time in the Autism Research Centre (ARC) at HB where she is involved in the training and supervision of research staff and provides clinical support for a variety of projects. Dr. Solish is a Hub Team member and facilitator with the ECHO Ontario Autism program, which aims to provide community practitioners with the knowledge and support they require to diagnose autism and provide ongoing care for autistic children/youth within their practice. In her role at HB, Dr. Solish previously organized and led Cognitive Behaviour Therapy groups for children with autism and significant anxiety, and supervised didactic sessions for the Social ABCs early intervention program run through the Ontario Autism Program. 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. She has conducted research in the field of autism and intellectual disabilities and has several publications in peer-reviewed journals.

Dr. Azin Taheri (Supervisor, CLBT Team and Psychological Intervention Hub)

Dr. Azin Taheri received her Ph.D. in Clinical-Developmental Psychology from York University and is a registered Clinical Psychologist with the College of Psychologists and Behaviour Analysts of Ontario. Her research and clinical interests focus on

autism, intellectual and developmental disabilities, and neurodevelopmental (e.g., learning disabilities, ADHD) assessment and intervention.

Prior to joining Holland Bloorview Kids Rehabilitation Hospital, Dr. Taheri completed extensive training in assessment and intervention across a range of clinical and community settings, including Surrey Place, the Centre for Addiction and Mental Health (CAMH), and the Toronto District School Board. She currently works within Holland Bloorview's Child Development Program, where she conducts comprehensive developmental and diagnostic assessments for children and youth presenting with autism, learning disabilities, and other developmental conditions. Dr. Taheri also leads the Psychology Intervention Hub, which provides evidence-based interventions for children and youth with brain injuries and neuromotor conditions. Interventions provided in the hub include the Teen Online Problem Solving (TOPS) program, which provides support for executive functioning and cognitive challenges follow a brain injury, as well as cognitive behavioural therapy (CBT) targeting stress, anxiety, and adjustment difficulties.

BRAIN INJURY REHABILITATION TEAM

Ms. Aishwarya Chand (Psychometrist, Outpatient & Inpatient Brain Injury Rehabilitation Team)

Aishwarya Chand completed her Honours Bachelor of Science degree at the University of Toronto, majoring in Cell and Molecular Biology and Human Biology, with a minor in Physiology. She then earned a Master of Arts degree in Applied Psychology at Adler University, with a concentration in Child and Adolescent Development, where she completed a thesis in mental health research. Her previous work experience includes six years in research, covering diverse areas such as neuroscience, child development, cognitive science, and psychology. During this time, she gained experience administering assessments to children 30 months of age and older in a research setting. Currently, Aishwarya serves as a Psychometrist in the Brain Injury Rehabilitation Team, conducting neuropsychological assessments on children and adolescents with acquired brain injuries. Her role involves test administration, scoring, and writing behavioural observations to contribute to client

reports. Aishwarya is committed to improving the quality of life for children facing mental health challenges and acquired brain injuries.

Dr. Sabrina Freund (Supervisor, Inpatient Brain Injury Rehabilitation Team)

Dr. Sabrina Freund received her Ph.D. in Psychology from the University of Windsor in 2018, and completed a Clinical Neuropsychology residency at the London Clinical Psychology Residency Consortium. She is a licensed psychologist registered with the College of Psychologists and Behaviour Analysts of Ontario, with competencies in both Clinical Psychology and Neuropsychology with children and adolescents. Prior to joining Holland Bloorview Kids Rehabilitation Hospital on a permanent basis, she previously worked at various children's hospitals in Ontario, including Holland Bloorview (2017–2019), The Hospital for Sick Children in Toronto (2019), and Children's Hospital – London Health Sciences Centre (2019–2022). In these positions, Dr. Freund has worked with various pediatric medical populations, including children and adolescents with acquired or traumatic brain injury, various neurological diseases (e.g., epilepsy), and genetic/metabolic disorders (e.g., PKU). In her current position, Dr. Freund is a neuropsychologist on the Inpatient Brain Injury Rehabilitation Team, where she provides neuropsychological assessment, consultation, and intervention services to children and adolescents with acquired and traumatic brain injuries.

Dr. Janine Hay (Supervisor, Outpatient Inpatient Brain Injury Rehabilitation and Concussion Teams)

NOTE: Dr. Janine Hay is on leave and may be absent for the 2027-2028 residency cycle.

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 and Behaviour Analysts 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. Michelle Iznardo (Psychometrist, Inpatient Brain Injury Rehabilitation Team)

Michelle Iznardo received her Master of Child Study and Education at OISE (2020), and her Bachelor of Social Sciences in Psychology at the University of Ottawa. She is currently working on completing her PhD in Developmental Psychology and Education at OISE. She has also worked as a psychometrist within a private clinic setting assessing cognitive functions as well as academic achievement under the supervision of various psychologists. Michelle has worked with patient populations ranging in age from children to adults.

As a Psychometrist for the Brain Injury Rehabilitation Team (BIRT), her primary role is to conduct neuropsychological assessments which include test administration, scoring, and involvement in report writing for children and adolescents with acquired brain injuries.

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

Debra Moroz received a Masters 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 Brain Injury Rehabilitation Team)

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

She currently works as a clinical neuropsychologist on the Brain Injury Rehabilitation Team's Outpatient Program where she conducts comprehensive neuropsychological assessments for children and adolescents with different types of acquired brain injuries. She is also 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 affect brain development and memory.

Dr. Shannon Scratch (Supervisor, Concussion Team and Psychological Intervention Hub)

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.

Dr. Sara Stevens (Supervisor, Inpatient Brain Injury Rehabilitation 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 and Behaviour Analysts of Ontario with competencies in clinical neuropsychology, clinical psychology, and rehabilitation psychology with children and adolescents.

Dr. Stevens currently works as a clinical neuropsychologist on the Inpatient Brain Injury Rehabilitation Team, where she provides neuropsychological assessment, consultation, and intervention services to children and adolescents with acquired and traumatic brain injuries. Dr. Stevens is the interim Coordinator for the Practicum Program in Psychology at Holland Bloorview.

GET UP AND GO: PERSISTENT PEDIATRIC PAIN SERVICE

Dr. Tracy Fabri (Supervisor, Get Up and Go, Ambulatory Brain Injury Rehabilitation Team, and Concussion Services)

NOTE: Dr. Tracy Fabri is on Parental Leave and may be absent for the 2027-2028 residency cycle.

Dr. Tracy Fabri received her Ph.D. in Clinical Developmental Psychology from York University in 2024, with training and research in the neuropsychology stream. She completed her residency at Holland Bloorview Kids Rehabilitation Hospital, where she gained extensive experience with comprehensive psychoeducational and neuropsychological assessments for children and adolescents with brain injuries as well as inpatient intervention for chronic pain primarily using Acceptance and Commitment Therapy (ACT). Her clinical training has included placements at The Hospital for Sick Children, The Feelings Place, Kidcrew Pediatrics, and the York University Psychology Clinic.

Dr. Fabri is currently registered with the College of Psychologists and Behaviour Analysts of Ontario as a psychologist, with areas of practice in clinical psychology and neuropsychology for children and adolescents. At Holland Bloorview, Dr. Fabri

divides her time between providing intervention through the Get Up and Go Persistent Pediatric Pain Service and conducting comprehensive neuropsychological assessments and offering consultation within the Brain Injury Rehabilitation Team ambulatory program and Concussion Services.

In addition to her hospital work, Dr. Fabri works part-time in private practice, where she provides evidence-based intervention for children and youth with anxiety, particularly selective mutism, as well as other mental health concerns. Dr. Fabri has presented and published research in the areas of mild traumatic brain injury and neurocognitive outcomes in pediatric-onset neurodegenerative and neuroinflammatory conditions.

SPECIALIZED ORTHOPEDIC AND DEVELOPMENTAL REHABILITATION (SODR)

Dr. Shiming Huang (Supervisor, SODR)

Dr. Shiming Huang obtained her Ph.D. in School and Clinical Child Psychology from the Ontario Institute of Studies in Education/University of Toronto in 2020. She is registered with the College of Psychologists of Ontario with competencies in clinical and school psychology for children, adolescents and families. Dr. Huang completed her pre-doctoral residency at the Garry Hurvitz Centre for Community Mental Health at SickKids. Currently, Dr. Huang works within the Specialized Orthopedic and Developmental Rehabilitation program. She provides consultation to interdisciplinary team members and families. In providing clinical intervention, Dr. Huang usually starts with an in-depth socio-emotional assessment to further understand the client and the family's history and needs. Some approaches used in clinical intervention include: Cognitive Behavioral Therapy (CBT), Acceptance and Commitment Therapy (ACT), attachment-focused family therapy, relational therapy, and play therapy. Dr. Huang's clinical work is heavily informed by attachment and family systems theories.

EXTENSIVE NEEDS SERVICE (ENS)

Dr. Jonathan Leef (Supervisor, ENS)

NOTE: *Dr. Jonathan Leef is on Leave and may be absent for the 2027–2028 residency cycle.*

Dr. Leef is a Clinical Psychologist who has worked with children and youth on the autism spectrum and their families since 2002. He obtained his Ph.D. from the University of Toronto/OISE, and clinical and research training through the Hospital for Sick Children's Autism Research Unit, the Centre for Addiction and Mental Health (CAMH), the Toronto District School Board, and Holland Bloorview Kids Rehabilitation Hospital. His primary research interests have focused on the co-occurrence of gender diversity and gender dysphoria in autism. Jonathan is a psychologist in the Extensive Needs Service.

INTEGRATED EDUCATION AND THERAPY PROGRAM (IET)

Dr. Mandy Fulton (Supervisor, IET)

NOTE: *Dr. Mandy Fulton is on Parental Leave and may be absent for the 2027–2028 residency cycle.*

Dr. 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 Bloorview School Authority IET program, Dr. Fulton provides assessment and consultation in the areas of autism spectrum disorder, intellectual disability, learning disability, and attention deficit hyperactivity disorder. In her previous roles on the Get Up and Go and Neuromotor and Communication Behavior and Learning Teams, she worked on an interdisciplinary team providing a four-week intensive intervention program to children and adolescents with chronic pain using an ACT framework and 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.

How to Apply

We are a member of the Association of Psychology Postdoctoral and Residency Centers (APPIC) and are part of the Residency Matching Program, following the guidelines for selection of residents 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. Heidi Kiefer, Residency Director for Psychology, Holland Bloorview Kids Rehabilitation Hospital, 150 Kilgour Rd. Toronto, ON, M4G 1R8.

In accordance with federal privacy legislation (Personal Information Protection and Electronics Documents Act – <http://laws.justice.gc.ca/en/P-8.6/>) you should be aware that we are committed to only collecting the information in your application that is required to process your application. This information is secured by the Residency Director and is shared only with those individuals involved in the evaluation of your residency 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 residency program, your application and CV will be available only to those involved in your supervision and training including your rotation supervisors, the Residency Director, and relevant administrative support and human resources staff.

The application deadline is **November 2, 2026**.