

Toronto Area Residency Consortium (TARC) in School, Clinical, Counselling, Health and Neuro Psychology

Residency Brochure 2025 – 2026



UNIVERSITY OF TORONTO
OISE | ONTARIO INSTITUTE
FOR STUDIES IN EDUCATION

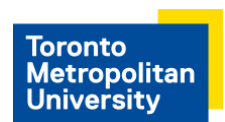


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Introduction

The Toronto Area Residency Consortium (TARC) is a CPA accredited doctoral residency training program in school, clinical, counselling, health and neuropsychology, hosted by OISE/University of Toronto, comprised of two tracks:

- Child Track (5 positions): School – Clinical Psychology
- Adult Track (4 positions): Two positions in Clinical-Counselling Psychology, one position in Health Psychology and one position Neuropsychology.

We were re-accredited in 2022 for a 6-year period.

The training program takes place over a 12-month, 1600-hour residency. The salary for 2025-2026 is \$40,000.

The over-arching goal of the TARC is for residents to develop competencies in the core areas of psychological practice, including psychological assessment, diagnosis, treatment/intervention, consultation and program evaluation/research. These clinical skills will be developed and applied through the lenses of, and the various training opportunities unique to, the specific tracks and rotations of the consortium.

Consortium Partners

The nine-member organizations of the consortium are:

OISE, University of Toronto, Department of Applied Psychology and Human Development, and:

School-Clinical Track

- (i) Toronto District School Board (TDSB)
- (ii) Toronto Catholic District School Board (TCDSB)
- (iii) Child Development Institute, LDMH Program
- (iv) Family Psychology Centre (FPC)
- (v) Broadview Psychology

Adult Track:

- (i) Toronto Metropolitan University's Centre for Student Development and Counselling (CSDC)
- (ii) University Health Network
- (iii) York University Psychology Clinic
- (iv) Broadview Psychology

The consortium is hosted by OISE, University of Toronto (UT). The Director of Residency Training (DT) is on faculty in OISE's Department of Applied Psychology and Human

Development and is based there. The Consortium is comprised of several partners: OISE/UT (an academic training program), two Toronto school boards, several hospitals and community and university-based mental health settings.

TARC is strongly committed to providing a learning and training environment and culture built on the fundamental values of equity, diversity and inclusion. We value the diversity of the communities we serve, the diversity of those offering psychological/psychotherapy services and supervision, and the importance of recognizing and respecting human differences and similarities.

Track Overviews

Child Track - School-Clinical

TARC will be offering five full-time residency positions in its School-Clinical Track. Each resident will spend 2.5 days a week in one of the school boards, 2 days a week at one of the clinical training sites. In addition, all residents will come together at OISE/University of Toronto for .5 days per week throughout the year.

The central goal of the Clinical-School track is to graduate residents who have competency in both school and clinical psychology with an emphasis on children, youth, and families. This goal is pursued through the provision of training in core areas of psychological practice, including assessment, diagnosis, therapeutic intervention, psycho-educational and psychological testing and consultation within both school and clinical rotations. The training residents receive will equip them with the skills required to intervene effectively with children and youth experiencing a wide range of mental health concerns in both school and community settings as well as skills needed to assess, diagnose and offer remediation for learning difficulties. The high-quality training residents will receive will also prepare them for post-doctoral supervised practice in psychology.

Adult Track

Four full-time positions will be offered within the Adult Track:

Clinical-Counselling (Two positions):

Position 1: The resident will have two part-time rotations simultaneously at Toronto Metropolitan Centre for Student Development and Counselling (CSDC) and at the York University Psychology Clinic (YUPC).

Position 2: The resident will have two part-time rotations simultaneously at Toronto Metropolitan Centre for Student Development and Counselling (CSDC) and at Broadview Psychology.

The goal of these rotations is to prepare residents for independent practice as professional psychologists who are scientifically informed. By combining these two rotations, residents will work with clients from diverse populations, covering a wide range of mental health problems.

Health Psychology (One position):

The resident will have two half-time rotations simultaneously in Psychosocial Oncology and Palliative Care at Princess Margaret Hospital and the Eating Disorder Program at Toronto general Hospital.

After the completion of these rotations, residents will have acquired the skills needed to assess, diagnose and treat complex primary psychological issues; psychological issues that are secondary to medical conditions or that contribute to medical problems or impede health recovery.

Adult Neuropsychology (one position):

One full-time position will be offered within the Adult Neuropsychology Track. The resident will have two major half-time rotations in the Epilepsy Surgical Program and Movement Disorders/Deep Brain Stimulation Program at Toronto Western Hospital, as well as two minor half-time rotations within the Neuro-Oncology and Pediatric Aftercare Programs at Princess Margaret Cancer Centre and within the Brain and Spinal Cord Rehabilitation Program at Toronto Rehab Institute. The rotations at Toronto Western and Princess Margaret will focus on neuropsychological assessment and diagnosis whereas the rotation at Toronto Rehab will focus on intervention and rehabilitation.

After the completion of the assessment rotations, residents will develop competency in neuropsychological assessment, diagnosis, and consultation working with adults and seniors with diverse neurological disorders. Residents will also gain experience providing feedback to patients, their care-partners, and interdisciplinary team members. After completion of the minor intervention rotation, residents will develop competency in provision of individual and group intervention to support rehabilitation and recovery for individuals with complex psychological issues in the context of adjustment to life altering injury concurrent with various medical, neurological, psychiatric or substance use disorders.

In addition, all residents will come together at OISE/UT for .5 days per week throughout the year.

Training Goals

Within each organization there is a recognized need to train residents in competencies related to the practice of professional psychology unique to that setting.

The following general goals of training are common to all members of the consortium:

1. To provide residents with a broad-based training program in core areas of psychological practice – assessment, diagnosis, consultation and treatment/intervention.
2. To facilitate the development of residents in their professionalism and professional identity as psychologists.
3. To facilitate the development of skills necessary for functioning as psychologists working within inter-disciplinary teams and with community partners.

4. To facilitate residents' appreciation and understanding of individual differences, including gender and multicultural issues.
5. To facilitate residents' integration of research and best practices into their professional roles.

In order to ensure that this residency meets professionally agreed upon standards and ensures employment mobility for our graduates, we are accredited by CPA and our residency training program adheres to CPA standards and criteria. We are also members of the Canadian Council for Professional Programs in Psychology (CCPPP) and the Association of Psychology Post-Doctoral and Residency Centers (APPIC). We participate in the APPIC Computerized Matching Program, and adhere to APPIC guidelines.

Consortium Partner Descriptions (School-Clinical Track):

OISE, University of Toronto

Located in Toronto, Ontario, the Ontario Institute for Studies in Education (OISE) of the University of Toronto is an international leader in the research, teaching and study of issues that matter in education. OISE is part of the University of Toronto, Canada's largest university, established in 1827 and recognized as a global leader in research and teaching.

The School and Clinical Psychology Program (SCCP) and the Clinical and Counselling Program (CCP) are two CPA accredited programs within OISE's Applied Psychology and Human Development Department, which hosts the consortium. The central mission of SCCP is to provide students with theoretical, research, and professional training in preparation for leadership in psychological practice with children, adolescents and families in school, mental health, private practice, and research settings. The child track of the consortium has this same mandate and is organized in collaboration with the Toronto District School Board (TDSB), the Toronto Catholic District School Board (TCDSB), OISE and several community and university based mental health providers.

The Clinical and Counselling Psychology program at OISE (CCP) prepares students to be scientist-practitioners in both areas of counselling and clinical psychology.

Toronto District School Board (TDSB):

The [Toronto District School Board](#) is the largest school board in Canada, with approximately 265,000 students and 580 schools. Our students come from a diverse range of ethnic and socio-economic backgrounds. Fifty-three percent have a language other than English, with more than 80 languages represented. About 17% of students receive some form of Special Education support. Staff at the Toronto District School Board (TDSB) work every day to support the uniqueness and diversity of students. We strive to make all students and staff feel welcome and accepted in their school so they can be successful and reach their full potential, regardless of their background or personal circumstances.

Working with families and school teams, Psychology staff support students by conducting comprehensive assessments, consulting with families, teachers, and administrators, providing individual and group counselling, as well as collaborating with community agencies to coordinate and provide pathways to support. The work of psychological services providers is consistently exciting and challenging, and offers opportunities for continued professional growth.

To learn more about the Department of Psychology and the initiatives psychology staff are involved in, see:

[Psychological Services](#)

[TDSB Mental Health & Well-Being](#)

[Autism Services](#)

[TDSB Psychology Hearts & Minds Newsletter](#)

<http://www.tdsb.on.ca/>

Toronto Catholic District School Board (TCDSB):

The Toronto Catholic District School Board (TCDSB) is the largest Catholic school board in Canada, with over 90,000 students and 200 schools. TCDSB students come from a diverse range of ethnic and socio-economic backgrounds. The work of Psychological Services staff addresses the continuum of needs from prevention to assessment and intervention, inclusive of individual and group counselling, and from mental health promotion and training to program design and evaluation. In addition to School Psychology as their declared area of competence, a number of Psychological Services staff are also licensed to practice in Clinical and/or Counselling Psychology (as per their registration by the College of Psychologists of Ontario).

We support a collaborative approach to student mental health, learning and meeting students' needs how and when they need it. The psychology department has created OCTA:GEN (Optimizing Comprehensive Therapy and Assessment: Generating Educational Networks) to bridge the needs of our students and to find accessible and more immediate comprehensive care through the sharing of resources and tools, capitalizing on, and staying abreast of, current evidence-based practices and clinical research via various established hospital networks. We are committed to advancing resident's training by supporting and expanding their creativity and curiosity.

<http://www.tcdsb.org>

<https://www.tcdsb.org/o/specialservices/page/psychology>

Child Development Institute (CDI)

Child Development Institute (CDI) is an accredited children's mental health agency in Toronto. CDI offers evidence-based programs for children (ages 0-12), youth (ages 13-18), and their families across four streams: Early Intervention Services (helping young children with social, emotional or behavioural challenges), Family Violence Services (supporting women and children who have experienced interpersonal violence), LDMH Services, formerly 'Integra Program' (services for youth ages 8 to 18 with diagnosed learning disabilities and mental health challenges) and Healthy Child Development (supporting healthy development and learning within Early Learning Centres and an Ontario Early Years Child and Family Centre).

CDI's main offices are located to the west of central Toronto. Psychological services are provided across a number of programs at CDI, including within (1) LDMH Services, which provides family-centred, evidence-informed intervention to children and youth with diagnosed LD ages 8 to 18 years and (2) Early Intervention Services, which provides intervention for children 12 years and under, including within the specialized SNAP® intervention program for children under the age of 12 at risk for being in conflict with the law.

www.childdevelop.ca/

Broadview Psychology

Broadview Psychology is a family focused and team based private clinic in central Toronto (Danforth and Broadview; Bloor and Bathurst) and Stouffville that provides DBT, CBT, ACT and EFT treatment to children, adolescents, parents, families, adults, and couples with diverse challenges. Its team consists of psychologists, social workers, post-docs, graduate students, behaviour therapists, dieticians and admin staff. Broadview Psychology specializes in treating transdiagnostic clients who have problems in regulating their emotions and behaviour through comprehensive and adherent outpatient DBT. Broadview offers separate DBT programs for children, young adolescents, older adolescents, young adults and adults. Broadview Psychology associates work closely together as a team to provide a wide range of services to clients as well as to their family members, including individual, group, parent, family and sibling therapy, as well as phone/text coaching, behavioural coaching, as well as assessments.

We strive for clinical effectiveness through strong training and supervision programs, and ongoing program evaluation. We are family and community oriented, and benefit from formal and informal consultation with family members, colleagues, service providers and community agencies. Finally, we are committed to accessibility and inclusion, and offer pro bono or low fee services to underserved populations when possible.

<http://www.broadviewpsychology.com/>

Family Psychology Centre

Family Psychology Centre (FPC) is a full-service psychology practice for children, adolescents, young adults, and families. Clinical Psychology Residents have the opportunity to obtain intensive training in emotion focused therapies, family-based treatment, as well as wide range of other treatment approaches, including CBT, DBT, ACT, CFT and play therapy. As a clinical teaching site within the community, our team comprises four Supervising Psychologists, approximately ten psychology trainees at different levels of clinical practice— practicum, residency, and supervised practiced— as well as an interdisciplinary team, including Psychiatry, Social Work, Art Therapy,

Psychotherapy, and Occupational Therapy. The clinical services that we offer include psychological consultation, assessment, individual therapy, separated and joint parent-child therapy, parent coaching sessions, and family-based therapy. We are also affiliated with the Emotion Transformation Research Lab, which coordinates the Emotion Focused Family Therapy workshop for parents and caregivers. EFFT provides tools, support, and skills practice for parents and caregivers looking to help their loved ones through emotional and behavioural problems, mental health challenges, and recovery from a range of clinical disorders.

Our clinic is conveniently located in Midtown Toronto and treats diverse populations. All of our services are back in-person but, if clinically appropriate, we do offer a variety of psychological services online through secure video, at the client's request. We receive referrals for youth of all ages as well as families from many backgrounds. Although we operate as a private practice, part of our mission is to provide accessible mental health care to our community and we do this through our Access FPC program, which offers low cost and pro bono services to hundreds of children and their families each year.

<https://familypsychology.org>

Consortium Partner Descriptions (Adult Track)

Toronto Metropolitan University's Centre for Student Development and Counselling (CSDC)

Set in the heart of downtown Toronto, Toronto Metropolitan University is home to 36,000 full-time undergraduate students and 2,500 graduate students, with a culturally diverse student population from 146 countries. The Centre for Student Development and Counselling is part of a larger department - Student Wellbeing, which consists of the CSDC, Health Promotion, the Medical Centre and Academic Accommodation. The CSDC provides direct service to over 2,2000 students annually through individual therapy, group therapy, and psycho-educational workshops. The Department of Student Wellbeing is a multi-disciplinary team consisting of psychologists, social workers, registered psychotherapists, a health promotion nurse, psychiatrists and general practitioners

www.torontomu.ca

Broadview Psychology

Broadview Psychology is a family focused and team based private clinic in central Toronto (Danforth and Broadview; Bloor and Bathurst) and Stouffville that provides DBT, CBT, ACT and EFT treatment to children, adolescents, parents, families, adults, and couples with diverse challenges. Its team consists of psychologists, social workers, post-docs, graduate students, behaviour therapists, a dietician and admin staff. Broadview Psychology specializes in treating transdiagnostic clients who have problems in regulating their emotions and behaviour through comprehensive and adherent outpatient DBT. Broadview offers separate DBT programs for children, young adolescents, older adolescents, young adults and adults. Broadview Psychology associates work closely together as a team to provide a wide range of services to clients as well as to their family members, including

individual, group, parent, family and sibling therapy, as well as phone/text coaching, educational, career and exposure coaching, as well as assessments.

<http://www.broadviewpsychology.com/>

University Health Network

University Health Network (UHN) is Canada's leading research academic hospital. Building on the strengths and reputation of each of its programs, UHN brings together the talent and resources needed to transform lives and communities through excellence in care, discovery and learning. Our primary value above all else is that patients come first. Additional values include: Safety, Compassion, Teamwork, Integrity and Stewardship. UHN is a network of teaching hospitals that comprises: The Princess Margaret Cancer Centre, Toronto General Hospital, Toronto Western Hospital and the five sites of the Toronto Rehabilitation Institute covering ten program areas. Across the four hospitals are numerous inpatient and outpatient units focusing on care in a diverse range of medical issues and complex diseases. UHN serves the needs of both younger and older adults from a large catchment area with diverse cultural backgrounds.

Psychologists work within interdisciplinary team settings to provide exemplary care for patients dealing with a range of complex medical issues with a focus on assessment, diagnostics and interventional techniques.

<http://www.uhn.ca/>

York University Psychology Clinic (YUPC)

YUPC is a state-of-the art community mental health clinic and training centre associated with the Department of Psychology in the Faculty of Health and located on the Keele Campus of York University. The clinic was established several years ago with a main goal to enrich training experiences for York's two clinical doctoral psychology programs: Clinical Developmental which primarily focuses on the infant/child/youth populations and Clinical which primarily focuses on the adult population. Both programs are CPA accredited. The Clinical Area offers opportunities to engage in clinically-relevant research in psychotherapy process and outcomes, neuropsychology, health psychology and personality. The clinic provides a range of leading edge, effective mental health services on a fee for service basis to keep people of all ages living healthy, productive lives. The clientele are not restricted to those seen in a typical university counselling service but rather are a broad range of community and university referrals of individuals, couples and families who live in the Greater Toronto Area. Services include comprehensive psychological assessments (psycho-educational, psycho-diagnostic and neuropsychological), therapy (individual and group) and health promotion activities such as mindfulness meditation groups.

www.yorku.ca/health/yupc/

Residency Program: Child Track (School-Clinical)

Please note that during the COVID pandemic or future waves, clinical services and training programs at all sites may be adjusted in line with infection prevention and control advisories from Public Health and the Ministry of Health.

Residents will be assigned to a school psychology rotation within the TDSB or TCDSB and participate in a major rotation in clinical child psychology at either CDI, Family Psychology Centre or Broadview Psychology, depending on the results of the match. Each resident will spend 2.5 days a week in one of the school boards, 2 days a week at one of the clinical training sites, and .5 days a week at OISE/UT for the joint didactic portion of the training program.

A typical schedule of rotation is outlined in the table below.

Rotation	Days/week	Months	Location	Description
Major School Psychology	2.5 days per week	Sept. – June	TDSB or TCDSB	Elementary and Secondary School Psychology Rotation Minor rotations or special projects (see list in brochure) may be sought.
Major Clinical Child Psychology	2 days per week	Sept. – Aug.	One of: CDI Broadview FPC	See descriptions in the body of the brochure.
Seminars/Resident Meetings	Friday PM .5 days	Sept. – Aug.	OISE	Didactic seminars, professional development, resident meetings
Summer		July-Aug	All sites	School board hours revert to clinical sites.

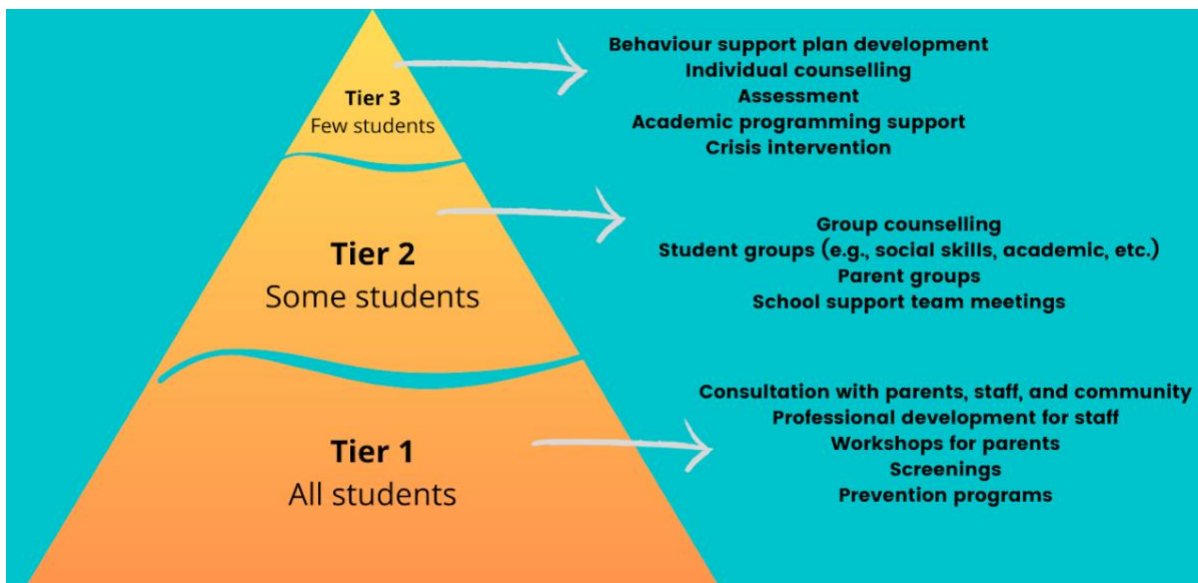
Overview of Clinical Rotations

Rotations in School Psychology

Toronto District School Board (TDSB)

Psychological Services providers at the TDSB are assigned to specific schools and are part of a multidisciplinary group of Professional Support Services (PSS). PSS groups include: Psychological Services, Speech and Language Pathology Services, Child and Youth Services, Occupational and Physiotherapy Services, Social Work Services and Board Certified Behaviour Analysts.

Psychological services at the TDSB are conceptualized according to a three-tier model (please see image below). Tier 1 support reflects a broad range of activities such as providing consultations, providing professional development, workshops, universal screenings and prevention programs. Meaningful opportunities to collaborate with PSS staff on a range of mental health & well-being initiatives are also available through the PSS Mental Health and Well-Being Committee. Tier 2 support reflects targeted intervention and includes membership on school support teams, consultations, and programming support. Tier 3 support reflects intensive intervention and includes psychological assessment and consultation, individual and group counselling, academic programming support, crisis intervention, and membership on Identification, Placement and Review Committees. Residency opportunities primarily involve Tier 3 activities, with some involvement at the Tier 1 and 2 levels in the following Major and Minor School Psychology Rotations.



Major School Psychology Rotation: Elementary and Secondary School Psychology Rotation (TDSB)

School Psychologists play a significant role in the TDSB in helping to develop and promote mentally healthy schools. They do this through the provision of a full range of psychological services in schools including consultation, assessment, intervention, participation in multi-disciplinary teams and communication with outside agencies. School psychologists are also involved in providing professional development to staff within their assigned schools and with working closely with teachers and special education teachers to translate psychological findings to strategies in students' Individual Education Plans.

In this rotation, residents will receive at least two full-year (Sept to June) assignments to one Elementary and one Secondary School. Within those schools, they will take on all the responsibilities associated with the role of School Psychologist. They will conduct assessments, write reports tailored to address the needs of parents/caregivers and the school system, provide consultation, work with special education and resource teachers, provide intervention, etc. Residents work with educators to translate assessment findings to Individual Education Plans (IEP) for students. Residents may be involved in providing professional development to staff within their assigned schools. They may also be involved in providing counselling and crisis intervention and may have opportunities to work with other professionals to run intervention groups.

Special Projects (TDSB):

There are a variety of services within the TDSB that are supported and led by Psychological Services. Examples include working with students with complex needs (e.g., developmental delay, autism, significant emotion regulation needs), strength-based interventions for middle school students with LD, program evaluation for mental health initiatives, monitoring/evaluating implementation of academic interventions, and supporting programming in Caring and Safe Schools. These teams are multidisciplinary and may or may not be tied to a specific school.

Residents may work with their primary supervisor to select and organize learning experiences in one or more of these special teams over the year, depending on each resident's interest and training goals, time and the opportunities available. Students will be involved with a secondary supervisor while in these special team placements.

Examples of Special Projects:

ASD Assessment Team- Psychological Services helps assess and identify students who display traits associated with ASD. This involves specialized assessment using such instruments as the ADOS II, ASRS, observation, and acquiring information from parents and school staff.

PSS Mental Health & Well-Being Committee-Residents may have the opportunity to join the PSS Mental Health and Well-Being Committee and collaborate with other PSS staff who are passionate about supporting equity focus and evidence-informed mental health initiatives in the board. Examples of special projects include developing board-wide resources to support: Children's Mental Health Week, Bell Let's Talk Week, Cultural/Heritage Months, Pride Month, Winter and Summer-Well-Being Guides, Parent/Caregiver webinars/workshops etc. The opportunities are endless and the work makes a meaningful difference in the lives of families, students and staff.

Strength Based Resilience Initiative (Positive Psychology) – Residents will work with specially trained staff to train teachers and students to lead more optimistic and resilient lives. The program includes helping participants to identify and build on their own character strengths, values, and positive actions.

Caring and Safe Schools – Several settings are provided to accommodate students whose emotion and behaviour regulation challenges result in suspension or expulsion. Assessments, clinical interventions, and support with transitions, are undertaken within the framework of a multidisciplinary team (including social workers, teachers, and child and youth workers). Residents may work closely with psychological service providers and other staff from Caring and Safe Schools.

Supervision:

At the **TDSB**, supervision of residents will be provided by staff who are registered with the College of Psychologists of Ontario, who have an established record of supervision and mentoring, and who have breadth and depth in their understanding of school psychology. In school rotations, supervision will cover all aspects of professional school psychology, including: consultation; assessment and diagnosis; intervention; ethics and professional conduct; the multidisciplinary approach; respect for diversity; and use of evidence-based practice. Supervision will be provided by a primary supervisor for the major school-based rotation. A secondary supervisor may supervise the other projects, depending on the

expertise required. At a minimum, residents will receive two hours per week of individual supervision from supervisors at TDSB.

Managers: Carolyn Lennox, Ph.D., Yvonne Martinez, Ph.D., C.Psych.

Toronto Catholic District School Board (TCDSB)

Psychological Services staff at the TCDSB are assigned to specific schools (elementary and secondary) and are members of each school's interdisciplinary team which also includes Social Workers, Speech-Language Pathologists, Assessment and Programming Teachers, the school Principal and appropriate school staff.

At the TCDSB, psychological service provision is based on a multi-tiered prevention/intervention model, whereby the intensity of supports and the levels of interventions are provided based on need. At the primary (Tier 1) level, consultative support and broad scale universal preventative and proactive interventions are provided to entire schools or classrooms. These may include whole class prevention programs, as well as the provision of professional development and training (to teachers, guidance counselors, school administrators and support staff) on topics such as, e.g. mental health, special education needs of students with disabilities, classroom behaviour management, etc. At the secondary (Tier 2) level, targeted prevention and intervention is provided to at-risk groups or individuals. These may include the provision of needs-based group intervention (e.g., anxiety reduction, anger management, social skills development), focused consultation to teachers and school staff, crisis response, and involvement in threat and risk assessment teams. At the tertiary (Tier 3) level, intensive intervention and remediation efforts are tailored to individuals with significant needs. These may include psychological assessment, development of positive behaviour support plans and safety plans, behavioural assessment and programming, participation on specialized support teams (e.g., autism team, alternative education team), implementation and evaluation of individualized programs, and provision of individual counseling and treatment.

Residency opportunities are available at all levels. Supervision is provided by psychologists with declared competency in School Psychology (and potentially in Counselling, and/or Clinical Psychology). The following Major School Psychology Rotations and special projects are available:

Major School Psychology Rotation: Elementary and Secondary School Psychology Rotation (TCDSB)

In this rotation, residents will receive assignments to one Elementary and one Secondary School. Within each of these schools, they will work alongside a Psychologist, and will complete the following professional activities: conduct teacher focused consultations, participate in the school's interdisciplinary team meetings and case conferences, provide professional development presentations to school staff or parents, conduct full psychological assessments, write reports (tailored to address the needs of parents and the school system), work with classroom teachers and special education teachers to translate assessment findings to Individual Education Plans (IEP) for students, present at Identification, Placement and Review Committee meetings, provide intervention/counseling.

Other opportunities for residents may include: Participating in our annual student-lead mental health awareness initiative ("Stop the Stigma") offered in secondary and some

elementary schools, providing crisis intervention, working with other professionals to run intervention groups (e.g. social skills, positive psychology, cognitive-behavioural groups). In addition, residents will be invited to participate in professional development activities/events organized regularly for the members of the TCDSB Psychological Services Department.

Special Projects:

There are a variety of other types of services within the TCDSB that are supported and/or led by Psychological Services, such as providing and overseeing school-wide and board-wide mental health initiatives (e.g, the annual student mental health conference), providing classroom based mental health prevention programs, involvement in program design and implementation for students with special education needs, participating in evaluation of new and/or existing intervention programs, etc. These services are provided in a collaborative interdisciplinary context and may not be tied to a specific school.

Psychological services staff, in conjunction with Social Work, are the first to intervene with students who express suicidality. Our Board does not relegate such complex intervention and prevention to guidance counsellors. Psychological services place emphasis on bridging care via supportive treatment while students may be waiting for community supports. Residents may choose to participate in one or more of these services but should know our services are often called upon for students who are deemed to be at risk for a variety of reasons.

In addition to the above, there are specialized services provided by Psychological Services staff to support students with complex needs. Involvement in such services will allow for the opportunity to gain experience and develop skills in working with students with specific needs or disabilities. Residents may participate in interdisciplinary teams servicing the Autism Programs (system wide); the Alternative Secondary School Program (which provides support to students aged 16 to 21); and the Alternative Program for students who have been expelled from elementary or secondary school due to struggles with noncompliance, aggression, and disruptive behavior. Residents will have an opportunity to gain experience in consultation to teachers, support staff, and parents; conducting psychological, social-emotional, or behavioural assessment, counselling and/or intervention, depending on the presenting need; and liaising with service providers in the community (e.g., hospitals, mental health agencies, juvenile justice system, etc.). Residents will work with their primary supervisor (allocated by the chief psychologist) to select and organize participation in one or more of these specialized services over the year, depending on each resident's interest and training goals and the opportunities available. Residents may be involved with a secondary supervisor while in these special team placements.

Contact: Paula Klim-Conforti, DCS, C. Psych. Assoc., RP, Ph.D. (Med Sci)
Chief of Psychological Services

Major Child and Adolescent Clinical Psychology Rotations

Child Development Institute (CDI)

The major rotation at CDI includes three primary areas of focus: (1) providing evidence-informed individual and group therapy for children and youth with a variety of mental health challenges; (2) providing psychological consultation to clients and clinical staff; and (3) participating in research and program evaluation of our clinical, innovative interventions. The composition of the caseload and clinical activities are tailored to the resident's learning goals.

Intervention:

Typically, residents carry individual therapy cases using various treatment modalities, including CBT for children and youth and Emotion Focused Skills Training for parents. Residents co-lead groups, which may include the SNAP® or Unified Protocol (UP) group programs, depending on the focus of the rotation.

Residents are considered as part of the clinical team, and work directly and collaboratively with Child and Family therapists (social workers, psychotherapists) and, depending on the main focus of rotation, Child and Youth Workers.

Psychological Consultations:

Psychological consultations play a role in a number of programs within CDI. For example, admission to LDMH Services requires that clients have a completed psychological assessment and a documented Learning Disability; this documentation may be reviewed by psychology staff to help clients and clinicians to understand the implications of the assessment findings for everyday life and for mental health services. Within Early Intervention Services, psychology staff may consult to clinicians and directly to clients of the SNAP® program (serving children 6-12 years with significant externalizing behavioural concerns) and the Family and Community Counselling program (serving families of children 0-6 years, as well as children within CDI's Day Treatment classroom program).

Research & Learning Opportunities:

Residents are encouraged to select a research or program evaluation project of their interest. All clinical services are evaluated, and residents are supported by CDI's research and evaluation team to participate in their preferred area of interest. For example, this has included any or all of the stages of evaluation, including: working with the clinical team to define and operationalize research questions, reviewing the literature, designing an evaluation or study, selecting measures, implementing a study, and analyzing and writing up the results for publication.

Supervision:

At **CDI**, clinical supervision is highly valued for all clinical staff. Residents will receive weekly individual supervision with a psychologist. Residents will receive a combination of formal scheduled individual supervision (including observation of live and videorecorded sessions), group supervision and informal supervision ('open door' policy for dropping in

with questions), for a minimum of 2 hours per week. Residents will meet for peer supervision with child and family therapists, particularly in the context of co-leading groups.

Supervision training for residents:

During the second half of the year, residents may have the opportunity to supervise a junior student (e.g., psychology or social work practicum student).

Supervisor: Nora Klemencic, Ph.D., C.Psych.

Broadview Psychology DBT Program

Clinical Opportunities at Broadview Psychology:

Residents will work within a dynamic, stimulating, and supportive team to provide empirically based treatment (primarily DBT and CBT) to clients who have problems related to emotional and behavioural regulation. Broadview Psychology specializes in providing comprehensive and adherent outpatient DBT to clients and their families. DBT aims to help clients to improve their ability to be mindful, accepting and validating of their emotions, and cope more effectively with these emotions. Residents will have the opportunity to provide the following DBT or CBT services:

- DBT assessment and case formulation of children, adolescents, and/or young adults and/or adults
- DBT skills groups (co-facilitated) for children, adolescents, young adults, adults, and/or parents
- CBT, ACT or Mindfulness groups (co-facilitated) for adolescents, young adults or adults
- DBT or CBT individual therapy for children, adolescents, young adults or adults
- DBT phone and text coaching with children, adolescents, young adults or adults
- DBT, EFT or CBT oriented parent and/or family therapy

If interested, residents may improve their testing and conceptualization skills by providing psycho-diagnostic, psychoeducational, ASD, ADHD and gifted assessments to children, adolescents or adults.

Educational Opportunities:

Residents will have the opportunity to receive extensive training while at Broadview Psychology as this is an important component of the clinic. They will participate in weekly training sessions on providing DBT to adolescents, young adults, and families (minimum of 32 hours). They will attend training or consultation sessions provided to the Broadview Psychology team based on the team's educational needs. Residents will take part in weekly DBT consultation team meetings at which they will receive consultation from and provide consultation to team members. Residents may also attend relevant external trainings, financed by Broadview Psychology. Finally, residents will also have the opportunity to learn from clients who share their experiences in their treatment and recovery at recovery evenings.

Research Opportunities:

Broadview Psychology has a program evaluation team headed by Dr. Vaunam Venkadasalam, that coordinates ongoing evaluation of our clinic, as well as evaluation of particular time-limited services. Residents will meet with this team to choose a program evaluation project using existing data or by collecting new data. They may engage in a process or summative evaluation of any of our primarily DBT or CBT services.

Supervision:

Broadview Psychology places an emphasis on supervision and provides weekly supervision to all trainees and consultation to all registered clinicians. Residents will receive a minimum of 1 hour of weekly individual supervision with a registered psychologist, and 2 hours of weekly group consultation/supervision at DBT consultation team meetings. They will also receive supervision on an as needed basis with primary supervisors, co-facilitators of groups and with colleagues. Supervisors will be available at all times for emergency consultation. Supervision will occur through discussions of clinical, professional and ethical questions and issues, and the review of session recordings.

Supervision opportunities for residents:

Residents will have the opportunity to supervise a more junior clinician during the second half of the year. They will also provide consultation to any members of the clinical team both formally through consultation team meetings and informally through ongoing collaboration on cases.

Supervisors:

Christine Sloss, Ph.D., C.Psych (child, adolescent, adult, family, couple)

Aranda Wingsiong, Ph.D., C.Psych (child, adolescent, assessment)

Sharon Chan, Ph.D., C.Psych (child, adolescent, assessment)

Petrice Gentile, Ph.D., C.Psych (child, adolescent)

Family Psychology Centre

Clinical Opportunities

Consultation and Treatment

As a clinical teaching site, our residents and trainees are a priority at FPC. Residents will practice within a supportive, highly skilled interdisciplinary team in the provision of psychological services including EFT, EFFT, MI, CBT, DBT, family therapies, amongst other treatment approaches. Residents can choose up to three core modalities on which to focus their training, although exposure to other areas is also supported. As a community-based mental health clinic, we receive referrals at all levels of complexity and chronicity,

from a child's first panic attack to early signs of psychosis in a young adult. In addition to common clinical disorders such as anxiety, ADHD, and depression, we have developed a strong reputation for treating complex intergenerational trauma, infant mental health, obsessive-compulsive disorder, eating disorders, and the mental health challenges faced by neuro-divergent youth. Clinical supervision is provided by experienced psychologists registered to supervise child, adolescent, and family psychology and residents can expect training in consultation, advanced clinical interviewing skills, treatment planning and implementation, evaluation of treatment progress, and the option to participate in clinical research activities. Residents are also supported in their own trajectory of growth through our Emotion Focused Training Team- a group supervision experience that includes demonstration, didactic video presentation, and skills practice in a safe and collaborative environment.

Clinical Assessment

Residents are provided with the opportunity to conduct a small number of complex, comprehensive assessments with a focus on socio-emotional disorders and/or specialized clinical questions. The specialized assessments include clinical queries of ADHD, eating disorders, OCD, and ASD. Our supervising psychologists also have many years of experience practicing in school board settings and residents will receive training in providing consultation to public and private schools when sharing assessment feedback and to support a therapy client.

Educational Opportunities

FPC engages residents and other psychology trainees in a series of didactic and experiential learning opportunities. Residents can choose to attend two or more topics from the Clinical Seminar Series that are held throughout each year: 1. Family Therapy; 2. Motivational Interviewing; 3. Play and Art Therapy; 4. ERP for Obsessive-Compulsive Therapy; 5. DBT for Adolescents; and 6. Trainee Choice Series, which is determined each year depending on the interests of the residents and practicum students.

All trainees are required to attend the Emotion Focused Training Team, a monthly training group held on Mondays from 10 a.m. to 12 p.m. and facilitated by Dr. Mirisse Foroughe. Additional trainings are offered throughout the residency, including formal clinician trainings in Emotion Focused Family Therapy and Emotion Focused Therapy for Youth.

Research Opportunities

Residents are welcome to engage with the Emotion Transformation Lab, a 12-member clinical research institute in collaboration with York University and the University of Waterloo. Opportunities to participate in program evaluation or clinical trials are available to residents.

Clinical Supervisors

Mirisse Foroughe, Ph.D., C. Psych.

Didactic Program

Friday Afternoons (OISE)

On Friday afternoons all residents will come to OISE. During this time, residents will have didactic seminars or resident meetings with the Director of Training, participating in discussions of issues relating to professional practice in clinical psychology. There are also several joint seminars for all GTA residents as well as national seminars for residents across Canada.

Summer Rotation (Clinical Sites)

Over the months of July and August, residents in the School-Clinical track will no longer be involved in their School Psychology rotations. During this time, residents will increase their clinical training experiences through transferring the balance of their hours to their clinical sites thereby expanding clinical work at their community settings. As well, there may be some clinical or research opportunities at other clinical sites or through the OISE Psychology Clinic.

At a minimum, 25% of residents' time will be spent in the provision of direct face-to-face of psychological services to clients. Direct time will not exceed two thirds of training time.

Residency Program: Adult Track

Overview of Adult Clinical/Counselling, Health and Neuropsychology Rotations

Major Clinical/Counselling Rotations

Residents in the Clinical – Counselling Psychology positions will be assigned to either, 1) a half-time major rotation at Toronto Metropolitan University Centre for Student Development and Counselling and a half-time major rotation at the York University Psychology Clinic (YUPC); or 2) a half-time major rotation at Toronto Metropolitan University Centre for Student Development and Counselling and a half-time rotation at Broadview Psychology. Assignment will depend on student preference, experience in intervention, best fit considerations and will take place post-match. In addition, residents will spend one half-day per week at OISE from September to August.

Rotation	Days/week	Months	Location	Description
Major Clinical /Counselling Psychology	2 days-2.5 days	Sept. – Aug	CSDC	See descriptions in the body of the brochure.
Major Clinical/Counselling Psychology	2 days-2.5 days	Sept. – Aug	YUPC	See descriptions in the body of the brochure.

Major Clinical Psychology	2 days-2.5 days	Sept.- Aug	Broadview	See descriptions in the body of the brochure.
Seminars/Resident Meetings	.5 days Friday afternoons	Sept. – Aug.	OISE	Didactic seminars, professional development, resident meetings

Please note that during the COVID pandemic or future waves, clinical services and training programs at all sites may be adjusted in line with infection prevention and control advisories from Public Health and the Ministry of Health.

[Toronto Metropolitan University Centre for Student Development and Counselling](#)

The CSDC offers a range of short-term evidence-based treatments. This residency will focus on training for both individual and group treatments as well as on knowledge of current clinical research on best practices and new developments in treatment approaches.

Assessment occurs through our semi-structured initial consultation appointments, structured suicide risk assessments, and ongoing monitoring and assessment of client symptoms and progress through client self-report. Recognition of the developmental stage of the majority of our clients (late adolescents and young adults) is integral to assessment, treatment and therapeutic alliance, as is understanding of their cultural background, gender and any other relevant factors. Considerable attention is given to lifestyle changes, coping skills and adjustment issues within the context of specific disorders. Residents will have an exciting opportunity to work with an exceptionally diverse student body as our students come from a broad range of cultures, and present to the CSDC with a broad range of diagnostic issues.

**Description of Training Activities:
Individual Therapy Training Rotation:**

CBT Rotation: Training will focus on diagnosis, formulating a CBT collaborative case conceptualization incorporating predisposing and protective factors, using standard CBT session structure, forming and sustaining a positive therapeutic alliance, and following standard CBT treatment protocols for a wide range of disorders: Anxiety Disorders, Depressive Disorders, Insomnia (within the context of Depression), IBS, OCD Spectrum Disorders, and PTSD. We also provide short- term treatment for relationship issues, adjustment difficulties, dealing with family break up, grief, and loss. As adjunct to these protocols, there will considerable emphasis on strengths - based CBT and integration of the development of a personal model of resilience into appropriate cases. Training in crisis intervention skills and suicide risk assessment training and intervention is incorporated into client case management, as appropriate. Supervision is conducted from a developmental framework. Methods of supervision include discussion of cases, listening to audio recordings of sessions together, loan of DVDs by master clinicians, and co-therapy as

appropriate. Techniques of supervision include: modeling, role-plays and role rehearsal.

Emotion Focused Therapy (EFT) Rotation:

Training in EFT will take into account each resident's unique developmental needs for the effective use of emotion focused therapy. Skill development will begin with review of verbal and nonverbal communication skills and empathic attunement underlying therapeutic presence as a foundation for building rapport and trust. Skill development will progress through exposure to relevant emotion theory and its application to practice, alongside development of competence in a range of marker-driven emotion focused therapy interventions including empathic attunement, promotion of affective experience, reprocessing tasks, and use of emotion to transform emotion through evocative tasks. Concurrently, residents will be exposed to concepts of process diagnosis and case conceptualization within an EFT framework. Residents may expect to work with individual clients presenting with a range of anxiety and mood disorder symptoms.

Interested residents may request to co-facilitate an EFT group with a focus on the use of two-chair tasks to resolve self-critical splits. Training in crisis intervention skills and suicide risk assessment is incorporated into client case management, as appropriate. Methods of supervision include completion of assigned independent reading and review of selected APA DVDs, experiential and self-reflective learning, collaborative review of resident's audio recorded sessions, and discussion of cases.

Group Therapy Training Rotation:

Training in group therapy will focus on theory and practice of group therapy. Residents will be given the option of breadth (co-facilitating a wide range of groups) and/or the option of depth (focusing on a specific protocol for one or two disorders and co-facilitating several groups for that population). Opportunities to co-facilitate groups with your group therapy supervisor or another clinical psychologist include: CBT for depression, generalized anxiety, social anxiety, or panic disorder. Interested residents may request to co-facilitate an EFT group with focus on the use of two-chair tasks to resolve self-critical splits. Additional therapy groups offered by the CSDC include: mindfulness meditation for stress reduction, relationship lab: learning dating and couples skills, family relationships, tame your critic, facing loss, sexual violence support group and support group for eating disorders. A complete listing of current therapy programs may be viewed at the CSDC website at <https://www.torontomu.ca/student-wellbeing/counselling/>

Rotation goals

Residents will:

- develop competence in delivering evidence-based psychotherapy, delivering both individual CBT, EFT and group therapy to diverse clients with a wide range of presenting issues/disorders.
- consolidate their training in suicide risk assessment and crisis intervention, and increase awareness of ethical dilemmas as they pertain to these issues, develop group facilitation skills for a wide range of presenting issues/disorders using evidence-based interventions

- acquire basic motivational interviewing skills
- refine their documentation skills, and enhance their identities as professionals in the field of clinical psychology

Supervision:

At **CSDC**, for the individual CBT rotation, residents will participate in weekly individual and group supervision. Individual supervision includes a weekly review of cases, diagnostic clarification, case conceptualization, treatment planning, case management, discussion of ethical dilemmas, and discussion of professional practice issues as they arise. This also involves the supervisor periodically listening to the resident's audio recording of sessions and review and co-signing of all session notes, referral letters and reports. Group supervision occurs in the context of our weekly 2-hour micro-skills seminars; whereby residents and practicum students present cases as they pertain to the topic of the week.

For the Group Therapy rotation, supervision will include discussion of best practices within group therapy, review and preparation for each group session prior to each group, and discussion and debrief analysis after each group. Group dynamics, client progress, therapy interfering behaviours, etc. will be discussed and addressed. Session notes will be reviewed and co-signed by supervisor. Residents will initially observe and then will co-facilitate these therapy groups with their supervisor.

Supervisors:

Dr. Immaculate Antony, C.Psych immaculate.antony@torontomu.ca

Dr. Jesmen Mendoza, C. Psych. j5mendoz@torontomu.ca

York University Psychology Clinic

The YUPC rotation will be primarily affiliated with the Clinical training program and focus on intervention with adult clients who range in age, ethnicity and type of presenting problem. The Clinical doctoral program at York University provides in-depth training in evidence-based intervention strategies that are informed by a humanistic psychotherapy treatment model. Given the increased understanding of the importance of emotional processes in therapeutic change, the program provides a unique training opportunity that focuses on working directly with emotions in therapy. In particular, clinical psychology residents will receive in-depth training and supervision in an integrative, Emotion-Focused Therapy (EFT) treatment approach that highlights the importance of facilitating narrative, emotion, and new meaning making processes when working with a range of client presenting problems, such as MDD, GAD, social anxiety and complex trauma. In addition, opportunities for comprehensive psychological assessment training experiences will be provided tailored to the resident's interests and building upon previous experience with clinical testing of issues related to cognitive, academic and emotional problems.

Rotation Goals:

By the end of the rotation, goals for our residents include:

- Increased understanding of emotional change principles.

- Increased competency in psychopathology assessment, case formulation and EFT interventions.
- Increased knowledge about professional and ethical issues related specifically to working in a setting similar to a group private practice.

Supervision:

At the **YUPC**, mirroring our client-centred therapeutic approach, the supervision of our residents is done in an individual format focused on the preparation for independent, professional practice. A resident can expect to carry a case load of 5-8 clients and receive a minimum of 2 hrs. of weekly supervision provided by a registered psychologist that includes a review of their videotaped sessions and integrative discussions of didactic material relevant to each case.

Primary Supervisor: Sandra Paivio, Ph.D., C.Psych.

Contact: Dr. Jessica Abrams, Clinic Director: schroede@yorku.ca

Broadview Psychology

Broadview Psychology is a family focused and team based private clinic in central Toronto and Stouffville that provides DBT, CBT, ACT and EFT treatment to children, adolescents, parents, families, adults, and couples with diverse challenges. Its team consists of psychologists, social workers, post-docs, graduate students, behaviour therapists, a dietician and admin staff. Broadview Psychology specializes in treating transdiagnostic clients who have problems in regulating their emotions and behaviour through comprehensive and adherent outpatient DBT. Broadview offers separate DBT programs for children, young adolescents, older adolescents, young adults and adults. Broadview Psychology associates work closely together as a team to provide a wide range of services to clients as well as to their family members, including individual, group, parent, family and sibling therapy, as well as phone/text coaching, educational and career coaching, and exposure therapy.

Rotation goals

Residents will:

- develop competence in assessment and conceptualization skills within a DBT framework
- develop competence in delivering DBT to youth and adults through individual therapy, phone/text coaching, and group skills training.
- develop comfort in involving family members in the assessment and treatment process as appropriate
- increase competence in conducting psychoeducation and psycho-diagnostic assessments with youth and adults.

Description of Training Activities:

Young Adult / Adult Therapy Training Rotation:

Residents will receive considerable DBT training and supervision in conceptualization, assessment, treatment planning, and intervention. Residents will provide 8 to 11 months

of individual DBT treatment plus phone/text coaching to young adults or adults. They will also co-facilitate a young adult or adult DBT skills group and/or a family member/parent DBT skills group. Residents will participate in a weekly DBT consultation team where they will contribute through asking consultation questions, providing consultation to others, and presenting / leading. While working at Broadview Psychology, residents may also take on shorter term clients or groups using a CBT/ACT framework and work with adolescent clients (should this be a training goal). Finally, residents will have the opportunity to complete psychoeducational or psycho-diagnostic assessments with adolescents, young adults or adults.

Main contact:

Christine Sloss, Ph.D. C.Psych. drsloss@broadviewpsychology.com

Supervision provided by Dr. Christine Sloss or others

<http://www.broadviewpsychology.com/>

Major Health Psychology Rotations

University Health Network:

Psychosocial Oncology and Eating Disorder Program

Residents will spend 2-2.5 days a week in each of their two health rotations. Friday afternoons will be spent at OISE for the didactic seminars and meetings.

PRINCESS MARGARET CANCER CENTER: – Psychosocial Oncology and Palliative Care (POPC)

The Princess Margaret Psychosocial Oncology team provides clinical care to patients and their families as they cope with the diagnosis and treatment of cancer. As an interdisciplinary team we assess and treat emotional and functional symptoms such as, depression, anxiety, trauma, fatigue, and pain. This assistance extends to planning advanced care for those who are managing progressive disease.

As a resident, you will have the opportunity to work with oncology patients of various ages and disease diagnoses at all stages of the disease trajectory. Within this rotation, you will focus on the assessment and intervention of health-related psychosocial issues related to adjusting to diagnosis, treatment decision making, survivorship and late- stage disease (end of life). You will have the opportunity to provide both individual and couples therapy (including sex therapy). You will receive training in biopsychosocial treatment approach to managing the diagnosis of a life-threatening illness. Additionally, you will receive training in Schema-Focused Therapy as it pertains to health psychology. You will have the opportunity to participate in multidisciplinary rounds with oncology, psychiatry, psychology and social work. Specific Clinics involved in your rotation include an adolescent and young adult psychosocial clinic, a survivorship consult clinic and a sexual rehabilitation clinic.

A resident's typical experience in this rotation comprises: Two days of clinical service provision including screening, assessment, and treatment; and .5 days of supervision and training including individual and group supervision, and a variety of hospital-based clinical/research multidisciplinary rounds. A variety of research is also currently being conducted within our group including: impact of the late effects of cancer and cancer treatment on psychosocial development; transition from paediatric to adult health care; and

health-related quality of life and survivorship in cancer patients. Residents are welcome to consider joining these research projects.

Contact Psychologists:

Andrew G. Matthew, Ph.D. C.Psych. Andrew.matthew@uhn.ca

Norma D'agostino, Ph.D. C.Psych. norma.d'agostino@uhn.ca

TORONTO GENERAL HOSPITAL – Eating Disorders Program

The Toronto General Hospital Eating Disorder Program provides assessment and treatment to adults (age 17+) with eating disorders and other comorbid mental health conditions. Our program includes inpatient, intensive outpatient and individual therapy outpatient treatment services.

Residents will have the opportunity to work with adults of various ages and with a range of eating disorder diagnoses including anorexia nervosa, bulimia nervosa, other specified feeding or eating disorder (OSFED) and avoidant/restrictive food intake disorder (ARFID). (Note that we do not provide services for binge eating disorder.) Our patients commonly have comorbid mental health concerns including mood and anxiety disorders, posttraumatic stress disorder, obsessive compulsive disorder, substance use disorders, personality disorders, and other difficulties with emotion regulation and impulsivity. Our treatment program is focused on trauma-informed, evidence-based care within a cognitive behavioural framework. Residents may have the opportunity to work in both inpatient and outpatient settings, and will perform semi-structured diagnostic assessments, provide structured individual CBT (including inpatient CBT sessions and outpatient and Enhanced CBT for Eating Disorders (CBT-E), CBT for ARFID), and group CBT and/or DBT, as well as participate in multidisciplinary clinical team meetings.

A resident's typical experience in this rotation includes approximately 2 days of clinical service provision including assessment, treatment and documentation, and 0.5 day of supervision and training. Our clinic also conducts a variety of research projects, including related to the processes and outcomes of CBT-based treatments for eating disorders, eating disorders and emotion regulation, and the treatment of comorbid eating disorders and PTSD. Residents are welcome to contribute to ongoing research projects as part of the rotation if this is of interest.

Contact Psychologists:

Kathryn Trottier, Ph.D. C.Psych. Kathryn.Trottier@uhn.ca

Danielle MacDonald, Ph.D., C.Psych., Danielle.macdonald@uhn.ca

Major Adult Neuropsychology Rotations

Residents in the Adult Neuropsychology position will be assigned to two half-time major rotations at Toronto Western Hospital (TWH) and two half-time minor rotations at Princess Margaret Cancer Centre (PMH) and Toronto Rehab Institute (TRI). The resident will spend 2.5 days per week at TWH, 2 days per week at their minor rotation, and .5 days a week at OISE/UT for the joint didactic portion of the training program.

A typical rotation schedule is outlined in the table below:

Rotation	Days/week	Months	Location	Description
Epilepsy Surgical Program	2.5 days	Sept. – Feb	TWH	See descriptions in the body of the brochure.
Neuro-Oncology/ Pediatric Aftercare Programs	2 days	Sept. – Feb	PMH	See descriptions in the body of the brochure.
Movement Disorder/DBS Program	2.5 days	Mar-Aug	TWH	See descriptions in the body of the brochure.
Rehabilitation/ Intervention	2 days	Mar-Aug	TRI	See descriptions in the body of the brochure.
Seminars/Resident Meetings	.5 days Friday afternoons	Sept. – Aug.	OISE	Didactic seminars, professional development, resident meetings

Overview of Adult Neuropsychology Rotations

TORONTO WESTERN HOSPITAL – Epilepsy Surgical Program.

The primary responsibility of the neuropsychologist in this program is to evaluate patients with focal epilepsy to inform surgical planning and decision-making, as well as to evaluate post-operative cognitive changes. The primary role of the resident is to conduct comprehensive individual assessments, write integrative reports, and provide feedback to patients, their care-partners, and the interdisciplinary epilepsy surgical team. The resident will participate in weekly epilepsy surgery rounds and contribute to decision-making regarding surgical candidacy alongside professionals from neurosurgery, neuroradiology, neurology, nursing, and electrophysiology. This setting may also include exposure to special procedures for neurosurgical candidates where possible (e.g., fMRI and electrocorticography for language mapping, Wada procedure). For breadth of training, residents may also be exposed to a wider array of adult patients with varied referral questions from other neurological and neurosurgical programs within UHN including non-surgical epilepsy patients and individuals who have sustained multiple concussions.

Contact Psychologist:

David Gold Ph.D, C.Psych. david.gold@uhn.ca

TORONTO WESTERN HOSPITAL – Movement Disorders/Deep Brain Stimulation Program.

The primary responsibility of the neuropsychologist in this program is to evaluate to patients with Parkinson's disease to inform surgical planning and decision-making (i.e., Deep Brain Stimulation or DBS) and to evaluate post-operative cognitive changes. The primary role of the resident is to conduct comprehensive individual assessments, write integrative reports, and provide feedback to patients, their care-partners, and the interdisciplinary DBS team. The resident will participate in monthly DBS rounds and contribute to decision-making regarding surgical candidacy alongside professionals from neurosurgery, neurology, and neuropsychiatry. For breadth of training, residents may also be exposed to a wider array of senior patients with varied referral questions from other neurological and neurosurgical programs within UHN including other movement disorders, stroke, and memory disorders.

Contact Psychologists:

Melanie Cohn, Ph.D, C.Psych. melanie.cohn@uhn.ca

Marta Statucka, Ph.D, C.Psych. marta.statucka@uhn.ca

PRINCESS MARGARET CANCER CENTRE – Neuro-Oncology and Pediatric Aftercare Programs.

The primary responsibilities of the neuropsychologist in this program are to identify the effects of cancer and/or cancer treatments on neurocognitive outcomes in adults with primary brain tumours and adult survivors of childhood cancers. The primary role of the resident is to conduct comprehensive individual assessments, write integrative reports, and provide feedback to patients, their care-partners, and health care team. The resident will also participate in weekly multidisciplinary brain tumour rounds alongside professionals from neuro-oncology, radiation oncology, nursing, and psychosocial oncology. Addressing mood issues is a key component of the interview and feedback processes at this site. This setting may also include exposure to psychoeducation groups for cognitive impairment in cancer survivors, support groups for patients with brain tumours or their caregivers, and groups specific to adolescent and young adult cancer survivors.

Contact Psychologist:

Kim Edelstein, Ph.D, C.Psych. kim.edelstein@uhn.ca

TORONTO REHAB – Spinal Cord Rehab, Lyndhurst Site.

The Spinal Cord Rehabilitation Program offers both inpatient and outpatient services for individuals who have sustained either a traumatic or non-traumatic spinal cord injury.

Outpatient therapy and specialty clinics are designed to address any concerns our clients may have relating to their independence and overall health, while the inpatient program is designed to be a short-term rehabilitation program and is intended to help patients maximize independence and functional status in preparation for their return to the community. It is an adult program for patients 18 years of age and older. An individualized and interdisciplinary rehabilitation program has been developed to address the specific needs of each patient admitted to the program. The interdisciplinary team consists of physiatrists, general practitioners, physiotherapists, occupational therapists, social workers, consulting psychiatrist, recreation therapists, nurses, speech language pathologists, respiratory therapists, and spiritual care.

As a resident in this rotation, you will be working with spinal cord injury patients in both the inpatient and outpatient setting. Residents will also have the opportunity to work with individuals who have sustained a spinal cord injury concurrent with several clinical conditions including acquired and traumatic brain injury, neurological disorders, psychiatric disorders, substance use disorders, and mild cognitive impairment. The role of the resident will be to provide clinical interventions that could

include cognitive behavioral therapy interventions; mindfulness based intervention; interpersonal therapy, supportive counseling and cognitive remediation as part of the clinical training experience. In addition, residents will have an opportunity to provide group intervention, and to co-facilitate an inpatient group program designed to support individuals adjusting to spinal cord injury. Residents will also have the opportunity to work within an interdisciplinary inpatient clinical team and actively participate in case conferences, as well as gain experience in the areas of health psychology and rehabilitation psychology. Residents are assured diversity of experiences across the age span (transitional age youth, adult, older adult) and cultural and socio-economic backgrounds. Residents will be supervised by two supervisors (Dr. McKay and Dr. Yao) within the rotation.

Contact Psychologists:

Martha McKay, Ph.D., C.Psych. martha.mckay@uhn.ca

Christie Yao, Ph.D., C.Psych. christie.yao2@uhn.ca

Supervision at UHN:

At **UHN**, supervision of residents will be provided by staff who are registered with the College of Psychologists of Ontario and who have an established record of both supervision and mentoring. At a minimum, residents will receive 4 hours per week of supervision across their rotations.

Educational Opportunities/Didactic Seminars

There are a wide variety of educational experiences available to residents across the consortium sites. Each rotation includes educational and training activities, such as multidisciplinary case conferences and workshops. In addition, residents are encouraged to take advantage of a wide variety of other professional development activities including professional lectures, weekly grand rounds, workshops, seminars, and professional conferences. A partial list of opportunities available across sites is provided below.

Toronto District School Board (TDSB):

Workshops are held throughout the year, most often on Fridays, on topics relevant to the practice of school psychology. Topics in past years have included ADOS training, crisis intervention, CBT training, risk and threat assessment, advanced psychometric

training, multi-disciplinary discussion of complex cases, etc. Opportunities are available to work with other professions (e.g., special education). Professional development/peer support meetings are scheduled throughout the year, every two or three weeks. Issues include quality assurance, group supervision, discussion of new measures, report writing group, etc.

CDI

CDI actively promotes a culture of learning throughout the organization. Residents are encouraged to take advantage of CDI's rich professional development opportunities, which include monthly case consultations, clinical staff development in-services, webinars, team meetings, and workshops.

Broadview Psychology:

Residents will attend 32+ hours of training in providing DBT to youth and families during the first four months of their residency. Throughout the residency, they will participate in a weekly 2 -hour DBT consultation meeting, in which team members consult, teach, model and learn from one another. Residents will also participate in periodic training or consultation sessions that are provided to the team at Broadview Psychology by Broadview psychologists, or by external psychologists. Trainings and consultations often relate to the treatment of BPD, self -harm, suicidality, eating disorders, substance use disorders, OCD, and PTSD, and are provided by clinicians skilled in the use of DBT, CBT or ACT. They may receive training through watching videotapes and webinars that the clinic owns to help clinicians with their education and development. Finally, they may choose to attend external relevant trainings financed by Broadview Psychology.

TMU, CSDC

We offer a weekly, two -hour seminar/group supervision for all trainees on (1) CBT theory and interventions, (2) EFT theory and interventions and (3) common factors relating to therapeutic alliance and empathy. Our residents attend weekly case management meetings and monthly professional development seminars offered to all CSDC staff.

UHN

Within each rotation, residents will be expected to attend mandatory patient rounds as well as didactic seminars. In addition, residents are encouraged to take advantage of a wide variety of other professional development activities including: interdisciplinary clinical teaching rounds; research rounds; weekly grand rounds; psychology team

meetings; an education series for patients and families; as well as weekly and monthly journal club meetings.

YUPC

Being associated with and housed in an academic institution enables YUPC to provide a range of training and education activities throughout the residency year. There are monthly clinical rounds in which guest speakers present on a variety of therapeutic issues. In addition to these rounds, the resident will be offered the opportunity to attend similar rounds where the focus is on neuropsychology and health psychology topics, subspecialties with the York University Clinical Doctoral Program. YUPC also sponsors a number of continuing education programs to community-based professionals that the resident will have an opportunity to attend.

Supervision

Psychological services provided by the resident are supervised by supervisors who are registered, doctoral-level and experienced psychologists, registered within their jurisdiction of practice, and deemed competent to provide the kind of psychological service for which they are providing supervision. **Supervisors are clinically responsible for psychological services provided by the residents they are supervising.**

Residents will receive a minimum of 4 hours of supervision time per week, at least three which are in individual supervision, across all residency sites.

Evaluation

Each student is evaluated by their primary supervisor for each major and minor rotation. Written evaluations are conducted at the midpoint and end of each rotation. Residents receive a formal, written evaluation of their clinical skills and performance at the midpoint (sixth month) and end (twelfth month) of the residency year. It is expected by the end of the residency that residents are rated on all items within the top three categories. These evaluations are reviewed with the resident and rotation supervisor and are then sent to the Director of Training (DT) to be reviewed. Residents also complete written evaluations for each supervisor in each of their rotations, at the end of their rotations. Residents are encouraged to provide feedback on the quality of supervision, the time commitments involved in the rotation, the balance between direct and indirect hours, and other aspects of the rotation experience. The DT is responsible for communicating with the resident's home academic institution regarding the residents' progress. Written feedback is sent to the home institution at the midpoint and at the time of completion of the residency.

Salary

Residents will receive a salary of \$40,000. Residents will receive three weeks of vacation. In the case of the school rotation placements, the majority of holidays must be taken in December 2025 (2 weeks) and March 2026 (1 week). In the case of community rotation placements, residents can take their vacation as coordinated with their placements.

In addition, up to 5 days of approved external training/workshops will be offered.

Requirements

Eligibility/Minimum application requirements (Academic)

Minimum requirements include:

- Applicants must be enrolled in a CPA or an APA accredited professional psychology doctoral program (Clinical, Counselling or School-Clinical) or its equivalent,
- A minimum of 600 hours of practicum experience, with both assessment and intervention experience required, see APPIC website for specifics.
- Completion of all requirements for the doctoral degree except for the dissertation.
- Applicants must intend to register with CPO or an equivalent body which regulates psychologists.

Eligibility/Minimum application requirements (Non-Academic)

Residents in the School-Clinical Track **must** also have the following:

- 1) A terminal Master's degree**
- 2) A driver's license by the time of interviewing and access to a car during the residency year.**

All residents must hold Professional Liability Insurance during the full course of their residency training. Proof of liability insurance coverage will need to be demonstrated prior to beginning the residency. Residents must be fully vaccinated for COVID for the UHN and CDI positions and also meet the specific eligibility requirements of their training sites such as Police Checks (VSS), updated immunizations.

Application Process

We are CPA- accredited and our residency training program adherences to CPA standards and criteria. We are also members of the Canadian Council for Professional Programs in Psychology (CCPPP) and the Association of Psychology Post-Doctoral and Residency Centers (APPIC). We participate in the APPIC Matching Program, abiding by all APPIC guidelines regarding the residency application and selection process. Canadian immigration policy requires that suitable Canadian Citizen and Permanent Resident applicants must be given preference. Only international students with valid Canadian Co-op Work Permits or work visas **at the time of application** will be considered and may apply.

Application Procedure

TARC will only accept applications received through the APPI online.

Please Note:

- 1) We may contact referees or the DCT's directly for further information or clarification.
- 2) We require *no supplemental material* to be sent with the application.
- 3) If you had placements and / or requirements that were negatively impacted by the COVID-19 pandemic, please request that your Director of Clinical Training highlight the nature of this impact in their portion of the APPIC application. If you had placements that were cancelled or prematurely terminated, please describe the training and hours that were anticipated in your cover letter. In the event that your hours fall short of the minimal requirements due to COVID-19, this shortfall may be taken into consideration.

Decisions about ranking of potential residents will be made by the Consortium Committee. Residents will be selected on the basis of merit without regard to race, national or ethnic origin, colour, religion, age, sex, sexual orientation, marital/family status or physical handicap.

Rotation Selection Process for the School-Clinical Positions

Students in the Child Track may apply to the specific clinical rotations they prefer using the site-specific program numbers below, and are encouraged to apply to more than one clinical site if desired. Clinical sites are paired with a school board though not to a specific school board during the application period. Once matched with a clinical site, incoming residents will be asked for their final school board preferences. Consortium Committee members will take into account the school board preferences of the selected candidates as well as site-specific criteria, experience in intervention and assessment and best fit in order to assign residents to their final individualized year-long training rotations consisting of the matched clinical site and one of the school boards.

Rotation Selection Process for the Clinical -Counselling Positions

Students apply to the Clinical Counselling program, not to preferred rotations or positions. Assignment to specific rotations will depend on student preference, experience in intervention, best fit considerations and will take place post-match.

Below are the program numbers to use when applying to TARC:

Adult Track:

- **186312** Health Psychology Residency (1)
- **186313** Clinical Psychology Residency (2)
- **186314** Neuropsychology Residency (1)

Child Track:

- **186315** Family Psychology Centre and School Board (2)
- **186316** Broadview Psychology and School Board (1)
- **186317** Child development Institute and School Board (2)

The application deadline is: **November 1, 2024, 11:59pm.**

****Note: All interviews in January 2025 will be done virtually.**

Contact Information

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Other Contacts:

APPIC

Phone: (832) 284-4080

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E-Mail: appic@appic.org

Canadian Psychological Association (CPA):

141 Laurier Avenue West, Suite 702

Ottawa, Ontario K1P 5J3

Tel: 613-237-2144

Toll free (in Canada): 1-888-472-0657

<http://www.cpa.ca>**Faculty**

Name & Credentials	Title & Affiliation	Contact & Website	Clinical Interests
Dr. Immaculate Antony, C.Psych.	Psychologist, Residency Coordinator Toronto Metropolitan University	immaculate.antony@toronto mu.ca 416.979.5000 x 5195	Mood and anxiety disorders, CBT/EFT
Norma D'Agostino, Ph.D, C.Psych	Psychologist, UHN, Department of Psychiatry, U of T	norma.dagostino@uhn.ca www.uhn.ca www.ellicsr.ca	Pediatric cancer, adolescent and young adult oncology, health care transitions, cancer survivorship.
Melanie Cohn, Ph.D. C.Psych	Neuropsychologist , Clinic Director, UHN	Melanie.cohn@uhn.ca	Parkinson's disease and movement disorders; Deep Brain Stimulation and neuromodulation; Stroke and vascular neurosurgery
Kim Edelstein, Ph.D, C.Psych	Neuropsychologist , UHN	Kim.edelstein@uhn.ca	Neuro-oncology, pediatric and young adult oncology, cancer survivorship.

David Gold, Ph.D., C.Psych	Neuropsychologist , UHN	David.gold@uhn.ca	Epilepsy, concussion, diagnostic psychiatry/ neurology, neurodegenerative, ADHD
Mirisse Foroughe, Ph.D, C.Psych.	Chief Psychologist, Family Psychology Centre	mforoughe@familypsychology.org familypsychology.org 416.848.1829	Emotion transformation, family therapy, intergenerational trauma, nonverbal behaviour, clinical teaching
Paula Klim-Conforti, DCS., C. Psych. Assoc., Ph.D. (Med Sci)	Chief Psychologist TCDSB	paula.klim-conforti@tcdsb.org 416-222-8282 ext. 2626 www.tcdsb.org	Children and youth with complex educational profiles , prevention, and intervention programs. ADHD/neurodevelopmental disorders, NSSI and suicide prevention, intervention and treatment.
Carolyn Lennox, Ph.D	Manager of Psych. Services, TDSB (SW)	carolyn.lennox@tdsb.on.ca 416.394.3904 www.tdsb.on.ca	
Andrew G. Matthew, Ph.D, C.Psych.	Psychologist, UHN, Departments of Surgery & Psychiatry, University of Toronto	andrew.matthew@uhn.ca 416.946.2332 www.uhn.ca	Psychosocial oncology including program development and evaluation in treatment decision making, sexual rehab & survivorship.
Martha McKay, Ph.D, C.Psych.	Psychologist/Neuro psychologist,	martha.mckay@uhn.ca 416.597.3422 x 6223	Spinal cord injury, concurrent acquired/traumatic brain injury,

	Discipline Head for Psychology UHN		adjustment to injury, mood and anxiety disorders, trauma, CBT, group intervention
Jesmen Mendoza, Ph.D, C. Psych.	Psychologist, Toronto Metropolitan University	j5mendoz@torontomu.ca 416.979.5000 x 16630	Group therapy, CBT, forensic mental health.
Marta Statucka, Ph.D, C.Psych	Neuropsychologist, UHN	Marta.statucka@uhn.ca	Parkinson's disease, Deep Brain Stimulation, diagnostic assessment in neurodegenerative disorders
Sandra Paivio, Ph.D, C.Psych.	Clinical Adjunct Faculty Member, York University	www.yorku.ca/yupc	Process-outcome research, trauma, role of emotion in therapy, treatment development and evaluation.
Danielle MacDonald, Ph.D, C.Psych.	Psychologist, Eating Disorders Program, University Health Network; Assistant Professor, Department of Psychiatry, University of Toronto	danielle.macdonald@uhn.ca 416-340-4749 www.uhn.ca	Eating disorders intensive treatment from a cognitive-behavioural framework; program development and evaluation.
Nora Klemencic Ph.D, C.Psych.	Lead Clinical Psychologist CDI	nklemencic@childdevelop.ca 416.603.1827x2234 https://www.childdevelop.ca/	Emotion regulation, disruptive behaviour, anxiety, ASD & 'neuroatypical' development, CBT

<p>Christine Sloss, Ph.D. C.Psych.</p>	<p>Director of Broadview Psychology</p>	<p>drsloss@broadviewpsychology.com</p>	<p>Children, adolescents, adults, families and couples, DBT/CBT, parent and family therapy, emotional and behavioural dysregulation, BPD, self harm, suicidality, problematic eating, mood and anxiety disorders, OCD, substance use, trauma, relationship issues.</p>
<p>Kathryn Trotter, Ph.D, C.Psych.</p>	<p>Psychologist and Clinical Program Lead, Eating Disorders Program, UHN, Department of Psychiatry, University of Toronto</p>	<p>Kathryn.trotter@uhn.ca 416-340-4800 x4067 www.uhn.ca</p>	<p>Eating disorders intensive treatment including program development and evaluation.</p>
<p>Natalie Vilhena-Churchill Ph.D, C.Psych.</p>	<p>Director, TARC OISE, U of T</p>	<p>natalie.vilhena@utoronto.ca 416.978.0566</p>	<p>Addictive behaviours, emerging adults</p>