

TRACKS AND MAJOR ROTATIONS

CHILD/ADOLESCENT TRACK

COORDINATOR: Dr. Niki Rielly

NMS Code Number: 181513

Three (3) Resident Positions are available.

Number of applications in 2015: 44

The Child/Adolescent Track is designed to prepare residents for future post-doctoral supervised practice focused on children and adolescents and their families. Patients range in age from infancy to age 18. Training stresses three factors: developmental issues, family involvement, and liaison with interprofessional team members, physicians, community agencies, and schools. Competence in assessment and intervention skills are emphasized, integrating theoretical, ethical, research, and professional perspectives. Interprofessional teams are prevalent in all settings, and residents are provided the opportunity to work with professionals from a variety of disciplines.

Residents have the opportunity to choose Major Rotations in community mental health facilities as well as academic teaching hospitals. Across the two Major Rotation experiences, residents receive exposure to children and adolescents in inpatient or residential care settings as well as outpatient and community services. Training can include opportunities to work with children and adolescents in areas including paediatric health psychology, eating disorders, community and rural mental health services, day treatment, inpatient units, trauma and attachment, impulse control problems, mood disorders, anxiety disorders, developmental disabilities, and externalizing behaviours.

Within each rotation, supervisors will provide opportunities for individualized training experiences that meet the specific needs of the resident. Supervisors assure well-rounded experiences by assigning cases to residents that reflect client diversity in terms of ethnicity, socio-economic status, and other individual differences. Supervision styles and preferred therapeutic modalities vary across supervisors.

To be considered for the Child/Adolescent Track, resident applicants must have the following credentials:

- Coursework at the graduate and/or undergraduate level in (a) child or lifespan development (or both), and (b) child psychopathology, assessment, and intervention.
- Coursework and practica at the graduate level reflecting that children and/or adolescents are a population of key interest.
- A minimum of 75 face-to-face hours of child and/or adolescent therapeutic experience. This includes individual therapy with adolescent, school-aged, and pre-school aged children, group counselling for adolescents and/or children, career counselling for adolescents, family therapy, and time spent in school counselling interventions; and,
- A minimum of five child and/or adolescent integrated psychological reports.

In order to facilitate our review of your application, we strongly encourage you to clarify how you have met these requirements in the contents of your cover letter.

Major Rotations available:

London Health Sciences Centre: Paediatric Health Psychology

London Health Sciences Centre: Child and Adolescent Mental Health Care Program

Child and Parent Resource Institute (CPRI)

Vanier Children's Services

London Health Sciences Centre: Paediatric Health Psychology

Psychologists in the Paediatric Health Psychology service of the Children's Hospital provide inpatient and outpatient services to children and families coping with acute and chronic medical conditions through a number of health focused clinics and interprofessional teams. Issues commonly addressed include coping with illness, medical compliance, chronic pain, and school adjustment.

Paediatric Health Psychology offers the following training experiences.

Inpatient:

Residents will become experienced in consultation-liaison and treatment services offered to a wide variety of inpatient medical services at the Children's Hospital (e.g., critical care, oncology, neurology, acquired brain injury, gastroenterology, and respiratory). Services are provided for both children and their families for a number of different presenting problems such as treatment compliance, coping with prolonged hospitalization, and palliative care. Cognitive, emotional, and behavioural strategies are employed to assist in managing distressing physical (e.g., acute or chronic pain) and psychological (e.g., depression, anxiety, somatization) symptoms. The resident will attend relevant rounds (e.g., Oncology, Critical Care, General Medicine) and consult with medical team members.

Outpatient:

Work with outpatients will include assessment, therapy, as well as consultation within the hospital and occasionally with schools. Some flexibility in the amount and scope of outpatient work is possible. There are a number of opportunities for outpatient work on this rotation including the following:

Residents may work with patients originally seen in the hospital (e.g., cancer patients in late effects clinic, school reintegration program for cancer patients) or with their family members (e.g., sibling bereavement group therapy).

Residents may work with outpatient children, adolescents, and their families who have either a medical problem that affects their psychological adjustment, or psychological problems that affect their health or adjustment to a medical condition. Issues may include management of recurrent or chronic pain such as headaches or abdominal pain, anxiety and/or depression contributing or related to living with a medical condition, adjustment to a diagnosis, or adherence to treatment regimes. Residents may see some of these patients in an interprofessional paediatric chronic pain clinic that focuses on a biopsychosocial model of pain assessment and treatment.

Residents may also become involved with the Diabetes interprofessional team. Patient issues addressed include adjustment to chronic illness, disease management and adherence problems, and difficulties related to developmental changes or other stressors. Residents attend weekly team rounds where they consult with the medical team and may participate in specialized initiatives (e.g., education days, teen social evenings).

Residents may have the opportunity to attend the Encopresis Clinic, which blends medical and behavioural procedures, emphasizing positive strategies to enhance treatment compliance.

Supervisors: Dr. Danielle Cataudella
 Dr. Jennifer Crotagino
 Dr. Erica Gold
 Ms. Ann Klinck
 Dr. Cathy Maan

***London Health Sciences Centre:
Child and Adolescent Mental Health Care Program***

At the Victoria Hospital site of the London Health Sciences Centre, the Child and Adolescent Mental Health Care Program provides integrated inpatient, day treatment, and outpatient services to children and their families with potential experiences for a resident with Outpatients, Inpatients, Day Treatment, and Eating Disorders services.

Residents who choose this Major Rotation will be asked to select one area within which to focus their training.

The Child and Adolescent Outpatient Services provide assessment and treatment to children and their families through an interprofessional team. Presenting problems are generally of an internalizing nature such as depression, anxiety, trauma, emerging personality disorders, etc. A range of services is offered including diagnostic assessments, individual and group therapy (with family component), community liaison, and so on.

Residents will have the opportunity to gain experience in both assessment and treatment of internalizing disorders. Types of assessments include psychodiagnostic interviewing, psychoeducational assessments, and assessments for Autism Spectrum Disorders. Cognitive behavioural therapy is the primary therapeutic approach, with opportunities to integrate other treatment approaches, including motivational interviewing, dialectical behavioural therapy, and interpersonal psychotherapy.

Supervisors: Drs. Julie Eichstedt and Devita Singh

The Child and Adolescent Inpatients service specializes in assessment and stabilization of acute mental health crises spanning a wide range of presenting issues. Residents have exposure to daily interprofessional team care planning and consultation. The Inpatients treatment team has extensive expertise in child development, internalizing disorders, and crisis stabilization. The resident may gain exposure to group interventions and conduct clinical assessments, individual psychotherapy, and parental interventions with our patients who typically have very short admissions (i.e., under one week).

Supervisor: Dr. Jo-Ann Birt

Child and Adolescent Day Treatment involves working with an interprofessional team to provide intensive services to children and adolescents (ages 10 – 17) suffering from complex internalizing disorders, as well as their parents/families. Presenting problems involve anxiety and related disorders (depression, somatization), comorbid attention and learning concerns, with youth also demonstrating functioning impairments (e.g., school avoidance).

A comprehensive treatment plan is developed and implemented that is evidenced-informed, primarily based on Transdiagnostic Cognitive Behavioural Therapy, Dialectical Behaviour Therapy, and Motivational Interviewing. Residents will gain experience providing individual, group, and family-based interventions. Structured diagnostic assessments and psychoeducational testing will also be completed. Residents will further have opportunities to consult and coordinate treatment plans with program staff, community agencies, and school personnel.

Supervisor: Dr. Kerry Collins

Child and Adolescent Eating Disorders is an interprofessional team specializing in the assessment and treatment of eating disorders in children and adolescents until the age of 18. It has inpatient, day treatment, and outpatient follow-up components. Residents may have some minimal exposure to diagnostic assessment. They will have exposure to treatment planning, and cognitive-behavioural and family-based treatment experiences for patients and their families.

Supervisor: Dr. Debbie Vanderheyden

Child and Parent Resource Institute (CPRI)

Residents at CPRI can choose to receive breadth and depth of training at this site during a Major Rotation by working on more than one clinical team, with more than one supervisor. Beyond the supervision from our psychologists, psychology residents work with psychiatrists, developmental paediatricians, social workers, speech and language pathologists, occupational therapists, front-line behaviour therapists, and teachers.

Residents should have interests in diagnosing complex, comorbid child and adolescent populations experiencing significant family dysfunction, understanding larger system issues in child and family wellness, and a desire to assist caregivers and teachers in reducing acting out behaviours including aggression. Residents at CPRI may negotiate experiences directly supervised by a psychologist in the following services:

The Attachment Consultation and Education Service (ACES) provides assessments, consultations, and education about and for children with significant early pathogenic care leading to complex trauma response, disturbances of attachment, and/or reactive attachment disorder. Comprehensive psychological and relational assessments of the child's trauma and attachment presentation, as well as broader psychological assessments and community and caregiver consultations are offered, with the option of family or individual therapy involvement. Community education, outreach, and indirect consultation are an important component of the service.

Supervisor: Dr. Richard Zayed

The Mood Disorders Clinic provides opportunities to participate in a multi-step comprehensive assessment of children and adolescents aged 6 to 17.5 years of age with normal intellect. The first step in the assessment process when a child/youth is referred with a query of mood disorders involves a pre-screening evaluation to determine the likelihood of mood disorders. The next step is the completion of a comprehensive evidence based semi-structured instrument (WASHU-KSADS) with the child/adolescent and parents in their home for consideration of possible differential diagnosis. The final stage in this process is a psychiatric consultation with the youth and parents for further evaluation prior to rendering a diagnostic opinion. The opportunity is also available to conduct intellectual and socio-emotional assessments as needed. In addition, the clinic offers short term individual and/or group treatment with the focus on psycho-education and cognitive behavioural strategies. As well, the clinic provides consultations to community agencies including schools across Ontario.

Supervisor: Dr. Gani Braimoh

The Brake Shop is an inter-disciplinary clinic providing service to children and adolescents who present with complex combinations of neurodevelopmental disorders including Tourette Syndrome and Obsessive-Compulsive Disorder or other anxiety disorders, Attention-Deficit/ Hyperactivity Disorder, sensory processing dysfunctions, or significant behavioural issues including Intermittent Explosive Disorder ('rage'). A wide selection of services for Brake Shop patients, their families, and community teams translates into substantial opportunity for residents to tailor and vary their experiences. Options include semi-structured diagnostic assessment, co-facilitation of various treatment groups (primarily cognitive-behavioural and narrative in orientation), individual therapy, internet therapy (e.g., virtual ERP), consultations (client or programming based), and knowledge translation/transfer activities such as community presentations or school assemblies. Attendance at inter-professional rounds, conducting literature reviews, student supervision, or program development/evaluation are additional opportunities. For detailed treatment videos, parent and child treatment handouts and other information please explore our many webpages at www.leakybrakes.ca.

Supervisor: Dr. Jeff St. Pierre

The outpatient programs for children and adolescents with developmental disabilities include the Autism Spectrum Disorders (ASD) Clinic and the IDEAS (Intellectual Disabilities and Emotional Disorders: Adapted Strategies) Team. The resident could be involved with any aspect of service of the ASD clinic, including diagnostic screening, diagnostic assessments, and behaviour interventions in the community. Many clients have comorbid diagnoses such as an intellectual disability, ADHD, and anxiety disorders (for example). The primary therapeutic model is Applied Behaviour Analysis. The IDEAS team provides assessment, consultation, and treatment for children and youth with developmental disabilities and anxiety or mood disorders. This service offers the unique experience of modified cognitive behaviour therapy.

Supervisors: Dr. Karin Gleason - IDEAS
TBD – ASD Clinic

Residents may also choose to work with children and adolescents with developmental disabilities in Residential/Intensive Services. Services are provided by an interprofessional team to youth who have both developmental disabilities and significant mental health or behavioural disorders.

The psychologists assist with assessment and treatment, including supervision of all behavioural programming on residential units. Residents can also be exposed to clients with Autism in these services. Residents will gain experience in working with multiple systems, matching strengths, needs and supports, and planning and implementation at a multi-agency team level.

Supervisor: Dr. Craig Ross

A Selective Mutism service is available where direct assessment and school consultation is provided by a psychologist and speech and language pathologist to support children who do not speak at school due to social anxiety.

Supervisor: Dr. Jeff St. Pierre

Residential/Intensive Services are also provided to children and youth, 6 to 18 years, with a primary mental health condition. Youth are admitted due to severe psychiatric disturbance and family and school placement breakdown. Psychologists on our residences and in-house school provide cognitive/learning, social, emotional assessment, behaviour programming, individual parenting interventions, consultation, individual cognitive behavioural therapy, and staff training and support. Interest in complex, comorbid child and youth populations with diverse family trauma is required. As with the dual diagnosis intensive programs, residents will gain experience in working with multiple systems, matching strengths, needs and supports, and planning and implementation at a multi-agency team level.

Supervisors (various possible): Dr. Jared Berman (inpatient adolescent boys unit)
 Dr. Patricia Jordan (inpatient girls unit)
 Dr. Niki Rielly (inpatient young child unit)

Vanier Children's Services

Vanier is a community based children's mental health centre which accepts referrals for children and youth with emotional and behavioural problems up to their 18th birthday. The primary focus currently at Vanier is on services to pre-school children to young adolescents. Vanier clients typically present with complex needs, usually including a combination of behavioural problems and mood or anxiety problems, cognitive processing concerns, and family issues (such as parental mental health problems, abuse, neglect, domestic violence, and separation and divorce). A variety of services are currently provided, including prevention/outreach, assessment, family and group therapy, day treatment, intensive family services (in home), and residential (group and foster) treatment. Several orientations inform clinical work, such as cognitive behavioural, solution-focused, emotion-focused, attachment, and psychodynamic theories.

At Vanier, residents can expect to conduct assessments on some of the most complex clients in the children's mental health system, as well as provide staff consultation, treatment interventions, or both, and may choose to assist with program development and evaluation. Residents will gain experience in comprehensive assessment, diagnosis and clinical formulation, and consultation to interprofessional teams, as well as individual therapy, family therapy, or both. Additional training opportunities may include ongoing research, program evaluation, and quality improvement initiatives. Residents will gain these experiences through participation in one or two of the Early Years, Community Services, or Intensive Services programs at Vanier, depending on their training goals and supervisor availability. Residents might also provide services for clients with complex special needs through the long-term residential treatment program for clients with complex trauma histories or the long-term therapeutic foster care program. Other experiences might include group work, crisis work, or both. Program-level consultation to other agencies within London Middlesex might also be an option.

Psychological services to **Early Years** clients (age birth to six years) include assessment of individual children who are receiving other services and consultation to staff. Early Years clients are referred to psychology either from day treatment (while attending the Early Intervention Program) or as outpatients (while receiving family therapy from Child and Family Therapists). Residents may also gain experience in consultation regarding Early Years clients at other agencies.

Community Services (outpatient, ages seven to fourteen years) include family therapy, Francophone services, and group programs. The focus of psychological services to the Community Services Team is assessment of especially complex clients. Residents will also have opportunities to provide individual therapy, family therapy, or both.

Intensive Services include both residential and Intensive Family Services (IFS), as well as the therapeutic foster program. Residents typically provide assessment and consultation services within the residential programs, primarily in the short-term (typically about 3 months in residence) and medium-term (typically 6-12 months in residence) programs. IFS is an alternative to residential treatment in which a Child and Youth Counselor works with the family in their own home. Psychology's primary role in IFS is to provide clinical support to the Child and Youth Counselor, including assessments with a view toward treatment recommendations.

Further information about Programs at Vanier can be found at <http://www.vanier.com/>

Acceptance into this Major Rotation is dependent on the successful completion of a police record check and medical clearance. Same-day travel within the region may be required.

Supervisors: Dr. Jeff Carter
Dr. Sabrina Chiarella
Dr. Esther Goldberg
Dr. Carla Smith

TRACK	Child & Adolescent (see p. 39)		
ORGANIZATION and SITE	London Health Sciences Centre (LHSC): Victoria Hospital (see p.40-41)	Child & Parent Resource Institute (CPRI) (see p. 42-43)	Vanier Children's Services (see p. 44)
MAJOR ROTATION/ SERVICE *See list of Minor Rotation options (pp. 79-87) Note: Paediatric Health is 4 days a week in the first six months only. For others, residents normally work in a maximum of 2 Services within one Site.	<ul style="list-style-type: none"> - Paediatric Health Psychology <ul style="list-style-type: none"> • Inpatient • Outpatient - Child & Adolescent Mental Health Care Program <ul style="list-style-type: none"> • Outpatient • Inpatient • Day Treatment • Eating Disorders Treatment (Inpatient, Day Treatment, Outpatient) 	<ul style="list-style-type: none"> - Attachment Consultation and Education Service (ACES) - Mood Disorders Clinic - Autism Spectrum Disorders (ASD) Clinic - Intellectual Disabilities and Emotional Disorders: Adapted Strategies (IDEAS)Team - Residential/Intensive Services - Selective Mutism - The Brake Shop 	<ul style="list-style-type: none"> - Early Years Team - Community Services - Intensive Services

Sample Combination of Major and Minor Rotation Schedules:

Track	1st Six Months Major – 4 days/week	2nd Six Months Major – 3 days/week	Minor – 1 day/week
Child / Adolescent	Residential Service, Mood Disorders Clinic (2 days each service) (CPRI)	Child & Adolescent Mental Health Care (Outpatient or Inpatient) (LHSC)	Assessment & Treatment University Student Population (Western SDC)