



INTRODUCTION

LONDON CLINICAL PSYCHOLOGY RESIDENCY CONSORTIUM

Consortium Response to COVID-19 Pandemic

At this time it is not known what impact the COVID-19 may have on the 2021-2022 training year. Although training takes place in our various Consortium partner agencies over the year, all residents are paid employees of our host agency – London Health Sciences Centre (LHSC) – and are considered essential workers. No residents were redeployed in the 2019-2020 training year, but all LHSC employees could potentially be redeployed to other roles in the hospital (within their competence) if such measures were deemed necessary. Otherwise, residents followed the policies and procedure of the organization where their training rotations took place, and some policies vary across the Consortium.

In 2020, at some partner agencies (London Health Sciences Centre, St. Joseph's Health Care-London) residents worked on-site in their offices, whereas at other agencies staff, including residents, worked remotely from home (Child and Parent Resource Institute; Vanier Children's Mental Wellness; and Mental Health Care, Health and Wellness at Western University). Staff and residents working on-site were able to provide in-person services to inpatient populations (for those rotations involving inpatients). Outpatient services were on hold and/or done remotely (by videoconference or telephone) until July-August 2020 when some in-person work with outpatients resumed on certain services (program/service-specific). Remote and on-site work included ongoing professional development, provision of psychological services (when client work was available), supervision, and research activity for residents involved in such work. Across sites and rotations weekly resident didactic seminars were conducted virtually.

At the writing of this brochure several outpatient-based programs continued to provide remote services, and some organizations continued to have staff work remotely off-site. This may or may not be the case in 2021-2022. As a result, please be advised that some of the descriptions of the training experiences in our brochure may be affected by ongoing disruptions and/or by federal, provincial, and partner organizations' regulations/policies that may change in response to the ongoing global COVID-19 pandemic. Some rotations may be modified or become unavailable. Over the year, residents may be involved with in-person contact, telehealth services (telephone and/or videoconferencing), or a combination of those activities. Residents may work on-site or remotely, and on-site care may require use of Personal Protective Equipment (PPE; e.g., masks, gowns, and/or gloves). Weekly didactic seminars may also take place remotely (videoconferencing). Our Consortium remains committed to providing the best training in Clinical Psychology we can to help residents achieve their core competencies and goals, while following appropriate health and safety directives. Should disruptions to rotations occur in the future, current and potential residents will be informed either directly and/or through our residency website.

Philosophy of the Residency Program

The London Clinical Psychology Residency Consortium emphasizes clinical service, teaching, and research. The aim of the program is to prepare residents for post-doctoral supervised practice in psychology, particularly within the health care system. This aim is pursued through the identification of individual interests, enhancement of strengths, and broadening areas of clinical interest and skill. Professionalism is enhanced through the development of strong interpersonal and communication skills, time management strategies, and an overall positive sense of professional self and identity.

While clinical training is emphasized, the scientist-practitioner model serves as the philosophical basis for clinical practice, as well as educational and research endeavours. In line with the goals outlined in the Gainesville Manifesto of 1990, the aim of the scientist-practitioner model is to integrate science and practice, and to facilitate career-long integration of investigation, assessment, intervention, and consultation. Psychology Staff at the Consortium Sites endeavour to maintain both an empirical basis to their clinical practice and clinical relevance in their research.

The Consortium views the program as a pre-requisite to the awarding of the doctoral degree. As a result, we support a model of training in which the predoctoral clinical residency must be completed before the doctoral degree is conferred.

Goals of the Residency Program

Consistent with the philosophy of the London Clinical Psychology Residency Consortium's program, we continually strive to meet seven goals for the program.

1) To provide all residents with a broad-based training in clinical psychology

To develop each resident's competence in assessment, diagnosis, case conceptualization, intervention, and consultation, each resident is expected, through the combination of Major and Minor Rotations, to have a breadth of training experiences. Efforts are made for each resident's individualized training plan to include breadth of training in four domains: i) age groups, ii) theoretical models, iii) patient populations (including both inpatients and outpatients), and iv) service experiences.

2) To increase residents' awareness and sensitivity of individual differences, including multicultural issues

To address the need for sensitivity and skill regarding complex dimensions of diversity including health status, language, socio-economic status, ethnicity, religion, race, sexual orientation, and cognitive impairment, our Consortium includes both didactic and experiential components.

All residents participate in a series of monthly, 90-minute "individual differences seminars" (in addition to the weekly clinical/professional seminar series). As well, rotation supervisors monitor their residents' caseloads and, where possible, assign cases that will broaden residents' awareness and sensitivity related to individual differences, including cultural issues.

When language translation or interpretation services are necessary for effective communication to occur with a patient, each organization ensures that appropriate efforts are made to locate an interpreter. If a resident is aware of a language barrier, he or she may access one of the site's professional interpreter resources. Consortium staff can access interpretation services, for scheduled

and urgent/emergent appointments, for over 60 languages including sign language service for American Sign Language.

Information on the demographics of London (2020) can be found at:

www.london.ca/About-London/community-statistics/Pages/default.aspx

3) To facilitate the consolidation of residents' professional identities as psychologists

Residents are regarded as "junior colleagues." As such, residents are highly involved in setting their training goals and objectives and are considered valued members of the profession of psychology at each of the Consortium Sites. Residents receive the same benefits allotted to permanent staff members and serve as active members on our Consortium Committee. Residents have opportunities to access the organization's resources, attend professional development events, and participate in profession activities. They are typically assigned a primary office at their Consortium Site. Offices are equipped with voicemail as well as a networked computer. Overall, they are treated in a manner similar to Psychology Staff.

All Psychology Staff in each Consortium Site are encouraged to participate in the Consortium by serving as role models and by discussing a wide range of professional issues with individual residents as opportunities arise.

At the beginning of the year, residents are given a set of materials relating to the ethics and standards of practice of psychology in Ontario. Residents have access to relevant resources including all legislation, professional standards, and guidelines identified by the College of Psychologists of Ontario as relevant to their members. During the course of their year with us, residents participate in a number of seminars dealing with the standards of professional practice for psychology in Ontario. Also, ethics and professional issues are integrated into the discussions in the other seminars, and ethical issues and questions are discussed in supervision as they arise in the residents' clinical work.

Note: In 2020, Consortium partner agencies had different responses to the COVID-19 which may or may not be the same for 2021-2022. For some agencies, staff continued to work on-site in their offices with physical distancing and PPE as appropriate, whereas other agencies arranged for staff (including residents) to work remotely. In 2021-2022 for some rotations, patient/client care may be in-person, through telephone/videoconferencing, or both.

4) To facilitate the development of skills in providing patient-centred care as part of an interprofessional health care team

We recognize that all students in health care must learn to be members of patient-centred interprofessional teams. Through practical experience and training in interprofessional care, it is the aim of the program that residents will further develop a sense of their own professional identity, develop a greater knowledge and appreciation of the role of other professionals on a health care team, learn to effectively collaborate around the needs of patients with fellow team members, learn to communicate with fellow team members on issues of patient care and interprofessional practice, develop a greater knowledge of the skills that support interprofessional health care team functioning, and increase their understanding of the potential for enhanced outcomes in care delivery through collaborative interprofessional care.

We work at facilitating this development through both didactic and practical opportunities. Each year, at least one seminar is specifically devoted to issues of interprofessional collaboration and consultation and these issues are discussed in a number of other seminars. Also, we aim to have residents work as members of at least one interprofessional patient-centred care team and to consult with at least one other team. Issues and questions relating to interprofessional care also are discussed in supervision as they arise in the residents' clinical work.

5) To facilitate residents' integration of research into their professional role

Consistent with the scientist-practitioner philosophy of the Consortium, residents are expected to incorporate an empirically based, or research informed approach in their development and delivery of clinical skills. This approach should involve various "scientist-practitioner activities" as appropriate to the clinical setting. Scientist-practitioner activities are defined broadly. Some examples include conducting an internet search on a clinical issue; conducting a literature search regarding a diagnosis, assessment measure, or intervention technique; conducting a literature review on a clinical topic; identifying or developing an empirically based assessment or intervention; identifying or using appropriate pre-post measures to assess change; using a single case design; or developing a group intervention. Other scientist-practitioner activities include knowledge transfer, such as case presentations, consulting with staff from other disciplines, and presenting at rounds. Other examples include program evaluation activities such as conducting a needs assessment, or engaging in program development, program evaluation, or logic model development (designing, participating in an ongoing evaluation, or both). Scientist-practitioner activities may also include participation

in formal REB-approved research activities, such as analyzing information in an existing database, participating in an ongoing study, or presenting research findings. Depending on the location and the project, the resident may be asked to present findings to relevant stakeholders and staff within the organization.

To further support the integration of research into the professional role of a psychologist, all residents participate in a series of regular (approximately bi-weekly), 90-minute research/individual differences seminars (in addition to the weekly clinical/professional seminar series), with attendance at both series being a requirement of the residency program. These seminars are aimed at the development of knowledge and critical thinking skills regarding the integration of science and practice. Sample topics include "*Program Evaluation*," "*Geropsychology*" and "*The Scientist-Practitioner Model*". All residents are also expected to pursue scientist-practitioner activities in both Major Rotations.

Sites are not usually able to provide financial support for research activities, but some exceptions may occur. Residents also have access to the organization's computer network in their primary work space. This allows residents access to software for word processing, as well as searches of journals and the Internet. All residents have full access to both their Consortium site's libraries and the libraries at Western University where they may borrow journals and books, order journal articles from other hospitals and universities, and perform computer searches of psychology journals. Similarly, each Consortium member organization subscribes to journals that are available to residents. Many staff also subscribe to journals and keep private libraries of texts and journals that residents may borrow.

As noted above, the Consortium facilitates access to the library resources at Western University. With the permission of the residents' home university, arrangements are made with the Department

of Psychology at Western University to classify each resident as a visiting graduate student. With this status, they are allowed access to university resources (with the exception of taking courses for credit).

This includes access to the university library system that offers more than 11 million items in print and electronic formats, as well as links through the online catalogue to tens of thousands of digital resources. Through Scholars Portal, an Ontario Council of University Libraries initiative, Western University is able to access millions of articles from various full text scholarly journals.

6) To integrate consideration of supervisory issues into all components of the predoctoral residency program

Staff adopt a “developmental” model of supervision, matching the resident’s level of competence and confidence with appropriate levels and types of supervision. Supervision activities are individualized to each resident’s specific training needs and entry-level skills. In areas where the resident has little experience, supervisors may take a more “hands on” approach to training, and may include directed readings, modelling, co-therapy, observation, and feedback in their supervision activities. At some sites facilities are available for videotaping, and each resident has a portable recorder to be used for audio recording clinical services for later review and feedback. As a resident’s competence grows, supervision will become more consultative and collaborative. Each resident receives on average a minimum of four hours of supervision by psychologists per week including at least three hours of individual supervision. Most residents receive additional supervision beyond the minimum.

Psychologists working in health care settings appreciate that clinical supervision of students, junior colleagues, and unregulated staff is a significant professional responsibility. Our training program is

also designed to introduce residents to the conceptual, practical, professional, ethical, and interpersonal aspects of clinical supervision. Residents participate in didactic seminars devoted to supervision issues. To increase their knowledge of supervisory styles and models, residents sometimes may have the opportunity to supervise practicum students from Western University. In addition, Neuropsychology Track residents are often provided with the opportunity to collaborate with psychometrists.

7) To maintain the receptivity to feedback from the residents regarding all aspects of their training program

We recognize that the Consortium must continue to grow and develop. Feedback from residents, both during and after their training, is essential for this growth and development to take place.

Feedback is important during the course of the year. In order for residents to receive the maximum benefit from their training, they must feel comfortable providing feedback to supervisors. Feedback is provided both formally and informally to rotation supervisors and in meetings with the Director of Clinical Training and Track Coordinators. Feedback is also received from the residents on the London Clinical Psychology Residency Consortium Committee (each resident rotates through this Committee over the year) and through the evaluation forms that residents complete both during the course of the year and at the completion of the residency. As well, residents are given the opportunity to rate the extent to which they believe Consortium Staff have been receptive to the feedback they have received.

To ensure that this feedback is as open as possible, policies are in effect that do not allow those being evaluated by residents to be aware of formal feedback until their final evaluations of the residents have been submitted.

CONSORTIUM PARTNERS

London Health Sciences Centre

Caring for You - Innovating for the World

www.lhsc.on.ca

Site Coordinator: Dr. Brendan Guyitt

London Health Sciences Centre (LHSC) is a medical facility that encompasses multiple hospitals, community clinics, and research sites across the city of London (ON). LHSC provides primary, secondary, tertiary, and selected quaternary services, and is one of the largest acute care teaching organizations in Canada. Dedicated to excellence in patient care, teaching, and research, over 6000 LHSC physicians and staff (excluding students) care for nearly one million inpatients, outpatients, and emergency patients each year.

Psychology at London Health Sciences Centre

Psychology at LHSC is located at three sites: University Hospital, in the north end of London; Riverview, near central London; and Victoria Hospital, in the south end of London. Victoria Hospital is also the location of the Children's Hospital. Despite diverse services and different geographic locales, Psychology maintains its cohesion as a profession through regular meetings and rounds.

Psychologists at LHSC provide clinical psychology and neuropsychology services through consultation, assessment, diagnostic, and treatment services to a wide variety of adult and child/adolescent inpatient and outpatient programs, for individuals and their families. Clinical referrals reflect a diversity of patient needs and staff expertise. Assessment and treatment strategies include cognitive, behavioural, developmental, personality, eclectic, and neuropsychological approaches. Services are delivered in individual, family, and group formats, and psychologists serve as valued consultants to physicians and other health care professionals both within the hospital and throughout the community. See **Consortium Staff Bio Sketches** for a description of staff members.

St. Joseph's Health Care London

Guided by the people we serve... Provided by people who care

www.sjhc.london.on.ca

Site Coordinator: Dr. David LeMarquand

Renowned for compassionate care, St. Joseph's Health Care (SJHC) London is one of the best academic health care organizations in Canada dedicated to helping people live to their fullest by minimizing the effects of injury, disease, and disability through excellence in care, teaching, and research.

St. Joseph's Health Care London is a major patient care, teaching, and research centre with a distinguished legacy of service to London, Southwestern Ontario, and the veterans of Canada dating back more than 140 years. St. Joseph's six key role areas include acute/ambulatory care, complex care, veterans care, long-term care, rehabilitation and specialized geriatrics, and specialized mental health care. Facilities and services including St. Joseph's Hospital, Parkwood Institute, Mount Hope Centre for Long Term Care, and Southwest Centre for Forensic Mental Health Care are part of the St. Joseph's family. Our research arm, the Lawson Health Research Institute, directs research to the development of new knowledge that is continually being applied directly to patient care. More than 400,000 patients annually receive care from more than 4,500 physicians and staff at St. Joseph's Health Care London. St. Joseph's Health Care London is affiliated with Western University.

Psychology at St. Joseph's Health Care London

Psychology at St. Joseph's Health Care London is firmly committed to the organization's vision and mission, and to our core values: respect, excellence, and compassion.

Psychology at St. Joseph's is well connected to the profession as a whole. Staff members are involved in training, program evaluation and development, and in leadership, within the hospital and in professional organizations. Many staff members have appointments with academic departments including Psychology and Psychiatry, and several are scientists within the Lawson Health Research Institute.

Psychology Staff includes full-time and part-time psychologists, psychometrists, and others aligned with our profession (see **Consortium Staff Bio Sketches** for a description of staff members). Psychology maintains its cohesion as a profession via meetings, attendance at joint city-wide discipline-specific and interprofessional events, and regular collegial consultation.

Psychology Staff at St. Joseph's Health Care London work within a Program Management framework as members of interprofessional teams. They are represented in programs across all hospital sites, and offer a full range of therapeutic and assessment services to clients with complex needs. Psychology provides services to individuals seeking rehabilitation; in behavioural medicine programs; and in outpatient clinic consultation. A full range of theoretical orientations as well as therapeutic and assessment approaches are represented.

Child and Parent Resource Institute (CPRI)

Mission: Providing specialized, trauma-responsive mental health and developmental services to achieve best possible outcomes for Ontario's children and youth.

www.cpri.ca

Site Coordinator: Dr. Jeff St. Pierre

Child and Parent Resource Institute (CPRI) is operated directly by the Ontario Ministry of Children, Community and Social Services. Located in a large, scenic area in west London, CPRI provides provincial, highly specialized, trauma-informed treatment and targeted intervention services for children and youth with complex special needs including severe behavioural and emotional challenges, mental health and developmental disabilities, and autism.

Short-term inpatient residential and outpatient community services at CPRI are in partnership with community service providers. This may include interdisciplinary assessment, consultation, and treatment, for those ages 0-18 who are at risk of displacement from home, school and/or community. CPRI has six inpatient units and a school on site. Unit demographics and population may change based on referral patterns, to best meet the needs of dual diagnosis and/or mental health populations.

Outpatient programs see children and youth with any combination of aggression, self-harm, intellectual and learning disability, anti-social behaviour, and psychiatric disorder, typically with impairments across many domains. Specialty Clinics: The Brake Shop, Mood Disorders and Anxiety, Attachment Consultation and Education Services, Home Visiting Program for Infants, Interdisciplinary Autism Services, Dual Diagnosis Behaviour and Anxiety, Selective Mutism, and Sexual Behaviours.

CPRI has an extensive focus on developing innovative practices that support improved outcomes in the sector through research, education, training, and publications. CPRI offers clinical evidence-informed training and education resources to children/youth, families, and agencies. These learning opportunities are also open to psychology residents. Formats include in-person workshops, community presentations, webinars, and webcasts of international speakers as well as our own clinical expertise. Please visit: www.cpri.ca/professionals/education/.

CPRI is Canada's first Sanctuary Certified Organization. The Sanctuary Model recognizes how trauma can affect everyone in an organization: clients, clinicians, and support staff. By using Sanctuary, we create a trauma-sensitive, democratic, and non-violent culture that promotes healing.

Psychology at CPRI

The Psychology Staff at CPRI offer team leadership and are integrated into a variety of interprofessional services. They work with a number of other professionals including Psychiatrists, Developmental Paediatricians, Social Workers, Speech and Language Pathologists, Occupational Therapists, Child and Youth Workers, and teachers. Psychology at CPRI is firmly connected to the profession as a whole and several CPRI Psychology Staff members have appointments with Western University's Department of Psychology as well as with the Psychiatry Department in the Schulich School of Medicine and Dentistry.

Ten psychologists and two psychometrists offer assessment, treatment, leadership, training, and research to support CPRI's 6 inpatient and 9 outpatient programs. See **Consortium Staff Bio Sketches** for a description of staff members, and see CPRI's website (www.cpri.ca) to obtain more information about our specialized services and/or resident opportunities within them.

Vanier Children's Mental Wellness

Real Families. Real Problems. Real Help.

www.vanier.com

Site Coordinator: Dr. Sabrina Chiarella

Vanier Children's Mental Wellness (Vanier) has been a leader in children's mental health, helping vulnerable children and youth overcome serious emotional and behavioral problems for over 50 years. In 2014, the Ministry of Child and Youth Services designated Vanier as the Lead Agency for Children's Mental Health in London and Middlesex. Vanier's programs are flexible and responsive to the specific needs of each family. Services include individual, family, and group therapy, crisis intervention, residential and treatment foster services, specialized classrooms, parent support, respite, and community outreach. Many of the children receiving Vanier's services are reacting to overwhelming stresses within their lives including death, divorce, violence, abuse, neglect, and parental mental health or substance abuse problems. Some are coping with problems or conditions resulting from genetic or prenatal origins. The mission of Vanier is to help children to reach their full potential by working with the child and family's unique strengths, needs, and culture to prevent or reduce serious mental health problems. They meet this by living their vision to create a caring, emotionally healthy, and supportive community where all children, including the most vulnerable, reach their full potential to lead safe, productive, and independent lives.

Psychology at Vanier

Psychological services at Vanier are currently available to children and youth until age 14, with the primary focus on pre-school and pre-adolescent age groups. Vanier's clients are among the most complex in the children's mental health system, often meeting criteria for externalizing behaviour disorders compounded by trauma histories, learning disabilities, internalizing disorders, and family problems. Psychology Staff provide assessment, consultation, and treatment services across the range of services available at the agency. Although Vanier Psychology Staff are assigned to specific clinical teams, we often consult and collaborate with each other. We also lead quality improvement initiatives at Vanier and consult to Vanier management regarding the development and evaluation of programs, as well as collaborating on multi-centre research projects involving Vanier. The primary functions of Psychology Staff at Vanier are providing assessments directly for clients and providing consultation to staff. The Psychology Staff at Vanier currently includes 3 part-time psychologists (see **Consortium Staff Bio Sketches** for a description of staff members). Psychology Staff provide leadership within the organization and within the profession in London and region.

Mental Health Care, Health and Wellness at Western University

www.uwo.ca/health/mentalhealth

Site Coordinator: Dr. Susan Ruscher

Mental Health Care, Health and Wellness at Western University is dedicated to the provision of an array of integrated professional and accessible services that help graduate and undergraduate students achieve their personal, academic, and professional goals in a confidential and caring environment. Staff at Mental Health Care, Health and Wellness seek to respect the dignity and diversity of students and prepare them for engagement as global citizens. Mental Health Care, Health and Wellness at Western University is a LGBTQ2QIA positive space. Psychological Services is housed in the Western Student Services Building in the heart of the campus.

Psychological Services, a division of Health and Wellness at Western University, recently amalgamated with Student Health Services. Our unit also has close relationships with other specialized student services, such as Student Accessibility Services, Campus Case Management, Learning Development and Success, the Writing Centre, Academic Counselling, the Indigenous Student Centre, and the International and Exchange Student Centre.

Psychology at Western's Mental Health Care, Health and Wellness

Mental Health Care, Health and Wellness at Western University are governed by the guiding values of the university and the profession of psychology. A commitment to the training of students for counselling/clinical careers is evident in our long history of providing placement opportunities for students from a variety of programs.

Mental Health Care, Health and Wellness staff include Psychologists, Master's level Registered Psychotherapists, and Master's level registered Social Workers. Other Health and Wellness staff at Student Health include physicians, Psychiatrists, nurses and support staff.

All Mental Health Care, Health and Wellness staff are involved, to varying degrees, in the provision of core activities: intake assessments, crisis intervention and triage, walk-in single-session counselling, and individual and group psychotherapeutic intervention. Our responsive care model emphasizes shorter-term psychotherapy, but all staff manage some longer-term cases. A range of theoretical orientations is represented (see **Consortium Staff Bio Sketches** for a description of staff members).

Psychologists are also involved in supervision of practicum and placement students. Psychologists consult with the university community and work closely with staff from other services on campus. For example, staff may receive referrals from or consult with Accessibility Services. Staff also consult with other service providers, such as physicians or academic counsellors, allowing for some opportunities in interdisciplinary care. Psychologists at our centre also frequently refer to community and hospital-based programs.

Closely tied to Western's Department of Psychology, Faculty of Education (Counselling Program), Faculty of Social Work, and to Western University as a whole, Mental Health Care, Health and Wellness at Western University provides an exciting intellectual context in which to work.

TEACHING/EDUCATION

Member sites in the Consortium have been training clinical psychologists since the 1950s. At any point in time, psychologists from the various sites are supervising numerous practicum students, predoctoral residents, and psychologists with certificates from the College of Psychologists of Ontario authorizing supervised practice. Many Consortium Psychology staff also serve as faculty members in university psychology and medical departments, and as affiliated scientists at the Lawson Health Research Institute.

Continuing education is a priority for Psychology staff at all Consortium Sites. Library services are readily available through linkages between sites' libraries and those of Western University. Psychology hosts regular rounds and case conferences. Educational opportunities, such as journal groups or case rounds, are also available in many of the clinical services.

RESEARCH

Psychology at the Consortium sites adopts a scientist-practitioner philosophy and, as such, many staff members are actively involved in clinical research activities. Psychology staff work toward clinical relevance in their research and the integration of their research with their clinical work. This philosophy has led Psychology to be recognized as a significant contributor to the research profile in all of the member organizations of the Consortium.

Psychological research is supported by the Consortium organizations aligned with organization-specific and collective agreements. Many Consortium staff have been awarded grants as principal investigators or co-investigators from several internal and external agencies. Our Psychology Staff also serve as reviewers for or on the editorial boards of various journals including: *Canadian Journal of Cardiology*, *Canadian Psychology*, *Epileptic Disorders*, *European Journal of Pain*, *Journal of Systemic Therapies*, *Pain Medicine*, *Professional Psychology: Research and Practice*, *Psychological Injury and Law*, and *Training and Education in Professional Psychology*.

SERVICE TO PSYCHOLOGY AS A PROFESSION

Consortium Psychology staff maintain an active role in local, provincial, and national efforts toward the enhancement of the profession of psychology and the community at large. The London Clinical Psychology Residency Consortium holds memberships with both the Canadian Council of Professional Psychology Programs (CCPPP) and the Association of Psychology Postdoctoral and Internship Centers (APPIC).

Several staff from the Consortium sites are involved in task forces, committees, and leadership positions with regional, provincial, and national professional and community organizations (e.g., the Association of State and Provincial Psychology Boards, Canada Foundation for innovation, Canadian Association of Cognitive and Behavioural Therapies, Canadian Psychological Association, National Best Practice Guidelines Geriatric Addictions Alcohol Working Group). Our Consortium members' Psychology staff are also often called upon to serve as examiners for the College of Psychologists of Ontario in conducting oral examinations for determination of College registrants' readiness for autonomous practice.