BETTER OUTCOMES. TOGETHER.

KINARK

CHILDREN AND YOUTH

2025/26 BROCHURE

DOCTORAL RESIDENCY PROGRAM IN CHILD CLINICAL PSYCHOLOGY

Note: Kinark's Doctoral Residency Program in Child Clinical Psychology is a Non-Accredited Internship Program.

Kinark's Doctoral Residency Program in Child Clinical Psychology was grated FULL membership by APPIC in September 2022. As per APPIC's policy (Policy on Full Member Internship Accreditation Requirement for APPIC Match Eligibility), the program is afforded a three year period within which to successfully obtain accreditation by the Canadian Psychological Association. The CPA Accreditation Site Visit is scheduled for September 21, 22, 2024.

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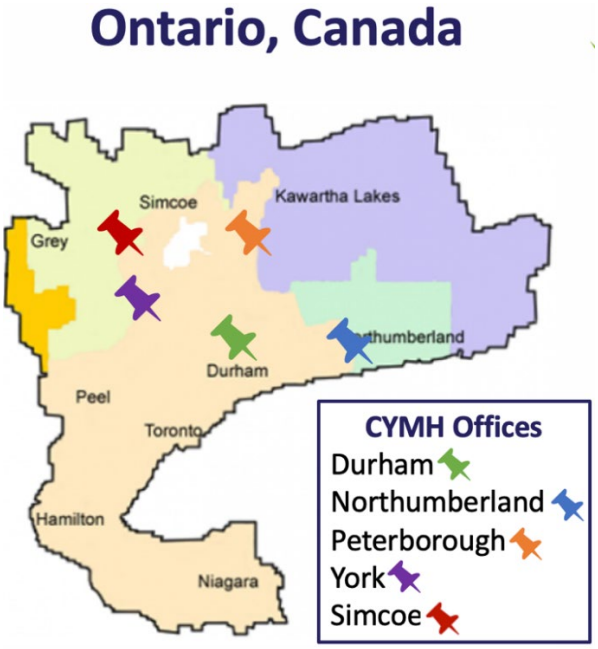
INTRODUCTION

KINARK CHILD AND FAMILY SERVICES

Kinark Child and Family Services is a large children's mental health organization operating outside of the Greater Toronto Area with offices in Barrie, Midland, Aurora, Markham, Oshawa, Cobourg, Peterborough, and Oakville.



Kinark has over 800 employees and serves more than 9900 children and youth each year in our three program streams: Community-Based Child and Youth Mental Health (CYMH), Autism, and Forensic Mental Health/Youth Justice Services.

Mission:

Helping children and youth with complex needs achieve better life outcomes.

Vision:

A healthy future for Ontario's children and youth.

Core Values:

Hold children, youth, and families at the centre of all we do

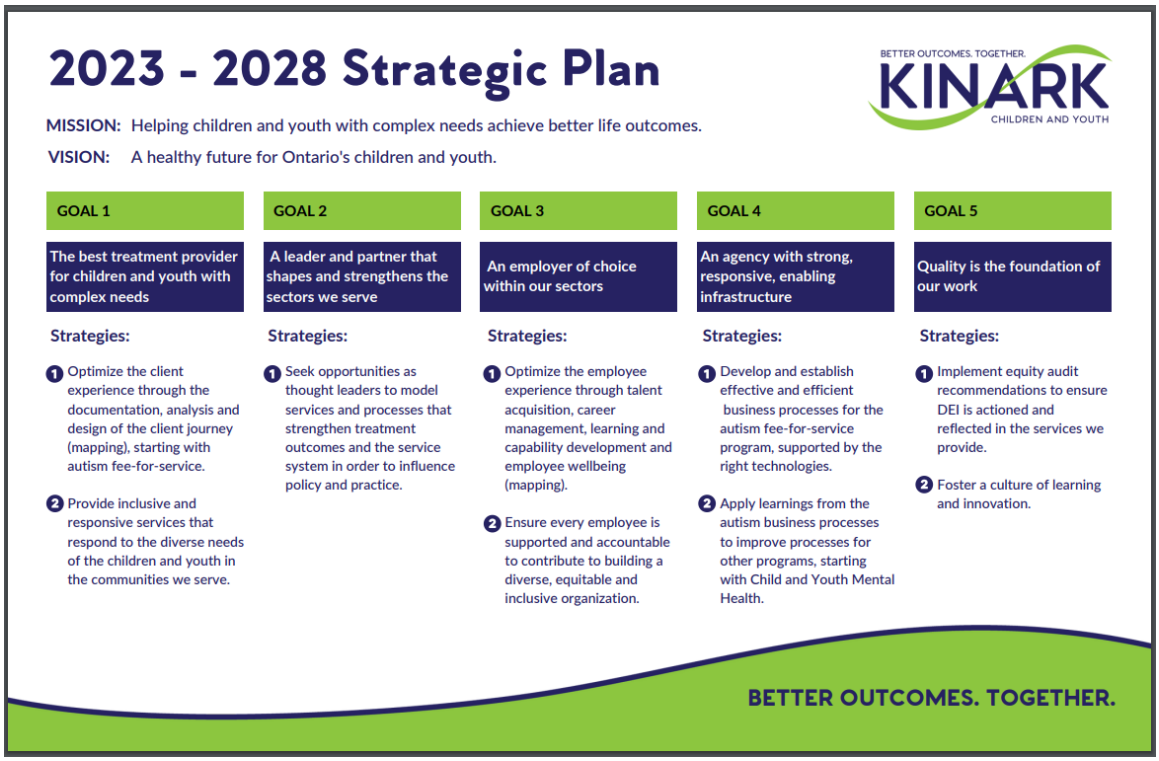
Challenge ourselves to learn and grow

Achieve more together

Instill hope

Lead

Kinark renewed its Strategic Plan in 2023 and can be found on the Kinark website at: https://www.kinark.on.ca/about-us/strategic-plan-annual-reports/.



COMMUNITY-BASED CHILD AND YOUTH MENTAL HEALTH PROGRAM STREAM

Within the Community-Based Child and Youth Mental Health (CYMH) program stream, there are 5 main program offices located in Barrie, Aurora, Oshawa, Cobourg, and Peterborough. Each of these area program offices serve children, youth, and their families using a full range of evidence-based assessment and treatment services, including individual, family, and group counseling. Our interdisciplinary team of clinicians target presenting problems ranging from anxiety, depression, trauma, behaviour issues, parenting, in addition to complex issues such as suicidal ideation and self-harm. Our Peterborough, Aurora, and Barrie area programs also operate 24/7 live in treatment programs for those youth whose mental health needs are unable to be adequately and safely met while residing in the community. Services are accessed via a central intake phone line.

AUTISM PROGRAM STREAM

Autism Services provides a range of clinical services and supports to children and youth with Autism Spectrum Disorder and their families. Services include, but are not limited to: brief and intensive Applied Behaviour Analysis (ABA); education and consultation to caregivers, school teams, community partners, etc.; and therapeutic groups to address issues such as communication, social skills, emotion regulation, transition to school, etc. Working alongside Board Certified Behavior Analysts, other allied health care professionals (e.g. Occupational Therapy) and service navigators, the psychology department plays a pivotal role on this team. This includes conducting diagnostic assessments where the query may revolve around a diagnosis of ASD, ADHD, learning/ intellectual disabilities and/or emotional disorders using gold-standard diagnostic tools and evidence-based practices. The psychology team also provides individual and group-based mental health treatment to neurodivergent children and adolescents and provides consultation to the other Kinark programs re: adapting mental health support for clients on the spectrum. Staff receive regular training in order to maintain their clinical competence and to keep up with the ever-changing landscape in the world of autism.

FORENSIC MENTAL HEALTH/YOUTH JUSTICE PROGRAM STREAM

Forensic mental health services provides both secure and community-based treatment programs for youth with complex mental health profiles and high-risk behaviours. The Syl Apps Youth Centre (SAYC) located in Oakville, Ontario is a secure facility that provides Secure Treatment under the Child and Youth Family Services Act. It is also the designated hospital under the Criminal Code of Canada for youth found Unfit to Stand Trial or Not Criminally Responsible for their charges and who are under the purview of the Ontario Review Board.

The Intensive Support and Supervision Program (ISSP) is a community-based program and sentencing option under the Youth Criminal Justice Act for youth with complex mental health needs. Both services have access to interprofessional teams consisting of psychiatry, psychology, social work, nurses, psychotherapists, and child and youth workers. Psychologists provide comprehensive assessments, clinical consultation, and evidence-based interventions.

PSYCHOLOGY AT KINARK CHILD AND FAMILY SERVICES

The psychology team at Kinark Child and Family Services is experienced and diverse with a current (2025/26) complement of 12 full time and registered clinical psychologists, 1 part time psychologist, 2 supervised practice psychologists, 1 consulting psychologist, 6 psychological consultants (Ph.D. students pre-supervised practice), 4 psychology practicum students, and 2 doctoral residents. This psychology team of 26 total makes us one of the largest in the province. Kinark's psychology staff provide evidence-based psychological assessment, treatment, and consultation services. Our psychologists are also heavily involved in building clinical competencies in the clinical staff and supporting clinical supervision. They often host seminars, workshops, and lunch-and-learn meetings. In addition, Kinark psychologists engage in training psychology practicum students on a yearly basis.

In addition, our 2 Research and Evaluation doctoral level staff, are active in supporting internal program evaluations and participating in both internal and external research activities. Kinark's psychology team regularly attend and present at relevant conferences, such as those hosted by Children's Mental Health Ontario, American Association for Child and Adolescent Psychiatry, Association for Behavioral and Cognitive Therapies, and the Association for Children's Residential Treatment Centers.

ACCREDITATION

Kinark's Doctoral Residency Program in Child Clinical Psychology is a non-accredited program. In September 2022, Kinark was awarded full membership by APPIC. As per APPIC's policy (Policy on Full Member Internship Accreditation Requirement for APPIC Match Eligibility), the program is afforded a three year period within which to successfully obtain accreditation by the Canadian Psychological Association.

For more information about accreditation please go to:

Canadian Psychological Association
Registrar of Accreditation
141 Laurier Avenue West, Suite 702
Ottawa, ON K1P 5J3
Telephone: 613-237-2144 x 328 or 1-888-472-0657 x 328
e-mail: accreditation@cpa.ca
website: http://www.cpa.ca/accreditation/

PURPOSE AND PHILOSOPHY OF THE RESIDENCY

The Doctoral Residency Program in Child Clinical Psychology at Kinark provides clinical training for doctoral-level psychology students through a scientist-practitioner model. As such, the clinical practices at Kinark are evidence-informed and clinical decisions are data-driven. The aim of the program is to prepare residents for independent practice as professional and ethical psychologists working with complex children, youth, and families.

We strive to support residents to become critical thinkers in their approach to assessment, case formulation, differential diagnosis, treatment planning, and treatment application. Residents will learn effective clinical interviewing strategies that enable the collection of the key clinical information necessary for individualized case formulation, diagnosis, and treatment planning. Residents will then learn to use evidence-informed intervention practices that are modular and formulation driven to meet the unique needs of their clients. These evidence informed practices include, but are not limited to "Third-Wave" Cognitive-Behavioural Therapy (CBT) and Dialectical Behaviour Therapy (DBT). For example, we teach residents to incorporate mindfulness, acceptance-based approaches, values, and an emotion-focus into their cognitive behavioral interventions with clients. Additionally, as measurement-based care is a hallmark of Kinark, residents will learn how to use data to inform their clinical decision-making, using both pre-post measurements, but also session-by-session progress monitoring assessments.

Residents will work on an interdisciplinary team, comprised of child and youth workers, social workers, nurses, psychologists, and psychiatrists, and will learn how to effectively and professionally collaborate within a community mental health team environment. Residents will be assigned to clinical teams who provide service to complex child, youth, and families on an outpatient basis, but also to youth who reside in our 24/7 live in treatment and day-treatment programs. To ensure that residents' training needs are met, individualized training plans will be developed collaboratively between the resident and supervisor(s), considering the resident's prior experience, skill, and interest.

While direct clinical care is an important learning medium, residents will also gain a breadth of knowledge attending formal training (e.g., CBT, DBT-A/K), educational

seminars and workshops, participation in research, and supervision. Regarding the latter, we take a developmental approach to clinical supervision, which incorporates a focus on developing core competencies in evidence-based practice with residents. This supervision model supports the resident to increase their practice competency substantially and quickly by conducting baseline evaluations, setting collaborative practice goals, and then submitting weekly session tapes that are rated by the clinical supervisor using standardized assessment tools. Clinical supervisors offer targeted instruction to meet the residents' practice goals. This is a scaffolded process and is introduced at important junctures in the supervisory relationship and client onboarding. Residents will also be afforded opportunities to develop their own supervisory skills that will prepare them to take on such roles in the future.

GOALS AND OBJECTIVES OF THE RESIDENCY

The primary aim of the Doctoral Residency Program is to prepare residents to become competent professionals who think critically and ethically and who are able to apply data, research, and scholarly literature to their practice. In accordance with the purpose and philosophy of our residency program, we strive to achieve the following goals and objectives:

GOAL 1: ASSESSMENT

To ensure that residents are proficient in comprehensive assessment procedures including clinical interviewing, the integration of relevant background information, as well as the utilization of standardized cognitive, academic, behavioural, and social-emotional measures to arrive at a quality case conceptualization, diagnosis (if necessary), and targeted treatment plan.

> *Objective 1:* Residents will demonstrate competence in conducting comprehensive clinical interviews with children, youth, and families. This will include reviewing and integrating information from relevant collateral reports from schools, medical, and/or community agencies, and liaising with multiple informants.
>
> *Objective 2:* Residents will be able to appropriately select, administer, score, and interpret standardized measures of cognitive ability, memory, visuomotor abilities, executive functioning, attention/concentration, academic achievement,

behaviour, and social-emotional functioning. Residents will also learn about the limitations of these tools, particularly where EDI is concerned and the relevancy (or lack there of) of these tools and constructs to diverse peoples.

Objective 3: Residents will learn case conceptualization, communication of diagnoses, and targeted treatment planning. In addition, residents will understand how to incorporate diversity (e.g., culturally-based factors) into case formulation in order to take a holistic and inclusive approach to treatment planning.

Objective 4: Residents will be able to clearly communicate assessment results, diagnostic opinions, and recommendations in both written and oral form, to clients, families, members of interdisciplinary teams, community agencies, and referral sources. They will learn to do so with consideration to diversity and with an understanding of equity where recommendations and access/privilege are concerned.

GOAL 2: INTERVENTION

To ensure that residents develop strong skills in planning, preparing, providing, and monitoring progress of evidence-informed psychotherapy.

Objective 1: Residents will develop competent individual intervention skills with children and youth using evidence-based approaches, such as CBT and DBT-A. Third wave approaches to behavioral treatments are integrated into the training (e.g., acceptance/validation, emotion-focus, mindfulness) and residents will learn to take a formulation driven, modularized approach to therapy.

Objective 2: Residents will gain experience leading group interventions, such as DBT Skills Group, SNAP, Triple P, the Unified Protocol for Children/Adolescents, and Coping Cat.

Objective 3: Residents will develop competence in family-based interventions, for example, DBT for Kids and Families (DBT-K), parenting support, and/or psycho-educational support.

Objective 4: Residents will learn how to monitor progress of intervention efforts via pre- and post-measurements and session-by-session outcome monitoring.

GOAL 3: CONSULTATION AND INTERPERSONAL SKILLS

To ensure that residents develop the interpersonal skills and professionalism that are necessary for professional practice as a psychologist within an interdisciplinary context. This includes the development of both oral and written communication skills, consultation skills within internal teams as well as external partners, and the ability to work and collaborate with other professionals.

Objective 1: Residents will learn how to effectively and collaboratively communicate within an interdisciplinary team comprised of child and youth workers, social workers, nurses, and/or psychiatrists by clearly understanding and appreciating the role of each team member and appropriately representing the psychologist's role. Residents will learn to be mindful of diverse ways of thinking and values in their consultative efforts (e.g., neuroatypicality, differing world views related to race, culture, sexuality, gender, religion).

Objective 2: Residents will acquire skills in delivering and receiving consultation to/from other professionals while keeping the needs of the client at the forefront. They will learn to balance the dialectic of acceptance and change in these relationships.

GOAL 4: ETHICS AND STANDARDS OF PROFESSIONAL PRACTICE

To ensure that residents practice at the highest ethical and professional standards.

Objective 1: Residents will gain knowledge of relevant legislation, standards of professional practice in Ontario, and ethical guidelines for decision making.

Objective 2: Residents will establish an awareness of their individual clinical strengths, as well as the areas requiring development, considering their level of education, professional training, and experience.

Objective 3: Residents will learn to apply their understanding of ethical issues to their clinical work, consultation with others, and professional relationships. They will similarly learn how the trauma informed position that Kinark takes as an agency is relevant to their consultation with their coworkers.

Objective 4: Residents will learn how to manage the demands of both work and their personal lives. They will garner an understanding of compassion fatigue, vicarious trauma, and burnout, and ways to manage these issues in the workplace.

Objective 5: Residents will have awareness of and appreciation for the lived experiences of diverse and equity deserving groups (e.g., people of color, gender and sexual minorities), as it relates to ethical decision making and professional relationships.

GOAL 5: EVIDENCE-BASED CARE IN A SCIENTIST-PRACTITIONER MODEL

To ensure that residents can integrate science and clinical practice through a scientist-practitioner model.

Objective 1: Residents will be able to identify, comprehend, and synthesize current research literature relevant to clinical practice, to determine "best practices," and to use this information to guide their assessment and intervention efforts.

Objective 2: Residents will have the opportunity to become involved in clinical research supported by our Research and Evaluation team.

Objective 3: Residents will have an opportunity to champion the scientist-practitioner model through presenting scientific talks to coworkers.

GOAL 6: DIVERSITY, EQUITY, INCLUSION, AND CULTURAL HUMILITY

To support the appreciation and understanding of culture, race, religion, ability, neurodiversity, gender, sexuality, and other individual and group differences when working with children, youth, and families. Additionally, our goal is to support residents in understanding issues of inequity in access and use of mental health services amongst equity deserving groups. Residents will learn to action this across each of these goals and objectives. We have identified this as a standalone goal here so that its importance to our overall mission and philosophy is not diminished.

Objective 1: Residents will demonstrate an awareness of and respond sensitively to cultural, ethnic/racial, sex, gender, and other individual and group differences in the provision of service (e.g., sensitivity to beliefs/customs, language).

Objective 2: Residents will engage in personal and professional reflection on issues related to privilege, implicit biases as it relates to diverse people and equity deserving groups

Objective 3: Residents will learn to incorporate diversity into their clinical practices from assessment to discharge. For example, they will learn about engaging diverse groups through cultural humility, about the limitations of test tools and constructs where diversity is concerned, how to integrate diversity into case conceptualizations, how to target behaviors from a trauma/EDI informed perspective, how to engage parents of diverse backgrounds in treatment, etc...

Objective 4: Residents will learn about inequity and problems with inclusion in community mental health service delivery. That is, they will learn how visible minorities are disproportionately disadvantaged when it comes to access and the effectiveness of mental health services. They will learn about systemic racism and the impact of this on trust and access, as well as how can pose barriers to vulnerability/openness in both assessment and intervention.

GOAL 7: CLINICAL SUPERVISION

To ensure that residents give and receive ethically sound supervision that builds competencies in core clinical and professional/ethical areas, while also managing, supporting, and evaluating the work of the resident to ensure that they provide effective and safe services to clients.

Objective 1: Residents will gain knowledge of the literature on clinical supervision through directed readings, presentations, and trainings.

Objective 2: Residents will increase their practice competencies by participating in a competency-based supervision model with their clinical supervisors. This includes completing a needs assessment, collaboratively establishing professional development goals, submitting client session tapes for rating using a standardized tool, and engaging in learning activities, such as readings, videos, and role-playing.

Objective 3: Residents will have the opportunity to gain experience providing competency-based supervision to senior practicum students under the guidance of their own clinical supervisor.

Objective 4: Residents will demonstrate the ability to understand when they need to seek clinical consultation and/or supervision, considering their level of education, professional training, and experience. This includes appreciating when personal variables impact one's effectiveness as a psychologist.

THE DOCTORAL RESIDENCY TRAINING COMMITTEE

The Doctoral Residency Training Committee is comprised of the Training Director, the Professional Practice Leader/Clinical Director of Child and Youth Mental Health, the primary supervisors assigned residents for that academic year, and two psychology staff not assigned residents for that academic year, one of which is the Ombudsman. The group functions to ensure that the residency program is operating well and to problem-solve any challenges that may arise. The group is also responsible to continually improve and develop the residency program. The Doctoral Residency Training Committee meets weekly.

STRUCTURE OF THE RESIDENCY

The Doctoral Residency Program in Child Clinical Psychology at Kinark begins the first business day after Labour Day in September to the last business day in August. Residents are scheduled for 35 hours per week. Three weeks of paid vacation and five paid sick days are apportioned over the year. Leave days are also granted, at the Training Director's discretion, to each resident for the purpose of attending conferences of their choice, participating in doctoral defenses, and/or attending job interviews. The specific schedule will be determined for each resident at the outset of the residency in collaboration with the resident's primary supervisor and the Training Director. It is expected that residents will work a minimum of 2 evenings per week. During the first 4-6 months of the residency, the resident will attend various intensive trainings and workshops and therefore the didactic component is more concentrated during this time. As the residency progresses, the resident will be given more opportunity to apply their skills in direct client service. We aim for approximately 40% of residents' time in direct

client service within a 35 hour work week. Distribution of work during the latter half of the residence is typically defined as such:

- *Direct Client Service (assessment, individual therapy, group therapy):* 12-15 hours per week
- *Indirect Client Service (session preparation, report writing, contact notes, collaboration/consultation):* 10-13 hours per week
- *Supervision (3 hours of individual supervision and 2 hours of group supervision):* 5 hours per week
- *Didactics:* 2 hours weekly
- *Research/Program Evaluation:* 1-3 hours per week

RESIDENCY POSITIONS FOR 2025/26 ACADEMIC YEAR

In 2025/26, Kinark is offering two resident positions who will be assigned to our York area program office in Aurora.

FACILITIES AND AVAILABLE RESOURCES

Office Building

The York area program office is located just north of Toronto near downtown Aurora, Ontario. It should be noted that clients may be referred from anywhere in York region. The two-story building was built in 2017, and it has a free parking lot. The psychology offices are located in a quiet section of the first floor. Residents and two staff psychologists share an open-concept workspace, which is adjacent to the clinical lead psychologist's office. Treatment and assessment rooms are booked electronically, and include two smaller rooms, two medium sized rooms, and two large conference rooms with state-of-the-art equipment (e.g., two-way mirror, flat-screen TVs and projectors). A large staff break room is located on the second floor, which includes a full kitchen.

Equipment

All residents will be provided with a laptop with secure VPN capability, a large computer monitor and accessories (e.g., wireless mouse, keyboard), a locking briefcase to store files when commuting, a locking filing cabinet, and a smart phone. Other equipment requested must be approved by the Training Director.

Available Resources

The York area program has an extensive library with professional development resources. There are many books on a range of topics, including DBT, CBT, social skills, gender identity, various mental health disorders, attachment, clinical supervision, and motivational interviewing, among other domains. There is also a large selection of training DVDs from Behavioural Tech and APA on DBT and CBT skills and session examples. There are opportunities to become actively involved in York area program specific initiatives, including the Diversity, Equity, and Inclusion (DEI) committee, Health and Safety committee, and Social and Wellness committee. The York area program has an extensive collection of psychological measures, including questionnaires (e.g., MASC-2, CDI-2, BASC-3), computer-based assessments (e.g., Conners CPT-3), and test batteries (e.g., WISC-V, WAIS-IV, WIAT-III, WRAML-2, TEA-Ch-2, D-KEFS, ADOS-2, CTOPP-2). All-staff lunch and learn professional development presentations also occur on at least a monthly basis on a range of topics related to mental health. Recent examples include selective mutism, mild intellectual disability, trauma and case conceptualization, fire setting behaviour, adapting treatment for youth with cognitive challenges, and parent management training.

Client Population Served

Each year, close to 500 children and youth are admitted to service at Kinark's York area program. Over the past 5 years, clients ranged between the ages of 4 and 18, with an average age of 13 years. Just over half (55%) identified as female and 2% as transgender. Male clients tended to be younger at admission, with an average age of 12.3 years. The average age of female and transgender clients was 2 years older, at about 14 years. Roughly one-third had parents who were divorced or separated, and one in five were involved with CAS.

Clinical data indicate that as many as 70% of clients who received treatment in York between 2016 and 2021 had at least one diagnosis at admission, and close to half had two or more diagnoses. Common diagnoses included anxiety (39%), ADHD (35%), mood disorders (26%), learning disabilities (21%), and disruptive behaviour (12%). One in ten had a diagnosis of autism spectrum disorder.

A large percentage of children and youth had a history of trauma or traumatic life events that included victimization (emotional, sexual, and/or physical assault), death or loss of a primary caregiver or close family member, witnessing domestic violence, being bulled, and parental addiction. One in five described these events as invoking a sense of horror or intense fear. Many children and youth were at risk of self-self-harm (58%), harm to others (44%), and damaging property (44%). One in ten were at risk of substance abuse.

Data from the interRAI ChYMH collected during the assessment phase indicate that roughly 60% of children and youth presented with moderate to severe levels of depression and self-harm. These symptoms were most often observed among youth aged 15 and older, though as many as 2 in 5 children aged 4 to 9 experienced moderate to severe levels of depression, and 1 in 4 engaged in self-harming behaviours. Anhedonia was also prevalent among children and youth: nearly 60% of clients who received treatment between 2016 and 2021 reported that they had lost interest in activities they used to enjoy and a decreased ability to feel pleasure.

Anxiety was observed among nearly all children and youth who received treatment. Symptoms were typically mild, though one-third of children aged 4 to 14, and just over 40% of youth aged 15 to 18 presented with moderate to severe anxiety. In terms of behavioural problems, distractibility and hyperactivity were commonly reported, particularly among younger clients. Sixty percent of children under age 10 presented with high to severe levels of distractibility and hyperactivity, and another 34% were in the moderate range. Distractibility and hyperactivity were also present in close to 80% of older children and youth; however, they more often presented with moderate symptoms.

Aggression and harm to others were evident among York's client population, though it was less common than other symptomatologies. When present, symptoms were typically mild; however, moderate to severe aggression was present in one quarter of 4- to 9-year-olds. About 18% of clients in all age groups presented with moderate to severe symptoms of harm to others.

About 20% of clients admitted to treatment in York receive intensive services (i.e., live-in treatment, day treatment, intensive in-home) and the remaining 80% receive counselling and therapy. Clients admitted to intensive services tend to present with

more complex needs than those in counselling therapy. For instance, 70% children and youth who receive intensive services had two or more diagnoses and 50% had at least 3; they were far more likely to have been diagnosed with disruptive behaviour (34% vs 8%) and mood disorders (36% vs 23%), ADHD (51% vs 32%), and/or learning disabilities (30% vs 19%). They were more like to have been involved with CAS and to have experienced custodial change death or loss of a caregiver or close family member. More than half of clients who received intensive treatment had been bullied and, compared to counselling therapy clients, they more often reported having been victimized physically, sexually, and emotionally.

CLINICAL ROTATIONS

Residents participate in a mandatory major rotation and select two minor rotations for the year. The major rotation includes comprehensive assessment/consultation and intervention. Residents are expected to spend 21-28 hours in their major rotation each week. We recommend that residents engage in both CBT and DBT practice as part of their intervention experience. The minor rotations are each 6 months in length and occur consecutively. Minor rotations are limited to approximately 7 hours a week. Residents can select from several options (i.e., Autism, Group, Secure Treatment/Youth Justice, Neuropsychology). We work with residents on developing narrow training goals for their minor rotations to ensure that it can be well managed within this time frame.

All our services are offered within a multidisciplinary team context, including psychologists, social workers, and child and youth workers. This approach allows residents to gain exposure to different disciplines and to develop close working relationships with many team members. It also allows for residents to develop their consultative skills with multiple disciplines.

MAJOR ROTATION

The major rotation includes 3 core elements:

1. ***Psychological Assessment with Children and Adolescents:*** Comprehensive psychological assessments for youth ages 6 to 18 who have been referred due to complex mental health concerns in conjunction with cognitive, academic, memory, processing, and/or developmental difficulties. Assessments involve hands-on testing

with the youth, clinical interviews with the youth and their caregiver(s), collection of collateral documents and interviews with external parties (e.g., teacher), and a feedback session with both the family and the Kinark treatment team. Comprehensive reports include both results and a detailed section on recommendations, including recommendations for treatment.

2. ***DBT with Adolescents and Families:*** Residents have to opportunity to provide adherent DBT that gives them exposure to all modes/functions of the treatment if they choose (e.g., individual/parent/family therapy; skills training; consultation team; coaching/consolidation). We will offer four streams of DBT in the York program to residents in 2025/26. A) A robust, full-model DBT-A program for youth and parents ages 13 to 18. B) DBT-K, which is a family-based intervention for youth ages 6-12. C) DBT in our milieu settings, which affords residents opportunities to work with allied staff in supporting DBT in live-in and day-treatment settings. D) We are also proud to introduce Radically Open-DBT for our overcontrolled clients in 2024/25. Given that this is a newer program, involvement of residents is based on both their interest and existing experience with DBT.
3. ***CBT with Children and Adolescents:*** Residents provide Cognitive Behavioral Therapy to youth ages 6 to 18 and their families. CBT is taught to be formulation driven and modular. We adopt a third-wave approach that integrates mindfulness, acceptance, values, the relationship, and an emotion focus to the work. Residents will learn to flexibly apply CBT to a range of presentations and will learn adaptations like Exposure and Response Prevention (ERP) and Trauma-Focussed CBT (tf-CBT).

MINOR ROTATIONS

Residents select 2 of the 4 minor rotations:

1. ***Neuropsychological Assessment with Children and Adolescents:*** This rotation (under the supervision of a licensed neuropsychologist) includes comprehensive neuropsychological assessments for youth ages 6 to 18 who have been referred because of complex brain-based conditions, including suspected FASD, traumatic brain injury, seizures, and neurological illnesses, among other issues. Assessments involve hands-on testing with the youth, clinical interviews with the youth and their caregiver(s), collection of collateral documents and interviews with external parties (e.g., teacher), and a feedback session with both the family and the Kinark treatment

team. Comprehensive reports include both results and a detailed section on recommendations, including recommendations for treatment.

2. ***Adjunct Group Therapy:*** This rotation involves other group therapies being offered within the York area program, such as the Unified Protocol for Transdiagnostic Treatments of Emotional disorders (i.e., UP-A and C), DBT multifamily skills group, an emotion regulation group for children, Triple P parenting programs, Stop Now and Plan (SNAP) groups for young children with externalizing disorders and their caregiver(s), Facing Your Fears CBT program for youth with ASD, and the Cool Little Kids anxiety group for preschool age children. Residents in this rotation may be involved in multiple groups concurrently.
3. ***Autism Spectrum Disorder Assessment and Intervention:*** This rotation involves the selection of one of two streams. A) Assessment. Using various assessment tools (e.g., ADOS-2, ADI-R, SRS-2) to examine possible ASD symptoms in youth ages 6 to 18. Residents will be trained in the use of these tools, will observe clinician administration, and will subsequently administer, score, interpret, provide feedback, and write comprehensive reports. We aim to provide residents with at least two independent administrations of Modules 1 and 2 of the ADOS-2, and two administrations of Modules 3 and 4. This rotation will require travel to our Markham location for test administration to younger clients. B) Intervention. Residents can select an intervention rotation within our Urgent Response Team (URS). The URS team provides brief cognitive behavioral interventions to youth in crisis who have comorbid ASD and mental health conditions.
4. ***Youth Justice and Mental Health:*** This rotation includes comprehensive assessment, treatment, and consultation to clients who are involved with secure treatment and/or the youth justice system. Residents can select a rotation with either Syl Apps Youth Centre or the Intensive Support and Supervision Program (ISSP). Syl Apps provides a unique opportunity for residents to work with clients who are in secure treatment under the Child and Youth Family Services Act, or who are not criminally responsible for charges based on the Criminal Code of Canada. Residents will take part in multidisciplinary assessment with the Syl Apps clinical team (i.e., psychiatry, nursing, social work), and will provide individual or group therapy (i.e., DBT, CBT) within a milieu setting, with coaching support from unit staff. This rotation requires travel between the York program and Syl Apps (Oakville) one day a week. ISSP is an alternative to custody for youth charged with an offense who have mental health

needs. This rotation provides residents with the opportunity to provide treatment to youth with complex needs within a community-based setting. Residents will learn to work closely with interprofessional teams and community partners to provide intensive interventions to clients involved with the justice system. This rotation will require travel to clients in their homes/communities.

SUPERVISION

The primary focus of supervision is the welfare of the client through the resident's building of competencies in core areas of clinical and professional/ethical practice. At Kinark we aim to provide the best quality care to our clients, and thus, we invest significant resources in supervision for all our staff.

Residents will be assigned three supervisors, a primary and a secondary (per minor rotation). Assignments of supervisors are based on the residents' selection of rotations, their training needs, and expressed interest. Supervision is provided by experienced, doctoral-level, registered psychologists.

We have a developmental model of supervision, which is resident centered. We provide scaffolded support to residents based on their identified areas of current competence and needs. As skills develop, we support residents' in taking on more complex presentations, and modalities (e.g., DBT). Supervision takes on 4 primary forms (individual, group, indirect, supervision of others).

Individual supervision

Primary aims of individual supervision are to build competencies across the 7 broad areas identified for the residency. To support the building of competency within this model, we use a Competency-Based Clinical Supervision Model (Falendar & Shafranske, 2008), where clinicians are supported by their primary supervisor to increase their practice competence via the following process:

1. *Direct observation of practice (live, video, or audio)*
2. *Assessment of practice using a standardized rating tool (e.g., CTRS-CA; DBT-ACI)*
3. *Collaborative development of practice goals and supervision contract*

4. *Supervisor-guided development of practice competencies via modeling, observation, directed readings, reflection, and/or feedback*
5. *Continued weekly direct observation and rating of practice (live, video, or audio) until established competency thresholds are met*
6. *Reduction of session observations and ratings to bi-weekly, tri-weekly, then monthly, depending on clinician progress*

Supervision is adapted to meet the individual needs of the resident. Therefore, joint assessment and/or intervention sessions may be required, in addition to shared client responsibility between supervisor and resident. The building of clinical competency via the Competency-Based Supervision Model is integrated into supervision when developmentally appropriate to do so, and the amount of time spent in the practice depends on need. Additional activities in supervision include reviewing the resident's caseload, discussing the clinical progress of clients, review of client outcome data, case formulation of new clients, treatment planning, and supporting high quality clinical documentation.

In addition, one hour of individual supervision will occur with the secondary supervisor each week, focussing on supporting the clinical practice of the resident and may include discussion of clinical cases, review of client outcome data, professional development and mentorship, and/or case management.

Group Supervision

Group supervision is case-based consultation. Residents present new cases, discharges, and challenges to the supervision group. The group typically consists of the two residents, a psychologist in supervised practice, a practicum student, and the DoT. This format allows residents to have exposure to learners at slightly different stages of training, and to provide and receive consultation to their cases. Group supervision heavily focuses on case conceptualization and treatment targeting. It also includes attention to process in psychotherapy. Core competency building is typically reserved for individual supervision, but skills are built though role play, and the provision of didactics where required.

Indirect Supervision

Indirect supervision on the part of the clinical supervisor includes the review of video or audio tapes and rating performance with a standardized assessment tool, the review of clinical notes and treatment plans, and the review of performance indicators, such as caseload, direct service hours, indirect service hours, and overdue reports.

Supervision of Others

Residents have the opportunity to provide supervision, in concert with either their primary or secondary supervisor, to a senior practicum student. This is introduced when residents are ready, typically at the midpoint of their major rotation. Supervision ranges from supervision of an assessment, a low acuity CBT case, or components of supervision e.g., coding CTRS.

DIDACTIC TRAINING AND PROFESSIONAL DEVELOPMENT OPPORTUNITIES

TRAINING AND WORKSHOPS

Residents participate in intensive trainings and workshops throughout the year. These are not offered exclusively to residents. As such, other Kinark staff, and at times, external community partner staff, may attend. A larger and diverse group of staff participating in these trainings contributes to a richer experience for all. Topics of these trainings and workshops include, but are not limited to:

- *Onboarding at Kinark Child and Family Services*
- *Assessment/Case Formulation/Treatment Planning*
- *Advanced Cognitive Behavioural Therapy*
- *Unified Protocol for Children and Adolescents*
- *Dialectical Behaviour Therapy*
- *Risk Assessment*
- *Ethical Dilemmas in Psychology with Children and Adolescents*

DOCTORAL RESIDENCY SEMINARS

Residents participate in weekly 2-hour seminars developed specifically for residents throughout the year. Each seminar focuses on a unique clinical presentation, application

of evidenced-based interventions to unique clinical populations, or critical review of recent child and adolescent research germane to the population served at Kinark. Sessions may include presentations by Kinark staff or a community member with specialized expertise in the topic area. The resident is required to present at least twice during their time in the program either independently or with fellow psychology staff. One of these presentations will be of a topic of interest, including research evidence. The other will be related to an active clinical case.

Topics of these seminars include, but are not limited to:

- *Eating Disorders*
- *Autism and Mental health*
- *Clinical Interviewing Techniques*
- *Child and Adolescent Assessment and Diagnostics*
- *Radically Open DBT*
- *Early Onset Psychosis*
- *Developmental Trauma*
- *Suicide*
- *Working with Families*
- *Substance Use and Mental Health*
- *Behaviourism*
- *DBT for Kids under 12*
- *Compassion Fatigue and Burnout/Self-care and Wellness*
- *Trauma-Focussed CBT*
- *Consultation with a Psychological Lens*
- *DBT Family Therapy*
- *Psychological Practice with Diverse Populations*
- *Fetal-Alcohol Spectrum Disorder and other Neurodevelopmental Disorders*
- *Neuropsychological Assessment*
- *Interventions with Neurodevelopmental Clients*
- *Anti-oppressive Clinical Practice*
- *Psychological Practice with LGBTQ2 Populations*
- *Working with Indigenous Peoples*
- *Ethics in Psychological Practice with Children and Adolescents*
- *Dry Runs for Doctoral Defenses*

CASE CONSULTATION

Team Consultation Meeting

Staff psychologists and residents are assigned to a multidisciplinary team and, as such, participate in weekly team consultation meetings. These meetings focus on case

conceptualization presentations, problem solving complex cases that they find difficult, and resolving case management issues arising. Ethical issues and issues of working with children and adolescents in outpatient and live-in treatment settings are also commonly discussed.

DBT Consultation Team

Psychologists and residents practicing Dialectical Behaviour Therapy will also participate on the DBT Consultation team which meets weekly to discuss cases clinicians are experiencing a therapeutic impasse, disruptions in alliance, or that are clinically challenging. The emphasis is on a validating, problem solving approach to complex, high risk cases to support clinicians in maintaining adherence in the delivery of DBT.

OTHER PROFESSIONAL DEVELOPMENT OPPORTUNITIES

Residents are also encouraged to attend professional development events around the Greater Toronto Area such as:

- *Greater Toronto Area (GTA) Psychology Seminars (5/year). This seminar allows for an opportunity to network with residents outside of Kinark, including Sick Kids, CAMH, Surrey Place, etc.*
- *McLean Speaker Series hosted by CAMH. This is a monthly lunch and learn session intended to encourage knowledge-sharing between clinical and research staff with an emphasis on integrating clinical practice and research activities.*
- *Barbara Wand Seminar in Professional Ethics, Standards, and Conduct. This is a bi-annual, half-day seminar hosted by the College of Psychologists of Ontario.*

In addition, residents are offered five days to attend conferences of their choice, or participate in their doctoral defense.

EVALUATION

Kinark's evaluation framework aims to provide a comprehensive understanding of the program's strengths, areas for improvement, and overall outcomes. It informs program administrators and stakeholders about the program's performance and guides future planning and enhancements. The evaluation also serves as a tool for accountability,

ensuring that the residency program meets the requirements and expectations of trainees, supervisors, and relevant accrediting bodies (i.e., Canadian Psychological Association). The evaluation includes several components, but two online surveys are most relevant to the resident learning and experience:

1. Residents Competencies and Outcomes

Central to the evaluation are the training goals of the residency program. The residents' strengths and areas of need across the seven outlined goals/competencies are evaluated.

- **Goal 1: Assessment:** To ensure that residents are proficient in comprehensive assessment procedures including clinical interviewing, the integration of relevant background information, as well as the utilization of standardized cognitive, academic, behavioural, and social-emotional measures in order to arrive at a quality case conceptualization, diagnosis (if necessary), and targeted treatment plan.
- **Goal 2: Intervention:** To ensure that residents are competent in planning for, preparing, providing, and monitoring progress within a range of evidence-based psychological treatments through individual, group, and family-based interventions.
- **Goal 3: Consultation and Interprofessional Collaboration:** To ensure that residents develop the personal skills and attitudes that are necessary for professional practice as a psychologist within an interdisciplinary context. This includes the development of both oral and written communication skills, consultation skills within internal teams as well as external partners, and the ability to work and collaborate with other professionals.
- **Goal 4: Ethics and Standards of Professional Practice:** To ensure that residents practice at the highest ethical and professional standards.
- **Goal 5: Evidence-Based Care in a Scientist-Practitioner Model:** To ensure that residents are able to integrate science and clinical practice through a scientist-practitioner model.
- **Goal 6: Diversity, Equity, Inclusion:** To ensure that residents increase their appreciation and understanding of multicultural issues and individual differences when working with children, youth, and families.
- **Goal 7: Competency-Based Clinical Supervision:** To ensure that residents appreciate the critical role of clinical supervision in competency development and learn how to engage in a competency-based supervision model, both as a supervisee and also as a supervisor (if applicable).

2. Resident Experience:

The evaluation aims to understand several areas:

- *Whether the curriculum and learning activities are well aligned with the competencies. That is, are the appropriate structures (e.g., rotations, seminars, trainings) in place to support the acquisition of the 7 areas of competency/goals.*
- *Resident's perspective of how supportive the learning environment is, including access to resources, mentorship, and opportunities for professional growth. It also evaluates the effectiveness of supervision provided to residents in fostering their learning.*
- *To what extent residents satisfied with their experience in the program, including the support received, work-life balance, and overall well-being. It evaluates whether there are factors within the program that contribute to resident burnout, or undue stress.*
- *Feedback from residents and supervisors to help determine specific areas for enhancement, so that we can better meet the needs of residents and align with evolving standards and practices in the field. That is, the evaluation elicits feedback so that recommendations can be made to the DoT for future program development.*

SUCCESSFUL COMPLETION

Residents whose performance is not at an expected level of competency at their midterm evaluation (e.g., the *Rotation Evaluation of Residents' Performance* assessment indicates "*Needs Attention*" on any indicator) will be advised of the gaps and a remediation plan will be developed.

Successful completion of the residency involves the completion of 1600 hours. Additionally, residents should broadly be in the "meets expectations" category in each of the core competencies evaluated by the end of the program, and they should meet the requirements of their University, to successfully complete the residency.

APPLICANT ELIGIBILITY

Kinark's Doctoral Residency Program in Child Clinical Psychology requires applicants to be enrolled in a Clinical Psychology Doctoral program with relevant coursework and practicum experience in child and adolescent psychology. CPA/APA accredited doctoral programs are preferred, but applicants from unaccredited programs who have comparable training are welcome. Residents must have completed all requirements of their doctoral program, excluding completion of the dissertation. Residents must also have completed a minimum of 600 practicum hours with experience in both assessment and intervention with children, youth, and families.

APPLICATION PROCESS

Kinark participates in the APPIC match process. Please refer to APPIC for more details on the application process. The residency application process broadly consists of:

1. *Online submission of the APPIC Application for Psychology Internship (AAPI). Program member code:* ***#188211****.*
2. *Online submission of supporting materials including:*
    a. *A current curriculum vitae (CV) that specifically includes:*
        i. *ages of children seen for each of assessment and intervention;*
        ii. *presenting problems of clients for whom you have provided assessment and intervention; and*
        iii. *theoretical orientations/interventions to which you have had exposure.*
    b. *Official graduate transcript(s).*
    c. *Letters of reference from three professionals, two of whom can speak to the applicant's applied psychology experiences. References must use the APPIC Standardized Reference Form. Applicants should inform their references that they may be contacted directly if further information is required.*
    d. *The APPIC Academic Program's verification of Residency Eligibility and Readiness Form completed by the Clinical Training Director.*

e. *Cover letter expressing the applicant's residency training goals and special interest in Kinark's Doctoral Residency Program.*

The application deadline is **November 15, 2024.**

SELECTION PROCESS

Application and acceptance procedures follow the policies provided by the Association of Psychology Post-Doctoral and Internship Centres (APPIC). They can be found here: https://www.appic.org/internships/Match/Match-Policies. The Training Director and Professional Practice Leader select interview candidates soon after the application deadline. The Training Director will notify applicants whether or not they have been selected for an interview on our interview notification date of **December 1, 2024**. We will also be offering interview times on this date. Interviews will be arranged throughout the second and third weeks of January. *Interviews will be conducted over the virtual platform "Zoom" in order to facilitate scheduling; however, there will be an opportunity to have an in-person interview on site at the York office if that is a request.* The interview is conducted by the Training Director and two psychologists (i.e., the Selection Committee) who are from areas of interest to the applicant and who will likely act as the applicant's supervisors. To help applicants prepare for the interview, about the interview content will be provided in the interview letter of offer. Applicants may request to meet with specific staff in order to obtain further information about the program following the interview process.

When ranking applicants post-interview, the Selection Committee takes into account the goodness of fit between the applicant's experience, training, and theoretical orientation with the training experiences offered within Kinark's Doctoral Residency Program. Our aim is to help residents to build upon their existing strengths, as well as to gain expertise in areas with which they have had less experience. This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant.

Kinark takes part in APPIC's computerized matching on Match Day, which is in **February 2025**. Upon receipt of the match results, and at the designated time mandated by APPIC, the Training Director contacts successful applicants by telephone to acknowledge the match. The successful applicants and their respective program clinical training

directors are simultaneously sent emails to inform and acknowledge the Match. With seven (7) days, Kinark's People and Culture department will mail or email the successful applicants and their respective program clinical training directors a formal agreement letter that outlines the conditions of employment, salary, entitlements, benefits, and orientation procedures. The applicants are asked to sign and return a copy of the letter.

The successful applicants may choose to come for a site visit after the Match, but this is not required.

Positions that are not filled in Phase I of the Match will be offered in Phase II of the Match.

For information about the application process, please contact the Training Director:

Kofi-Len Belfon, Ph.D., C.Psych
218 Earl Stewart Drive, Unit 7, Aurora, ON, L4G 6V7
Mobile: 905-621-2270
Email: kofi-len.belfon@kinark.on.ca

STIPEND

Residents will receive a stipend of $43 000 CAD paid in biweekly installments over the course of the full year residency. Residents will also be eligible to purchase relevant training and learning materials, to be approved by the Training Director, when these requested resources are over and above those provided by Kinark.

Residents also receive 15 days of paid vacation, five paid sick days, and five paid business days to attend conferences, defend their doctoral dissertation, and/or attend job interviews. These dates are to be approved by the resident's supervisor.

DIVERSITY INFORMATION AND NON-DISCRIMINATION POLICY

York Region is the traditional territory of the Huron-Wendat, the Haudenosaunee, and the Anishinaabeg peoples. The Rouge River, which runs through this area, connects Northern and Southern Ontario and has been an important trade route for Indigenous

peoples for thousands of years. Today, this meeting place is still the home to many Indigenous people from across Turtle Island, and we are grateful to be able to work on this land.

Kinark Child and Family Services is committed to employment equity, welcomes diversity, and encourages applications from all qualified individuals including members of visible minorities, aboriginal persons, and persons with disabilities.

Applicants who have specific questions about access and accommodations are encouraged to contact the Training Director early in the application process so that their needs may be fully addressed.

In recent years, the York area program has seen a marked increase in the diversity of our clientele (e.g., people of colour, especially from Asian communities; 2SLGBTQIA+ identifying clients). The program is very active with regards to social responsiveness and attunement to the needs of our clients and families from a diversity, equity, and inclusion (DEI) lens. Recent initiatives have included spearheading the creation of an art gallery in the office depicting DEI themes, removing gender-specific signs from our washrooms, ordering DEI-friendly items for the waiting room, and fostering connections with local agencies who provide services to culturally diverse families (e.g., Hong Fook Community Mental Health Association). Regular presentations on DEI themes occur in all-staff meetings and in monthly DEI committee meetings.

From an agency wide perspective, Kinark engaged with an external partner to complete an audit, which evaluated our practices from a DEI perspective. We are committed to addressing how DEI influences both our inward facing (e.g., how we treat each other, policies/procedures) and outward facing (e.g., clients' treatment journey, assessment, intervention, etc…) work.

REGISTERED PSYCHOLOGY STAFF/ DOCTORAL RESIDENCY CLINICAL SUPERVISORS

Dr. Kofi Belfon, Ph.D., C.Psych. [Guelph]

Dr. Belfon's orientation is primarily behavioral, using cognitive and dialectical behavioral therapy with young people, who have a variety of presenting concerns (e.g., mood

disorders, anxiety disorders, disruptive disorders, trauma related disorders, obsessive compulsive related disorders, mood/anxiety/behavior related to autism spectrum disorders, personality disorders, as well as problems related to adjustment, separation/divorce, bereavement, and stress). Dr. Belfon also provides psychodiagnostics and psychoeducational assessments and consultative services.

Dr. Giovanni Foti, Ph.D., C.Psych. [Guelph]

Dr. Foti provides assessment, intervention, and consultation services for children, youth, and families. He offers up-to- date knowledge of individual and family distress using empirically supported and effective interventions, such as CBT and DBT in a supportive and caring manner. He also assists families by dealing with parenting challenges, attachment concerns, anxiety disorders, behavioural difficulties, and school and social difficulties.

Dr. Rebecca Fraccaro, Ph.D., C.Psych. [Calgary]

Dr. Fraccaro draws from her training in Cognitive Behavioural Therapy (CBT), Acceptance and Commitment Therapy (ACT), and Dialectical Behaviour Therapy (DBT), as well as play-based techniques in her therapeutic practice. She provides comprehensive psychological assessments to identify underlying learning, developmental, behavioural, and mental health conditions, while highlighting individual strengths and capacities. Dr. Fraccaro has a background in supporting neurodiverse children and youth and is competent in the assessment, teaching, and supervision of Autism Spectrum Disorder assessment. She is also a registered School Psychologist with a passion for supporting learning and well-being.

Dr. Bravina Kuni, Ph.D., C.Psych. [York]

Dr. Kuni works with pre-schoolers, school-aged children, and adolescents. She provides consultation, as well as psycho-diagnostic evaluation and evidence-based intervention for a range of psychological difficulties including anxiety, depression, obsessive-compulsive disorder, disruptive behaviours, social difficulties, and attention-deficit/hyperactivity disorder (ADHD). Dr. Kuni also provides psychological assessment for learning difficulties (including giftedness), intellectual disability, and other difficulties such as ADHD and autism spectrum disorder. Dr. Kuni primarily uses cognitive-

behavioural therapy, behaviour modification, dialectical behaviour therapy, play therapy, and social skills training.

Dr. Laurel Johnson, Ph.D., C.Psych. [Guelph]

Dr. Johnson's clinical orientation is behaviourally-based and she is a strong proponent and practitioner of evidence-based practices, such as CBT and DBT. She works with a variety of children, youth, and families providing psychoeducational and psychodiagnostics assessments, as well as individual therapy and parent support. Dr. Johnson values outcome-based measurement to inform clinical decision making. Solid assessments, case formulations, and treatment planning are key aspects in Dr. Johnson's practice.

Dr. Michelle Todorow, Ph.D., C.Psych. [York]

Dr. Todorow provides neuropsychological assessment and intervention services to children and youth with complex neurodevelopmental, behavioural, and mental health needs. Her area of focus is on providing services to those affected by Fetal Alcohol Spectrum Disorder and Indigenous populations. She also provides neuropsychological consultation services to community agencies, as well as competency-based supervision services to psychotherapists primarily working within CBT and DBT modalities.

Dr. Megan Hancock, Ph.D., C.Psych. [Western]

Dr. Hancock specializes in anxiety, trauma, and challenges with behaviour and emotion regulation. She is passionate about working with parents on enhancing parenting practices (e.g., validation, rewards/consequences) and the parent-child relationship, as well as on developing a deeper understanding of child development and behavioural or emotional difficulties. Dr. Hancock's approach is collaborative and focuses on building trusting relationships with the children and adolescents she works with to develop self-understanding and skills to meet their goals. She uses evidence-based treatments and personalizes strategies to make therapeutic material meaningful for youth. Dr. Hancock's clinical practice integrates cognitive behavioural therapy (CBT), dialectical behaviour therapy (DBT), trauma-focused therapies, mindfulness, and attachment frameworks.