

Kingston Internship Consortium

Pre-Doctoral Program in Professional Psychology



Onqwanada



KidsInclusive
EnfantsInclus

Centre for Child & Youth Development

The Kingston Internship Consortium was first accredited in 2003/2004 by the CPA Accreditation Panel. In 2011/2012, accreditation was granted to 2017/2018. Next site visit 2018/2019.

CPA Accreditation Panel <https://www.cpa.ca/accreditation/>
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Introduction

The Kingston Internship Consortium offers an exciting opportunity for psychology interns to expand their clinical skills and apply their acquired knowledge working with clients across the lifespan, including children and adolescents, adults, and seniors. The Kingston Internship Consortium (KIC) was thoughtfully constructed to emphasize training that best meets the needs of the trainee. Our generalist approach develops psychologists whose broad knowledge, skills and values can be applied to working within a wide range of clinical areas and populations, by providing training experiences across the lifespan with individuals who have issues in their physical, emotional, cognitive, social and/or occupational participation that have occurred as a result of developmental, illness, trauma, or injury processes. The KIC prepares a psychology intern to practice in the many roles of a Clinical Psychologist.

The KIC combines the resources of four well-established Kingston agencies, which each provide a unique perspective on the role and skills required of psychologists. The agencies are **Ongwanada, Queen's University, Providence Care Hospital, KidsInclusive (formerly the Child Development Centre (CDC))**. These four agencies share several philosophies:

- There is a common emphasis on client-centred values.
- The Psychological Services staff works within inter-professional teams that include the identified person, a variety of health-related professionals, family members and caregivers.
- The internship faculty and their employing agencies are affiliated with various academic departments at Queen's University, including the Department of Psychology, Department of Psychiatry, and the School of Graduate Studies and Research and various programs at St. Lawrence College.

Although the participating agencies share key philosophies, there are also important differences among the agencies that provide a breadth of experience for the interns. The first difference is the diversity of populations served. This diversity provides our interns with opportunities for training with persons with multiple types of disabilities, diagnoses, and varied age groups. Our intern's training opportunities occur in hospitals (both inpatient and outpatient), in the community, and involve all core competencies required for licensing as a Clinical Psychologist.

The second difference among the agencies involves the systems under which the agencies operate. The agencies involved are under the direction of different Ontario government ministries (Health and Long-term Care; Children, Community and Social Services) and have differing work cultures. The different systems provide opportunities for our interns to train within different operating perspectives, providing a larger systems perspective to the role of the psychologist.

Participation in the multiple agencies allows our interns to directly compare and contrast the diverse service delivery models, community demands for service and the role of the psychologist. The supervising psychologists have been educated at a variety of universities and

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thus also provide diversity in clinical perspective to the overall learning experience.

Due to the multiple sites having academic affiliations, interns will also be exposed to different supervision models for junior students, oversight of non-regulated health professionals, and opportunities for peer supervision with other graduate healthcare students.

Finally, the supervising psychologists are registered in a variety of practice areas which further enrich the training experience by allowing our interns to appreciate the various competencies involved in differing practice areas.

Living in Kingston

Equidistant from Toronto, Montreal and Ottawa, where the St. Lawrence River meets Lake Ontario and the Rideau Canal (a UNESCO World Heritage site) – Kingston is a stunning, historic city that consistently ranks as one of the best places to live in Canada. In 2014, Kingston was named one of the top seven most intelligent communities in the world by the Intelligent Community Forum (ICF).

It is an outstanding place in which to work and live, as its three post-secondary institutions - Queen's University, the Royal Military College of Canada and St. Lawrence College - make it a hub for innovation; a city with a growing economy and thriving industries.

Kingston is also rich with history and culture. It was established in 1673, making it the oldest city in Ontario. It was named the First Capital of a United Canada way back in 1841. Later it would serve as the home to Canada's first Prime Minister, Sir John A. Macdonald.

Today, Kingston is a well-known tourism hotspot as its many historical attractions, such as Fort Henry; the Rideau Canal and Market Square, located behind City Hall, make it an incredible place to visit.

New additions to the city, such as the Leon's Centre (formerly Rogers *K-Rock Centre*) concert venue, and the Invista Centre multi-purpose recreational facility, have added to the quality of life in the city for its residents.

Kingston has been described as a city that has all the amenities of a large urban centre, yet maintains a small-town charm. Simply put, it is a great place to relocate to for the purpose of study or to advance a career.

<https://www.cityofkingston.ca/explore/about-kingston>

<https://www.visitkingston.ca/plan/getting-to-kingston/>

Our Training Program

Our Mission

The Kingston Internship Consortium's training focus is to develop psychologists whose broad knowledge, skills and values can be applied in clinical psychology as well as to ensure that they are competent to utilize the knowledge, skills and values working within a wide range of clinical areas and populations.

In addition to applied training in the core competencies of Psychological Services practice (Interpersonal Relationships, Assessment and Evaluation, Intervention and Consultation, Research, Ethics and Standards, Supervision) our approach emphasizes the scientist-practitioner model to all aspects of Psychological Services.

Training opportunities occur while working with multifaceted complex cases within the contexts of populations with acquired and developmental disabilities, using the resources across four agencies. The collaboration among the varied agencies (which are funded by different government ministries) provides exceptional opportunities for clinical and role diversity in settings that are hospital and community based, involve multiple inter-professional teams, various supervision roles, and a variety of practice models.

A unique aspect of our training program is this rich diversity with a core emphasis on training across the lifespan in the breadth and depth of psychological practice.

Philosophy, Mission and Model

The philosophy of the Kingston Internship Consortium is to foster the development of the skills required to be a clinical psychologist. Clinical psychologists are involved in Psychological Services in several ways and the internship represents the range of practice within psychology: primarily as clinicians, with interests in clinical service, research and teaching.

This internship espouses the "Scientist-Practitioner" model of psychology in that it combines the scientific foundation of psychology with its practice applications, training clinical psychologists both as scientists and practitioners. Therefore training will include experience in up-to-date assessment techniques, using empirically supported interventions, undertaking objective evaluation of treatment outcomes and efficacy (i.e., clinical accountability), and participating in research.

Although this internship places an emphasis on working with individuals with disabilities, the internship takes an inclusive perspective regarding disability. Like the World

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Health Organization (WHO), the internship defines disability as impairments limiting participation dependent on context that can happen to anyone at any time. Our focus in this internship is to build on skills and core competencies and not to focus on a single population (e.g., persons with physical disabilities).

Our interns are expected to be prepared for internship with the required foundational knowledge in biological, social, individual, and cognitive-affective bases of behaviour; learning theory; research design and methodology, statistics and psychological measurement. As well, interns are expected to have had the requisite assessment, intervention, and supervision hours and experience. Our interns will learn to apply the knowledge they have and refine their skills, as well as acquire new knowledge and skills. It is our strongly held belief that having the knowledge and skills involved in this model of training enhances the calibre of the clinician. Through the internship we aim to enable the intern to use both clinical and research skills seamlessly in practice.

Goals of the Internship

By the end of internship our program aims for alumni to have internalized the training goals as part of their identity as a psychologist. The training goals of the internship are:

1. Develop the core competencies as a clinical psychologist, and their relevance to the multiple roles of the psychologist;
2. Develop effectiveness working within inter-professional teams;
3. Develop experience to applied (case based), relevant (program evaluation, funded) research agendas as per the scientist practitioner model;
4. Develop knowledge of relevant legislation, professional standards, and ethical issues and behaviours;
5. Develop understanding of work within different organizational cultures, different populations, across the lifespan.

Internship Details

Clinical Rotations

Over the course of training, the intern will complete 3 non-overlapping rotations of 4 months each. The clinical rotations will vary somewhat from year to year, depending on the specific interests or knowledge needs of the intern, the availability of programs and supervisors, and the clinical demands being faced by the agencies. The rotations selected are intended to provide experiences across the lifespan (i.e., children/adolescents and adults/seniors), and across disability types (i.e., acquired and developmental). Table 1 provides the rubric for determining rotations and is the basis for decision making related to our mission and training model.

Table 1: KIC rotation settings by population and origin

		Disability	
		Developmental (Neurodevelopmental)	Acquired (Neurocognitive)
Across Lifespan	Child/ Adolescent	Ongwanada - CBS, PS; Queen’s University; KidsInclusive;	Ongwanada - CBS; KidsInclusive;
	Adult/ Seniors	Ongwanada - PS, CBS, Regional Treatment Home Providence Care – MHS DDCOT; Queen’s University	Providence Care – Inpatient Rehab & Complex Medical Care; Providence Care - MHS - SMH; Providence Care - CBIS

As part of planning, potential interns are encouraged to include their rotation preferences in their application letters, are asked about their preferences of rotations during the interview process and then are contacted for further suggestions once they are successfully matched with the KIC. The Kingston Internship Advisory Committee reviews each intern’s preferences, the availability of the supervisors, and the fit of the requested rotations with the intern’s background preparations and determines the rotation schedule that will best meet both the intern’s training needs and the mission of the KIC.

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Table 2: Examples of rotation schedules from previous interns

Intern	September	January	May
A	KidsInclusive	Providence Care CBIS	Providence Care MHS DDCOT and Queen’s University DDCP
B	Providence Care MHS SMH	KidsInclusive	Ongwanada PS
C	Ongwanada PS	Providence Care Complex Medical	Ongwanada CBS

In addition to spending time at their rotation, interns spend one day a week (typically Mondays) at the Ongwanada Crescent Centre site and are provided individual work space, phone extension and email regardless of what other rotations they will be completing. This day offers interns an opportunity to connect with each other on a regular basis, meet with the Director of Training, and have dedicated time to work on their own research (e.g. dissertation, presentation, publication). In the past, interns who have completed dissertation prior to internship have also used this time to prepare for professional exams or interviews. Professional Development Seminars are held monthly with other internship sites in Kingston to allow for discussion of ethical/professional development issues across multiple contexts.

In order to have a cohesive program across agency sites, the interns also participate in a number of professional development activities. These activities include attending Providence Care Hospital Journal Club, participating in the internship applicant review process, attending Ontario Association on Developmental Disabilities conference in April, partaking in the Non-violent Crisis Intervention training at Ongwanada. Each intern also meets with the Director of Training on a monthly basis in order to ensure that the intern’s training needs are being met.

Caseload Expectations

The intern will complete a number of clinical practice activities (e.g., assessments, interventions, consultations) in each setting for a variety of presenting problems (e.g., cognitive, behavioural, mood) and diagnostic issues (e.g., developmental disability, dementia, mood disorders, dual diagnosis). The intern will also develop skills in communicating results in both verbal consultations and written reports for fellow professional colleagues, community agencies, families, and individuals. Given the changing nature of sites and clinical pressures in an ever-changing health-care system, we are unable to predict the exact numbers or types of cases. However, *meeting our interns training needs is a priority for us*. We also endorse being thoughtful, thorough and accurate, rather than meeting an arbitrary set number of cases/activities. However, the examples of types of experiences that prospective intern can anticipate include:

Assessment/Evaluation

- comprehensive cognitive/diagnostic assessments of children, adolescents, adults, and/or seniors (issues may include: competency, adaptive behaviour, dual diagnosis, function of

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- behaviour)
- related to program effectiveness and service delivery

Intervention/Consultation

- various intervention strategies with children, adolescents, adults, and / or seniors
- exposure to various techniques and models of psychotherapy
- multidisciplinary meetings
 - within organizations
 - with other agencies or
 - with professionals external to organization
- with family/caregivers

Supervision

- of junior students
- of unregulated professionals
- with graduate healthcare students

Ethics and Standards

- Professional Development Seminar
- ethics presentations on rotations
- pertinent legislation is discussed on rotation

Interns are also expected to participate in educational opportunities provided by the participating and other community agencies. As well, the intern is expected to share knowledge with fellow interns and professional faculty through presentation of cases, conference summaries, and/or grand round presentations. Research opportunities vary from year to year and are dependent upon the formal and funded research activity of the supervising faculty. At a minimum, the intern is expected to be able to conduct a literature review of a topic area relevant to an active case and present that information at a clinical case conference for each rotation site.

Placement Requirements

Health Status Check

Prior to commencement of the placement, the intern must provide proof of the following to the Director of Training:

- TB test - two step
- Hepatitis B Immunization

There are additional requirements for the rotations at KidsInclusive and Providence Care Hospital.

At KidsInclusive, at least two weeks prior to commencement of the placement, the intern must provide a completed Placement Immunization Record that includes mask fit information. The immunization record may be provided by the educational institution for students in health care programs. Students in other disciplines must fill out the form provided by Occupational Health Services. The immunization record includes the following:

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- TB test - two step
- Blood Screening for Anti HBS, Varicella, Measles, Mumps, Rubella antibody
- Documentation of Immunization for: Hepatitis B Vaccine, Influenza, Tetanus, Varicella, Measles/Mumps/Rubella

Criminal Reference Check

- Criminal Reference Check for working with vulnerable populations which is dated within the previous 6 months

Ongwanada will reimburse interns who incur a fee for the Criminal Reference Check upon submission of the receipt to the Director of Training.

Professional Liability Insurance

Prior to placement, the intern must have /obtain/renew personal Professional Liability Insurance. This insurance is independent of your university's coverage. This insurance is tax deductible, so please remember to file the receipt. Liability Insurance can be obtained through BMS group (<http://www.psychology.bmsgroup.com/>). (Effective February 2014 BMS Group (BMS) is the exclusive broker for the CPA and CPAP insurance program <http://www.cpa.ca/insurance/business>). Membership in the Canadian Psychological Association will make the insurance purchase much less expensive.

Vehicle

The nature of the work at some of the sites is in the community, possibly across 6 counties. Though not necessary, our past interns have found it useful to have access to a vehicle. Interns who will use their own vehicle will need to provide documentation and maintain a valid license and valid insurance, including coverage for business purposes. Compensation for internship related mileage is provided.

Placement Information

Duration

The internship begins the Tuesday after Labour Day and ends August 31st. The intern spends the first orientation week at Ongwanada Crescent Centre site (114 Wright Crescent) with the Director of Training doing the necessary administrative details and getting to know their fellow interns. A scheduled ½ day meeting is held the first Monday of internship for all supervisors and interns to meet and greet.

Distribution of Time

The allocation of the intern's time is based on the Accreditation Standards and Procedures for Doctoral Programs and Internships in Professional Psychology (2011) and is reflected in the chart below. The time is further based on a work week of 37.5 hours and allows for holidays, vacation, and illness. The placement is full time, five days per week with time ideally allotted to various activities. The table below illustrates the amount of time our interns

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engage in each activity in a typical week.

Table 3: Distribution of Hours per Week

Activity	Hours/Week	Description
Clinical Service	24.75	Assessment & Evaluation, Intervention & Consultation, Inter-professional Relationships, Ethics and Standards, Supervision
Primary Supervision	4	By supervisor at rotation site
Training Supervision	0.25	Monthly Meeting with Director of Training
Evidence of scientist/practitioner	4.25	Dissertation, client or project related research
Other	4.25	PCH Journal Club, Barbara Wand Seminar (College of Psychologists of Ontario), Internship Advisory Committee meetings, et cetera
Total Time	37.5	

Number of Positions

There are three intern positions within the Consortium. Our training model is collegial and our interns are expected to develop their skills in this supportive atmosphere. In addition to interactions with fellow interns, our interns are expected to interact professionally with students/residents of other disciplines. Our interns, for example, may participate with psychiatric residents in ongoing courses and may participate in training opportunities with students from a variety of disciplines (e.g., medical, occupational therapy, physiotherapy, speech, behavioural therapy, pharmacy, etc.). We are excited that some of our training activities occur with psychology interns from other Kingston-based internship placements, providing an even broader understanding of the role of psychologist.

Remuneration

The intern is provided with compensation of \$35,000 (for the year less any statutory deductions) that is managed through Ongwanada, the host agency, and processed through Queen's University. The compensation is divided into equal instalments, paid on a monthly basis, at the end of the month. The Director of Training will be in contact with matched candidates prior to the commencement of Internship to ensure needed information is in place.

Time Away

The intern is responsible for informing the Director of Training of any absences for whatever reasons. We define *time away* as time needed for vacation or illness since we do not have a plan for sick leave. The intern is allotted four weeks of time away over the internship year. Time away cannot be taken in the last two weeks of the internship. Time away scheduling must also take into consideration supervisor availability. For this reason, our interns may be required to take one to two weeks of time away during the winter or spring holiday season, dependent on supervisor availability. The timing of the remaining time away would be negotiated with the site supervisors on duty during the intended time away, and the Director of

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Training. Time away requests should be discussed as early as possible for planning purposes and to not compromise training.

Additionally, the intern is entitled to the statutory holidays (10 days) (New Year's, Family Day, Good Friday, Easter Monday, Victoria Day, Canada Day, Civic Holiday, Labour Day, Thanksgiving Day, Christmas Day, Boxing Day). Interns may also be entitled to additional statutory holidays such as Remembrance Day if the holiday is being taken by the agency where they are placed at the time of the holiday. And of course, the intern is also entitled to any faith-based holidays as obligated with the maximum entitlement to time away during the year equalling thirty days, unless given special permission by the Advisory Committee.

Time away cannot compromise the required 1600 hours of internship required for successful completion. (*Revised: 17 January 2015*)

Recruitment Policy

Selection Process

Each application is thoroughly evaluated by a review team, which consists of members of the Kingston Internship Consortium Advisory Committee, current interns, and the Director of Training who chairs the Application Review meeting. Interns have a role in the decision process. They participate in reviewing the written applications and have a voice in this discussion. Interns do not participate in the interviews; however, they do participate as part of the process by being available after the interview to meet with candidates. This discussion is deemed confidential and provides the candidate with the opportunity to learn directly from the current intern(s) about their experience. Finally, the interns are observers to the ranking decision making, but do not contribute to the ranking decision.

Based on the quality of the applications, candidates whose areas of interest and preparedness coincides with the goals and mission of the Consortium will be invited to come to Kingston for an interview. Arrangements can also be made for interviews to be done by video-conferencing or teleconferencing, though "in-person" interviews are preferred by the interview committee and recommended for the candidate. Candidates' feedback is that in-person is preferred as well, as in-person provides an opportunity to meet the supervisors and ask supervisor specific questions. Candidates will also be given an opportunity to discuss the internship and ask questions of the present interns following the interview, to verify we do what we say!

Prerequisites

Prior to applying to the internship, the intern is expected to have a minimum 600 hours of practicum experience in assessment and intervention strategies. While 600 hours of practicum experience before beginning an internship has been set within the CPA accreditation standards as the minimum in which this competence might be gained, more typically 1000 hours of wisely chosen practicum experience is required to attain sufficient breadth and depth. These 1000 hours would include an appropriate balance of direct service including assessment and intervention

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(600 hours), supervision, and support hours (Guiding Principles in the Preparation of and Selection of Applicants for Internship, 2007, www.ccppp.ca).

Applicants applying with organized practica that do not characterize the typical pre-internship clinical experience, or provide documentation of other experience relevant to the internship will be considered on an applicant by applicant basis. The Academic Director of Training would provide information to the Director of Training to demonstrate the equivalence in preparation prior to being considered. The degree of supervision required to enable such a candidate to achieve the comfort and competency level by the end of the internship, to meet the passing summative evaluation criteria and thus proceed into the registration process, would be discussed at the Kingston Internship Consortium Advisory Committee level.

Eligibility

The internship will consider students who have met the criteria identified for the APPIC NMS; and psychologists engaged in re-specialization (are expected to apply through the APPIC process). Preference is given to students from CPA/APA accredited university-affiliated Clinical Psychology doctoral (Psy.D., Ph.D.) programs, with a scientist-practitioner emphasis. Students are expected to have completed their university program requirements and our preference is for substantial progress (ideally completion) on the dissertation.

Students from programs other than Clinical Psychology Psy.D./Ph.D. programs must have the Academic Director of Training provide information to the Director of Training to demonstrate the equivalence in coursework and practica preparation prior to being considered.

The applications are initially reviewed by the Director of Training prior to recommending the Interview Committee review applications for interview consideration. The following criteria are used as a guideline:

- Accreditation by the Canadian Psychological Association/ American Psychological Association
- Doctoral level training (Psy.D., Ph.D.) in a program affiliated with a university
- Clinical Psychology preference
- A program emphasis on Scientist Practitioner training
- Comprehensives completed
- Proposal defended
- Data collected and analyzed
- Dissertation completed (preferable)
- The distribution of practicum hours
- Interest in vulnerable populations

Advisory Committee: Sept 8th, 2008 Revised: July 2011

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Site Statistics

Acceptance Rates

	Received	Met Eligibility Criteria	Asked to Interview	Matched
2009	15	13	8	1
2010	12	10	10	3
2011	23	18	16	2
2012	27	26	16	3
2013	28	25	16	3
2014	39	29	20	3
2015	34	25	19	1
2016	19	16	15	3
2017	Due to numerous changes at the participating agencies, we did not participate in the 2016-2017 match, so did not have interns for 2017/2018.			
2018	35	33	25	2

Matched Candidate Distribution

- 91 % women, 0 % with visible disabilities, 41 % diverse backgrounds
- From the provinces of New Brunswick, Nova Scotia, Quebec, Ontario, Manitoba, Saskatchewan, Alberta, British Columbia
- Past KIC interns have found employment in Children's Mental Health, School Boards, Provincial Corrections, Adult Mental Health; in hospitals, community, universities and private practice. Some interns have gone on to complete Post-doctoral fellowships. Some interns have found employment within the agencies supporting the internship!

Additional Training Resources

Each of the sites provides the following resources and facilities:

- Access to secure, quiet and unobstructed work space in an office
- Secure storage of intern's work is provided by locking filing cabinets in a locked office
- Efficient means of communication with supervisors is available through proximity of offices, email, voice-mail, fax, courier services, and telephone access
- Secure and sound-dampened space in which to carry out professional activities
- Access to computers, photocopiers, scanners and printers
- Audiovisual resources necessary for supervision (audio taping, videotaping equipment, therapy rooms and one-way mirrors)
- A range of up to date assessment materials
- Tele/video conferencing

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- A number of structured and regular educational activities

Each agency has access to an Employee Assistance Program (EAP) or similar programs for counselling, should the need arise. Conference attendance is a possibility within each site. Academic support is available through Queen's University in conjunction with the home university if required and internet access allows for continued contact with the sending academic institution.

Description of Rotations

Ongwanada (The Host Agency) www.ongwanada.com

Ongwanada is dedicated to supporting people with developmental disabilities (with a special focus on those with complex needs) and their families so they can lead full lives, effectively supported in their communities. Support, Respect, Choices

Ongwanada is a non-profit organization that offers services and community supports to approximately 600 people with developmental disabilities and their families in Kingston and Eastern Ontario. Founded in 1948, Ongwanada is funded primarily by the Ministry of Children, Community and Social Services and managed by a volunteer Board of Governors. The organization is affiliated with Queen's University and St. Lawrence College and collaborates internationally in research to enhance the understanding and improve the quality of life of individuals with developmental disabilities.

Ongwanada: Psychological Services
(adult/senior, developmental)

Role of Psychologists and Interns

Psychological Services (PS) presently consists of two psychologists, one psychological associate and 5 behaviour therapists. PS provides the range of psychological services to persons who have a developmental disability, using a bio-psycho-social approach. Various types of assessments are conducted (e.g., diagnostic, adaptive, functional, environmental, personality, behavioural, systemic, cognitive, medication reviews, researching possible links among physical impairments and genetic syndromes and presenting problems). Recommendations from the assessments relate to short and long term planning of supports (e.g., environmental supports, skill acquisition, further assessments, treatment planning). Assessment feedback is routinely provided to a multidisciplinary team which includes the identified person, the family and the team of involved care providers. Interventions may include individual therapy or the development of a behavioural support plan. Occasionally, small group sessions are arranged for individuals with similar needs (e.g., anger management, emotion regulation, and sexuality). Consultation services are provided to residential and day program staff, as well as other care providers.

Client and Referral Information

Eligibility for and referral to funded developmental services for adults with a developmental disability are approved through Developmental Services Ontario (DSO). Referrals to Psychological Services (PS) are initially discussed at the Ongwanada's Admissions Review and Discharge Committee. Presenting problems include: challenging behaviour (e.g., aggression towards self or other), psychiatric disorders (e.g., dementia, PTSD, mood, and anxiety disorders), and individual stress, attachment, grief, and sexuality issues.

Rotation Information

The specific activities for each intern are discussed at the beginning of the rotation and based on the intern's goals and previous experience. Depending on the level of functioning of the client being served, provision of psychological services may require extensive review of clinical records, collection of information from different informants, observation of the client in various milieus, direct work with the client, and researching the literature for evidence-based practices. Supervision of Clinical Psychology graduate students and Behavioural Science students may be possible if student placements occur during the intern's rotation. Finally, the intern is also expected to attend psychiatry clinics in which different clients are discussed with a multidisciplinary team. In these clinics the intern will learn about psychopharmacology, various physical impairments, genetic syndromes, and their link to presenting problems.

Most of these activities require frequent communication with the client's support workers and the interdisciplinary team. Team members may include the client, the family or substitute decision maker, residential staff and management, day program providers, person centered planners (case managers), and other community support providers; as well as professionals from various disciplines such as physiotherapy, occupational therapy, dietary, nursing, social work, and psychiatry.

Examples of goals of previous interns for this rotation have included: gain experience in formulating referral questions and case conceptualization; familiarize self with the completion of a file review; complete an evaluation of a medication change; gain experience in differential diagnosis (e.g., dementia versus mood disorder); complete a comprehensive assessment with the goal of contributing to a behaviour support plan.

Ongwanada: Community Behavioural Services

(child/adolescent, adult/senior, developmental, acquired)

Community Behavioural Services (CBS) assists parents/guardians/caregivers and teachers of individuals who have a developmental disability in developing the skills and capabilities of these individuals and in managing with challenging or inappropriate behaviours.

Role of Psychologists and Interns

CBS operates within the mediator model, which consists of the training of someone in the person's natural environment to implement an intervention. CBS consists of 5 full time behaviour therapists and a supervising clinical psychologist. Service provided by the behaviour therapist can include assessment, consultation, education and training in a variety of settings. Small group sessions are occasionally arranged for persons and families with similar needs. Consultations with the referral source and other agencies are provided as needed and on request. Because the role of the psychologist is integral to the operation of CBS, training opportunities are provided in supervision of non-regulated practitioners. In order to supervise the behaviour therapists, the intern needs to become knowledgeable about the work of the behaviour therapists. Familiarity is obtained by working with the therapists on cases, as well as providing supervision on those cases. In addition, there are training opportunities in the more traditional roles of a

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psychologist, in all the core competencies (Assessment & Evaluation, Intervention & Consultation, Ethics & Standards, Research), and can include case formulation, managing the waiting list, determining eligibility for services.

Client and Referral Information

Both Adult and Child referrals are reviewed through the Admissions Review and Discharge Committee). Referrals for children are accepted from the person, parents, physicians, teachers, and other professionals and agencies. The family and person themselves must be in agreement before a referral is made. Referrals for adults must come through the DSO.

Persons referred for CBS are at least two years of age, at risk for or be diagnosed with a developmental disability, live with their families or another caregiver in the community who can function as mediator, and reside in Frontenac County. There is no upper age limit for this service though currently the majority of referrals are for children. Reasons for referral vary widely and can include achieving developmental milestones, aggression towards self or others, destruction of property, social issues, sleep issues, development of specific parenting skills, and noncompliance.

Rotation Information

Each behaviour therapist meets monthly for case reviews with the supervising psychologist. As part of the supervising responsibilities, records are kept of the discussions by the psychologist, future directions are determined, and decisions on issues are documented. The psychologist reviews the waiting list, prioritizes cases, and determines assignment to a behaviour therapist. Past interns have taken on responsibility for 2 to 4 cases, sometimes with 2 behaviour therapists and assisted with managing the waiting list. Further responsibilities entail reviewing intake reports for eligibility prior to being approved by the admissions committee; review of files in preparation for opening cases, providing a provisional formulation to direct the initial discussion.

Examples of goals of previous interns for this rotation have included: development of knowledge in behavioural phenotypes and genetic abnormalities in children and adolescents with developmental disability as the issues arise during CBS case reviews; supervision of behaviour therapists in cases with developmental disability and provision of consultation to the behaviour therapists, as part of supervision; review intake reports for eligibility/direction with the Supervising Psychologist; collaborate with supervisor on issues related to managing the waiting list; gain familiarity with pharmacological interventions.

Providence Care Hospital

<http://www.providencecare.ca>

One of Kingston's university hospitals, Providence Care Hospital is southeastern Ontario's centre for rehabilitation, specialized geriatric care, restorative rehabilitative care, complex medical care, specialized mental health care, and palliative care. Through affiliations with Queen's University, Providence Care Hospital is also a major centre for teaching and research. Four programs participate in the internship consortium Inpatient Rehabilitation, Restorative Rehabilitative Care, Seniors Rehabilitative Care, and Complex Medical Care (formerly SMOL site); Mental Health Services Seniors' Mental Health; Mental Health Services Dual Diagnosis Consultation Outreach Team; and Community Brain Injury Services.

Providence Care Hospital: Inpatient Rehabilitation, Restorative Rehabilitative Care, Seniors Rehabilitative Care, and Complex Medical Care

(adult/senior, acquired)

Inpatient Rehabilitation, Restorative Rehabilitative Care, Seniors Rehabilitative Care, and Complex Medical Care focus on physical medicine and rehabilitation, geriatric medicine, restorative rehabilitative care, complex medical care, and palliative care.

Role of Psychologists and Interns

The Psychology Services group in Inpatient Rehabilitation, Restorative Rehabilitative Care, Seniors Rehabilitative Care, and Complex Medical Care is comprised of a clinical psychologist and a neuropsychologist, who offer assessment, consultation, and limited treatment services for adult patients with co-existing medical and psychological needs, and a psychometrist and behaviour science technologist who contribute to cognitive testing and behavioural assessment and intervention respectively.

Client and Referral Information

Referrals to Psychology Services may arise from any of the service teams. The referral questions vary with the nature of the person's disability, the team's area of expertise and whether the patient's clinical presentation includes psychiatric, addictions, personality or behavioural issues. The Acquired Brain Injury Service admits persons with traumatic and anoxic brain injury and brain aneurysms. The Stroke Service provides service for patients who have suffered recent cerebrovascular accidents. The Musculoskeletal Rehabilitation Service focuses on patients recovering from injuries or disorders such as arthritis, chronic pain, fractures, and chronic obstructive pulmonary disease, and the Spinal Cord Service focuses on patients with spinal cord injuries and other neurological conditions (e.g., MS). The Seniors Rehabilitative Care provides assessment, treatment and rehabilitation to older adults who have complex health problems, and who have experienced recent unexpected change in their functional abilities. Individuals are admitted to the Restorative Rehabilitative Care and Complex Medical Care Services with a variety of complex chronic conditions for medical care and lower-intensity rehabilitation.

Rotation Information

This rotation provides training in skills needed for working with people with acquired disability, and focuses on the adult and geriatric populations in a rehabilitation hospital. Interns have the opportunity to hone skills in clinical assessment (e.g., mood, anxiety, pain, trauma, adjustment issues) and individual treatment using a brief consultative model, behavioural assessment and intervention, and brief or comprehensive cognitive assessments, primarily with inpatients. The work context is a multidisciplinary one.

Interns are mentored to build skills related to assessment, consultation, brief treatment, and case conceptualization. In addition to supervision by the psychologists, the intern will also have the opportunity to consult with other members of the health care team including physicians, nurses, occupational therapy, physical therapy, speech / language pathology, social work, and spiritual health. Interns may also have the opportunity to learn about larger systemic concerns such as the prioritization of cases across services and the practical application of the Canadian Code of Ethics.

Examples of goals of previous interns for this rotation have included developing experience with case conceptualization, cognitive and clinical assessment, intervention, and consultation skills in a dynamic interdisciplinary setting with adults with diverse medical and psychological needs.

Providence Care Hospital: Mental Health Services Dual Diagnosis Consultation Outreach Team¹

(adolescent, adult/senior, developmental)

The Dual Diagnosis Consultation Outreach Team (DDCOT) is a specialized mental health team that provides assessment, consultation and short-term intervention to adults (age 16 and up) who have an intellectual disability or autism spectrum disorder and a suspected mental illness or behavioural disorder. This interdisciplinary team (psychology, psychiatry, social work, occupational therapy, and nursing) works with the individual, family members, service providers, physicians and others to improve the well-being of clients with a dual diagnosis.

Role of Psychologist and Intern

The DDCOT currently includes one psychologist (0.8 FTE). Psychological services include: reviewing eligibility for services; individual assessment for mental health conditions, cognitive strengths and challenges, adaptive skills, and/or autism spectrum disorders; psychotherapy for issues such as depression, anxiety, grief; collaboration with the interdisciplinary team for treatment planning; consultation to persons, families, service providers and agencies, education, training; and program evaluation.

¹ Note that this rotation is typically combined with the Queen's University Department of Psychiatry Developmental Disabilities Consulting Program and the intern will typically spend half the rotation at each site.

Rotation Information

The rotation with the Dual Diagnosis Consultation Outreach Team provides training in working with adolescents and adults with developmental disabilities and autism spectrum disorders. Psychology interns are exposed to issues related to bio-psycho-social assessment, differential diagnosis, and intervention strategies with adults with a variety of mental health issues and/or behavioural difficulties. A major focus of this rotation is interdisciplinary teamwork and the intern is invited to participate actively in this process at regular team meetings and during team consultations with persons and their support networks in Kingston and when travelling with the team to surrounding areas. In addition to conducting assessments (diagnostic, cognitive, adaptive functioning, behavioural, personality, mental health, etc.) and individual psychotherapy, the intern could also be involved in any therapy groups running during the rotation (e.g. adapted DBT, social skills, or addictions) as well as consultations to a variety of agencies, families, mental health and health professionals. The intern will also have the opportunity to experience the complementary roles of different members of the health care team in addition to supervised training in psychological services. Complexities including poly-medication management, sensory difficulties, functional impairments, and advocacy regarding social system issues, are a regular part of case conceptualization and the intern will gain exposure to working with these additional clinical practice issues. Collaboration with physicians and exposure to complex medical issues and genetic disorders is also part of the training. DDCOT services are provided across the six counties of Southeastern Ontario by way of the clinicians traveling to each area for several clinics per month, thus the intern will have the opportunity to experience service delivery in a number of contexts.

Examples of goals of previous interns for this rotation have included: Gain experience in differential diagnosis between autism spectrum disorders and mental health disorders; Tailor individual therapy approach to persons with a dual diagnosis; Increase breadth of experience with adult psychometric evaluation methods; Gain exposure to the process of consultation to community agencies; Gain experience in teasing apart the contributions of health conditions, genetic disorders, and cognitive functioning to mental health presentations; Gain understanding of the roles of psychology in different models of multidisciplinary teamwork.

Providence Care Hospital: Community Brain Injury Services (adult, acquired)

Community Brain Injury Services (CBIS) is a community-based agency that provides support to adults with acquired brain injuries (ABI) after their return to a community setting. Although the cause of the brain injury varies, many clients' injuries are due to motor-vehicle incidents, falls, or as a result of medical diagnoses (e.g., tumours, strokes). CBIS provides individualized programs based on roles identified by the participant, family and friends, referring sources, and staff. Together we help adults with acquired brain injuries be part of their community. Services are provided primarily by community-rehabilitation counsellors with the advice and support of a psychologist trained in the areas of rehabilitation and neuropsychology. CBIS has an outreach program, supported living program, system navigation program, and skills training/psychoeducational support groups.

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Role of Psychologists and Interns

The CBIS psychologist provides assessment, counselling and consultation, as well as clinical direction for all client services. In partnership with Queen's University and other post-secondary institutions, CBIS is committed to research to deepen the understanding of brain injury and to evaluate services to help us continue to improve. Areas of interest include community integration, social and vocational support, issues for older caregivers, and social/cognitive aspects of traumatic onset disability. CBIS and the psychologist also provide education to regional service providers through conferences and workshops.

Client and Referral Information

CBIS serves adults between the ages of 18 and 64 years who have an acquired brain injury. Services are provided across the counties of Frontenac, Lennox & Addington, Lanark, Leeds & Grenville, Hastings and Prince Edward through three offices (Kingston, Brockville, and Belleville).

Psychological services are accessed through the CBIS referral process. Referrals are accepted from service providers, individuals, and family members. A written referral form with medical documentation of an acquired brain injury is required. CBIS Service Coordinators contact the person within one month of referral. When service begins depends on the person's needs and available resources.

Rotation Information

CBIS provides training in the specific skill sets needed for working with people who have acquired brain injuries. This rotation is focused on collaborating with adults to facilitate their participation in roles that are important to them. CBIS services are delivered through the participate-to-learn model, which rests on roles as goals, learning by experience in real-life contexts, and the use of personal and environmental supports to enable participation. Under the supervision of a licensed psychologist, the intern will have an opportunity to provide extensive supervision through regular meetings and case reviews. In addition to providing supervision to the CRCs, the intern will have opportunities to carry out one-to-one therapy with clients, conduct neuropsychological assessments complete with recommendations, run groups (e.g., new client group, caregivers group, post-concussion syndrome group), attend neuropathology rounds, as well as consult with other community agencies. Staff-training opportunities are also abundant at this rotation.

Since CBIS serves clients from across Southeastern Ontario, most of the services are provided through one of CBIS' three offices which are located in Belleville, downtown Kingston and Brockville. At times, clients may also be seen in their homes. Given the large service area, travel is a part of this rotation and provides opportunities for professional development and supervision. Transportation is provided when necessary.

Examples of goals of previous interns for this rotation have included: Learning and administering a wide range of psychological assessments; Integration of information to develop

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a cohesive psychological report/client service plan that helps to tailor rehabilitation programs to the roles and plans of persons who have sustained acquired brain injuries; Participate as a co-facilitator in new client groups; Consult and gain experience in case reviews and program planning; Gain experience in understanding the role of psychology within a community based rehabilitation program.

Providence Care Hospital: Mental Health Services Seniors Mental Health (senior, acquired)

Seniors Mental Health provides inpatient, outpatient and outreach services to (1) older adults with age-related severe mental illness/cognitive impairment/behavioural disturbance, (2) their families and (3) caregivers, within Kingston and the counties of Frontenac, Lennox & Addington, Hastings and Prince Edward.

Role of Psychologists and Interns

There are two full-time neuropsychologists², providing neuropsychological/cognitive and behavioural assessment, behavioural programming, and cognitive remediation and therapy services. Psychologists work within a multidisciplinary model of service delivery. There is an active research program that includes development of psychometric screening tools in dementia, driving and dementia and participation in drug trials.

Psychologists provide cognitive and behavioural assessment, behavioural programming, and cognitive remediation and therapy services. Team psychologists work within a multidisciplinary model of service delivery. Interested interns may be able to participate in the site's active research program that includes development of psychometric screening tools in dementia, driving and dementia and participation in drug trials. However, interns' training typically focuses on the clinical activities.

In order to address the referral questions, the intern conducts neurocognitive assessments and provides feedback to both the referral source and the client and his/her family. In addition, referrals for behavioural intervention from inpatient staff and long-term care community partners are also received. Systematic observations of the individual in their environment direct recommendations made to the person's care team. Finally, behavioural rounds are held weekly with nursing staff in which the behavioural care plans for inpatients are reviewed and updated. While opportunities for individual therapy are limited, this rotation offers great opportunities to conduct cognitive assessment, consultation, and make recommendations for intervention.

Client and Referral Information

Referrals to the Neuropsychology Service are received internally from program psychiatrists. Referral questions are often related to diagnostic clarification, clarification of current cognitive profiles (strengths and weaknesses) as they relate to safety and functional levels in the community. Referrals for behavioural intervention from inpatient staff and long-term care community partners are also received.

² The internship is accredited as a Clinical Psychology Program, despite having neuropsychologists as supervisors.

Rotation Information

The Seniors Mental Health rotation affords the intern the opportunity to work within various multi-disciplinary teams, providing services to inpatients and outpatients/outreach persons. The primary aim of this rotation is the development of skills related to understanding and working with geriatric populations experiencing age-related changes in both cognitive and behavioural domains. Supervision of junior students is offered as available. The intern also has the opportunity to become involved in staff training initiatives (e.g., in-services, participation in the Assessment Interest Group and Continuing Medical Education events such as Grand Rounds) and ongoing research projects, as appropriate.

Examples of goals of previous interns for this rotation have included: To develop an appropriate assessment plan that addresses specific referral questions in the Seniors Mental Health in both outpatients and inpatients; To formulate recommendations regarding cognitive remediation and compensatory strategies to minimize the impact of cognitive impairment secondary to a dementia, with outpatients and inpatients who present with behavioural challenges; To lead inpatient Behavioural Rounds with multidisciplinary staff to develop behavioural care plans using the “Timing-Priming-Miming” model of behavioural intervention planning; To prepare comprehensive behavioural care plans for new inpatient admissions in collaboration with the multidisciplinary team; To engage in supervision students from St. Lawrence College with respect to behavioural inpatient programming and quality assurance.

Queen’s University – Department of Psychiatry Developmental Disabilities Consulting Program³

www.developmentaldisabilityconsultingprogram.com
(child/adolescent, adult/senior, developmental)

The Developmental Disabilities Consulting Program (DDCP) is an interdisciplinary service-academic program in the Department of Psychiatry, Division of Developmental Disabilities at Queen’s University. The program comprises of an inter-professional specialized team who work primarily with children and adults with a dual diagnosis (i.e., intellectual/developmental disability and/or autism spectrum disorder with suspected mental health issues or challenging behaviour). The team comprises of psychiatry, psychology, and occupational therapy. DDCP members are faculty and staff of the Department of Psychiatry and Psychology, whose tripartite responsibilities include clinical service, conducting academic research, and teaching as part of the Academic Health Sciences Centre. DDCP academic responsibilities include research and education in intellectual/developmental disabilities and dual diagnosis within undergraduate medicine and graduate programs of family medicine, psychiatry, clinical psychology and occupational therapy.

³ Note that this rotation is typically combined with the Providence Care Mental Health Services Dual Diagnosis Consultation Outreach Team and the intern will typically spend half the rotation at each site.

Role of Psychologists and Interns

The program includes 1.2 clinical psychologists. An inter-professional collaborative care approach is used in providing assessment/consultation and intervention/treatment. Clients are seen either through uni-professional speciality clinics or inter-professional clinics with psychiatry and occupational therapy. Psychologists offer individual diagnostic assessments of developmental disability and/or autism spectrum disorders, differential diagnosis screening, individual psychotherapy (e.g. adapted CBT, DBT), behavioural assessments and consultations with caregivers, families and service agencies. Speciality psychological services are offered in complex ASD, family therapy and DD forensics⁴ (e.g., ASD offenders, sexualized behaviours, risk assessment and court reports). Psychology is also involved in behaviour support plan oversight and supervision of behaviour therapists within community agencies across the region. Peer supervision of psychology graduate students may be possible if student placements occur during the intern's rotation. Other DDCP speciality clinics include psychopharmacology, ASD and mental illness, and sensory integration clinics.

Psychological services are provided to children and adults within hospital inpatient and outpatient programs and through community agency outreach clinics, developmental and mental health, across Eastern Ontario (Frontenac, Lennox and Addington, Hastings, Prince Edward, Lanark, Leeds and Grenville). In addition, DDCP operates a fee for service clinic for psychology and OT providing diagnostic assessments, consultation and individual therapy; the latter clinics are either privately funded or through insurance and third party stakeholders.

Client and Referral Information

Referrals to DDCP are received from family physicians, paediatricians and psychiatrists or externally from community agencies and privately by caregivers and families. Clients are seen on their own or generally with caregivers/staff in a variety of settings including home, hospital, group home or community clinic. Consultation clinics involve seeing clients as a team to provide inter-professional diagnosis, formulation and treatment planning.

Rotation Information

The rotation with DDCP provides a varied and challenging placement with exposure to the multiple roles of psychology as a clinician, academic, educator, supervisor and consultant. The intern will be exposed to a range of ages (child/adolescent/adult), developmental and mental disorders and gain experience in consultation, assessment and therapy working with complex individuals with a dual diagnosis across the life span utilizing core competencies of a psychologist. If requested, interns may also participate in speciality clinics involving forensics, ASD and sensory integration.

Interns participate in the weekly DDCP meetings where referrals are triaged and clinical cases are discussed. Teaching rounds and academic logistics are also coordinated at this time including review of ongoing training, teaching and research activities. These weekly meetings

⁴ The internship is accredited as a Clinical Psychology Program, despite this rotation having a forensic clinical psychologist as a supervisor

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embody the inter-professional scientist-practitioner focus of the team and interns gain valuable experience in each of the roles of psychologists while simultaneously increasing their awareness of the unique and shared roles of psychology, psychiatry, and occupational therapy in collaborative care. Interns will be typically given a caseload of independent assessment and therapy cases as well as participate in the speciality psychology and inter-professional clinics; the location of these either in Kingston or at outreach locations across the region thus travel will be necessary.

Intern placements provide the opportunity for interdisciplinary collaboration and peer supervision working alongside psychiatry residents, medical clerks, family medicine fellows and rehabilitation students. Interns may also have the opportunity to provide training supervision of psychology practicum students and behaviour therapists as a part of this rotation. Interested interns will also be given time and additional resources to become involved in any ongoing research projects that may include areas of genetic and behavioural phenotyping, forensic ID/ASD, adapted psychotherapy, group therapy trials (e.g. DBT) or rehabilitation projects.

Interns typically participate in the various training and teaching responsibilities of DDCP including inter-professional teaching initiatives such as the Undergraduate Medicine Clinical Skills seminars, annual Psychiatry Concise Course in Dual Diagnosis, weekly Psychiatry Department Grand Rounds, or training workshops for community agencies.

Examples of goals of previous interns on this rotation have included: Gain experience with assessment/interview procedures for individuals with dual diagnosis and ASD (children and adults); Gain experience with evidence based treatment and intervention with individuals with dual diagnosis and ASD; Direct experience working within an inter-professional team on case conceptualization, Diagnosis and clinical formulation; Expand knowledge in differential diagnosis in individuals with dual diagnosis; Expand knowledge with adapted multi-model therapeutic approaches (i.e. individual, family or group therapy and individually tailored CBT, DBT); Direct exposure to forensic psychology services including risk assessment and management, offending therapy and psychological court reports.

KidsInclusive (formerly Child Development Centre)

www.kidsinclusive.ca

(child/adolescent, developmental, acquired)

KidsInclusive is one of twenty children's treatment centres in Ontario. It is an outpatient rehabilitation centre based within Kingston Health Sciences Centre, Hotel Dieu Site that provides multi-disciplinary assessment and treatment for children and adolescents with physical or neurological disabilities, infants and preschoolers at risk of developmental delay, and children with feeding difficulties. The emphasis at KidsInclusive is on parent education and liaison with those community agencies that are involved with the children and families on a regular basis.

Role of Psychologists and Interns

KidsInclusive currently has one psychologist. Psychological Services include: psychological assessments, assessments for eligibility for Developmental Services of Ontario (DSO), collaboration with the multidisciplinary team for treatment planning and consultation to clients, families, schools and community agencies related to the development of school program planning and managing behaviour problems. KidsInclusive is organized into multi-disciplinary teams: Early Years, Bridges, School Age, Neuromuscular, and Paediatric Acquired Brain Injury. There are also a number of specialized clinics at KidsInclusive (First Step, Special Infant, Augmentative Communication Services, and Neuromuscular). Currently, Psychological Services are provided primarily to the Early Years, Bridges, School Age and Paediatric Acquired Brain Injury Teams. However, clients from the other teams are referred for Psychological Services on occasion.

Client and Referral Information

Referrals to the KidsInclusive are received externally from physicians (i.e., family doctor; paediatrician). One of the two paediatricians at KidsInclusive initially sees the client and their family. The paediatrician, in consultation with client's team, determines the specific services to be provided, including Psychological Services. Requests for Psychological Services can also be made, by members of the team working with the client at any time during their care. Reasons for referral and presenting problems vary widely and include cognitive and academic assessments, questions about emotional status and consultations to staff about systemic and family issues.

Rotation Information

KidsInclusive – Kingston Health Sciences Centre, Hotel Dieu Site, a specific training goal is to increase awareness of the assessment and treatment issues that pertain to children and adolescents with learning and developmental disabilities and complex medical problems.

The rotation at KidsInclusive provides training in working with children and adolescents (including young adults up to the age of 21 years) with developmental/learning, emotional and/or behavioural difficulties. Interns will be exposed to issues related to psychoeducational assessment, differential diagnosis, and programming for children with a variety of cognitive profiles and/or behaviour difficulties. Services are provided through interdisciplinary teamwork and interns will be invited to participate actively in this process at weekly team meetings and at family conferences. In addition to conducting assessments (diagnostic, cognitive, adaptive functioning, behavioural, personality, mental health, etc.), interns will also have the opportunity to observe assessments and treatments by other health care providers at KidsInclusive, such as Occupational and Physiotherapy, Speech and Language Pathology, Special Infant Clinic and Augmentative Communication Services.

Interns will be given the experience to use a wide variety of developmental and cognitive (e.g., Merrill-Palmer Revised, WPPSI-IV, WISC-V, Stanford-Binet-5, NEPSY-II), academic (e.g., WIAT-III, YCAT), memory (e.g., WRAML-2) and adaptive (e.g., Adaptive Behavior Assessment System -Third Edition; Vineland Adaptive Behavior Scales – Third Edition)

assessment measures. Occasionally, interns have had the opportunity to participate in an ADOS 2 assessment.

Examples of goals of previous interns for this rotation have included: To gain experience completing psychological assessments on children who require supports and accommodations as they transition from Kindergarten to Grade 1; To collaborate with, as well as to provide consultation services to other health professionals and to community agencies; To become increasingly familiar with various differential diagnoses (e.g., Learning Disabilities, Intellectual/Developmental Disabilities, Generalized Anxiety Disorder, Fetal Alcohol Spectrum Disorder & Attention Deficit Hyperactivity Disorder) and the communicating of such diagnoses; To continue to develop understanding of medical issues and cognitive/psychological processes and how they relate to assessment, behavioural presentation and recommendations; To participate in multidisciplinary team meetings.

Program Faculty

The Kingston Internship Consortium consists of a Director of Training, who is employed at Ongwanada, and the psychologists who are employed in Psychological Services of the partner agencies. In addition, the intern is encouraged to interact with and learn from other Psychological Services staff, including psychological associates, psychometrists and behaviour therapists. And finally, interns are involved with many other disciplines through inter-professional teams.

Credentials of Staff Involved

All primary supervisors are registered within the province of Ontario and have completed the requirements for registration with the College of Psychologists of Ontario. These clinical psychologists provide the primary supervision. However, training may also be provided by Psychological Associates, supervised staff (e.g., psychologists in supervised practice, and behaviour therapists) or inter-professional team members (psychiatrists, social workers, occupational therapists, nurses, physiotherapists, etc.). Please note that despite having neuropsychologists in the faculty, the training focus is in Clinical Psychology. Faculty are listed in alphabetical order.

Director of Training

Dr. Katherine Buell, Psychologist

Degrees: B.Sc. (Concordia University), M.A. Basic & Applied Psychology (Queen's University), Ph.D. Clinical Psychology (Queen's University)

Internship: Ongwanada, Kingston, Ont.

Setting: Ongwanada - Coordinator, Psychological/Community Behavioural Services

Registration: Clinical and Counselling Psychology

Primary Supervisors

Dr. Laura Hewett, Psychologist

Degrees: B.Sc.H Life Sciences (Queen's University), M.A. Clinical Psychology (Queen's University), Ph.D. Clinical Psychology (Queen's University)

Internship: Kingston Internship Consortium, Kingston, Ont.

Setting: Providence Care Hospital, Mental Health Services – Dual Diagnosis Consultation Outreach Team

Registration: Clinical Psychology and Rehabilitation Psychology

Dr. Jessica Jones, Psychologist

Degrees: B.A. (Ottawa), D. Clin. Psy. (University of Wales, Cardiff), P. Cert. Applied Psychology (Glamorgan University)

Internship: Cardiff University: Llandaff Hospital – Neurological Rehabilitation Hospital; Caswell Clinic – Regional Forensic Medium Secure Unit; Llwyneryr Unit – Learning Disability Adult Treatment Unit & Child Challenging Behaviour Team

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Setting: Queen's University – Department of Psychiatry Developmental Disabilities Consulting Program, Providence Care – Mental Health Services Dual Diagnosis Consultation Outreach Team

Registration: Clinical and Forensic Psychology

Dr. Sean Kerry, Psychologist

Degrees: Ph.D. Counselling Psychology (University of Alberta)

Internship: Quinte Assessment and Treatment Group (Private Practice, Belleville, Ont.)

Setting: Ongwanada - Psychological Services

Registration: Clinical and Counselling Psychology

Dr. Lindy A. Kilik, Neuropsychologist

Degrees: B.Sc. (University of Toronto); M.A./Ph.D. (Queen's University)

Internship: KGH Department of Psychology, KPH Department of Psychology

Setting: Providence Care Hospital-Mental Health Services, Seniors Mental Health

Registration: Clinical, Clinical Neuropsychology, Rehabilitation

Dr. Martin Logan, Neuropsychologist

Degrees: B.A. (University of Ottawa), M.A. (University of Ottawa), Ph. D. (University of Calgary)

Internship: Neuropsychology - Hamilton Health Sciences / Chedoke McMaster Post-Doctoral Internship

Setting: Providence Care Hospital – Community Brain Injury Services

Registration: Rehabilitation, Clinical Neuropsychology

Dr. Patricia Minnes, Psychologist

Degrees: B.A. (Hons) (Queen's University); M.Phil. Clinical Psychology (University of Edinburgh, Scotland); Ph.D. Developmental Psychology (York University, Toronto)

Internship: Clark Institute, Child and Family Studies Centre, Toronto, Ont.

Setting: Department of Psychiatry Developmental Disabilities Consulting Program

Registration: Clinical and Counselling Psychology, Rehabilitation Psychology

Dr. Elizabeth Minerva Moore, Psychologist

Degrees: B.A. (Hons) Psychology (University of Ottawa), M.A. (Queen's University), Ph.D. (University of Windsor)

Internship: Windsor Regional Hospital, Windsor, Ont.

Setting: Providence Care Hospital, Inpatient Rehabilitation and Complex Medical Care

Registration: Clinical, Counselling, Clinical Neuropsychology and Rehabilitation Psychology

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Dr. Mary-Lou Nolte, Psychologist

Degrees: B.A. (Western Australian Institute of Technology); B.Ed., B.A. (Hons) (Queen's University); M.A., Ph.D. Clinical Psychology (Queen's University)

Internship: Ongwanada Internship, Kingston, Ont.

Setting: Providence Care Hospital, Inpatient Rehabilitation and Complex Medical Care

Registration: Clinical and Counselling Psychology

Dr. Christine Wasson, Psychologist

Degrees: B.A. (UNBSJ); M.A, School Psychology; Ph.D., Developmental Psychology (OISE-University of Toronto)

Internship: Hospital for Sick Children – Child Development Centre

Setting: Kingston Health Sciences Centre, Hotel Dieu Site – KidsInclusive

Registration: School Psychology

Application Procedure

The Internship participates in the APPIC Internship Matching Program. All applicants must register with the National Matching Services (www.natmatch.com/psychint) to be considered.

Kingston Internship Consortium NMS site number: 183811

Kingston Internship Consortium APPIC Member Number: 1838

The APPIC Application for Psychology Internship (AAPI) is available at the APPIC website at <http://www.appic.org/AAPI-APPA> .

Your application would include:

- All elements of the AAPI Online
 - General Application, Cover Letter, Curriculum Vita (all elements), Graduate Transcripts, References, Verification By Program
 - Of the 3 letters of reference, one is from your research supervisor
- Letters of reference follow the CCPPP guidelines
<http://www.ccppp.ca/en/letters-guidelines.html>
or the APPIC Standardized Reference Form
http://www.appic.org/Portals/0/downloads/Standardized_Reference_Form_Final_1.27.15.doc
- We do not require any supplementary materials

Deadline for Applications: November 15

Interview Notification: The Interview notification date recommended by Canadian Council of Professional Psychology Programs is the first Friday in December. Applicants can expect to hear no later than this first Friday in December regarding their interview status.

Interviews: Interviews are held mid-January typically the last 3 days of the 2nd week of January and the first 3 days of the third week of January, in accordance with Canadian Council of Professional Psychology Programs guidelines.

Interviews are held at the main site of the host agency, Ongwanada. Interviews may be carried out in person, by telephone, or through videoconferencing where available. Arrangements can also be made for interviews to be done by video-conferencing or teleconferencing, though “in-person” interviews are preferred by the interview committee and recommended for the candidate. “In person” interviews allow potential interns to meet the supervisors, current interns, and gain a sense of place, which can really contribute to decision making.

If any of our positions remain unfilled after the match, we will follow APPIC guidelines for participation in Match Phase II. All interviews during that time will be by telephone only. In

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the event that there are internship positions available after Phase II of the match, the Kingston Internship Consortium participates in the Canadian post-match process sponsored through the Canadian Council of Professional Psychology Programs.

The interview process consists of a brief written case formulation, followed by a longer interview with representative supervisors from each rotation. This is an opportunity for the candidate to ask questions of the internship as well. Finally, there is an opportunity for the candidate to meet with the current interns. Candidates are provided with a brief survey to return to the program, soliciting their anonymous opinion of how the interview process went.

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.