

# Kingston Internship Consortium

Pre-Doctoral Residency Program in Professional Psychology



ONGWANADA



Child Development Centre

**Version:** For September 2008 (September 2009 Placements)  
*Revised: 27 July 2008*

CPA Accredited December 2004

## Table of Contents

<b>Overview</b> .....	<b>1</b>
<b>Description of the Training Program</b> .....	<b>2</b>
Philosophy, Mission and Model.....	2
Goals of the Residency.....	3
<b>Description of Participating Agencies</b> .....	<b>4</b>
Ongwanada .....	4
Queen’s University Mental Health Team in Developmental Disabilities .....	5
Providence Care .....	7
Child Development Centre.....	11
<b>Clinical Rotations</b> .....	<b>13</b>
<b>Ongwanada</b> .....	<b>14</b>
Psychological Services.....	14
Community Behavioural Services.....	14
<b>Queen’s University Mental Health Team in Developmental Disabilities</b> .....	<b>14</b>
Dual Diagnosis.....	14
Youth in Transition Clinic .....	14
<b>Providence Care</b> .....	<b>15</b>
St. Mary’s of the Lake.....	15
Mental Health Services, Geriatric Psychiatry .....	15
Mental Health Services, Dual Diagnosis Consultation Outreach Team.....	15
Regional Community Brain Injury Services .....	16
<b>Child Development Centre</b> .....	<b>16</b>
<b>Programme Faculty</b> .....	<b>17</b>
<b>Credentials of Staff Involved</b> .....	<b>17</b>
<b>Internship</b> .....	<b>22</b>
<b>Expected Outcomes</b> .....	<b>22</b>
<b>Caseload Expectations</b> .....	<b>22</b>
<b>Additional Training Resources</b> .....	<b>23</b>
<b>Placement Requirements</b> .....	<b>23</b>
Health Status Check.....	23
Criminal Reference Check.....	23
Professional Liability Insurance .....	23
Workplace Safety and Insurance.....	24
Accident Coverage for Intern on Placement .....	24
Own Vehicle.....	24
<b>Placement Information</b> .....	<b>25</b>
Duration.....	25
Distribution of Time.....	25

Number of Positions.....26  
Remuneration.....26  
Time Away.....26  
**Recruitment Policy ..... 27**  
    Selection Process.....27  
    Prerequisites .....27  
    Eligibility .....27  
    Intern Important Attributes .....28  
***Site Statistics*..... 29**  
    **Acceptance..... 29**  
    **Distribution ..... 29**  
    **Support ..... 29**  
***Application Procedure* ..... 30**  
***Appendix A* ..... 31**  
    **Guiding Principles in the Preparation of and Selection of Applicants for Internship ..... 31**

## Overview

The Kingston Internship Consortium is designed to prepare a psychology intern<sup>1</sup> to practice as a **Clinical Psychologist** in the province of Ontario. In achieving this goal, this Canadian Psychological Association (CPA) accredited internship provides for a breadth of training experience for the intern with a diverse population, that is, with individuals with impairments and limitations in their physical, emotional, cognitive, social and/or occupational participation that have occurred as a result of developmental, illness, trauma, or injury processes. Recognizing that disabilities present different challenges to individuals at different stages of their development, the internship also endeavours to expose the intern to a lifespan perspective. To accomplish these goals, the Kingston Internship Consortium (KIC) unites the resources of four agencies and hospitals in the Kingston Community, each of which provides a unique perspective on the role and skills required of psychologists in the identification of function and disability, the promotion of maximum participation, and the minimization of limitations.

Four agencies are involved in the Kingston Internship Consortium: **Ongwanada; Queen's University Mental Health Team** in Developmental Disabilities; **Providence Care**, and **Child Development Centre (CDC)**. The KIC is endorsed and supported by the administration within each agency. The KIC provides training that contributes to the identification of a psychologist by both sharing common values and operating within different systems. The four agencies share several philosophies. There is a common emphasis on client-centred values. The Psychological Services staff work within interprofessional teams that include the identified person, a variety of health-related professionals, and family members and caregivers. Within the consortium, the need to train psychologists in competencies related specifically to various types of disability within a lifespan developmental perspective is common. The internship faculty and their employing agencies are affiliated with various academic departments at Queen's University, including the Department of Psychology, Faculty of Health Sciences, Department of Psychiatry, and the School of Graduate Studies and Research.

There are also important differences among the agencies that provide breadth of experience. The most apparent difference is the diversity of populations served. This diversity allows opportunities for training with clients with multiple types of disabilities, and varied age groups. A related difference to the population diversity is the context in which psychological services operates. Training opportunities occur in hospital and in community; involving consultation through intervention. Another important difference involves the systems under which the agencies operate. The agencies involved are directed by different Ontario government ministries (Health and Long-term Care; Community and Social Services; Children and Youth Services) and have differing work cultures. This difference provides opportunities for training within different operating perspectives, providing a systems perspective to the role of the psychologist. Exposure to multiple agencies allows the intern 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

---

<sup>1</sup> Psychology Intern and Doctoral Resident are used interchangeably throughout this document.

thus also provide diversity in clinical orientation to the overall learning experience. And finally, the psychologists are registered in a variety of practice areas which further enriches the training experience by allowing the intern to appreciate the various competencies involved in differing practice areas.

## **Description of the Training Program**

### **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 in the field of disability. Clinical psychologists are involved in the field of disabilities in several ways and the internship represents this range of practice within psychology: primarily as clinicians, with interests in clinical service, research and teaching. The Mission Statement was developed in 2004.

The major purpose of the internship is to develop psychologists who are competent to undertake clinical work with persons with disability across the lifespan. The focus of training is on Disability, both developmental and acquired, with the related training goals of exposure to lifespan issues. The nature of disability changes over the lifespan therefore placements will consist of adult and child populations.

This internship follows 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. Intern training as clinical psychologists will develop both clinical and research skills and will include: (a) gaining knowledge of and experience in assessments and interventions which have empirical support, (b) undertaking objective evaluation of treatment outcomes (i.e., clinical accountability) and efficacy, and (c) participating in research that increases knowledge of the human condition and improves interventions. The intern is expected to be knowledgeable about biological, social, individual, and cognitive-affective bases of behaviour; learning theory; research design and methodology, statistics and psychological measurement; as well as assessment and intervention. The intern will learn to apply the knowledge they have and the knowledge they acquire within the field of disabilities. It is our strongly held belief that having the skills involved in this model of practice enhances the calibre of the clinician. Through the internship we aim to enable the intern to use both clinical and research skills in practice.

## Goals of the Residency

The training goals of the programme include:

- (1) develop competencies as a clinical psychologist, particularly with respect to the complex needs of the population served;
- (2) provide exposure to applied and relevant research agendas as per the *scientist practitioner model*;
- (3) increase awareness of professional and ethical issues and behaviours;
- (4) develop knowledge of relevant legislation;
- (5) work within interprofessional teams;
- (6) work within different organizational cultures; and
- (7) provide an introduction to the multiple roles of the psychologist: clinician (assessment, treatment, intervention, consultation, team membership, and committee membership), teacher (peer, university, and internal/external organizations), and researcher (single case, program development, program evaluation, applied research).

In addition to the general training goals, each site has specific goals that might be addressed during the intern's rotations. At **Ongwanada – Psychological Services**, a specific goal is to develop awareness of the complex issues related to the field of developmental disabilities, which can encompass the same issues as for the general population across the life span. At **Ongwanada – Community Behavioural Services**, a specific goal is to gain familiarity with the mediator model of service delivery across the lifespan. Within the **Queen's University Mental Health Team**, a specific goal of training is to develop awareness of and skills in addressing the field of dual diagnosis and the treatment of individuals with co-morbid developmental disabilities. At **Providence Care - St. Mary's of the Lake Hospital**, a specific training goal is to provide education and experience specific to working in a rehabilitation setting with adults with physical and /or cognitive disabilities that have been acquired through disease or trauma. In the **Providence Care - MHS Geriatric Psychiatry Program** a goal is to gain education and training related to diagnosis and treatment of the elderly with age-related mental health challenges. At **Providence Care - MHS Dual Diagnosis Consultation Outreach Team**, a specific training goal is to develop an understanding of the presentation of mental health issues in adults with developmental disabilities and/or autism spectrum disorders and gain assessment and intervention skills pertinent to these issues. At **Providence Care - Regional Community Brain Injury Services**, a specific training goal is for the interns to gain education and training related to the provision of community based rehabilitation for adults with neurologically based disabilities, which have been the result of a moderate to severe acquired brain injury. At the **Child Development Centre – Hotel Dieu Hospital**, the primary goal of training 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. Given the wide variability in assessment and therapy opportunities within each agency, specific site goals are modified to balance the training goals of the interns, taking into consideration an intern's particular area of interest, background and knowledge gaps.

## Description of Participating Agencies

### Ongwanada (The Host Agency)

Ongwanada is a non-profit organization that offers a wide range of individualized services and community supports to approximately 600 people with developmental disabilities and their families in Kingston and Eastern Ontario. The word Ongwanada is Ojibwa for “our home”. Founded in 1948, Ongwanada is funded primarily by the Ministry of 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 is committed to supporting people with developmental disabilities and their families, respecting their rights, increasing their opportunities to make choices and decisions about the quality of their lives, and responding to their changing needs.

### **Ongwanada:** Psychological Services

#### *Role of Psychologists*

Psychological Services (PS) presently consists of 3 psychologists and 2 psychometrists (M.A. and Ph.D. level). PS provides a variety of psychological services to persons who have a development disability, their family and their care providers. Psychological Services include comprehensive assessments, individual and family therapy, and consultation services. Various types of assessments are conducted (e.g., diagnostic, adaptive, functional, environmental, personality, behavioural, systemic, cognitive, medication reviews, researching possible link between physical impairments and presenting problems). Recommendations stemming from the assessments relate to short and long term planning of supports (e.g., environmental supports, skill acquisition, further assessments, treatment planning). Assessment feedbacks are usually provided to a multidisciplinary team which includes the consumer, the family and the team of involved care providers.

#### *Client and Referral Information*

Referrals to PS are received internally through Ongwanada Residential and Client Services, Planning and Vocational Services, Ongwanada Medical Associates, and Community Behavioural Services, and externally from a variety of community referral sources through the Support Plan Review Committee (Admissions). The persons referred for psychological service cover the life span including young children to seniors living in the community (e.g., in Ongwanada community residences, associate families, their own family or on their own).

Reasons for referrals and presenting problems vary widely. The presenting problems addressed through individual intervention can include behavioural and psychiatric disorders, individual care giver and family stress, mood and anxiety disorders, abuse issues, grief, anger, personality disorders, marital and family conflict, systemic (staff) issues, forensic and sexuality issues.

### **Ongwanada: Community Behavioural Services**

Community Behavioural Services (CBS) assists parents/guardians/caregivers and teachers of individuals with developmental disabilities in developing the skills and capabilities of these individuals and to assist with challenging inappropriate behaviours.

#### *Role of Psychologists*

CBS uses the mediator model, which consists of the training of someone in the client's natural environment to implement an intervention. Behaviour therapists undertake their work under the clinical supervision of a psychologist. Service provided can include assessment, consultation, education and training in a variety of settings. Small group sessions are occasionally arranged for clients and families with similar needs. Consultations with the referral source and other agencies are provided on request. Because a psychologist is integral to the operation of CBS, training is in supervision and case formulation, as well as the more traditional roles related to assessment, consultation, teaching/training and program evaluation. CBS consists of the coordinator, and 3 full time behaviour therapists and a supervising clinical psychologist.

#### *Client and Referral Information*

Referrals are coordinated through the Support Plan Review Committee (Admissions) and are accepted from the client, parents, physicians, teachers, and other professionals and agencies. The family and client must be notified before a referral is made. Persons referred for CBS are at least two years of age at risk for or with a developmental disability, who live with their families or another caregiver in the community, and reside in Frontenac County. There is no upper age limit for this service though currently the majority of referrals are for children.

### **Queen's University Mental Health Team in Developmental Disabilities: Dual Diagnosis**

The Mental Health Team (MHT) in the Department of Psychiatry, Division of Developmental Disabilities at Queen's University is comprised of a multi-disciplinary speciality team of professionals including a psychiatrist, a social worker and two psychologists who work exclusively with adults and children with a dual diagnosis (developmental disability and mental disorder). The core members of the MHT are faculty of the Department of Psychiatry, Faculty of Health Sciences at Queen's University as well as the Department of Psychology, whose responsibilities include conducting academic research and teaching as well as providing community clinical service from Kingston's Academic Health Sciences Centre.

### *Role of Psychologists*

Clinical services are provided to hospital acute and extended inpatient wards and through outreach clinics to community agencies, both developmental and mental health, across the South Eastern Ontario district. Interdisciplinary placements include working with psychiatry residents, medical clerks, family medicine and other allied professionals (i.e., occupational therapy and social work).

The academic responsibilities of member's of the MHT include the provision of teaching, research and education in developmental disabilities within undergraduate and graduate programs in medicine, psychiatry and psychology and also administration of a post-graduate concise course on Dual Diagnosis for other professionals.

### *Client and Referral Information*

MHT services are offered primarily to adolescents (see following) and adults who are suspected of presenting a mental illness and developmental disability. A multi-disciplinary bio-psycho-social team approach is used in providing assessment and consultation and if recommended the client is referred to the appropriate discipline on the team. The psychologists with the MHT offer individual diagnostic assessments of developmental disabilities, mental health screening, individual therapy, group therapy, transition planning, functional assessments of problem behaviours, and consultations with caregivers, families and service agencies.

Referrals to the MHT are either received internally from family physicians, psychiatrists and other members of the Faculty of Health Sciences or through admissions from the Emergency department of Hotel Dieu Hospital, or externally from a variety of community referral sources including community-based organizations serving individuals with developmental disabilities (i.e., developmental service agencies, mental health agencies, adult protective services programs, and probation services). Members of the Mental Health Team offer varied inpatient and outpatient services including psychiatric assessments, psychiatric medication reviews, social support assessments, consultations with families or care providers regarding the identification of community-based supports, individual therapy, group therapy, diagnostic assessments, functional assessments of problem behaviours, transition planning consultations, treatment development, and long term planning.

### **Queen's University Mental Health Team in Developmental Disabilities: Youth In Transition Clinic**

The Youth In Transition Clinic (YITC) is an assessment and consultation service for adolescents with developmental disabilities and pervasive disorder, who may present with mental health problems, and their families. The multi-disciplinary team consists of a psychiatrist, a child and adolescent psychiatry resident, a clinical psychologist and a social worker. Interdisciplinary placements are offered within psychiatry, psychology, family medicine, social work, and occupational therapy.

### *Role of Psychologists*

The YITC provides clinical service through an assessment and consultation model and is comprised of a multi-disciplinary approach within a collaborative paradigm involving parents, caregivers and adolescents. This model distinguishes itself from the traditional psychiatric paradigm common in hospital settings in that individuals and families are seen simultaneously by all team members in order for a comprehensive interdisciplinary assessment. Families and caregivers are seen as an integral part of case formulation and treatment recommendations recognizing issues of parental coping strategies, service system resources and prior intervention outcomes.

### *Client and Referral Information*

Referrals are generated from general practitioners, child & adolescent psychiatry, schools, social services, community behavioral management services and other allied health care professional services within the community. Upon receipt of a referral, a multi-disciplinary team approach is used offering services including individual diagnostic assessment of developmental disabilities, mental health screening, psychological assessments, psychopharmacology, individual therapy, transition planning, functional assessments of problem behaviours, agency consultations with schools and social services (e.g., teachers, Children's Aid Society) and future support planning with caregivers and families.

### **Providence Care**

One of Kingston's university hospitals, Providence Care is southeastern Ontario's leader for rehabilitation, specialized geriatric care, complex continuing care, specialized mental health care, palliative care and long-term care. Through our affiliation with Queen's University, we are a major centre for teaching and research.

[www.providencecare.ca](http://www.providencecare.ca)

*Providence Care* is committed to compassionate care and excellence in the provision of complex continuing care, longer term mental health care, long term care, palliative care, geriatric and rehabilitation programs and forensic services for the people of Southeastern Ontario. *Trusting in Providence* and strengthened by the spirit and tradition of our Founders, the Sisters of Providence of St. Vincent de Paul, we strive to meet the physical, emotional, social and spiritual needs of each person. We believe in treating each person with respect, dignity and compassion. *As a teaching Centre*, we work together with the regional community to provide and advocate for wellness, and innovation and excellence in care delivery, education and research.

**Providence Care: St. Mary's of the Lake Hospital Site**

St. Mary's of the Lake Hospital (SMOL) is a teaching hospital specializing in rehabilitation, geriatric medicine, continuing care, and palliative care. Multidisciplinary teams provide services.

*Role of Psychologists*

Psychological Services currently consists of 5 psychologists and 1 psychometrist and 1 behavioural technologist who are members of the following inpatient care teams: General Rehabilitation, Stroke, Cognitive Acquired Neurotrauma, Functional Acquired Neurotrauma, Geriatric Medicine, Palliative Care and Continuing Care. Psychological Services offers a wide range of services in the areas of individual adult assessment and psychotherapy to the inpatients and residents of SMOL. Outpatients are seen on an as-needed basis for follow-up to the inpatient program after discharge, or in conjunction with the outpatient program, for assessment and treatment. A strong focus is placed on providing information to staff, patients and families about the effects of the disease process on emotions, behaviour and cognition.

*Client and Referral Information*

Referrals to Psychological Services are received internally from physicians and staff who are concerned about the psychological well-being of the clients. The referral questions vary somewhat with the nature of the client's disability. For example, the Cognitive Acquired Neurotrauma Service admits clients with traumatic brain injury, as well as anoxic brain injury, multiple sclerosis, et cetera. The Stroke Service admits patients who have suffered recent cerebrovascular accidents (stroke). The General Rehabilitation Service admits adults who are recovering from musculoskeletal-related injuries or disease (e.g., arthritis, chronic pain syndrome, fractures due to falls or other trauma, chronic obstructive pulmonary disease) that require a multi-disciplinary approach in order to maximize their independence. The Palliative Care Service admits individuals for terminal care, as well as for respite care and/or symptom management. The Geriatric Medicine Service 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 admitted to the Continuing Care Service make SMOL their home. They may require a variety of physical, psychological and social supports in order to maximize their independence in the institution.

**Providence Care: Mental Health Services - Geriatric Psychiatry**

Mental Health Services - Geriatric Psychiatry (GP) 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 the Kingston-Frontenac- Lennox & Addington, and Hastings-Prince Edward County regions.

### *Role of Psychologists*

There are 2 full-time psychologists on the program, providing cognitive and behavioural assessment, behavioural programming, 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.

### *Client and Referral Information*

Referrals to Geriatric Psychiatry are received internally from program psychiatrists or other staff. 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.

### **Providence Care: Mental Health Services - Dual Diagnosis Consultation Outreach Team**

The Dual Diagnosis Consultation Outreach Team (DDCOT) is a specialized mental health team, funded by the Ministry of Health and Long-Term Care. It is an interdisciplinary team that includes psychologists, psychiatrists, a social worker, an occupational therapist and nurses. These clinicians work together to provide assessment, consultation and short-term intervention to adults who have an intellectual disability or autism spectrum disorder with a mental illness or behavioural disorder. This team works with the individual, family members, service providers, physicians and other referral sources to improve the quality of life of a person living with a dual diagnosis.

### *Role of Psychologists*

This team currently includes one psychologist (.8 FTE) and one consulting psychologist (.3 FTE). Psychological services include: individual assessment for mental health conditions, cognitive functioning, adaptive skills, and/or autism spectrum disorders as well as short-term psychotherapy, collaboration with the interdisciplinary team for treatment planning, consultation to clients, families, service providers and agencies, education, training, program evaluation and research. Typical referral questions for psychology include: 1) Is this individual with Down Syndrome developing dementia?, 2) Are the expectations placed upon this client by the caregivers appropriate?, 3) What is the cause of the client's aggression and how do we reduce it?, and 4) This client requires therapy but there are no local resources available to provide it.

### *Client and Referral Information*

This team serves individuals aged 16 and older who have a developmental disability and/or an autism spectrum disorder and who are suspected of having a mental illness and/or behavioural disorder. Services are provided across the counties of Frontenac, Lennox & Addington, Lanark,

Leeds & Grenville, Hastings and Prince Edward by way of the clinicians traveling to each area for several consultation days per month.

Referrals to the DDCOT team are received from community professionals, physicians, developmental service agencies, caregivers, family members and, occasionally, the individuals themselves. Once the referral has been accepted, a primary contact from the team will conduct an assessment and, with the multidisciplinary team, develop person-centered treatment recommendations. These recommendations may include: education, training and support for care providers and the primary care physician; changes to medication; environmental adaptations to improve function; advocacy for access to services or resources; and short-term treatment by a member of the team or another professional in the community. The person's physician and primary service providers, with support and consultation from the team, implement recommendations.

### **Providence Care: Regional Community Brain Injury Services**

Regional Community Brain Injury Services (RCBIS) provides support to individuals with moderate to severe acquired brain injuries after their return to a community setting. RCBIS provides individualized programs based on goals identified by the participant, family and friends, referring sources, and staff. Together we find ways to 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. RCBIS has an outreach program, supported living program, and skills training/support groups.

#### *Role of Psychologists*

The RCBIS psychologist provides assessment, counselling and consultation, as well as clinical direction for all client services. In partnership with Queen's University and others, RCBIS 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. RCBIS and the psychologist also provide education to regional service providers through conferences and workshops.

#### *Client and Referral Information*

RCBIS serves adults between the ages of 18 and 64 years who have a moderate to severe 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 RCBIS 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. RCBIS Service Coordinators contact the person within one month of referral. When service begins depends on the person's needs and available resources.

### **Child Development Centre**

Our service involves a multidisciplinary team approach to assessment and treatment for children requiring habilitation and rehabilitation services. Emphasis is on parent education and liaison with those community agencies that are involved with the child and family on a regular basis. ( [www.hoteldieu.com/cdcopen.html](http://www.hoteldieu.com/cdcopen.html) )

The Child Development Centre, in partnership with families and communities, fosters the potential of children and young adults who have physical and/or developmental challenges. We believe

1. That the family is the most important influence in a child's life and that a child's needs are best addressed within the context of, and active involvement of, the family.
2. In respect for the individuality, dignity, and human rights of children, families, staff and volunteers.
3. In supporting our clients to achieve maximum independence and the highest possible quality of life within their families and communities.
4. In integrating professional and family expertise in a comprehensive approach to meet the needs of each child and their family.
5. In collaborating and building partnerships among individuals, families, professionals, and agencies in the community to develop services which respect the needs, strengths, and values of clients and families.
6. In promoting the development and participation of clients, families and staff in education and research.
7. In continuous improvement of our services.

The Child Development Centre (CDC) is one of twenty children's treatment centres in Ontario. It is an outpatient rehabilitation centre based within Hotel Dieu Hospital 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 CDC is organised into multidisciplinary teams. Currently, Psychological Services is represented on the Preschool Team, Neurodevelopmental School Age Team and Paediatric Acquired Brain Injury Program.

#### *Role of Psychologists*

The CDC currently has only one full-time psychologist (.8 FTE). The role of the psychologist varies depending on the particular team and the patient population. Psychological Services include: individual assessment, collaboration with the multidisciplinary team for treatment planning, consultation to clients, families, schools and community agencies.

*Client and Referral Information*

Referrals to the CDC are received externally from physicians (i.e., family doctor; paediatrician). The paediatrician at the CDC initially sees the client and family, and then the teams discuss the services to be provided, including Psychological Services. Requests for Psychological Services can also be made, by members of the team working with the clients at any time during their care. Reasons for referral and presenting problems vary widely and include, for example, cognitive and developmental assessments, questions about emotional status (anxiety, depression), and consultations to staff about systemic and family issues.

## Clinical Rotations

The clinical rotations will vary somewhat from year to year, depending on the specific interests or knowledge gaps of the intern, the availability of programs and supervisors, and the clinical demands being faced by the agencies. Over the course of training, the intern has the opportunity to experience several agency settings (4 agencies) through a variety of placement sites (typically 3 - 4), with the combination of rotations providing exposure to both developmental and acquired disabilities in both children and adults.

KIC Clinical Placement Settings as a function of Type of Disability and Client Population

		Disability	
		Developmental	Acquired
Across The Lifespan	Child	Ongwanada Queen's University MHT CDC	Ongwanada CDC
	Adult	Ongwanada Providence Care MHS - DDCOT Queen's University MHT	Providence Care SMOL Providence Care MHS GP Providence Care RCBIS

As part of planning, potential interns are asked about their preferences of rotations during the interview process and then are contacted for further discussion once they are successfully matched with the KIC. The Kingston Internship Advisory Committee reviews each intern's preferences, the availability of the supervisors, the fit of the requested rotations with the interns' background preparations and determines the rotation schedule and durations that will best meet the intern's training needs and the mission of the KIC. Examples of rotation schedules from previous interns include:

1. Intern A with a preference for adult acquired population

September to December	Providence Care, Mental Health Services, Dual Diagnosis Outreach Team; <u>and</u> Queen's University Mental Health Team in Developmental Disabilities (each 2 days/week) - This is a 2 agency each 1 site shared rotation
January to April	Providence Care, St. Mary's of the Lake, Acquired Brain Injury (4 days/week)
May to August	Providence Care, Mental Health Services, Geriatric Psychiatry (4 days/week)

- Rotations included service to children, adults, acquired and developmental disability populations but with the greater time allotted to adult acquired disability population

## 2. Intern B with a preference for child developmental population

September to December	Ongwanada Community Behavioural Services <u>and</u> Ongwanada Psychological Services (each 2 days/week) - This is 1 agency with 2 sites shared rotation
January to April	Child Development Centre (4 days a week)
May to August	Providence Care, Regional Community Brain Injury Services (4 days/week)

- Rotations included service to children, adults, acquired and developmental disability populations but with the greater time allotted to child developmental disability population

## Ongwanada

### *Psychological Services*

The Ongwanada Psychological Services (PS) rotation provides training in competencies needed for working with people with developmental disabilities. Within PS, the clinical focus relates to habilitative quality of life improvements and involves all ages across the lifespan. The intern may have the opportunity to conduct a variety of assessments (e.g., diagnostic, adaptive, functional, environmental, personality, behavioural, systemic, cognitive) and learn about various genetic syndromes and their link to presenting problems. Recommendations stemming from the assessments would relate to short and long term planning of supports (e.g., environmental supports, skill acquisition, further assessments, treatment planning). Assessment feedbacks are usually provided to a multidisciplinary team which includes the consumer, the family and the team of involved care providers. Opportunities for intervention may include individual or group therapy as well as psychoeducational sessions with family or other caregivers. Supervision of Clinical Psychology graduate students and Behavioural Science students is a possibility.

### *Community Behavioural Services*

Within Community Behavioural Services (which is under the supervision of a Psychological Services psychologist), the intern has the opportunity to work in the community with children, youth and adults who have a developmental disability, and their families to address challenging behaviour across various settings (e.g., school, day program, home), address waiting list issues, and to supervise behaviour therapists.

## Queen's University Mental Health Team in Developmental Disabilities

### *Dual Diagnosis Clinic & Youth in Transition Clinic*

The rotation within the Mental Health Team Division of Developmental Disabilities, Department of Psychiatry provides a varied and challenging placement for an intern who may

have an interest in working with individuals with developmental disabilities, and more specifically individuals with an additional psychiatric disorder. The intern will be exposed to a range of ages, developmental and mental disorders and gain experience working with the complexity of individuals with a dual diagnosis across the life span. The intern will be given opportunities to observe and contribute to a range of psychological services from assessment, treatment intervention, consultation and program evaluation within both inpatient and outpatient settings in acute and extended care hospitals. They will also be consulting with multiple community agencies and organizations across the Southeastern Ontario district that are responsible for providing services to individuals with developmental disabilities and dual diagnosis. The intern will therefore become part of a multi-disciplinary academic and clinical team of psychiatry, psychology and social work providing services for this population group.

Interns will also be given time and additional resources to become involved in any ongoing research projects carried out by the team psychologist or other team members who are also faculty members. The team is also actively involved in offering psychiatry residents, medical clerks and fellows placements through the Queen's Faculty of Health Sciences, Department of Psychiatry. The intern would therefore be able to work alongside other interns and disciplines allowing opportunities for peer supervision and discussion of relevant clinical, research and continued educational issues.

## **Providence Care**

### *St. Mary's of the Lake*

The St. Mary's of the Lake rotation provides training in specific skill sets needed for working with people with acquired disability. This rotation focuses on the adult and geriatric populations. As a psychology intern at St. Mary's of the Lake, you will be expected to choose a primarily cognitive assessment - focussed rotation (Geriatric Medicine/Brain Injury) or a therapy-focussed rotation (Stroke/General Rehabilitation/Palliative Care).

### *Mental Health Services, Geriatric Psychiatry*

The Geriatric Psychiatry rotation affords the intern the opportunity to work within various multi-disciplinary teams, providing services to inpatients and outpatients/outreach clients. 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. The Intern also has the opportunity to become involved in staff training initiatives (e.g., in-services, participation in the Neuropsychology Interest Group and a Continuing Medical Education credit-based Geriatric Psychiatry Journal Club) and ongoing research projects, as appropriate.

### *Mental Health Services, Dual Diagnosis Consultation Outreach Team*

The rotation with the Dual Diagnosis Consultation Outreach Team provides training in working with adults with developmental disabilities and autism spectrum disorders. As a psychology intern, you would be exposed to issues related to biopsychosocial assessment, differential diagnosis, and intervention strategies with adults with a variety of mental health issues and/or behaviour difficulties. A major focus of this rotation is interdisciplinary teamwork and intern is invited to participate actively in this process at weekly team meetings and on consultation days. In addition to conducting assessments (diagnostic, cognitive, adaptive functioning, behavioural, personality, mental health, etc.) and individual psychotherapy, the intern could also be involved in consultations to a variety of community agencies, families, and clients. Goals of previous interns for this rotation have included: 1) Gain experience in differential diagnosis between autism spectrum disorders and other mental health disorders, 2) Tailor individual therapy approach to clients with a dual diagnosis, 3) Increase breadth of experience with adult psychometric evaluation methods, 4) Gain exposure to the process of consultation to developmental service agencies, 5) Gain experience within and understanding of the roles of psychology in two different models of multidisciplinary teamwork.

### *Regional Community Brain Injury Services*

RCBIS provides training in the specific skill sets needed for working with people who have moderate to severe acquired brain injuries. This rotation is focused on collaborating with adult clients to facilitate their participation in roles that are important to them. The primary aim of this rotation is the development of skills to facilitate understanding the dynamics of working with clients who have acquired brain injuries. Interns will be provided the opportunity to observe and conduct assessments and treatment interventions. They will also be involved in consulting with our primary counsellors, outside community agencies, and organizations across our service district. Staff training and ongoing research are other possibilities within this rotation.

### **Child Development Centre**

The rotation at the CDC will provide training in working with children and adolescents with developmental/learning, emotional and/or behavioural difficulties. As a psychology intern, you would be exposed to issues related to psychoeducational assessment, differential diagnosis, and programming for children with a variety of cognitive profiles and/or behaviour difficulties. A major focus of this rotation is interdisciplinary teamwork and you will be invited to participate actively in this process at weekly team meetings and on consultation days. In addition to conducting assessments (diagnostic, cognitive, adaptive functioning, behavioural, personality, mental health, etc.), you will also have the opportunity to observe assessments and treatments by other health care providers at the CDC, such as Occupational and Physiotherapy, Speech and Language Pathology, and Augmentative Communication Services.

## Programme 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.

### 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. Training may also be provided by registered psychologists, or supervised staff, such as, psychologists in supervised practice and Masters and Doctoral level psychometrists.

### Ongwanada Supervisors

<b>Name:</b>	Dr. Katherine Buell, Psychologist
<b>Degrees:</b>	B.Sc. (Concordia), M.A. Basic Psychology (Queen's University), Ph.D. Clinical Psychology (Queen's University)
<b>Affiliations:</b>	Ontario Psychological Association Canadian Psychological Association Ontario Association on Developmental Disabilities American Association On Intellectual and Developmental Disability National Association on Dual Diagnosis
<b>Internship:</b>	Ongwanada sponsored through Queen's University Psychology Department (1990), Kingston Ontario
<b>Setting:</b>	Ongwanada Psychological Services, Co-Ordinator Director of Training (Internship, Practicum) Queen's University, Adjunct, Departments of Psychology, Psychiatry
<b>Clinical Orientation:</b>	Developmental Psychology, Clinical and Counselling Psychology, Cognitive Behavioural; Interests in Quality of Life, Community inclusion, promoting clinical psychology in the field of developmental disability,
<b>Research Projects:</b>	Integration as Acculturation

**Name:** Dr. Ghislaine Marcotte, Psychologist  
**Degrees:** B.A. (Hons.) Psychology (Laurentian University), M.A. Clinical Psychology (Queen's University), Ph.D. Clinical Psychology (Queen's University)  
**Affiliations:** Canadian Psychological Association  
 American Association On Intellectual and Developmental Disability  
 National Association on Dual Diagnosis  
 Ontario Association on Developmental Disabilities  
**Internship:** Kingston General Hospital - Adult Mental Health Services, Child and Family Unit (Kingston, Ontario).  
**Setting:** Ongwanada - Psychological Services  
 Queen's University - Department of Psychology, Clinical Supervisor  
**Clinical Orientation:** Developmental Psychology, Clinical and Counselling Psychology, Cognitive Behavioural

**Name:** Dr. Patricia Minnes, Psychologist  
**Degrees:** B.A. (Hons) (Queen's University at Kingston, Ontario)  
 M.Phil. Clinical Psychology (University of Edinburgh, Scotland)  
 Ph.D. Developmental Psychology (York University, Toronto)  
**Affiliations:** Australian Society for the Scientific Study of Intellectual Disability  
 Canadian Psychological Association  
 International Assoc. for the Scientific Study of Intellectual Disability  
 Ontario Psychological Association  
 Ontario Association on Developmental Disabilities  
**Internship:** Clark Institute, Child and Family Studies Centre, Toronto (1980)  
**Setting:** Ongwanada and Mental Health Team  
 Consulting Psychologist  
 Professor, Queen's University, Departments of Psychology and Psychiatry and School of Rehabilitation Therapy  
**Clinical Orientation:** Clinical and Counselling Psychology, Rehabilitation Psychology, Interpersonal, Cognitive Behavioural, Family Systems  
**Research:** Family/Caregiver stress and coping, community integration, attitudes toward disability

**Mental Health Team Supervisors:**

**Name:** Dr. Jessica Jones, Psychologist  
**Degrees:** B.A. (Ottawa), D.Clin.Psy. (University of Wales, Cardiff), P.Cert. Applied Psychology (Glamorgan University)  
**Affiliations:** Canadian Psychological Association  
 Ontario Association on Developmental Disabilities  
 National Association on Dual Diagnosis  
 International Association for the Scientific Study of Intellectual Disabilities  
 British Psychological Society – Division of Clinical Psychology  
 Division of Forensic Psychology  
 Division of Neuropsychology  
**Setting:** Queen’s University, Faculty of Health Sciences, Department of Psychiatry  
 Assistant Professor of Psychiatry and Psychology  
 Consulting Psychologist, Hotel Dieu Hospital  
 Consulting Psychologist, Providence Care -MHS  
**Internship:** Cardiff University: Llandaff Hospital – Neurological Rehabilitation Hospital  
 Caswell Clinic – Regional Forensic Medium Secure Unit  
**Clinical Orientation:** Clinical Psychology, Developmental, Cognitive-Behavioural, Systemic, Forensic Psychology, Clinical Neuropsychology: Interests in dual diagnosis, challenging behaviour, offending and risk assessment and neurodevelopmental disorders  
**Research Projects:** Dual diagnosis and community integration, offenders with developmental disabilities, autism spectrum disorders, sexuality, risk assessment

**Providence Care Supervisors:**

**Name:** Dr. Sheryl French, Psychologist  
**Degrees:** B.A. (University of Guelph); M.A. Clinical Psychology, (Queen’s University); Ph.D., Clinical Psychology (Queen’s University)  
**Affiliations:** Ontario Psychological Association  
 Canadian Pain Society  
 Canadian Health Registry of Service Providers in Psychology Internship:  
 Prince Edward County Board of Education, Picton Ontario  
**Setting:** St. Mary’s of the Lake Hospital  
 Independent Practice  
 Queen’s University Department of Psychology  
**Clinical Orientation:** Rehabilitation/Health Psychology; Cognitive-Behavioural; Solution-Focused; Outcome-oriented

**Name:** Dr. Debra Kowalik, Psychologist  
**Degrees:** B.A./BSW (McMaster University); M.A, Ph.D., Clinical Psychology (University of Western Ontario)  
**Affiliations:** Ontario Psychological Association  
 College of Psychologists of Ontario  
 Canadian Health Registry for Service Providers in Psychology  
**Internship** St. Joseph's Hospital, London, Ontario (inpatient and outpatient psychiatry)  
 Frank Spellacy and Associates, Victoria, BC (independent practice)  
**Setting:** St. Mary's of the Lake Hospital – Stroke Rehabilitation  
 Hotel Dieu Hospital – Cardiac Rehabilitation  
 Independent Practice  
**Clinical Orientation:** Rehab/Health Psychology; Cognitive-Behavioural; Interpersonal Therapy

**Name:** Dr. Susan Irving, Psychologist  
**Degrees:** B.Sc. Physical Therapy (McGill University); M.A. Psychology (Queen's University); Ph.D. Psychology (Queen's University)  
**Affiliations:** Ontario Psychological Association  
 Canadian Psychological Association  
**Internship** Neuropsychology - Kingston Psychiatric Hospital; Mental Health Clinic, Moncton, NB  
**Setting:** St. Mary's of the Lake Hospital, Acquired Brain Injury Programme  
**Clinical Orientation:** Neuropsychology

**Name:** Dr. Mary-Lou Nolte, Psychologist  
**Degrees:** B.A. (University of Western Australia) B.Ed., B.A. (Queen's University), M.A., Ph.D. Clinical Psychology (Queen's University)  
**Affiliations:** Ontario Psychological Association  
**Internship:** Ongwanada Internship (1998), Kingston, Ontario  
**Setting:** Providence Continuing Care Centre  
 Queen's University School of English  
**Clinical Orientation:** Clinical and Counselling Psychology  
 Cognitive Behavioural, Interpersonal, Emotion-Focussed  
**Interests:** Interests in quality of life, stress & coping (e.g. life changes, pain management), anxiety & mood disorders.

**Name:** Dr. Patricia M. A. Davis  
**Degrees:** B.A. (Hon) (Carleton University, Ottawa); M.A. Clinical Psychology and Ph. D. Clinical Psychology (Queen's University, Kingston)  
**Affiliations:** Ontario Psychological Association  
**Internship** Stroke Rehabilitation, St. Mary's of the Lake Hospital, Kingston; Pre-release substance abuse prevention program, Warkworth Institution, Correctional Services Canada  
**Setting:** St. Mary's of the Lake Hospital  
**Clinical Orientation:** Geriatric Assessment, Rehabilitation Psychology; Cognitive-Behavioural and Interpersonal Therapy

**Name:** Dr. Lindy A. Kilik, Psychologist  
**Degrees:** B.Sc. (University of Toronto)  
 M.A./Ph.D. (Queen's University at Kingston)  
**Affiliations:** Canadian Psychological Society  
 KFL&A Dementia Network  
**Internship Setting:** Providence Care-Mental Health Services, Geriatric Psychiatry Program  
**Clinical Orientation:** Clinical Neuropsychology  
**Research Interests:** Development of Cognitive and Behavioural Screening Tools in  
 Dementia; Driving and Dementia; Dementia and the Police

**Name:** Dr. Martin Logan, Psychologist  
**Degrees:** B.A. (University of Ottawa), M.A. (University of Ottawa),  
 Ph. D (University of Calgary)  
**Affiliations:** Canadian Psychological Association  
 International Neuropsychological Society  
**Internship:** Neuropsychology - Hamilton Health Sciences / Chedoke McMaster Post-  
 Doctoral Internship  
**Setting:** Providence Care – Regional Community Brain Injury Services  
**Clinical Orientation:** Rehabilitation/Neuropsychology  
**Research:** Participate to learn approach to community rehabilitation, and social cognition  
 following congenital and acquired brain injury

**Name:** 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)  
**Affiliations:** Canadian Psychological Association  
**Internship:** Kingston Internship Consortium (2004/05), Kingston, Ontario  
**Setting:** Providence Care, Mental Health Services – Dual Diagnosis Consultation  
 Outreach Team  
**Independent Practice**  
**Clinical Orientation:** Clinical Psychology and Rehabilitation Psychology, Cognitive-  
 Behavioural

### **Child Development Centre Supervisors:**

**Name:** Dr. Christine Wasson, Psychologist  
**Degrees:** B.A. (UNBSJ); M.A, School Psychology; Ph.D., Developmental Psychology  
 (OISE - University of Toronto)  
**Affiliations:** Ontario Psychological Association  
 College of Psychologists of Ontario  
 National Association of School Psychologists  
**Setting:** Hotel Dieu Hospital – Child Development Centre  
 Queen's University - Department of Psychology, Clinical Supervisor  
**Clinical Orientation:** Developmental Psychology, School Psychology

## About the Internship

### Expected Outcomes

Upon completion of the residency programme, it is expected that the intern will be ready, from a clinical skills perspective, to undertake a paid position as a psychologist in the Province of Ontario, and thus begin their year of supervised practice with the College of Psychologists of Ontario. The residency program is geared to prepare clinicians for employment in the area of disability, and to develop competency in attending to lifespan issues within this area of practice. It is expected that prospective psychologists could pursue registration in clinical psychology.

### Caseload Expectations

In achieving the outcome, it is expected that the intern will complete a number of individualized assessments 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, family, and individual clients. Given the changing nature of sites and clinical press in an ever-changing health-care system, we are unable to predict the exact numbers of cases. However, the types of experiences that prospective intern can partake in include:

#### Assessment

- comprehensive assessments of children, adolescents, adults, and/or elderly; competency, adaptive behaviour, diagnostic/dual diagnosis

#### Intervention

- various intervention strategies with children, adolescents, adults
- exposure to various techniques and models of psychotherapy

#### Consultation

- multidisciplinary meetings within organizations
- other agencies or professionals external to organization
- family/caregivers

#### Program Development and Evaluation

- related to program effectiveness, service delivery and is contingent on the primary supervising psychologist

#### Supervision

- of students and unregulated professionals working in the field

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 dependant upon the 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 his/her caseload and present that information at a clinical case conference for each site. The intern may also have the opportunity to participate in an ongoing research project.

### **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 with clients is available
- ◆ the intern is provided with a laptop computer and access to photocopiers, scanners and printers
- ◆ Audiovisual resources necessary for supervision are available and include: audio taping, videotaping equipment and cassettes, therapy rooms and one-way mirrors
- ◆ a range of up to date assessment materials, securely housed
- ◆ tele/video conferencing is available
- ◆ a number of structured and regular educational activities are available across sites

### **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

#### *Criminal Reference Check*

- Criminal Reference Check which is dated *within the previous 6 months*

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

#### *Professional Liability Insurance*

**Prior** to placement or as part of orientation, the intern must have or obtain Professional Liability Insurance. Liability Insurance can be obtained through McFarlan Rowlands Insurance Brokers Inc ([www.mcfarlanrowlands.com](http://www.mcfarlanrowlands.com)). Membership in the Canadian Psychological Association is a

requirement to obtain the insurance. We recognize the financial expense this poses, but both the insurance and the membership are federally tax deductible as Professional Expenses.

#### *Workplace Safety and Insurance*

Upon arrival at the internship, the intern will complete the Work Placement Employer form with the Director of Training. The Director of Training or the interns themselves will list each site and send completed copies to each site Advisory Committee member for their Human Resources Department, and will also forward a copy to the University, if the University is in Ontario.

#### *Accident Coverage for Intern on Placement*

Interns who are required, in order to receive course credit, to participate in unpaid work placements with an external employer are eligible for coverage should they suffer a work-related accident or illness. This coverage is funded by the Ministry of Education and not by the placement employers or sending University. The Ministry of Education has also extended coverage to include graduate students.

#### *Vehicle*

The nature of the work at some of the sites is in the community. Though not necessary, it may be useful for interns to have access to a vehicle. Interns who have their own vehicle will need to provide documentation of a valid license and valid insurance to operate that vehicle. Parking permits where required and compensation for mileage are provided.

## Placement Information

### *Duration*

The internship begins the Tuesday after Labour Day and ends August 31st. The intern spends the first week at Ongwanada with the Director of Training doing the necessary administrative details.

### *Distribution of Time*

The allocation of the intern's time is based on the *Accreditation Standards and Procedures for Doctoral Programmes and Internships in Professional Psychology* (2002) and is reflected in the Chart below. The time is further based on a work week of 35 hours per week and allows for holidays, vacation, and illness. The placement is full time, 5 days per week with time allotted to the various activities at the various rotations.

*For example and by way of illustration*, for the first 4 months, 1 day may be allocated for research-related activities and meetings, 2 days may be spent at Providence Care Mental Health Services Dual Diagnosis Outreach Team and 2 days may be spent at Queen's University's Mental Health Team in Developmental Disabilities. For the next 4 months, 1 day may be allocated for research-related activities and meetings and 4 days may be spent at Providence Care St. Mary's of the Lake Acquired Brain Injury Service. For the last 4 months of the internship, 1 day may be allocated for research-related activities and meetings, 4 days may be spent at Providence Care Mental Health Services Geriatric Psychiatry. At each rotation, the time spent during that week should be distributed/prorated as described below.

<i>Activity</i>	<i>Hours/Week</i>	<i>Description</i>
Clinical Service	23	Psychological Assessment, Intervention, (i.e., planning, techniques and evaluation,), Consultation, Programme development and evaluation
Primary Supervision	4	By the site supervisor at ONG, MHT, Providence Care
Training Supervision <sup>2</sup>	0.25	Monthly Meeting with Director of Training
Research- related	3.5	Dissertation, client or project related research
Other	4.25	Division Meeting, Child/Adolescent Interest Group, Adult Psychological Assessment Group, Ongwanada Journal Club, Geriatrics Journal Club, Internship Advisory Committee meetings, Queen's Clinical Brown Bag, NADD teleconferences, Communities of Practice, et cetera
Total Time	35	

<sup>2</sup> Other staff involved in the internship may also provide training supervision.

### *Number of Positions*

There are three intern positions within the Consortium, though the number of interns may vary in any training year. Our training model is collegial and the intern is expected to develop their skills in this atmosphere. In addition to interactions with fellow interns, the intern is expected to interact professionally with students/residents of other disciplines. The intern, for example, will 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.).

### *Remuneration*

The intern is provided with a stipend of \$35,000 (inclusive of deductions) that is provided by the Eastern Ontario Specialized Network of Care and managed through Ongwanada, the host agency. The stipend is divided into equal instalments, paid on a monthly basis at the end of the month.

### *Additional Funding Opportunities*

Interns who are enrolled at a recognized University in Ontario may be eligible, upon application, to receive funds under the Career Connections Grant. Specifics of this grant may be obtained at [www.dsgrant.on.ca](http://www.dsgrant.on.ca).

### *Time Away*

The intern is responsible for informing the Director of Training and Supervisors of any absences for whatever reasons. The intern requests time off from the Director of Training and possible vacation requests are discussed early on with the Director of Training. The intern is allotted two weeks vacation. All vacation cannot be taken in the last two weeks of the internship. Vacation considerations must take into account supervisor availability.

Additionally, the intern is entitled to the statutory holidays (10 days) identified in the Ongwanada collective agreement (New Year's, Good Friday, Easter Monday, Victoria Day, Canada Day, Civic Holiday, Labour Day, Thanksgiving Day, Christmas Day, Boxing Day). The intern is also entitled to any faith-based holidays as required or requested.

Time away cannot compromise the required 1600 hours of internship required for successful completion.

## Recruitment Policy

### *Selection Process*

The selection of applicants is consistent with the National Matching Service (NMS) matching system of APPIC, and is thus objective and fair. Each application is thoroughly evaluated by a review team, which consists of members of the Kingston Internship Consortium Advisory Committee and the Director of Training who chairs the Application Review meeting. 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. ***Interviews are held in the 4<sup>th</sup> week of January*** or scheduled as required taking in the availability of the Interview Committee. Arrangements can also be made for interviews to be done by video-conferencing, though in person interviews are recommended. For those candidates coming for interview, they will also be given a tour of the consortium sites guided by the present interns during the 1 ½ hours following the interview. This tour provides the candidate with an opportunity to meet with current interns and ask questions about the internship.

In the event that there are internship positions available after the match, the Kingston Internship Consortium participates in the Canadian Clearinghouse process sponsored through the Canadian Council of Professional Psychology Programs. The Kingston Internship Consortium does not participate in the American Clearinghouse Program.

### *Prerequisites*

Prior to entering the internship program, the intern is expected to have a minimum 600 hours of practicum experience in assessment and intervention strategies, and ideally some experience within the field of disability. Applicants applying with organized practica that did not characterize the pre-internship clinical experience or provide experience relevant to the internship will be considered. The degree of supervision required to enable such a candidate an intern to obtain a comfort and competency level appropriate for the journey into supervised practice would be discussed at the Kingston Internship Consortium Advisory Committee level. We recognize that the clinical experience relevant to disability is not widely available. In terms of practical experience, we are familiar with the difference between practicum students and interns, and would adjust our expectations accordingly while providing the same opportunities for skill building.

### *Eligibility*

The internship is open to students who have completed their comprehensives, are completing their dissertation (preferably with data collected) who have met the criteria identified for the APPIC NMS; and psychologists engaged in re-specialization. The preferred criterion is doctoral training in a Canadian Psychological Association accredited clinical psychology program with a scientist-practitioner orientation. Students from programs other than Clinical Psychology Ph.D. programs must demonstrate the equivalence in coursework and practica

preparation **prior to** being considered.

The Kingston Internship Consortium supports the *Guiding Principles in the Preparation and Selection of Applicants for Internship* approved by CCPPP in June 2007 (available at the CCPPP website ([www.cpppp.ca](http://www.cpppp.ca)) and in Appendix A.

*Intern Important Attributes*

- self-awareness
- sensitivity to others
- empathy towards clients
- commitment to social justice and well-being of others
- respecting the client's diversity
- openness to feedback
- willingness to be flexible

## Site Statistics

### Acceptance Rates

Year	# Applicants	# matched
<i>Since becoming a Consortium</i>		
2001	1	1
2002	0	0
2003	4	1
2004	4	1
<i>Dec 2004 received Accreditation from CPA</i>		
2005	1	1
2006	11	2
2007	8	2
2008	5	1

### Candidate Distribution

100% women, 0 % with visible disabilities, 50 % diverse backgrounds
---

### Other Support Systems

Each agency has access to an Employee Assistance Program (EAP) or similar programs for counselling, should the need arise. In addition, mileage for work transportation is provided through the Eastern Region Community Networks of Specialized Care, a parking permit at Providence Care - St. Mary's of the Lake is provided, and conference attendance is a possibility within each site. Academic support is available through Queen's University in conjunction with the sending university if required and Internet access allows for continued contact with the sending academic institution.

## Application Procedure

The Internship is participating in the APPIC Internship Matching Program. All applicants must register with the National Matching Services ([www.natmatch.com/psychint](http://www.natmatch.com/psychint)) to be considered.

Internship site number: **183811**

Applicants are required to mail (electronic submissions will be accepted) completed application form (APPIC - AAPI, [www.appic.org](http://www.appic.org) and click on "Internship Application."). This AAPI document consists of TWO PARTS:

- (1) AAPI Part 1, the standardized application to be completed by the applicant (all 6 sections);
- (2) AAPI Part 2 - - to be completed by the applicant and the academic training director.
  - *Academic Program's Verification of Internship Eligibility and Readiness Form*
- (3) **In addition**, applicants are asked to provide
  - 3 letters of reference, one of which is from the research supervisor
  - undergraduate and graduate official university transcriptsAND
  - to adhere to the model guidelines provided by CCPPP ([www.cccpp.ca](http://www.cccpp.ca))
  - to follow the CCPPP guidelines for letters of reference (<http://www.cccpp.ca/en/letters-guidelines.html> )

**Submissions should be mailed to the Director of Training: Dr. Katherine Buell  
Director of Training  
Ongwanada  
191 Portsmouth Avenue  
Kingston, Ontario K7M 8A6**

**DEADLINE FOR APPLICATIONS: 15<sup>TH</sup> NOVEMBER of that YEAR**

**INTERVIEWS: *Interviews are held in the 4<sup>th</sup> week of January or by mutual arrangement***

**This Internship site does not participate in the American National Matching Services Clearing House.**

## Appendix A

### Guiding Principles in the Preparation of and Selection of Applicants for Internship

(Approved at CCPPP AGM, June 2007)

At its mid-winter meeting, the executive of CCPPP reviewed the work and broad consultation that had been done in preparing guiding principles concerning the preparation and selection of applicants for internship, and the draft that appeared in CCPPP's December 2006 Newsletter. After minor modifications, the executive endorsed the document. At the June 2007 annual general meeting of CCPPP a motion that member programmes of CCPPP adopt these guidelines was carried. The Guidelines are reproduced below and are on the CCPPP website ([www.ccppp.ca](http://www.ccppp.ca)).

#### Preamble

Both internship and academic training programmes, together as one of their main goals, aim to prepare students with entrance level competence to practice as psychologists. Preparation for the year of internship training entails the development of knowledge and competence, and accumulation of experience through research, coursework and practica within academic training programmes. In recent years, some students have become focused on acquiring more and more practicum training hours in their academic programmes, believing this to be a key factor in a successful internship match. The training directors of the CCPPP in both university and internship settings wish to communicate that the number of practicum hours is neither the only nor the most important factor in the preparation and selection of internship applicants. As such, member programmes of CCPPP, in both university and internship settings, affirm the following principles in the preparation and selection of students for the internship year:

#### Principles

1. Prior to beginning an internship, as a minimum, students are expected to have completed all of their required coursework, and to have a draft of their dissertation well underway, and to have completed practica in which they have developed sufficient depth and breadth of clinical competence to assume an internship position.
2. Candidates from CPA- or APA-accredited programs are preferred in accredited internship settings, although exceptions are made for applicants demonstrating equivalence of training in recognition of the fact that programmes gradually evolve towards being accredited and may offer high quality training before receiving accreditation status.
3. 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. This would include an appropriate balance of direct service, supervision, and support hours. Students and programs should strive in their practica for experience with cases varying in complexity in different service delivery settings, with a variety of populations, presenting questions, assessment and therapeutic models and methods, case conferences, and supervisors to acquire competencies for a successful internship year. This is more important than the number of hours recorded.

4. Given breadth and depth that can be obtained in 1000 hours, additional practicum hours will not confer an advantage to applicants unless they are necessary to meet general clinical competencies or the specific clinical competencies required for a particular internship site. Internship directors who believe that a placement at their site merits more than 1000 hours to develop the competencies required are to publicly declare this and detail what is required in their documentation.

5. Similarly, while having the dissertation proposal approved is the minimum within the CPA accreditation standards for beginning an internship, during the internship year students should be in a position to devote their energies and attention to the internship experience without a heavy commitment to their dissertation during that period. As per the accreditation standards “it is preferable that students have analysed their data, completed a draft of their thesis, and, whenever possible, successfully defended their doctoral thesis prior to beginning the internship year.” Therefore, while exceptions may be made under special circumstances, students are strongly encouraged not to apply for internship until their data is all or almost all collected. Academic programs that require more than this minimum prior to applying for internship are to publicly declare this and detail what is required in their documentation.

6. The quality of work and breadth and depth of experience gained in practica are important factors in the selection of interns by the sites. These factors are viewed within the context of striving for the best model of professional training in psychology and empirically supported practices for service delivery within the internship setting. Thus the selection of candidates is a synthesis of factors matching the relevance and quality of the student’s didactic training (e.g., coursework, workshops attended), academic accomplishments, goals, letters of recommendation, research experience, quality of writing samples, and personal, professional and interpersonal qualities evident in the interview, with the needs of, available training within, and experiences of the internship site.