

Kingston Residency Consortium

Pre-Doctoral Program in Professional Psychology



The Kingston Residency Consortium was first accredited in 2003/2004 by the CPA Accreditation Panel. In 2024, accreditation renewal was granted after a CPA site visit (May 23 & 24).

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

The Kingston Residency Consortium offers an exciting opportunity for psychology residents to expand their clinical skills and apply their acquired knowledge working with individuals across the lifespan, including children and adolescents, adults, and seniors. The Kingston Residency Consortium (KRC) was thoughtfully constructed to emphasize training that best meets the needs of the trainee. In other words, we are a **resident-first** training site.

One of the most common questions asked to our supervisory team is, “*Do I need previous experience working with disability populations to be considered for the Kingston Residency Consortium?*” The answer is “**Not at all!**” Applicants who are considering coming to KRC certainly benefit from having previous personal or professional experience working with acquired and developmental disabilities, but it is *not* a pre-requisite for the program.

Our generalist approach seeks to develop 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 with individuals who have challenges in their physical, emotional, cognitive, social and/or occupational participation that have occurred as a result of developmental, illness, trauma, or injury processes. The KRC prepares a psychology resident to practice in the many roles of a Clinical Psychologist.

The KRC combines the resources of five 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 Centre, Limestone District School Board, & KidsInclusive**. These five agencies share several philosophies:

- There is a common emphasis on client-centred values.
- Each site values celebrating diversity, while promoting equity and inclusion for all persons of all abilities.
- Each rotation is dedicated to serving persons who have been marginalized or are vulnerable and/or are at risk of “falling through the cracks” in terms of their care.
- Residents are exposed to the many intersections of health systems. Psychological Services staff works within inter-professional teams that include the identified person, a variety of health-related professionals, family members, and care providers.

Although the participating agencies share key philosophies, there are also important differences among the agencies that provide a breadth of experience for the residents. The first difference is the diversity of populations served. This diversity provides our residents with opportunities for training with persons with multiple types of disabilities, diagnoses, and varied age groups. Our residents’ training opportunities occur in hospitals (both inpatient and outpatient), school systems, in the community, and involve all core competencies required for licensing as a Clinical Psychologist. The aim is to provide well-rounded training and exposure that will inform the way you provide care in the future, even if you are doing work that is new or that you may not continue to do. You are welcome and encouraged to have new clinical experiences and opportunities that are of interest to you here.

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 (i.e., Health and Long-term Care; Education; Children, Community and Social Services) and have differing work cultures. The different systems provide opportunities for our residents to train within different operating perspectives, providing a larger systems perspective to the role of the psychologist that will inform your work in the future (e.g., referrals, system navigation, etc.).

Participation in the multiple agencies allows our residents 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 thus also provide diversity in clinical perspectives to the overall learning experience.

Due to the multiple sites having academic affiliations, residents will also be exposed to different supervision models for junior students and/or 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 residents to appreciate the various competencies involved in differing practice areas.

Living in Kingston

Kingston is located on the traditional lands of the Huron-Wendat and the Mississauga of the Ojibways. To the local Indigenous Peoples, this place has long been known as Katarokwi, meaning “a place where there is clay.” In Anishinaabemowin, it is “Gaadanokwii.” In Mohawk, it is “Ken’tarókwen.” Kingston/Katarokwi acknowledges the everlasting presence of other Indigenous nations, the Métis, Inuit, and other First Nations. We are grateful to reside in and visit this territory, and acknowledge that each of us has a responsibility to honour these lands by walking gently and respectfully upon them and enjoying the immense beauty of the natural landscape.

Equidistant from Toronto, Montreal and Ottawa, where the St. Lawrence River meets Lake Ontario and the Rideau Canal, Kingston is a stunning, historic city that consistently ranks as one of the best places to live in Canada. Kingston is 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.

Today, Kingston is a well-known tourism hotspot as its many historical attractions, such as Fort Henry; the Rideau Canal and Market Square, make it an incredible place to visit. There are concert venues (Slush Puppy Place), multi-purpose recreational facilities (Invista Centre), scenic waterfront spaces, nature reserves, and (more than 1000) islands that enhance the quality of life of the city’s residents. Viewing the city and surrounding islands can be booked via Kingston Trolley Tours, local walking tours, and cruises through the 1000 islands. Kingston is a welcoming and inclusive city, embracing people from all walks of life openly. There are several

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spiritual organizations for newcomers to Kingston, such as the Islamic Society of Kingston, the Beth Israel Congregation, and the Kingston Interfaith Group (KIG), to name just a few.

Kingston has been described as a city that has all the amenities of a large urban centre, yet maintains a small-town charm. 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. 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/>

Flyover video of Kingston: <https://www.youtube.com/watch?v=UZzdZqFpSxA>

Invest Kingston video: <https://www.youtube.com/watch?v=bbmsTnwGj1w>

Our Training Program

Our Mission

The Kingston Residency 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 five 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, school, 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 Residency Consortium is to foster the development of the skills required to be a clinical psychologist. Clinical psychologists are involved in

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Psychological Services in several ways and the residency represents the range of practice within psychology: primarily as clinicians, with interests in clinical service, research and teaching.

This residency 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 the option for participating in research.

Although this residency places an emphasis on working with individuals with disabilities, the residency takes an inclusive perspective regarding disability. Like the World Health Organization (WHO), the residency defines *disability* as: impairments limiting participation dependent on context that can happen to anyone, at any time. Our focus in this residency is to build on generalizable skills and core competencies and not to focus on a single population (e.g., persons with physical disabilities).

Our residents are expected to be prepared for residency 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, residents are expected to have had the requisite assessment, intervention, and supervision hours and experience. Our residents 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 residency we aim to enable the resident to use both clinical and research skills seamlessly in practice.

Goals of the Residency

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

6. Enhance work-life balance and boundary setting skills such that the resident is not over-extending themselves, but growing and learning at a pace that feels right for them.

Residency Details

Clinical Rotations

Over the course of training, the resident 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 resident, 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: KRC rotation settings by population and origin

		Disability	
		Neurodevelopmental	Neurocognitive
Across Lifespan	Child/ Adolescent	Ongwanada – Community Behaviour Services Queen’s University – Developmental Disabilities Consulting Program; KidsInclusive; Limestone DSB	KidsInclusive; Limestone DSB
	Adult/ Seniors	Ongwanada – Psychological Services Ongwanada – Community Behaviour Services, Providence Care – Dual Diagnosis Community Outreach Team; Queen’s University – Developmental Disabilities Consulting Program	Providence Care – Senior’s Mental Health Providence Care – Community Brain Injury Services

Residency applicants are encouraged to include their rotation preferences in their application letters, and will be asked about their preferences for rotations during the interview process. Residents will also be contacted for further suggestions once they are successfully

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matched with the KRC. The Kingston Residency Advisory Committee reviews each resident’s preferences, the availability of the supervisors, and the fit of the requested rotations with the applicant’s experience and determines the rotation schedule that will best meet both the person’s training needs and the mission of the KRC.

Table 2: Examples of rotation schedules

Resident	Sept-Dec	Jan-Apr	May-Aug
Sample 1	Limestone District School Board (LDSB)	Providence Care Community Brain Injury Service (CBIS)	Providence Care Dual Diagnosis Consultation Outreach Team (DDCOT) AND Queen’s University Developmental Disabilities Consulting Program (DDCP)
Sample 2	Providence Care Seniors Mental Health (SMH)	Kids Inclusive	Ongwanada Psychological Services (PS)
Sample 3	Ongwanada Community Behavioural Services (CBS)	Limestone District School Board (LDSB)	Providence Care Seniors Mental Health (SMH)

In addition to spending time at their rotation, residents have **one day a week** (typically Mondays) as dedicated time to work on their own research (e.g., their dissertation, presentations, publications). In the past, residents who have completed dissertation prior to residency have also used this time to prepare for professional exams or interviews. Professional Development Seminars are held monthly with other residency 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 residents also participate in a number of professional development activities. These activities include attending Providence Care Centre Journal Club, participating in the residency applicant review process, attending Ontario Association on Developmental Disabilities mini-conference in November, and partaking in the Non-Violent Crisis Intervention training at Ongwanada. Each resident also meets with the Director of Training on a monthly basis in order to ensure that the resident’s training needs are being met. Overall, Mondays will typically include one virtual meeting (e.g., journal club, seminar, check-in with Director of Training), with the rest of the day available to the resident to complete their research.

Throughout the resident’s 12 month experience with KRC, additional workshops and professional development opportunities will emerge. Although professional development opportunities vary by year, some examples of workshops have included:

- The Barbara Wand Seminar for Professional Ethics in Psychology (offered via the College of Psychologists of Ontario)
- Suicide Prevention & Intervention Workshops

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- Canadian Psychological Association Web-based Continuing Education Courses (such as CBT for Psychosis)
- Virtual Seminars – such as Psychopharmacology for Psychologists
- Training on specific instruments (such as the MIGDAS)
- Workshops focused on Indigenous Interprofessional Primary Care
- Project ECHO Webinars

Caseload Expectations

The resident 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, neurocognitive decline, mood disorders, dual diagnosis). The resident will also develop skills in communicating results in both verbal consultations and written reports for fellow professional colleagues, community agencies, families, and individuals.

Meeting our resident's training needs is a priority for us. We endorse being thoughtful, thorough and accurate, rather than meeting an arbitrary set number of cases/activities. The examples of types of experiences that prospective resident 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 behaviour)
- Evaluations related to program effectiveness and service delivery
- Approximately 1- 4 assessments per rotation is typical, but there is flexibility and collaboration in deciding on goals and meeting training needs.

Intervention/Consultation

- Various intervention opportunities with children, adolescents, adults, and / or seniors
- Exposure to various techniques and models of psychotherapy
- Multidisciplinary meetings and consultation
 - Within organizations
 - With other agencies or
 - With professionals external to organization
 - With family/caregivers
- Approximately 1-4 individual therapy cases or groups per rotation is typical, but there is flexibility and collaboration in deciding on goals and meeting training needs

Supervision

- Of junior students
- Of unregulated professionals
- With graduate healthcare students
- Residents may choose to supervise one or more students or unregulated professionals depending on alignment with the resident's goals and training needs

Ethics and Standards

- Professional Development Seminar
- An ethics presentation during each rotation
- Pertinent legislation is discussed on rotation and in seminars which cover precisely the material (and using the same textbook) required for the JEE exam. That is, learning and sharing of information are geared directly toward supporting the resident with studying for their future supervised practice exams while on residency.

Residents may also participate in educational opportunities provided by the participating sites and other community agencies. As well, the resident is able to share their knowledge with fellow residents 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 resident may be involved with conducting 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 (for example).

Placement Requirements

Health Status Check

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

- TB test - two step
- Proof of COVID-19 vaccination (minimum 2 doses)
- 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 residents 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 resident 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. This Liability Insurance can be obtained through BMS group (<http://www.psychology.bmsgroup.com/>). Membership in the Canadian Psychological Association or Ontario Psychological Association (OPA) will make the insurance purchase much less expensive. <http://www.cpa.ca/insurance/business>

Vehicle

The nature of the work at some of the sites is in the community and crosses several counties in the eastern Ontario region. Though not necessary, our past residents have found it useful to have access to a vehicle. Residents 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 residency related mileage is provided. However, residents are not required to have a car and arrangements will be planned in advance to help the resident navigate any potential commutes (e.g., riding along with a supervisor or extra time for public transit, etc.)

Placement Information

Duration

The residency begins on the first Tuesday of September after Labour Day and ends on August 31st the following year. The resident spends the first orientation week at Ongwanada with the Director of Training, completing the necessary administrative materials and getting to know their fellow residents. A scheduled ½ day meeting is held the first Monday of the residency for all supervisors and residents to meet and greet. This week is slower paced and meant to welcome the resident and enable them to settle in.

Distribution of Time

The allocation of the resident's time is based on the Accreditation Standards for Doctoral and Residency Programs in Professional Psychology (2023) 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. Each placement is full time, five days per week, with four of the days at the site itself (typically Tuesdays through Fridays). There may be a blend of in-person and virtual work, depending on the rotation and agreement with your supervisor. As noted above, Monday tends to be the day that our residents dedicate to their own research requirements, as well as attending virtual workshops, seminars, and Journal Club.

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	0.75	Monthly Meeting with Director of Training, Professional Development Seminar,
Evidence of scientist/practitioner	4.25	Dissertation, client or project related research
Other	3.75	Providence Care Journal Club, Barbara Wand Seminar (College of Psychologists of Ontario), Residency Advisory Committee meetings, et cetera
Total Time	37.5	

Number of Positions

There are three resident positions within the Kingston Residency Consortium. Our training model is collegial and our residents develop their skills in this supportive atmosphere. In addition to interactions with fellow residents, our residents are expected to interact professionally with students/residents of other disciplines. Our residents, 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 residents from other Kingston-based residency placements, providing an even broader understanding of the role of psychologist.

Remuneration

The resident is provided with compensation of \$36,500 (for the year less any statutory deductions) that is managed by Ongwanada (the host agency). 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 residency to ensure needed information is in place.

Time Away (Vacation/Illness)

The resident 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 resident is allotted four weeks of time away over the residency year.** Time away cannot be taken in the last two weeks of the residency (August),

given the potential need for document review, wrap up, and final meetings. Time away scheduling must also take into consideration supervisor availability. All vacation plans should be negotiated with the site supervisors on duty during the intended time away, and with the Director of Training. Time away requests should be discussed as early as possible for planning purposes and to not compromise training. Residents are encouraged to use all of their time away over the course of the year in order to promote good work life balance habits!

Additionally, the resident 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). Residents may also be entitled to additional statutory holidays such as Remembrance Day or PA days if the holiday is being taken by the agency where they are placed at the time of the holiday. Of course, the resident is also entitled to any faith-based holidays as obligated with the maximum entitlement to time away during the year equalling 30 days, unless given special permission by the Advisory Committee. Time away (as chosen by the resident) cannot compromise the required 1600 hours of residency required for successful completion.

Recruitment Policy

Selection Process

Each application is thoroughly evaluated by a review team, which consists of members of the Kingston Residency Consortium Advisory Committee, current residents, and the Director of Training who chairs the Application Review meeting. Residents have a role in the decision process too. They participate in reviewing the written applications and have a voice in this discussion. Residents 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 resident(s) about their experience. Finally, the residents are informed of the ranking decision making process, once ranks are submitted by the Director.

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 be interviewed.

Since 2020, all applicant interviews have been scheduled via videoconference and/or teleconference. Interview bookings are available through the NMS Interview system, and assistance with interview booking is available from administrative staff at the host agency. In-person interviews on site are not expected to be scheduled for the foreseeable future.

Since interviews via videoconference have been initiated, we have found great success with the overall process. Our KRC supervisors strive to ensure that there is more than adequate time for interviewee questions to be answered, and for all interviewees to gain a thorough understanding of how the KRC rotations can meet their training needs and goals. All interviewees have the opportunity to meet *separately* with the current resident cohort via videoconference after the initial interview with the site supervisors.

Prerequisites

Prior to applying to the residency, the resident is expected to have a minimum 600 hours of practicum experience in assessment and intervention strategies. While 600 hours of practicum experience before beginning a residency has been set within the CPA accreditation standards as the minimum in which this competence might be gained, more typically 1000 hours of 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 (600 hours), supervision, and support hours (p. 18, Documentation of Professional Psychology Training Experiences - Guidelines for Students, Supervisors, and Training Directors, January 2024, www.cpppp.ca).

Applicants applying with organized practica that do not characterize the typical pre-residency clinical experience, or provide documentation of other experience relevant to the residency 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 residency, to meet the passing summative evaluation criteria and thus proceed into the registration process, would be discussed at the Kingston Residency Consortium Advisory Committee level.

Eligibility

The residency will only consider students who have met the criteria identified for the APPIC NMS. 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 on the dissertation prior to starting residency.

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 or 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
- Comprehensive exams or Major Areas Papers completed
- Proposal defended
- Data collected and analyzed
- Progress on one's dissertation
- The distribution of practicum hours

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- Interest in serving vulnerable populations

Advisory Committee: Sept 8th, 2008 Revised: June 2024

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 several changes at the participating agencies, we did not participate in the 2016-2017 match, and did not have residents for 2017/2018.			
2018	35	33	25	2
2019	25	17	17	3
2020	20	18	18	3
2021	22	18	13	3
2022	13	12	7	3
2023	15	12	11	2
2024	16	12	12	2

Matched Candidate Distribution

- 91 % women, 0 % with identified disabilities, 30 % self-identified diverse backgrounds
- From the provinces of New Brunswick, Nova Scotia, Quebec, Ontario, Manitoba, Saskatchewan, Alberta, British Columbia, Newfoundland & Labrador
- Past KRC residents have found employment in Children's Mental Health, District School Boards, local children's mental health services, Queen's University Psychology Clinic, Provincial/Federal Corrections Services, Adult Mental Health; in hospitals, community, universities and private practice. Some residents have gone on to complete post-doctoral fellowships. Some residents have also found employment within the agencies supporting the residency! Many opportunities for employment are available in Kingston and the Southeast Ontario region following completion of the residency.

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 resident'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, video conferencing, 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 and video recording equipment, therapy rooms and one-way mirrors)
- A range of up to date assessment materials
- Tele/video conferencing platforms
- 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 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 has two separate (but collaborative) services within the agency. A resident may choose to just specifically focus on one rotation (Psychological Services or Community Behavioural Services), however, it is also not unusual for residents to be involved with client cases across both rotations. Ultimately, the supervisor will work with the resident to determine their training goals, and then to ensure that the primary focus of the rotation meets their needs (e.g., a resident with a desire to learn more about serving adolescents living in the community may wish to focus on a CBS rotation).

Ongwanada: Psychological Services (PS) Rotation

Supervising Psychologist: Dr. Sean Kerry

Populations served: Adults

Location of persons served: Group Living homes, Complex Care homes

Areas: Clinical Psychology, Developmental Disability Focused

Address: 191 Portsmouth Ave, Kingston, ON K7M 8A6

Role of Psychologists and Residents

Psychological Services (PS) presently consists of one psychologist, two BCBA level Clinical Managers and 5 behaviour therapists. PS provides a 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, 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.

Residents can also be involved in consultation and assessment with individuals residing at the regional complex care homes (Sunnyside Road and Haig Road). Residents attend interdisciplinary Clinical Team meetings and psychiatry appointments, conduct data analyses of incident reports, develop behavioural interventions, and provide training to supervisors and front line staff.

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 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 gender expression/sexuality issues.

Rotation Information

The specific activities for each resident are discussed at the beginning of the rotation and based on the resident'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 multiple 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 resident's rotation. Finally, the resident is also expected to attend psychiatry clinics in which clients are discussed with a multidisciplinary team. In these clinics the resident 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 from previous residents for this rotation have included: gaining experience in formulating referral questions and case conceptualization; assessment and treatment planning based on complex case file reviews; evaluation of client response to psychotropic 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 (CBS) Rotation

Supervising Psychologist: Dr. Sean Kerry

Populations served: Adolescents, Transition Aged Youth, Adults

Location of persons served: Within family of origin homes, community respite care

Areas: Clinical Psychology, Developmental Disability Focused

Address: 191 Portsmouth Ave, Kingston, ON K7M 8A6

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 challenging behaviours.

Role of Psychologists and Residents

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 4 full time behaviour therapists and a supervising 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 resident will 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 psychologist, in all the core competencies (Assessment & Evaluation, Intervention & Consultation, Ethics & Standards, Research), and can include brief or full psychometric assessment, psychotherapy (8 to 12 sessions), case review and formulation, parent consultation/psychoeducation, and determining eligibility for CBS services.

Client and Referral Information

All referrals are reviewed through the Ongwanada 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, diagnosed with (or at risk for) 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, adolescents, and transition-aged youth (up to age 19). Reasons for referral vary widely, but 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 residents have taken on responsibility for collaborating with behaviour therapists on 3 to 5 cases, and have provided structured assessment, psychotherapy, and consultation as needed. 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 residents for this rotation have included: brief assessment of receptive and expressive language, exposure to functional behavioural assessment measures, supervision of behaviour therapists in cases with developmental disability, emotional regulation therapy and supportive counselling interventions, review of intake reports for eligibility/direction with the Supervising Psychologist; and increased familiarity with psychopharmacological interventions.

Providence Care Centre <http://www.providencecare.ca>

One of Kingston's university hospitals, Providence Care Centre is southeastern Ontario's centre for rehabilitation, specialized geriatric care, restorative rehabilitative care, complex medical management, specialized mental health care, and palliative care. Through affiliations with Queen's University, Providence Care Centre is also a major centre for teaching and research. Three programs participate in the residency consortium: Community Brain Injury Services (CBIS); Seniors' Mental Health (SMH); and the Dual Diagnosis Consultation Outreach Team (DDCOT).

Providence Care Centre: Community Brain Injury Services (CBIS) Rotation

Supervising Psychologist: Dr. Martin Logan¹

Populations served: Adults

Areas: Neuropsychology, Rehabilitation Psychology, Clinical Psychology

Address: 303 Bagot St., Kingston, ON K7K 5W7

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.

¹ The residency is accredited as a Clinical Psychology Program, despite having a neuropsychologist as supervisor.

Role of Psychologists and Residents

The CBIS psychologist provides assessment, psychotherapy (individual and group), consultation with rehab professionals, 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 of 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 resident will have an opportunity to provide extensive supervision through regular meetings and case reviews. In addition to providing supervision to rehabilitation counsellors, the resident will have opportunities to carry out one-to-one therapy with clients and their caregivers, conduct neuropsychological assessments complete with recommendations, run groups (e.g., new client group, caregivers group, post-concussion syndrome group), attend inpatient 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, if necessary.

Examples of goals from previous residents for this rotation have included: Learning and administering a wide range of neuro/psychological assessments; Integration of information to develop 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 Centre: Mental Health Services - Seniors Mental Health (SMH) Rotation

Supervising Psychologist: Dr. Alisha Abbott

Populations served: Adults, Seniors

Areas: Neuropsychology, Clinical Psychology

Address: 752 King St. W., Kingston, ON K7L 4X3

This placement offers complementary experiences in two services, Seniors Mental Health (SMH) and Acquired Brain Injury (ABI) Inpatient Rehabilitation. The resident may choose to participate in one or both services during their rotation.

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

Acquired Brain Injury (ABI) Rehabilitation – provides inpatient services to adults and older adults with moderate to severe acquired brain injuries. Examples of injuries include traumatic brain injury (i.e., falls, MVC), ruptured aneurism, subdural hematoma, and stroke.

Role of Psychologists and Residents

There is one neuropsychologist¹ providing neuropsychological, cognitive remediation and therapy services. The psychologist works within a multidisciplinary model of service delivery, collaborating with psychiatry, physiatry, case management, nursing, occupational therapy, speech and language pathology, spiritual health, physiotherapy, dietician, and behavioral therapy.

The primary service offered in both services is neuropsychological assessments. In order to address the referral questions, the resident conducts neuropsychological assessments and provides feedback to both the referral source and the client and his/her family. Individual and group therapy opportunities are also available. Individual therapy on SMH service typically involves time-limited cognitive behavioral therapy for seniors with anxiety and/or depression. A problem solving therapy (PST) group for seniors is also offered at set times in the year. The ABI rehabilitation service offers a cognitive remediation group.

Client and Referral Information

Referrals to the SMH 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 (e.g., driving) and functional levels in the community.

Referrals to the ABI Rehabilitation Service are received internally from program physiatrists. Referral questions are often related to clarification of current cognitive profiles (strengths and weaknesses) as they relate to rehabilitation and functional levels in the community. Referral questions often pertain to the patient's ability to return to work, school, and driving.

Rotation Information

The Seniors Mental Health service affords the resident the opportunity to work within various multi-disciplinary teams, providing services to outpatients/outreach clients. The primary aim is the development of skills related to understanding and working with geriatric populations experiencing age-related changes in both cognitive and behavioural domains. Examples of goals for this service include: "To be able to identify different dementia patterns seen in neuropsychological assessment"; "To develop an appropriate assessment plan that addresses specific referral questions in the Seniors Mental Health outpatient/outreach program"; "To formulate recommendations regarding cognitive remediation and compensatory strategies to minimize the impact of cognitive impairment secondary to a dementia who are living in the community."

The ABI Rehabilitation service affords the resident the opportunity to work within a multi-disciplinary team providing services to inpatient clients. The primary aim is the development of skills related to understanding and working with an inpatient brain injury

¹ The residency is accredited as a Clinical Psychology Program, despite having a neuropsychologist as supervisor.

population experiencing significant cognitive, emotional, and behavioral changes. Examples of goals for this service include: “To be able to identify cognitive strengths and weaknesses and use this information to assist with the patient’s rehabilitation plan and goals;” “To formulate recommendations regarding cognitive remediation and compensatory strategies to help the patient transition back to their activities of daily living (e.g., work, school, parenting).

The resident also has the opportunity to become involved in staff training initiatives (e.g., in-services, participation in the Psychology Community of Practice Journal Club and Continuing Medical Education events such as Grand Rounds), as appropriate.

Providence Care Centre: Mental Health Services - Dual Diagnosis Consultation Outreach Team² Rotation

Supervising Psychologist: Dr. Laura Hewett

Populations served: Adolescents, Adults, Senior

Areas: Clinical Psychology, Developmental Disability focused

Address: 2-55 Rideau St., Kingston, ON K7K 2Z8

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 Residents

The DDCOT currently includes one full time psychologist. 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.

Rotation Information

The rotation with the Dual Diagnosis Consultation Outreach Team (DDCOT) provides training in working with adolescents and adults with developmental disabilities and autism spectrum disorders. Psychology residents are exposed to issues related to bio-psycho-social assessment, differential diagnosis, and intervention strategies tailored to adults with a variety of mental health issues and/or behavioural difficulties. A major focus of this rotation is

² Note that this rotation is combined with the Queen's University Department of Psychiatry Developmental Disabilities Consulting Program (DDCP) and the resident will typically spend half the rotation at each site (i.e., 2 days per week at DDCOT and 2 days per week at DDCP).

interdisciplinary teamwork and the resident 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 resident 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 (e.g., psychiatry clinics for medication reviews with patients).

The resident 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 resident 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 resident will have the opportunity to experience service delivery in a number of contexts.

Examples of goals of previous residents 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.

*** Please note that the DDCOT rotation is a split rotation with the Queen's Developmental Disabilities Consulting Program (described in detail below). Residents will work through the DDCOT program 2 days per week, and then spend 2 days per week with DDCP.

Queen's University – Department of Psychiatry Developmental Disabilities Consulting Program³ Rotation

<https://psychiatry.queensu.ca/divisions/developmental-disabilities/ddcp>

Supervising Psychologists: Dr. Jessica Jones, Dr. Patricia Minnes

Populations served: Child/Adolescent, Adult/Senior

Areas: Clinical Psychology, Developmental Disability focused

Address: 2-55 Rideau St., Kingston, ON K7K 2Z8

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

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 is comprised 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.

Role of Psychologists and Residents

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 (with training available to those with less experience in these types of assessments), 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 autism spectrum disorder (ASD), family therapy and dual diagnosis 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 resident'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.

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

Rotation Information

The rotation with DDCP provides a varied and challenging placement (tailored to the resident's desired level of challenge and growth) with exposure to the multiple roles of psychology as a clinician, academic, educator, supervisor and consultant. The resident 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, residents may also participate in speciality clinics involving forensics, ASD and sensory integration.

Residents 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 embody the inter-professional scientist-practitioner focus of the team and residents 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. Residents will typically be given a caseload of independent assessment and therapy cases in addition to participating in the speciality psychology and inter-professional clinics; the location of these are either in Kingston or at outreach locations across the region, which would involve some travel.

Resident placements provide the opportunity for interdisciplinary collaboration and peer supervision working alongside psychiatry residents, medical clerks, family medicine fellows and rehabilitation students. Residents may also have the opportunity to provide training supervision of psychology practicum students and behaviour therapists as a part of this rotation. Interested residents 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 intellectual disability (ID)/ASD, adapted psychotherapy, group therapy trials (e.g. DBT) or rehabilitation projects.

Residents 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 (when available), weekly Psychiatry Department Grand Rounds, or training workshops for community agencies.

Examples of goals of previous residents on this rotation have included: Gaining experience with assessment/interview procedures for individuals with dual diagnoses, i.e., ID and ASD (in children and adults); Gain experience with evidence based treatment and intervention with individuals with dual diagnosis (ID/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 Rotation

www.kidsinclusive.ca

Supervising Psychologists: Dr. Tess Clifford, Dr. Rachael Quickert

Populations served: Child, Adolescent

Areas: Clinical Psychology, Developmental Disability focused

Address: 166 Brock St., Kingston, ON K7L 5G2

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 Hospital 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. KidsInclusive also serves as an Autism Diagnostic Hub site for the Southeast region, and provides Ontario Autism Program funded core services, including parent-mediated early interventions, and Urgent Response Services.

Role of Psychologists and Residents

KidsInclusive currently has two psychologists providing psychological services including: psychological assessment, consultation and brief intervention services to children and youth with Autism Spectrum Disorders, ranging in ages from 16 months to 18 years.

Dr. Clifford is currently splitting her time between the Autism Diagnostic Hub, and Urgent Response Service, while also providing supervision for the Social ABCs, parent-mediated early intervention program for toddlers with ASD. This work includes collaboration with multidisciplinary teams, supervision, and consultation, as well as education to other service providers for capacity building. Dr. Quickert assesses neurodevelopmental conditions with a focus on autism for clients 2-18 years of age, although her clients typically cluster in the adolescent and late-adolescent age range. Dr. Quickert also maintains a specific focus on supporting neurodiverse queer and trans individuals who make up a good portion of her client base.

Client and Referral Information

Referrals to 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. In

some cases, clients are seen only by the psychologist in the Autism Diagnostic Hub and involved with other team members.

Rotation Information

At KidsInclusive, a specific training goal is to increase awareness of and build confidence with the assessment and treatment issues that pertain to children and adolescents with learning and developmental disabilities and complex behavioural presentations and 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. Residents 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 residents 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.), residents 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.

Residents 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-3) and adaptive (e.g., Adaptive Behavior Assessment System -3rd Edition; Vineland Adaptive Behavior Scales – 3rd Edition) assessment measures. Occasionally, residents have had the opportunity to participate in an ADOS-2 assessment. Residents working with Dr. Clifford will primarily complete semi-structured interviews and observations with children and youth to complete assessments for ASD.

Residents may also be involved in consultation and brief intervention for children and youth with ASD and significant behavioural or mental health concerns requiring urgent response. The Urgent Response Service is a brief, time limited multidisciplinary consultation and treatment service designed to support families in avoiding the need for crisis services (e.g., hospitalization, placement out of home). The psychologist provides leadership in treatment planning in this service.

Examples of goals from previous residents for this rotation have included: Gaining 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, and 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.

Limestone District School Board Rotation

www.limestone.on.ca

Supervising Psychologist: Dr. Petra McDowell

Populations Served: Child and Adolescent

Areas: Clinical Psychology, Developmental Disability focused

Address: 164 Van Order Drive, Kingston, ON K7M 1C1

The Limestone District School Board provides public education to approximately 21,000 students within a catchment that covers over 7,000 km². Students range in age from 3-21 years. The psychology team at LDSB consists of 8 clinical staff (including 6 registered psychologists) that work as part of the school teams to support various student learning needs.

Role of Psychologists and Residents

Each psychologist is responsible for supporting a designated family of schools (i.e., secondary school and the elementary schools that “feed” into that secondary school). This allows the psychologist to follow a student through the education system from the day they enter junior kindergarten until they graduate from grade 12. Psychology involvement is requested by the school when it is struggling to adequately support a student’s needs. The psychologist then works with the in-school multidisciplinary team (i.e., principal/vice principal, learning support teacher, classroom teacher, counsellor, speech and language pathologist, social worker, etc.) and often also with community providers to ensure that the student has appropriate supports in place. To support the student, the psychologist may complete an in-depth consultation that involves review of available information, interviews with various stakeholders, completion of questionnaires, observations, etc. In other cases, a full psycho-diagnostic, psychological, or psychoeducational assessment may be indicated to help clarify the student’s profile. The psychologist may also provide brief intervention for select students to help them address a specific issue.

The psychology team sees students with a broad range of issues, and they are often the first health providers to note challenges (e.g., for young children who have not been in daycare prior to entering school or who may not have had access to other services). Common diagnoses provided by the psychologists through the service include Attention-Deficit/ Hyperactivity Disorder, Learning Disability, Intellectual Disability, Anxiety, Depression, and Autism Spectrum Disorder. Given the complexity of the students’ presentations, consideration of differential diagnoses forms a large part of the service.

Client and Referral Information

Students who are presenting with needs are identified by the school and are brought to the attention of the psychologist assigned to that school. Students are prioritized for psychology

supports in collaboration with the in-school team, and supports are provided as clinically appropriate. The psychology team does not accept referrals from parents or from external providers, although the team is always open to collaborating with external providers when they raise concerns. Reasons for referral to the psychology team vary and include learning concerns (e.g., student is not progressing despite extra learning supports), behavioural concerns (e.g., student is presenting with aggressive behaviours that are difficult to manage by the school team), developmental concerns (e.g., the student is not meeting developmental or social milestones), and mental health issues (e.g., student is presenting with anxiety in the classroom).

Rotation Information

A resident completing a rotation at LDSB will work under the supervision of one of our registered psychologists and they will have the opportunity to experience the school environment and support students from the schools overseen by that psychologist. Depending on the resident's interests/ training needs, there may be some opportunities to collaborate on cases that are supported by other psychologists at LDSB. The types of student needs vary based on the needs of each school across different years. The resident will attend multidisciplinary meetings within schools to help address student needs, collaborate with teachers and other school staff in supporting students, and will also have opportunities to collaborate with external providers when appropriate.

Throughout the rotation, the resident will have the opportunity to use a broad range of tools including WISC-V, WIAT-III, WRAML-3, CTOPP-2, Beery-6, WAIS-IV, and a variety of questionnaire-based measures. Opportunities for observations at school as well as interviews with parents and teachers are also an important part of this rotation. The student profiles are often quite complex, and so opportunities for consultation with other psychologists on the team and consideration of differential diagnoses often form a part of the case-conceptualization process.

There are several opportunities that make this rotation a robust learning opportunity, including working with students presenting with a wide variety of cognitive, emotional and behavioural needs, collaborating with large multidisciplinary teams (including teachers, support staff, administrators, SLPs, social workers, counsellors, etc.), tapping into the expertise of the larger psychology team at LDSB, and working in multiple settings (i.e., each school is unique!). In addition, when working in schools, there is also the opportunity to observe the client alongside their more typically-developing peers. This allows for a better understanding of what "typical" behaviour in various situations may look like versus behaviour that may be maladaptive or "atypical".

Examples of potential learning goals for an resident include: attaining competence in diagnostic interviewing and in administering various measures of functioning, developing complex case-conceptualization skills including differential diagnoses, developing competence in providing appropriate recommendations for school teams, working within multidisciplinary teams when supporting students, collaborating with external providers, completing consultations (in-depth and brief), and completing brief interventions.

Program Faculty

The Kingston Residency Consortium consists of a Director of Training, who is employed at Ongwanada, and the psychologists who are employed in their respective psychological services departments at each of the partner agencies. In addition, the resident is encouraged to interact with and learn from other available staff, including psychological associates, psychometrists and behaviour therapists. And finally, residents are involved with many other disciplines through inter-professional teams.

Credentials of Staff Involved

All primary supervisors are psychologists 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 below:

Director of Training

Dr. Sean Kerry, Psychologist

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

Internship: University of Alberta, Faculty of Education - Clinical Services

Setting: Ongwanada - Psychological Services & Community Behaviour 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, Ontario

Setting: Providence Care Centre, Mental Health Services – Dual Diagnosis Consultation Outreach Team (DDCOT)

Registration: Clinical 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

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

Outreach Team

Registration: Clinical and Forensic Psychology

Dr. Alisha Abbott, Neuropsychologist

Degrees: Doctor of Philosophy, Simon Fraser University, September 2015

Internship: Vancouver Coastal Health

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

Registration Area(s): Clinical Neuropsychology, Clinical Psychology, and Rehabilitation

Populations Registered in: Adults and Geriatrics

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 Centre – 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 (DDCP)

Registration: Clinical, Counselling and Rehabilitation Psychology

Dr. Tess Clifford, Psychologist

Degrees: B.A. (McMaster), M.A. Clinical Psychology (Queen's University), Ph.D. Clinical Psychology (Queen's University)

Internship: Kingston Internship Consortium, Kingston, Ont.

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

Registration: Clinical Psychology

Dr. Petra McDowell, Psychologist

Degrees: Ph.D. Clinical Psychology (University of New Brunswick)

Internship: Kingston Internship Consortium, Kingston, Ont.

Setting: Limestone District School Board

Registration: Clinical Psychology

Application Procedure

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

Kingston Residency Consortium NMS site number: 183811

Kingston Residency Consortium APPIC Member Number: 1838

The APPIC Application for Psychology Residency (AAPI) is available at the APPIC website at <https://www.appic.org/Internships/AAPI>

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 APPIC guidelines
<https://www.appic.org/Internships/AAPI#REF>
or the APPIC Standardized Reference Form
<https://www.appic.org/Portals/0/downloads/AAPI/SRF-Revised-2021.doc?ver=2021-08-08-211023-793>
- We do not require any supplementary materials

Deadline for Applications: November 1 (annually)

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 2 days of the 2nd week of January and the first 2 days of the third week of January, in accordance with Canadian Council of Professional Psychology Programs recommendations.

Presently, **all interviews will be conducted through videoconferencing.** Administrative assistants and support personnel will make the necessary arrangements for the interviews with invited applicants.

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 or videoconference platforms. In the event that there are residency positions available after Phase II of the match, the Kingston Residency Consortium may choose to participate in the Canadian post-match process sponsored through the Canadian Council of Professional Psychology Programs.

The interview process consists of a structured interview with some of the representative supervisors from each rotation. At the end of the interview, adequate time is given for the applicant to ask questions about the residency, as well as potential rotations of interest. Finally, there is an opportunity for the candidate to meet with the current residents.

Kingston Residency Consortium 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 resident applicant.