



Centre for
Community
Mental Health

Doctoral Residency in Clinical Developmental Child and Adolescent Psychology

2026-2027

Our residency program is
accredited by the Canadian
Psychological Association.

Toronto,
Ontario, Canada



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About SickKids CCMH



SickKids Centre for Community Mental Health (CCMH at SickKids) is a multi-professional, not-for-profit, children's mental health centre located in Toronto, Ontario, Canada. CCMH at SickKids provides primary prevention, early intervention, and clinical treatment services to infants, children, and youth (from birth to 18) and to their families and communities. On 21st September 2021, the SickKids Foundation announced a transformative donation from philanthropist Garry Hurvitz for brain and mental health across the SickKids mental health enterprise and the Centre has been renamed **The Garry Hurvitz Centre for Community Mental Health at SickKids (GH-CCMH)** in honour of his generous gift.

The programs offered to families at GH-CCMH at SickKids are housed in two main facilities within the city of Toronto, and include prevention/early intervention programs, outpatient programs, day treatment programs and intensive treatment programs for children and youth. Treatment services to clients include specialised assessment, individual therapy, family therapy, group therapy, and parent-child therapy, as well as liaison and consultation with community caregivers (e.g., day care providers, schools, physicians, and other external systems).

Our residency program is accredited by the Canadian Psychological Association. The Centre is also affiliated with the University of Toronto and accredited by *Accreditation Canada*. GH-CCMH is also a member of *Children's Mental Health Ontario*.

GH-CCMH has approximately 200 staff members. This includes full-time, part-time and contract staff; consultants; trainees from a variety of disciplines (early childhood education, child and youth care, psychiatry, psychology, social work, and art/expressive arts); and volunteers. More detailed information about GH-CCMH's programs and services are at www.sickkidscmh.ca.

GH-CCMH has a rich history of teaching and training residents, interns and practicum students across multiple disciplines including psychology, social work, psychiatry, and art therapy stemming back to when the agency was referred to as The Hincks Dellcrest Centre, and even prior. Because of this decades-long pride in student teaching and training, GH-CCMH tends to attract staff who are highly invested in prioritizing the development and supervision of new and upcoming clinicians. Psychology staff at GH-CCMH are especially proud of the assessment, intervention, and training we do, and we encourage you to explore this brochure carefully and with curiosity. For those of you who attend an interview for an upcoming residency, we will look forward to learning more about you, responding to your questions, and sharing our pride in what we do.

At GH-CCMH we are working to create spaces that ensure each individual feels valued and respected. As a children's mental health organization, we understand that personal growth, healing, and learning is sustained through safe and inclusive relationships.

We know that a space cannot be safe for everyone given the systems of power and privilege that exist within our society. This leads to the marginalization of specific individuals and communities; we want to acknowledge this, while continuing to work to make spaces safer for our staff, clients, trainees, and community members. To support this goal, our Anti-Black Racism, Anti-Oppression and Health Equity Advisory is working to develop recommendations to embed our values and promote the kind of space we are trying to create.

Overview of the Residency at SickKids CCMH



Three doctoral residencies in clinical child and adolescent psychology generally are available each year. The GH-CCMH residency is based mainly within Individual and Family Services (formerly Outpatient Services) at our Jarvis site in downtown Toronto. However, residents may take on clinical work (assessment and/or treatment) at our 1645 Sheppard Ave. West site one day a week based on client and program needs.

Residencies are 12-month full-time equivalent positions. The residency begins on the first Wednesday following Labour Day in September and ends on the last working day of August of the following year. Residency full-time equivalency means a resident will complete a minimum of 35 hours per week and must attain a minimum of 1,600 hours as required by the program. Residents are provided with shared office space at GH-CCMH's downtown office building and desk space at our north Toronto site.

The stipend for the 2026-27 year is set at C\$43,200 paid twice per month. In addition, residents receive the following benefits: 3 weeks (15 days) of vacation, 5 professional development days, sick days, plus 10 statutory holidays.

In addition to being accredited by CPA, the residency program is a member of the *Association of Psychology Postdoctoral and Internship Centers* (APPIC) and the *Canadian Council of Professional Psychology Programs* (CCPPP). The residency program is managed by a doctoral staff psychologist as Director of Training.

The residency standards from the Canadian Psychological Association (CPA) for application and delivery of the program are followed. The CPA Accreditation Office address is: 702-141 Laurier Ave W, Ottawa, Ontario, CANADA K1P 5J3.

Impact of COVID-19 on training

As a health care centre, our highest priority is the safety of our clients, patients, families, staff, and students and we are committed to providing a healthy and safe workplace. As part of this value, the Centre has established protocols to ensure basic infection prevention and control practices are in place for all staff, residents, and students working onsite, in client homes, and out in the community.

GH-CCMH has recently updated our staff immunization policy and removed the requirement for providing COVID-19 immunization proof to 'optional' in alignment with the endemic status of COVID-19. Immunization policy changes came into effect June 2024.

Having said that, the following two immunizations are strongly recommended:

- Annual influenza and
- SARS- CoV-2 (COVID).

Currently, GH-CCMH is now fully open for in-person clinical services, but with some hybrid options available upon client request. The virtual services include secure videoconferencing for both clinical services as well as supervision, interdisciplinary team meetings, didactic seminars, and case presentations, as needed. At present, the expectation is that residents will be on-site a *minimum* of four days a week.

Residents are expected to comply with any and all federal, provincial, and GH-CCMH organization regulations including but not limited to vaccination policies, wearing PPE, maintaining appropriate physical distancing, abiding by travel restrictions, quarantining, and other Infection Prevention and Control procedures within the context of providing clinical services, or otherwise.

The impact of COVID-19 on the 2026-2027 residency cycle continues to be unknown at this time. Please, be advised that some of the descriptions in this brochure may be affected by COVID-19 disruptions and restrictions within GH-CCMH. Since August 2021, resident training experiences have taken place both remotely through video-conferencing technology and in-person on-site.

Described below is the intended program structure and experiences, which may require modification depending on limitations imposed by the impact of COVID-19 and/or program needs. Our program has thus far navigated the uncertain landscape with flexibility and creativity, and we will continue to honour our commitment to achieve program competencies in the upcoming academic cycles as well. We cannot predict with any degree of certainty how the pandemic may affect future training cycles, but we can commit to being transparent with information, collaborating with residents to develop disruption contingency plans guided by resident training goals, and to expressly document adjusted goals and expectations (including supervision arrangements). Should disruptions occur in the future, potential and actual residents will be notified as soon as information becomes available. We are confident that we can continue to provide the necessary training experiences to allow our residents to achieve program goals and competencies.

Residency philosophy and objectives



The primary orientation of the residency training is on a developmental and theoretically integrated approach to the assessment and treatment of children and families within the context of child & family community mental health. In addition, an interprofessional approach is integral to the clinical practices of GH-CCMH and provides residents with the opportunity to work with mental health professionals with a broad range of interests, knowledge, and skills.

A. Training goals:

1. Develop skills in consultation, assessment, diagnosis, and formulation that, while including the DSM, focus just as extensively on underlying developmental, psychodynamic, biological, family, and larger system factors that produce vulnerability to symptoms and difficulties in children and youth.
2. Develop and enhance the ability to communicate assessment and diagnostic information clearly and sensitively to clients, families, teams and programs within the agency, and external systems (e.g., school personnel, family physicians) both verbally and in writing.
3. Develop and enhance skills in establishing and maintaining therapeutic rapport with children, youth, and families across different therapeutic modalities.
4. Develop skills in the selection and implementation of appropriate psychotherapeutic interventions with children, youth, and their families. Because of the integrative approach used by psychology staff at GH-CCMH, residents will learn how to integrate elements of theory and practice from a multitude of theoretical orientations including but not limited to contemporary relational psychodynamic approaches (e.g., mentalization), learning and cognitive theories, third-generation behaviour therapies (e.g., Dialectical Behaviour Therapy, Acceptance and Commitment Therapy), Humanistic-informed experiential approaches (e.g., person-centered, existential, and emotion-focused therapies), post-modern approaches (e.g., solution-focused and narrative therapies), and family systems theories (e.g., structural, attachment-based, emotion-focused).
5. Develop and enhance skills in intervention primarily through individual and family therapy although there may also be possibilities for involvement in various forms of group therapy.
6. Develop and enhance cultural awareness and competence, as well as an appreciation for diversity in its many forms (e.g., socio-economic status, migration, sexuality and sexual orientation, language, and educational differences) and the ability to discuss these issues and differences with sensitivity and compassion.
7. Encourage respect for and critical thought regarding research/program evaluation in the area of children's mental health.

8. Develop the skills needed to work collaboratively in an interprofessional and organizational service-delivery environment, including an understanding of and respect for the contributions of various disciplines to children's mental health.
9. Develop skills in applying relevant ethical, legal, and professional standards to clinical work.
10. Develop skills in providing clinical feedback to peers and colleagues.
11. Because every resident may possess additional and/or unique training goals, clinical supervisors are willing to consider additional training goals following discussions with any residents to whom this may apply.

B. Main components

The residency in clinical developmental child and adolescent psychology is comprised of seven main components that generally run for the entire duration of the residency. Described below is the intended program structure and experiences, which may require modification depending on limitations and/or program needs

1. Provision of individual, family, parent-child dyadic therapy and/or parent work to an on-going caseload of a *minimum* of seven clients ranging in age from zero to eighteen years.
2. Completion of a minimum of four comprehensive psychological assessments throughout the year.
3. Membership on one of two Individual & Family Services (outpatient) Interprofessional Clinical Teams. Participants will present clients for whom there are clinical questions at these weekly meetings and the residents will function as psychologist consultants to the team along with a staff psychologist. Residents are also expected to present cases throughout the year.
4. Offering one consultation hour per week to GH-CCMH staff. Staff may consult with a psychology resident on external and/or existing psychological assessment reports in order to better understand the report and recommendations or to assess the suitability of pursuing an internal psychological assessment.
5. Participation in didactic seminars.
6. Participation in twice-weekly supervision and, where possible, providing clinical feedback to fellow residents and psychology staff members.
7. Completion of a program evaluation project.

Several of these seven components are described further below. A sample weekly schedule can be found in Appendix A.

1. Provision of Psychotherapy - Direct Client Contact

Although the exact number of hours spent in direct, face-to-face client contact may vary from week to week, on average seven - nine hours are spent providing therapy to clients of diverse ages and presenting problems. This amount of patient contact typically begins following a two-week orientation period and the assignment and review of possible cases. Although residents' training backgrounds and training gaps vary, residents are expected to provide treatment services to a broad range of clients with increasing independence, but always with supervisory support and oversight. Clients seen are primarily from Individual and Family Services (formerly Outpatient Services), however, residents may have an opportunity to see children and youth from our Intensive Services for Youth and our Intensive Services for Children programs for assessment, consultation, and/or intervention.

As a community mental health agency, GH-CCMH is focused on removing as many barriers as possible for those children, adolescents, and families seeking clinical services. As such, there is an expectation placed upon all staff, including residents, to be available to see families in the late afternoons and early evenings twice a week. Time can be flexed for those residents wanting to sustain the typical 35-hour work week.

Residents are also encouraged to keep in mind that the residency year is still primarily considered to be one of learning. As such, residents are encouraged to keep their training goals in mind and seek whatever opportunities they deem relevant to their training, while having the luxury of considerable supervisor support and availability.

2. Psychological Assessment

All psychology residents are required to complete a minimum of four comprehensive psychological assessments during their residency year. This service provides comprehensive assessments to children generally aged six to eighteen years. Clinicians from any GH-CCMH program/team are free to avail themselves of this service, meaning that residents may have an opportunity to assess children and youth from our intensive services programs (e.g., Intensive Services for Youth program, Intensive Services for Children) as well as Individual and Family services.

3. Individual & Family Services Interprofessional Clinical Team

Residents will be a member of one of two Individual and Family Services Clinical Teams. Individual and Family Services staff split into two clinical teams (Jarvis and Sheppard) for a weekly clinical meeting. The teams generally include social workers, art therapists, psychotherapists, occupational therapists, and psychologists. Individual & Family Services staff present cases at these weekly meetings and, often, cases brought to team meetings are complex and challenging. The staff member is encouraged to ask a specific question or questions of the team. The team is there to provide support, help clarify case formulation and make recommendations concerning treatment and assessments needs. Residents are expected to

present a *minimum* of two of their own clients throughout the year.

4. Didactics/Seminars

All psychology residents are required to participate in the following weekly seminars: *Integrative Individual Psychotherapy with Children; Assessment and Treatment with Infancy and Preschool Children*; the Family Therapy seminar is optional at this time. Weekly seminars typically run from late-September to April/May, and in some cases, even into June or July.

Brief descriptions of the seminars:

- a. **Assessment & Treatment with Infancy and Preschool Children Seminar:** This weekly seminar will introduce participants to assessment, intervention, and psychotherapy with young children (0 - 5) and their families through readings, discussion, and videotaped material. This seminar is meant to complement and enhance the clinical work that trainees will undertake with infant and preschool clients and their families. Working with young children and their families often necessitates the use of methods and theory to which trainees, typically, have not been exposed. As presenting problems of young children are often developmental and/or relational in nature, interventions need to be designed specifically with these aspects in mind. Since the young child's primary means of relating is non-verbal, emphasis will be on understanding the use and theory of observation, play, attachment theory, development, and experiential components of intervention, especially those that more fully include the young child as a participant.
- b. **Integrative Individual Psychotherapy with Children and Adolescent Seminar:** This seminar will provide an introduction to concepts in psychotherapy with children and parents. The seminar conceptually integrates contemporary relational psychoanalytic approaches with those of developmental psychology, cognitive science, and behaviour therapy. The intent is to provide students with a beginning ability to understand clinical material from these multiple, integrated perspectives in order to mitigate disabling presenting problems and the underlying structures which produce them as well as to facilitate a therapeutic process. Weekly readings will supplement discussions.
- c. **Seminar in Therapeutic Process:** This is a group reflection opportunity offered to psychology residents. Although this is not a mandatory seminar, the expectation is that those who choose to attend, will do so weekly. Seminar content will be generated by the residents. The objective of this seminar is for students to consider session content and, also, to begin focusing on everything else that is occurring in the therapy room, including affect, non-verbal behaviours, relational dynamics among dyads and families, transference, countertransference, resistance, and the therapist's own experiences in his/her work with clients and in his/her life. Unpacking and discussing residents' strengths and challenges as developing therapists will be at the core of this seminar. The hope is that students will learn that "what to do" in therapy is rarely a case of right or wrong, and that the therapist himself as a person can provide meaningful and powerful interventions.
- d. **Family Therapy Seminar:** Reflective practices are a central component of clinical work. This seminar combines theory with practice, with a special emphasis on how theory shapes and influences the way a clinician views, engages, and intervenes within the therapeutic relationship. This seminar will be both interactive and experiential. Although different models of family therapy will be highlighted, this seminar will not be 'model specific'. Instead, students

will be encouraged to contemplate, as well as practice, the clinical skills necessary for working effectively with families.

In addition, residents are also required to attend:

- a. **The Greater Toronto Area (GTA) Psychology Seminars:** GH-CCMH belongs to a Greater Toronto Area psychology training committee whose goal is provide didactic and networking opportunities to residents across the GTA as they move into their early professional careers. There are typically four-five three-hour seminars per residency year. Topics include: *Tricky ethical issues; Supervision; Early careers panel; The Registration process; and topics relevant to working with Indigenous clients.*
- b. **Monthly Psychology Trainee Meetings:** These one-hour-long meetings are held on the fourth Friday of every month and are mandatory for Psychology Residents. These informal meetings led by the staff psychologists provide an opportunity to discuss issues related to practice such as ethics, privacy and confidentiality, record keeping, work-life balance, the role of a psychologist at the agency and, more generally, matters related to residency, and updates from the College of Psychologists of Ontario.

5. Supervision and performance evaluation

Supervision is provided in both an individual format as well as in a small group format (e.g., on the Psychology Assessment Team and live supervision when possible.) Throughout their residency, residents report to two doctoral registered psychologists who guide their residency experience as their primary and secondary supervisors. Residents meet with each of their supervisors weekly for a minimum of one hour. The only difference between the two supervisors is that the primary supervisor is responsible for compiling information for the resident's mid-term and final evaluation. Several times during the year, supervisors will observe residents' 'live' clinical work. Residents are also required to videotape ten hours of clinical work per supervisor which will be reviewed together with their supervisor. Past residents have stated that they find this to be extremely helpful.

Supervision received by residents is focused on the psychological services rendered directly by the resident, as well as on their ongoing professional development and identity as an emerging psychologist.

Residents may also choose to provide some clinical feedback to their fellow residents and/or to members of the psychology staff. This might take the form of watching sessions from behind a one-way mirror, delivering feedback in real time, as well as through debriefing once the session has ended.

Formal performance evaluations are completed at the end of January/beginning of February and again at the end of August each year, using the Centre's Competency Assessment form and the University's evaluation form, if required. Evaluations are filed in the resident's personnel record. The resident's primary supervisor provides the link between GH-CCMH and the resident's university, ensuring that specific university residency expectations are met with regard to training objectives, experience, supervision, and performance evaluation. All residents are asked to complete GH-CCMH's "Student/Trainee Exit Interview" upon completion of their residency and an

evaluation of the residency program and its components.

C. Program evaluation

The emphasis in the clinical developmental child and adolescent psychology residency program is on clinical practice rather than research or program evaluation. However, a goal of the program is to provide a training for residents which facilitates residents' integration of research and best practices into their professional roles. Most didactic seminars involve readings and discussion from current literature and residents are encouraged to evaluate practice-related research and integrate readings and research findings into clinical practice. They are expected to base decisions about their work with clients (assessment, intervention, consultation) on current findings and discussions with their supervisors.

In addition, residents are required to develop and/or participate in a program evaluation project. These projects are supervised by a psychologist at the Centre who is a research-scientist. These program evaluation projects are presented to staff towards the end of the year (e.g., at Grand Rounds or a Lunch & Learn). A short, two-page summary will be required in addition to the presentation.

Any involvement of GH-CCMH clients or personnel in a resident's doctoral research must be approved by GH-CCMH's Research Review and Ethics Committee, and there must be proof of approval by the resident's university REB. Although some residency training programs allocate some time during the week wherein a resident can either complete research or focus on completing their dissertation, the residency experience at GH-CCMH is one that prioritizes clinical work and expects that the majority the resident's time will be spent delivering clinical services either directly or indirectly. Residents are given five educational days during the residency year and may choose to use this time for their research and dissertation work.

D. Policies and procedures

GH-CCMH' Policies and Operational Procedures apply to all personnel associated with GH-CCMH, including psychology residents. As part of the contracting process, residents receive copies of, and are required to sign, an acknowledgment of having read GH-CCMH policies, including but not limited to the following: Personnel Code of Ethics; Client Privacy and Confidentiality; Infection Prevention and Control; Use of Technology and other relevant policies. Advance copies of these policies will be provided on request. Residents receive orientation regarding centre policies and operational procedures at the beginning of their placement, which also includes working with human resources policies/operational procedures (e.g., Personnel Code of Ethics, Workplace Harassment Prevention, Supervision, Performance Management, Conflict Resolution, Disciplinary Action, Use of Technology). **Any offer for a residency position at GH-CCMH is contingent upon the applicant providing a *Vulnerable Sector Screen and Criminal Reference* and/or background check satisfactory to GH-CCMH.**

E. Complaints and performance concerns

Responses to residents' concerns about their supervisor or about their residency experience, and supervisors' concerns about psychology resident performance, are guided by the principles of fairness, transparency, and due process, and by GH-CCMH policies and procedures related to Supervision, Performance Management, and Conflict Resolution. In addition, GH-CCMH has written Trainee Rights and Responsibilities, Evaluation, Due Process Procedures and Grievance Procedures that are discussed and distributed to each resident at their first orientation session in September. While complaints related to supervisor or resident performance are rare occurrences, it is important for residents to know that GH-CCMH staff endeavour to address any performance issues as opportunities for further growth and development rather than for blame and criticism. Any complaints will be handled with the utmost respect for all involved. Moreover, residents should be mindful that psychologist supervisors will be tracking residents' progress as soon as the residency begins and any issues observed will be discussed clearly and respectfully with the resident as soon as they become evident, with the initiation of a formal complaints' procedure being the last resort, after other attempts to support and intervene have proven unsuccessful. GH-CCMH also familiarizes itself with and respects the specific requirements of residents' universities with regard to dealing with such matters, including involvement of the university's residency field supervisor/director of clinical training when warranted.

Eligibility and application process



Applicants must be enrolled in a doctoral program in psychology accredited by the Canadian and/or American Psychological Associations. By the time of application, students should have completed a master's degree (or equivalent), all compulsory doctoral course work, comprehensive examinations, at least 600 hours of supervised practica, and their dissertation proposal must be approved. Preferably, this would include, at least, 300 hours in face-to-face patient/client contact (interviewing, assessing, or intervention with clients directly) and at least 150 hours of supervision. *However*, given the COVID-19 pandemic, some flexibility in the composition of those hours will be considered as long as there is a minimum total of 600 hours in direct contact, supervision, and support activities combined.

Applicants with academic and practical experience in child assessment and treatment are stronger candidates. Although applicants from a predominantly adult clinical program may apply, they should only consider doing so if they have accumulated experiences in assessment and intervention with children, adolescents, and families through coursework and practica. Moreover, those applicants who are further along in their dissertation are also considered stronger candidates. Prospective residents who are in the earlier stages of their dissertation (e.g., data collection or preliminary data analysis) are encouraged to apply with the awareness that time to complete their dissertation during the 35-hour work week will not be allocated. A broad range of exposure and experience is preferred. In accordance with Canadian immigration requirements, preference is given to applicants who are Canadian citizens or permanent residents of Canada. Applicants should have considerable interest in a rigorous, theoretically integrated, and developmental approach to assessment and treatment of children and families, as this is the predominant orientation of GH-CCMH.

As a participant in the APPIC Match program, [GH-CCMH requires that all applicants use the APPIC standard application form](http://www.appic.org) available on the APPIC website (www.appic.org).

Any offer from GH-CCMH is contingent upon the applicant providing a *Vulnerable Sector Screen* and *Criminal Reference* and/or background check satisfactory to GH-CCMH.

All offers of employment and educational placement are conditional on meeting these minimum requirements; failure to comply will lead to offer of employment or educational placement being immediately rescinded.

Required supporting materials on the AAPI will include:

- A cover letter outlining the applicant's interest in the CCMH at SickKids residency program and their training goals
- A current curriculum vitae
- Graduate transcripts (one copy from each institution within which graduate work was completed)

- Three letters of reference from professionals who can address academic and applied psychology qualifications. One of these must be from either the graduate program Director of Training or the applicant's dissertation supervisor. CCPPP format for reference letters is preferred but not required. These guidelines can be obtained from <http://www.ccpvp.ca/en/letters-guidelines.html>.

***** If you had placements and/or requirements that were negatively impacted by the COVID-19 pandemic, please, request that your Director of Clinical Training highlight the nature of this impact in their portion of the APPIC application. If you had placements that were cancelled or prematurely terminated, please describe the training and hours that were anticipated in your cover letter. The COVID-19 context will be taken into consideration.**

Deadline for submission of applications is 11:59 p.m., EST on November 1 each year, that is, ten months prior to when the residency would begin (September 1 the following year).

In accordance with APPIC guidelines, applicants will be contacted by December 15 and informed as to whether they will be invited for an interview. Interviews are scheduled in mid-to-late January. The *Canadian Council of Professional Psychology Programs* has strongly recommended that residency sites offer exclusively virtual interview for the 2026-27 application cycle. **CCMH at SickKids will be following this recommendation and all interviews will be conducted virtually.**

As an APPIC member, CCMH at SickKids offers all its residency positions through the APPIC Match and all participants shall abide by their agreements with APPIC for participation in the APPIC Match. It is essential that all applicants to our program register for the matching process in order to be eligible. This residency site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any resident applicant. Applicants may register for the Match at www.natmatch.com/psychint. Results of the match will be communicated to applicants and training directors on match day.

SickKids Centre for Community Mental Health (CCMH at SickKids) Program Code number for the APPIC Match is 185411.

Selection process:

Applications are reviewed in a two-stage process.

Firstly, the Director of Training completes an initial screening of applications to ensure the minimum criteria are met. Secondly, two to three Ph.D. level psychologists who serve as clinical supervisors review the online application of each candidate and rate it according to a predetermined set of criteria. Based on these ratings, approximately 17 to 19 candidates are invited to an interview. Our interviews are almost all held in the second and third weeks of January, the dates set in accordance with the informal agreement amongst Canadian residency programs (CCPPP). Secondly, each candidate is interviewed by two to three psychologists. In addition, each interviewee is offered the opportunity to participate in a confidential group meeting with a current or past resident and other current applicants. Please, note clearly that no information about this meeting is solicited or accepted by the Residency Training Committee.

As stated, in accordance with APPIC guidelines, we do not solicit or accept any information from candidates about their ranking choices. In order to ensure adherence with this APPIC directive, we do not contact candidates following their interview. However, the Director of Training remains willing to respond to any additional questions from candidates about the training program.

General inquiries should be directed to:

Suventhini Thamotharampillai

Education Coordinator

SickKids Centre for Community Mental Health

416-924-1164 ext.4243

sthamotharampillai@sickkidscmh.ca

Psychology personnel



The following registered clinical psychologists are assigned to provide direct supervision to one or more psychology residents each year.

Susan Yabsley, Ph.D., C. Psych. Anna Freud Centre; University College London.

Psychology Director of Training; Director, Specialized Services and Academic Leadership;
Psychology Resident Supervisor

Lorne Sugar, Ph.D., C. Psych. York University.

Psychologist, Individual & Family Services; Psychology Resident Supervisor

Maisha Syeda, Ph.D., C.Psych. University of Calgary

Psychologist, Intensive Services for Youth; Psychology Resident Supervisor

Ariana Simone, Ph.D., C.Psych. University of Toronto: OISE

Psychologist, Intensive Services for Children, and Individual & Family Services; Psychology Resident Supervisor

Vasudha Gidugu, Ph.D. Boston University

Research Scientist; Program Evaluation Supervisor

Appendix A: Sample weekly schedule



2025-2026 Resident Schedule

	Monday (Jarvis)	Tuesday (Jarvis)	Wednesday (Jarvis)	Thursday (Jarvis)	Friday (Work From Home)
9:00am	Possible testing time	Infancy co-therapy experience with Susan (2 clients, 2 hours of direct work)			Psychology Meeting (4 th Friday of every month)
10:00am		Other 1 hour used for discussing infancy readings	Admin/paper work time	Clinical Team Meeting: Jarvis Site	Consultation hour
11:00am				Family Therapy Seminar	
12:00pm		Lunch	Lunch		Lunch
1:00pm	Lunch	Individual supervision (1-2:30pm)	Single session consultation rotation (6 months)	Lunch	Admin/paper work time
2:00pm	Individual supervision (2:30-4pm)			Possible testing time	
3:00pm					
4:00pm	Possible client session	Family co-therapy experience with Lorne	Possible client session		
5:00pm			Possible client session		
6:00pm		Possible client session	Possible client session		
7:00pm					

Not captured: Documentation, report writing, scoring, consultation with collateral providers

Appendix B: Our Values



Garry Hurvitz Centre for
Community Mental Health

DEFINING OUR VALUES

<p>COLLABORATION</p> <ul style="list-style-type: none"> • We see each person's gifts and value different perspectives to work together to reach new heights as an organization. • We listen to different voices, foster solidarity and build community partnerships. 	<p>INCLUSION</p> <ul style="list-style-type: none"> • We promote a sense of safety, belonging, community and accessibility for all by living our values. • We design our programs to reduce health inequities and improve our communities' ability to access services.
<p>COMPASSION</p> <ul style="list-style-type: none"> • We work hard to understand the struggles of everyone we serve. • We approach our service delivery with the understanding that the best care looks different for each person. 	<p>INNOVATION</p> <ul style="list-style-type: none"> • We approach problems with fresh thinking and new solutions with the support of bold leadership. • We disrupt how things are done, and design new ways of working, to serve our clients and participants better.
<p>EXCELLENCE</p> <ul style="list-style-type: none"> • We create a culture of continuous improvement and are constantly learning, growing and evolving. • We support best practices in every interaction. 	<p>INTEGRITY</p> <ul style="list-style-type: none"> • We strive to be honest, trustworthy and accountable. • We commit to our moral responsibilities and our ethical framework.

OUR MISSION: ACHIEVE UNPRECEDENTED OUTCOMES IN CHILD AND YOUTH MENTAL HEALTH THROUGH COLLABORATIONS, INNOVATIONS AND PARTNERSHIPS