SickKids®

Centre for Community Mental Health

Doctoral Residency in Clinical Developmental Child and Adolescent Psychology

2027-2028

Our residency program was accredited by the Canadian Psychological Association in 2022 for a four-year. The program had its reaccreditation site visit in July 2026.

Toronto,
Ontario, Canada

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About SickKids CCMH

SickKids Centre for Community Mental Health is a multi-professional, not-for-profit, children's mental health centre located across two different sites in Toronto, Ontario, Canada. Both sites are nested within highly diverse communities which house families with multiple complex needs, one in the northwest quadrant of the city on Sheppard Avenue West between Keele Street and Jane Street (referred to as the Sheppard site) and one closer to downtown located at Jarvis Street and Wellesley Street East (referred to as the Jarvis site). On September 21st, 2021, the SickKids Foundation announced a transformative donation from philanthropist Garry Hurvitz, which was provided to various programs across the SickKids mental health enterprise. Our Centre received a portion of this generous donation and consequently, our centre was renamed **The Garry Hurvitz Centre for Community Mental Health at SickKids (GH-CCMH)** in honour of his generous gift.

The services provided by GH-CCMH include prevention/early intervention, outpatient programs, and intensive treatment programs which include day treatment services, community support services, and in-home treatment services. Clients within each of these programs have access to specialized assessment, individual therapy, family therapy, group therapy, parent-child dyadic therapy, and inter-disciplinary consultation both within GH-CCMH as well as with outside systems (e.g., schools, physicians, Children's Aid Societies, other mental health centres).

Note that although GH-CCMH is integrated with The Hospital for Sick Children (SickKids) the two agencies remain separate and distinct. Prospective residents seeking a hospital-based residency are encouraged to apply to The Hospital for Sick Children directly. Our residency program is focused on community mental health and does not include any hospital-based rotations.

Our residency program is accredited by the Canadian Psychological Association (CPA). The full-year doctoral residency program was accredited with the Canadian Psychological Association in 2022 for a 4-year term (2021/2022 until 2025/2026). The program had its reaccreditation site visit in July 2026. 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*.

CPA Office of Accreditation
Canadian Psychological Association
141 Laurier Avenue West, Suite 702
Ottawa, Ontario K1P 5J3
1-888-472-0657

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

Two doctoral residencies in clinical child and adolescent psychology are available each year. The GH-CCMH residency is based within Individual and Family Services (formerly Outpatient Services) at the Jarvis site. Some past residents have chosen to spend one day a week at the Sheppard site and this opportunity remains available. Although there many similarities in the programs offered at each site, the Jarvis site houses the Intensive Services for Youth program (which includes the adolescent day treatment program) and the Sheppard site houses the Intensive Services for Children program (which includes the children's day treatment program [for grades one through eight]), as well as in-home treatment services and prevention services.

Residencies are twelve-month full-time equivalent positions. The residency has typically started on the first Wednesday following Labour Day although, at times, program-specific activities have led to an earlier start date which is communicated to residents well-ahead of time. Residency full-time equivalency means that a resident will complete a minimum of 35 hours per week and must attain a minimum of 1600 hours throughout the year-long placement. Residents are provided with shared office-space at the Jarvis site and desk space or hotelling stations as needed at the Sheppard site.

The stipend for the 2026-27 year is set at C$50,000 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 the Director of Training, who is a doctoral staff psychologist.

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 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 fully open for in-person clinical services, with some hybrid options available upon client request and when clinically appropriate. Virtual services include secure videoconferencing for clinical services, 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 2027-2028 residency cycle continues to be unknown at this time. 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 endemic 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 developmental and theoretically integrative, meaning that as an agency we do not subscribe to a single theoretical orientation or approach to treatment and instead, we select appropriate methods of assessment, consultation, and treatment based upon a derived formulation (i.e., a sophisticated understanding of why a client might be struggling with the issues that led them to seek services). We believe this to be a significant strength of the program, in that residents are encouraged and challenged to think critically about each of their clients' needs and select the most appropriate assessment methods or treatment approaches (e.g., a cognitive-behavioural approach for one client, a psychodynamic approach for a second client, and a family systems approach for a third client), rather than administering identical assessment batteries and treating all clients using the same approach. The agency also uses an interprofessional approach, and this provides residents with the opportunity to work with mental health professionals with a broad range of knowledge, interests, and skills.

A. Training goals:

1. Develop and enhance skills in assessment, diagnosis, formulation, and consultation. This includes communicating DSM diagnoses to clients, families, and team members clearly and with sensitivity both verbally and in writing and being able to explain "what" a client might be experiencing (e.g., Social Anxiety Disorder, Attention-Deficit Hyperactivity Disorder, Persistent Depressive Disorder with features of Avoidant Personality Disorder). This also includes delivering a clear, informative, and sophisticated formulation which explains "why" the client is experiencing the difficulties they are experiencing, as well as proposed recommendations to address the issue(s) identified through the formulation.

2. Develop and enhance skills in establishing and maintaining therapeutic rapport with children, youth, and families. Although there are common factors associated with rapport building (e.g., an expression of genuine curiosity about a client, accurate empathic understanding), different therapy approaches focus on additional techniques and/or ways of being with clients which our training program addresses carefully and thoughtfully.

3. Develop and enhance skills in the selection and implementation of appropriate therapeutic interventions with children, youth, and 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, learning and cognitive therapies (e.g., behaviour therapy, cognitive behavioural therapy), third generation behaviour therapies (e.g., acceptance and commitment therapy, dialectical behaviour therapy Informed approaches), Experiential Approaches (e.g., person-centered therapy, existential approaches), post-modern approaches (e.g., narrative therapy, solution-focused brief therapy), and family systems approaches (e.g., structural family therapy, emotion-focused family therapy,

attachment-based family therapy). Please, note clearly that although residents will likely have opportunities to be exposed to and use some of these approaches, no resident will be able to be exposed to and apply all of them given that the residency is limited to one year. Also please note that although delivering group therapy is not a focus of the residency program, opportunities may be found for those residents who express an interest. However, being involved in group therapy might require some extra time and work from the interested resident(s).

4. Develop and enhance cultural awareness and competence, as well as an appreciation for diversity in its many forms (e.g., gender, socio-economic status, migration, language, sexual orientation, neurodiversity) and the ability to discuss these issues and differences with sensitivity and compassion.

5. Encourage respect for and critical thought regarding research/program evaluation in the area of children's mental health, and the reciprocity between research and clinical practice.

6. Develop the skills to work collaboratively with others in an interprofessional setting, including understanding and communicating respect for the contributions of various disciplines to child and youth mental health. This includes but is not limited to seeking clinical feedback from others and, in the role of consultant, providing clinical feedback to others.

7. Develop skills in applying relevant ethical, legal, and professional standards to clinical work and thinking critically about ethical issues and dilemmas as they arise

8. Because every resident may possess additional and/or unique training goals, clinical supervisors are willing to discuss and consider additional training goals.

B. Main components

The residency program does not have formal, time-limited rotations (other than participation in Single Session Consultations [described below]) and instead, is comprised of several components that generally run for the entire duration of the residency.

1. Residents will carry a caseload of seven clients, some of whom will receive individual therapy and others who will receive family therapy. Although some of these cases may be briefer (in which case new clients will be assigned when residents complete treatment with any given client), there is the opportunity for residents to provide therapy to the same client(s) on an ongoing basis throughout the residency year, thereby giving residents the experience of assessing their clients, considering and communicating a formulation, and then implementing interventions at the early, middle, and ending stages of treatment. These clients will range in age from three to eighteen years of age, although most clients will range in age from six to eighteen.

2. Residents will complete a minimum of **three** (and possibly four) formal psychological assessments which may include a cognitive/psycho-educational component, a social-emotional/personality component, or both. Note that these assessments are more extensive than the assessments that are completed with clients prior to engaging them in therapy. As such, residents will likely complete a total of eight to twelve assessments

throughout the residency year which will include the three formal psychological assessments.

3. One resident will be assigned to the Jarvis clinical team, and the second resident will be assigned to the Sheppard clinical team. Clinical teams meet three times a month virtually. Working alongside the psychologist assigned to the clinical team, residents will function as consultants to the team and support other staff with any questions they may have regarding their clients. In addition, residents will present some of their clients to the clinical team to receive input and support as needed.

4. Each resident will offer one consultation hour per week which can be booked by a staff member who has specific questions for psychology, including but not limited to how to interpret a psychological assessment report, asking the consultant to join a client meeting to explain a previous assessment report, determining whether a referral for a psychological assessment would be appropriate, or assisting with case formulation and how to adjust treatment to suit the unique needs of the client/family.

5. Participation in a four-month "rotation" with the Single Session Consultation Team.

6. Participation in didactic seminars.

7. Participation in supervision meetings with psychology supervisors, including ninety minutes weekly with the primary supervisor and sixty minutes weekly with the secondary supervisor.

8. Participation in co-therapy debriefing meetings.

9. Completion of a program evaluation project.

Several of these 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 residents spend seven hours providing therapy to clients of different ages and presenting problems. Clients seen for therapy are most often associated with the Individual and Family Services program. This amount of patient contact typically begins following a two-to-three-week orientation period and a review of clients who have been assigned prior to having therapy sessions scheduled by our Central Scheduling team. Typically, there is a scaffolding approach used in that supervisors may be more directive at the onset, with residents being granted increased autonomy as their experience and confidence increases, although supervisory support and oversight will remain. Note that despite the expectations for a specific number of hours of direct involvement with clients, at GH-CCMH resident learning remains the top priority.

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 early evening twice a week. The agency closes at 8pm Monday through Thursday (4pm on Fridays) and the expectation is that therapy sessions will end by 7:30pm at the latest, to allow time to address any urgent issues that could arise. Hours can be flexed for those residents wanting to sustain a typical 35-hour work week. However, note that because group therapy is also offered in the evening, residents wanting a group therapy experience (assuming one is available) will likely need to be on-site for a third evening as they must prioritize the clients who have been assigned to them for individual or family therapy.

2. Comprehensive Psychological Assessment

All psychology residents are required to complete a minimum of three comprehensive psychological assessments during the residency year. As noted previously, these assessments are more thorough and involve more components (such as the use of questionnaire data and formal psychological testing) which are not typically part of the briefer assessments completed before staring therapy with a client or family. Clients seen for psychological assessment are aged six to eighteen and actively receiving therapy services through GH-CCMH. Because psychological assessment services are available to many of the GH-CCMH programs, residents may find themselves assessing clients from Individual and Family Services, Intensive Services for Youth, Intensive Services for Children, or the Community Outreach Intervention Initiative.

Comprehensive psychological assessments will typically include a review of the client's clinical file, one or several clinical interviews, questionnaire data, and formal psychological testing. Residents will provide feedback to clients and families both verbally and through written reports, and there may also be opportunities to provide feedback to other GH-CCMH therapists or teams, as well as to outside systems (e.g., attending school meetings or case conferences).

3. Individual & Family Services Interprofessional Clinical Team

The Jarvis and Sheppard clinical teams meet virtually three times a month. The teams generally include social workers, psychotherapists, art therapists, occupational therapists, and psychologists. Team members are assigned to present clients to the team during designated weeks, and often team members choose to discuss those clients who might be posing a challenge of some kind for which support and input from the team is being sought. Residents are expected to present a minimum of two of their own clients to the team throughout the year so that they can gain experience with case presentation, asking relevant questions of other professionals, and working with suggestions/feedback.

4. Didactics/Seminars

All psychology residents are required to participate in the following weekly seminars: *Assessment and Treatment with Infancy and Preschool Children and the Adolescent Development* seminar; 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. **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.

c. **Adolescent Development:** This didactic seminar will highlight theoretical, conceptual and clinical discussion and learning on different domains of functioning pertaining to adolescent development, including neurodevelopmental, psychosocial, and moral and values, and identity exploration and formation. Additional topics of discussion will include impacts of childhood adversities on adolescence, attachment, and supporting gender diversity. ***Seminar Objectives include*** strengthening participants' treatment formulation skills for adolescents by extending their knowledge and understanding of how developmental factors could contribute to the emergence, expression, and maintenance of presenting mental health challenges and disorders; support participants in clinically and meaningfully consider adolescent strengths and resilience in creating and implementing holistic and multi-domain treatments, interventions, and supports, including fostering caregiver-adolescent relationships

In addition, residents are also **<u>required</u>** 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 Friday morning seminars per residency year. Topics include: *Ethical issues; Supervision; Early careers panel; The Registration process; and topics relevant to working with Indigenous clients.*

b. **Monthly Psychology Meetings:** Psychology team members meet weekly to discuss case assignment, the residency program, and any agency-specific issues which affect psychology. Residents are invited to join this meeting on the fourth Friday of every month (9am – 10am) where they are given the opportunity to discuss issues related to practice such as ethics, privacy and confidentiality, record keeping, work-life balance, the role of a psychologist at GH-CCMH, and more generally any matters related to the residency. This is

also a forum where updates from the College of Psychologists and Behaviour Analysts of Ontario are reviewed and discussed.

Optional:

c. The *Canadian Council of Professional Psychology Programs* (CCPPP) offers a National Training Seminar Series each year. The number of seminars varies from year to year but there are typically three to five on various topics. Past topics have included understanding the legacy of segregated "Indian" hospitals in Canada, the role of psychology in supporting transgender and gender diverse clients, applying intersectionality to case formulation and careers in public service.

5. Supervision and performance evaluation

Supervision is typically provided in an individual format, although a small group format is used for the co-therapy experiences. Each resident reports to two doctoral registered psychologists who guide their residency experience as their primary and secondary supervisors. Typically, therapy clients are split between both supervisors, and the primary supervisor oversees the comprehensive psychological assessments and completed both the midterm and final evaluations (with input from the secondary supervisor and any other relevant staff members). When possible, supervisors will attempt to observe residents working with their client live. Residents are also required to record their sessions when possible so that recordings can be reviewed and discussed in supervision. Residents are required to record at least ten hours of direct work with clients for each of their two supervisors. Past residents have reported that despite experiencing a normative level of anxiety about their work being observed, this process has been highly formative in their growth as a psychologist. Although supervision tends to focus highly upon the services being provided to clients, supervision can also be used to discuss professional development and one's evolving identity as a soon-to-be-psychologist.

Residents may also choose to provide some clinical feedback to co-residents and/or staff members of the psychology staff, often through co-therapy experiences. This might take the form of observing sessions from behind a one-way mirror, delivering feedback in real time, and through debriefing after the session has ended.

Formal performance evaluations are completed at the end of January/beginning of February and once again at the end of August using the Centre's Competency Assessment form and, when applicable, the University's evaluation form. These 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 of the GH-CCMH residency program is generally on clinical practice rather than research. However, a goal of the residency program is to provide training for residents to integrate 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 their clinical practice.

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 at the end of the year, and a short, two-page summary must be submitted.

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 endemic, 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 consider doing so only 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 available through 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.ccppp.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).

Candidates will be notified on the CCPPP Universal Notification Date, **Friday, December 4th, 2026** regarding whether they are being offered an interview.

Interviews are scheduled in mid-to-late January 2027. The *Canadian Council of Professional Psychology Programs* (CCPPP) has strongly recommended that residency sites offer exclusively virtual interview for the 2027-29 application cycle. SK CCMH 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, a minimum of two 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 agreement amongst Canadian residency programs (CCPPP). 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.

Director of Training; Advance Practice Lead for Psychology and Interprofessional Education; 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

Melissa Glazer, Ph.D., C.Psych. **University of Calgary**

Psychologist, Individual and Family Services; Psychology Resident Supervisor

Mackenzie Seasons, Ph.D., C.Psych. **University of Guelph**

Psychologist, Intensive Services for Children; Psychology Resident Supervisor

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

Psychologist, Intensive Services for Children; Psychology Resident Supervisor

Vasudha Gidugu, Ph.D. Boston University

Research Scientist; Program Evaluation Supervisor

Appendix A: Sample weekly schedule

Time	Monday (Jarvis)	Tuesday (Jarvis)	Wednesday (Jarvis)	Thursday (Jarvis)	Friday (Work from Home)
8:00 AM	Adolescent Seminar (Virtual 8:30 – 10:00)	Infancy co-therapy experience with Susan (2 clients + 1 hour of debrief and planning)	Possible testing time		
9:00 AM					Psychology Meeting (4th Friday every month)
10:00 AM				Clinical Team meeting (Jarvis)	Family Therapy seminar
11:00 AM	Possible testing time			Infancy & Preschool seminar (Virtual)	
12:00 PM		Lunch	Lunch	Lunch	Lunch
1:00 PM	Lunch	Possible Consultation hour	Single Session Consultation (5 month rotation)	Possible testing time	Individual supervision
2:00 PM	Individual supervision	Admin/paperwork			Admin/paperwork
3:00 PM					
4:00 PM	Possible client session	Family co-therapy experience with Lorne	Possible client session	Possible client session	
5:00 PM			Possible client session		
6:00 PM		Possible client session			
7:00 PM					

Appendix B: Our Values

SickKids | Garry Hurvitz Centre for Community Mental Health

DEFINING OUR VALUES

COLLABORATION
- 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.

INCLUSION
- 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.

COMPASSION
- 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.

INNOVATION
- 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.

EXCELLENCE
- We create a culture of continuous improvement and are constantly learning, growing and evolving.
- We support best practices in every interaction.

INTEGRITY
- 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