
PREDOCTORAL INTERNSHIPS

IN CLINICAL PSYCHOLOGY

Psychology Services

Bloorview
KIDS REHAB

150 Kilgour Rd.
Toronto, Ontario
M4G 1R8

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Bloorview Kids Rehab

From Disability to Possibility

Introduction

Children, youth and families are the heart of Bloorview Kids Rehab. As the province's largest facility for young people with disabilities and special needs, our family-centered clinical and research programs have developed specialized expertise in the areas of rehabilitation and habilitation, advocacy, education and research. Services at Bloorview Kids Rehab include inpatient hospital care for children with complex medical or rehabilitation needs, respite care, outpatient clinics and community outreach programs. We also have a school on the premises which offers a comprehensive "head-start" program for 4 to 7 year old children with physical disabilities as well as a separate program for young children with social and communication difficulties. The school also provides ongoing educational programming for children and youth from Kindergarten to high school during their inpatient or day patient stays in the hospital. Children, youth and their families from across the province come to Bloorview Kids Rehab when their special needs cannot be addressed in their home communities. Each year more than 6,000 clients and their families benefit from the services provided by Bloorview Kids Rehab.

Clinical teams consist of professionals from a number of areas (e.g., Physicians, Nurses, Dentists, Psychologists, Physiotherapists, Occupational Therapists, Speech and Language Pathologists, Child and Youth Workers, Child Life Specialists, Recreation Therapists, Teachers, Social Workers), and are complemented by Rehabilitation Engineers and Researchers. We are the local service provider for several thousand young people with disabilities who live in the Toronto area. Bloorview is a teaching hospital and is fully affiliated with the University of Toronto. We are also home to the Bloorview Research Institute, the only pediatric rehabilitation research institute within an academic health science centre in Canada. Multidisciplinary teams of scientists (encompassing epidemiology, biostatistics, engineering, outcomes research, physiotherapy, occupational therapy, speech language pathology, psychology, education, music therapy) conduct applied clinical research intended to improve the quality of care and quality of life for children and youth with disabilities and special needs. Dissemination and critique of research activities are the foci of the weekly seminar series that are open to interns as well as staff.

By providing professional education and consultation Bloorview is an important resource for other rehabilitation centers and agencies that serve children. Working in partnership with our clients' communities across the province, we strive to develop local resources so that more and more young people can receive the services they need closer to home. For example, we have recently established satellite clinics at three other hospitals throughout Toronto, so that children under six years of age can receive tertiary multidisciplinary diagnostic services in their own communities. Our services, partnerships, research and education initiatives are all aimed at helping children and youth with disabilities develop the skills they need to achieve their goals. Hence, our vision statement: ***From Disability to Possibility!***

We serve a variety of children and youth with many disabilities and diagnoses including Acquired Brain Injury, Amputation, Arthritis, Autism, Cerebral Palsy, Cleft Lip and Palate, epilepsy, genetic disorders, muscular dystrophy, spina bifida and spinal cord injury. Many of our clients have multiple medical concerns. Services are currently provided under two broad-based *clinical programs*: **Child Development**, and **Rehabilitation and Complex Continuing Care**. Under each of these programs, various teams provide services to a range of diagnostic groups. The Child Development Program presently includes teams and services for clients with cerebral palsy, autism, genetic disorders and seizure disorders, clients with cleft lip and palate and craniofacial disorders, and clients with spina bifida, hydrocephalus and neuromuscular disorders. The Rehabilitation and Complex Continuing Care program serves the needs of our inpatient clients, as well as day patients and outpatients with specific rehabilitation needs. Though this program serves the needs of a wide range of clients, including those with Acquired Brain Injury, Arthritis and Orthopedic issues, Spinal Cord injury, and Amputee needs, psychologists primarily provide services to clients with Acquired Brain Injury through the Brain Injury Rehab Team. In addition to these clinical programs, Bloorview Kids Rehab offers a number of community-based services under our extensive **Community Program**. This program includes, for example, community-based nursery schools, therapeutic recreation services, respite services, communication and writing aids teams, life skills and summer camp programs. Though psychology staff are not attached to the Community Program, we sometimes offer consultation regarding clients that are served by this program. Visit our website at www.bloorview.ca to learn more about the organization or to download this brochure.

Our History

Two dozen women, a house, and a dream.

Those are the roots of Bloorview Kids Rehab.

Over the past century, Bloorview has evolved from two distinct entities, whose name changes have reflected the Zeitgeist of the times. In May 1899, a group of community-minded women met in Toronto to discuss the creation of a *Home for Incurable Children*. They called themselves the “Ladies Committee” and included women such as Mrs. Archibald Cox, Mrs. Walter Cassels, Mrs. M. Gooderham, Mrs. G. S. Ryerson and others.

“While they were socially privileged, they were very aware of the community and the need to provide a safe, caring environment for children with chronic illnesses and disabilities,” says Magda Zakanyi, previous archives coordinator at Bloorview.

Many of the home’s founders had already helped establish the Hospital for Sick Children in 1875, and were concerned with the lack of services available for children following acute care treatment at the hospital.

“Essentially, they took on all of the financial management of establishing a new institution,” Magda explains. They were consummate dealmakers, using their social connections to publicize their cause and secure donations. Within seven months, a house at 138 Avenue Road and furnishings were donated for 15 children. Five physicians had signed on, deferring payment for their work, and Miss Underhill, a superintendent, was hired for \$15 per month. Donations included ice cream every Saturday for the children’s tea.

In 1964, the Home for Incurable Children became *Bloorview Children’s Hospital*. Subsequently, Bloorview Children’s Hospital moved to Buchan Court in North York in 1975.

Meanwhile, in 1962, the *Ontario Crippled Children’s Centre* opened at 350 Rumsey Road in Toronto due to the dedication of Mr. John David Eaton, Mr. George Gardiner, Mr. John S. Proctor, and others. In the early 1980’s, in honour of Dr. Hugh MacMillan, one of the Center’s early physicians, Ontario Crippled Children’s Centre was renamed *Hugh MacMillan Medical Centre* and then renamed *Hugh MacMillan Rehabilitation Centre* in 1989.

In 1996, Bloorview Children’s Hospital and Hugh MacMillan Rehabilitation Centre merged to create a unified children’s rehabilitation and habilitation facility called *Bloorview MacMillan Centre*, later changed to Bloorview MacMillan Children’s Centre in 2001. Following the move to our new facility in February, 2006, our organization

became *Bloorview Kids Rehab*, Ontario's largest children's rehabilitation facility, providing highly specialized hospital care, outpatient clinics and community outreach programs to more than 6,000 children each year.

"As much as things have changed, the key components of care have remained the same," Magda says. "From the very beginning, the philosophy of allowing children to achieve their personal best was very important to the 'Ladies Committee.' Education was important, spiritual growth was important, and recreation and skills development were important."

Although Bloorview Kids Rehab has undergone many changes over the last century, the greatest change has been that "as medical knowledge, scientific discovery and technological innovation have progressed, Bloorview has been able to do a lot more," says Stephen Trumper, a former trustee and previous client of Bloorview. "What was considered incurable then was probably everything we would accept as curable now."

Our Location

Though we previously operated on two sites, since November 2006, all staff and services have been relocated to our new state-of-the-art building at the original MacMillan site location. In addition to housing offices for clinical and administrative staff, our new facility includes many amenities to benefit clients, families, staff and the community at large. Highlighted features include a Centre for the Arts, offering accessible activities related to the visual and performing arts, a resource centre including a library and internet access, a swimming pool, fitness room for staff, roof-top terrace, hotel for parents of inpatients, and a cafeteria. Additional workplace amenities include a daycare for the children of staff and community parents, as well as a gymnasium that can be booked by staff for activities.

Our City

Toronto, a metropolis of 2.5 million people, has much to offer. One of the most diverse cities in the world, Toronto embodies the 'mosaic' character of our country. Pockets of culture representing almost every corner of the world are sprinkled throughout Toronto. Annual events such as Carnival and Pride Festivals, the Toronto Film and Jazz Festivals, and the Molson Indy and the Santa Claus Parade are internationally known.

Toronto is home to numerous attractions (CN Tower, Royal Ontario Museum, Art Gallery of Ontario, Toronto Science Centre, and Ontario Place), sport, theatre and

entertainment venues (the Air Canada Centre, the Rogers Centre (formerly Skydome), Roy Thompson Hall and the Princess of Wales Theatre) and a vibrant nightlife (the Beach, the Danforth, Yorkville, College Street) scattered throughout this vibrant city. The Toronto Islands, accessible by ferry, are one of our best-kept secrets. There are beautiful and tranquil areas to bicycle, rollerblade, or simply enjoy a picnic lunch. As well, there are a myriad of interconnecting parks and paths that weave through the enormous Don Valley. The park system provides miles and miles of enjoyment for hikers or joggers and is readily accessible from our new facility!

For more information about our world-class city, the following websites are excellent resources:

General Information: www.city.toronto.on.ca

Getting Here: www.city.toronto.on.ca/attractions/getting.here.htm

Maps: www.map.city.toronto.on.ca

Attractions: www.toronto.com

Getting Around (TTC): www.ttc.ca

Orientation

Bloorview Kids Rehab requires that each new staff member participate in a General Orientation. Psychology interns attend a full-day orientation session that will familiarize them with the Values, Mission, and Structure of the organization as well as provide training in a variety of skills necessary for dealing with our varied and complex clientele. In addition to this general orientation, interns will also learn our computerized system (Meditech) for receiving referrals, submitting and signing reports, and tracking workload. While the specific details of interns' work settings may differ, the skills and knowledge acquired during these sessions will familiarize them with the general way in which a large health centre operates in terms of administrative policies and procedures. To facilitate the orientation process, interns are also provided with an orientation binder that includes a list of policies and forms both specific to the practice of psychology and to administrative guidelines for working at Bloorview. Like all new staff, interns must also sign an oath of confidentiality and consent to a criminal reference check.

An important part of working in an interdisciplinary setting is interacting with other team members. At the beginning of each rotation interns will have several

opportunities to meet and speak with staff from the various disciplines, either through team rounds or informally arranged meetings with the intern's supervisor. By meeting staff members who are part of a program's team, interns become familiar with their roles within the organization and how they complement the practice of psychology.

Various noon-hour and after-work activities and programs are offered which provide opportunities for interns to interact with each other and staff on a more informal basis as well. In the past, these activities have included lunchtime swims, walking and running groups, evening volleyball, camping trips, aerobic classes, and golf tournaments. Annual events such as a winter Holiday Dinner and Dance and a Talent Show provide further opportunities for interns to meet staff from Bloorview Kids Rehab.

Psychology Services

The professional psychology staff at Bloorview Kids Rehab forms a dynamic, energetic "young" group of practitioner-scientists. In keeping with our philosophical orientation and the organization's vision and mission statements, psychology at Bloorview is committed to client- and family-centered care, education, and research. The psychology staff group is currently composed of 13 psychologists, 3 psychological associates, 5 psychology assistants and a psychometrist, (see Biosketches for a description of staff members). Our group grows further with the addition of interns and psychology practicum students who work with psychology providers at different times during the year. We have a Professional Practice Leader, Dr. Mary Stewart, who represents the interests of the psychology profession at the Professional Advisory Committee.

Psychology staff at Bloorview provide assessment, treatment and consultation services on an inpatient and outpatient basis to clients from infancy to 19 years of age with a wide variety of medical, physical, and developmental disabilities. Within our clinical programs and services, we offer primarily developmental, cognitive, psychoeducational, personality, behavioural and neuropsychological assessments as well as some individual, family and group therapies (from a primarily cognitive-behavioural orientation). Consultation services are provided to other members of the multidisciplinary teams and community professionals, including school staff. We are committed to helping community service providers develop expertise in working with children who have physical disabilities and/or a range of complex

special needs to ensure continuity of care for our clients and quality service for others.

The Psychology staff at Bloorview Kids Rehab work within a program management structure and provide services within the **Brain Injury Rehab Team**, and a number of different teams under the **Child Development Program**. Four of our staff also provide psychological services off-site at three satellite clinics housed at hospitals throughout Toronto. These clinics offer tertiary multidisciplinary assessment and diagnostic services to children under six years of age.

The **Brain Injury Rehab Team** serves inpatient and daypatient clients who have sustained an acquired brain injury and their families. Intensive rehabilitation assessment and treatment services are provided by a multidisciplinary team that includes physicians, nurses, social workers, physiotherapists, occupational therapists, speech language pathologists, resource child and youth workers, child life specialists, early childhood educators, therapeutic recreation specialists, and special education teachers. We are currently staffed with 3 clinical neuropsychologists and 2 psychology assistants.

Neuropsychology services are also provided to outpatient clients with Acquired Brain Injury through the Brain Injury Rehab Outpatient Team. There is one clinical neuropsychologist and a psychology assistant providing assessment and consultation to clients and families across the province.

Family Support Service, a component under the **Brain Injury and Rehab Team**, is a community-based service. It provides psychosocial support to clients aged 16 to 25 years who are living with the effects of an acquired brain injury and to their families. A psychologist works with a family therapist and social worker on this team.

Psychologists also work in all three teams under the **Child Development Program**. There is currently a Child Development Team providing services to children and adolescents with autism, cerebral palsy, epilepsy, and other neurodevelopmental disabilities. This new program was formed when the previous Child Development Centre from the Hospital for Sick Children merged with our existing Neurodevelopmental Program in February 2005. The merger provides exciting opportunities for interns to access a wider range of clients, with possibilities for consultation with other psychology staff that bring particular experience in the fields of autism, attention deficit-hyperactivity disorder and behavioural therapy. The team offers a multi-disciplinary approach that may include input from physiotherapists, occupational therapists, speech pathologists, developmental

pediatricians and social workers. There are currently 6 psychologists, 3 psychological associates, 2 psychology assistants and a psychometrist on staff in this program.

The Cleft Lip and Palate/Craniofacial Team is also part of the **Child Development Program**. This outpatient team provides services to clients born with cleft lip and/or palate, or a variety of craniofacial and genetic disorders such as Apert's, Crouzon's, Velocardiofacial, Goldenhar and Treacher-Collins Syndromes. The team includes 5 speech and language pathologists, a social worker, a psychologist, and a psychology assistant.

One of our psychologists provides assessment and counseling services in the Spina Bifida and Neuromuscular Teams. These teams offer multidisciplinary services to outpatient clients with spina bifida and neuromuscular disorders, and their families. This psychologist also provides services to the Integrated Education and Therapy program (IET), our in-house school for young children with physical disabilities.

The psychology group maintains its cohesion as a discipline through regular administrative and educational (e.g., psychology rounds, journal club) meetings. At our monthly staff meetings, business entails feedback about management initiatives, practice and ethical issues or guest speakers. Our Psychology Rounds involve presentations from psychology staff and students on research projects and topics of interest based on their clinical experiences (See list of recent psychology rounds presentations in the Educational Supports section). We also recently initiated a didactic seminar series, Clinical Rounds, and a monthly Journal Club where we discuss relevant articles related to clinical practice and research.

In February 2002, we were proud to offer our first ever "Psychology Week" highlighting our roles at the Centre through booth displays on each site, psychology quizzes and information about our profession. We now host "Psychology Week" as an annual event, coinciding with the national Psychology Month activities in February, with input and support from all members of the psychology staff and students. Our 2006 Psychology Week, based on a theme of "Coping with Change", was highlighted in the 2006 Spring issue of Psynopsis, CPA's newsletter. For the 2008 Psychology Week our interns collaborated with Dr. Doug Schmidt to prepare a Grand Rounds presentation on "Psychology and the Media", which was widely-attended and well-received by many Bloorview staff members.

The Predoctoral Internship Program

Ppsychology Services are proud to have received Bloorview MacMillan Children's Foundation grants to support our internship program that began in the fall of 1999. In March 2002 the Canadian Psychological Association (CPA) awarded us full accreditation for three years. We recently received a five-year term of full accreditation, following our successful site visit in 2006. The internship standards from CPA for application, rotations and delivery of the program are being followed. There are **two full-time** paid internship positions available.

Our Applicant Pool

We have a long history of training practicum and internship psychology students from graduate clinical programs at universities across Ontario. Our initial applicants were students from Child-Clinical, Clinical Developmental, Clinical Neuropsychology, Neuroscience or School and Child programs from local Ontario universities. When we obtained CPA accreditation, we began to attract interns from clinical psychology programs across Canada as well as the United States, who are interested in acquiring experience with a specialized and diverse pediatric population. We now accept only candidates from CPA or APA-accredited clinical or counseling programs. Although previous successful intern candidates have not all had experience with rehabilitation, many have had graduate level training in pediatric psychology, have been exposed to developmental issues and have had experience with children, adolescents and young adults. Candidates have typically had experience with the administration and scoring of a number of standardized pediatric assessment measures (i.e., cognitive, academic, behavioural) as well as some counseling experience. Most expect to work as clinical child psychologists or clinical neuropsychologists and are prepared to work in a variety of settings such as mental health agencies, school boards and pediatric health facilities. Graduate students enrolled in APA or CPA-accredited doctoral programs in clinical or counseling psychology that have completed their coursework and have 1000 hours of supervised practicum experience are invited to apply.

Goals and Objectives of the Program

Our primary goal in offering the internship is to train future psychologists who are competent in providing clinical services to children and their families. Using a mastery model of training, interns gain experience with diverse health care issues, and have opportunities to work with children with medical diagnoses not often encountered in other settings. At the same time, the internship program provides training in broad-based skills of assessment, consultation and treatment that can be readily generalized to other populations, including typically developing children who may be referred to psychology services in school boards or other community agencies.

Following the mastery model, we adopt a “teach–show–do” approach where interns are expected to assume increased responsibility and independence as the year progresses. Through this approach, interns acquire valuable skills such as conducting comprehensive intake interviews, providing therapeutic feedback (including “breaking bad news”), conducting standardized assessments as well as learning how to adapt assessments to accommodate varying abilities and needs, formulating differential diagnoses, providing educational counseling to clients and their families about their diagnoses, and providing consultation to parents, teachers, and other professionals. In keeping with our primary goal, we insure that interns have opportunities to work with clients from a range of ages (preschool to young adult), diverse cultural backgrounds and a variety of diagnostic groups including experience with both inpatients and outpatients, ABI, developmental disorders (ADHD, Autism), epilepsy and other disabilities. Psychology interns are assigned to three rotations, each supervised by a different supervisor. The organization of the rotations is described in a later section.

To prepare our interns to be competent in providing clinical services to children and their families, we have established the following training goals and objectives:

1 a) Assessment

Psychology interns will enhance their assessment skills by developing breadth and depth of skills in psychological assessment through the following methods:

- Conducting intake interviews
- Using observational skills
- Formulating the problem

- Administering tests
- Scoring tests
- Interpreting and integrating test results with other data
- Knowledge/application of diagnosis
- Providing feedback to clients/families
- Writing reports

2b) Intervention:

Interns will participate in our Cognitive-behavioural therapy group program, having responsibility for co-leading both the parent group and the child or adolescent group. In addition to this expectation, the following skills may be evaluated for the intern depending on their rotation and referrals:

- Intervention planning
- Individual psychotherapy
- Family counseling
- Developing a behaviour intervention program
- Theoretical knowledge/application of therapeutic techniques

2c) Consultation:

Interns are expected to:

- Interact with multi-disciplinary teams:
 - Appreciate the significant contributions of team members from various disciplines offer information and advice to teams in order to enhance understanding and services
 - Contribute to the efficiency of team functioning through the use of conflict resolution, communication and the analysis and synthesis of information
- Consult with any other professionals within the organization
- Consult with professionals from the community to acquire and provide information

3. Professional role of psychologist

Maintain a professional demeanor

- Establish rapport with a variety of client populations
- Appreciate and understand multicultural issues and individual differences
- Clinical decision-making, e.g. choosing appropriate tests

- Communicate openly with supervisor and respond appropriately to supervision
- Demonstrate knowledge of and apply ethical standards of practice
- Ability to work responsibly in absence of supervision
- Ability to work with other staff
- Efficiency/punctuality of appointments
- Openness to learning
- Creativity and initiative
- Awareness of limitations

4. Professional Development

- Interns are expected to participate in active learning including attending didactic seminars, Psychology Rounds, Journal Club, Clinical Case Rounds

5. Research

- If appropriate, work toward completing dissertation
- Choose a research article to lead for journal club
- Make one research-based presentation for Psychology Rounds
- Participate in program evaluation of the CBT group program

6. Supervision

- Learn about supervision techniques and issues through seminars, articles and participation on the training committee
- Provide limited supervision with psychology assistants and/or practicum students

7. Administration Skills

- Be accountable through documentation of work load data entry for Ministry of Health
- Develop good time management skills
- Be compliant with record-keeping procedures

Organization of Rotations

In consultation with the internship coordinator and supervisors, we expect interns to select three rotations with three different psychologists during their year at Bloorview Kids Rehab. Rotations are described in detail in a later section. Please note that the rotations are subject to change pending staff availability. Rotations

are normally of four months duration and are consecutive (i.e., September to December, January to April, and May to August). Most candidates can expect to do one rotation on a team offering neuropsychological services. The level of training and exposure to neuropsychology will vary, however, depending on the background and experience of the intern. For many interns, the focus of this rotation will be an introduction to the practice of neuropsychology. Interns pursuing training in neuropsychology may be offered a more intense exposure to the field, and might wish to consider two rotations in that area. Those interested in educational psychology or pediatric health psychology should consider rotations with the Child Development and Spina Bifida and Neuromuscular Teams. Interns are expected to choose rotations so that they are exposed to a variety of different populations. This insures that interns are provided with adequate breadth of clinical experiences. The order of rotations varies depending on both the needs of the interns and the availability of their respective supervisors. While the majority of their time is spent with their assigned supervisors, interns who wish to do so also have the opportunity to explore minor interests in other rotations or in consultation with other staff such as psychological associates or a family clinician (refer to rotation descriptions for more details).

A Typical Week for an Intern

While there is no “typical week” as a psychology intern due to the breadth of services offered at the Bloorview, interns are very much included and incorporated within their respective rotations as psychology staff. They are afforded significant opportunities to interact with clients, their families and professionals from other disciplines. Interns can expect to spend a significant proportion of their time in direct client care, which may involve clinical interviewing, consultation with parents and families, psychological or neuropsychological testing, and individual and/or group counseling. As noted previously, all interns are expected to participate as co-leaders in both the parent group and child or adolescent group of the CBT group therapy program. A psychologist who may be different from their rotation supervisor supervises their work in this program. When not engaged in assessment or intervention, interns may be involved in less direct aspects of client care such as report writing, file review, administrative tasks (e.g., writing progress notes), scoring and interpreting test results, attending interdisciplinary client rounds, and receiving clinical supervision. Like all staff at Bloorview, interns are also expected to document and enter their workload statistics using the Meditech system. Finally, interns attend and contribute to Psychology Rounds, Journal Club, didactic seminars and staff meetings that are each held on a monthly basis.

Supervision

The internship follows the CPA standards for the supervision of interns, with a minimum of four hours per week of individual supervision. Although the style of supervision varies with each supervisor, interns can expect to learn from modeling, observation, teaching, directed readings, feedback, ethical training and professional guidance. At the outset of the internship, interns meet with the internship coordinator and all three of their rotation supervisors to establish their training plan for the year. During each rotation, there is a formal mid-rotation meeting with the intern, their rotation supervisor and the Internship Coordinator, to review the intern's goals. Additionally, each intern meets individually with the Internship Coordinator on a monthly basis. These meetings provide interns with opportunities to discuss privately their experiences in the rotations. The meetings also allow for the Internship Coordinator to ensure training goals are being addressed. At the end of each rotation there is a transition meeting that includes the intern, the Internship Coordinator, the current supervisor and the incoming supervisor. In preparation for this meeting, the current supervisor completes a formal evaluation form which is reviewed privately with the intern prior to the meeting. At the transition meeting the intern's performance and progress for the rotation are summarized. There is also a final meeting at the end of the training year where the intern, the Internship Coordinator and all three supervisors meet again to review the intern's progress in relation to their individual training plan.

Supervisory Supports

During their internship year, interns can take advantage of a range of supervisory and didactic supports, adding to the richness of the intern experience.

In addition to supervision provided by the supervising psychologist of each rotation, other supervisory supports and consulting opportunities are available. Three Psychological Associates, Ms. Janet Quintal, Ms. Mary Quan Hyatt, and Ms. Molly Malone, are also available for consultation. All three work on the Child Development team. Ms. Quintal was previously the psychological consultant to the Bloorview Kids Rehab School - Integrated Education Therapy (IET) Program. She now works with a range of clients from the Child Development Team. Ms. Quan Hyatt is the coordinator of the Transition Assessment Service in the Child Development Team at Bloorview. These assessments are for clients who intend to go on to university or college and who require documentation for academic accommodations. Interns may observe Ms. Quan Hyatt when she conducts the psychoeducational component of

the multidisciplinary assessments. Ms. Malone provides assessments to school-aged children, particularly those with learning disabilities and attention deficit hyperactivity disorder. (For a more detailed description of their areas of focus see their Biosketches).

Other opportunities for supervision and consulting are possible with adjunct staff. For example, Ms. Caron Gan, a registered marriage and family therapist, is on the Family Support Service team. Ms. Gan can provide the intern with experience in systems-based therapy through real-life observation, participation, co-therapy, or role-play. She can also expose interns to models of brief therapy.

Educational Supports

Apart from the supervisory experience, interns will discover a wealth of educational opportunities at Bloorview. Our new resource centre offers internet access as well as a library collection that includes books, journals, videos and other materials related to pediatric rehabilitation, disabilities, complex medical conditions, research and education. Examples of journals in the collection are Developmental Medicine and Child Neurology, Journal of Head Trauma Rehabilitation, Pediatric Rehabilitation and Journal of Pediatric Orthopedics. Our resource centre is also part of a consortium of health science libraries through the University of Toronto. Our librarians are extremely knowledgeable and resourceful and will help interns locate and obtain additional material not available on site. This material can be easily accessed via inter-library loan, document order, and online searches of databases via the internet. Interns are also welcome to do their own searches, as they will each have their own computers with access to the internet.

The Journal Club, Psychology Rounds and Didactic Seminars are also essential educational components of the internship program. Interns are expected to attend the monthly Journal Club and Psychology Rounds along with psychology personnel and practicum students. They are responsible for selecting an article and leading discussion for one of the journal club meetings, and for presenting one seminar on a topic of their choice for rounds. Recent rounds topics have included: *Self-evaluation of Driving Ability After Stroke*; *Developing Autonomy and Social Competence in High-risk Children*; and *Psychological Report Writing: A review of the literature*. The Didactic Seminar series is a new program that was established in the 2006-07 year. The program covers a range of topics relevant for psychology practice with children, including therapy issues including individual child therapy and family therapy, diagnostic issues such as Autism, ADHD, Developmental

Disabilities, as well as topics related to pediatric health populations, such as Speech and Language issues and Cerebral Palsy.

Grand Rounds are also another excellent educational opportunity for interns. Grand Rounds are centre-wide forums, where presentations are made by Bloorview staff and external contributors. The intern can also attend research seminars conducted by the Bloorview Research Institute and Instructional Media Services. A variety of educational opportunities are listed on a monthly basis in Bloorview's Education Events Calendar. Interns may also choose to be certified in Nonviolent Crisis Intervention, which focuses on the management of disruptive or aggressive behaviour.

Research

As practitioner-scientists, we recognize that research is an important part of graduate clinical work. However, our focus during the internship is on the "practitioner" part of the model, as well as on professional development activities. Thus, while interns are expected to participate in some research activities during their internship, these are considered a minor aspect of our program. Specifically, research activities should not take up more than one-half day per week of an intern's time. Many interns have chosen to use their research time to work on their dissertations. Interns are also involved in the program evaluation of the CBT group. For those who are interested in other research opportunities, supervisors often act as consultants or collaborators on both internal and externally based research projects and interested interns are welcome to participate in these endeavours. Interns are also encouraged to make use of our library services to research clinically relevant topics and diagnostic information.

Evaluation

Evaluation of the interns' performance is an ongoing process. As noted above, midway through each rotation, interns, their supervisors and the coordinator meet and evaluate the progress of the intern with respect to the specific goals for that rotation. Interns are formally evaluated in writing at the end of each rotation by their current supervisors. Interns receive a copy of each evaluation, and also receive a letter from the Internship Coordinator at the end of the internship year that outlines their progress throughout the entire year. Copies of the interns' evaluations are sent to their respective university Directors of Training.

Due Process

An appeal process is in place for interns and is described in detail in the orientation binder. Typically, an appeal involves the Internship Coordinator and can involve the intern's university Director of Training, as appropriate. We follow a fair evaluation procedure that includes due process in the case of dispute in the internship evaluation process.

Quality Management of the Internship Program

We have an ongoing quality management program for evaluating our internship. At the end of each rotation, interns are requested to complete an evaluation of the rotation and the supervisor. These remain with the Internship Coordinator until the end of the year when they are shared with the relevant supervisors and the Internship Committee. The Internship Committee reviews and implements interns' recommendations, as appropriate, the following year to improve our program. During their internship year, interns sit on the Internship Committee and provide a valuable contribution to the ongoing quality improvement activities of the program.

Professional Development

Professional development is also an essential component of the internship program and is considered a training goal. In addition to the in-house professional development opportunities, interns are also encouraged to participate in externally-based professional development activities including attending local conferences and workshops or making use of other library facilities. They are allotted a total of up to five paid professional development days over the course of their year for these activities.

Stipend and Benefits

In the 2009–2010 internship year each of the two interns can expect to receive a stipend of approximately \$30,150 in Canadian funds. In addition, interns will receive 13% of their pay in lieu of all fringe benefits (including statutory holiday pay, float pay, pension) and 4% in lieu of vacation for a total of 17%. Interns are expected to take 10 working days (2 weeks) off for vacation during their 52-week internship. As vacation is paid in lieu, the vacation days are unpaid at the time it is taken.

As noted above, interns are granted five professional days per year to use for professional development (e.g., conference attendance, educational workshops). Like other psychology staff members, interns will have access to some professional development funds to assist with conference fees.

Interns as staff members at Bloorview are welcome to access our Employee Assistance Program that is free of charge. The range of services is varied and the service is confidential.

Our parking rates are some of the best in the city – \$21 per two week pay period!

Rotations

CHILD DEVELOPMENT PROGRAM

CLIEFT LIP & PALATE/CRANIOFACIAL TEAM

Marla Bigel, Ph.D., C. Psych.

This rotation offers outpatient services to children and adolescents with facial differences (e.g., Cleft Lip and/or Palate, Craniosynostosis, Apert Syndrome). Interns will be exposed to the wide range of neurological, medical, cognitive, learning and behavioural features often associated with these disorders. The rotation focuses primarily on neuropsychological/neurodevelopmental assessment of children and adolescents (ages 4 – 19 years), and provides interns with an opportunity to learn more about brain development and brain-behaviour relationships in the context of these disorders. Prior exposure to neuropsychological assessment techniques, either through practicum training or work experience, is preferred. For those without prior experience, an introduction to neuropsychological assessment will be provided. Interns can expect to learn to administer, score and interpret a variety of neuropsychological, academic and behavioural assessment measures. There will also be opportunities to learn how to choose appropriate assessment tools based on the presenting problem. As part of learning about test administration, interns will learn how to test in non-standardized or “difficult” testing situations. Opportunities to observe and conduct clinical interviews and feedback to clients/families, as well as write clinical reports will also be possible. Interns will learn to integrate medical, neurological and developmental information with neuropsychological test findings to formulate diagnoses (e.g., Learning Disability, Developmental Disability, ADHD) and to make appropriate recommendations in a report. Consultation with parents, teachers and community professionals is an integral part of the rotation. Opportunities for behavioural intervention or brief education/counselling are dependent on the referrals at the time of rotation. Participation in clinical rounds, presentations and consultation meetings with CLP/CF team members at Sick Kids hospital may be available.

SPINA BIFIDA AND NEUROMUSCULAR TEAM

Andrea Snider, Ph.D., C.Psych.

This rotation offers the opportunity to provide assessment and consultation to young children attending the Integrated Education and Therapy Program (IET). The IET is a unique school program that provides an on-site comprehensive full-day “head-start” program for young children with physical disabilities. The IET provides children from 4 to 7 years of age with educational and therapeutic interventions that prepare them for successful entry into the public school system. Interns work collaboratively with teachers and other staff, providing team feedbacks, attending case conferences, and potentially IPRC meetings. In addition to the young children seen in the IET, Dr. Snider also works on a multi-disciplinary team that provides services to clients of all ages (from infants to adolescents) with spina bifida, muscular dystrophy and other neuromuscular disorders. Unless they are in a summer rotation, interns will typically get exposure to both aspects of Dr. Snider’s services.

Regardless of the client population, the focus of this rotation is largely on assessment (cognitive and behavioural), but also includes consultation to parents, teachers, and other professionals, as well as some individual counselling for children. Interns learn how to administer and interpret a variety of assessment measures for a range of clients. Interns can expect to be responsible for 8 to 10 assessment cases and to participate in at least 5 or 6 joint cases with their supervisor. Interns learn how to select assessment tools for various ages and presenting problems, how to administer formal and informal measures, how to score and interpret tests and interview data, and how to formulate diagnoses such as learning disabilities, developmental disabilities, and attention deficit disorder. They learn to conduct intake interviews, provide therapeutic feedback and education to clients, parents and families, provide feedback to teams and consultation to teachers and other professionals. There are also opportunities to provide parent consultations at our weekly Spina Bifida clinic. Depending on the referrals at the time of the internship, there may also be opportunities to take on one or two counselling cases.

CHILD DEVELOPMENT TEAM

Janice Hansen, Ph.D., C. Psych.

This rotation provides experience in delivering outpatient services to clients with cerebral palsy, epilepsy, autism and other developmental disorders. The rotation involves the opportunity to work with children of a wide range of ages (from preschoolers to adolescents), though the majority of the referrals tend to be preschool and early school-aged clients. While the focus is largely on assessment (developmental, cognitive, behavioural, personality), depending on the referrals there may also be opportunities to take on one or two counselling cases as well as to provide consultation to parents, teachers and team members. Interns typically learn how to administer and interpret a variety of tests for a range of clients, including those with mild physical limitations, as well as more complex clients who may be nonverbal and/or severely limited in their physical skills. For some cases, Dr. Hansen also works with a multi-disciplinary team providing assessment and diagnosis for children who may have Autism.

During the course of their rotation, interns are typically responsible for a minimum of 8 to 10 assessment cases, as well as participating in several other assessments with their supervisor. Interns gain experience in formulating diagnoses such as Developmental Disabilities, Learning Disabilities, Attention Deficit-Hyperactivity Disorder and Autism Spectrum Disorder. The program also operates within a multidisciplinary perspective and allows for consultation with other team members, as well as possible supervision opportunities with a psychology assistant.

Within the Child Development Team, interns may also be able to participate in a minor rotation with Dr. Jill Moscovitch, who provides assessment and consultation services to an on-site classroom for young children with social and communication difficulties such as Autism.

BRAIN INJURY REHAB TEAM

The Brain Injury Rehabilitation Team (BIRT) offers services to inpatient, day-patient and outpatient clients with acquired and traumatic brain injuries (e.g., strokes, tumours, encephalitis, trauma from motor vehicle crashes, falls). Depending on staff availability, there are three or four rotations offered in this program, which can offer the opportunity to work with a range of ages including some infants/toddlers (6 months to 2 years), preschoolers, school-aged and adolescents. While prior

exposure to neuropsychological assessment techniques, either through practicum training or work experience is preferred, an introduction to neuropsychology will be provided to those without prior experience. The focus of this rotation is on the neuropsychological (& occasionally psychoeducational) assessment, interpretation and diagnosis of children and adolescents with acquired brain injuries who, in some cases, also have pre-existing learning and behavioural issues. Opportunities to conduct developmental assessments of infants and young children (ages 1 to 4 years) may also be available. There are also opportunities to provide individual and group supportive counselling services, including a Children's Support Group (an activity/play-based group for children with acquired or traumatic brain injuries between the ages of 7 and 12 years), Cognitive rehabilitation for adolescent clients, and behavioural consultation to families and multidisciplinary team members. Interns who work in a rotation with outpatients will also have the unique opportunity to develop an understanding of the long-term consequences (cognitive, socioemotional, and behavioural) of an ABI and the many ways these children present at different developmental stage.

During the course of their rotation in the BIRT program, interns can expect to be responsible for a minimum of 5 neuropsychological or psychoeducational assessment cases, with the additional possibility of 1-2 developmental assessment cases. Interns conduct a clinical interview with clients as appropriate; administer a complete neuropsychological test battery (Halstead-Reitan approach), psychoeducational or developmental assessment as appropriate; provide feedback to the team, consultation to teachers, and therapeutic feedback and education to clients and their families; and interpret and write neuropsychological, psychoeducational or developmental reports. Interns also learn how to formulate a neuropsychological (i.e., brain-behaviour), clinical or developmental diagnosis, and to assess the impact of pre-existing learning difficulties (e.g., learning disabilities, attention deficit disorders) on current cognitive functioning. Consultation with other members of the multidisciplinary team is an essential component of the psychologist's role, and consequently, the intern's role within the Brain Injury Rehab Team and Bloorview Kids Rehab as a whole.

Psychologists currently offering rotations in the BIRT program include Drs. Mary Stewart and, Janine Hay. Drs. Lauren Dade and Rosemary Waxman are on maternity leave at this time, but are expected to return during the 2008-09 training year. Please refer to their biosketches for details regarding their background and training.

COMBINED ROTATION

Doug Schmidt, Ph.D., C.Psych.

In addition to the separate rotations offered in the Child Development Program and the BIRT program, there is a combined rotation offered by Dr. Doug Schmidt, who provides services to both programs. In addition to his clinical work on the Child Development Team, Dr. Schmidt provides services to the Family Support Service of the BIRT Program. This unique service offers outpatient services to clients aged 16 to 25 years with acquired brain injury and their families. In this rotation, interns will not be expected to conduct neuropsychological assessments of their clients; instead, the emphasis is on providing treatment to individuals living with the effects of brain injury, and learning how to consult and advocate for their needs. During the course of their rotation, interns can expect to be involved with a minimum of 5 clients and to participate in additional cases with their supervisor. The focus is on interviewing, formulating diagnoses, providing cognitive-behavioural therapy, and consulting with team members and community service providers. Other activities interns engage in include conducting intake interviews, administering assessment tools, providing feedback to colleagues, consulting with other professionals, giving therapeutic feedback, and providing individual treatment. Interns also may have an opportunity to be involved in psychoeducational, and vocational assessment and counselling. Depending on the referrals and interests of the intern, there may also be opportunities to learn group therapy and family therapy skills from Dr. Schmidt and family clinician Ms. Caron Gan.

In addition to their work in the Family Support Service, interns choosing a rotation with Dr. Schmidt will also gain experience providing assessment and intervention for children and teens in the Child Development Team. Services on this team also include consultation to parents, school staff, and other community service providers as well as consultation with and education for other staff about behaviour management, psychological functioning and assessment, and community resources.

Biosketches

Psychology Staff

Mr. Matthew Andres

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Matthew Andres received his master's degree in Educational and Developmental Psychology from the University of Western Australia in 2007. Prior to his position at Bloorview, he worked at Women's College Hospital providing assessments to children in the neonatal follow-up program. He also worked at a private clinic where he administered psycho-vocational assessments to adults involved with Rehab Network Canada Inc. In his current position at Bloorview, Mr. Andres works as a psychology assistant on the Cleft Lip and Palate/Craniofacial Team administering neuropsychological assessments to children and adolescents with facial differences. He is also regularly involved with the Child Development Program, where he also acts as a psychology assistant providing assessments for a variety of referrals.

Dr. Marla Bigel

Marla Bigel received her Ph.D. in Behavioural Neuroscience from the Department of Psychology at the University of Waterloo in 1998. Dr. Bigel is currently registered as a psychologist with the College of Psychologists of Ontario, in the area of Clinical Neuropsychology with children and adolescents. Longstanding interests in neuroanatomy, brain development, acquired brain injury and neurodevelopmental disorders led her to the field of pediatric clinical neuropsychology. Dr. Bigel completed post-doctoral research at The Hospital for Sick Children where she investigated the impact of neuropathology on learning and memory in children and adolescents with epilepsy and explored material-specific deficits in right vs. left temporal lobe epilepsy. Since arriving at Bloorview Kids Rehab in 2000, Dr. Bigel has conducted neuropsychological and neurodevelopmental assessments with children/adolescents ranging in age from 2 to 19 in different programs at Bloorview. Working in the Cleft Lip and Palate, Craniofacial program her current clinical and consultation work focuses on the neuropsychological, neurodevelopmental, psychoeducational and behavioural assessment of children and adolescents with cleft lip and/or palate, and craniofacial/genetic disorders such as craniosynostosis, Treacher Collins and Apert's Syndrome.

Dr. Jessica Brian

Dr. Jessica Brian is a Psychologist in the Child Development Program and Clinician-Scientist at the Bloorview Research Institute. She also co-directs the Autism Research Unit at the Hospital for Sick Children and has academic appointments at the University of Toronto and OISE/UT. Dr. Brian received her Ph.D. in Psychology (Clinical-Developmental) from York University in 2000. She received intensive training in Applied Behaviour Analysis with children with Autism during her pre-doctoral internship at the Princeton Child Development Institute. Dr. Brian's interests in Autism research include understanding basic mechanisms of attention, as well as very early identification and intervention with high-risk toddlers. For several years, Dr. Brian has been involved in multi-site research programs aimed at identifying the earliest behavioural and genetic markers of Autism and related disorders, and she has recently received funding to pilot a very early prevention/intervention program with infants and toddlers at high risk for Autism. In her current position at Bloorview Kids Rehab, Dr. Brian is involved in diagnostic and psychoeducational assessments of children with Autism Spectrum Disorders, developmental disabilities, learning disabilities, and related complex needs.

Dr. Lauren Dade

Lauren Dade received her Ph.D. in Clinical Psychology from McGill University (CPA/APA accredited) in 2000. She is registered as a psychologist with the College of Psychologists of Ontario. Prior to joining Bloorview Kids Rehab in 2004, Dr. Dade completed a Postdoctoral fellowship involving clinical treatment and research of pediatric pain at the Chronic Pain Clinic at the Hospital for Sick Children. She has also completed a postdoctoral research fellowship at the Rotman Research Institute, where she carried out neuropsychological research in the areas of frontal lobe function. This involved the study of patients with frontal lobe dementia, as well as traumatic brain injury. Her area of specialization was in structural brain imaging, and assisting with the development of a semi-automated brain volume analysis program. Several published papers and book chapters were published from this work.

Dr. Dade's current interests lie in the areas of child and adolescent neuropsychological assessment, behavioral assessment and intervention with clients with acquired brain injuries. She is also involved in the parent cognitive behaviour therapy intervention program for clients who are suffering from anxiety problems.

Mr. John DeLazzari

John DeLazzari received a Masters of Arts in Developmental Psychology at the University of Waterloo in 2005. Prior to joining the Bloorview Kids Rehab team his psychometric experience included testing children for the gifted program in the Hamilton–Wentworth District School Board and testing children in a special remedial reading program (PHAST) affiliated with Sick Kids Hospital and run, in part, through the Waterloo District Region School Board. His experience also includes working with children, adolescents and young adults who have learning disabilities, as well as working with adults who have neurodevelopmental disorders and/or are living with mental illness. As a Psychology Assistant for the Brain Injury Rehabilitation Team, Mr. DeLazzari's role includes neuropsychological assessment of children and adolescents who have acquired brain injuries (ABI).

Dr. Janice Hansen

Dr. Hansen obtained her Ph.D. in Clinical–Developmental Psychology from York University in 1994, becoming certified with the College of Psychologists in 1995. She has had experience working with a variety of populations of children with special needs both at Bloorview Kids Rehab and in a previous position at the E.C. Drury School for the Deaf. Much of her work has focused on the diagnosis of cognitive difficulties in children, including developmental assessment of preschoolers as well as autistic spectrum disorders, attention deficit–hyperactivity disorder, developmental disabilities and learning disabilities in school–aged children. At Bloorview Dr. Hansen currently provides services to the Child Development Team. She is also one of the supervising psychologists for the Parent component of the CBT group program.

With respect to research, Dr. Hansen's dissertation focused on the relationship between self–esteem and friendship in children with cerebral palsy. Previous projects have included a study on the cognitive and behavioural effects of the Ketogenic Diet in children with epilepsy and psychosocial aspects of music–making in adolescents with physical limitations. Dr. Hansen has also conducted workshops on a variety of topics both within Bloorview Kids Rehab and the community at large. Past presentations include an all–day workshop on "Parenting Children with Special Needs", and "Sibling Rivalry".

Dr. Hansen has been actively involved in supervision, training and mentoring for many years and in April 2005, she assumed the duties of the Internship Coordinator

for the Psychology Predoctoral Internship program. In April 2008 she was honoured to be nominated for the CCPPP Award for Excellence in Clinical Training.

In addition to her work at Bloorview, Dr. Hansen has a part-time private practice where she provides assessment and consultation to preschool and school-aged children with learning and behavioural needs. Dr. Hansen also does volunteer work with Bereaved Families of Ontario, running support groups for children who have experienced a loss.

Dr. Janine Hay

Dr. Janine Hay received her Ph.D. in Psychology from McMaster University in 1997 and completed a neuroscience post-doctoral fellowship at the Rotman Research Institute in Toronto. She has published research articles focusing on the effects of normal aging on memory, as well as the impact of various neurological conditions on cognitive functioning. Dr. Hay is a licensed psychologist registered with the College of Psychologists of Ontario, with practice in Clinical Neuropsychology. Prior to joining Bloorview Kids Rehab, Dr. Hay worked at The Credit Valley Hospital in Mississauga from 2001 to 2007, where she performed neuropsychological assessments on children and adults with neurological, medical and/or psychiatric conditions. She has also worked at the Hospital for Sick Children, conducting neuropsychological assessments on children and adolescents with sickle cell disease. In her current position, Dr. Hay is part of the Outpatient Brain Injury Rehabilitation Team at Bloorview Kids Rehab, where she assesses children and adolescents with acquired brain injuries.

Ms. Molly Malone

Ms. Malone received her B.Sc. in Psychology from the University of Toronto (1979), M.A. in Clinical Child Psychology from the University of Guelph (1981) and Ph.D. in Special Education/Applied Psychology from the Ontario Institute for Studies in Education at the University of Toronto (1986). Ms. Malone became registered as a Psychological Associate with the College of Psychologists in 1995. She has worked for Psychological Services in the Durham Board of Education. She spent the past 18 years employed by the Hospital for Sick Children working in the Child Development Centre. Her primary area of expertise involves children with attention deficit hyperactivity disorder (ADHD). Assessment of children with ADHD has been a focus for clinical service and research activities. Ms. Malone has considerable experience in medication assessment, using a double-blind placebo-controlled procedure, to

evaluate the effects of stimulants in cognitive, behavioural and affective domains for individual children and in the context of research studies. In addition to children with ADHD, Ms. Malone has assessed children with learning disabilities, developmental delay and oppositional behaviour to understand their strengths and challenges in learning and behaviour. She is first author and co-author on several scientific publications and has been a co-investigator on a number of grants, which have examined genetic factors, neurophysiology (event-related potentials) and self-concept in children with ADHD. She is a member of the Research Ethics Board at Bloorview. She has taught graduate-level university courses on Learning Disabilities/ADHD in Human Development & Applied Psychology at O.I.S.E., University of Toronto. Currently Ms. Malone is on staff with the Child Development team at Bloorview Kids Rehab.

Dr. Cherisse McKay

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Dr. Cherisse McKay received her Ph.D. in Clinical Neuropsychology from the University of Windsor in 2007. She is currently working as a supervised practice psychologist of the Brain Injury Rehab Team's Inpatient Program. This service provides comprehensive rehabilitation to infants, children and adolescents with a wide variety of acquired brain injuries. As part of her role within a larger multidisciplinary rehabilitation team, Dr. McKay completes and supervises neuropsychological assessments, conducts individual counseling and consultation where needed, and co-facilitates both psychoeducational/cognitive groups and support groups. She is also currently supervising the creation of a comprehensive neuropsychological database derived from past and present clients for future research purposes. Her current area of research interest is cognitive reserve and the effects on neuropsychological outcome in children and adolescents. In terms of research, Dr. McKay has published research articles within several domains including self-awareness of driving skills, psychometric properties of neuropsychological batteries in traumatic brain injury (TBI), and cognitive estimation skills in TBI.

Ms. Debra Lee Moroz

Debra Moroz received a Master in Education in Counseling Psychology at the Ontario Institute for Studies in Education/University of Toronto in 1999. She also completed a Diploma in Art Therapy at the University of Western Ontario in 1995. As Psychology Assistant for the Brain Injury Rehabilitation Team, her role includes neuropsychological assessment of children and adolescents who have acquired

brain injuries (ABI). Her experience also includes personality assessments, individual supportive counseling, facilitation of support groups for adolescents and adults, and piloting of a skills-based ABI teen program.

Dr. Jill Moscovitch

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Dr. Jill Moscovitch received her Ph.D. in Psychology (developmental and clinical) from the University of Pennsylvania in 1975. She completed her clinical psychology internship at Chedoke Child and Family Centre, McMaster University. Dr. Moscovitch is a licensed psychologist registered with the College of Psychologists of Ontario, with practice in school, clinical and counseling psychology. She has worked previously in education, health and mental health settings, with the majority of her work related to assessment and intervention with children, adolescents, and their parents, and consultation in school settings. Currently, Dr. Moscovitch has a part time position at Bloorview Kids Rehab, in the Child Development Program, providing psychological services to a Bloorview School classroom for young children with social and communication difficulties.

Ms. Mary Quan Hyatt

Mary Quan Hyatt is a Psychological Associate, registered with the College of Psychologists of Ontario. She has a Master's degree in developmental psychology and clinical experience in the field of pediatric rehabilitation. She is coordinator of the Transition Assessment Service in the Child Development team at Bloorview, and her clinical work involves the provision of psychological services to school-aged children, youth and their families within the context of a multidisciplinary team.

Her current interests include transition planning for adolescents and young adults preparing to enter college or university, who require assessment and documentation of the accommodations they will need to cope with their physical and learning disabilities. Transition planning also involves encouraging the process of separation and individuation in youth, whose cognitive and learning disabilities often delay the acquisition of these developmental tasks. Clinical work also includes conducting psychoeducational sessions with clients and their families to promote an understanding of the effects of the disability on academic, social and emotional development.

Clinical interests in the past have included conducting evaluations of children with disabilities whose families were being considered for landed status by Immigration

services. Current interests include assessment and consultation for children and youth with profound communication and intellectual disabilities. She is also interested in providing cognitive behaviour therapy for children and adolescents with anxiety; and presently co-leads the CBT group for parents of anxious children. In accordance with practice guidelines for the provision of services in diverse groups, Ms. Quan Hyatt tries to promote team awareness of language and acculturation factors which affect case formulation and treatment planning.

Ms. Quan Hyatt's past membership in a medical transition task group at Bloorview has encouraged the use of guidelines for preparing youth for the transition to adult services. She also takes an interest in precedent-setting legal cases, which ensure the rights and freedoms of persons with disabilities.

Ms. Janet Quintal

Ms. Quintal received her BA with First Class Honours in Psychology from McGill University and her Master's degree in Developmental Psychology from York University. She subsequently became the first Psychological Associate registered with the College of Psychologists of Ontario in 1994. She has extensive experience working with children and adolescents with a range of disabilities and special needs both at Bloorview Kids Rehab and in her private practice. At Bloorview she provides psychological services including assessment, consultation, education and short periods of counselling when required to clients and families in the Child Development Program. Ms. Quintal's work typically focuses on cognitive based challenges including assessment and diagnosis of learning or developmental disabilities. Additional common diagnoses include attention deficit hyperactivity disorder and autism spectrum disorders. Provision of management and programming strategies to families, schools and/or rehab teams are also an important outcome of learning, achievement, adaptive and behavioural assessments.

In terms of teaching Ms. Quintal has extensive experience as a Practicum Supervisor, and in 2007 became the Coordinator of Practicum Students in Psychology. She has also been an invited speaker on topics related to learning issues associated with neurological disabilities. Her most recent presentation titles have included 'Meeting the Needs of Students with Cerebral Palsy' and 'It's Not Just a Physical Disability: Maximizing Learning Potential'. Ms. Quintal has moderated a number of sessions of an on-line course for educators titled 'Supporting Students with Cerebral Palsy and Spina Bifida & Hydrocephalus in the Classroom'. She participates as an oral examiner and interviewer for the College of Psychologists of Ontario.

Dr. Leila Rahey

Dr. Leila Rahey received her Ph.D. in Clinical Psychology from Queen's University in 2007. She is registered as a psychologist (supervised practice) with the College of Psychologists of Ontario. In 1998, she completed her M.A. in Clinical Psychology at Queen's University and worked in several positions within child and family health prior to beginning her doctoral degree. Her experiences include employment as a clinician, prevention program coordinator, and staff trainer for mental health, residential, and school based services. In addition, she has training in crisis intervention and applied behaviour analysis and has worked as an ABA therapist for children with Autism Spectrum Disorder. Dr. Rahey has special interests in adolescent health psychology, in particular in how to support adolescents in making the transition to adult health services and post-secondary education. In her current position, Dr. Rahey is part of the satellite Child Development Clinic at St. Joseph's Health Centre, which serves children suspected of having developmental delays, autism spectrum disorders or other cognitive concerns who live in west Toronto. As well, she provides assessment, consultation and short-term intervention for children and families in the Child Development Program.

In terms of research, Dr. Rahey's dissertation focused on the influence of bullying and social relationships on risky health behaviours during adolescence. She also has research interests in policy analysis and the integration of program evaluation practices within clinical settings and has been employed as an evaluation consultant in public health, mental health, and educational settings in Canada and the US. Recent publications on evaluation include:

Rahey L. & Craig, W. (2002). Evaluation of an Ecological Program Designed to Reduce Bullying in the Schools. Canadian Journal of Counselling, 36, 281-296.

Pepler, D. J., Craig, W. M., Blais, J., & Rahey, L. (2004). Developing Needs Assessment and Program Selection Tools to Address Bullying Problems At School. Ontario Ministry of Education, Queen's Park.

Mr. Thomas Rhee

Thomas Rhee received his M.A. in the Clinical–Developmental Psychology program at York University and is currently working towards his Ph.D. His primary area of research interest involves the cognitive abilities and memory skills in children with autistic spectrum disorders and developmental disabilities, and he has presented his work across various international conferences. As a psychometrist for the Child Development Program, his role includes psychological and developmental assessment of children and adolescents with autistic spectrum disorders, developmental disabilities, and learning disabilities. Mr. Rhee has also previously worked as a research assistant, teaching assistant, instructional therapist for children with autism, and psychoeducational consultant to the school board.

Dr. Douglas Schmidt

Dr. Schmidt is a psychologist with the Family Support Service and the Child Development team. He works with teens and young adults with acquired brain injury as well as school age children and teens with developmental, learning, and physical disabilities. He is particularly interested in individual and family adjustment issues, and management of executive functioning difficulties.

Dr. Schmidt obtained his M.A. in Child Psychology from the University of Minnesota–Twin Cities in 1992, and his Ph.D. in Clinical Psychology at the University of Ottawa (CPA/APA accredited) in 2000. His dissertation was focused on factors associated with successful return to high school. In 1998–1999 he completed his internship in Edmonton at the Glenrose Rehabilitation Hospital and Alberta Hospital–Edmonton (CPA/APA accredited). Dr. Schmidt then worked for 5 years as a chartered psychologist in Alberta. Between 2001 and 2005, as a staff psychologist at the Glenrose Rehabilitation Hospital in Edmonton, he provided assessment, consultation, and treatment services for children and teens with a variety of disabilities.

Mrs. Elaine Shapiro

Elaine Shapiro received a Bachelor of Arts in Psychology at the University of British Columbia in 2001. Prior to joining Bloorview Kids Rehab, Mrs. Shapiro worked as a Psychology Assistant in the Child Development Centre at the Hospital for Sick Children. While studying at the University of British Columbia, she worked as an Educational Assistant for the Vancouver School Board and also provided Intensive

Behavioural Intervention to children with autism. Mrs. Shapiro is presently working as a Psychology Assistant in the Child Development Program. Her primary role in this position is to perform psychological, behavioural and psychoeducational assessments of preschool and school-aged children with a variety of disabilities including autism spectrum disorder, cerebral palsy, attention deficit-hyperactivity disorder, learning disabilities and developmental disabilities.

Dr. Naomi Slonim

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Dr. Naomi Slonim is a registered Psychologist in school and clinical child and adolescent psychology, practicing in the areas of assessment and intervention with individuals and families. She received her Ph.D. in School and Clinical Child Psychology from the Ontario Institute for Studies in Education of the University of Toronto where her research examined civic engagement and delinquency in youth. Dr. Slonim completed a post-doctoral clinical fellowship at the Hincks Dellcrest Centre focusing on social and emotional assessment and individual and family therapy. She has additional clinical experience from a number of school and clinical settings in Toronto, including the Toronto District School Board, Surrey Place Centre, the Hospital for Sick Children and the Centre for Addiction and Mental Health. Dr. Slonim is currently providing assessment and consultation for children and adolescents with a wide range of developmental issues, including Learning Disabilities, Developmental Disabilities and Autism, as part of the Child Development Team at Bloorview Kids Rehab.

Dr. Andrea Snider

Andrea Snider received her Ph.D. in Psychology from McMaster University in 1989. She is registered as a psychologist with the College of Psychologists of Ontario. Since 1993, she has worked at Bloorview Kids Rehab with children, adolescents, and young adults with spina bifida, spinal cord injuries, muscular dystrophy and other neuromuscular disabilities, arthritis and orthopedic issues, amputations, cerebral palsy, and other syndromes. She also works in the Integrated Education Therapy school program at Bloorview Kids Rehab. Her work has focused on the diagnosis of cognitive difficulties in children and adolescents, providing supportive counselling to the young people and consultation to their families, teachers and other professionals. A particular focus of her clinical practice is on the effects of spina bifida and hydrocephalus on cognitive processes, school and social functioning. She has been involved in a research project adapting a client satisfaction questionnaire

for adolescents, and a project looking at helping families to manage difficult self-care regimens. She currently coordinates a cognitive behaviour therapy group for children who experience anxiety and their parents. She is on the Bloorview bioethics forum, and the pain management committee.

Dr. Mary Stewart

Mary L. Stewart earned her Ph.D. in Clinical Neuropsychology (CPA/APA approved program) from the University of Windsor in 1991. Dr. Stewart is registered as a psychologist with the College of Psychologists of Ontario and is listed with the Canadian Register of Health Service Providers in Psychology. She is currently the Psychology Professional Practice Leader at Bloorview Kids Rehab. Dr. Stewart also represents Psychology at Bloorview as a member of the Association of Chief Psychologists with Ontario School Boards.

Dr. Stewart's current clinical interests are in the areas of child and adult neuropsychological assessment, behavioural assessment and intervention, and individual/group supportive counseling of clients with acquired brain injuries. Dr. Stewart's research interests include evaluating the predictive validity of early traumatic brain injury indicators on subsequent memory and psychosocial functioning. She has also evaluated the psychosocial outcomes of adolescents with acquired brain injuries who participate in an emotional supportive counseling group during their rehabilitation admission.

A recent review of the traumatic brain injury literature as it pertains to the recovery and rehabilitation process in children and adolescents may be found in *Picard, E.M. & Stewart, M.L. (2007). Neuropsychological Consequences. In MacGregor, D., Kulkarni, A.V., Dirks, P.B., & Rumney, P. (Eds.), Head Injury in Children and Adolescents. London: MacKeith Press.*

Ms. Ruthanne Wasserman

Ruthanne Wasserman completed her training at the Institute of Child Study, University of Toronto in 1995. Her area of specialization was assessment and counseling with children and adolescents with a primary focus on neuropsychological assessment. She also received a Masters of Social Work at the Faculty of Social Work, University of Toronto in 1973. Her experience has included working with children, adolescents and adults who have acquired brain injuries. While employed at Bloorview Kids Rehab, Ms. Wasserman has worked as a research

assistant on projects that focused on music attention training, and peer group training of pragmatic skills with adolescents with acquired brain injury. She has also worked as a research assistant on a project that involved adolescents and adults with cerebral palsy. As psychology assistant for the Outpatient component of the Brain Injury Rehab Team, her clinical role includes neuropsychological and behavioral assessment of children and adolescents.

Ms. Wasserman's publication (1998) with M. Stewart, C. Wiseman-Hakes, and R. Schuller, entitled, Peer Group Training of Pragmatic Skills in Adolescents with Acquired Brain Injury, appears in *Journal of Head Trauma Rehabilitation*.

Dr. Rosemary Waxman

Rosemary Waxman received her Ph.D. in Clinical Neuropsychology (CPA/APA approved program) from the University of Windsor in 2004. Dr. Waxman is registered with the College of Psychologists of Ontario and is currently employed as a Psychologist in the Brain Injury Rehab team under the Rehabilitation and Complex Continuing Care Program. Her doctoral dissertation focused on the classification of learning disability subtypes and their corresponding neuropsychological profiles. Previous clinical experiences have involved developmental, educational, neuropsychological and vocational assessment of children and adults with various conditions affecting the development or functioning of the brain. Current clinical work and interests include neuropsychological assessment of children, neurobehavioural disorders and development, brain injury rehabilitation, behavioural assessment and intervention, and supportive counseling of children and their families.

Adjunct staff

Ms. Caron Gan, R.N., M.Sc.N., R.M.F.T.

Ms. Caron Gan received her B.Sc.N. and M.Sc.N. from the University of Toronto and her post-graduate marriage and family therapy training through the University of Guelph and the University of Toronto. She is a Registered Marriage and Family Therapist, and is a Clinical Member and Approved Supervisor through the Ontario and American Association of Marriage and Family Therapy. Through the supervisory experience, interns are introduced to various models of family therapy and systemic intervention. She has 30 years experience in health care and rehabilitation, including 17 years in neurorehabilitation providing psychotherapeutic intervention to

individuals, couples and families living with the effects of acquired brain injury through her work with the Family Support Service at Bloorview Kids Rehab in Toronto. Her academic activities include a cross-appointment as a Lecturer in the Faculty of Nursing at the University of Toronto. She has given several keynote presentations on family systems interventions, sexuality and intimacy, and family adjustment after brain injury. She is co-author of a crisis measure for individuals after brain injury (*Brain Injury* 2003) and lead author of a measure of client-centred care for adolescents (*Canadian Journal of Occupational Therapy* 2008). She has been primary investigator on two funded studies of family outcomes after brain injury (*Brain Injury* 2002, 2006) and co-investigator on an ONF funded project to identify best practices in family intervention after brain injury (*Neurorehabilitation* 2007). Through the Bloorview Research Institute, she is currently leading a research team to develop an empirically based intervention for adolescents with brain injury and their families.

How to Apply

We joined the Association of Psychology Postdoctoral and Internship Centers (APPIC) in 2002 and are part of the Internship Matching Program, following the guidelines for selection of interns from APPIC (see www.appic.org for APPIC's policies). In keeping with these guidelines, we agree to abide by the APPIC policy that no person at Bloorview Kids Rehab will solicit, accept, or use any ranking-related information from any intern applicant. Interested candidates are requested to register with the Match Program through the website <http://www.natmatch.com/psychint/>

Interested applicants are asked to forward the AAPI application, curriculum vitae, graduate and undergraduate transcripts, a letter from the training director stating they are ready for the internship (Part-II of the AAPI form) and three independent references using the standardized reference forms from CCPPP available at www.ccppp.ca along with a covering letter to:

Dr. Janice Hansen, Internship Coordinator for Psychology.

In accordance with federal privacy legislation (*Personal Information Protection and Electronics Documents Act* - <http://laws.justice.gc.ca/en/P-8.6/>) you should be aware that we are committed to only collecting the information in your application that is required to process your application. This information is secured by the Internship Coordinator and is shared only with those individuals involved in the evaluation of your internship application. If you are not matched with our program, your personal information is destroyed within four months of Match Day. If you are matched with our internship program, your application and CV will be available only to those involved in your supervision and training including your rotation supervisors, the Internship Coordinator, and relevant administrative support and human resources staff.

The application deadline is November 15, 2008.

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