



CENTRE FOR
INTERPERSONAL
RELATIONSHIPS

CLINICAL PSYCHOLOGY RESIDENCY
PROGRAM MANUAL

Ottawa & Toronto

**CENTRE FOR INTERPERSONAL RELATIONSHIPS (CFIR)
CLINICAL PSYCHOLOGY RESIDENCY PROGRAM**

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**CENTRE FOR INTERPERSONAL RELATIONSHIPS (CFIR)
CLINICAL PSYCHOLOGY RESIDENCY PROGRAM**

2018-2019 Academic Year

Training Directors: Dr. Aleks Milosevic, C.Psych. (CFIR-Ottawa); Dr. Lila Z. Hakim, C.Psych. (CFIR-Toronto)

THE CENTRE FOR INTERPERSONAL RELATIONSHIPS (CFIR) & CFIR VALUES

The Centre for Interpersonal Relationships (CFIR) is a private mental health organization that facilitates the provision of psychological assessment and treatment services (within multiple treatment services and assessment services) to children, adolescents, adults, couples, and families at Ottawa, Canada and Toronto, Canada locations. Clinical services at CFIR are provided by members of the College of Psychologists of Ontario, including Registered Psychologists, Registered Psychological Associates and Psychologists in Supervised Practice.

CFIR clinicians provide evidence-based, psychological assessment and treatment services. They also value working from multiple different therapeutic modalities for the purpose of meeting a wide range of client concerns, disorders, and goals. When appropriate, they integrate various evidence-based therapies on the basis of individualized case conceptualizations and individualized treatment plans. CFIR provides training to support clinicians in the endeavour of integrating empirically-supported treatment approaches when appropriate.

CFIR has a vibrant and rich professional culture that provides psychology residents with numerous opportunities to engage in discourse and critical thinking about current scientific-clinical research, clinical theories, and the integration of treatment models in everyday clinical and private practice. Our clinicians value developing, on an ongoing basis, a wide breadth of knowledge about different therapeutic discourses, including Psychodynamic/Psychoanalytic/Attachment, Cognitive-Behavioural Therapy (CBT), Dialectical Behavioural Therapy (DBT), Acceptance and Commitment Therapy (ACT), Mindfulness-Based Therapies (e.g., MBCT), Emotion-Focused (EFT)/Experiential/ Person-centered and Narrative/Post-Modern approaches. Our supervisors offer residents opportunities to learn various therapeutic approaches and a unique model for psychotherapy integration.

For further information about CFIR's treatment and assessment services, please visit www.cfir.ca.

The CFIR Clinical Committee's guiding values are as follows:

Our professional practice is guided by the ethics, standards, and regulations set out by the College of Psychologists of Ontario, College of Registered Psychotherapists of Ontario, Ontario College of Social Workers and Social Service Workers and relevant provincial and federal laws.

The clinical practice of psychology (assessment, diagnosis, and psychotherapy) is most effective when guided by leading edge, scientifically-based knowledge. We are committed to adhering to best practices in psychological assessment and treatment.

Psychological services are most relevant when customized to meet the individual concerns and needs of clients. Our clinicians work collaboratively with clients to achieve their goals and offer a variety of treatment modalities within an integrative framework.

Confidential, compassionate, caring services and authentic engagement in-session is important to support clients in building a more secure, resilient self, and in strengthening their relationships.

Offering affordable assessment and treatment options increases accessibility to psychological services in the community.

A resilient, authentic self and healthy relationships are the cornerstones of optimal well-being in everyday life.

CFIR CLINICAL PSYCHOLOGY RESIDENCY

We are pleased to offer two, full-time (40 hours per week, with approximately 20 hours face-t-face client contact per week) residency positions within CFIR during the 2019-2020 academic year (one for CFIR-Ottawa, one for CFIR-Toronto). The CFIR residency will be of particular interest to applicants who are bound for careers in clinical practice, specifically within a private practice context. Notably, the residency also offers a rare opportunity to receive training and clinical experience in couples therapy and sex therapy and their intersection.

CFIR residents are assigned to one of three residency tracks based on their clinical interests/training goals (i.e., 1. Child, Adolescent & Family; 2. Adult; 3. Couples & Sex Therapy), each of which consists of one major treatment rotation and one major assessment rotation over approximately 3 days/week. Residents can also select one minor rotation (approximately 1 day/week), or two minor rotations (0.5 day/week each) within or outside of their major track. Residents may also co-supervise a master's-level psychology student.

The residency runs from September 1 to August 31 annually, with three weeks for vacation, various statutory holidays, and time off to attend conferences. Residents do not receive supplemental health benefits and they will contribute to Canada Pension and Employment Insurance.

The stipend for the residency is \$30,000 CDN/year, which is paid twice per month.

PHILOSOPHY OF RESIDENCY TRAINING

The CFIR residency program provides clinical training in the context of a scientist-practitioner model. Residents are expected to think critically about the clinical services they offer and make clinical decisions that are empirically-informed. This involves the use of evidence-based treatments, clinical research, and assessments, including information gathered from empirically-driven, comprehensive assessments of all clients.

Consistent with this philosophy, the CFIR residency program is designed to provide training in the four general domains of:

- 1) Knowledge of psychological theories and clinical research;
- 2) Therapeutic interventions and their integration;
- 3) Clinical assessment and testing skills; and,
- 4) Ethics and professional practice

PSYCHOLOGISTS AT CFIR

At the present time, there are approximately 30 psychologists practicing at CFIR. Psychologists at CFIR have been trained extensively in multiple treatment modalities, including: Acceptance and Commitment Therapy (ACT); Cognitive-Behavioural Therapy (CBT); Dialectical Behavioural Therapy (DBT); Emotion-Focused Therapy (EFT); Mindfulness-based Therapies (e.g., MBCT); Psychodynamic/Psychoanalytic/Attachment therapies; and Systemic Therapy. Many of our psychologists also hold, or have held, positions in major Ottawa and Toronto teaching hospitals (e.g., the Royal Ottawa Mental Health Centre, the Ottawa Hospital, the Centre for Addiction and Mental Health [CAMH], etc.), on Family Health Teams (FHTs), and hold clinical professor or professor statuses at Ontario Universities (e.g., Carleton University, the University of Ottawa, Université du Québec en Outaouais, the Ontario Institute for Studies in Education/University of Toronto). Our psychologists often have active, ongoing involvement in research and are published authors in peer-reviewed journals. They are actively involved in providing clinical training/supervision to Master's and Doctoral students within and outside of the Centre both in Ottawa and Toronto; in this regard, CFIR is currently a recognized practicum site by at least fifteen post-secondary institutions, including Adler School of Professional Psychology, Adler University, Fielding University, McGill University, Medaille College (United States), Ontario Institute for Studies in Education/University of Toronto, Ryerson University, Saint-Paul University, University of Guelph, University of Ottawa, Université du Québec en Outaouais, University of Waterloo, Uppsala University (Sweden), York University, and Yorkville University.

CFIR residency supervisors and their clinical interests and areas of competency are listed toward the end of this residency manual.

SUPERVISION AND EDUCATIONAL EXPERIENCES

Residents receive intensive supervision on an individual basis. They receive a minimum of two hours per week of individual supervision, and two hours of seminar/didactic meetings in a group format per week. Optional consultation groups in a group format are available on a weekly basis.

Supervision may include any of the following activities, depending on the resident rotations: case reviews, live observation of testing/feedback or intervention sessions, audio/video review of sessions, individual supervision, review of written material, and role plays. Supervision involves discussion of cases, support for residents to develop competence in intervention and assessment, as well as addresses professional development more broadly.

There are a wide variety of educational experiences available to residents at CFIR. A general orientation to the residency and training in key considerations in the integration of psychotherapies takes place at the beginning of the year. Throughout the year, residents also attend a Clinical Seminar Series (CSS) and Integrative Psychotherapy Seminar Series (IPSS). Residents are encouraged to take advantage of a wide variety of other professional development activities including lectures, workshops, seminars, and professional conferences. Annually, CFIR has hosted weekend training workshops for our psychologists and trainees.

a. Clinical Seminar Series (CSS)

The Clinical Seminar Series consists of seminars providing theoretical and applied knowledge relevant to the assessment and treatment of a wide range of clinical presentations, and consideration of a variety of topics in the area of ethics and professional practice. This series includes topics such as professional development, ethics, jurisprudence, and evidence-based treatment interventions, and presentations related to suicide risk assessment, ethical dilemmas in clinical practice, and working in a private practice setting.

b. Integrative Psychotherapy Seminar Series (IPSS)

The Integrative Psychotherapy Seminar Series provides residents with a unique opportunity to develop knowledge and skills in the integration of a various evidence-based psychotherapeutic approaches. Residents will learn about a phase-specific treatment model that provides a framework for integration. This series involves formal didactics.

CFIR TRAINING RESOURCES

CFIR-Ottawa and CFIR-Toronto are facilities equipped with 13 and 10 offices, respectively, large staff rooms, test storage/test scoring rooms, administrative offices, and reception desks.

As part of their assessment rotations, residents at both Centres have access to state-of-the-art testing/assessment tools, including psychoeducational, psychodiagnostic, personality, neuropsychological, and autism-spectrum assessment kits, and a vast library of paper testing protocols and online test protocols. Residents also have access to computerized test scoring programs and have administrative support with respect to test kits and protocol usage.

Residents also have access to the staff room, which consists of couches for relaxing and socializing with CFIR associates and trainees, a kitchen, and a large television. Large meetings, case conferences, and consultation groups are held in the staff room and residents are welcome to attend these meetings.

Each Centre has 2-3 administrative staff supporting psychologists and residents Mondays through Fridays from 8:00am to 9:00pm. Administrative staff support residents in scheduling and re-scheduling clinical sessions, preparing and filing clinical files and invoices, and with other administrative duties (e.g., photocopying, etc.).

RESIDENCY EVALUATIONS

Residents receive and review with their supervisors their residency evaluation forms at the onset of the residency. They then receive a formal, written evaluation of their performance at the mid-point (sixth month) and end (twelfth month) of the residency year. Evaluations are completed with the resident and rotation supervisor, and are then sent to the Training Director for a final review. The Training Director stores the evaluation in the resident's file, and also forwards copies of evaluations to the resident's Director of Clinical Training (DCT).

MINIMAL STANDARDS FOR THE SUCCESSFUL COMPLETION OF THE RESIDENCY

Successful completion of the residency requires that residents complete two major rotations and one minor rotation to the satisfaction of the Training Director. Specific requirements of each rotation are reviewed with the resident at the beginning of residency year. At the end of the residency year, residents are expected to be able to competently and independently provide psychological services including assessment, diagnosis, and the provision of evidence-based psychotherapy and demonstrate proficiency in the integration of different therapeutic models based on client presenting concerns, goals, and individual differences. Residents are also expected to have advanced their knowledge of ethics and professional standards and further developed in their roles as professionals in the field of psychology.

REMEDATION PROCEDURES: DUE PROCESS & GRIEVANCE

Due Process Policy

The Due Process Policy outlines how the residency program deal with concerns with a resident's performance or behaviour. Due process ensures that concerning behaviour by a resident is not addressed in a manner that is arbitrary or reactive. Due process also requires the residency to determine specific remediation procedures to address the concerning behaviour, and to provide appeal procedures to the resident should the resident be unsatisfied with actions taken by the residency.

The Training Director informs residents about the residency's expectations regarding professional and ethical behaviour and the evaluative process at the onset of the residency. The Due Process and Grievance Process policies are also discussed with the residents at this time, and they receive written copies of both of these documents for their review and reference.

Concerns about a resident's performance or behaviour can relate to any behaviours demonstrated by the resident that negatively impacts his or her functioning during the residency. Behaviour that should be considered for remediation or dismissal of a resident can include: 1) violation of the Canadian Psychological Association's (CPA) Canadian Code of Ethics for Psychologists, Fourth Edition and/or the federal or provincial laws and regulations governing the practice of clinical psychology; 2) demonstrated incompetence to provide assessment or treatment services following training efforts during the residency to build competencies; and/or, 3) behaviours that are harmful to self or other, or are deemed unprofessional. Notably, if any concerning

behaviours demonstrated by the resident directly affect clients the resident may be prevented from working with clients until the behaviours are remedied.

Immediately following the identification of a concerning behaviour, a verbal notification about the concerning behaviour is provided to the resident by the Training Director and the need to build a remedial strategy to address the behaviour is discussed. Immediately following this meeting, the Training Director submits a written letter to the resident that specifies the behaviour of concern discussed and that the Training Director (and/or residency supervisor) will create with the resident a remedial plan to address the behaviour. The Training Director and/or residency supervisor works with the resident to create, implement, and evaluate a plan to fully remedy the concerns and to document this plan in writing. A written remedial plan must include clear descriptions of the concerning behaviour and the actions the resident needs to take to completely address the behaviour, the expected timeline to remedy the behaviour, how remediation is monitored and by whom, the steps taken by the residency if the concerning behaviour is not adequately addressed, and the process involved in the resident appealing the residency's decision. The written remedial plan is provided to the resident and copies are sent to the resident's file, residency supervisors, and the Director of Clinical Training (DCT) of the resident's graduate program.

Probation

Probation is a time period related to remediation when a resident is monitored by the Training Director (and/or residency supervisor) to evaluate the resident's capacity to function with respect to their concerning behaviour noted in the remedial plan. Probation is pre-determined by the Training Director to be a specific length of time, in which the resident is expected to adequately address the concerning behaviour. The Training Director evaluates whether or not the resident has reached the probationary period goal. The Training Director is responsible for providing the resident with a written document about the probationary period that includes a description of the concerning behaviours, remedial recommendations and timelines, and the methods of the evaluation of changes in the concerning behaviour. If the Training Director determines that adequate improvement in the resident's behaviour has not been demonstrated by the end of a probationary period, the Training Director communicates with the resident in writing that he or she has not completed the conditions of the probation and remediation plan and possible next steps including termination are discussed.

Residency Termination

If remediation attempts do not adequately change the resident's concerning behaviour, the Training Director and resident's supervisors need to determine the possibility of termination from the residency program. Notably, residency termination occurs when there are serious violations CPA Code of Ethics, when clients have been harmed, or when the resident is unable to complete the residency due illness or disorder. If termination occurs, the Training Director communicates in writing to the resident's DCT that the resident will not be completing the residency. The CEO of CFIR must approve a residency termination.

Due Process Procedures

The resident request a review and/or challenge any and all evaluative actions related to him or her. The steps involved in the due process procedure are: 1) notice, 2) hearing, and 3) appeal.

1) Notice: A resident must submit a written notice to the Training Director for the review of an action. The residency must then implement a review panel within five business days of the resident's request. The panel is comprised of two CFIR psychologists and two residency supervisors uninvolved in the supervision of the resident. The panel may consult with CFIR's Human Resources on issues related to due process should this be required.

2) Hearing: The resident is presented with and responds to the concerns of the residency program about his or her behaviour. The appeal panel submits a written report, including their recommendations, five days after the hearing to the Training Director. The Training Director can accept or reject the recommendations of the panel, and must do so in writing within five days. If the Training Director rejects the recommendations, further deliberation and new recommendations by the panel can be requested. The Training Director determines the final decision related to the action to be taken, and notifies the resident, residency supervisors, and the resident's DCT in writing about the decision and planned action.

3) Appeal: The resident can appeal actions taken by the residency in writing to the CEO of CFIR within five business days of being notified by these actions. The CEO works with the Training Director and the resident's DCT to determine whether to follow the original action or to determine an alternate course of action.

Grievance Policy

Should situations arise that involve residents having concerns about their residency training, supervision or their supervisors, and/or the Training Director, the grievance policy describes the processes and procedures involved in formally dealing with these concerns. A resident may raise a complaint about any aspect of their residency training and may do so at any time.

Residents presenting a grievance should initially address the issue by directly speaking with the residency supervisor as soon as possible. Should the resident have a complaint about their supervisor, they may initially address the issue with the Training Director should they report not feeling comfortable to speak first with their supervisor.

If the problem cannot be resolved between the resident and the residency supervisor, if the problem is directly related to the supervisor's behaviour, or if the problem is considered to be serious in nature (e.g., ethical violations by the supervisor), the resident should present the problem directly to the Training Director as soon as possible; complaints related to unethical behaviour should be immediately reported in person by the resident. If the complaints relates to the Training Director, the resident can present the issue to the CEO in person.

The Training Director is generally responsible for investigating complaints lodged by the resident. As part of the investigation, the Training Director must meet with parties involved in the complaint (e.g., supervisor) and fully investigate all aspects of the resident's complaint. The Training Director determines an appropriate course of action

based on the nature of the complaint (e.g., an ethical violation by supervisor must be reported to the College of Psychologists of Ontario). The Training Director documents in writing the details of the complaint brought by the resident, the investigation of the complaint and its findings, and the final decision made to address the complaint, and this document is sent to the resident, the resident's file, the individuals involved in the complaint, and the DCT of the resident's graduate program. Should the Training Director be implicated in the resident complaint, the CEO completes the above tasks to address the resident complaint. Grievances of a serious nature are addressed with urgency by the Training Director.

Grievance Procedures

The resident request a review and/or challenge any and all evaluative actions related to him or her. The steps involved in the due process procedure are: 1) notice, 2) hearing, and 3) appeal.

1) Notice: A resident must submit a written notice to the Training Director for the review of an action. The residency must then implement a review panel within five business days of the resident's request. The panel is comprised of two CFIR psychologists and two residency supervisors uninvolved in the supervision of the resident. The panel may consult with CFIR's Human Resources on issues related to due process should this be required.

2) Hearing: The resident is presented with and responds to the position of the residency program with respect to handling the grievance. The resident can has the chance to discuss their view on how the grievance was addressed by the residency and their beliefs about how it was not handled appropriately.

The appeal panel submits a written report, including their recommendations, five days after the hearing to the Training Director. The Training Director can accept or reject the recommendations of the panel, and must do so in writing within five days. If the Training Director rejects the recommendations, further deliberation and new recommendations by the panel can be requested. The Training Director determines the final decision related to the action to be taken, and notifies the resident, residency supervisors, and the resident's DCT in writing about the decision and planned action.

3) Appeal: The resident can appeal actions taken by the residency in writing to the CEO of CFIR within five business days of being notified by these actions. The CEO works with the Training Director and the resident's DCT to determine whether to follow the original action or to determine an alternate course of action.

ROTATION ASSIGNMENTS

Residents matched to CFIR will be assigned, in collaboration with the Training Director, to a residency track which consists of one major treatment rotation and one major assessment rotation that run concurrently for 12 months. One minor rotation is also assigned; the resident can choose a minor rotation within their major track, or outside of their major track (e.g., a resident in the Child, Adolescent, and Family track can choose a minor rotation within the Child track and/or within the Adult track). Tentative rotation

assignments are made at the time of interview, based on the applicant's experience and their ranking of rotation preferences during the interview.

INTERVIEW AND SELECTION PROCEDURES

The CFIR residency follows the Association of Psychology Postdoctoral and Internship Centers (APPIC) Match Policies in the selection of residents, which can be found on the APPIC website at www.appic.org. Our residency program is currently under review by APPIC.

A key aspect of our evaluation process of residency applicant's is to determine the goodness-of-fit between the applicant's experience and areas of interest and CFIR's ability to provide advanced training in these areas. Our goal is to help residents to build upon their existing clinical knowledge base and applied skills, and to introduce them to new areas of clinical theory, research, and applied practice.

Residency applications are reviewed by Training Directors, and interviews are conducted by the Training Directors and at least one rotation supervisor. Applications are due **November 15, 2018 at 12:00noon E.S.T.** Applicants will be contacted by the Training Director for an interview within two weeks following the application deadline.

Residency positions are open to students who are formally enrolled in a CPA-accredited and/or APA-accredited doctoral program in clinical, counseling, or school psychology, who meet the CPA or APA academic and practicum criteria and who have received formal approval from their University's DCT to apply for the residency. Eligibility for residency requires that applicants have completed all requisite professional coursework and practica prior to beginning the residency year. In addition, applicants must have completed a minimum of 500 hours of practicum experience in assessment and intervention strategies comprised of at least 300 hours of direct client contact and 150 hours of supervision to be eligible.

APPLICATION PROCEDURE

An updated Curriculum Vitae, Cover Letter, official graduate transcripts, and two Letters of Reference are to be submitted electronically to a Training Directors at CFIR [Ottawa: Dr. Aleks Milosevic, C.Psych. (aleks.milosevic@cfir.ca); Toronto: Dr Lila Z. Hakim, C.Psych. (lila.hakim@cfir.ca)] for review.

OVERVIEW OF CLINICAL ROTATIONS

Residents in each track are required to complete 2 main rotations (1 treatment rotation, 1 assessment rotation) within their selected track, and they select either 1 or 2 minor rotations either within their track or in a different track.

A) CHILD, ADOLESCENT & FAMILY TRACK

The Child, Adolescent & Family Track involves a focus on clinical assessment and diagnosis, psychological testing, consultation, and therapeutic intervention with children, adolescents, and their parents/caregivers and families. Testing and assessment experiences possibly include experiences in clinical interviewing (semi-structured and

structured) and testing in the areas of learning difficulties and giftedness, attention-deficit and ADHD, autism-spectrum disorders, and other psychological, emotional, behavioural, and relational difficulties. There is a strong focus on diagnostic formulation from the DSM-5 perspective.

Therapeutic intervention experiences involve working with a vast array of presenting psychological, emotional, behavioural, and relational difficulties in children and adolescents and their families, employing the following therapeutic approaches: Acceptance and Commitment Therapy (ACT), Attachment-focused/Interpersonal Therapy, Cognitive-Behavioural Therapy (CBT), Dialectical Behaviour Therapy (DBT), Emotion-Focused Therapy (EFT), Mindfulness-based Therapy (e.g., MBCT), Psychodynamic/Psychoanalytic therapies, and Systemic and Family therapies (e.g., Emotion-Focused Family Therapy; EFFT).

Residents may also co-supervise the clinical work of a master's or doctoral-level student.

Major Rotations within the Child, Adolescent & Family Track (approx.. 3 days/week)

1. Child, Adolescent, & Family Service [Treatment]

Supervisors: Dr. Meagan Gallagher, C.Psych., Dr. Judy Makinen, C.Psych., Dr. Cassandra Pasiak, C.Psych. (Ottawa only)

This major, treatment-focused rotation involves training and intensive supervision in the assessment, diagnosis, and treatment of various psychological, emotional, behavioural, and relational disorders and difficulties presented by children and adolescents and the impact of these difficulties on various subsystems of the family system (e.g., siblings, parents). Residents will learn about various methods of assessing and diagnosing psychological, emotional, and behavioural disorders and difficulties, and receive training in multiple evidence-based psychological treatments (with a focus on becoming a clinician who integrates these various treatment approaches based on client and family individual differences). Supervision will involve formal case discussion, with a focus on case conceptualization and treatment planning, and supplemented by didactics and learning related to basic therapeutic principles and working therapeutically with children and adolescents with various psychological, emotional, and behavioural concerns.

2. Psychoeducation Assessment Service [Assessment]

Supervisor: Dr. Cassandra Pasiak, C.Psych. (Ottawa only)

This major, assessment-focused rotation involves training and intensive supervision in testing, assessment, and diagnosis of children and adolescents presenting with various learning and educational disorders and difficulties (e.g., ADHD, learning disorders). Residents will learn about various methods of assessing and diagnosing learning disorders and related conditions, and also assess for the possibility of giftedness. This includes administration and scoring of psychological tests, case conceptualization, diagnosis, and treatment recommendations with report writing as a major component of this rotation. Supervision will involve formal case discussion, with a focus on case conceptualization, diagnosis, and formulation of treatment recommendations.

Minor Rotations within the Child, Adolescent & Family Track (either 1 rotation at 1 day/week, or 2 rotations at 0.5 day/week)

1. Attention Deficit & ADHD Service [Assessment]

Supervisor: Dr. Cassandra Pasiak, C.Psych. (Ottawa only)

This minor, assessment-focused rotation involves training and intensive supervision in testing, assessment, and diagnosis of children, adolescents, and adults presenting with attention-deficit/hyperactivity disorder (ADHD) and co-occurring psychological, emotional, and behavioural difficulties. Residents will learn about various methods of assessing and diagnosing ADHD and related conditions. This includes administration and scoring of psychological tests, case conceptualization, diagnosis, and treatment recommendations with report writing as a major component of this rotation. Supervision will involve formal case discussion, with a focus on case conceptualization, diagnosis, and formulation of treatment recommendations.

2. Autism Spectrum & Developmental Disorder Service [Assessment]

Supervisor: Dr. Cassandra Pasiak, C.Psych. (Ottawa only)

This minor, assessment-focused rotation involves training and intensive supervision in testing, assessment, and diagnosis of children and adolescents presenting with autism-spectrum disorders and developmental disorders. Residents will learn about various methods of assessing and diagnosing autism-spectrum and developmental disorders. This includes administration and scoring of psychological tests, case conceptualization, diagnosis, and treatment recommendations with report writing as a major component of this rotation. Supervision will involve formal case discussion, with a focus on case conceptualization, diagnosis, and formulation of treatment recommendations.

3. Eating Weight & Body Image Service [Treatment]

Supervisors: Dr. Meagan Gallagher, C.Psych. (Ottawa only)

This minor, treatment-focused rotation involves training and intensive supervision in the assessment, diagnosis, and treatment of major eating disorders (e.g., anorexia nervosa, bulimia nervosa, binge eating disorders, etc.) and related personality and mental health difficulties, with a focus on an adolescent population (with additional work with families of adolescents). Residents will learn about various methods of assessing and diagnosing eating disorders and related features, and receive training in multiple evidence-based psychological treatments including acceptance and commitment therapy, cognitive-behavioural therapy, behavioural therapy, emotion-focused therapy, mindfulness-based therapy, and psychodynamic/attachment/interpersonal therapies (with a focus on becoming a clinician who integrates these various treatment approaches based on client individual differences). Supervision will involve formal case discussion, with a focus on case conceptualization and treatment planning, and supplemented by didactics and learning related to basic therapeutic principles and working therapeutically adolescents with eating disorders and related concerns.

B) ADULT TRACK

The Adult Track involves a focus on clinical assessment and diagnosis, psychological testing, consultation, and therapeutic intervention with adults (18 years and older). Testing and assessment experiences possibly include experiences in clinical interviewing (semi-structured and structured) and testing in the areas of major mental disorders, personality disorders, substance use disorders, adoption-related issues, immigration and refugee concerns, and trauma disorders. There is a strong focus on diagnostic formulation from the DSM-5 and Psychodynamic Diagnostic Manual, Second Edition (PDM-2) perspectives.

Therapeutic intervention experiences involve predominantly working with anxiety and stress-related disorders, obsessive-compulsive and related disorders, major depressive disorders, and other mood-related conditions. This work will include working with individuals with significant co-occurring personality disorders, and relational/interpersonal difficulties. There is a strong focus on case conceptualization, the application of evidence-based treatments, and the integration of these evidence-based treatment approaches (e.g., acceptance and commitment therapy, cognitive-behavioural therapy, emotion-focused therapy, mindfulness-based therapy, psychodynamic/attachment/interpersonal therapies, etc.).

Residents may also co-supervise the clinical work of a master's or doctoral-level student.

Major Rotations within the Adult Track (approx.. 3 days/week)

1. Anxiety & Stress/Obsessive-Compulsive/Depression, Mood & Grief Services [Treatment]

Supervisors: Dr. Melissa Calhoun, C.Psych., Dr. Tracy Dalglish, C.Psych., Dr. Meagan Gallagher, C.Psych., Dr. Aleks Milosevic, C.Psych., Dr. Dino Zuccarini, C.Psych. (Ottawa); Dr. Lisa Bradford, C.Psych., Dr. Lila Z. Hakim, C.Psych., Dr. Angela Kertes, C.Psych., Dr. Dana Millstein, C.Psych., Dr. William Rylie Moore, C.Psych. (Toronto)

This major, treatment-focused rotation involves training and intensive supervision in the assessment, diagnosis, and treatment of major anxiety disorders, obsessive-compulsive disorder, major depressive disorders and other mood-related difficulties, and co-occurring conditions. Residents will learn about various methods of assessing and diagnosing anxiety and mood disorders and related features, and receive training in multiple evidence-based psychological treatments including Acceptance and Commitment Therapy (ACT), Cognitive-Behavioural Therapy (CBT), Behavioural Therapy (BT), Emotion-Focused Therapy (EFT), Mindfulness-based Therapies (e.g., MBCT), and Psychodynamic/Attachment/Interpersonal therapies (with a focus on becoming a clinician who integrates these various treatment approaches based on client individual differences). Supervision will involve formal case discussion, with a focus on case conceptualization and treatment planning, and supplemented by didactics and learning related to basic therapeutic principles and working therapeutically with mood and anxiety disorders specifically.

2. Mental Health Evaluations & Psychodiagnostic Assessments [Assessment]

Supervisors: Dr. Tracy Dalglish, C.Psych., Dr. Meagan Gallagher, C.Psych., Ms. Marcela Olavaria Turner, C.Psych.Assoc. (Ottawa); Dr. Lisa Bradford, C.Psych., Dr. Lila Z. Hakim, C.Psych., Dr. William Rylie Moore, C.Psych. (Toronto)

This major, assessment-focused rotation involves training and intensive supervision in testing, assessment, and diagnosis of adults presenting with a range of psychological, emotional, behavioural, and relational concerns, including major mental disorders, personality and interpersonal/attachment disorders, trauma-related disorders, substance use disorders, independent medical evaluations, adoption and fertility-related assessments. Residents will learn about various methods of assessing and diagnosing these conditions and/or working with these populations. This includes administration and scoring of psychological tests, case conceptualization, diagnosis, and treatment recommendations with report writing as a major component of this rotation. Supervision will involve formal case discussion, with a focus on case conceptualization, diagnosis, and formulation of treatment recommendations.

Minor Rotations within the Adult Track (either 1 rotation at 1 day/week, or 2 rotations at 0.5 day/week)

1. Eating, Weight & Body Image Service [Treatment]

Supervisor: Dr. Meagan Gallagher, C.Psych. (Ottawa); Dr. Lisa Bradford, C.Psych. (Toronto)

This minor, treatment-focused rotation involves training and intensive supervision in the assessment, diagnosis, and treatment of major eating disorders (e.g., anorexia nervosa, bulimia nervosa, binge eating disorders, etc.) and related personality, relational, and mental health difficulties, with a focus on an adult and couple populations. Residents will learn about various methods of assessing and diagnosing eating disorders and related features, and receive training in multiple evidence-based psychological treatments including Acceptance and Commitment Therapy (ACT), Cognitive-Behavioural Therapy (CBT), Behavioural Therapy (BT), Emotion-Focused Therapy (EFT), Mindfulness-based Therapies (e.g., MBCT), and Psychodynamic/Attachment/Interpersonal therapies (with a focus on becoming a clinician who integrates these various treatment approaches based on client individual differences). Supervision will involve formal case discussion, with a focus on case conceptualization and treatment planning, and supplemented by didactics and learning related to basic therapeutic principles and working therapeutically with adults and couples experiencing eating disorders and related concerns.

2. Fertility Counselling Service [Treatment]

Supervisor: Ms. Marcela Olavarria Turner, C.Psych.Assoc., Dr. Natalina Salmaso, C.Psych. (Ottawa); Dr. Lila Z. Hakim, C.Psych. (Toronto)

This minor, treatment-focused rotation involves training and intensive supervision in the assessment, diagnosis, and treatment of a population reporting fertility-focused and other related difficulties, with a focus on adult and couple populations. Residents will learn about various methods of assessing fertility-related concerns, and receive training in multiple evidence-based psychological treatments including Acceptance and Commitment Therapy (ACT), Cognitive-Behavioural Therapy (CBT), Behavioural Therapy (BT), Emotion-Focused Therapy (EFT), Mindfulness-based Therapy (e.g., MBCT), and Attachment/Interpersonal therapies (with a focus on becoming a clinician who integrates these various treatment approaches based on client individual differences). Supervision will involve formal case discussion, with a focus on case conceptualization and treatment planning, and supplemented by didactics and learning related to basic therapeutic principles and working therapeutically adults and couples experiencing fertility-related concerns.

3. Multicultural Service [Treatment]

Supervisor: Ms. Marcela Olavarria Turner, C.Psych.Assoc. (Ottawa); Dr. Lila Z. Hakim, C.Psych., Dr. Dana Millstein, C.Psych. (Toronto)

This minor, treatment-focused rotation involves training and intensive supervision in the assessment, diagnosis, and treatment of psychological, emotional, adjustment, and relational in adult populations from multicultural backgrounds (e.g., race, ethnicity, religion, ability, etc.). Residents will learn about various methods of assessing and diagnosing trauma-related conditions in these populations specifically, and receive training in multiple evidence-based psychological treatments including Cognitive-Behavioural Therapy (CBT), Behavioural Therapy (BT), Emotion-Focused Therapy (EFT), and Psychodynamic/Attachment/Interpersonal therapies (with a focus on becoming a clinician who integrates these various treatment approaches based on client individual differences). Supervision will involve formal case discussion, with a focus on

case conceptualization and treatment planning, and supplemented by didactics and learning related to basic therapeutic principles and working therapeutically with psychological difficulties within a culturally-focused context.

4. Personality Service [Treatment]

Supervisor: Dr. Dino Zuccarini, C.Psych. (Ottawa); Dr. Lisa Bradford, C.Psych., Dr. Angela Kertes, C.Psych. Dr. Lila Z. Hakim, C.Psych., Dr. Dana Millstein, C.Psych. (Toronto)

This minor, treatment-focused rotation involves training and intensive supervision in the assessment, diagnosis, and treatment of personality disorders, with a focus on adult and couple populations. Residents will learn about various methods of assessing, conceptualizing, and diagnosing personality disorders, and receive training in multiple evidence-based psychological treatments including Cognitive Behavioural Therapy (CBT), Dialectical Behavioural Therapy (DBT) and Psychoanalytic/Psychodynamic/Attachment/Interpersonal therapies (with a focus on becoming a clinician who integrates these various treatment approaches based on client individual differences). Supervision will involve formal case discussion, with a focus on case conceptualization and treatment planning, and supplemented by didactics and learning related to basic therapeutic principles and working therapeutically with adults and couples with personality disorders.

5. Substance Use/Sexual Addiction Services [Treatment]

Supervisor: Dr. Aleks Milosevic, C.Psych. (Ottawa); Dr. Angela Kertes, C.Psych. (Toronto)

This minor, treatment-focused rotation involves training and intensive supervision in the assessment, diagnosis, and treatment of substance use disorders and sexual addiction, with a focus on adult populations. Residents will learn about various methods of assessing and diagnosing substance use disorders and sexual addiction, and receive training in multiple evidence-based psychological treatments including cognitive-behavioural therapy, behavioural therapy, mindfulness-based therapy, motivational enhancement therapy, and psychodynamic/attachment/interpersonal therapies (with a focus on becoming a clinician who integrates these various treatment approaches based on client individual differences). Supervision will involve formal case discussion, with a focus on case conceptualization and treatment planning, and supplemented by didactics and learning related to basic therapeutic principles and working therapeutically with adults with substance use disorders and sexual addiction.

6. Trauma Psychology & PTSD Service [Treatment]

Supervisors: Dr. Meagan Gallagher, C.Psych., Marcela Olavarria Turner, C.Psych.Assoc., Dr. Dino Zuccarini, C.Psych. (Ottawa); Dr. Lisa Bradford, C.Psych., Dr. Dana Millstein, C.Psych., (Toronto)

This minor, treatment-focused rotation involves training and intensive supervision in the assessment, diagnosis, and treatment of trauma disorders (e.g., post-traumatic stress disorder, complex post-traumatic stress disorder), dissociative disorders, adjustment disorders following traumatic incidents, and related personality disorders, in an adult population. Traumatic experiences include: developmental trauma (e.g., physical abuse, emotional abuse, sexual abuse) and single incident traumas in adulthood (e.g., accidents, witnessing violence, assaults). Residents will learn about various methods of assessing and diagnosing trauma-related disorders, and receive training in multiple evidence-based psychological treatments including cognitive-behavioural therapy, behavioural therapy, emotion-focused therapy, mindfulness-based therapy, sensorimotor

psychotherapy, and psychoanalytic/psychodynamic/ attachment/interpersonal therapies (with a focus on becoming a clinician who integrates these various treatment approaches based on client individual differences). Supervision will involve formal case discussion, with a focus on case conceptualization and treatment planning, and supplemented by didactics and learning related to basic therapeutic principles and working therapeutically with trauma and related disorders.

7. Family Service [Treatment]

Supervisors: Dr. Meagan Gallagher, C.Psych., Dr. Judy Makinen, C.Psych. (Ottawa); Dr. Lila Z. Hakim, C.Psych. (Toronto)

This minor, treatment-focused rotation involves training and intensive supervision in the assessment, diagnosis, and treatment of families experiencing relational difficulties. Residents will learn about various methods of assessing and diagnosing psychological and relational difficulties in families, and receive training in multiple evidence-based psychological treatments including cognitive-behavioural therapy, behavioural therapy, emotion-focused family therapy, and psychodynamic/attachment-based family therapies (with a focus on becoming a clinician who integrates these various treatment approaches based on family member individual differences). Supervision will involve formal case discussion, with a focus on case conceptualization and treatment planning, and supplemented by didactics and learning related to basic therapeutic principles and working therapeutically with families.

8. Neuropsychological Service [Assessment]

Supervisor: Dr. Mark Coates, C.Psych. (Ottawa); Dr. William Rylie Moore, C.Psych. (Toronto)

This minor, assessment-focused rotation involves training and intensive supervision in testing, assessment, and diagnosis of adults presenting with various neuropsychological, neurocognitive, neurological, and neuropsychiatric disorders. Residents will learn about various methods of assessing and diagnosing neuropsychological disorders. This includes administration and scoring of psychological tests, case conceptualization, diagnosis, and treatment recommendations with report writing as a major component of this rotation. Supervision will involve formal case discussion, with a focus on case conceptualization, diagnosis, and formulation of treatment recommendations.

9. Neuropsychological, Health & Rehabilitation Psychology Service [Treatment]

Supervisors: Dr. Mark Coates, C.Psych., Dr. Melissa Calhoun, C.Psych. (Ottawa); Dr. William Rylie Moore, C.Psych. (Toronto)

This minor, treatment-focused rotation involves training and intensive supervision in the assessment, diagnosis, and treatment of neuropsychological (e.g., ADHD, traumatic brain injury) and health-related (e.g., chronic pain, insomnia, irritable bowel syndrome) disorders and difficulties, with a focus on adult populations. Residents will learn about various methods of assessing and diagnosing neuropsychological and health-related conditions, and receive training in multiple evidence-based psychological treatments including cognitive-behavioural therapy, behavioural therapy, mindfulness-based therapy, and psychodynamic/attachment/ interpersonal therapies (with a focus on becoming a clinician who integrates these various treatment approaches based on client individual differences). Supervision will involve formal case discussion, with a focus on case conceptualization and treatment planning, and supplemented by didactics and learning related to basic therapeutic principles and working therapeutically with adults experiencing neuropsychological and health-related difficulties.

C) COUPLES & SEX THERAPY TRACK

The Couples & Sex Therapy Track involves a focus on clinical assessment and diagnosis, psychological testing, consultation, and therapeutic intervention with individual and couples experiencing relational and/or sexual difficulties. Testing and assessment experiences possibly include experiences in clinical interviewing (semi-structured and structured) and testing in the areas of relational and interpersonal functioning, and sexual disorders.

Therapeutic intervention experiences involve predominantly working with couples to build more emotionally and physically intimate relationships; restore trust; improve communication, problem-solving and negotiation skills; become stronger parents; and manage a difficult separation and divorce. With respect to sexual difficulties, therapeutic interventions focuses on resolving sexual issues (e.g., sexual arousal, desire, orgasm and sexual pain difficulties); improve sexual vocabulary and communication; learn new sexual techniques; enhance arousal, sexual desire, and eroticism; learn about different types of sexual practices; and, gain knowledge about sexual health and safer sex. There is a strong focus on case conceptualization and integrative approaches to intervention (e.g., cognitive-behavioural therapy, emotion-focused therapy, mindfulness-based therapy, psychoanalytic/ psychodynamic/attachment/interpersonal therapies).

Residents may also co-supervise the clinical work of a master's or doctoral-level student.

Major Rotations within the Couples & Sex Track (approx. 3 days/week)

1. Couple & Sex Therapy Services [Treatment]

Supervisors: Dr. Tracy Dalglish, C.Psych., Dr. Judy Makinen, C.Psych., Dr. Dino Zuccarini, C.Psych. (Ottawa); Dr. Lisa Bradford, C.Psych., Dr. Lila Z. Hakim, C.Psych., Dr. Dana Millstein, C.Psych. (Toronto)

This major, treatment-focused rotation involves training and intensive supervision in the assessment, diagnosis, and treatment of relationship/attachment difficulties and sexual disorders (e.g., sexual arousal, desire, orgasm, sexual pain, etc.) and difficulties with a focus on adult and couple populations. Residents will learn about various methods of assessing and diagnosing relationship and sexual difficulties, and receive training in multiple evidence-based psychological treatments including cognitive-behavioural therapy, behavioural therapy, emotion-focused therapy, mindfulness-based therapy, and psychoanalytic/psychodynamic/attachment/ interpersonal therapies (with a focus on becoming a clinician who integrates these various treatment approaches based on client individual differences). Supervision will involve formal case discussion, with a focus on case conceptualization and treatment planning, and supplemented by didactics and learning related to basic therapeutic principles and working therapeutically with adults and couples experiencing relational and/or sexual difficulties.

2. Couple & Sexual Functioning Assessment Service [Assessment]

Supervisors: Dr. Tracy Dalglish, C.Psych., Dr. Dino Zuccarini, C.Psych. (Ottawa); Dr. Lisa Bradford, C.Psych., Dr. Lila Z. Hakim, C.Psych., Dr. Dana Millstein, C.Psych. (Toronto)

This major, assessment-focused rotation involves training and intensive supervision in testing, assessment, and diagnosis of adults and couples experiencing a range of psychological, emotional, behavioural, and relational difficulties that have an impact on couple and sexual functioning. Residents will learn about various methods of assessing

and diagnosing couple and sexual-related difficulties. This includes administration and scoring of psychological tests, case conceptualization, diagnosis, and treatment recommendations with report writing as a major component of this rotation. Supervision will involve formal case discussion, with a focus on case conceptualization, diagnosis, and formulation of treatment recommendations.

Minor Rotations within the Couples & Sex Track (either 1 rotation at 1 day/week, or 2 rotations at 0.5 day/week)

1. Sexual Addiction Service [Treatment]

Supervisors: Dr. Aleks Milosevic, C.Psych., Dr. Dino Zuccarini, C.Psych. (Ottawa); Dr. Lila Z. Hakim, C.Psych. (Toronto)

This minor, treatment-focused rotation involves training and intensive supervision in the assessment, diagnosis, and treatment of sexual addiction and related disorders and difficulties, with a focus on adult and couples populations. Residents will learn about various methods of assessing and diagnosing sexual addiction and related difficulties, and receive training in multiple evidence-based psychological treatments including cognitive-behavioural therapy, behavioural therapy, mindfulness-based therapy, and psychoanalytic/psychodynamic/attachment/ interpersonal therapies (with a focus on becoming a clinician who integrates these various treatment approaches based on client individual differences). Supervision will involve formal case discussion, with a focus on case conceptualization and treatment planning, and supplemented by didactics and learning related to basic therapeutic principles and working therapeutically with adults and couples with sexual addiction and related difficulties.

2. Sexuality, Gender & Relationship Diversity [Treatment]

Supervisors: Dr. Dino Zuccarini, C.Psych. (Ottawa); Dr. Lisa Bradford, C.Psych., Dr. Lila Z. Hakim, C.Psych., Dr. Dana Millstein, C.Psych., Dr. William Rylie Moore, C.Psych. (Toronto)

This minor, treatment-focused rotation involves training and intensive supervision in the assessment and treatment of psychological, emotional, behavioural, and relational difficulties in adults and couples from diverse sexual orientation, gender, and relationship communities. Residents will learn how to provide treatment to various social identity groups, facilitate identity formation and transitions related to sexual orientation and gender, and work with diverse relationship structures. Supervision will involve formal case discussion, with a focus on case conceptualization and treatment planning, and supplemented by didactics and learning related to basic therapeutic principles and working therapeutically with adults and couples with diverse backgrounds and experiences.

RESIDENCY SUPERVISORS

Dr. Lisa Bradford, C.Psych. (CFIR-Toronto)

Ph.D., Queens University (2015)

Populations: Adults, Couples

Clinical Interests: Anxiety disorders; mood disorders, couples therapy; sex therapy; personality issues; psychotic processes and schizophrenia

Dr. Melissa Calhoun, C.Psych. (CFIR-Ottawa)

Ph.D., University of Ottawa (2013)

Populations: Adults

Clinical Interests: Acute and chronic health conditions; anxiety disorder; mood disorders; sleep disorders

Dr. Mark Coates, C.Psych. (CFIR-Ottawa)

Ph.D., University of Ottawa (2011)

Populations: Adults, seniors

Clinical Interests: Neuropsychological assessment and neuropsychological difficulties

Dr. Tracy Dalglish, C.Psych. (CFIR-Ottawa)

Ph.D., University of Ottawa (2013)

Populations: Adults, couples

Clinical Interests: Acute and chronic health conditions; anxiety disorders; attachment theory and emotion-focused therapy; couples therapy; mood disorders; psychodiagnostic assessments; sexual difficulties (e.g., low desire, sexual dysfunction)

Dr. Meagan Gallagher, C.Psych. (CFIR-Ottawa)

Ph.D., University of Ottawa (2013)

Populations: Adolescents, adults, couples, families

Clinical Interests: Anxiety disorders; eating disorders and body image concerns; obsessive-compulsive disorder; post-traumatic stress disorder; psychodiagnostic assessments

Dr. Lila Z. Hakim, C.Psych. (CFIR-Toronto)

Ph.D., York University (2010)

Populations: Adults, couples, families

Clinical Interests: Personality, traumatic stress, adoption; fertility counseling; couples therapy; sex therapy

Dr. Angela Kertes, C.Psych. (CFIR-Toronto)

Ph.D., York University (2015)

Populations: Adults

Clinical Interests: Anxiety disorders; motivational interviewing; substance use disorders

Dr. Judy Makinen, C.Psych. (CFIR-Ottawa)

Ph.D., University of Ottawa (2004)

Populations: Adolescents, adults, couples, families, seniors

Clinical Interests: Attachment theory and emotion-focused therapy; couples therapy; family therapy

Dr. Dana Millstein, C.Psych. (CFIR-Toronto)

Psy.D., Rutgers University, The State University of New Jersey (2009)

Populations: Adolescents, adults, couples

Clinical Interests: PTSD, complex trauma, and dissociative disorders; relationship therapy; multicultural counseling; sexuality and gender identity

Dr. Aleks Milosevic, C.Psych. (CFIR-Ottawa)

Ph.D., University of Windsor

Populations: Adults (2011)

Clinical Interests: Anger-related disorders; substance use disorders; sexual addiction; personality disorders

Dr. William Rylie Moore, C.Psych. (CFIR-Toronto)
Ph.D., University of Victoria (2016)

Populations: Adults

Clinical Interests: Clinical neuropsychology; gender and gender-related distress; sexuality and sexual difficulties

Dr. Natalina Salmaso, C.Psych. (CFIR-Ottawa)

Ph.D., Concordia University (2009)

Populations: Adolescents, adults, couples

Clinical Interests: Depression and mood; anxiety; gender; sexuality; chronic pain; neurobiology

Marcela Olavarria Turner, M.A. C.Psych. Assoc. (CFIR-Ottawa)

M.A., University of Ottawa (2014)

Populations: Adults, couples

Clinical Interests: Fertility counseling; multicultural counseling; immigration & refugee assessments

Dr. Cassandra Pasiak, C.Psych. (CFIR-Ottawa)

Ph.D., University of Windsor (2017)

Populations: Children, adolescents, adults, families

Clinical Interests: assessment of children and adolescents (e.g., psychoeducation, ADHD, giftedness, autism-spectrum disorders); adolescent eating disorders; complex and developmental trauma

Dr. Dino Zuccarini, C.Psych. (CFIR-Ottawa)

Ph.D., University of Ottawa (2010)

Populations: Adults, couples

Clinical Interests: Complex/developmental trauma; couples therapy; integrative therapy; personality disorders; psychoanalytic/psychodynamic therapy; sex therapy

ACCEPTANCE AND NOTIFICATION PROCEDURES

In selecting residents, CFIR Training Directors will notify applicants of interviews in January 2019.