



CENTRE FOR
INTERPERSONAL
RELATIONSHIPS

RESIDENCY PROGRAM MANUAL

Ottawa & Toronto

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**THE RESIDENCY PROGRAM AT
THE CENTRE FOR INTERPERSONAL RELATIONSHIPS (CFIR)**

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THE RESIDENCY PROGRAM AT THE CENTRE FOR INTERPERSONAL RELATIONSHIPS

2020-2021 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) & CLINICAL COMMITTEE VALUES

The Centre for Interpersonal Relationships (CFIR) is a private 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 within Ottawa, Canada and Toronto, Canada locations. Clinical services occurring at CFIR are provided by members of the College of Psychologists of Ontario (CPO), including Registered Psychologists, Registered Psychological Associates, and Psychologists in Supervised Practice.

Clinicians at CFIR provide evidence-based, psychological assessment and treatment services. They value working from multiple therapeutic modalities for the purpose of supporting a diverse group of clients with a wide range of concerns, disorders, and therapeutic goals. When appropriate, they integrate various evidence-based therapies on the basis of individualized case conceptualizations and individualized treatment plans. Psychologists within CFIR provides training to support other clinicians in the endeavour of integrating empirically-supported treatment approaches when appropriate.

CFIR has a vibrant and rich professional culture that facilitates residents to become involved in 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. Clinicians at CFIR 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. Residency supervisors offer residents opportunities to learn various therapeutic approaches and a unique model for psychotherapy integration.

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

The psychologists that comprise the Clinical Committee at CFIR have set out the following guiding values that inform the residency program:

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, needs, and cultural differences of clients. 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.

RESIDENCY

We are pleased to offer four, full-time (40 hours per week, with approximately 20 hours face-to-face client contact per week) residency positions within CFIR during the 2020-2021 academic year (two for CFIR-Ottawa, two for CFIR-Toronto). The residency program 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.

Residents at CFIR 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, and complete a program evaluation project.

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 \$40,000 CDN/year, which is paid twice per month.

PHILOSOPHY OF RESIDENCY TRAINING

The 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 residency program at CFIR is designed to provide training in the six general domains of:

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

PSYCHOLOGISTS AT CFIR

At the present time, there are approximately over 20 psychologists practicing within 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 these 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). Psychologists at CFIR 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 for students from 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.

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 four hours per week of individual supervision, and two hours of seminar/didactic meetings in a group format per week. Optional consultation groups are available on a weekly basis, and it is strongly recommended residents attend one-hour per week.

Supervision in the residency 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 within 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 on a weekly basis, 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 14 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 tools, 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 testing kits and protocol usage.

Residents also have access to the staff room, which consists of couches for relaxing and socializing with psychologists, therapists, and practicum students, 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 7:30am to 8:30pm. Administrative staff supports 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. Residents and supervisors are expected to review resident performance, informally during supervision, on an ongoing basis. In addition, residents then receive a formal, written evaluation of their performance at the mid-point (6th month) and end (12th 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 university program'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 as part of the creation of the supervision contract. 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. They are also expected to have supervised a master's level practicum student, and have completed a program evaluation project.

REMEDIAION PROCEDURES: DUE PROCESS, GRIEVANCE & RELATED POLICIES

The Residency Due Process Policy provides a framework and a process to ensure that any and all decisions made with respect to residents by the residency (i.e., decisions made by supervisors, the Training Director, etc.) are fair and not biased or arbitrary. The residency's Training Director is responsible for ensuring the implementation and documentation of all due process-related processes.

Elements of Due Process

1) During group orientation meetings within the first week of the residency, the Training Director presents (orally and in written format) to incoming residents the residency's standards and expectations with respect to professional, ethical, and behavioural functioning by residents and residency-related clinicians. *Problematic behaviour* is clearly defined (see below for definition), and residents are encouraged to discuss these expectations and definitions with the Training Director and their supervisors.

2) During the residency orientation period, the Training Director discusses with residents the process of resident evaluation, including how, when, and by whom evaluations are completed and also the content of the evaluations. Residents are then provided with written copies of the evaluation form for review and are encouraged to review the evaluation form with their supervisors during the first week of residency. Supervisors are informed about the same prior to the onset of the residency year, and have knowledge and training in use of the evaluation forms and the evaluation process.

3) During the residency orientation period, the Training Director explains and outlines the various processes, procedures, and actions that may be involved in managing and remedying problematic behaviour (e.g., assistance plans, remediation plans, termination, etc.). Residents are provided with these policies in written form during orientation week and encouraged to review them independently and with their supervisor.

4) The Training Director, in collaboration with supervisors, the resident, and the CFIR Centre Director (when required) develops, modifies, and evaluates the assistance and remediation plans for identified behaviours requiring improvement or problematic behaviours (see “Assistance Plan Policy” and “Remediation Plan Policy” for details), respectively. All plans are behaviourally-oriented and focused on improving performance, and are shared with residents in a written format.

5) The Training Director communicates in writing to the resident graduate program’s Director of Clinical Training (DCT) about any problematic behaviours demonstrated by the resident and the plans to monitor and mitigate these behaviours. Plans are shared with DCTs in a written format.

6) During the residency orientation period, a written due process procedure is provided to residents and reviewed with them by the residency Training Director. In addition, an appeals process document is given to residents.

7) The Training Director is ultimately responsible for documenting in writing all the details of the decisions made and actions taken by the residency with respect to the resident, and providing documentation to all relevant parties in a timely manner. Written documentation must also be filed in the resident’s file.

Note: Details of the above aspects of due process of elaborated in various policies and procedures listed below.

Due Process-Related Policies

1. Assistance Plan Policy

The Residency Program at CFIR is committed to ensuring all residents are provided with additional professional assistance should they require support beyond what is typically offered during their training (i.e., didactic trainings, informal and formal supervision, etc.). Additional assistance is offered when a resident’s behaviour is identified by a supervisor as below expectation for the time of evaluation, and is intended to ensure a resident successfully enhances the skills required to complete the training program. The residency encourages all individuals dealing with residents to provide feedback to

residents about a need for support in caring and constructive ways that focus on pathways to improving performance.

A supervisor who has determined a resident's performance does not meet the expectation must provide initial verbal feedback to the resident as early as possible following the identification of the behaviour or skill needing improvement. The verbal feedback to the resident should identify the behaviour requiring improvement in a clear/concrete/behavioural manner and what the improved outcome would look like, express the ways the resident can improve performance to required levels (e.g., additional readings, an additional supervision or didactic meeting), and elaborate on the process and plan of evaluating improvement in the behaviour.

Should the resident's behaviour not improve following an initial verbal feedback, the following process should occur:

- 1) The supervisor should again verbally notify the resident about the behaviour that requires improvement, and then inform the resident that the two are required to co-create a written assistance plan.
- 2) The supervisor and the resident should co-create a written assistance plan that includes the following: a) a clear definition of the resident's behaviour that requires improvement and a rationale for the behaviour change; b) the behaviour the resident needs to engage in to improve the identified behaviour; c) the supervisor's role in helping the resident improve the behaviour; d) the frequency with which the supervisor and resident will review for behaviour change (**Note:** it is suggested a minimum of once per two weeks until the behaviour is changed) and the expected date that behaviour should be sufficiently changed; e) the actions that could occur if the behaviour does not improve with the plan; and, f) the resident's right to request a review of any and all actions related to the assistance plan and make a complaint.
- 3) The supervisor submits the written assistance plan for review to the Training Director, who ensures the plan is compatible with the goal of improving the resident's performance and the successful completion of the residency program. Following this review, the supervisor, resident, and Training Director all sign the written plan.
- 4) The signed, written plan is placed in the resident's file by the Training Director.
- 5) The resident's DCT is notified in writing by the Training Director about the plan being implemented and, eventually, its outcome.
- 6) If the resident's behaviour demonstrates improvement, the supervisor and resident will maintain assistance plan and monitor the behaviour a minimum of once per 2 weeks until the behaviour has completely improved. The assistance plan can then be terminated and the resident's performance is monitored/evaluated as per standard residency practices (i.e., on an ongoing basis, at 6 months, and at 12 months).
- 7) If the resident's behaviour does not improve despite the plan being followed, the initial assistance plan may be revised by the supervisor and resident (a written, adjusted plan is reviewed and approved by the Training Director, and the resident's DCT is notified in writing about the change). Alternatively, the resident may be placed on a remediation

plan (see Resident Remediation Plan Policy) if the behaviour becomes increasingly impactful to the resident or clients.

2. Remediation Plan Policy

A remediation plan is created and implemented when the resident does not demonstrate improvement in a problematic behaviour despite repeated assistance attempts and/or when the resident exhibits behaviour that is deemed unprofessional or ethically concerning. A remediation plan provides a defined plan to address the resident's problematic behaviour once it is identified, and ensures fairness to all parties impacted by the problematic behaviours.

Problematic behaviour that can be considered for remediation plan includes but is not limited to, the following: 1) a violation of the Canadian Psychological Association's (CPA) Canadian Code of Ethics for Psychologists, Fourth Edition and/or federal or provincial laws and regulations governing the practice of clinical and counseling psychology; 2) demonstrated incompetence to provide clinical services following repeated training and supervision assistance efforts; and/or, 3) behaviours that are harmful or imminently harmful to the resident or to others (e.g., staff, clients).

When the resident exhibits a problematic behaviour, the following procedures should occur:

1) Once a supervisor witnesses or is informed that the resident has engaged in a problematic behaviour, the supervisor must provide a verbal warning directly to the resident. The verbal warning must clearly communicate that nature and seriousness of the problematic behaviour, the contextual factors and implications associated with the behaviour, and that the behaviour must be immediately stopped due to its seriousness. The supervisor shall provide written documentation of the verbal warning, including details about the nature of the problematic behaviour and the date of the verbal warning, to the Training Director on the same day as the warning was provided. The Training Director will place the written notification of the verbal warning in the resident's file.

2) Should the problematic behaviour not stop or modify following the verbal warning (either the supervisor again witnesses the behaviour or is notified about the behaviour), a written remediation plan must be co-created by the supervisor and the Training Director. The resident will be notified in writing within one (1) business day that a remediation plan will be created since the problematic behaviour has not stopped or improved significantly. The remediation plan must be created within two (2) business days of the notification to the resident and must include the following information: a) a detailed, behaviourally-based description of the problematic behaviour and the history of verbal warnings about this behaviour; b) the behaviours the resident needs to engage in to correct or stop the problematic behaviour; c) the supervisor's and Training Director's roles in supporting the resident to stop or correct the problematic behaviour; d) the frequency and timeline that the supervisor and resident will monitor and review progress toward stopping or correcting the problematic behaviour (**Note:** a minimum of once per week until the behaviour is stopped, and possibly daily for the most serious concerns); e) the plan and actions that will be taken if the behaviour does not stop or improve; and, f) the resident's right to review any and all actions related to the remediation plan and make a complaint.

3) The Centre Director is provided a written copy of the remediation plan for review, edit, and approval within one (1) business day of its completion.

4) The supervisor, Training Director, and Centre Director meet with the resident to review the written remediation plan. The supervisor, Training Director, and Centre Director must ensure the resident understands all aspects of the remediation plan and the implications of not stopping or correcting the problematic behaviour. All four individuals sign the written plan, and this should occur within a maximum of four (4) business days of the problematic behaviour being observed but ideally sooner.

5) The Training Director places the signed remediation plan in the resident's file.

6) Within one (1) business day, the resident's DCT is notified in writing by the Training Director about the remediation plan being implemented and the reason it is being implemented.

7) The supervisor, Training Director, and resident meet in-person a minimum of once per week to evaluate changes in the problematic behaviour. If the resident's problematic behaviour begins to improve, the remediation plan continues to be implemented and monitored a minimum of once per week until the supervisor and Training Director determine the problematic behaviour has stopped. Written documentation of this evaluative/monitoring process is completed by the supervisor, placed in the resident's file, and submitted to the resident's DCT and the Centre Director at CFIR. The formal remediation plan will be ended and evaluation of the resident continues as per standard practice.

Specific Elements of Remediation Plans

All remediation plans outline specified timelines for behaviour change (e.g., the duration of remediation process, expected timelines for behaviour to stop or improve, etc.) and changes in supervision and monitoring of the resident. Depending on the nature and causes of the problematic behaviour, however, there are differential components to remediation plans.

1) Removal from client care: The resident may be prevented from providing clinical services to clients for a specified period of time (as determined by the Training Director and supervisor) if it is determined clients have been or may be negatively impacted by the resident's problematic behaviour. The resident's supervisor and the Training Director monitor and assess the resident's ability to provide to services to clients and if/when they can resume. If there is a suspension of clinical services, the supervisor may be required to provide clinical care to the resident's clients to prevent client abandonment and ensure continuity of care.

2) Probationary Period: A probationary period is specified time period that is used by the Training Director to closely monitor and evaluate the resident's capacities to change a problematic behaviour and to return enhanced professional and ethical functioning.

The supervisor, Training Director, and Centre Director determine whether the resident should be placed on probation, and a written notification about probation is sent to the resident by the Training Director. This notification includes the following: a) detailed description about the problematic behaviour; b) what the resident has to do to stop or

change the problematic behaviour; c) the role the residency may play in supporting the resident; d) the duration of probationary period; and, e) details about progress monitoring and evaluation of the behaviour change. The Training Director places the written notification in the resident's file, and informs the resident's DCT in writing about the probationary period.

If the Training Director and Centre Director determine the problematic behaviour has not adequately changed to end the probationary period, the Training Director meets with the supervisor and Centre Director within three (3) business days of the expected end of the probationary period to discuss and determine the plan. The next day, the Training Director provides a written statement to the resident that probationary period has not ended, the rationale for why, and suggestions for next steps. It is possible an extended probationary period and remediation plan is suggested.

3. Residency Termination Policy

When specific and repeated remediation plans do not stop or improve the resident's problematic behaviour, termination yet serious from the residency is a possible option. Termination is considered when there have been significant violations of an ethical or legal nature, when physical or psychological harm to self or others has occurred or could occur, if physical or psychological difficulties prevent completion of the residency, and/or when repeated remedial efforts have failed to change problematic behaviours.

a) The decision for termination is made by the Training Director, in consultation with the supervisor and Centre Director following a thorough review of the resident's problematic behaviour and the history of failed remediation efforts related to the behaviour. This review must occur two (2) business days after the Training Director considers termination as a possible option.

b) The Training Director and Centre Director are required to meet with the resident to discuss termination and the termination process two (2) days after the review meeting; this meeting would have followed repeated in-person meetings with the resident regarding their remediation plans and failures to change behaviour despite remediation.

c) One (1) business day following this meeting, the Training Director communicates in writing to the resident and the resident's DCT that the resident will not complete the residency. This written communication provides an overview of the history of the problematic behaviour, the verbal warnings issued, the remediation plans implemented and their failures to change the behaviour, and the process and timelines related to termination.

d) The resident and supervisor is notified in writing by the Training Director about actions and plans related to their clinical work (e.g., creating a plan with the supervisor transfer clients to other clinicians, completing all clinical paperwork), their salary and benefits, and issues related to training certification. Notably, residents will receive certification for the residency hours they have completed prior to their termination date. The resident is also informed about the right to appeal any actions related to remediation and termination.

e) All written communications about termination are placed in the resident's file by the Training Director.

RESIDENCY APPEAL POLICY

The resident has the right to challenge any and all actions taken by the Training Director, the supervisor, and/or the residency staff with respect to him or her.

1) If the resident wants to formally lodge a complaint against any action of the residency, he or she must notify the Training Director in written form within five (5) business days after receiving the Training Director's written decision. The resident's written notification to the Training Director must include, at a minimum, the following information: a) the nature of the resident's disagreement with the residency's decision; b) the rationale for the resident's disagreement; and, c) information that supports the resident's grievance.

2) Within five (5) business days of receiving the written complaint from the resident, the Training Director must meet with and discuss the statement with the Centre Director. The Centre Director must form and implement a review panel during this time as well.

3) The Centre Director must form and implement a review panel within five (5) business days of receiving the written statement from the resident. The review panel consists of three psychologists with practices at CFIR (one of which must be a supervisor within the residency program, but not a supervisor of the resident), who are chosen by the Centre Director.

4) Within five (5) business days of forming the review panel, a hearing is held over one or two days. The hearing involves the resident presenting (verbally and in writing) his or her grievance of the residency's actions to the panel. The residency presents their information about the resident. The resident is entitled to refute or challenge the information the residency presents and to provide explanations of his or her problematic behaviours.

5) Within five (5) business days of the hearing, and following the panel reviewing all evidence provided by the resident and the residency, the review panel must submit a written summary and recommendation report to the Centre Director. This report must summarize evidence presented by the resident and the residency, and include conclusions and recommendations for additional action by the resident and/or the residency (if applicable). The review panel may consult with Human Resources at CFIR on issues related to due process in order to determine their recommendations.

6) Within five (5) business days of receiving the panel's report, the Centre Director reviews it and may either accept or reject all or some of the panel's recommendations. If recommendations are accepted, the Centre Director finalizes the decision and informs the Training Director in writing about the decisions/recommendations. If the Centre Director rejects all or some of the recommendations, the review panel is notified to produce additional and/or revised recommendations. The review panel must provide an updated written report to the Centre Director within three (3) business days. The Centre Director finalizes the decision and informs the Training Director in writing about recommendations.

7) Within two (2) business days of receiving the recommendations from the Centre Director, the Training Director must provide a written statement to the resident, the supervisor, and the DCT about the decisions and recommendations made by the review panel and agreed upon by the Centre Director. The written decision and recommendations are placed in the resident's file.

8) If the resident does not agree with the final decision/recommendations, the resident has the right to appeal to CFIR's Executive Director. The appeal must be presented in written format to the Executive Director within five (5) business days of being notified. A written statement should include the reasons the resident is disputing the final decisions or recommendations. The Executive Director makes a final decision, and notifies the resident, the Centre Director, the Training Director, and the DCT in writing within three (3) business days. This notification is placed in the resident's file by the Training Director.

Note: The same above steps apply should a supervisor have a concern about a resident that is not resolved by the Training Director. Should there be a conflict of interest (e.g., the resident is filing a complaint against the Training Director), CFIR's Executive Director will participate in the appeal process when and where applicable as a replacement representative for the residency.

RESIDENCY GRIEVANCE POLICY

A resident has the right to file a complaint about any and all aspects of the residency program, the staff associated with the residency (e.g., the supervisor, the Training Director), and/or the staff associated with the residency site. A resident may make complaints about, but not limited to, the following: a) issues with the supervisor that impact training and supervision; b) physical or psychological difficulties that interfere with the resident's ability to be trained by the supervisor; and, c) physical, emotional, and/or sexual harassment toward the resident by supervisors, the Training Director, and residency staff; etc.

Grievance Procedures

Should a resident encounter a problematic or difficult issue with a supervisor, the resident should follow these steps:

- 1) The resident should request to meet in-person with the supervisor to discuss the problem. The resident is encouraged to speak about the grievance with the supervisor within two (2) weeks of the grievance in order to minimize the impact of the behaviour.
- 2) During the meeting with the supervisor, the resident should provide the supervisor with adequate, behaviourally-grounded detail about the issue. The two should attempt to determine ways to minimize or resolve the issue in a collaborative manner.
- 3) Should the resident and/or the supervisor be unable to resolve the problem together, the Training Director should be notified in writing by the resident and the supervisor (in a joint email from both email accounts) about the problematic situation and their difficulty

resolving it. This notification should occur within one (1) business day of the two determining they cannot resolve the issue together.

4) Within two (2) business days of the written notification, the Training Director shall meet individually with the resident and the supervisor. The Training Director should document each individual's perspective on the problem and the couple's difficulty resolving the problem.

5) Within two (2) business days of the individual meetings, the Training Director shall meet with both resident and the supervisor to support the resident and supervisor to co-create a plan to resolve the problematic situation. This plan should include, but not limited to, the targeted behaviours that need to be minimized or enhanced by one or both parties; the plan on how to change behaviours; and the timeline for monitoring changes. The agreed upon plan is written during the meeting, and all three individuals sign the written plan. The written plan is placed in the resident's file by the Training Director, and the Training Director notifies the resident's DCT about the plan.

6) The Training Director again meets with the resident and supervisor two (2) weeks following the signing of the written plan to evaluate progress toward resolving the problematic situation. The grievance plan can end if the Training Director deems the problematic situation to be resolved. If the problematic situation continues following the two-week evaluation, yet appears to be resolving, another evaluation within one (1) week is suggested. At that time, if the problematic situation has been resolved, the grievance process is terminated. Written documentation about the termination of the grievance process is placed in the resident's file by the Training Director and the Training Director notifies the resident's DCT.

7) Should the grievance not be resolved following the evaluation period, the Training Director meets with the Centre Director at CFIR to discuss the problematic situation. The Centre Director provides suggestions and recommendations to the Training Director on how to resolve the problem, and the two formulate a written plan within three (3) business days. The following then occurs:

a) The Training Director meets with the resident and supervisor within two (2) business days of creating the grievance plan. The Training Director discusses in detail the recommendations and grievance plan. The recommendations on resolving the problematic situation are provided in written form to both the resident and supervisor, and upon their agreement all three parties sign the written plan. The signed written plan is placed in the resident's file by the Training Director, and the Training Director informs the resident's DCT in writing about the plan.

b) The Training Director meets with the resident and supervisor once per week to evaluate progress toward resolving the grievance until the grievance is considered successfully resolved by the Training Director and both parties are agreeable.

8) Should the resident not be agreeable to the any solution proposed to the problematic situation, the resident should meet with the Centre Director to determine possible solutions that are favourable to him or her. The Centre Director and resident may formulate a new plan in writing. This plan is shared with the Training Director and

supervisor. If the supervisor is agreeable to the plan, the plan is signed by all parties involved, placed in the resident's file, and the DCT is notified by the Training Director. Monitoring occurs once weekly by the Training Director, until the problematic situation is resolved.

9) If the resident finds the solution remains unresolved following the meeting with the Centre Director, a formal grievance can be submitted in writing to the Executive Director within three (3) business days of the meeting.

10) The Executive Director reviews the resident's complaint, and may consult with the Centre Director and residency supervisors to understand the history of the problematic situation and the attempts to resolve the problem. The Executive Director makes a final decision and submits the decision in writing to the resident and relevant residency staff within two (2) business days of the resident's written complaint. This decision is placed in the resident's file, and the DCT is notified by the Training Director.

Note: The above steps apply should the resident have grievances against other members of the residency staff. Should the resident have a grievance with the supervisor but does not feel able or comfortable to directly address it with the supervisor, the Training Director should be contacted initially rather than the supervisor. If the resident has a grievance with the Training Director, the supervisor should be contacted initially. If the resident does not feel comfortable addressing a grievance with either the supervisor and the Training Director, he or she may contact the Centre Director to address the issue. In situations of conflict of interest, the Centre Director or Executive Director may represent the residency in place of the Training Director and/or supervisor.

ROTATION ASSIGNMENTS

Residents matched to the residency at 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.

APPLICATION PROCEDURE

Applicants must submit the following materials through the APPIC portal:

1. The APPIC Application for Psychology Internships (AAPI);
2. A letter from their university program's DCT attesting to their readiness for residency, which should indicate the completion of 600 total hours of practicum experience and the status of their dissertation or major research project;
3. A cover letter that includes statement of interest in the residency program and professional goals;
4. The four APPIC application essays: a) Autobiographical, b) Research, c) Theoretical Orientation, and d) Diversity;
5. Official transcripts of all graduate-level course work;

6. A current curriculum vitae (CV);
7. Three letters of reference from individuals familiar with the applicant's clinical and research (if applicable) experience and performance. The applicant's dissertation/thesis advisors ideally serves as one referee.

Completed applications must be received **no later than Friday, November 15, 2019 at 12:00noon E.S.T.**

Residency applications are reviewed by Training Directors and members of the Residency Clinical Committee.

All interview notifications will be made via email on **Friday, November 29, 2019.** Interviews will be held on the following dates:

Friday December 13, 2019
Monday December 16, 2019
Friday January 10, 2020
Monday January 13, 2020

Interviews are conducted by the Training Directors and at least one rotation supervisor.

SELECTION PROCEDURES

The residency at CFIR 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. The residency program is currently APPIC-approved.

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 the residency'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 positions are open to students who are formally enrolled in a CPA-accredited and/or APA-accredited doctoral program in clinical or counseling 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 600 hours of practicum experience (direct + support + supervision) in assessment and intervention strategies comprised of at least 300 hours of total direct client contact and 150 hours of supervision to be eligible.

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. 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 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: TBD

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. Karine Cote, C.Psych., Dr. Brianna Jaris, C.Psych., Dr. Aleks Milosevic, C.Psych., Dr. Dino Zuccarini, C.Psych. (Ottawa); Dr. Lila Z. Hakim, 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. Karine Cote, C.Psych., Dr. Brianna Jaris, C.Psych., Dr. Aleks Milosevic, C.Psych., Ms. Marcela Olavaria Turner, C.Psych.Assoc. (Ottawa), Dr. Dino Zuccarini, 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: TBD

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: Dr. Brianna Jaris, C.Psych., 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. Karine Cote, C.Psych., Dr. Brianna Jaris, C.Psych., Dr. Aleks Milosevic, C.Psych., Dr. Dino Zuccarini, C.Psych. (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 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 only)

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. Brianna Jaris, C.Psych., Marcela Olavarria Turner, C.Psych.Assoc., Dr. Dino Zuccarini, C.Psych. (Ottawa); Dr. Lila 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 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. Brianna Jaris (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. 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. Karine Cote, C.Psych., Dr. Dino Zuccarini, C.Psych. (Ottawa); 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. Karine Cote, C.Psych., Dr. Dino Zuccarini, C.Psych. (Ottawa); 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. 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. Mark Coates, C.Psych. (CFIR-Ottawa)

Ph.D., University of Ottawa (2011)

Populations: Adults, seniors

Clinical Interests: Neuropsychological assessment and neuropsychological difficulties

Dr. Karine Cote, C.Psych. (CFIR-Ottawa)

Psy.D., Université du Québec en Outaouais (2018)

Populations: Adults, couples

Clinical Interests: Personality disorders; adult mental health; couples therapy

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. Brianna Jaris, C.Psych. (CFIR-Ottawa)
Psy.D., The Chicago School of Professional Psychology (2014)
Populations: Adults, couples, families
Clinical Interests: Psychological assessment; trauma-related disorders; personality disorders

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