



IWK Health

Pre-Doctoral Residency in Pediatric and Child Clinical Psychology

2025-2026



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About Halifax and Nova Scotia



The city of Halifax is the capital of Nova Scotia and the largest city in Atlantic Canada. It is located in Mi'kma'ki, the ancestral and unceded territory of the Mi'kmaq People, and we acknowledge them as the past, present, and future caretakers of this land.

Halifax was incorporated as a city in 1841. In 1996, the Halifax Regional Municipality (HRM) was formed when 4 former municipalities (Halifax, Dartmouth, Bedford, and Halifax County) were amalgamated. Halifax is currently the largest urban area in Atlantic Canada with an estimated population (in 2024) of 463, 000.



Halifax is home to multiple post-secondary institutions, including Saint Mary's University, Dalhousie University, University of King's College, Université Sainte-Anne, Mount Saint Vincent University, and the Nova Scotia College of Art and Design (NSCAD) University. Halifax also boasts a variety of cultural opportunities, including the Maritime Museum of the Atlantic, Halifax Citadel National Historic Site (the most visited historic site in Canada), the Canadian Museum of Immigration at Pier 21, Halifax

Public Gardens, Art Gallery of Nova Scotia, Nova Scotia Museum of Natural History, Africville Museum, and the Halifax Waterfront.

Halifax houses multiple restaurants, shopping, and cultural events, including the Halifax Jazz Festival, Lebanese Festival, Greek Fest Halifax, Pride Festival, the Halifax International Busker Festival, Royal Nova Scotia International Tattoo, Nocturne: Art at Night, and the Atlantic Film Festival.

Some other facts about our city (from www.discoverhalifaxns.com):

- The Sambro Lighthouse is the **oldest functioning lighthouse** in North America
- Halifax was the location of the first official rules for ice hockey
- The Halifax Seaport Farmers' Market is the **longest continuously operating farmers' market** in North America
- The Halifax Transit Ferry is the **oldest salt-water passenger ferry** service in North America.
- Halifax was home to the **First Supreme Court in North America** (Oct 21, 1754)
- The greatest human-made explosion before the atomic bomb, the Halifax Explosion, occurred in the Halifax harbour on Dec. 6, 1917

Halifax is a short drive to many other scenic venues in Nova Scotia (known as "Canada's Ocean Playground"). These sites include Peggy's Cove (one of the most photographed lighthouses in the world), hiking in Cape Breton's picturesque Cabot Trail, beautiful beaches, and the UNESCO heritage site in Lunenburg.

Nova Scotians are affectionately referred to as "Bluenosers", a nickname that dates back to the late 18th century. Nova Scotians, and all Maritimers, are known for their friendliness and welcoming nature.



Psychology at IWK Health

IWK Health is a tertiary care teaching centre with primary responsibility for Nova Scotia, New Brunswick, and Prince Edward Island.

Psychology became a formal department at the IWK in 1976. The initial focus of the department was to support the clinical needs of children and adolescents who were receiving medical treatment at the Health Centre. In the early years, the Psychology department consisted of four services: Neuropsychology; Behaviour Therapy; Developmental Psychology; and a “second opinion” service for complex learning disabilities. The Psychology department expanded substantially in the 1990s when the Regional Child and Adolescent Mental Health Services amalgamated with the IWK Health Centre. This more than doubled the complement of psychologists. Further growth has occurred since 2000, when Youth Forensic Services amalgamated with the IWK, and with expansions in Mental Health and Addictions, and Autism services.

With a current complement of over 50 psychologists, two psychometrists, and a feeding specialist, Psychology at the IWK is a large, dynamic discipline. We are known for providing excellent clinical care, our leading Pre-Doctoral Residency in Pediatric and Child Clinical Psychology, and our productivity in clinical research.

IWK Health currently has a program management model of patient care services. Psychologists at the IWK work within three programs: (1) Children’s Health, (2) Mental Health and Addictions, and (3) Provincial Preschool Autism Services. We report to the Clinical Managers and Directors within each program. We also work together as part of the Discipline of Psychology.

The Psychology Professional Practice Leader (PPL), Dr. Marcie Balch, supports the Health Centre in recruiting and selecting psychology staff, and supports psychology staff in advancing their clinical, professional, and academic roles at the IWK. The PPL helps maintain high professional standards by supporting professional development, consulting with staff about performance management, and assuring advancement of the profession through teaching, research, and professional service activities. The Psychology PPL also works with other PPLs (e.g., Social Work, Nursing, Pharmacy), team leaders, managers, and program directors to assure a collaborative working environment that yields optimal multidisciplinary patient care.

Across the Discipline of Psychology, psychologists provide clinical care to infants, children, adolescents, and families, with a wide range of pediatric, developmental, acquired, and mental health disorders on an outpatient, inpatient, and day treatment basis. We are actively involved in clinical care, teaching, and research. Affiliation exists with the Departments of Psychology and Neuroscience, Psychiatry, and Pediatrics, at Dalhousie University.

The pre-doctoral psychology residency program falls within the Nursing and Professional Practice portfolio, under the direction of Nancy Cashen. There are 6 residency positions in

the Discipline of Psychology at IWK Health. These are part of a current complement of 12 accredited Doctoral residency positions in Nova Scotia. Many of our residents have obtained employment in the Maritimes, providing closer relationships among IWK psychologists and the communities we serve.

Purpose and Philosophy of the Residency

The Pre-Doctoral Residency at IWK Health provides training for doctoral students in the areas of pediatric health and child/adolescent clinical psychology. The overarching goal is to prepare residents for independent practice as professional psychologists working with children, adolescents, and families. Residents receive extensive training and supervised experience with a variety of patient populations and clinical needs in a pediatric setting. Residents also work with other health professionals and external agencies within educational, mental health, community services, or rehabilitation settings. Residents will gain a breadth of experience by providing clinical care, attending educational seminars and rounds, participating in research, supervising junior trainees (under the supervision of a registered psychologist), and learning to work within an integrated, multidisciplinary system of health care delivery.

We adopt a scientist-practitioner approach to clinical practice, teaching, and research. To ensure that training meets the individual needs of each resident, rotation goals are set collaboratively between the resident and supervisor, considering each resident's experience and skill levels. Supervision is developmental in nature, with more intensive and direct supervision provided initially. This becomes more indirect and consultative as the resident's skills and confidence grow. Residents receive formal evaluations midway and at the end of each rotation. Residents also provide evaluations of their rotation experiences and supervisors at the end of each rotation, as well as an overall evaluation of the program at the end of the residency.

The residency is managed by the Coordinator of Clinical Training, Dr. Joanne Gillespie, along with the Clinical Training Committee, which includes a cross-section of psychologists across the discipline of Psychology. The Clinical Training Committee meets regularly to plan, implement, and evaluate the residency program and practicum placements. Residents join these monthly meetings to provide their perspectives on issues related to clinical training.

Goals and Objectives of the Residency

Consistent with the purpose and philosophy of our residency program, we continually work toward the following goals and objectives:

Goal 1 Assessment

To ensure that residents are competent in comprehensive assessment of children and adolescents, through clinical interviews, analysis of background information, as well as through cognitive, academic, behavioural, and social-emotional measures.

Objective 1: Residents will demonstrate competence in conducting comprehensive intake and diagnostic interviews with children, adolescents, and families. This will include integrating information from the medical chart, schools, and other agencies, along with a synthesis of developmental, behavioural, and family factors.

Objective 2: Residents will be able to competently select, administer, score, and interpret standardized measures of cognitive ability, memory, visuomotor abilities, and academic or pre-academic achievement.

Objective 3: Residents will be able to competently select, administer, score, and interpret measures of behaviour and social-emotional function.

Objective 4: Residents will be able to convey assessment results and useful recommendations, in written and oral form, to families, members of multidisciplinary teams, community agencies and referral sources.

Goal 2 Intervention and Treatment

To ensure that residents are competent in planning and providing a range of empirically validated psychological treatments through individual, group, and family-based interventions.

Objective 1: Residents will develop competence in individual therapy with children and adolescents, using evidence-based approaches.

Objective 2: Residents will gain experience in conducting group interventions. This may include therapeutic groups (e.g., CBT groups for anxiety), and/or skills training groups (e.g., emotion regulation).

Objective 3: Residents will develop competence in family-based interventions (e.g., behavioural parent training, emotion focused family therapy, psycho-educational support).

Goal 3 Communication and Professional Conduct

To ensure that residents refine the personal skills, characteristics, and attitudes necessary for practice as a psychologist within a multidisciplinary context, including oral and written communication skills, consultation skills, and the ability to work with other professionals.

Objective 1: Residents will enhance their ability to function within a multidisciplinary team, including appreciation of the contributions of other team members, the role of the psychologist within the team, and the ability to work collaboratively with other team members.

Objective 2: Residents will gain experience in providing and receiving consultation to/from other professionals within the IWK, as well as the community regarding the care and treatment of children, adolescents, and families.

Goal 4 Ethics and Standards of Practice

To ensure that residents enhance their awareness, knowledge, and application of ethical and professional principles of psychology necessary for independent practice and professional growth.

Objective 1: Residents will enhance their awareness of provincial and federal legislation and guidelines relevant to conducting research and providing psychological services to children, adolescents, and their families.

Objective 2: Residents will develop and demonstrate an awareness of their clinical strengths, as well as their limits of clinical competence, given their level of professional training and experience, through the goal setting, evaluation, and supervision process.

Objective 3: Residents will have the opportunity to extend their understanding of ethical issues as they apply to their clinical and professional work.

Objective 4: Residents will gain experience in managing diverse time demands and prioritizing their efforts to reach attainable goals.

Goal 5 Evidence-Based Care in a Scientist-Practitioner Model

To ensure that residents are able to integrate science and clinical practice through a scientist-practitioner model.

Objective 1: Residents will be able to access and synthesize the research literature relevant to clinical problems, to determine “best practices”, and to use this information to guide assessment, treatment, and program development.

Objective 2: Residents will gain exposure to the process of planning, implementing, and reporting on program evaluation.

Objective 3: Residents will have the opportunity to become involved in clinical research, through involvement in on-going research in the Health Centre, and/or presenting a synthesis of research findings at rounds, multidisciplinary team meetings, or conferences.

Objective 4: Residents will have an opportunity to integrate science with clinical practice by presenting a talk to the public or to a group of non-Psychologists. This presentation will be based on scientific, evidence-based practices, but

needs to be easily understood by parents and other non-Psychologists (e.g., teachers).

Goal 6 Cultural and Individual Differences

To ensure that residents increase their appreciation and understanding of multicultural issues and individual differences when working with children, families, and agencies.

Objective 1: Residents will enhance their ability to work collaboratively with families in a family-centred care model, including appreciation of individual and cultural differences, values, and resources.

Objective 2: Residents will have opportunities to learn about effective practices when working with individuals from a variety of cultural groups and diverse populations, through participation in resident seminars and other didactic trainings.

Goal 7 Breadth and Depth of Training

To ensure that residents have a broad range of experiences over the entire residency, including a balance between assessment and intervention, exposure to both medical and mental health concerns, and a range of ages and presenting problems.

Objective 1: Residents will choose major and minor rotations that will provide them with some experiences that are primarily assessment-oriented and some that are primarily treatment-oriented.

Objective 2: Residents will gain experience working with children and adolescents with medical, neurological, and/or developmental conditions, as well as children and adolescents with primary mental health difficulties, over the course of the residency.

Objective 3: Residents will gain experience working with children and adolescents over a wide age range, and with a wide range of presenting problems, along with their families.

Goal 8 Supervision

To ensure residents attain competence in their response to supervision, as well as the development of their professional identity as clinical supervisors.

Objective 1: Residents will gain knowledge about models, skills, and ethical considerations in supervision.

Objective 2: Residents will use supervision effectively, including developing the capacity and skills for constructive criticism and self-evaluation.

Objective 3: Residents will gain experience providing supervision (under the supervision of a registered psychologist), via working with practicum students and/or providing peer consultation.

Across the residency program as a whole, we aim to provide residents with the following balance of experience:

- Assessment and Diagnosis (35%)
- Intervention (35%)
- Consultation (10%)
- Didactics (10%)
- Research/Program Evaluation (10%)

Organization of the Residency

We offer six residency positions:

- **Child and Adolescent Clinical Psychology Track** (5 positions)
- **Pediatric Health Psychology Track** (1 position)

We strongly encourage you to **apply to both tracks** if you are interested in both and have the required experience for each of the tracks. If you apply to both tracks, simply rank them in your order of preference. According to APPIC match policies, you should tell us which track(s) you are applying for, but not how you rank each one.

Child and Adolescent Clinical Psychology Track (5 positions)

Residents in the Child and Adolescent Clinical Psychology Track typically complete two major rotations over the course of the year, each accounting for three days per week. Minor rotations account for one day per week. The first set of rotations runs from September through late February, while the second set goes from March to late August. Fridays are dedicated to nonclinical meetings, research, resident seminars, and peer support sessions across the entire year.

Residents may select one of the following two training options: Option A or Option B. All components are required within each option. In both Options A and B, residents must achieve competency in cognitive assessments; therefore, a rotation with the focus on cognitive/developmental/neuropsychological assessments **MUST** be completed by each resident. Please refer to the [Rotations](#) section for a description of each service.

	Major rotation (3 Days a Week – 6 Months)	Major Rotation (3 Days a week - 6 Months)	Non-Major Rotation (1 day a week)
Option A (example on next page)	Assessment This must occur within School-Age Assessment (CHP), Neuropsychology, Preschool & School-Age Autism Team, Preschool Pediatric Psychology Service, or Forensics	Intervention Any major rotation available (except School-Age Assessment, Neuropsychology, Preschool & School-Age Autism Team, Preschool Pediatric Psychology or Forensics)	Assessment or Intervention Two minor rotations of your choice (each for 1 day/week for 6 months)

Option B (example below)	Intervention Community Mental Health and Addictions (CMHA)	Intervention Any major <u>intervention</u> rotation available	Assessment One 12-month rotation (1 day/week) with School-Age Assessment (MHAA)
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Sample Training Plans for the Child and Adolescent Clinical Psychology Track

(for illustration only; residents can select any rotations that fit within the specifications identified on pages 9 and 10)

Option A

Major assessment rotation	Major intervention rotation	Minor rotations	Non-clinical day
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	September-February	March-August
Monday	Preschool Pediatric Psychology Service	Garron Centre
Tuesday	Preschool Pediatric Psychology Service	Eating Disorders Specialty Care Clinic
Wednesday	Hematology/Oncology/Nephrology Service	Garron Centre
Thursday	Preschool Pediatric Psychology Service	Garron Centre
Friday	Research, seminars, peer support	Research, seminars, peer support

Option B

Major intervention rotation #1	Major intervention rotation #2	Assessment rotation	Non-clinical day
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	September-February	March-August
Monday	Community Mental Health & Addictions	Adolescent Intensive Services
Tuesday	School age assessment- MHAA	School age assessment- MHAA
Wednesday	Community Mental Health & Addictions	Adolescent Intensive Services
Thursday	Community Mental Health & Addictions	Adolescent Intensive Services
Friday	Research, seminars, peer support	Research, seminars, peer support

Although the resident in the Pediatric Health Psychology Track has priority within the Pediatric Health rotations, the residents in the Child and Adolescent Clinical Psychology Track also have access to these rotations, depending on the availability of supervisors.

Pediatric Health Psychology Track (1 position)

This track provides specialized training in Pediatric Health Psychology as well as further experience in child and adolescent clinical assessment and intervention. **Residents applying to this track must have previous clinical experience working with children, youth, and/or families dealing with medically-related difficulties. Within their application and cover letter, applicants should clearly describe their relevant experience and appropriateness for the health psychology track.**

The Pediatric Health Psychology resident may work within any of the following services:

- Pediatric Health Psychology Service
- Feeding Clinic
- Hematology/Oncology/Nephrology Service
- Inpatient Units Consult Liaison Psychology Service
- Rehabilitation Psychology
- Pediatric Complex Pain Team

Various combinations are possible (e.g., number of days per week, number of months), depending on the resident's experience and interests, and on supervisor availability. The resident in the Pediatric Health Psychology Track has priority within the Pediatric Health rotations. Please refer to the [Rotations](#) section for a description of each service.

The Pediatric Health Psychology Resident will also spend 3 days per week for 6 months completing assessments in one of our assessment focused services (this must be in Neuropsychology, School-Age Assessment- Children's Health Program, Preschool & School-Age Autism Team, or the Preschool Pediatric Psychology Service). A mandatory intervention rotation in Community Mental Health and Addictions (1 day per week for 6 months) is also required.

One day per week (Friday) is dedicated to nonclinical meetings, research, resident seminars, and peer support sessions.

Sample Training Plans for the Health Track (these are for *illustration only*; residents can select any rotations that fit within the specifications identified above)

Example 1:

	September-February	March-August
Monday	Pediatric Health Psychology Service	School Age Assessment (CHP)
Tuesday	Pediatric Health Psychology Service	Pediatric Health Psychology Service
Wednesday	Feeding Team	School Age Assessment (CHP)
Thursday	Community Mental Health and Addictions	School Age Assessment (CHP)
Friday	Research, seminars, peer support	Research, seminars, peer support

Example 2:

	September-February	March-August
Monday	Rehabilitation Psychology Service	Preschool Pediatric Psychology Service
Tuesday	Rehabilitation Psychology Service	Community Mental Health and Addictions
Wednesday	Rehabilitation Psychology Service	Preschool Pediatric Psychology Service
Thursday	Hematology/Oncology/Nephrology Service	Preschool Pediatric Psychology Service
Friday	Research, seminars, peer support	Research, seminars, peer support

Research, Resident Seminars, and Peer Support Sessions

In both the Child and Adolescent Clinical Psychology Track and the Pediatric Health Psychology Track, one day per week (Friday) is reserved for research, as well as participation in seminars and peer support sessions specifically planned for residents.

Research

One half day per week is allocated to research. This occurs in addition to the option of a research minor rotation, described below. Residents *must* use this time to work on their dissertation if it is not complete. Residents who have completed their dissertation may participate in ongoing research projects conducted by psychologists at IWK Health.

We have good support services for conducting research including library and Internet access, and research program support. Please let us know ahead of time whether you are interested in particular research topics or working with particular researchers. We will arrange to have you meet or speak with potential research collaborators before your residency begins.

Resident Seminars and Peer Support Sessions

Residents participate in weekly 2-hour seminars developed specifically for them. These include presentations about relevant child, youth, and adult issues by psychologists from the IWK and other Halifax hospitals, other health professionals, and individuals working in other community settings. These seminars are Metro-wide seminars, meaning that residents from the adult health centres in the Halifax area also attend.

Mandatory peer support sessions occur weekly immediately following the seminar presentation. Peer support sessions allow residents to discuss issues relevant to their residency experience and to provide support to one another. Residents determine the structure of these sessions, within some overall guidelines covering specific areas (e.g., confidentiality). Residents often choose to spend time together socially following peer support sessions.

The following is a list of possible seminars:

- Practicing as a queer and trans affirming therapist
- NSBEP/NS standards and legislation
- Indigenous health
- Psychopharmacology
- Chronic illness
- Finding Employment
- Cultural diversity
- Program evaluation
- Private practice
- Supervision
- Suicidality

We encourage residents to attend grand rounds, case conferences, and other professional development opportunities at IWK Health. It is also possible to obtain educational leave (3 days) to attend workshops/conferences of interest or for thesis defense. Residents are eligible to apply for professional development funding through Psychology.

Rotations

We adhere to the CPA standard that supervision of doctoral residents must be provided by fully registered, doctoral-level psychologists. Residents may work with other supervisors (e.g., psychologists on the Candidate Register), but this must be in addition to supervision provided by fully registered doctoral-level psychologists. For a current listing of psychology staff profiles and qualifications, please [CLICK HERE](#) for psychologists in the Mental Health and Addictions Program, [CLICK HERE](#) for Psychologists in the Children's Health Program and [CLICK HERE](#) for Psychologists in Provincial Preschool Autism Services.

Mental Health and Addictions Program

The Mental Health and Addictions Program is divided into two main areas: (1) Assessment and Treatment Services; and (2) Youth and Family Forensic Services. In all settings, psychologists provide a broad range of services to a diverse population of children and adolescents (up to their 19th birthday). The clinics and services within the Mental Health and Addictions Program offer a variety of residency training opportunities.

Mental Health and Addictions- Outpatient Mental Health

These services provide psychological assessment, consultation, and intervention to various outpatient teams within the Mental Health and Addictions Program. All teams are multidisciplinary, and residents may have the opportunity to work with psychiatry, occupational therapy, social work, recreation therapy, and other disciplines, depending on the team. Residents have the opportunity to gain experience in diagnostic and psychosocial assessments for children and adolescents with mental health diagnoses, and both individual and group empirically validated treatments. There are also opportunities to become involved in program evaluation and research. Services are offered in community clinics located in Halifax, Dartmouth, and Sackville (all within the Halifax Regional Municipality), as well as at the IWK's main campus.

Community Mental Health and Addictions (CMHA)

Halifax Site: Jill Chorney, Ph.D., Aimée Coulombe, Ph.D., Breagh Newcombe, Ph.D., Meredith Pike, Ph.D., Stephanie Ryan, Ph.D., Stephanie Snow, Ph.D.

Sackville Site: Marcie Balch, Ph.D., David Clinton, Ph.D., Laura Love, Ph.D., Jennifer Gallant, M.A., Jillian Glasgow, Ph.D., Lauren Rosen, Psy.D.

Dartmouth Site: Kristina Bradley, Ph.D., Mallory Campbell, Ph.D., Sharon Clark, Ph.D., Kaytlin Constantin, Ph.D., Amber Johnston, Ph.D., Ann Marie Joyce, Ph.D., Katie Niven Ph.D., Kim Tan-MacNeill, Ph.D., Lindsay Uman, Ph.D.

In this rotation, you will have the opportunity to gain practical experience in the formulation and treatment of mental health concerns, including the formal assessment and diagnosis of mental health concerns in children and youth (e.g., anxiety, depression, disruptive behaviour disorders), where appropriate. The Community Mental Health and Addictions (CMHA) clinics use The Choice and Partnership Approach (www.capa.co.uk), which involves ongoing collaboration between clinicians and clients to formulate and achieve goals.

Treatment provided by the psychologists at these sites is evidence-based. Approaches used are primarily cognitive-behavioural, including acceptance and commitment therapy, but some supervisors also have expertise in family therapy, motivational interviewing, Emotion Focused Family Therapy, Dialectical Behaviour Therapy (DBT) informed work, or use an integrative approach. Within most clinics, we have Psychologists with specific specialty time devoted to diagnoses and difficulties such as Eating Disorders, Concurrent Disorders (addictions), OCD, Trauma, Mood Disorders, and Family Therapy.

Within CMHA, individual and group treatments are provided for children and youth and their families. All groups are evidence-based and include: the Cool Kids/Chilled program (CBT for anxiety; Lyneham, Abbott, Wignall & Rapee), Connect parenting groups (<http://connectparentgroup.org/>), a parent group focused on supporting youth with substance use difficulties, and the Wise Minds group (which is based off of DBT Multi-family Skills Training Group [Rathus & Miller, 2015]). Residents may be able to participate in diagnostic assessments, typically focused on using DSM criteria to diagnose ADHD, Anxiety Disorders, Mood Disorders, and Externalizing Disorders. They may also be able to participate in the IWK Choice clinic, an opportunity to receive training in collaborative intake assessment with families and provide consultation to other health care professionals. Major or minor rotations are available in CMHA.

MHAA Intensive Care Teams

As part of the implementation of the Choice and Partnership Approach (CAPA), the IWK MHAA program has developed several outpatient intensive care teams. Teams provide a more intensive interdisciplinary treatment approach to a smaller number of our most ill children, youth and families presenting with neuropsychiatric disorders which are persistent or treatment resistant.

The OCD Specific Care Clinic

Ann Marie Joyce, PhD

The obsessive-compulsive disorder (OCD) intensive care team provides assessment, consultation and treatment for children and adolescents with severe OCD. The team operates two days per week. The interdisciplinary team is composed of a Psychiatrist, a Psychologist, and a Youth Care Worker. The role of Psychology is primarily to provide cognitive behavioural therapy/exposure and response prevention (ERP) and support to youth and their families. Within a treatment context, assessment of OCD severity (primarily

using the CY-BOCS) is also common. There may be an opportunity for residents to participate in a parent group related to family accommodation of OCD. In addition, opportunities may arise for residents to participate in related clinical research and specialty clinic evaluation. At present only minor rotations (or major rotations in combination with Community Mental Health and Addictions) are possible. Please note: The OCD specific care clinic only runs on Mondays and Tuesdays.

The ASD Specific Care Clinic

Shawn Gates, Ph.D.

The autism spectrum disorder (ASD) intensive care team provides assessment, consultation and treatment for children and adolescents with ASD and comorbid mental health concerns. The interdisciplinary team is composed of two Psychiatrists, a Social Worker, a Psychologist, a Speech-Language Pathologist (S-LP), an Occupational Therapist (OT), a registered behaviour therapist (RBT) and two Board-Certified Behaviour Analysts (BCBA). The role of Psychology includes clinical leadership, program development, mental health and cognitive assessment, collaborative case formulation, and mental health/behavioural interventions. At times, there are also opportunities to participate in two treatment groups run in collaboration with CMHA: Facing Your Fears (a CBT group for anxiety) and PEERS (a social skills group). Residents would have the opportunity to be involved with any of these activities, depending on timing and availability. Both major and minor rotations are available, and the clinic runs 5 days per week.

Brief Intensive Outreach Program (BIOS)

Shawn Gates, Ph.D.

The Brief Intensive Outreach Program (BIOS) is an interdisciplinary, family-focused program that targets decreased aggression and improved functioning for children and families with ASD and challenging behaviour. Treatment is delivered across multiple settings (e.g., in the child's home; in clinic; in the community) when informed, and promotes collaboration with school, community services, and other care providers. This program involves multiple visits each week over the 8-to-12-week program, with regular care planning with the rest of the team (e.g., SLP, OT, BCBA, RBT, Social Work). Resident participation would preferably occur within a major rotation due to the intensive nature of the program, although minor rotations could be accommodated to some degree.

Eating Disorders Team

Brynn Kelly, Ph.D.

In this rotation, you will receive training in the assessment and/or treatment of children and adolescents with eating disorders, working within a multidisciplinary team. The primary therapeutic approach you will be trained in is Family-Based Treatment (FBT), but you may also be able to gain exposure to other treatment modalities (e.g., Brief CBT for Non-Underweight Patients). Opportunities for involvement in program evaluation research

or contributing to professional education programs may also be considered as part of the rotation. A minor rotation, or major rotation *in combination with other services*, is possible.

School-Age Assessment- MHAA Program

Various supervisors

The School-Age Assessment rotation provides assessment services for school-age children and adolescents within Mental Health. Within this rotation, the focus will be on comprehensive psychoeducational and psychodiagnostic assessments, and will include administration, scoring, and interpretation of tests measuring cognitive abilities, information-processing skills, academic achievement, and social-emotional development. Other objectives will include interviewing and providing feedback to parents and children as appropriate, developing recommendations, writing case notes and reports, and consulting with parents, teachers, physicians, and other healthcare and educational personnel about assessment findings and implications for intervention. Opportunities to complete diagnostic assessments with specific emphasis on developing case formulations that integrate DSM-5 diagnostic criteria with psychosocial factors may also be provided in this rotation.

Available as a minor rotation (1 day/week for 6 months) in Option A, or as the assessment rotation (1 day/week for the entire year) within Option B.

Inpatient, Residential, and Day Treatment Mental Health

The Garron Centre for Child and Adolescent Mental Health (Inpatient Mental Health Unit)

Emma MacDonald, Ph.D. & Kate Robertson, Ph.D.

The Garron Centre for Child and Adolescent Mental Health is a 14-bed acute care assessment and treatment unit serving children and youth ages between the ages of 5 and 18 years. All assessment and treatment is conceptualized within the context of the multi-disciplinary team. In this service, you will gain experience in the comprehensive assessment of children and youth with a broad range of mental health concerns (e.g., mood and anxiety disorders, psychotic disorders, eating disorders, disruptive behaviour disorders, and characterological disturbances). As a resident, you will gain experience in psychological assessment (i.e., diagnostic, personality and possibly brief cognitive assessment), treatment planning, individual therapy, and the development of behaviour management plans. Opportunities for consultation to front-line staff regarding general behavioural issues and management of specific patient's behaviour are available.

Only major rotations are available at the Garron Centre.

Children's Intensive Services

Psychology position is currently vacant

Children's Intensive Services (CIS) is an intensive treatment program providing day treatment and 24/5 programming for children from across Nova Scotia who present with severe disruptive behaviour and/or mental health problems. Children aged 6-12 are admitted to the program in 4-month cohorts, and services are provided to both the children and their primary caregivers. Diagnoses most often present at intake are ADHD, ODD, Anxiety Disorder, and ASD. In addition, many children in the program have a history of traumatic experiences. Psychology residents in this service participate as active members of the interprofessional team, possibly including participation in clinical rounds and case conferences. Learning opportunities during this rotation include:

- Conducting psycho-educational and mental health assessments
- Co-facilitating anxiety treatment and/or skill development groups (e.g., social skills, emotion regulation, relaxation, etc.)
- Individual therapy with children and/or caregivers
- Consulting and coordinating treatment plans with program staff, community agencies, and school personnel

Adolescent Intensive Services (AIS)

Heather MacLatchy, Ph.D.

***** This rotation may not be available in 2025-2026 *****

Adolescent Intensive Services (AIS) provides family-centred care for adolescents, aged 13-19 years, who have mental health difficulties and/or concurrent substance use disorders. The program has three specific day treatment care areas, which are separated by different programming offered as well as presenting problems (one care area is specifically for youth who are harmfully involved with substances, one unit is DBT-focused, and the third is primarily CBT-focused). All units operate using the Connect (attachment based) principles as a foundation and offer parenting groups using the same theoretical model. It is typically a twelve-week admission (eight weeks for the concurrent care area) followed by three months of transition follow-up services, aimed at helping adolescents successfully integrate back to their homes and/or community schools.

In addition to day treatment, AIS also offers a 24/5 inpatient option (24/7 for concurrent disorders) for adolescents who do not reside in the Halifax area. The psychologists work within multidisciplinary teams. You will have the opportunity to conduct psychological assessments (e.g., social-emotional, cognitive, personality, behavioural, family), facilitate skills training and groups (DBT, CBT, motivational enhancement, etc.), develop and assist in the implementation of individualized behaviour programs, and participate in individual and family therapy. You will also gain an understanding of how psychologists work collaboratively with community-based services, attend case conferences, participate in

multidisciplinary rounds, and provide consultation and follow-up services with outside agencies (e.g., schools, Child and Family Services) to aid in the transition process. AIS operates using attachment, harm reduction, and trauma informed care approaches centering around the needs of clients and their families. Therapeutic modalities used in this rotation are primarily cognitive-behavioural, motivational interviewing, dialectical-behavioural, acceptance and commitment therapy and systemic depending on the presenting problem. AIS is available as a major rotation only.

Family Intensive Outreach Service (FIOS)

Rosie Woodworth, Ph.D.

***** This rotation may not be available in 2025-2026 *****

FIOS is a family focused pathway within the intensive services, which provides treatment for families struggling with high-risk behaviours (e.g., suicidality, aggressive behaviour). Many referrals involve complex family dynamics, placement breakdown, and serious mental health challenges in the home. The focus of the FIOS is to provide community-based, intensive outreach services to families through a multidisciplinary team.

Families are followed for an 8-month period, with the primary intervention being Ecosystemic Structural Family Therapy (ESFT). Systemic therapy is a key component of treatment to assist families in supporting children/adolescents struggling with difficult behaviours, improve family functioning, and promote collaboration between services supporting the family in the community. Treatment sessions are conducted by a mini team (2-3 clinicians) in the family's home 1-2 times per week.

Residents will have the opportunity to work with a variety of complex family dynamics and caregiving structures (e.g., adoption). Many of the families in this service are also involved with other agencies in the community (e.g., RCMP, emergency services, child protection), which residents will have an opportunity to collaborate with during the rotation.

FIOS is available for both a minor and major rotation, and the rotation can be tailored to meet the training needs of residents. Residents interested in a major rotation should have experience in working with both caregivers and youth (both individually and together); previous experience with serious complex mental health presentations is preferred.

Ideally, residents in this rotation would have a car, due to need for work throughout the community.

IWK Youth Forensic Services

Forensic Assessment Rotation

Etta Brodersen, Ph.D., Julie Harper, Ph.D., Joanna Hessen Kayfitz, Ph.D., Celeste Lefebvre, Ph.D., Ainslie McDougall, Ph.D., Catherine Stewart, Ph.D.

This major assessment rotation would be with the Youth Forensic Assessment Team and/or the Initiative for Sexually Aggressive Youth (ISAY) Program. Both teams provide

psychological evaluations and risk assessments which are comprehensive reports involving a thorough psychosocial history, mental health assessment, and assessment of risk for sexual, violent, and/or general criminal recidivism as well as making recommendations for sentencing, rehabilitation, and risk management.

The reports by the Youth Forensic Assessment Team are provided to the Provincial Youth Courts of Nova Scotia under the Youth Criminal Justice Act (YCJA) and are typically requested for dispositional (sentencing) purposes, however, may be requested at any stage of the legal proceedings. Thus, clinicians may be asked to evaluate youth for application for bail review, consideration of an adult sentence, or other referral questions such as to consult on fitness to stand to trial and criminal responsibility evaluations. ISAY assessments are typically completed post-sentencing and as part of mandated assessment and treatment services.

In this rotation, the resident would be exposed to the psychologist's role in a number of contexts (including outpatient settings, the Secure Care Unit at the Nova Scotia Youth Centre [a youth custody facility], the courtroom), and be part of a multidisciplinary team. One would gain experience in clinical and forensic interviewing of youth and families, interaction with a variety of collateral sources/community partners, cognitive and personality testing and interpretation, risk for recidivism assessment, and report writing.

While **this rotation is primarily assessment focused**, there may be opportunities to be involved in providing intervention for youth with violent offences and/or for youth who have engaged in sexually inappropriate behaviour that has crossed legal lines. Psychoeducation and caregiver support is also provided to the youth's caregivers and, when relevant, on-going interactions involving partners (Department of Community Services, Probation Services, Schools, Youth Care Workers) in the treatment process. Working closely with multi-agency partners, multi-disciplinary intervention is delivered by forensic psychologists and social workers. Interventions are evidence-based and address both the criminogenic and mental health needs of the youth. It is important to note that the Youth Forensic Service is undergoing changes in aspects of service delivery, thus, **intervention opportunities may not be available as part of this rotation.** If intervention is available, it would typically involve only one or two cases.

Forensic Assessment is a major rotation only. **It would be beneficial for incoming residents to have prior forensic experience/theoretical knowledge; however, this is not necessary.** If this is the resident's first experience with forensics, competency in forensic assessment specifically may not be attainable at the end of the rotation (meaning further supervision/consultation would be necessary beyond residency if one planned to work in this specialized area). Regardless of whether one has incoming experience in the area of forensics, this rotation will provide opportunities to expand assessment skills/competencies in differential diagnoses, complex case conceptualization, clinical interviewing, and/or report writing.

Children's Health Program

Neuropsychology

Tricia Beattie, Ph.D., Megan Duffett, Ph.D., Nick Ciccarelli, M.A.

Psychologists in the Neuropsychology Service provide clinical training in the assessment of school-aged children with a wide variety of neurological and medical conditions that affect cognition and behaviour. Examples include traumatic brain injuries, stroke, neuromuscular diseases, genetic disorders, endocrine disorders, biochemical diseases, leukemia, brain tumours, and epilepsy. You will learn to administer, score, and interpret a range of neuropsychological measures, including specific neuropsychological tests as well as those involving general cognitive abilities. Psychometrists provide extensive training in administration and scoring.

You will gain experience in reviewing health records, interviewing, case conceptualization, providing feedback to children and parents, developing recommendations, writing comprehensive reports, and consulting with other health care professionals, schools, and agencies. We offer major rotations (3 days/week for 6 months) only. Specific goals for the rotation can be tailored to your background in neuropsychology and clinical interests. We welcome residents whose major program or focus of study is in neuropsychology. As such, previous graduate courses in neuropsychology (e.g. neuroanatomy, neuropsychological assessment) and previous supervised practicum hours in neuropsychological assessment are required.

School-Age Assessment- Children's Health Program

Tricia Beattie, Ph.D., Megan Duffett, Ph.D., Nick Ciccarelli, M.A.

The School-Age Assessment rotation provides assessment services for school-age children and adolescents within the Children's Health Program. Within this rotation, the focus will be on comprehensive assessments with children with neurological and medical conditions that affect learning and behaviour. Residents will be involved with the administration, scoring, and interpretation of tests measuring cognitive abilities, information-processing skills, academic achievement, and social-emotional development. Other objectives will include interviewing and providing feedback to parents and children as appropriate, developing recommendations, writing case notes and reports, and consulting with parents, teachers, physicians, and other healthcare and educational personnel about assessment findings and implications for intervention. Psychometrists provide extensive training in administration and scoring.

Cases will be selected with focus on children with medical diagnoses that often lead to learning and attentional challenges. Cases may include children and youth with craniofacial disorders with neurocognitive sequelae (e.g., cleft and lip palate), neuromuscular disorders (e.g., cerebral palsy), and children who previously received treatment for acute lymphoblastic lymphoma. Available as a major rotation or a minor rotation.

Preschool Pediatric Psychology Service (PPPS)

Aimée Yazbek, Ph.D.

Psychologists in this service provide clinical training in the assessment and diagnosis of children (birth through age 6) with neurodevelopmental and/or medical conditions affecting cognitive and behavioural development. Children present with a variety of neurodevelopmental, medical, and genetic disorders. The orientation used in this service is primarily behavioural, cognitive-behavioural, and neuropsychological.

During a rotation in PPPS, you will learn to complete intellectual, pre-academic/academic, neurodevelopmental, adaptive behaviour, and behavioural assessments. Opportunities are also available for residents to gain experience providing behavioural consultation. Previous residents have participated in parent groups and have helped develop resource materials. Your specific skills and goals will determine the nature of your experience.

During the rotation, you will gain experience providing consultation services to healthcare professionals (e.g., neurologists, pediatricians, speech-language pathologists, occupational therapists, physiotherapists), teachers (preschool and school) and developmental interventionists. You may participate in interdisciplinary programs (such as the Preschool Special Needs Service Team and the IWK Kids' Rehab Team), acquiring additional skills working collaboratively with other professionals.

Residents typically complete a major rotation in PPPS. A minor rotation may be available, depending on the resident's goals and interests. It may also be possible to have a joint placement working with PPPS and the Preschool Autism Team.

Rehabilitation Psychology

Crystal Lowe-Pearce, Ph.D. and Trisha-Lee Halamay, Ph.D.

The Rehabilitation Psychology Service falls under the umbrella of Pediatric Rehabilitation, which is an Interprofessional Service at the IWK for children and youth with physical disabilities including neurodevelopmental conditions (e.g., cerebral palsy, muscular dystrophy, and spina bifida), acquired brain and/or spinal cord injuries, and other physical needs that would benefit from a rehabilitation lens. Residents have the opportunity to work with outpatient and/or inpatient populations, and to be involved in consultation and intervention related to the functional goals of patients and their families.

Using a solution-focused coaching approach, Rehabilitation Psychology provides services within an evidence-based framework to assist with cognitive, behavioural, or psychological adjustment issues, which are directly related to or complicated by disability. Examples include behavioural and emotional regulation; coping with disability and changes in physical or cognitive functioning; developing strategies to support optimal functioning and participation at home, school, and community; and coping with stress and anxiety related to disability. Residents will gain interprofessional experience working collaboratively with other health-care teams and clinics as well as external agencies such as schools. Group

facilitation and rehab-related committee participation may also be an option, depending upon availability. Available as a major or minor rotation.

Feeding Clinic

Jamesie Coolican, Ph.D. and Allison Field, M.A.

Residents working within this clinic will gain experience in applying behavioural principles to managing severe feeding issues in young children (primarily under the age of five). Some residents may get experience using Motivational Interviewing or Cognitive Behaviour Therapy with older children. Children referred to the clinic may have poor growth, food refusal behaviour, anxiety related to eating, and/or complex medical histories which may have interfered with the acquisition of feeding skills. Children may be seen on either an inpatient or outpatient basis; however, the majority are seen as outpatients.

For residents in the Health Psychology track, this experience is available as a minor rotation or can be integrated in a flexible manner with other health rotations throughout the year depending on the interests and experience of the resident. For residents in the Child and Adolescent Clinical Psychology Track, this experience is available only as a minor rotation.

Pediatric Complex Pain Team

Chelsea da Estrela, Ph.D. and Meghan Schinkel, Ph.D.

The Pediatric Complex Pain Team provides multidisciplinary consultation and treatment of chronic/ongoing pain in children. The psychologists are involved in all areas of assessment and treatment of chronic and recurrent pain, and work closely with clinical nurse specialists, physiotherapists, and anesthesiologists. In addition to consultation to the team and participation in inter-disciplinary assessments and care, the psychologists provide individual treatment (based on cognitive-behavioural therapy, acceptance and commitment therapy, and/or motivational interviewing) for pain and to improve functioning in youth with chronic pain. Groups for adolescents may also be provided during this rotation.

The Complex Pain Team accepts referrals from all departments at the IWK and from family physicians. Opportunities to participate in clinical research in pediatric pain *may* also be available. The psychologists on this service work part-time, and therefore only minor rotations are available at present.

Pediatric Hematology/Oncology & Nephrology Service

Katharine Filbert, Ph.D.

Psychology services with the Pediatric Hematology/Oncology/Nephrology Service involve assessment, treatment, and consultation for children, adolescents, and families dealing with cancer (e.g., acute lymphoblastic leukemia; brain tumors), complex blood disorders (e.g., hemophilia; sickle cell disease), and kidney disease. Service may be provided individually on an inpatient or an outpatient basis, and also includes multi-disciplinary consultation with other health professionals and community partners (e.g., community health care

providers; schools). Depending on referral requests, this rotation involves both short and long-term intervention experiences.

Common referral issues include assistance coping with issues related to the assessment and treatment of the medical condition (e.g., coping with medical procedures); adherence to medical regimes (e.g., taking medication); pain management; adjustment and coping with chronic health conditions, hospitalization, and functional limitations (e.g., school attendance); and mental health and behavioural issues related to the medical condition or its treatment. Behavioural intervention for encopresis with chronic constipation co-occurring with the oncological, hematological, or kidney condition, is also provided. Informal consultation may also be provided to the multi-disciplinary health care team to enhance consistency and patient outcomes. Evidence-based approaches most often used in this service are behavioural, cognitive behavioural, acceptance and commitment therapies, and motivational interviewing techniques.

Inpatient Units Consult Liaison Psychology Service

Katharine Filbert, Ph.D.

The Inpatient Units Consultation Liaison Psychology Service responds to referrals for children and adolescents hospitalized on the Medical, Surgical and Neurosciences Unit (MSNU) and the Pediatric Medical Unit (PMU). Residents on this service will be involved in providing short-term evidence-based treatment, assessment, and consultation for a wide range of mental health issues (including issues which may be unrelated to the medical treatment and/or recovery) presenting during the hospital admission. Specific clinical activities include: providing rapid assessment and support to families following an acute health-related crisis; supporting patients in developing and strengthening coping skills; helping patients and medical staff address and remove barriers related to medical treatment compliance; facilitating communication between primary care staff and families; providing consultation to and collaborating with primary care staff and outpatient teams; and facilitating referrals to outpatient psychosocial services (e.g., Community Mental Health; Pediatric Health Psychology Service).

This rotation is only available as a minor rotation and may be offered in combination with time in the Pediatric Hematology/Oncology & Nephrology Service.

Pediatric Health Psychology Service

Joanne Gillespie, Ph.D., Trisha-Lee Halamay, Ph.D., Elizabeth McLaughlin, Ph.D., Ena Vukatana, Ph.D.

In the Pediatric Health Psychology Service, we provide assessment, treatment, and consultation for children and adolescents with acute and chronic medical conditions. We help them to cope with aspects of the assessment or treatment of the illness (e.g., coping with procedures or examinations, taking medications, adhering to complex daily regimens). We work with medical problems for which the evidence-based treatment involves behavioural interventions (as is the case in enuresis, and encopresis with chronic

constipation). As well, we work on broader issues such as coping with illness, functional limitations (e.g., school attendance, involvement in social activities) related to a medical condition, or parent-adolescent conflict related to a medical condition. We use evidence-based approaches, including behavioural, cognitive behavioural, and acceptance and commitment therapies.

Patients in this service are seen primarily on an individual outpatient basis. Depending on referral patterns and the resident's schedule, there may be opportunity for group treatment as well. Residents also have the opportunity to participate in multidisciplinary clinics (Children's Bladder Clinic with urology; Differences of Sexual Development Clinic with surgery, urology, endocrinology, gynecology, and social work), as well as monthly bowel management consultation rounds (with gastroenterology, surgery, nursing, physiotherapy, and pediatrics).

Residents attend weekly intake meetings to review new referrals, determine the priority in which cases should be seen, participate in team consultation, and discuss any service-related issues. Depending on their interests, residents within the service will also have the opportunity to participate in broader activities, such as development of resources or delivery of educational sessions to families or other healthcare providers.

The psychologists in this service are not members of any specific medical team. Referrals come from across the health centre and from physicians across the Maritimes. Typical referral sources include general pediatrics, gastroenterology, urology, endocrinology, and ophthalmology, as well as immunology, rheumatology, orthopaedics, neurology, developmental clinic, ENT, dentistry, and general surgery, among others. As such, residents will have the opportunity to collaborate and consult with professionals from a range of specialities and disciplines. Many patients referred to the service have a comorbid neurodevelopmental condition or mental health diagnosis.

Residents in the Pediatric Health Psychology track often select this rotation given the breadth of referral populations and issues. Major and minor rotations in the Pediatric Health Psychology Service are also available to residents in the Child and Adolescent Clinical Psychology Track. Residents will have the opportunity to take part in any aspect of the service. The rotation may be tailored to suit the resident's clinical interests with regard to specific patient populations or types of referrals.

Provincial Preschool Autism Service (PPAS)

Preschool and School-Age Autism Teams

Erika Brady, Ph.D., Helen Flanagan, Ph.D., Liz MacKay, Ph.D., Shannon-Dell MacPhee, M.A., Sarah Martin, M.A.S.P., Brittany Morrison, M.A.S.P., Sarah Peverill, Ph.D., Alice Prichard, Ph.D.

Psychologists in this service provide clinical training in the assessment and diagnosis of children ranging in age from toddlers through 18 years with, or suspected of having, an autism spectrum disorder (ASD). Opportunities exist to participate in major or minor

rotations, and your specific skills and goals will determine the nature of your experience. For example, you can gain experience across all ages seen in this service, or choose to focus on the preschool or school-age population.

You will participate in diagnostic assessments for ASD, including structured observational methods (ADOS-2), a diagnostic interview, and assessment of intellectual, adaptive, and behaviour functioning. You may have the opportunity to participate in interdisciplinary assessments with developmental pediatricians and consult with other professionals (e.g., occupational therapists, speech-language pathologists, early interventionists, teachers). You will learn to interpret the findings within the larger context of the client's medical, developmental, and psychosocial history. Developing skills in differential diagnosis, providing diagnostic feedback to families and report writing is emphasized. There may be the opportunity to provide brief consultation to families around a variety of behavioural, developmental, and/or mental health issues (e.g., tantrums, sleep, anxiety).

Note: For trainees interested in focusing their assessment work on young children, it may also be possible to have a joint placement with the preschool ASD diagnostic team and with the Preschool Pediatric Psychology Service.

Early Intensive Behavioural Intervention (EIBI)

Dorothy Chitty, Ph.D.

The Early Intensive Behavioural Intervention (EIBI) program is the Nova Scotia Treatment model for young children with Autistic Spectrum Disorder (ASD). This model is a naturalistic developmental behavioural intervention (NBDI) based on the principles of evidence-based applied behaviour analysis (ABA) and current understanding of child development. At this time, this model incorporates Pivotal Response Treatment (PRT). For children who benefit from a different communication system, Picture Exchange Communication System (PECS) is offered. The Nova Scotia treatment model can also incorporate Positive Behavioural Support (PBS).

Treatment within this model addresses core impairments in ASD by focusing on the development of communicative, social-emotional, and other "pivotal" functional skills in naturalistic routines. Intensive application of this model occurs in naturalistic settings including integrated daycare and preschool settings, as well as in the children's homes. There is a strong focus on supporting families to learn the strategies that best support their goals for their child. The team incorporates motivational communication to better understand the families in the provision of opportunities for change in how they support their child's learning.

The EIBI program offers opportunities for residents to be involved in intensive programming for children with ASD; work directly with the families with a motivational communication perspective and participate in a transdisciplinary team that includes speech and language pathologists, psychologists, occupational therapists, and Bachelor-prepared staff; work collaboratively with community partners; be involved in supervision of EIBI

staff; and participate in the training of others. The resident would have an opportunity to learn and apply motivational communication skills, as well as to see how we are setting up a community of practice in this area for a team with a broad set of competencies. **The resident needs to have a vehicle to be able to travel to homes and childcare centres.** A major rotation would include most of these opportunities. A minor rotation would require further tailoring to ensure an adequate experience for the resident.

Research

Residents in the Child and Adolescent Track may choose a six-month minor rotation in clinical research. In this rotation, residents will collaborate on existing research projects involving original data collection and/or data that have already been collected. The research must have an applied focus to help prepare residents for a research career within a health care setting. By the end of the rotation, residents are expected to show evidence of solid research progress by generating a grant proposal, manuscript, or poster presentation. Residents may not use this rotation to work on their dissertation.

Residents in the Pediatric Health Psychology track who are interested in conducting clinical research may do so within one of their track rotations, rather than as a separate research rotation. The resident should discuss this interest with their supervisors soon after match day to determine how research can be integrated into their clinical rotations.

Examples of IWK Psychologists with larger research programs include:

- **Dr. Jill Chorney**- Interactions among healthcare providers and families including shared decision-making and family centered care; behaviour change strategies including motivational communication; application of implementation science in organizational change; health services outcomes in youth mental health.
- **Dr. Aimée Coulombe**- Developing a more collaborative referral pathway to Intensive Services at the IWK; Supporting shared and informed decision-making between families and clinicians when clients are considering IWK Intensive Services; Evaluating client, family, and clinician experiences with this new referral process.

Many other psychologists at IWK Health are involved in clinical research. Residents may choose to work with these psychologists as well. For a list of psychology staff research interests, please [CLICK HERE](#) for Psychologists in the Children's Health Program, [CLICK HERE](#) for psychologists in the Mental Health and Addictions Program, and [CLICK HERE](#) for psychologists in the Provincial Preschool Autism Service. A list of recent staff publications is available [HERE](#).

Interview candidates will have the opportunity to meet with potential research supervisors during their interview. Please let us know ahead of time if you are interested in completing a research project during your residency so that we can arrange these meetings for you.

Summary of Rotation Opportunities

	Major	Minor
Mental Health and Addictions Program (MHAA)		
<i>Assessment and Treatment Services - Outpatient Mental Health</i>		
Community Mental Health and Addictions (CMHA)	✓	✓
The OCD Specific Care Clinic		✓
Eating Disorders Specific Care Clinic		✓
ASD Specific Care Team	✓	✓
Brief Intensive Outreach Service (BIOS)	✓	✓
School-Age Assessment- MHAA		✓
<i>Assessment and Treatment Services - Inpatient, Residential, and Day Treatment Mental Health</i>		
Adolescent Intensive Services		May not be available
Family Intensive Outreach Service (FIOS)		May not be available
Children's Intensive Services		Not currently available
The Garron Centre for Child and Adolescent Mental Health	✓	
<i>Youth and Family Forensic Services</i>		
Forensic Assessment Rotation	✓	
Children's Health Program (CHP)		
Neuropsychology	✓	
School-Age Assessment- CHP	✓	✓
Preschool Pediatric Psychology Service	✓	✓
Rehabilitation Psychology	✓	✓
Feeding and Nutrition Clinic		✓
Pediatric Complex Pain Team		✓
Pediatric Health Psychology Consultation Service	✓	✓
Hematology/Oncology/Nephrology Service and Inpatient Units Consult Liaison Psychology Service		✓
Provincial Preschool Autism Service (PPAS)		
Preschool & School-Age Autism Assessment Team	✓	✓
Early Intensive Behavioural Intervention (EIBI)	✓	✓
Research		
Research Rotation		✓

Potential Impact of COVID-19 on Residency Training

The identification of COVID-19 in Nova Scotia in March 2020 resulted in significant changes to service delivery at IWK Health and across the Maritime provinces. Mandatory masking was initiated at the end of July 2020; presently, masking is only in place at the IWK when indicated due to symptoms or at the request of families.

Residents are considered hospital employees and therefore, continued to work full time hours throughout the pandemic. As hospital employees, there is a possibility (if needed) that residents could be reassigned to other areas across the health centre, but this has not happened. Because many programs transitioned to clinical care being delivered virtually via Zoom for Health Care, many residents have worked from home-based offices for some portion of their training year. They were supported through this process with assistance securing necessary computer equipment at home and were provided with IT support and Zoom for Healthcare accounts.

All meetings, didactics, peer support, and supervision sessions were moved from in person delivery to an online platform in 2020. We are now using a hybrid model, with the majority of weekly seminars and peer support sessions being held in person.

Practicum placements were reinstated for PhD psychology students in September 2020 and have continued since then. Residents will have the opportunity to supervise junior trainees during their training year.

If you have questions about COVID-19 related changes within a specific care area and how these changes may impact training opportunities for a resident placed within that rotation, please contact the Coordinator of Clinical Training to discuss further.

Facilities

IWK Psychological Services are provided through a number of programs. Some are located at the main IWK Health site, and others are off-site.

Psychologists working within the Children's Health Program are located primarily on the Fourth Floor of the Link Building at IWK Health (5980 University Avenue). The office of the Psychology Training Coordinator is located there as well. One-way mirrors are available in a number of assessment and treatment rooms. There is also a kitchenette and conference room in this area.

The Garron Centre for the Mental Health and Addictions Program is located at the main IWK site. Other services within the Mental Health Program are located off-site:

- CMHA Halifax (6080 Young Street)
- CMHA Dartmouth (99 Wyse Road)
- CMHA Sackville (40 Freer Lane)
- AIS (2760 Joseph Howe Drive)

For rotations within the Mental Health and Addictions Program, opportunities for observation and recording sessions are available through the Video, Audio, Learning Tool (VALT) system.

Offices

Residents share 2 large offices- one is located at the main IWK Health site (and houses 3 residents), and one is located at Adolescent Intensive Services (and houses 3 residents). Each resident has a desk, networked computer, and filing space, as well as their own telephone and phone number, voice mail, personal email and internet account, Zoom for Healthcare account, and access to office supplies.

Administrative Support

Administrative support is available to psychologists and residents.

Other Psychology Support Staff

There are two psychometrists in the Neuropsychology Service, and a feeding specialist in the Feeding Clinic.

Libraries

IWK Health has a library that is staffed by a professional librarian and two part-time staff, all of whom are extremely approachable and helpful. There are currently over 175 journal subscriptions, 4000 books, and access to various electronic databases. Residents can use the Dalhousie Library system, which is connected to the Nova Scotia University Libraries Network. Additionally, there is a Family Resource Library that is well funded through the support of the IWK Auxiliary. This library has a professional librarian and over 3000 titles. There is also a library of books and manuals in the resident office.

Social Events

Residents are invited to attend the Discipline of Psychology holiday party in December, as well as all additional social events through the year.

Accreditation

The residency is accredited by the Canadian Psychological Association (CPA) . The contact information for the office of Accreditation for CPA is:

CPA Accreditation Panel
141 Laurier Avenue West, Suite 702
Ottawa, Ontario K1P 5J3

How to Apply

Qualifications

The following qualifications provide a guide to prospective applicants and are used to guide our decision making. Some qualifications are required, whereas others are preferred. Not every successful candidate will necessarily have met all of the preferred criteria.

Required

- Enrolled in a CPA/APA **accredited** doctoral program in clinical psychology. **Individuals from unaccredited programs, or school or counselling programs, will not be considered, regardless of their clinical experience.**
- Graduate level courses in assessment, therapy, ethics, and clinical interviewing.
- Graduate level course in developmental and/or child psychopathology.
- All course work and comprehensives completed.
- Dissertation proposal must be completed prior to application for residency, as per CPA standards. Data collection is expected to be close to complete by fall 2024.
- Minimum of 600 practicum hours (direct clinical care + supervision) approved by the applicant's graduate program. We will consider care provided via telepsychology (telephone contact or virtual video-conference) to be equivalent to face-to-face direct patient/client contact.
- Diverse practicum experience in **both** assessment and intervention with children, youth, and families.

Preferred

- Dissertation data collection completed, and first dissertation draft underway.
- Career interest in child clinical or pediatric psychology.
- Canadian citizens, non-Canadians currently studying within Canada, or those with landed immigrant status will be given **significant** preference, in accordance with Immigration Canada requirements, including the updated foreign worker legislation.
- Competency in French or other languages.

When short-listing applicants, we look for those who have child/adolescent experience in **both** intervention (preferably both group and individual) **and** developmental/cognitive assessment. We do not interview applicants who have experience *only* with intervention or *only* with assessment. We also look closely at peer-reviewed journal publications, dissertation status, and letters of reference.

When ranking candidates post-interview, the Clinical Training Committee takes into account the goodness of fit between the candidate's training/orientation and the training offered at the IWK. The candidate's dissertation status, presentation during the interview, and case conceptualization and treatment skills demonstrated in the interview are also important components in our ranking process.

For your information, for the 2024-2025 training year we had 47 applications and interviewed 19 candidates. Under the APPIC heading "Summary of Practicum Experience" the candidates we selected for interviews had accumulated an average of 248 assessment hours (range: 136-482 hours), 439 intervention hours (range: 113-884 hours), and 401 supervision hours (range: 204-557 hours).

Application Documentation

Residency applicants must submit the following using [AAPI Online](#):

- APPIC Application for Psychology Internship (AAPI)
- APPIC Academic Program's Verification of Internship Eligibility and Readiness
- Curriculum Vitae, which is well organized and includes:
 - Content, location, ages, and diagnoses seen, description, and supervisor of each clinical placement. Please also describe the type of supervision (e.g., co-facilitation of sessions, live observation of individual sessions, recorded observation of individual sessions, didactic/discussion) received at each placement
 - Awards
 - Publications
- Graduate transcripts
- Three letters of reference - These letters must use the APPIC Standardized Reference Form
- Cover Letter. This should identify the track(s) to which you are applying and detail your personal training goals and interests in relation to our residency program. Please include which rotations you are interested in, including noting if you want option A or B (if you are applying for the child and adolescent psychology track). Please remember that your rotation interests must include **both** assessment and intervention.

We encourage applicants interested in both the Child and Adolescent Clinical Psychology Track and the Pediatric Health Psychology Track to apply to both tracks. You will not be penalized for applying to both tracks, because we rank each track separately. Please make it clear in your cover letter whether you are applying to one track (specify which one) or both tracks. Please outline your training goals and rotations of interest that are relevant to each track. **If you are applying to the Pediatric Health Track, please clearly describe your relevant health psychology experience and appropriateness for the track.**

Selection Process

Our National Matching Service Program Code Numbers are:

- 181211 – Child and Adolescent Clinical Psychology Track (five positions)
- 181212 – Pediatric Health Psychology Track (one position)

The Clinical Training Committee selects interview candidates soon after the application deadline. As per the CCPPP recommendation, we will be informing all applicants of their selection status on Friday, December 6. Interviews will begin to be scheduled at noon that day and interview dates will be selected in consultation with the applicant. As per CCPPPs interview plan, we will guarantee interview slots from January 13-24, 2025. However, we will provide other dates to applicants who wish to interview at other times. The interview

is conducted by two psychologists, one of whom is from an area of particular interest to the applicant. To help candidates prepare for the interview, we provide information about the interview content in the interview letter of offer.

Because of potential COVID-19 disruptions to travel, environmental factors, and the importance of equity and access considerations, as per recommendations from CCPPP and the APPIC Board of Directors, this year all interviews (including local applicants or those who may request an in-person visit) will again be held virtually via videoconferencing or telephone (based on preference of the applicant).

In addition to the formal interview, current residents will call or meet virtually with candidates who receive an interview. This provides an “off the record” chance to ask questions about the residency program and the city of Halifax. Candidates will also meet virtually individually with the Coordinator of Clinical Training; additional virtual meetings with prospective supervisors can be arranged.

In accordance with APPIC match policies, no person at IWK Health will solicit, accept or use any ranking-related information from any residency applicant. Information about the match may be obtained from [APPIC](#) and from [National Matching Services](#).

IWK Health is committed to the principles of employment equity, and we welcome applications from all qualified candidates. Applicants who are members of designated groups, such as those of aboriginal descent, visible minorities, and people with disabilities are invited to identify themselves on their application. Qualified male applicants are also encouraged to apply, as males have traditionally been underrepresented in the residency program.

As a condition of employment at IWK Health, incoming residents are required to complete a criminal record check, a child abuse registry check, and provide proof of up-to-date immunization status. We also recommend that incoming residents confirm that their home university provides professional liability coverage; otherwise, we strongly recommend that they purchase it on their own.

In accordance with federal privacy legislation, we are committed to collecting only the information that is required to process your application. This information is secured within Psychological Services at IWK Health and is shared only with those individuals involved in the evaluation of your residency application. If you are not matched with our program, your personal information will be destroyed within six months of Match Day. If you are matched with our residency program, your application and CV will be available only to those involved in your supervision and training including your rotation supervisors, the Psychology Training Coordinator, and relevant administrative support staff.

Deadlines, Salary, and Benefits

The application deadline is **November 14, 2024 at 11:59 AST**. We use the APPIC internship application form, participate in the APPIC Match, and abide by all APPIC policies and procedures. We will let applicants know whether they have received an interview on December 6, 2024, and residents can begin to book their interviews with our administrative assistant that same day (beginning at noon Atlantic Standard Time).

The residency begins on September 1, 2025 and ends on August 31, 2026. The salary for 2025-2026 is \$51,675 less statutory deductions. This salary corresponds to the livable wage rates for Halifax published by the Canadian Centre for Policy Alternatives (2023). Residents are eligible for three weeks paid vacation and statutory holidays, as well as medical and dental benefits. Time (3 days) is available for educational leave to attend professional conferences or workshops (or dissertation defense).

We continue to have an arrangement with Dalhousie University to provide IWK residents with access to health services (including a primary care provider) through the Dalhousie Student Health & Wellness Centre (SHWC) www.dal.ca/campus_life/health-and-wellness.html). Residents will be required to provide information about their provincial health coverage (e.g., OHIP, MSP, AHCIP, etc.) when receiving care at the SHWC.

We look forward to learning more about you and your training goals. If you are interested in our program, and have questions or would like additional information, please contact:

Dr. Joanne Gillespie (she/her)

Coordinator of Clinical Training

Pre-doctoral Residency in Pediatric and Child Clinical Psychology

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