



**Saanich Child and Youth Mental Health Services**

**Ministry of Children and Family Development**

**Province of British Columbia**

**Pre-Doctoral Internship in Clinical Psychology**

**Handbook**

**2010-2011**

# INTRODUCTION

## **Victoria, British Columbia - the "City of Gardens"**

Victoria, BC, known as the “city of gardens” is Western Canada's oldest city and began in 1843 as a Hudson Bay Company trading post, named in honour of Queen Victoria. Victoria's unique character is deeply rooted in its 150-year history -- a history full of colourful people and fascinating tales. The city's British colonial heritage is still very much in evidence, but contemporary Victoria also has a distinctly Pacific northwest flavour. Today, Victoria is best known as the capital city of British Columbia and one of the most visitor-friendly cities anywhere. This seaside city is the vacation capital of Canada and a premiere tourist spot in the Pacific Northwest. Victoria is situated on the southern tip of Vancouver Island and located in a sub-Mediterranean zone, making it the sunniest spot in the province. Greater Victoria and its outlying areas now have a population of 326,000, and opportunities abound for cosmopolitan dining, superb shopping, colourful nightlife, outdoor recreational activities, and a full complement of cultural offerings. The City is also noted for its fine educational institutions which include the University of Victoria, Lester B. Pearson College of the Pacific (one of only six in the world operated by United World Colleges), and the recently opened Royal Roads University. In a survey conducted by Conde Nast Traveller magazine, Victoria was judged to be one of the world's best cities, topping the list in the category of environment and ambience. In a cross-Canada survey, Victoria residents registered the greatest satisfaction with their city and it remains one of Canada’s favourite places to call home.



**MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT  
PROVINCE OF BRITISH COLUMBIA**

**ABOUT CHILD AND YOUTH MENTAL HEALTH IN THE PROVINCE OF B.C.**

Research shows that the average overall community prevalence rate for mental disorders in children and youth is 15%. This means that in BC, approximately 140,000 children and youth experience mental disorders causing significant distress and impairing their functioning at home, at school, with peers, or in the community. These mental disorders may include anxiety, conduct disorder, depression (mood disorders), psychotic disorders, eating disorders and concurrent disorders.

To reduce the burden of suffering resulting from children's mental illness, Child and Youth Mental Health Services are offered throughout British Columbia by the Ministry of Children and Family Development (MCFD). These services provide a wide range of community-based specialized mental health services to mentally ill children and their families.

Currently mental health services for children with mental disorders and their families are delivered by three programs within the Ministry: Child and Youth Mental Health Services (CYMHS), Maples Adolescent Centre (the Maples) and Youth Forensic Psychiatric Services (YFPS).

Child and Youth Mental Health Services (CYMHS) provides a wide range of direct and contracted community-based specialized mental health services to children and youth under the age of 19 and their families on a voluntary basis. Child and Youth Mental Health staff typically includes psychologists, clinical social workers, counsellors with Master's degrees, and nurses who have training and expertise in child and youth mental health. In a collaborative manner with the client and/or family, staff members provide services that include intake, screening and referral, assessment and planning, treatment, case management, and clinical consultation.

Referrals of a child or youth to CYMHS can be made by the child or youth or by individuals who are directly involved with the child and youth such as family members, other agencies, or service providers. The child/youth or parent/guardian must have knowledge of the referral and agree prior to referral by an agency or service provider.

Clients go through an initial screening and intake process that ensures mental health services are appropriate for them. If a referral is judged to be inappropriate for our services, attempts will be made to redirect or link the referring person with a more appropriate agency or health provider. Once a referral is accepted to Child and Youth Mental Health, the child or youth's need for service is prioritized according to their level of risk and impairment.

In a collaborative manner with the client and/or family, child and youth mental health staff members provide services for the client such as assessment and planning, treatment, management of community issues, and consultation with individuals involved with the client. Consultation with individuals other than the child or youth occurs after the child or youth has given "informed consent" to the sharing of information. If the child or youth is not able to consent to the sharing of information, the parent or guardian must provide consent.

Targeted community development is also a responsibility of clinicians and includes consultation and training support to other service providers (e.g. school counsellors, guardianship workers, physicians) who may be working directly with individuals who are not receiving services from CYMH.

### **Program Goals**

The long-term goal of Child and Youth Mental Health (CYMH) is to partner with families and communities to improve mental health outcomes for children and youth in BC by:

- providing children and their families access to a basic continuum of timely, evidence-based mental health consultation, assessment and treatment services across the province
- ensuring services are coordinated across public health and primary care, early child development, schools, special needs, child protection and addictions services right into adult services
- promoting evidence-based services as the standard of care, backed up by training, education and monitoring
- providing new resources for early intervention programs dealing with serious mental illness
- reducing children's risk of developing mental illness through means such as public education and expert involvement across sectors
- building capacity in families and communities so they are better able to prevent and mitigate potential effects of harmful factors in a child's environment

### **Vision**

The Vision of Child and Youth Mental Health Services in the Province of British Columbia is mentally healthy children and responsible families living in safe, caring and inclusive communities. The vision is supported by the following considerations:

- Children are society's foundation for the future; therefore, they must be primary beneficiaries of society's resources.
- The family is central to the provision of care for their children.
- Children and their families have strengths and potential.

- The determinants of health influence the development of children, families and communities.
- Individuals, families, communities and governments share responsibility and accountability for achieving optimal mental health.
- Children have unique mental health needs that are different from those of adults.
- Some children are seriously impaired by mental health problems and illnesses.
- The severity and duration of mental illnesses can be reduced through prevention, early identification and intervention, thereby reducing personal and societal costs.
- Children who are mentally ill and their families should have access to timely, effective and culturally appropriate treatment and support.

### **Child and Youth Mental Health Plan Overview**

In February 2003 the government of British Columbia approved a first for Canada, the B.C. Child and Youth Mental Health Plan. The plan was developed through consultation with clients and families, service providers and partners, and informed by best available research and the work of the Ministry of Children and Family Development and Ministry of Health Services Joint Working Group. This plan reflects the long-term commitment of the ministry to improving the resources and outcomes for children's mental health in British Columbia. Regional Governance Authorities and communities will play a critical role in ensuring the commitment to the mental health of children and youth in BC is carried out.

The Plan details coordinated approaches on several levels including:

- timely and effective treatment and support services for children with serious mental illness
- programs to reduce risk by preventing and reducing the effects of mental illness
- building community and family capacity to prevent and/or overcome the negative impacts of mental illness in children and youth
- better systems to coordinate services, monitor outcomes, and ensure public accountability for policies and programs.

## **SAANICH CHILD AND YOUTH MENTAL HEALTH SERVICES**

The Saanich Child and Youth Mental Health Services Team, is one of three community-based Child & Youth Mental Health (CYMH) teams serving the residents of Victoria, BC on southern Vancouver Island. The other two teams are the Victoria Child and Youth Mental Health Team and the West Shore Child and Youth Mental Health Team, all of whom provide direct (and consultative) clinical service to persons under 19 years of age, as well as to their families.

Region wide services are provided by the Project Alive Team (suicide prevention service), the Aboriginal Child and Youth Team, the Eating Disorders Team and the Multicultural Outreach Program. The Project Alive Team is co-located with, while the Multicultural Outreach Program is integrated into the Saanich Child and Youth Team. All of these services are a part of the Ministry of Children and Family Development and are designed to operate in an integrated way with other service providers in the community (both in-patient and outpatient) in order to offer a comprehensive system of mental health care to children, youth and their families.

The Saanich Child and Youth Mental Health team provide services in assessment, treatment and consultation to children and youth in the catchment area (The Municipalities of Saanich, the Saanich Peninsula, and Sidney on Vancouver Island, as well as the Gulf Islands). The multidisciplinary team at Saanich Child and Youth Mental Health consists of Psychologists, Social Workers, Community Mental Health Nurses, a part-time Psychiatrist and administrative support. Saanich Child and Youth Mental Health staff provide services to between 150 and 200 children, youth and families per year who predominantly present with anxiety and mood disorders, adjustment disorders, and externalizing disorders.

## **CLINICAL TRAINING PROGRAM IN PSYCHOLOGY**

The Saanich Child and Youth Mental Health Services Internship Program provides interns with the opportunity for in-depth training in child and youth mental health through active clinical work, intensive supervision, small group seminars and consultations, follow through of clients during their in-patient treatment, and interaction with other health professionals. The focus is on developing the intern's clinical skills in assessment, diagnosis, treatment planning and treatment implementation. Interns also provide consultation to other service providers both on our team and in the community. Clients at Saanich Child and Youth Mental Health Services are typically referred by their parents and guardians, teachers and school counselors, family physicians, pediatricians, social workers and hospital staff. Interns will be exposed to a broad variety of child and youth mental health issues and problems, with a wide spectrum of psychopathology (ranging from adjustment disorders to early onset psychosis). These conditions will be considered in the context of the biopsychosocial model and from a developmental perspective. Interns work with different supervisors and are exposed to a variety of assessment and treatment approaches during their clinical work.

### **Philosophy and Goals of The Internship Program**

Interns at Saanich Child and Youth Mental Health are considered “junior colleagues” and as such are valued members of our multidisciplinary team. Interns are directly involved in determining their training goals over the year and are active members in all team activities. Interns are given the same benefits and opportunities as all other staff in accessing program resources, attending workshops and other professional development activities, and participating in program development. All Psychology staff at Saanich Child and Youth Mental Health participate in the internship program by serving as supervisors, role models, and resources regarding the wide range of issues that can arise when working in community based mental health.

Saanich Child and Youth Mental Health Services endeavors to support its interns in the achievement of 7 general goals over the course of their training year

#### **1) To provide interns with a breadth of exposure to community based Child and Youth mental health issues and prepare them for autonomous practice.**

As part of their training over the internship year interns are to be provided a breadth of exposure across several domains of community mental health, including: i) across the age span of 0-19, ii) across theoretical models, and iii) across client populations.

**2) To provide interns with in-depth training in a range of integrated assessment techniques with children and youth suffering from mental disorders.**

Through their work with various mental health staff, interns are expected to use a wide range of assessment types and techniques, including, but not limited to socioemotional, behavioural, projective, psychometric, personality, structured/semi-structured interview, and cognitive assessments.

**3) To provide interns with in-depth training in empirically validated and other best practices treatment interventions aimed at reducing mental health problems among children and youth.**

Staff at Saanich Child and Youth Mental Health have training and expertise in a number of empirically validated and best practices treatment interventions. Interns are most likely to receive training in individual and group cognitive-behavioral therapy (CBT), interpersonal and client centered therapies, as well as family therapy. Exposure to additional therapies and interventions would also be available (e.g. motivational interviewing, behavior therapy, dialectical behavior therapy, solution focused interventions, and play therapies).

**4) To increase understanding and awareness of the impact of individual differences (multicultural, sociocultural) on delivery and selection of psychological services.**

Through didactics, training, and direct clinical experiences, interns will be provided opportunities to develop greater understanding and skill when working with clients who present individual differences in ethnicity, religion, socio-economic status, language, cognitive functioning, and race.

**5) To develop interns consultation skills within a multidisciplinary team and outside agencies, including schools, the health authority, and other ministry programs.**

Staff at Saanich Child and Youth Mental Health are frequently involved in consultation both within and outside of our team. As part of their routine clinical activities, interns will be expected to provide and receive consultation services from others in order to facilitate the best possible care for their clients.

**6) To provide interns with experiences and training in supervision.**

Saanich Child and Youth Mental Health frequently provide practicum placements for graduate students in psychology and counseling from the University of Victoria. Interns will be provided opportunities, where appropriate, to gain experience in supervision by

being directly involved in the training of these students. Relevant readings and didactic experiences will also be made available.

**7) To provide interns with an in-depth understanding of Jurisprudence relevant to their practice as psychologists.**

The practices of psychologists in British Columbia are governed by a number of provincial and federal acts, codes, and standards. Interns are provided access to a binder containing these relevant documents and discussion of these is to be incorporated into supervision and case consultations when appropriate and applicable. A yearly seminar on ethics is also included in the didactics component of the internship program.

## **Professional Psychology Staff**

The following individuals will comprise the professional body of psychologists providing direct supervision and/or, monitoring and management of the internship training program:

Jane Bradley, Ph.D., R.Psych.; Supervisor; Victoria Child and Youth Mental Health Services

Linda Clark, Ph.D., R. Psych; Supervisor; Saanich Child and Youth Mental Health Services

Louise M. Costello, Ph.D., R. Psych.; Supervisor; Victoria Child and Youth Mental Health Services

Shirley G. Graham, Ph.D., R. Psych.; Supervisor; West Shore Child and Youth Mental Health Services

Rob Lampard, Ph.D., R.Psych.; Advisor; Provincial Mental Health Consultant; Ministry of Children and Family Development

Tricia Orzeck, Ph.D., R.Psych.; Supervisor; Saanich Child and Youth Mental Health Services

Roxanne Still, Ph.D., R. Psych; Regional Mental Health Consultant; Ministry of Children and Family Development

Laurel A. Townsend, Ph.D., R. Psych; Director of Internship Training; Supervisor; Saanich Child and Youth Mental Health Services

Jean E. Walters, Ph.D., R. Psych.; Team Leader; Supervisor, Saanich Child and Youth Mental Health Services

Barry Young, Ph.D., R. Psych.; Team Leader; Victoria Child and Youth Mental Health Services

## **Saanich Child and Youth Mental Health Services Professional Staff**

The Saanich Child and Youth Mental Health Team currently consists of the following additional team members (in addition to those listed above):

Clinical Staff: Stephanie Brown, M.S.W., Clinician  
Ann McAdams, M.Ed., Clinician  
Mary Ann Schubkegel, R.N., Clinician  
Mary Kay Nixon, M.D.; Consulting Psychiatrist  
Katheryn Sandberg, M.S.W., Clinician  
Kimberly Lane, M.A.; Clinician  
Kim Ceurstemont, M.A., Psychology Intern  
Sonya Boya, M.Sc.; Clinician

Administrative Staff: Linda Allen; Administrative Support  
Heather Eastwood; Office Manager  
Kristi Ferguson; Administrative Support

## INTERNSHIP CHARACTERISTICS

The following criteria are in accordance with the guidelines established by the College of Psychologists of BC (as of June 2002)

### 1. Organization

A psychology internship is an organized training program which, in contrast to supervised experience or on-the-job training, is designed to provide the intern with a planned, programmed sequence of training experiences. The primary focus and purpose is assuring breadth and quality of training.

*Saanich Child and Youth Mental Health Services offer a psychology internship program in community mental health that includes a broad range of experiences spanning individual, family, group and community. The range of activities includes assessment, diagnosis, treatment, consultation, ethics, case management, education, and evaluation, among others.*

### 2. Accountability

The internship agency has a clearly designated staff psychologist who is responsible for the integrity and quality of the training program and present at the training facility for a minimum of 20 hours a week. This psychologist is actively licensed (certified or registered) and is in good standing with the psychology regulatory body in the jurisdiction where the program exists for a minimum of two years immediately prior to the time the intern starts the pre-doctoral internship.

*Director of Internship Training: Laurel A. Townsend, Ph.D., R. Psych.*

### 3. Primary Supervisors

The internship agency training staff consists of a least two full time equivalent psychologists who serve as primary supervisors, who have been actively licensed (certified or registered) and in good standing with the psychology regulatory body in the jurisdiction where the program exists for a minimum of two years immediately prior to the time the intern starts the pre-doctoral internship.

*Primary Supervisors: Jane Bradley, Ph.D., R.Psych.  
Linda Clark, Ph.D., R. Psych.  
Louise Costello, Ph.D., R. Psych.  
Tricia Orzeck, Ph.D., R. Psych.  
Laurel Townsend, Ph.D., R. Psych.  
Jean Walters, Ph.D., R.Psych.*

*Affiliated Supervisors: Additional Team Members as listed on P. 10*

#### **4. Structure of Supervision**

Intern supervision is provided by staff members or qualified affiliates of the internship agency who are accountable to the internship director regarding their supervision of the intern. These supervisors carry clinical responsibility for the cases being supervised and are identified as such (e.g., countersigning documentation or identified as a supervisor on treatment plans, or reports). The minimum amount of supervision provided is at a ratio of one hour of supervision for each four hours of client contact per week. At least 4 hours per week of regularly scheduled face-to-face individual supervision are provided by one or more psychologists who have been actively licensed (certified or registered) and in good standing with the psychology regulatory body in the jurisdiction where the program exists for a minimum of two years immediately prior to the time the intern starts the pre-doctoral internship.

*Interns meet with each supervisor weekly and following case discussions have their notes, reports etc regarding each client co-signed by the appropriate supervisor. Intern supervisors themselves meet annually to review supervision issues, practices etc.*

#### **5. Content of Supervision**

Supervision is provided with the specific intent of dealing with psychological services rendered directly by the intern. Administrative supervision and/or personal growth experiences are not included as part of the required supervision.

*Supervision is provided by the Primary Supervisor(s), assisted by other staff, named above (#3) who may assume direct responsibility for certain cases or activities.*

#### **6. Range of Experience**

The internship provides training in a range of psychological assessment and intervention activities conducted directly with recipients of psychological services.

*Recipients of service include children/adolescents and their families, parents, groups, schools, agencies, and other staff, either directly or in consultation. Training goals set out with interns at the commencement of their internship year involve a wide range of assessments and treatment with clients.*

#### **7. Required Patient Contact**

At least 30% of the intern's time is in providing direct psychological services to patients/clients, seeing a sufficient number of clients to ensure that the intern reaches a level of competent clinical service in the area in which he or she plans to practice.

*The Primary Supervisor is responsible for ensuring the Intern is competent in assessing and treating a wide variety of clinical problems that develop in children and adolescents of different ages, through direct contact with such clients. The goal is to establish a level of competence sufficient for independent practice in the intern's preferred areas of practice.*

## **8. Didactic Component**

The internship provides a minimum of two hours per week in didactic activities such as case conferences, seminars, workshops, in service training, or grand rounds.

*A schedule of activities is developed each year in keeping with the intern's interests and requirements. Interns are expected to attend weekly administrative and clinical meetings with all other team members. Some examples of training and workshop opportunities available the past several years to interns have included:*

*CBT for Anxiety Disorders in Children and Youth  
Advanced CBT for Treatment of Depression  
Advanced DSM IV Training  
Treatment of Self-Harm Behaviors in Adolescents  
Concurrent Disorders: Mental Health and Addictions  
Aboriginal Cultural Sensitivity Training  
Motivational Interviewing  
Ethics in Clinical Practice  
Antidepressants in Children/Youth  
Multicultural Issues in Counseling and Therapy  
Parent-Child Interaction Therapy  
Early Psychosis Intervention  
Dialectical Behavior Therapy  
Interpersonal Therapy for Adolescents with Depression*

*Interns are also required to make two presentations to program staff over the year. One involving their dissertation research and a second involving a full case presentation (from assessment to case conceptualization to treatment).*

## **9. Timing of Internship**

Internship training is subsequent to a clinical program's required courses and comprehensive exams. An applicant should be enrolled in a doctoral program.

*Our facility strives to be flexible in adapting our program to meet the needs of the interns while also meeting the requirements set out by the CPBC. However, all applicants must have completed their required coursework, comprehensive exams, and dissertation proposal prior to applying for internship.*

## **10. Title of Trainee**

The students are designated as a “Psychology Intern” during their year at our agency, and sign all documents with their name, highest degree earned, and this designation.

*Intern documentation is reviewed to ensure the above requirements are being met.*

## **11. Program Description**

The internship agency has a written statement or brochure which provides a clear description of the nature of the training program, including the goals and content of the internship and clear expectations for quantity and quality of the intern’s work, and is made available to prospective interns.

*The brochure developed by Saanich Child and Youth Mental Health Services and made available to prospective interns provides a description of our training program and is updated annually. It is available for viewing on the ministry web site at the following address: [http://www.mcf.gov.bc.ca/mental\\_health/internships.htm](http://www.mcf.gov.bc.ca/mental_health/internships.htm)*

*Interns also receive an internship manual upon their arrival in September that outlines the internship programs policies and procedures, as well as the interns training goals and expectations in more detail.*

## **12. Due Process**

Internship programs are required to have documented due process procedures that describe separately how programs deal with (1) concerns about intern performance, and (2) intern’s concerns about training. These procedures include the steps of notice, hearing and appeal and are given to the interns at the beginning of the training period. In our agency:

*Concerns raised by an Intern should be addressed to the Primary Supervisor with appeals in accordance with the policy set out in the Internship Manual.*

*Concerns raised by a supervisor should be addressed to the Intern directly, and follow a similar procedure for appeals.*

## **13. Required Time**

A complete internship experience (minimum 1600 hours) must be completed within a 12 month period, commencing September 1<sup>st</sup> or the first day following Labour Day should this fall on the weekend.

*Modifications to this timeline may be mutually agreed upon where the Intern has already satisfied, fully or partially, this criterion.*

#### **14. Evaluation**

The internship program conducts formal written evaluations of each intern's performance on at least two occasions, at the mid-point and endpoint of the internship, and no less than twice per year.

*An evaluation form is sent to each supervisor at the mid-point and end point of the internship. Supervisors are to complete and review these evaluations with the intern prior to returning them to the Director of Training. A summary of these evaluations will then be written up by the Director and sent on to the intern's university program.*

#### **15. Dual Relationships**

According to the College of Psychologists of BC, relationships between supervisors and interns should be in compliance with prevailing ethical standards with regard to dual relationships. Supervision to meet the requirements of the College of Psychologists can not be provided in the context of a professional relationship where the objectivity or competency of the supervisor is, or could reasonably be expected to be impaired because of the supervisor's present or previous familial, social, sexual, emotional, financial, supervisory, political, administrative, or legal relationship with the supervisee or a relevant person associated with or related to the supervisee.

*Our internship abides by the Codes of Ethics of the CPBC and the Canadian Psychological Association regarding dual relationships. Please refer to the College of Psychologist's Code of Conduct for further clarification.*

#### **16. Duration and Stipend**

During the 2010-2011 training year, there will be one guaranteed internship position at Saanich Child and Youth Mental Health Services. Funding for a second position remains under proposal. The position is for one full year starting on the day following Labour Day in September. The stipend is currently \$40,807.06 per annum and interns are entitled to a two-week vacation. There will be a modest travel allowance to attend workshops and clinical meetings.

## **FACILITIES**

Saanich Child and Youth Mental Health Services is located on the second floor of a two story building with elevator access. Interns are provided a private lockable office with lockable file space, bookshelves, and a private phone line with electronic voice mail. Interns also have a personal computer in their office for word processing and are given an e-mail account at the beginning of the training year. Interns have access to a large conference room, playroom, and art therapy room on a booking basis, with the playroom wired for audio and providing a one way mirror for viewing of therapy sessions.

Saanich Child and Youth Mental Health has an in-house library of current books and periodicals related to child and youth mental health and interns have access to an Inter-Library Loan service through the ministry. A Psychological Test Library and area with relevant professional literature (e.g. copies of Standards and Codes of Ethics) are also available on site.

## **AREAS OF CONCENTRATION**

Saanich Child and Youth Mental Health offers interns core training experiences in community based mental health services for clients under 19 years of age. Through discussions with the director of training and the primary supervisor(s), interns will select two of the options listed below as their major areas of concentration and the third as a minor area of concentration.

Community Mental Health:

- a. Early Childhood
- b. Middle Childhood
- c. Adolescence

For example, an intern may elect to focus primarily on middle childhood and adolescence during their training year (their two major areas of concentration), thus the bulk of their caseload would comprise clients from this age span. Exposure to early childhood interventions and a small number of cases shared with a co-therapist would then comprise their minor area of concentration. These core experiences (major and minor) are expected to involve three days per week for the entire training year.

### **Description of Core Training Experiences in Early Childhood**

Supervisors: Jane Bradley, Ph.D., R.Psych.  
Louise Costello, Ph.D., R.Psych.

Training in early childhood is intended to provide the intern with a range of assessment, intervention, and consultation skills applicable to clinical work with children between the ages of 0 and 6 and their families. Supervision will follow the developmental model. In addition to the assessment and treatment modalities described below, interns will develop experience consulting with a multi-disciplinary team and liaising with various community resources. Interns will learn to conduct complete assessments, including psychometric testing, initial interviews with parents,

observations of children in the community, structured observations of parents and children in the playroom, and both structured and unstructured assessment activities with children in the playroom. Opportunities to conduct developmental assessments are limited, but do arise occasionally. Interns will have the opportunity to develop skills in a variety of intervention techniques, including consultations with parents, teachers, or daycares regarding behaviour management techniques, intervention that targets the parent-child relationship, such as interaction guidance with infants and toddlers, or filial play therapy with pre-schoolers, and individual play therapy with children, which may involve either non-directive or directive approaches.

### **Description of Core Training Experiences in Middle Childhood**

Supervisors: Tricia Orzeck, Ph.D., R.Psych  
Jean Walters, Ph.D., R.Psych

Training in middle childhood is intended to provide the intern with in depth exposure to clients aged 6-12 years whom are presenting with both internalizing and externalizing disorders. Supervision will follow the developmental model. Common diagnoses with this age group include anxiety and mood disorders, as well as ADHD, oppositional defiant disorder, conduct problems, Tourette's, learning disabilities and occasionally, psychosis. Family dysfunction is a frequent concomitant. Interns receive training in assessment and treatment using the biopsychosocial model. Interns will conduct complete assessments which may include psychometric testing, interviews with parents and children, observations of parents and children, and feedback with the family and any associated community providers. A number of treatment approaches are used and may include CBT, behavioural therapy, elements of narrative therapy, family therapy, and solution focused approaches. Consultation to outside agencies (especially the schools) is also provided on a regular basis and interns have the opportunity to co-lead a parent support group and parent and child anxiety group program. Opportunities to complete cognitive/psychoeducational assessments and provide feedback to families and schools are also available.

### **Description of Core Training Experiences in Adolescence**

Supervisors: Linda Clark, Ph.D., R.Psych.  
Tricia Orzeck, Ph.D., R.Psych  
Laurel A. Townsend, Ph.D., R.Psych

Interns working in this area will have the opportunity to conduct full psychological assessments (including interview, self-report instruments, case conceptualization, diagnosis, report writing and feedback) with youth aged 13-19 years who are presenting with a mental health concern. Supervision will follow the developmental model. Presenting problems typically include, but are not limited to, mood, anxiety, and adjustment disorders, as well as substance use, family and/or peer conflict, academic problems, trauma, and conduct disorder. Interns would be expected to carry a caseload of individual therapy clients and develop in-depth skills in the provision of

cognitive behavioral therapy to these clients. Participation in a 12 week CBT group for depression and a 10 week CBT group for anxiety is also available. Additional group therapy opportunities (e.g. parent support, adolescent self-harm) are also available. Consultation to other team members and outside agencies is routinely provided and interns may additionally have the opportunity to complete one or two cognitive assessments with youth over the course of their training year.

### **Additional Training Experiences**

For their fourth clinical training day each week, interns will also complete approximately three to four exposure experiences, one in each third to quarter of the training year, to be selected from the list below.

Exposure Experiences:

- a. Early Psychosis Intervention
- b. Intake
- c. Pediatric Hospital psychology
- d. Schools (Friends Program)
- e. Program evaluation/policy development
- f. Remote/rural practice
- g. First nations
- h. Multicultural services
- i. Inpatient mental health services

Interns are also provided one nonclinical day each week over the entire training year to attend meetings and complete indirect client activities, research, etc. This time is protected to ensure interns receive adequate opportunities for development of these skills and participation in team activities

## SAANICH CHILD AND YOUTH STAFF BIOSKETCHES

Jane Bradley, Ph.D., R.Psych.  
Queens University, 1986

Clinical Interests and Activities: Individual and family therapy with families of young children (birth to 8 years) who present with a broad range of mental health problems including mood, anxiety, adjustment, attachment and behavioral disorders. Family conflict, parent training, attachment repair, and the development of emotional regulation skills are other areas of interest and focus. Cognitive assessment is an occasional tool used with select children.

Linda Clark, Ph.D., R.Psych.  
Queens University, 1973

Clinical Interests and Activities: Work with teenagers and their families around a variety of issues, including anxiety, depression, social functioning, borderline personality, drugs and alcohol, and trauma. Focus on biopsychosocial assessment and provision of individual and family therapy, CBT, and cognitive psychotherapy.

Louise Costello, Ph.D., R.Psych.  
University of Victoria, 1992

Clinical Interests and Activities: Work with primarily a preschool/Kindergarten population who present with a broad range of referral issues including parent-child relational problems, attachment disorders, adjustment disorders, anxiety issues, depression and threats of self harm. Many Ministry involved children (and thus neglect/abuse issues), complex family presentations, parental mental health issues. Focus on psychometric assessment of the pre-school population and use of expressive modalities in treatment (primarily play but also use of therapeutic stories, narrative techniques, CBT within a play context). Specific play modalities include unstructured and structured play therapy, filial therapy, and theraplay. Involved in the early intervention system in the CRD and working cooperatively with these other services, as well as with the school system, primarily in school transition work.

Shirley Graham, Ph.D. R.Psych.  
University of California, Los Angeles 1995

Clinical Interests and Activities: Individual and group therapy for children ages 0-19 with a wide range of mental health issues, including anxiety, depression and other mood disorders, behavioural problems, difficulties in the school, peer and/or family setting. Psychological assessment for children 0-19. Special interests in early childhood intervention and therapy, group play therapy, parent support and education.

Tricia Orzeck, Ph.D., R.Psych  
University of Calgary, 2007

Clinical Interests and Activities: Individual and group therapy for children, youth, adolescents, young adults, and their families on a wide range of clinical issues. Works within primarily a cognitive-behavioural and systems approach. Specialized research and practice expertise are in the area of trauma and abuse, and psychological assessment. Has worked in a variety of settings, from community services, corrections, EAP, schools, private practice, and on the side, in sport and exercise psychology.

Laurel A. Townsend, Ph.D., R.Psych  
University of Victoria, 1996

Clinical Interests and Activities: Individual and group cognitive-behavioral therapy with youth (aged 13-19 years) who present with a broad range of mental health problems, including mood, anxiety, substance use, adjustment, psychotic and conduct disorders. Additional concerns involving family conflict, academic performance, identity development, and peer relationships are also addressed in treatment. Cognitive assessment and use of data to aid in academic and vocational functioning. Use of motivational interviewing techniques to engage and enhance change among youth.

Jean E. Walters, Ph.D., R.Psych  
Queen's University, 1979

Clinical Interests and Activities: Has worked in education, child welfare and mental health settings with children across all ages and their families. Believes in the resilience of children and the benefits of focusing on strengths as well as difficulties. Currently focused on the elementary school-aged child with both internalizing (anxiety, depression) and externalizing challenges (oppositional, hyperactive). Aims to collaborate with children and their parents to adapt cognitive-behavioral techniques (individual, family, group) and behavioural programs to improve individual child and family functioning. Interested in the implementation of the Triple P positive parenting program for families referred for child mental health concerns.

## **SUPERVISION**

The supervision model used in the internship involves a developmental approach and consists of five steps in which the intern takes on increasing level of responsibility and autonomy over their training year:

- 1) Observation (intern of staff).
- 2) Joint assessment/treatment (shared responsibility for case management).

- 3) Observation (staff of intern) - the observation may involve staff in the room and prepared to intervene if necessary or observing through a one-way mirror.
- 4) Intern solo - staff pre and post sessions planning and debriefing with the intern, (may use audio, video or one way mirror if necessary or appropriate).
- 5) Arms length supervision - intern carries a case load and goes over each case at regularly scheduled supervision sessions.

Not all interns may begin a step one. An intern's level of training and experience will be assessed at the commencement of their training year and those with more advanced skills in specific areas may begin supervision at step two or higher. All interns are expected to have advanced to stage five by the end of their training year.

The requirements of supervisors of psychology interns are:

1. Registered psychologists provide clinical supervision of the intern to ensure that the intern complies with legal, administrative and professional requirements of the job. When a psychologist co-signs a report with an intern, she/he assumes legal and professional responsibility for the contents.
2. Consulting Psychologists from the hospitals or other community agencies have the same supervisory responsibility as the psychologists from the Saanich Child and Youth Mental Health Services (for clients they are supervising at that agency).
3. Because of the varying skills and experience levels of each intern, it is necessary to individually tailor supervision. Specific expectations of intern are negotiated between the supervisor and the intern at the beginning of each rotation.

Supervision includes:

- a. At least one regular weekly meeting at which the intern and supervisor discuss cases, problems, and therapy, etc. As per CPBC requirements, the intern receives a minimum of 1 hour of supervision for each four hours of client contact per week; and at least 4 hours of regularly scheduled face-to-face individual supervision.
  - i) For Assessments the Supervisor:
    - reads patient file
    - reviews test protocols
    - discusses the intern's conceptualization of the case
    - reviews diagnostic issues and treatment recommendations
    - reads the intern's report, then co-signs

- ensures the promptness of report
- ii) For Therapy the Supervisor:
- may observe or co-facilitate therapy sessions
  - has a weekly discussion of treatment plans
  - reviews client response to treatment
  - reads the intern's documentation, then co-signs
  - ensures promptness of reports
- b. Depending on the intern's needs and level of training, supervision may also involve the viewing of sessions directly or through a one way mirror, review of audio taped or videotaped sessions, or co-therapy.
- c. Ethical issues and questions, and relevant legislation and codes/standards of practice are also discussed in supervision as they arise in the interns' clinical work.

## **EVALUATION**

Formal evaluations are conducted at the mid-point and at the end of the internship. These written evaluations rate the intern's competencies in each of the seven training goals described previously, as well as the core competencies considered necessary for autonomous practice (i.e. assessment, treatment, diversity, consultation, ethical and professional behavior etc.). The minimum standard for completion of the Internship Program is achievement of expected competency in each training goal. Goals not achieved for reasons unrelated to the intern's performance (e.g., lack of referrals of a certain type) are not included in this standard. Goals not achieved must either be excused by the supervisor as not being essential to the internship or must be repeated or extended as necessary.

The evaluations also address the intern's strengths and provide suggestions regarding his or her future training in each of the following areas: assessment, diagnosis, treatment planning and implementation, and consultation with both child and adolescent clients. Summaries of these evaluations are sent on to the intern's academic training director at each time point.

## **COMPLAINTS/APPEALS**

If an intern has a problem with one of his or her supervisors, the intern is to first raise the issue with the supervisor in question, with a goal to reaching a mutually satisfactory resolution. In the event that the intern does not approach the supervisor with the complaint, but brings the issue directly to another staff member (e.g. Director of Internship Training, Team Leader), that person will inform the intern that he or she must first raise the issue with the supervisor in question. If

the intern is not satisfied with the response of the supervisor, the intern may appeal to the Director of Internship Training (or Team Leader if the supervisor in question is also the Director). If the intern decides to appeal, the complaint must be put in writing. The Director of Internship Training will then discuss the matter with both the intern and the supervisor and make an effort to mediate a satisfactory solution. In the event that the student and supervisor still do not agree on a mutually acceptable resolution to the student's concerns following mediation, the Director of Internship Training (unless in a conflict of interest) will confer with the Team Leader to reach a decision as to the most appropriate remedy. In the event that either the DIT or TL are in a dual role (i.e. both supervisor and administrator) the Regional Mental Health Consultant will replace them in the resolution process. The Team Leader (or Regional Mental Health Consultant) will then communicate the remedy to the student and the supervisor in question.

### **ACCREDITATION STATUS**

The internship program at Saanich Child and Youth Mental Health Services is currently not accredited by the Canadian Psychological Association (CPA). We have met membership criteria for the Canadian Council of Professional Psychology Programs (CCPPP) and follow all APPIC standards and guidelines. We plan to seek CPA accreditation in the near future and currently follow the training standards and guidelines set out by the association.

### **QUALIFICATION CRITERIA FOR INTERNSHIP APPLICANTS**

Please note that these include both required elements as well as preferences. Applicants do not necessarily have to meet all the criteria to be considered for the internship.

#### **General Academics**

- 1) Required: All requirements for the doctoral degree in clinical, educational or counseling psychology except the dissertation must be completed. The dissertation proposal must be successfully defended prior to the November application deadline.  
  
Preferred: Data collection at least begun and ideally complete by the beginning of the internship year in September.
- 2) Required: From a CPA accredited clinical program or its documented equivalent.
- 3) Required: Focus or emphasis on child or adolescent psychology.

## **Course Requirements**

In addition to the course outline required by clinical programs generally, the following additional course/training are considered important:

- 1) Required: Assessment course or equivalent experience.  
Graduate level developmental psychology course.  
Additional child/adolescent assessment course or equivalent experience.
- 2) Required: Therapy course/experience with children/adolescents.  
  
Preferred: Therapy course and/or equivalent experience.
- 3) Required: Ethics course.  
  
Preferred: Broad based course that includes experience based dilemmas and scenarios.

## **Clinical Experience**

- 1) Required: At least 600 hours of practicum experience, working with children, adolescents and families, that has been approved by your graduate program.

## **Citizenship and Language**

- 1) Canadian citizens or those with landed immigrant status will be given preference, non-Canadian citizens will be considered subject to Immigration Canada requirements.
- 2) Fluency in English is required.

## **Criminal Records Check**

The provincial government has legislated that all people who will be working with children and adolescents must undergo a criminal records check prior to commencing employment. The check is for any conviction which might make you a danger to children. The team receives no specific details of the record (these remain confidential) only that the person does or does not pass the screening. The costs of these record checks are reimbursed by the employer.

## **Timetable:**

Application deadline is **November 15, 2009**.

Application and acceptance procedures follow the guidelines provided by the Association of Psychology Post-Doctoral and Internship Centers (APPIC). On site or telephone interviews are typically arranged for early to mid January. We will take part in APPIC's computerized matching on selection day. You must fill out an application and be registered with APPIC to take part. You can also obtain information about our Internship Program on the CCPPP website. Please note that we are not yet accredited by CPA.

**Note: This internship site agrees to abide by the APPIC policy that no person at this facility will solicit, accept or use any ranking-related information from any intern applicant.**

### **Applications:**

All applications are now to be submitted through the AAPI online and to include:

- 1) Completed common APPIC Application for Psychology Internship (AAPI), and the "Academic Program's Verification of Internship Eligibility and Readiness". (<http://www.appic.org/>).
- 2) A cover letter indicating your plans and special interests (e.g. areas of concentration) at our site.
- 3) Current curriculum vitae.
- 4) Three letters of reference, one of which should be from either the Director of Training or the dissertation supervisor. Note, the program may contact referees directly to get further information.
- 5) Official university transcripts of your graduate and undergraduate record.
- 6) Dissertation abstract (can be recorded in the supplemental section of the AAPI online).

It is the applicant's responsibility to ensure all of the above documentation is entered before the deadline of **November 15, 2009**.

Please email or address any inquiries to:

Dr. Laurel A. Townsend, Director of Internship Training  
Saanich Child and Youth Mental Health Services  
201 - 4478 West Saanich Road  
Victoria, BC V8Z 3E9  
Phone: (250) 952-5073; Fax: (250) 952-4546  
Email: [Laurel.Townsend@gov.bc.ca](mailto:Laurel.Townsend@gov.bc.ca)