

**Vancouver Coastal/Fraser Child & Youth  
Community-Based Psychology  
Residency Program  
Handbook**

**Child and Youth Mental Health Services  
Ministry of Children and Family Development  
British Columbia**



Ministry of Children and Family Development

## TABLE OF CONTENTS

<b>1 – Vancouver Coastal/Fraser CYMH Student Training Program.....</b>	<b>1</b>
<b>2 – Organizational Context for the Residency Program.....</b>	<b>2</b>
<b>3 – Clinical Context for the Residency Program .....</b>	<b>3</b>
<b>4 – Administration of the Residency Program.....</b>	<b>4</b>
4.1 – Coordinator of Psychology Residency Programs (aka “Director of Training”).....	4
4.2 - Resident Support Committee .....	5
4.3 – Professional Practice Leader .....	5
4.4 - Psychologist Residency Coordinating Committee .....	5
4.5 - Student Training Program Coordinating Committee .....	6
<b>5 – Coordination with Other Residency Programs .....</b>	<b>5</b>
<b>6 – Program Guiding Concepts .....</b>	<b>6</b>
6.1 - Mission .....	7
6.2 - Service Principles .....	7
6.3 - Goals.....	8
6.4 - Competencies.....	8
6.5 - Training Philosophy.....	12
6.6 - Training Approach.....	12
<b>7 – Student Eligibility and Selection Process .....</b>	<b>13</b>
7.1 - Eligibility .....	13
7.2 - Recruitment.....	14
7.3 - Diversity, Citizenship and Spoken Language .....	14
7.4 - Stipend and Benefits (2008/2009 and 2009/2010 terms) .....	14
<b>8 – Residency Agreements .....</b>	<b>15</b>
<b>9 – Selected Areas of Concentration and Specialization .....</b>	<b>15</b>
<b>10 – Resident Requirements .....</b>	<b>18</b>
10.1 - Term and Hours .....	18
10.2 – Direct Client Contact Hours .....	18
10.3 - Caseload Expectations .....	18
10.4 - Community Case Management.....	19
10.5 - Attendance at Meetings.....	19
10.6 - Attendance at Educational Events.....	19
10.7 - Overall Range of Educational Events .....	19
10.8 - Core Curriculum Events within the Seminar Series.....	20
10.9 - Case Presentations, Research and Readings .....	21
<b>11 – Supervision Requirements .....</b>	<b>22</b>
11.1 – Supervisor Qualifications and Commitments.....	22
11.2 – Supervision Hours .....	22
11.3 - Core Supervision Approach .....	23
11.4 - Supplementary Supervision .....	23
11.5 - Resident Supervision of Practicum Students .....	24
11.6 - Supervisor Evaluation of Residents .....	24
11.7 - Ensuring Quality Supervision Practices.....	25
11.8 - Supervision Agreements .....	25
<b>12 – Space and Physical Resources .....</b>	<b>255</b>
<b>13 -- Policy on Social Media and Answering Machines .....</b>	<b>26</b>
<b>14 – Complaints Resolution .....</b>	<b>26</b>
<b>15 – Resident Evaluation of the Training Program .....</b>	<b>277</b>
<b>16 – Overall Program Evaluation Design.....</b>	<b>27</b>

**APPENDIX 1 - Team Descriptions ..... 28**  
**APPENDIX 2 - Team Participation Agreement ..... 32**  
**APPENDIX 2a - Psychologist Participation Agreement..... 33**  
**APPENDIX 3 - Administration of Residency ..... 34**  
**APPENDIX 4 - Resident Application and Selection Procedures ..... 37**  
**APPENDIX 5 - Psychologists Providing Supervision ..... 39**  
**APPENDIX 6 - Complaints Resolution Procedures..... 53**  
**APPENDIX 7 - Information for Applicants..... 59**

# Vancouver Coastal/Fraser Community-Based Psychology Residency Program Child & Youth Mental Health Services

## 1 – Historical development of the Vancouver Coastal/Fraser Child & Youth Community-Based Psychology Residency Program

The *Vancouver Coastal/Fraser Child and Youth Community-based Psychology Residency Program (VCF PRP)* is a cross-regional initiative of the Vancouver Coastal and Fraser Regions of the Ministry of Children and Family Development. It is operated by the Child & Youth Mental Health Services within each region.

The VCF PRP was developed originally within the *Fraser CYMH Student Training Program*. The *Fraser Student Training Program* was an overall CYMH practicum and internship training program created for its staffed, community-based team sites. This program was available to qualifying students enrolled in university and college degree programs in the areas of social work, counselling, nursing, psychology, and child and youth care.

There were 17 CYMH teams and 2 within-region Eating Disorder programs located within the Lower Mainland in the municipalities/cities of Delta, Burnaby, New Westminster, White Rock, Surrey, Langley, Tri-Cities, Maple Ridge, Mission, Abbotsford, Chilliwack and Hope. Starting in 2007, over 100 new full-time-equivalent mental health staff members were added to the teams as part of a multi-year provincially driven Child and Youth Mental Health Initiative.

Overall, there were approximately 200 full-time equivalent staff and sessional positions representing the disciplines of social work, counselling, nursing, psychology, psychiatry and child and youth care, working at the Fraser CYMH team sites.

In an effort to formalize pre-doctoral psychology residency opportunities, two funded pre-doctoral psychology residency positions were established in the Fraser communities and the Fraser Child & Youth Community-based Psychology Residency Program was created. The program was designed to draw students primarily from the areas of clinical and counselling psychology.<sup>1</sup>

In January 2010, MCFD enacted a reorganization of regional boundaries. The communities north of the Fraser (Tri-Cities, Maple Ridge, New Westminster, and Burnaby) were removed from the Fraser region and added to the Vancouver Coastal region. The residency was re-named the *Vancouver Coastal/Fraser Child & Youth Community-Based Psychology Residency Program*

In November 2010, the VCF PRP received accreditation from the Canadian Psychological Association for a term of 4 years.

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<sup>1</sup> Applicants from School Psychology programs may be considered on a case-by-case basis. See section 7.1 and footnote 15.

As of September 2011, the regions will be re-amalgamated into one large region once more: the “Coast Fraser” region of MCFD. Rather than causing the Psychology Residency Program (PRP) to be diminished by the reorganization, the VCF PRP has and will continue to operate as originally developed across the regions.

The VCF PRP is to our knowledge the *only* CPA accredited community-based child and youth internship program in Canada at this time.

**2 – Organizational Context for the Residency Program**

The overall *Vancouver Coastal/Fraser Child & Youth Community-Based Psychology Residency Program* is organized into three service Networks. Each service Network is comprised of a group of geographically-adjacent CYMH teams. While, each service Network provides a complete training program for a resident, there are inter-network linkages for the purposes of singular Residency management, supervision, joint-education opportunities, resident networking and complaints resolution processes.

The following are the three service Networks:

<b>East Fraser Service Network</b>	<b>Vancouver Coastal Service Network</b>	<b>South Fraser Service Network</b>
Fraser Cascade (Hope) Team Chilliwack Team Abbotsford Team Mission Team	Maple Ridge Team Tri-Cities Team Youth Day Treatment Program New Westminster Team Burnaby North Team Burnaby Metrotown Team	Surry Guildford Team Surry North Team Surrey Outreach Team Newton/Cloverdale Team South Surrey/White Rock Team Delta Team Langley Team <sup>2</sup>

In addition to the above 17 teams, there are three Aboriginal CYMH Teams. While each of these Aboriginal CYMH teams operate under the administrative direction and supervision of an Aboriginal Child and Youth Mental Health (ACYMH) Team Leader, the Aboriginal clinicians who are members of one or the other of these Aboriginal teams, function within one or more of the above 18 CYMH teams. Aboriginal clinicians provide similar services to the other clinicians working within CYMH teams, however their efforts are exclusively focused on Aboriginal children and youth with mental, emotional and behavioural disorders, their families and caregivers.

The integrated delivery of mental health services to all children, youth and their families in the Vancouver Coastal/Fraser communities is guided by multi-year regional CYMH and ACYMH Implementation Plans that were developed under the guiding provisions of a Provincial Child and Youth Mental Health Plan for British Columbia developed in 2003.

While CYMH teams operate autonomously from one another, for the purposes of the Residency program they are linked in such a manner as to ensure that each resident experiences an integration of his/her clinical and other experiences across sites within the service Network, and with their fellow residents placed at the other service Networks.

<sup>2</sup> Some Team alignments with particular Networks may change from year to year depending on the individual resident placement plan (e.g. the Langley Team may be aligned with East Fraser or South Fraser Networks depending on the particular group of team sites to which an individual resident is assigned for the Residency)

**Appendix 1** provides descriptions of the 11 teams <sup>3</sup> in each service Network that are currently (2011) able to accept resident placements due to the availability of qualifying supervisors. These teams include:

CYMH Teams	No. of Eligible Supervising Psychologist	Service Network
Delta	3	South Fraser
Surrey South/White Rock	1	South Fraser
Surrey Newton	1	South Fraser
Surrey North	2	South Fraser
Langley	2	South Fraser
Aboriginal	1	South Fraser
Tri-Cities	2	Van Coastal
Maple Ridge	1	Van Coastal
Mission	1	East Fraser
Abbotsford	2	East Fraser
Chilliwack	2	East Fraser
Total	18	

Each year, every effort is made to confirm the names and team location of available psychologist supervisors early enough to inform inquiring applicants and the resident placement process.

The joint involvement of the participating teams for the purposes of the Residency program is bounded by a signed *Team Participation Agreement* that outlines individual and collective team responsibilities within the consortium group (see **Appendix 2**).

The background policies guidelines, procedures/mechanisms and organizational structures that were developed for the Fraser CYMH Student Training Program were originally also applied to the Residency Program. However, in order to ensure that the program conforms to CPA-approved standards,<sup>4</sup> supplementary policies, guidelines, procedures and organizational structures have been developed to accommodate for the unique expectations of the Residency Program. Following the regional re-organization organizational structure continues to be refined, but always with the recognition that there must be conformity and compliance with CPA guidelines.

### 3 – Clinical Context for the Residency Program

While there may be some variations in specialized service emphasis across the service Networks, the Vancouver Coastal/Fraser CYMH teams provide a similar broad range of outpatient services to children and youth 0 – 19 years of age and their families. There are specialized services in the areas of infant/early childhood intervention, behaviour disorders, youth day treatment, eating disorders, early psychosis intervention and suicide prevention/crisis intervention. The specialized programs dealing with youth

<sup>3</sup> Team eligibility may change from year to year depending on new psychologist recruitments, resignations or transfers across teams.

<sup>4</sup> Canadian Psychological Association (2002) *Accreditation Standards and Procedures for Doctoral Programmes and Residencies in Professional Psychology*

populations are delivered in coordination with the regional Vancouver Coastal and Fraser Health Authorities' mental health programs for youth and young adults.

Due to the cultural diversity in the Vancouver Coastal/Fraser communities,<sup>5</sup> special attention is provided to diverse populations as recognized by the existence of specialized 'multi-cultural' clinical positions on each team. In addition there are enhanced services to Aboriginal and Métis populations through the efforts of designated Aboriginal clinicians (assigned from the Aboriginal Teams) located on the 18 CYMH teams.

There is a strong engagement with families and community organizations in the provision of services. The teams are multi-disciplinary (i.e. social work, counselling, child and youth care, nursing, psychology, and psychiatry) in composition, supporting the developmental and bio-psycho-socio service model adopted over the years.

Consistent with overall service mandate of the Vancouver Coastal/Fraser CYMH teams, the focus of the training program is on the development of resident assessment, diagnostic, treatment planning, intervention and prevention skills. In addition, residents learn to provide consultation to other service providers both on the teams and in the local communities that include Aboriginal and Métis populations, and multi-cultural populations. Typically, clients are referred by parents/guardians, teachers, school counsellors, family physicians paediatricians, social workers and hospital programs.

The scope of service involves a wide variety of child and youth mental health issues and problems and a wide spectrum of psychopathology that includes mood, anxiety, eating, behaviour and psychotic disorders. In recent years, there has been an increasing focus on capacity building and risk prevention services, and residents are expected to expand their skills in these areas.

## **4 – Administration of the Residency Program**

The *Vancouver Coastal/Fraser Child & Youth Community-Based Psychology Residency Program* is administered and supported by the following unique organizational structures and mechanisms within the Vancouver Coastal/Fraser Region. (More organizational details are provided in **Appendix 3**)

### **4.1 – Coordinator (aka Director of Training)**

A Coordinator has been appointed to guide the development and operation of the of the overall Residency program. In many internship settings, this position is often referred to as the Director of Training (DOT). Within MCFD, the term "Director" is reserved for executive positions. Consequently, within the VCF PRP, the DOT position is known as the Coordinator of Psychology Residency Programs. The Coordinator provides the necessary leadership in relation to the administrative aspects of recruitment, placements, rotations and relationships with the residents' academic institutions. The Coordinator also oversees the development of individual

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<sup>5</sup> For example, Burnaby and Tri-Cities have a large visible minority population (48% and 29% of total population, respectively), the majority of whom are of Chinese origin. In Surrey (37% visible minority), the majority are of South Asian heritage. New Westminster, Delta and Abbotsford (25%, 23% and 20% visible minority, respectively) have large South Asian populations. (See the 2004 Fraser Child and Youth Mental Health Implementation Plan)

resident training plans, guides and monitors the supervision and student evaluation process, and supports the supervisor in addressing ongoing Residency programs challenges and issues as necessary.

As a representative member of the *Canadian Council of Professional Psychology Programs* (CCPPP), the Coordinator attends (funding resources permitting) its annual meeting and otherwise communicates with the *Association of Psychology Post-Doctoral and Residency Centers* (APPIC) as necessary for recruitment efforts.

#### **4.2 - Resident Support Committee**

The Coordinator chairs the *Resident Support Committee* that serves to guide and support the residents with regard to their individual clinical activity and broader educational experiences. It also functions to assist the student and supervisory staff in complying with relevant policies and procedures associated with the Residency program within the context of the broader CYMH program. In addition to the Coordinator, the *Resident Support Committee* is comprised of:

- the residents;
- all assigned core psychologist supervisors and supplementary supervisors from the involved CYMH teams;
- a non-psychologist representative (preferably one assigned the role of a supplementary supervisor) from each of the involved CYMH teams; and
- host Team Leaders (when necessary)

The Coordinator, supervisors and the residents together establish a monthly meeting schedule that coincides with within-Network meetings or cross-Network meetings. Since it is considered important to maintain frequent contact, meetings are conducted via teleconference calls when there are time pressures on all parties involved.

#### **4.3 – Professional Practice Leader**

Since the Vancouver Coastal/Fraser CYMH teams do not have a ‘Chief Psychology’ position, the *Regional Mental Health Consultant* who has broad CYMH best practice and training responsibilities within the CYMH program, has been designated to serve as an additional resource for the Coordinator and potentially for the residents across the service Networks. In addition, this position is responsible for chairing and organizing the efforts of the *Psychologist Residency Coordinating Committee* comprised largely of psychologist representation from the CYMH teams involved in the Residency program. The *Regional Mental Health Consultant* position is currently classified as a senior ‘Psychologist 6B’ position within the Professional Employees Association.

#### **4.4 - Psychologist Residency Coordinating Committee**

During the developmental stages of the Residency Program (2008-2010), the *Psychologist Residency Coordinating Committee* exists only in the form of a *Psychology Residency Program Advisory Sub-Committee*. Once the Residency program is fully established, the function of this committee will become part of the expected functions of an ongoing *Psychologist Residency Coordinating Committee*.

The *Psychologist Residency Coordinating Committee* is intended to be sub-group of the existing psychology group for the Vancouver Coastal and Fraser Regions’

community CYMH teams. As a sub-committee of the larger group of psychologists, the Committee meets for the purposes of (1) planning, delivering and monitoring residency services within the 3 service Networks, and (2) monitoring professional issues and supporting staff at the involved team sites in meeting psychological training standards.

The psychologists within this group are registered with the College of Psychologists of BC, possess the doctoral degree in an area of professional psychology and have completed a one-year Residency. In addition to the Coordinator, the *Psychologist Residency Coordinating Committee* is comprised of the Professional Practice Leader (Regional Mental Health Consultant) who acts as the Chair, and no less than 6 psychologists who are acting as primary or secondary core supervisors across the 3 service Networks.

#### **4.5 - Student Training Program Coordinating Committee**

The Coordinator represents the pre-doctoral Residency training program's interests at scheduled meetings of the broader *Fraser CYMH Student Training Program (STP) Committee*. The broad role of this broader committee is to ensure that all aspects of student practica, internship and residencies in the Fraser communities are operating in accordance with the broader interests of MCFD, the CYMH program, students and participating institutions.

### **5 – Coordination with Other Residency Programs**

There are several pre-doctoral psychology Residency programs operating at British Columbia hospitals and community institutions that are CPA- or APA-approved Residency sites and/or are members of the *Canadian Council of Professional Psychology Programs (CCPPP)* and the *Association of Psychology Post-Doctoral and Residency Centers (APPIC)*. These include:

- BC Children's Hospital (CPA and APA accredited)
- BC Mental Health and Addiction Services: Riverview Hospital (CPA accredited)
- Simon Fraser University Health and Counselling Service
- Vancouver Coastal Health (APA accredited)
- UBC Counselling Services
- Saanich Child and Youth Mental Health (Vancouver Island)

The *Fraser Child & Youth Community-Based Psychology Residency Program* seeks to coordinate its Residency training interests with these other Residency programs in such areas as recruitment, training standards, educational seminars and workshops, supervision processes, communication with academic institutions etc. There is a particular interest in collaboration with Residency programs that focus on mental health services children and youth.

### **6 – Program Guiding Concepts**

The guiding concepts for the *Fraser Child & Youth Community-Based Psychology Residency Program* conform to those established for the overall *Fraser CYMH Student*

*Training Program* that addresses student training for a variety of mental health disciplines.<sup>6</sup>

### **6.1 - Mission**

Consistent with the overall Fraser CYMH Program and the *Fraser CYMH Student Training Program*, the mission is to:

1. Provide accessible and timely evidenced-based treatment and support services;
2. Reduce the risk of children developing serious mental disorders by identifying problems early and providing early & effective intervention;
3. Improve child and family mental health by strengthening community and family resilience, and the capacity to support vulnerable and at risk children; and
4. Improve mental health system performance through evidenced-based service provision, improved performance monitoring and accountability using continuous quality improvement strategies.

The specific mission of the *Fraser CYMH Student Training Program*, which includes the pre-doctoral psychology Residency program, is to provide a wide range of community-based clinical learning environments that promote post-secondary student acquisition of the necessary personal and professional skills required to provide effective preventive and clinical mental health care for children, youth and their families.

### **6.2 - Service Principles**

The mission for the Fraser CYMH Program is supported by the following key beliefs that were last articulated in the 2003 Provincial Child and Youth Mental Health Plan:

- 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.
- Mental health is more than the absence of mental illness or freedom from psychiatric symptoms.
- 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 early intervention, thereby reducing personal and societal costs.

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<sup>6</sup> Ministry of Children and Family Development (2007) *CYMH Student Training in the Fraser Communities: Guiding Concepts*.

- Children who are mentally ill and their families should have access to timely, effective and culturally appropriate treatment and support.

The overall *Fraser CYMH Student Training Program*, including the pre-doctoral psychology Residency program, adheres to the same principles established for the community-based CYMH teams and programs. The principles relating to ethical, culturally-relevant, effective, accessible services, with value placed on prevention, are similarly relevant to the residency students who work within a multi-disciplinary service environment representing the same range of staff disciplines as those being trained.

### **6.3 - Goals**

As articulated in the first year (2005) of a three-year Fraser CYMH implementation planning process, the following goals have been established for the Fraser community-based CYMH teams and programs:

1. Provide a continuum of accessible, evidence-based services for mentally ill children, their families and other caregivers and service providers so that the children can achieve optimal functioning.
2. Seek to reduce the risk of children and youth developing a serious mental disorder by identifying problems early and providing early and effective intervention as well as by mitigating the impacts when serious mental illness develops or exists.
3. Promote the capacity of families and communities to support the mental health of children.
4. Serve more clients, more efficiently, with improved outcomes for more children, youth and their families.

Consistent with the overarching goal of the *Fraser CYMH Student Training Program*, the pre-doctoral psychology Residency program seeks to provide learning experiences that assist each student in achieving competency in the provision of child and youth mental health services. This is accomplished in a manner that is consistent with the CYMH team and program goals and expectations and with those established by the individual educational institutions placing students at the CYMH sites. For the residents, this overarching goal is achieved through experiences that include:

1. exposure to a variety of clinical experiences relating to psychological assessment and treatment, care planning, case management, consultation and community support;
2. exposure to clinical approaches that cross several domains of community mental health, including, (1) age span, (2) theoretical models, (3) methods, and (4) client populations;
3. exposure to evidence-based clinical and research literature that supports effective clinical practices in psychology;
4. exposure to the cultural traditions and values of Aboriginal and Métis and multi-cultural populations, and the applications of this information to clinical practice;
5. exposure to the collaborative functions within a multi-disciplinary environment;
6. collaborative involvement with relevant community programs and providers;

7. exposure to multiple service roles that may include community education, peer supervision or mentoring, program development/consultation, and applied research;
8. awareness of professional ethics issues and behaviours as part of practice;
9. awareness of provincial and national standards and guidelines for professional practice in psychology, including the *CPA Professional Code of Ethics for Psychologists* and the *Practice Guidelines for Providers of Psychological Services*; and
10. awareness of the areas of Jurisprudence relating to the practice of psychology, and in particular, the area of child and youth mental health.

**6.4 - Competencies**

Residents are expected to have achieved basic personal and clinical competencies through their graduate training programs and previous practicum training experiences. These developmental competencies have been articulated by the *Fraser CYMH Student Training Program*,<sup>7</sup> and are reviewed with each resident as necessary at the beginning of the term when the *Personal Placement Plan* (see **Appendix 7**) is completed.

As an extension of these basic developmental competencies, however, the pre-doctoral psychology program also seeks to advance resident competencies in key functional and foundational domains<sup>8</sup> considered necessary for the achievement of certification status in jurisdictions in North America.

It is recognized that the domains are not mutually exclusive, are interrelated, developmental in nature and occur at every stage of the resident’s future professional development. The following are the advanced areas of competency that residents are expected to achieve by the end of the Residency year:

Functional Competence	
Domain	Competency Area
1. Assessment-diagnosis-case conceptualization	1. Demonstrates capacity for use of evidence-based approaches to multi-dimensional assessment and psychological evaluations through observations, psychometrics, developmental histories, interviews and other clinical techniques. 2. Demonstrates an understanding of DSM-IV classification and contemporary approaches to differential diagnosis. 3. Demonstrates an ability to conduct a diagnostic evaluation based on psychological information. 4. Demonstrates an ability to develop clear, concise and sophisticated treatment formulations based on the diagnostic evaluation and the existing clinical and research literature. 5. Demonstrates an ability to prepare a cogent, organized and clinically-useful report based on the

<sup>7</sup> Ministry of Children and Family Development (2007) *CYMH Student Training in the Fraser Communities: Competencies for Practicum Students*.

<sup>8</sup> Rodolfa, E., et al (2005) *A Cube Model for competency development: implications for Psychology Educators and Regulators*, *Professional Psychology: Research and Practice*, 36(4), 347- 354.

	<p>assessment and indicated treatment approaches.</p> <p>6. Demonstrates an ability to provide feedback to clients and their families on the results of psychological and diagnostic testing and to present treatment options and the rationale for specific interventions or case management planning.</p>
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2. Intervention – case management	<p>1. Demonstrates an ability to provide appropriate, evidence-based therapy services based upon the case conceptualization developed.</p> <p>2. Demonstrates an ability to use a variety of intervention methods (individual, group, family, and outreach) as therapeutic options.</p> <p>3. Demonstrates an understanding of prevention models and including an ability to implement risk reduction and capacity building interventions</p> <p>4. Demonstrates a capacity for collaborative case management within a multi-disciplinary team context and as part of a community integrated case management team that includes the clients and their family members.</p> <p>5. Demonstrates an ability to monitor and evaluate intervention gains.</p>
3. Consultation	<p>1. Demonstrates an ability to provide effective consultation/support to team members.</p> <p>2. Demonstrates a capacity to provide clinical and program consultation/support to community mental health providers; and to caregivers, support and advocacy groups.</p>
4. Research - Evaluation	<p>1. Demonstrates an understanding of clinical research methodology, and an ability to critically evaluate empirical, clinical and theoretical manuscripts.</p> <p>2. Demonstrates an understanding of the components of program evaluation, including an ability to engage in such activity in a community-based environment.</p>
5. Supervision – teaching	<p>1. Demonstrates an understanding the essential components of supervision and educational leadership.</p> <p>2. Demonstrates an ability to engage in the above activity with team practicum students and in the community.</p>
6. Management -Planning-Education Leadership	<p>1. Demonstrates a capacity for leadership in aspects of program management, administration and planning.</p> <p>2. Demonstrates an ability to provide broad and targeted education within the community of service providers, agencies, advocacy/support groups and with the general public.</p>

**Foundational Competence**

Domain	Competency Area
1. Reflective practice-self assessment	1. Demonstrates capacity to conduct clinical practice within the boundaries of competence. 2. Demonstrates an orientation towards self-assessment of skill limits and establishes goals to improve and extend skills. 3. Demonstrates scholarly, critical thinking and a commitment to the development of the profession.
2. Scientific knowledge – theories and methods	1. Demonstrates familiarity with concepts of contemporary child and adolescent development, psychopathology and therapy. 2. Demonstrates familiarity with the biological bases of behaviour, cognitive-affective bases of behaviour and lifespan human development. 3. Demonstrates an understanding of research methodology and techniques of data collection and analysis, and has a respect for scientifically-derived knowledge.
3. Relationships	1. Demonstrates a capacity to relate effectively with individual, groups and community organizations in a variety of clinical and program planning roles. 2. Demonstrates an ability to function as a member of a case management team involving collateral service providers.
4. Ethical-legal standards-policy	1. Demonstrates an understanding of professional practice ethics. 2. Demonstrates an understanding of the contemporary issues facing the field clinical psychology and of clinical child and adolescent psychology in particular.
5. Individual - cultural diversity	1. Demonstrates an understanding and sensitivity to individual differences, and to the important influence of variables such as race, ethnic, background, gender and sexual identity on human adaptation and response to treatment. 2. Demonstrates an understanding of Aboriginal history and traditions, and the mental health service needs of Aboriginal and Métis communities.
6. Interdisciplinary systems	1. Demonstrates knowledge of key issues and concepts in related mental health disciplines. 2. Demonstrates an ability to function within a multi-disciplinary team and to collaborate with collateral service providers in the community 3. Demonstrates an ability to participate in clinical and program development planning within an interdisciplinary community network involving health, education and social service systems.

It is recognized that the above competencies are achieved in relation to the parameters of practice. The *Fraser Child & Youth Community-Based Psychology Residency Program* is bounded by the following key parameters: (Also see **sections 3 and 9**)

- Population served – infant/early childhood through late adolescence
- Problems addressed – social-emotional-behavioural disturbance; mental illness
- Service orientation – evidence-based interventions (e.g. CBT) and prevention services

- Setting – community-based, multi-disciplinary, teams emphasizing inter-sectoral collaboration in the delivery of mental health services for children, youth and their families

## 6.5 - Training Philosophy

Since all CYMH team services are based on evidence-based approaches, a premium is placed on the provision of clinical methods that are based on sound research. The training philosophy also places a premium on clinical practices that are based on well-established principles of professional practice and good clinical judgement. In this sense, the Residency Program utilizes a 'Practitioner-Scholar' model.<sup>9</sup>

Like the broader *Fraser CYMH Student Training Program*, the Residency program reinforces student adherence to the ethical and clinical practice guidelines established by recognized national and provincial registration/certification bodies. Similarly, program staff members are expected to model the professional/ethical practice and the self-evaluation skills they wish to have students achieve.

While the Residency training approach involves teacher-centred education through formal supervision, didactic information, educational seminars and assigned readings, there is a large component of learner-centred education that is characterized by:

- Provision of a flexible, modularized, customized and integrated learning environment
- Emphasis on learning competencies
- Experiential learning that is client-outcome oriented
- Learning opportunities that vary in time, intensity and location
- Emphasis on mastery learning
- Emphasis on cooperation and collaboration
- Performance feedback opportunities from many sources
- Assessed achievement based on learning outcomes

Within this learner-centred environment, students are treated as essential members of the mental health team, and considered 'partners in knowledge' in the quest for excellence in mental health care.

## 6.6 - Training Approach

As addressed by the overall *Fraser CYMH Student Training Program*, the Residency training approach is based on the view that the movement towards professional competency is a developmental process that is rooted in ongoing academic learning and a progressive exposure to a variety of evidence-based and informed clinical practices that are designed to meet the needs of diverse populations of children and

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<sup>9</sup> Within the practitioner-scholar model of training, there is recognition that science and practice are interlocking skills and therefore must be integrated into the resident training component. Although research is not required as part of the residency, residents are required to learn about evidence-based practice and to utilize assessment and intervention approaches that are supported by research. Many of the residents come from scientist-practitioner graduate programs and it is believed that the *Vancouver Coastal/Fraser Child & Youth Community-Based Psychology Residency Program* complements and is consistent with a long-term goal of scientist-practitioner training model.

youth with social-emotional-behavioural problems. Residency success is facilitated by ensuring:

- Establishment of well-articulated Residency agreements with students and academic institutions that address all aspects of the Residency including risk management issues;<sup>10 11</sup>
- Over the course of the Residency, receipt of administrative, educational and supervisory support towards the assumption of ever-increasing responsibility, including opportunities to supervise others, to assume leadership roles and to engage in some research activity;
- Progressive increase in clinical caseloads, commensurate with student skill sets and presenting opportunities to facilitate the gradual acquisition new skills;
- Ongoing educational training through participation in clinical case reviews, community-based case management planning, CYMH-developed educational seminars and practice forums, and local community events;
- Establishment of a standardized approach by assigned core supervisors to the assessment of competency and the formulation of personal placement plans;<sup>12</sup>
- Ongoing review of progress based on initial personal placement planning, regular performance appraisals and well-defined core supervision and other student mentoring regimens involving staff members functioning within the multi-disciplinary service context of each site;
- Establishment of a standardized complaints resolution mechanism enabling fair and timely attention to issues that can act as barriers to a effective learning; and
- Establishment of evaluation mechanisms that enable students to provide feedback on their Residency experience, including the quality of the supervision.

Upon successful completion of the Residency program, it is expected that the resident will have the achieved the competencies necessary to proceed with the registration process established by the British Columbia College of Psychologists. They will also be potentially employable as a psychologist with *Child and Youth Mental Health Services* in the Province of British Columbia.

## 7 – Student Eligibility and Selection Process

### 7.1 - Eligibility

Consistent with the standards established for CPA-approved Residency programs, the following are the pre-requisite requirements for student eligibility:

- 600 hours of practicum experience in assessment and intervention strategies while enrolled in a clinical or counselling psychology program<sup>13</sup> from a CPA- or APA-accredited university or its documented equivalent;

<sup>10</sup> See Fraser MCFD Policy # 2004-11 OP

<sup>11</sup> See separate template for signed Agreement between Post-Secondary Institution and Ministry of Children and Family Development

<sup>12</sup> See Fraser MCFD Policy # 2004-11 OP

<sup>13</sup> Residents from School Psychology programs may be considered providing they have the prerequisite practicum experiences and coursework, a core supervisor trained in the area of school psychology is

- Evidence of graduate coursework in child and adolescent development and psychopathology, child and adolescent psychological assessment and intervention, consultation, program development and evaluation methodologies, and professional ethics;
- Evidence that previous practicum experiences have provided opportunities for clinical applications of the relevant coursework in child and adolescent mental health;
- Preferred completion of a doctoral thesis proposal and collected/analyzed data;
- Student commitment to a one-calendar year placement, or negotiable half-time commitment over two consecutive calendar years; and
- Established goodness-of-fit among the student's interests, the academic institution's program philosophy and the Fraser Residency sites' clinical program interests. (For example, preference is given to individuals who express an interest in potential employment with British Columbia's Child and Youth Mental Health Services, post Residency.)

## 7.2 - Recruitment

Residents are recruited in two ways. First, an annually-updated '*Information for Applicants*' summary document (see **Appendix 7**) is provided to local and national academic institutions with accredited psychology programs.

Second, by virtue of its memberships in the *Canadian Council of Professional Psychology Programs* (CCPPP) and the *Association of Psychology, Postdoctoral and Residency Centers* (APPIC), the *Fraser Child & Youth Community-Based Psychology Residency Program* undertakes to advertise its available Residencies by keeping the records of both organizations up-to-date on the Residency positions available. All applications and applicant communications are handled primarily by the Coordinator. (Application and resident selection procedures are detailed in **Appendix 4**.)

Having received CPA-approved accreditation, the VCF PRP will be joining APPIC as a full member. Student recruitment will be primarily advertised through the APPIC system.

## 7.3 - Diversity, Citizenship and Spoken Language

As part of the Ministry of Children and Family Development in the Province of British Columbia, the *Fraser Child & Youth Community-Based Psychology Residency Program* adheres to the *BC Human Rights Code*,<sup>14</sup> and as such is committed to employment equity and diversity in the workplace.

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available and the Residency can be adjusted to provide the essential clinical experiences related to school psychology (without compromising the clinical and counselling focus of the Residency Program).

<sup>14</sup> The purpose of this legislation is to prevent discrimination. The Code speaks to fostering full and free participation in the economic, social, political and cultural life of the Province; promoting understanding and mutual respect where all people are equal in dignity and rights; identifying and eliminating patterns of inequality; and monitoring the progress in achieving equality. The Code provides a mechanism for redress for those persons who are the subject of discrimination.

All qualified individuals, including members of visible minorities, persons of Aboriginal descent, and persons with physical challenges, are encouraged to apply.

Preference is given to Canadian citizens or those with landed immigrant status. Non-Canadian citizens are eligible subject to Immigration Canada requirements. Fluency in English is required; however, multilingual fluency can be an asset depending on the community in which a resident is placed.

#### **7.4 - Stipend and Benefits (2008/2009 and 2009/2010 terms)**

A resident's salary level is \$1,533.46, paid on a bi-weekly basis. As an auxiliary employee under the British Columbia Government Employees Union (BCGEU) Master Agreement, there is an additional financial compensation of \$44.10 biweekly in lieu of health and welfare benefits, and annual vacation compensation of six percent of regular earnings. Most teams operate on a flexible schedule such that hours may be moved around somewhat within each two-week pay period. Because residents are paid the additional six percent in lieu of vacation, they can arrange to take up to 15 days unpaid leave with the approval of their team leader. There are also up to 11 paid statutory holidays per year. The total annual wage amounts to \$43,405.79. There is also some support for attending relevant provincially sponsored conferences or courses outside the scheduled seminar series.

### **8 – Residency Agreements**

The Coordinator, and academic institution representative sign a *Confirmation of Residency Agreement* (see **Appendix 7**) that, together with the *Personal Placement Plan* signed by each resident (also in **Appendix 7**), establishes the parameters of the Residency for the resident and academic institution. The terms of the signed agreements are based on the guidelines outlined in the Sections 9 - 13 that follow.

### **9 – Selected Areas of Concentration and Specialization**

Since several teams are linked within each of three service Network for the purposes of the Residency program, there is a considerable amount of flexibility in establishing areas of concentration for the residents. Each resident is required to select two of the options listed below as their major areas of concentration, and the third as their minor area of concentration.

- Infant/Early Childhood

Key Areas of Training:

- Developmental and multi-method assessments approaches
- Differential diagnosis
- Writing assessment and care plan reports , occasionally with the collaborative involvement of other professional disciplines

- Community-based prevention programming
- Early identification approaches for infants and preschoolers
- Early intervention approaches including parenting education
- Individual treatment approaches for young children
- Family therapy with families of young children
- Consultation to caregivers and early childhood programs
- Community case management and support systems for families
- Collaborating with collateral community providers and support programs
- Understanding the role/ impact of out-of-home placements for seriously affected children
- Working with the Child Welfare (MCFD), Early Childhood Development (MCFD), Community Living BC, and Fraser Health Authority service systems

- Middle Childhood

Key Areas of Training:

- Multi-method assessment approaches involving home, school and community
- Differential diagnosis
- Writing assessments and care planning reports, occasionally with the collaborative involvement of other disciplines
- Community-based prevention programming
- Early identification approaches in schools and community
- Early intervention approaches including parenting education
- Individual outpatient treatment approaches for school- aged children
- Family therapy with families of school-aged children
- Consultation to caregivers including teachers and community agents
- Community case management and support systems for children
- Collaborating with collateral community providers including tertiary hospital, day treatment and special education programs
- Understanding the role/ impact of out-of-home placements for seriously affected children
- Working with the Child Welfare (MCFD), Community Living BC, Fraser Health Authority, and Education service systems

- Adolescence

Key Areas of Training:

- Multi-method assessment involving home, school and community
- Differential diagnosis
- Writing assessment and care planning reports, often with the collaborative involvement of other professional disciplines (including adult mental health system agents when a youth may shortly be transitioning into the adult system)
- Community-based prevention support programming
- Early identification approaches, particularly in relation to early psychosis and those at risk for coming contact with the justice system
- Individual outpatient treatment approaches for youth
- Community case management and support systems for emancipated youth and those living with their families
- Collaborating with collateral community providers including tertiary hospital, day treatment, semi-independent living, recreation and workplace programs
- Understanding the role/ impact of out-of-home placements for seriously affected, non-emancipated youth
- Working with Youth Services (MCFD), Community Living BC, Youth Forensic (MCFD), Youth Justice (MCFD), Fraser Health Authority, and Education service systems

The two areas of major concentration constitute the large majority of each resident's caseload. Overall, as full-time trainees, residents are expected to engage in their major and minor areas of concentration an average of three days per week for the entire year.

Residents have a large array of options for their “fourth day” of training each week. They can select up to four rotation assignments during the training year. These rotations can last from one to all four quarters depending on the *Personal Placement Plan* established by the residents with their supervisor(s). The objective for such rotations is to enable the acquisition of specialized areas of knowledge and expertise in their clinical practice, especially in areas where residents have limited prior learning opportunities.

The following is the list of some of the ‘rotations’ from which residents can chose:<sup>15</sup>

- Intake and triage
- Youth day treatment
- Early psychosis intervention
- Mood and anxiety disorder intervention
- Eating disorders intervention
- Suicide prevention/crisis intervention
- Behaviour disorders intervention
- Prevention/early intervention
- Infant/Early childhood intervention
- Aboriginal services
- Multi-cultural services
- Child Welfare consultation
- Program evaluation
- Clinical research<sup>16</sup>

Overall, residents are required to gradually increase their weekly direct client contact hours within the above-described four-day period, in addition to their core supervision time. (see specifics in **section 11.1**). A fifth day allows residents to catch up on file recordings, attend community/educational meetings, conduct approved research, undertake readings, network with fellow students etc. The establishment of weekly schedules ensures that these expectations are fulfilled as the term progresses.

Regardless of the area-of-concentration and ‘rotation’ opportunities, the overarching goal of the training program is to ensure that residents receive an integrated learning experience in the area of child and youth mental health. This is achieved by way of the close working relationships with other team members of various disciplines, most of whom work with a variety of age and cultural groups. This is also achieved at the community interface level that forms a significant part of the resident’s clinical experience during the Residency.

In addition, residents are continually required to reflect on their clinical practice in the light of their overall clinical experiences in the program during their time with supervisors and during the wide variety educational forums in which they participate. Core educational seminars and assigned readings addressing integrative thinking in the delivery of psychological services to a wide range of child, youth and family populations, also have been developed (see **section 10.8**).

<sup>15</sup> Since the Residency program is community-based, the word ‘rotation’ has a less precise meaning than traditionally understood in relation to hospital-based residencies. With regard to the VCF PRP, resident activities during some of the some ‘rotations’ might occur within a community context involving a variety of coordinating, sometimes cross-sector, providers and/or programs (e.g. non-profit agencies). In such situations, the involvement of supplementary supervisors can be especially important to the core supervisors who are responsible for ensuring a quality ‘rotation’ experience.

<sup>16</sup> Permission may be provided to engage in dissertation research activity in this rotation if the research is in keeping with the overall interests of the *Vancouver Coastal/Fraser Child & Youth Community-Based Psychology Residency Program* and in a manner that furthers clinical knowledge of mental health issues with children and adolescents. (see section 6.5 regarding the practitioner-scholar model)

## 10 – Resident Requirements

Summary information on resident activities and timelines is detailed in the *Personal Placement Plan* that also specifies major scheduled activity in a host of client and non-client related areas. If some of the information is not known at the beginning of the term, it is specified in quarterly updates of the Plan as the term progresses.

### 10.1 - Term and Hours

Consistent with CPA accreditation standards, the Residency hours are officially based on a 35-hour work week that allows for holidays, vacation and illness. The placement is full time at 5 days per week. Over the course of a year, this work schedule enables a resident to easily complete their minimum of 1600 Residency hours. Information on resident activity regarding client contacts, supervision hours, education events is logged by the residents and signed-off by their supervisors to ensure that this requirement is fulfilled. This information is collated monthly and submitted to the Coordinator by each resident. (see **Appendix 7** for forms used)

In the event that residents are not able to meet minimal work requirements in the allotted time, due to unexpected time away from work for a variety of reasons, alternative arrangements can be negotiated between the resident and the Coordinator to the degree possible, given the extent of time off work. For example, a full-time Residency might be transformed into a half-time Residency completed over a two-year period. The *Letter of Residency Completion* from the Coordinator (see **Appendix 7**) can be issued only to residents who have met the minimum training requirements.

### 10.2 – Direct Client Contact Hours

Residents are required to gradually increase their client contact time to within the range of 10(30%) to 16(50%) hours per week.<sup>17</sup> A weekly target level within this range is determined by the core supervisor(s) and the resident based on the type of cases being seen and other mitigating factors. Generally, the intent is to encourage the resident to undertake as much client contact as reasonably possible in order to maximize the resident's clinical learning opportunities.

### 10.3 - Caseload Expectations

As a program focussing on community child and youth mental health services, it is expected that residents will undertake case-related activities that enable the achievement of foundation and functional competency in all the domains specified in **section 6.4**. Given the individual areas of concentration, rotation options, the service priority guidelines established by the individual work sites, it is not possible to predict the exact numbers of cases to be seen by a resident. In general, the CYMH program guidelines indicate that, on average, a full time staff member's caseload should be about 20 individual cases. This means a resident can have

<sup>17</sup> The College of Psychologists of BC requires a minimum of 30% weekly client contact time during the 1600-hour residency. (see CPBC document entitled "Registration Requirements")

about 13 cases (two-thirds the caseload). That number can be further adjusted according to the resident's learning needs, level of development and number of clinical groups undertaken.

#### 10.4 - Community Case Management

Case management beyond direct assessment and intervention services is considered an essential aspect of residency activity, as it is for all CYMH team members. As part of this activity, residents are expected to be involved in integrated community case-management activity in accordance with the standards established by the Fraser CYMH Program as part of the Ministry of Children and Family Development.

For example, in the Tri-Cities CYMH team catchments, a well-articulated collaborative community case-management model called 'Families and Communities Together' (FACT) has been developed. The case management process which involves a variety of community professional, the client and family, is guided by the efforts of an assigned team coordinator<sup>18</sup> who has the following duties:

- Ensuring that 'FACT' principles are followed;
- Ensuring that community team members (service providers, youth and/or family) are prepared for meetings;
- Organizing meetings (time, date, location, attendees);
- Possibly chairing meetings, but not always (best if responsibilities rotate);
- Ensuring that the plan is monitored and measurable outcomes are reviewed, evaluated and reassessed;
- Ensuring that contact is maintained between the FACT team and any other involved people, such as physicians or psychiatrists;
- Ensuring that any disagreements are addressed;
- Ensuring that the recorder documents, maintains and distributes the case plan and any other minutes from the meeting as appropriate; and
- Advocating for the child, youth and family when necessary; and
- Ensuring that team members are involved in the decision-making and planning.

Residents are expected to participate as members of integrated community case-management teams, including involvement in leadership role as a 'team coordinator' for two or more cases, as the opportunity arises.

#### 10.5 - Attendance at Meetings

In addition to supervisory meetings, residents are required to attend a number of other meetings. These include:

- Regularly scheduled administrative team meetings;
- Regularly scheduled team case-review meetings;
- Regularly scheduled *Residency Training Committee* meetings (see **section 4.2**);
- Special team planning events; and
- Selected Fraser regional staff information meetings.

<sup>18</sup> The FACT team coordinator is determined by the family and is often based on who will have the greatest involvement with the family and who would have the time to fulfill this role. Any member of the team, included a parent, may take the role of team coordinator. The role has been designed so that it does not require professional expertise.

**10.6 - Attendance at Educational Events**

Residents in each Network attend at least four informal or formal didactic presentations/workshops per month over the term of their Residency. Once a month, on average, these events are organized as cross-Network educational events. The cross-Network events, are pre-planned on an annual basis as a seminar series, and serve to benefit all practicum, internship and residents coming from a variety of academic disciplines. Video conference training is used whenever appropriate in order to minimize travel costs for unfunded practicum students/interns, and travel time for the residents and other staff.

The seminar series not only provides important topic-specific learning opportunities, but it also services to foster communication involving a range of CYMH staff, local university faculty, visiting speakers and other students.

Additionally, residents are encouraged to attend regional half-yearly practice forums organized for CYMH staff across the Fraser communities. These practice forums can serve as an opportunity for residents to make case or research presentations that suit the requirements outlined in **section 10.7**.

**10.7 - Overall Range of Educational Events**

Educational events may be comprised of provincially-organized/supported training events in addition to the Fraser Region specific events (seminar series) that are organized on a yearly basis by the Coordinator, in consultation with representatives of the *Fraser CYMH Student Training Program*, CYMH Team Leaders and other key CYMH personnel such as the Regional Mental Health Consultant and Regional Practice Development Consultant.

Input is sought from practicum and interning students as well as residents on an ongoing basis to fine-tune of the current year’s seminar series and to inform the development of the following year’s series.

The following is a list of provincially-organized/supported training events developed for CYMH staff that are also available to residents (space permitting):

<b>Annually-Scheduled Training Events</b>	<b>Optional Training Events (not provided every year)</b>
<ul style="list-style-type: none"> <li>• Community and Residential Information System (CARIS)<sup>19</sup></li> <li>• Brief Child and Family Phone Interview (BCFPI)</li> <li>• Orientation Session for New Staff</li> <li>• Cognitive Behaviour Therapy (CBT) for Anxiety</li> <li>• Suicide Prevention Training</li> <li>• Advanced DSM Training</li> <li>• Aboriginal CYMH Cultural Sensitivity Training</li> </ul>	<ul style="list-style-type: none"> <li>• Early Psychosis Intervention</li> <li>• Trauma-Focused CBT</li> <li>• Eating Disorders Training</li> <li>• Infant Mental Health/Early Childhood Intervention Training</li> </ul>

<sup>19</sup> All new staff members, including residents who qualify as staff members, are required to receive this training.

As an additional educational opportunity, Fraser Region psychologists frequently hold additional continuing education meetings to which the residents are invited. The listing of 2008-2009 student and resident training events that was made available is provided in **Appendix 7**.

### **10.8 - Core Curriculum Events within the Seminar Series**

To assist in achieving program goals and objectives, beginning in the 2009-2010 term, there will be core annualized educational events incorporated within the seminar series. In preparation for these seminars, residents will be required to complete a predetermined set of readings. While the expert presenters might change from year to year for each core seminar, the scope of coverage will remain consistent.

The following are the core events currently being prepared specifically for the residents, although some practicum and interning students can be permitted to attend:

- Professional Ethics and Conduct in Psychological Practice
- Provincial and National Standards/ Guidelines for Practice in Psychology
- Jurisprudence Issues in Psychology and Child & Youth Mental Health
- Working with Culturally Diverse Populations of Children, Youth and Families
- Working with Aboriginal Communities
- Integrative Psychological Practice Concepts in Child and Youth Mental Health
- Supervising Students and Other Mental Health Practitioners

### **10.9 - Case Presentations, Research and Readings**

Residents are expected to share information on their client activity through a minimum of two one-hour case presentations per term at team meetings, regional practice forums or their equivalent, either in a case summary or 'grand rounds' format.

Residents are also expected to make one presentation on the topic of their dissertation research and/or on a new literature review concerning a topic related to clinical activity or area of general psychological interest. The presentation(s) can be scheduled as part of a regional practice forum or as part of the educational seminar series arranged through the *Fraser CYMH Student Training Program* depending on the most appropriate venue.

Residents may have research opportunities that vary from year to year depending on the research activity of the supervising psychologists. There may also be an opportunity to participate in an ongoing regional research project that may involve psychology faculty from local universities. In that case, with the approval of their supervisor and the Coordinator, the resident may choose 'clinical research' as an area of quarterly specialization (rotation).

On a more informal basis, residents are allowed a minimum of least two hours weekly during work hours for literature searches and/or readings related to any of the domains of competency training. These weekly activities can be alternated with informal research information-sharing group meetings involving fellow residents across the three service Networks, or all students, supervisors and interested staff from the involved team sites within a service Network.

## 11 – Supervision Requirements

### 11.1 – Supervisor Qualifications and Commitments

To qualify as a core supervisor in the *Fraser Child and Youth Community-Based Psychology Residency Program*, a psychologist must have the following background and credentials:

1. Ph.D., Ed.D., or Psy.D. in clinical, counselling or school psychology from an accredited program;
2. Completion of a one-year, full-time-equivalent pre-doctoral Residency from a CPA- or APA-approved program, or completion of an Residency considered as CPA or APA equivalent by their accredited university;
3. Registered to practice Psychology by the College of Psychologists of BC for two years.
4. Primary area of concentration is child and adolescent psychology.

Each qualifying psychologist is asked to sign a *Psychologist Participation Agreement* (**see Appendix 2a**) that commits him or her to providing a percentage of their work time to direct supervision and/or Residency development activities. This percentage of time can range from 2% (non-hosting team role) to 10-15% of their weekly work, providing an opportunity for educational/teaching activities that would not otherwise be available as a non-supervising psychologist. (Commitments by individual psychologists to resident supervision can be adjusted with the assistance of the Coordinator as long as this is not detrimental to a resident's overall supervisory requirements.)

Staff members that have been registered as psychologists in BC less than two years, or have completed all requirements for the doctoral degree in psychology and are awaiting registration by the College of Psychologists of BC may act as “assigned” supervisors providing that their supervision is overseen by one of the core supervising registered psychologists. Client documentation must be co-signed by the resident, the “assigned” supervisor and one of the involved core supervisors (also see **section 11.3**).

The supervision process is guided by the ethical principles recently developed by a Canadian Psychological Association sub-committee<sup>20</sup> and the Ministry of Children and Family Development.<sup>21</sup>

### 11.2 – Supervision Hours

The resident receives a minimum of 4 weekly hours of regularly scheduled face-to-face core supervision over and above the client contact hours.<sup>22</sup> Individual core

<sup>20</sup> Canadian Psychological Association ((2008) *Ethical Guidelines for Supervision in Psychology: Teaching, Research, Practice and Administration* (Draft Document prepared by the CPA Committee on Ethics Sub-Committee)

<sup>21</sup> Ministry of Children and Family Development (2008) *Field Placement Supervision Guide* (draft document)

<sup>22</sup> In exceptional circumstances, and with the Coordinator's permission, the core supervisor(s) and resident may establish a weekly direct client contact level that exceeds the Residency

supervision consists of visual and/or verbal communication regarding specific cases in real time between the supervisor and resident. Supervision may involve direct observation of a resident with a client, co-leading a session or group with the resident, or reviewing of audio/videotape and discussing specific case contacts.

### 11.3 - Core Supervision Approach

Core supervision is provided collectively by primary and secondary supervisors, that oversee client activities at the primary and specialization (rotation) team sites within each service Network. A developmental approach to core supervision is undertaken over the course of the training year. The process may begin with resident observations of the supervisors, progressing to joint involvement with the supervisor, to supervisor observations of the resident (e.g. through a one-way mirror), to pre-session planning and post-session debriefings, and finally to arms length supervision at scheduled weekly meetings.

- Core supervision is provided by registered psychologists who ensure that each resident complies with legal, administrative and professional requirements of the job. Detailed information on the registered psychologists that are available to act as core supervisors within each service Network of the *Fraser Child & Youth Community-Based Psychology Residency Program* is provided in **Appendix 5**.
- The primary core supervisor must have the same office location as the resident to ensure that close communication is maintained. This location is considered the resident's primary work site.
- The core supervisors and residents co-sign all clinical records pertaining to the clients they are responsible for in the supervisory process. These include assessment reports, treatment planning reports, progress notes and termination summaries. One supervisor acts as the primary supervisor for the purposes of supervision continuity, evaluation reporting and complaint resolution processes.
- The primary and secondary core supervisors establish and maintain one central supervision file on each resident. This file, which contains the *Personal Placement Plan*, the student logs and performance evaluations, is available to both the resident and Coordinator for examination. When the Residency is completed, the file is forwarded to the Coordinator who ensures that it is kept for a minimum of seven years.

### 11.4 - Supplementary Supervision

Due to the diversity and depth of training and experience afforded by a multi-disciplinary team of mental health clinicians including masters-level registered psychologists and non-psychology staff (e.g. nurses, social workers, counsellors, psychiatrists) staff may be given approval by the core supervisor to provide supplementary supervision for training experiences that may not be otherwise available to the residents (especially during some 'rotations').

- Supplementary supervision time must be over and above the 4 hours of weekly individual core supervision time. A core supervisor must be kept informed by a

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Program's allowable range. If this occurs, the core supervision time is increased by a quarter of an hour for each hour of weekly client contact that exceeds 16 hours.

supplementary supervisor of an resident's performance with clients and this client activity must also form part of the debriefings between the primary or secondary supervisors and the resident.

- Supplementary supervisor must co-sign with the resident those clinical records that pertain to the clients they are responsible for in the supervisory process. A core supervisor must also provide a final signature for these clinical records that include assessment reports, treatment planning reports, progress notes and termination summaries (also see **section 11.3**).

### **11.5 - Resident Supervision of Practicum Students**

One domain in the area of functional competence specified in **section 6.4** relates to the development of resident supervision skills with practicum students. The Fraser CYMH teams within the Residency Program also receive a number of practicum or interning students in the disciplines of psychology, social work, counselling, nursing, and child & youth care. Residents are provided the opportunity to gain supervision experience by becoming directly involved in the training of these students.

To ensure that both the residents and supervisees obtain a positive and beneficial training experience, a number of guidelines have been established.<sup>23</sup>

1. The first one to two cases seen by a practicum student must be supervised by a supervisor in the student's own discipline. If acceptable to the practicum student's academic advisor, a portion or all of the cases following these can be supervised by a resident.
2. Residents are not to supervise a practicum or interning student until they have adjusted to their own training environment and the policies and procedures of the Ministry; as such they would not be expected to begin any supervision until the beginning of the seventh month of their Residency year.
3. The core supervisor is required to have the overall responsibility for the clients involved and is expected to closely supervise the resident. A meeting between all three parties (practicum/interning student, resident, core supervisor) must occur prior to commencement of any resident supervision of a student and should involve a review of procedures and goals.
4. Evaluation of the practicum student is conducted by the core supervisor with input from the resident.
5. General readings and didactic experiences will be provided, and discussion of supervision issues will be undertaken as a team on a regular basis.
6. Client contact with a practicum/interning student must be observed on a scheduled basis by both the resident and core supervisor.
7. All documentation prepared by the student must be closely reviewed and co-signed by the resident and core supervisor.

### **11.6 - Supervisor Evaluation of Residents**

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<sup>23</sup> Taken from: *Saanich Child and Youth Mental Health Services: Pre-doctoral Psychology Residency Policies and Procedures Manual*.

Competence evaluations, based on the 6 functional and 6 foundational domains are completed every quarter by the resident's core supervisors and registered by the primary supervisor on the *Performance Appraisal Form* (see **Appendix 7**). At the beginning of the term, the resident and core supervisor(s) together complete a preliminary appraisal of the resident's competence using the *Performance Appraisal Form* as a reference document only. Other information may also be used to complete this preliminary appraisal. The purpose of this activity is to facilitate the establishment of an initial personal placement plan for the resident. At the end of each quarter, a formal evaluation of the resident is completed with the resident using the *Performance Appraisal Form* that is signed by the primary supervisor, resident and the Coordinator. The Coordinator forwards the formal evaluations to the resident's academic institution at the middle and at the end of the term along with all other necessary information regarding the resident's activity.

The minimum standard for completion of the Residency program is the achievement of overall competency in each domain (a '2+' average score) as registered in the final evaluation (end of 4<sup>th</sup> Quarter). Achievement of full competence ensures that the overarching program goal has been met.

### **11.7 - Ensuring Quality Supervision Practices**

To ensure the highest quality of supervision practices by Residency Program supervisors, the Fraser CYMH Program creates opportunities for psychologists acting as core supervisors to attend supervision workshops that are made available to CYMH Team Leaders, and other relevant staff from time to time.<sup>24</sup>

In addition, the Coordinator undertakes to organize periodic orientation/education meetings, with core and supplementary supervisors to discuss supervision methodology including such topics as supervision procedures/forms, effective ways of conducting competency evaluations, setting goals and modifying training approaches. The conflict resolution procedures established for residents are reviewed with the supervisor group on an annual basis, as necessary, to ensure due process if problem situations should arise.

### **11.8 - Supervision Agreements**

Residents and their core and supplementary supervisors are required to sign a *Supervision Agreement* (see **Appendix 7**) at the beginning of the term. These agreements address resident and supervisor roles and responsibilities.

## **12 – Space and Physical Resources**

Since they are considered to be staff members, residents are afforded the space and physical resources necessary to engage in all aspects of their Residency training. These include:

- Access to secure, quiet and unobstructed work space in an office;

<sup>24</sup> Regional 'supervision' workshops have been conducted by Carol Fallender, Ph.D. as part of a provincially-funded training initiative related to the implementation of the 3-Year Provincial Child and Youth Mental Health Plan.

- Access to secure storage (other than central file storage) by locking desk, filing cabinet or locked office);
- Efficient means of communication with supervisors through the proximity of offices, email, voice-mail, fax, and telephone access;
- Access to secure and sound-dampened space in which to carry out professional activities with clients;
- Access to a computer, office photocopier, scanner and printer;
- Audiovisual resources necessary for supervision, including audio-taping and videotaping equipment located in a therapy room with one-way mirror; and
- Appropriate and up-to-date assessment materials that are securely housed.

### **13 – Policy on Social Media and Answering Machines**

Interns who use social media (e.g., Facebook) and other forms of electronic communication should be mindful of how their communication may be perceived by clients, colleagues, faculty, and others. As such, interns should make every effort to minimize material that may be deemed inappropriate for a psychologist in training. To this end, interns should set all security settings to “private” and should avoid posting information/photos or using any language that could jeopardize their professional image. Interns should consider limiting the amount of personal information posted on these sites, and should never include clients as part of their social network, or include any information that might lead to the identification of a client, or compromise client confidentiality in any way. Greetings on voicemail services and answering machines used for professional purposes should also be thoughtfully constructed. Interns are reminded that, if they identify themselves as an intern in the program, the Consortium has some interest in how they are portrayed. If interns report doing, or are depicted on a website or in an email as doing something unethical or illegal, then that information may be used by the Consortium to determine probation or even retention. As a preventive measure, the Consortium advises that interns (and faculty) approach social media carefully. In addition, the American Psychological Association’s Social Media/Forum Policy may be consulted for guidance: <http://www.apa.org/about/social-media.aspx>

(Note: this policy is based in part on the policies developed by the University of Albany, Michael Roberts at the University of Kansas, and Elizabeth Klonoff at San Diego State University, and Jenny Cornish at the University of Denver))

### **14 – Complaints Resolution**

A number of issues and circumstances may lead to conflict between a resident or other individuals associated with the resident. These may include, but are not limited to relationship issues with another staff member, supervision content poorly matched to the skill level of the resident, inadequate time being set aside for supervision, excessive workload, the belief an evaluation or letter is not an accurate reflection of the residents’ competency, or limited access to a supervisor.

There may also be a concern by a supervisor, staff member, community collateral, caregiver or client that a resident is performing below an expected level of competency, or may be engaged in unethical or criminal behaviour.

Regardless of the source of conflict or concerns, the resolution of complaints is considered essential to ensure a successful residency, or to protect the rights and safety of any vulnerable individuals who might also be clients. Complaints resolution procedures are described in detail in **Appendix 6**.

## 15 – Resident Evaluation of the Training Program

The resident's evaluation of supervisors and the Residency program is sought informally throughout the term as reflected in the provisions of the agreement signed by the supervisor(s) and the resident at the beginning of the term (see **section 11.7** and Supervision Agreement Forms in **Appendix 7**). With the consent of both parties, this information may be shared at *Resident Support Committee* meetings for general problem-solving purposes. (This process is not intended to replace the conflict resolution procedures outlined in section 13.)

A formal evaluation is conducted at the end of the term. The resident rates the supervisor(s) on a number of dimensions related to the quality and quantity of supervision. The resident also assesses the strengths and weaknesses of the overall Residency program within their service Network. This feedback, recorded on the *Supervision Evaluation Form* and the *Residency Evaluation Form* (see **Appendix 7**), is used to address any changes required to improve the *Fraser Child & Youth Community-Based Psychology Residency Program*.

## 16 – Overall Program Evaluation Design

As indicated in **section 6.3**, the overarching goal of the *Fraser Child & Youth Community-Based Psychology Residency Program* is to provide well-supervised learning experiences that assist each resident in achieving competency in the provision of child and youth mental health services. This is accomplished in a manner that is consistent with the CYMH team and the program goals and expectations established by the individual educational institutions whose students train at CYMH sites in the Fraser communities.

The achievement of the overall training goals is measured by a variety of quantitative and qualitative output/outcome measurement tools and the employment of a number of formalized continuing quality improvement (CQI) mechanisms. The measurement tools and CQI mechanisms are referenced in the body of the Handbook and/or provided in **Appendix 7**. Two additional tools, the *Short-Term Outputs and Outcomes Summary Form* and the *Post-Residency Follow-Up Form* are located as attachments in **Appendix 8** that provides an overall summary description of the Residency Program's evaluation design.

The use of specific measurement tools and CQI mechanisms enables ongoing feedback on how well the Residency Program is being implemented and an active consideration of the program improvements that are required in coming years.

## APPENDIX 1 - Team Descriptions

### SOUTH FRASER VALLEY SERVICE NETWORK

**Team Name: Surrey Newton/Cloverdale Child and Youth Mental Health Services**

<b>Program Description</b>	<p>The Surrey Newton/Cloverdale CYMH Team provides a broad range of outpatient mental health services to children and youth 0 – 19 years of age and their families. The services dealing with child and youth populations are delivered by a specialized mental health team. At times when youth reach the age of majority and still require mental health services, coordination with regional Fraser Health Authority mental health programs for young adults occurs. Special attention is provided to diverse populations, including Aboriginal and Métis peoples and multi-cultural groups.</p> <p>Clients can self-refer or are typically referred by their parents and guardians, teachers, school counsellors, family physicians, paediatricians, social workers and hospital-based programs. There is a strong engagement with families and community organizations in the provision of services.</p>
<b>Community Service Context</b>	<p>The CYMH Team is co-located with the Ministry of Children and Family Development family support and youth teams; including probation.</p>
<b>Staff Composition</b>	<p>The Team has 1 psychologist on staff. Overall, there are ten full-time and part-time Mental Health clinicians from the disciplines of nursing, social work, counselling, child and youth care, psychology. Psychiatry, Paediatric and family medicine services are available to the Team on a contracted basis.</p>
<b>Service Emphasis</b>	<p>The Team addresses a spectrum of concerns that includes early childhood mental health, eating disorders, adolescent/child sexual health issues, anxiety and depression and early psychosis. Clinical services include assessment, consultation to schools, community and child welfare consultation, individual, group and family treatment, integrated case management.</p>
<b>Supervision Team</b>	<p>Dr. Wallace Wong, Ph.D. R. Psych.(Core Supervisor) Angela Abbing, MSW, Supplementary (Supervisor &amp; Team Leader)</p>

**Team Name: Surrey North Child and Youth Mental Health Services**

<b>Program Description</b>	<p>The Surrey North CYMH Team provides a broad range of outpatient mental health services to children and youth 0 – 19 years of age and their families. (Early childhood clients (age 0-5) and eating disordered clients are assessed by the intake team and then refer to other teams for treatment.) The services dealing with child and youth populations are delivered by a specialized mental health team. At times when youth reach the age of majority and still require mental health services, coordination with regional Fraser Health Authority mental health programs for young adults occurs. Special attention is provided to diverse populations, including Aboriginal and Métis peoples and multi-cultural groups.</p> <p>Clients can self-refer or are typically referred by their parents and guardians, teachers, school counsellors, family physicians, paediatricians, social workers and hospital-based programs. There is a strong engagement with families and community organizations in the provision of services.</p>
<b>Community Service Context</b>	<p>The CYMH Team is co-located with the Ministry of Children and Family Development family service and child protection teams.</p>
<b>Staff Composition</b>	<p>The Team has 1 psychologist on staff. Overall, there are 7 full-time and part-time Mental Health clinicians from the disciplines of social work, counselling and psychology. Psychiatry, Paediatric services are available to the Team on a contracted basis.</p>
<b>Service Emphasis</b>	<p>The Team addresses a spectrum of concerns that includes early childhood mental health, eating disorders, adolescent/child sexual health issues, anxiety and depression and early psychosis. Clinical services include assessment, consultation to schools, community and child welfare consultation, individual, group and family treatment, integrated case management.</p>
<b>Supervision Team</b>	<p>Dr. Patty Wilson, Ph.D., R.Psych.(Team Leader &amp; Core Supervisor)  Dr. Vaneesa Wiebe, Ph.D. R. Psych.(Core Supervisor)</p>

**Team Name: Delta Child and Youth Mental Health Services**

<b>Program Description</b>	<p>The Delta CYMH Team provides a broad range of outpatient mental health services to children and youth 0 – 18 years of age and their families., The services dealing with youth populations are delivered in coordination with regional Fraser Health Authority mental health programs for youth and young adults. Special attention is provided to diverse populations, including Aboriginal peoples and multi-cultural groups.</p> <p>Clients are typically referred by their parents and guardians, teachers, school counsellors, family physicians paediatricians, social workers and hospital programs.</p> <p>There is a strong engagement with families and community organizations in the provision of services.</p>
<b>Community Service Context</b>	<p>The CYMH Team is co-located with the Ministry of Children and Family Development family and children services teams.</p>
<b>Staff Composition</b>	<p>The Team has 3 psychologists on staff. Overall, there are nine full-time and part-time Mental Health clinicians from the disciplines of counselling, counselling psychology, and psychology. Psychiatry is available to the Team on a contracted basis.</p>
<b>Service Emphasis</b>	<p>The Team addresses a spectrum of concerns that includes early childhood mental health, mood disorders, anxiety and depression and early psychosis. Clinical services include assessment, consultation to schools, community and child welfare consultation, individual, group and family treatment, integrated case management.</p>
<b>Supervision Team</b>	<p>Dr. Damon Elgie, Ph.D. R. Psych. (Core Supervisor &amp; Team Leader)  Dr. Kathleen Ting, Ph.D., R.Psych.(Core Supervisor)  Dr. Tigerson Young, Ph.D., R.Psych.</p>

**Team Name: Aboriginal Child and Youth Mental Health Services**

<b>Program Description</b>	<p>The Aboriginal CYMH Team provides enhanced outreach mental health services to aboriginal children and youth 0 – 18 years of age who have barriers in accessing office-based services. The services dealing with youth populations are delivered in coordination with regional Fraser Health Authority mental health programs for youth and young adults.</p> <p>Clients are typically referred by their parents and guardians, teachers, school counsellors, family physicians paediatricians, social workers or hospital programs.</p> <p>There is a strong engagement with families and community organizations in the provision of services through Aboriginal Outreach Workers as well as Aboriginal Outreach Clinicians.</p>
<b>Community Service Context</b>	<p>The Aboriginal CYMH Team is an enhancement service that works in co-operation the community Child and Youth Mental Health Teams, as well as with the Ministry of Children and Family Development family and children services teams.</p>
<b>Staff Composition</b>	<p>The Team has one psychologist on staff in the Team Leader role. There are three full-time Aboriginal Outreach Mental Health Clinicians from the disciplines of counselling, counselling psychology, and psychology, as well as three full-time Aboriginal Outreach Workers with Social Sciences backgrounds. Psychiatry is available to the Team through local community Child and Youth Mental Health teams.</p>
<b>Service Emphasis</b>	<p>The Team 's priority is to extend and improve access to mental health services for aboriginal and youth who have not been able to access office-based services through their local community Child and Youth Mental Health teams. The Team brings cultural teachings to their work in mental health. The Team addresses a spectrum of concerns that includes early childhood mental health, mood disorders, anxiety and depression and early psychosis. Clinical services include assessment, consultation to schools, community and child welfare consultation, individual, group and family treatment, integrated case management.</p>
<b>Supervision Team</b>	<p>Dr. Patricia Rycroft, Ph.D. R. Psych. (Core Supervisor &amp; Team Leader)</p>

**Team Name: Langley Child and Youth Mental Health Services**

<b>Program Description</b>	Child and Youth Mental Health (CYMH ) services are provided under the auspices of the Ministry of Children and Family Development (MCFD). The Langley CYMH Team offers a range of clinical services to children and youth experiencing serious mental health disorders, as well as consultation and support to parents, schools, and other community professionals. Services are voluntary, confidential, and free of charge.
<b>Community Service Context</b>	The Langley CYMH Team is co-located with a number of other MCFD Teams, including the Intake and Investigation Team, Family Service Team, and Youth and Probation Team. While CYMH services are voluntary and available on a universal basis, they are also integrated with the mandated services provided by the Ministry Teams.
<b>Staff Composition</b>	The Langley CYMH Team is comprised of a Team Leader, eleven mental health clinicians, and a consulting psychiatrist. The multidisciplinary Team includes two registered psychologists, nine graduate-level clinicians, and one MSW social worker. The Team has a number of specialized services/roles, including Intake Clinicians, a School Liaison, Early Psychosis Intervention (EPI) Clinicians, a Special Needs Clinician, and an Early Childhood sub-team. Contracted, ancillary services which support the Team's work with children, youth, and families include a Family Therapist, Child and Youth Care Workers, and an Occupational Therapist.
<b>Service Emphasis</b>	Langley CYMH clinicians work in collaboration with clients, parents, and families, providing a range of services which includes intake, screening and referral, assessment and treatment planning, treatment intervention, integrated case management, and clinical consultation with other involved community professionals and agencies. Ancillary mental health services, such as crisis intervention, day treatment services, sexual abuse counselling, family therapy, and outreach youth care services are also provided through community-based mental health contractors. The Langley CYMH Team also serves as the community gatekeeper for such tertiary services as the Adolescent Psychiatry Unit at Surrey Memorial Hospital and Psychiatry Inpatient Units at British Columbia Children's Hospital.
<b>Supervision Team</b>	Dr. Dawn Knapton, Ph.D., R. Psych. (Core Supervisor, Team Leader) Dr. Rachel Nobel, Ph.D., R. Psych. (Supplementary Clinical Supervisor)

**Team Name: White Rock Child and Youth Mental Health Services**

<b>Program Description</b>	<p>The White Rock CYMH Team provides a broad range of outpatient mental health services to children and youth 0 – 19 years of age and their families., The services dealing with youth populations are delivered in coordination with regional Fraser Health Authority mental health programs for youth and young adults. Special attention is provided to diverse populations, including Aboriginal and Métis peoples and multi-cultural groups.</p> <p>Clients are typically referred by their parents and guardians, teachers, school counsellors, family physicians paediatricians, social workers and hospital programs. There is a strong engagement with families and community organizations in the provision of services.</p>
<b>Community Service Context</b>	<p>The CYMH Team is co-located with the Ministry of Children and Family Development family and children services and adoption teams.</p>
<b>Staff Composition</b>	<p>The Team has 2 psychologists on staff. Overall, there are nine full-time and part-time Mental Health clinicians from the disciplines of nursing, social work, counselling, child and youth care, psychology. Psychiatry and family medicine services are available to the Team on a contracted basis.</p>
<b>Service Emphasis</b>	<p>The Team addresses a spectrum of concerns that includes early childhood mental health, eating disorders, anxiety and depression and early psychosis. Clinical services include assessment, consultation to schools, community and child welfare consultation, individual, group and family treatment, integrated case management.</p>
<b>Supervision Team</b>	<p>Terrence Cardle(Team Leader) Dr. Jennifer Mervyn, PhD. RPsych (CoreSupervisor)</p>

**VANCOUVER COASTAL SERVICE NETWORK****Team Name: Tri-Cities Child and Youth Mental Health Services**

<b>Program Description</b>	The TriCities CYMH Team provides a broad range of outpatient mental health services to children and youth up to and included 18 years of age and their families. The TriCities includes Port Moody, Port Coquitlam, Coquitlam, and the villages of Belcarra and Anmore. Many services are delivered in coordination with regional Fraser Health Authority mental health programs and with local nonprofit agencies. Special attention is provided to diverse populations, including Aboriginal and Métis peoples and multi-cultural groups. Clients are typically referred by their parents and guardians, teachers, school counsellors, family physicians, paediatricians, social workers and hospital programs.
<b>Community Service Context</b>	The Team is co-located with the TriCities Social Development Centre, a program designed to assist 5-11 year olds who have behavioural challenges and their families, and the North Fraser Eating Disorders Program for all ages. Most clinicians on the team have job duties that take them out of the office and into the community to support the mental health needs of children and youth.
<b>Staff Composition</b>	The Team has 4 psychologist positions and 11 staff from other disciplines. Sessional psychiatric consultations are provided 1½ days per week and are an integral part of clinical practice. Overall, there are 25 full-time and part-time clinicians working out of the office, as well as dieticians, sessional physicians and parent advocates.
<b>Service Emphasis</b>	The target populations are children and youth with severe functional impairment due to psychological, emotional, and behavioural concerns. The most common presenting concerns include depression and anxiety. Some team members specialize in particular areas such as early childhood mental health, early psychosis intervention, dialectical behaviour therapy. Outreach services include consultation, liaison and support to MCFD child welfare teams, schools, hospitals, and community agencies. Clinical services include assessment, individual, group, and family treatment, integrated case management, and psychological assessment.
<b>Supervision Team</b>	Dr. Cheryl Conant, Ph.D., R.Psych. (Core Supervisor, Team Leader) Dr. Susan Hackett, Ph.D., R.Psych. (Core Supervisor, Coordinator of Psychology Residency Programs(aka "DOT"))

**Team Name: Maple Ridge Child and Youth Mental Health Services**

<b>Program Description</b>	The Maple Ridge CYMH Team provides a broad range of outpatient mental health services to children and youth up to and including 18 years of age and their families. Some services are delivered in coordination with regional Fraser Health Authority mental health programs and with local nonprofit agencies. Clients may be referred by their parents, guardians, teachers, school counsellors, family physicians, paediatricians, social workers and hospital programs, or by self-referral.
<b>Community Service Context</b>	The Maple Ridge CYMH Team is co-located with two other MCFD Teams, including the Intake and Investigation Team, as well as the Family Service Team. CYMH services are voluntary and available on a universal basis.
<b>Staff Composition</b>	The Team has 1 psychologist positions and 9 staff from other disciplines, including Counselling and Applied psychology and Psychiatric Nursing. Sessional psychiatric consultations are provided 1 day per week and are an integral part of clinical practice. Other consulting and collaborating clinicians include a Behaviour Consultant, Mental Health Outreach Counsellor, Concurrent Disorders Therapist, and Aboriginal Mental Health specialists.
<b>Service Emphasis</b>	The target population is children and youth with severe functional impairment due to psychological, emotional, and behavioural concerns. The most common presenting concerns include depression and anxiety. Some team members specialize in particular areas such as early childhood mental health or early psychosis intervention. A variety of treatment methods are practiced including CBT, Interpersonal Therapy for Depressed Adolescents, music therapy, family therapy, and others. Clinical services include assessment, individual, group, and family treatment, integrated case management, psychological assessment, consultation to service providers and caregivers, and community education.
<b>Supervision Team</b>	Dr. Sandie J. Cook, Ph.D., R.Psych. (Core Supervisor) Wendy Bastiaansen, MA. (Team Leader)

**EAST FRASER VALLEY SERVICE NETWORK****Team Name: Chilliwack Child and Youth Mental Health Services**

<b>Program Description</b>	<p>The Chilliwack CYMH Team provides a broad range of outpatient mental health services to children and youth 0 – 19 years of age and their families., The services dealing with youth populations are delivered in coordination with regional Fraser Health Authority mental health programs for youth and young adults. Special attention is provided to diverse populations, including Aboriginal and Métis peoples and multi-cultural groups.</p> <p>Clients are typically referred by their parents and guardians, teachers, school counsellors, family physicians paediatricians, social workers and hospital programs. There is a strong engagement with families and community organizations in the provision of services.</p>
<b>Community Service Context</b>	The CYMH Team is co-located with the Ministry of Children and Family Development family and children services and adoption teams.
<b>Staff Composition</b>	The Team has 3 psychologists on staff. Overall, there are nine full-time and part-time Mental Health clinicians from the disciplines of nursing, social work, counselling, child and youth care, psychology. Psychiatry and family medicine services are available to the Team on a contracted basis.
<b>Service Emphasis</b>	The Team addresses a spectrum of concerns that includes early childhood mental health, eating disorders, anxiety and depression and early psychosis. Clinical services include assessment, consultation to schools, community and child welfare consultation, individual, group and family treatment, integrated case management.
<b>Supervision Team</b>	<p>Dr. Robert Lees, Ed.D. R. Psych. (Core Supervisor)</p> <p>Dr. Cheryl Ainsworth, PhD., R.Psych (Core Supervisor)</p> <p>Duncan MacDonald, M.S.W. (Supplementary Supervisor, Team Leader)</p>

**Team Name: Mission Child and Youth Mental Health Services**

<b>Program Description</b>	The Mission CYMH Team provides a broad range of outpatient mental health services to children and youth below 19 years of age and their families., The services dealing with youth populations are delivered in coordination with regional Fraser Health Authority mental health programs for youth and young adults. Special attention is provided to diverse populations, including Aboriginal and Métis peoples and multi-cultural groups. Clients are typically referred by their parents and guardians, teachers, school counsellors, family physicians paediatricians, social workers and hospital programs. There is a strong engagement with families and community organizations in the provision of services.
<b>Community Service Context</b>	The CYMH Team is co-located with other programs of Ministry of Children and Family Development namely, child protection, family services, youth probation & guardianship.
<b>Staff Composition</b>	The Team has 1 psychologist on staff. Overall, there are two full-time and two part-time Mental Health clinicians from the disciplines of social work and counselling. Psychiatry and family medicine services are available to the Team on a contracted basis.
<b>Service Emphasis</b>	The Team addresses a spectrum of mental health disorders including anxiety, depression, psychosis, eating disorders, etc.. Clinical services include assessment, consultation to schools, community and child welfare consultation, individual, group and family treatment, integrated case management.
<b>Supervision Team</b>	Dr. Gurmeet Singh, Ph.D., R. Psych. (Core Supervisor, Team Leader)

**Team Name: Abbotsford Child and Youth Mental Health Services**

<b>Program Description</b>	Child and Youth Mental Health (CYMH ) services are provided under the auspices of the Ministry of Children and Family Development (MCFD). The Abbotsford CYMH Team offers a range of clinical services to children and youth experiencing serious mental health disorders, as well as consultation and support to parents, schools, and other community professionals. Services are voluntary, confidential, and free of charge.
<b>Community Service Context</b>	The Abbotsford CYMH Team is co-located with a number of other MCFD Teams, including the Intake and Investigation Team, Family Service Team, and Youth and Probation Team. While CYMH services are voluntary and available on a universal basis, they are also integrated with the mandated services provided by the Ministry Teams.
<b>Staff Composition</b>	The Abbotsford CYMH Team is comprised of a Team Leader, mental health clinicians, and a consulting psychiatrist. The multidisciplinary Team includes two registered psychologists, # graduate-level clinicians, and # MSW social workers. The Team has a number of specialized services/roles, including Intake Clinicians, a School Liaison, Early Psychosis Intervention (EPI) Clinicians, a Special Needs Clinician, and an Early Childhood sub-team. Contracted, ancillary services which support the Team's work with children, youth, and families include a Family Therapist, Child and Youth Care Workers, and an Occupational Therapist.
<b>Service Emphasis</b>	Abbotsford CYMH clinicians work in collaboration with clients, parents, and families, providing a range of services which includes intake, screening and referral, assessment and treatment planning, treatment intervention, integrated case management, and clinical consultation with other involved community professionals and agencies. Ancillary mental health services, such as crisis intervention, day treatment services, sexual abuse counselling, family therapy, and outreach youth care services are also provided through community-based mental health contractors.
<b>Supervision Team</b>	Carla Le Houllier, PhD., RPsych Susan Hunt, PhD, Secondary Supervisor Allison Wray, MA, Team Leader

## APPENDIX 2 - Team Participation Agreement

### Vancouver Coastal/Fraser Child & Youth Community-Based Psychology Residency Program

#### Agreement with

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(Name of Team)

The Team agrees to participate in the *Vancouver Coastal/Fraser Child & Youth Community-Based Psychology Residency Program* as a member of a consortium group of teams across Networks committed to providing quality training to psychology residents within the opportunities and constraints of working in the Ministry of Children and Family Development..

#### **Team Responsibilities in Hosting a Resident**

Through the efforts of the Team Leader and relevant team personnel, the Team agrees to:

- Provide a training experience that is in overall compliance with the provisions outlined in the *Vancouver Coastal/Fraser Child & Youth Community-Based Psychology Residency Program Handbook*;
- Provide a welcoming , thoughtful, and invigorating learning environment;
- Provide the necessary range of clinical, educational and supervision opportunities to enable the resident to achieve a successful residency program based on the individual *Personal Placement Plan* and, more specifically, the training goals established through periodic resident competency appraisals;
- Ensure that each resident has access to the necessary office and clinical tools to carry out responsibilities as specified in the *Personal Placement Plan* and *Supervisory Agreement(s)*, and as a full functioning member of the team;
- Participate in resident conflict resolution processes as outlined in the Handbook; and
- Support the Coordinator, and other management/advisory structures in carrying out their mandates to ensure the effective and efficient delivery of the Residency Program.

#### **Non-Hosting Team Responsibilities within the Consortium**

- Participate as an active member of Residency Program management/advisory structures, including the possible vetting of applicants for upcoming residency vacancies and engagement in program marketing efforts that might be requested from the Coordinator from time to time;
- Work with the Coordinator, consortium team leaders and other key regional personnel in providing direct within- and cross-Network support for supervisors and their residents in establishing necessary clinical, educational and supervisory opportunities, and in addressing program administration issues; and
- Provide input in the development of the annual cross-Network seminar series that also includes core educational events.

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Team Leader

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Director of Training

## APPENDIX 2a - Psychologist Participation Agreement

### Vancouver Coastal/Fraser Child & Youth Community-Based Psychology Residency Program

#### Agreement with

\_\_\_\_\_  
(Name of Psychologist)

The above-named psychologist has committed to participating in the *Vancouver Coastal/Fraser Child & Youth Community-Based Psychology Residency Program* as a core supervisor, and agrees to:

#### **Supervisory Responsibilities (est. 10 – 15% of time)**

- Work with relevant site Team Leader(s) and the Coordinator to ensure that the resident under his/her supervision receives training that complies with the overall program goals, objectives, training mode as specified in the *Vancouver Coastal/Fraser Child & Youth Community-Based Psychology Residency Program Handbook*;
- Ensure that the resident receives the necessary range of clinical, and educational opportunities, clinical tools and resource materials to enable the resident to achieve a successful residency program based specifically on the individual *Personal Placement Plan* and the periodic competency appraisals;
- Review the terms of the signed *Supervisory Agreement* with the resident as often as necessary to reinforce the development of a relationship that benefits both the resident and supervisor;
- Document, and file in a timely fashion, the resident's progress and achievements in order to keep the Coordinator, and thereby the resident's academic institution, informed on progress;
- Take a leadership role and/or support the resident, site Team Leader(s) and Coordinator in the initiation of conflict resolution procedures as outlined in *Appendix 6* of the Handbook;
- Participate actively in the monthly meetings of the *Resident Support Committee* chaired by the Coordinator;

#### **Program Support Responsibilities (est. 2 – 5% of time)**

- Participate in the regularly scheduled *Psychologist Residency Coordinating Committee* meetings chaired by the Fraser Regional Mental Health Consultant;
- As a member of the above Committee,
  - Assist the Coordinator, and possibly other assigned personnel, in resident recruitment activities and annual selection of Residency applicants, and
  - Participate in occasional presentations to residents as part of a shared responsibility for the development of the annual Seminar Series.

\_\_\_\_\_  
Psychologist

\_\_\_\_\_  
Director of Training

\_\_\_\_\_  
Team Leader

\_\_\_\_\_  
Residency Term

## APPENDIX 3 - Administration of Residency

Further to the information provided in **section 4** of the *Vancouver Coastal/Fraser Child & Youth Community-Based Psychology Residency Program Handbook* regarding organizational structures and positions, the following are further details regarding Coordinator responsibilities, the *Psychologist Residency Coordinating Committee* and regional administrative support functions:

### A - Director of Training

The Coordinator is responsible for guiding and coordinating all aspects of the Residency program, including:

- Creating, updating and distributing the program brochures to academic institutions and applicants;
- Promoting Residency opportunities with Child and Youth Mental Health in the Fraser communities;
- Acting as the program representative at *Canadian Council of Professional Psychology Programs (CCPPP)* meetings and undertaking all necessary communications with APPIC;
- Coordinating the resident application and selection process;
- Coordinating resident orientations at the beginning of the term;
- Coordinating initial goal setting and evaluations with the appointed supervisors;
- Ongoing monitoring of Residency experiences through the medium of the *Network Residency Support Committee*, which the Coordinator chairs;
- Monitoring adherence to each resident's *Personal Placement Plan*;
- Ensuring that unanticipated clinical training, educational and research opportunities are considered for inclusion in each resident's *Personal Placement Plan*;
- Participating in the development of the annual seminar services as it related to the residents;
- Monitoring the completion of monthly activity logs and the *Quarterly Performance Appraisals*;
- Communicating with each resident's academic training program at the beginning of the terms and as required thereafter;
- Overseeing complaints resolutions processes as required (see 'Complaints Resolution Procedures'(see **Appendix 6**);
- Serving as a general resource for residents and supervisors on matters pertaining to the Residency; and
- Signing the *Confirmation of Residency Completion* letter for each resident (see **Appendix 7**).

## **B – Psychologist Residency Coordinating Committee**

As indicated in **section 4.4**, the *Psychology Residency Advisory Sub-Committee* exists to provide the necessary guidance and decision-making to foster the development of the *Vancouver Coastal/Fraser C&Y Community-Based Psychology Residency Program* (VCF PRP). Once the administrative structure outlined in this Handbook has been established and the Residency Program has become fully operational, this sub-committee will dissolve and its functions will be taken on by the *Psychologist Residency Coordinating Committee*.

As described in a formal 'Terms of Reference' The Advisory Committee works to facilitate the achievement of some key goals of the PRP that include:

- Establishing a high quality Residency for pre-doctoral student in psychology that will become accredited by the Canadian Psychological Association;
- Creating a welcoming, thoughtful, and invigorating learning environment for students;
- Operationalizing the committee structure outlined in **section 4** of the Handbook, recognizing the challenges and limitations of engaging psychologists to meet the criteria established by CPA within the structure of a government organization; and
- Supporting the Coordinator in the creation and refinement of the policy and procedures of the PRP as documented in this Handbook.

The membership of the interim *Psychology Residency Advisory Sub-Committee* is comprised of the Coordinator, three psychologist Team Leaders (one from each Network), the Regional Mental Health Consultant and a contracted consultant psychologist (non-voting).

## **C - Administrative Support**

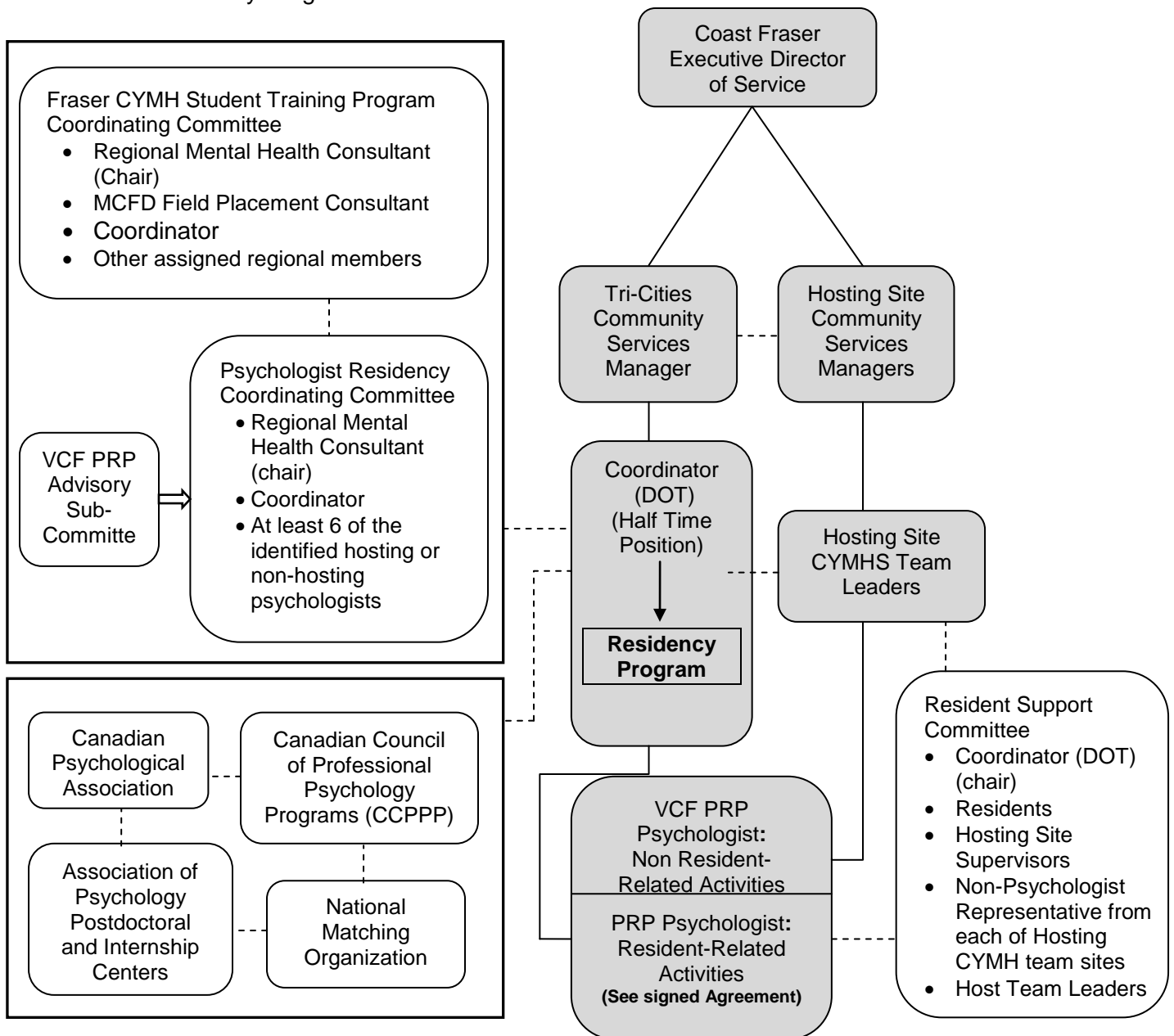
Administrative support is available to the pre-doctoral Residency program through the administrative structures that exists within the participating team sites across the service Networks. This coordinated support is arranged by the Coordinator with the management authorities that include team leaders, office managers, and other relevant regional management authorities. Administrative support exists for the following purposes:

- Typing and distributing minutes of the *Residency Support Committee* and another associated Residency program committees such as the *Psychologist Residency Coordinating Committee*;
- Assisting with the scheduling of committee meetings including room bookings;
- Distributing brochures and other assistance in advertising the overall Residency program;
- Organizing application files for each applicant and assisting with pre-interview communications including scheduling;
- Distributing applicant files to the personnel involved in the applicant review and interview process;
- Notifying successful and non-successful applicants; and

- Orienting new residents within each service Network on access to the building and rooms, general office procedures, use of materials/equipment, human resource policies relating to sick leave, vacation, travel etc. and access to relevant policy and procedures documentation.

**D – Residency Program Structure in Relation to Regional MCFD Management**

Based on information provided in **section 4.4**, the above information and other organizational relationships described elsewhere in the Handbook, the following flow-chart broadly outlines the various committee structures in the MCFD organization and key positions in the overall Residency Program administration within the MCFD regional structure. Darkened boxes represent the formal management stream of the Residency Program



## APPENDIX 4 - Resident Application and Selection Procedures<sup>25</sup>

### A - Application Package

The *Vancouver Coastal/Fraser Child & Youth Community-Based Psychology Residency Program* abides by the *Association of Postdoctoral Psychology and Internship Centers* (APPIC) policies and the voluntary policies of the *Canadian Council of Professional Psychology Programs* (CCPPP) for a standardized application. The application, therefore, must be in the form of an online application that has been developed by APPIC.

The applicant should go to <http://appic.org/> for general information, and more specifically, to [http://www.appic.org/match/5\\_3\\_match\\_application.html](http://www.appic.org/match/5_3_match_application.html) where the applicant should read carefully the General Overview section before proceeding to the 'Application Portal' on the same page.

To also register for the APPIC Internship Matching Program (the "Match") for psychology internship positions beginning in 2010, the applicant must also go to <http://www.natmatch.com/psychint/> for instruction on how to apply for the Match. The Match Registration does NOT constitute an application to the *Vancouver Coastal/Fraser Child & Youth Community-Based Psychology Residency Program*. The applicant must apply separately to the program through the online application described in the paragraph above.

The *Vancouver Coastal/Fraser Child & Youth Community-Based Psychology Residency Program* abides by the APPIC policy that no person will solicit, accept or use any ranking-related information from any resident applicant.

It should be noted that in the event that there are no applicants forthcoming from the "Match" process, the Residency program can consider applicants who make direct application to the program. In such cases, the applicants are asked to provide the same information as that required by APPIC applicants. The Coordinator is available to guide non-Match applicants through the process if necessary.

For further information about the program or the application procedures, the applicant is asked to contact:

Dr. Susan Hackett, Director of Training  
Tri-Cities Child and Youth Mental Health Services  
Fraser Region Ministry of Children and Family Development  
300 - 3003 St. John's Street, Port Moody, B.C. V3H 2C4  
Phone: (604) 469-7609 (Direct), (604) 469-7600 (Reception)  
Fax: (604) 469-7601  
E-Mail: [Susan.Hackett@gov.bc.ca](mailto:Susan.Hackett@gov.bc.ca)

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<sup>25</sup> Partially adapted from: *Saanich Child and Youth Mental Health Services: Pre-doctoral Psychology Residency Policies and Procedures Manual*.

The 'Vancouver Coastal/Fraser Child & Youth Community-Based Psychology Residency Program Handbook' is available electronically at:

[http://www.mcf.gov.bc.ca/mental\\_health/pdf/vcf\\_prp\\_handbook\\_Jan\\_2011.pdf](http://www.mcf.gov.bc.ca/mental_health/pdf/vcf_prp_handbook_Jan_2011.pdf)

## **B - Interview Selection Procedures**

The deadline for applications is November 15<sup>th</sup> each year. The Coordinator of Psychology Residency Programs (henceforth "the Coordinator", aka DOT) and an available registered psychologist representative from each service Network review each application together. Based on the reviews, the selection team identifies the applicants to be interviewed. The results are conveyed to all applicants by the Coordinator via e-mail no later than December 15<sup>th</sup>.

Selection is based primarily on the following information areas that have equal weighting:

- Educational background;
- Clinical experience;
- Reference letters;
- Short essay questions; and
- Concordance between student plans and interest, and the community mental health team interests which may include the student's expressed interest in remaining with the Child and Youth Mental Health Program post Residency.

## **C - Interview Process**

Selected applicants are further contacted via e-mail by December 15<sup>th</sup> to schedule an interview to occur within the first 2 weeks of January. Exceptions to this interview timeline can be negotiated between the applicant and the Coordinator based on extenuating circumstances.

A *Review Committee* is reconstituted each year to conduct the applicant interviews. The interviews are usually conducted in-person; however, a phone interview can be arranged if travel is a hardship for an applicant. The *Review Committee* is comprised of the Coordinator, a psychology representative from each service Network and a 5<sup>th</sup> regional representative who may be a regional CYMH program representative (e.g. Regional Mental Health Consultant or Regional Field Placement Coordinator for student training). Review Committee members cannot have had any previous professional or personal relationship with the applicants.

All applicants are given an opportunity to talk in-person or by phone with current residents and the Coordinator prior to the scheduled interview. Current residents are asked to keep the content of their discussions with applicants confidential. The Coordinator also can facilitate opportunities for an applicant to talk to other CYMH team personnel if this is requested.

Subsequent to the completion of the interviews, the *Review Committee* meets to rank order the applicants. This is completed a minimum of one week prior to the APPIC submission date. Consistent with the Residency Handbook (**section 7.3**), if a Canadian citizen or landed immigrant is considered to be of equal ability to a citizen of another country, the Canadian citizen or landed immigrant is given preference in the ranking. The *Review Committee's* decision process in relation to rank ordering is unaffected by the type

of academic training program (e.g. Ph.D., Psy.D. or Ed.D. program). The interview mode (in-person or by phone) is equally irrelevant to the decision process.

Resident rankings are submitted to the National Matching Service by the Coordinator and APPIC notification guidelines are followed. **The *Vancouver Coastal/Fraser Child & Youth Community-Based Psychology Residency Program* abides by the APPIC policy that no person will solicit, accept or use any ranking-related information from any resident applicant.**

## APPENDIX 5 - Psychologists Providing Supervision

To qualify as a core supervisor in the *Vancouver Coastal/Fraser Child and Youth Community-Based Psychology Residency Program*, a psychologist must have the following background and credentials:

1. Ph.D., Ed.D., or Psy.D. in clinical, counselling or school psychology from an accredited university.
2. Completion of a one-year, full-time-equivalent pre-doctoral Residency from a CPA- or APA-approved program, or completion of a Residency considered as CPA or APA equivalent by their accredited university.
3. Registered to practice Psychology by the College of Psychologists of BC for two years.
4. Primary area of concentration is child and adolescent psychology.

The following psychologists meet the above criteria and function as core primary or secondary supervisors in the Residency Program:

### South Fraser

Service Hub	South Fraser
Name	<b>Dr. Damon Elgie</b>
Degrees	M.A., Ph.D., Alliant University (formerly CSPP)
Location of Residency	Mariposa, California
Registrations	College of Psychologists of BC (2000 to present)
Affiliations	BC Psychological Association
Work Setting	Team Leader, Delta Child & Youth Mental Health Team, Fraser Region Part-time private practice, Vancouver, BC (Dunbar)
Clinical Orientation	Psychodynamic with an interpersonal style
Clinical/research interest	Concurrent disorders, depression, anxiety
*Names of doctoral student residents supervised in the past 3 years	Aviva Laye-Gindhu, University of British Columbia (2009-2010)
Supervision Role (Primary or Secondary)	Primary

Service Hub	South Fraser
Name	<b>Dr. Dawn Knapton</b>
Degrees	BAH, MA, Ph.D
Location of Residency	Child and Youth Mental Health, Ministry for Children and Families, Abbotsford
Registrations	College of Psychologists of British Columbia ( )
Affiliations	BC Psychological Association
Work Setting	Psychologist, Langley Child & Youth Mental Health Team, Fraser Region Sessional Professor, University of Fraser Valley, Faculty of Social Work Psychologist in part-time private practice (Chilliwack area)
Clinical Orientation	Developmental Psychologist, Family Systems, Clinical and Counselling Psychology, Scientist Practitioner model.
Clinical/research interest	Connectedness (home, school, community) and mental health in children. Functional Behavioural Assessment, Family Engagement
Names of doctoral psychology residents supervised in the past 3 years	David Morosan, Rachel Nobel, Trish Ackland, Carla Merkel, Susan Hunt, Marlena Szpunar
Supervision Role (Primary of Secondary)	Primary

Service Hub	South Fraser
Name	<b>Dr. Jennifer Mervyn</b>
Degrees	
Location of Residency	White Rock
Registrations	
Affiliations(e.g., cpa, bcpa)	
Work Setting	CYMHS team psychologist
Clinical Orientation	
Clinical/research interest	
*Names of doctoral student residents supervised in the past 3 years	none
Supervision Role (Primary or Secondary)	On leave 2011-2012

Service Hub	South Fraser
Name	<b>Dr. John Taylor</b>
Degrees	B.A., M.Ed., Ph.D.
Location of Residency	Surrey,
Registrations	College of Psychologists of BC
Affiliations(e.g., cpa, bcpa)	CPA, BCPA
Work Setting	CYMH Outreach, Mental Health consultation to Guardianship, youth justice, child protection, etc, involving joint/integrated intervention
Clinical Orientation	Cognitive behavioural,
Clinical/research interest	Trauma, consultation/support to caregivers, sexual development during childhood, school climate
*Names of doctoral student residents supervised in the past 3 years	N/A
Supervision Role (Primary or Secondary)	Primary

Service Hub	South Fraser
Name	<b>Dr. Kathleen Ting</b>
Degrees	Ph.D. (2003), Boston College, Chestnut Hill, MA, USA M.A. (1996), Boston College, Chestnut Hill, MA, USA
Location of Residency	The Cambridge Hospital, Harvard Medical School, Cambridge, MA, USA
Registrations	College of Psychologists of British Columbia #1885
Affiliations	BCPA
Work Setting	Ministry of Children and Family Development Child and Youth Mental Health
Clinical Orientation	Transtheoretical -- trained in Psychodynamic, Family Systems and Cognitive Behavioral. Currently seeking advanced training in Dialectical Behavior Therapy and Mindfulness-Based approaches.
Clinical/research interest	Systemic approaches to therapy, Dialectical thinking, Mindfulness approaches to treatment, Anti-racist practices, Positive Marginality, Immigration, Creating Communities of Meaning, Outcome-based research.
Names of doctoral student residents supervised in the past 3 years	N/A
Supervision Role (Primary or Secondary)	Primary

Service Network	South Fraser
Name	<b>Dr. Vaneesa Wiebe</b>
Degrees	B.A. (Honours) Psychology M.A. Clinical Psychology Ph.D. Child Clinical Psychology, Simon Fraser University
Location of Residency	Grand River Hospital, Kitchener, Ontario (2004)
Registrations	College of Psychologists of British Columbia (June 2008 to present)
Affiliations	B.C. Psychological Association
Work Setting	Surrey North Child and Youth Mental Health – MCFD Vancouver Couple & Family Institute (associate in private practice)
Clinical Orientation	Attachment Theory; Developmental Psychology; Family Systems; Emotion-Focused Individual, Family & Couples Therapy; Play Therapy; Attachment-based Parent Guidance; Cognitive Behavioural & Solution-Focused Therapies
Clinical/research interest	Parenting styles; Parent-child attachment; Coping and defense mechanisms; Self-representation; Adolescent development, mental health concerns and risk-taking behaviours (e.g., PTSD, depression, suicidality, aggression, conduct disorder, substance abuse)
Names of doctoral student residents supervised in the past 3 years	None
Supervision Role (Primary or Secondary)	On Leave 2011-2012

Service Network	South Fraser
Name	<b>Dr. Patricia Wilson</b>
Degrees	BA and Ph.D. (University of Ottawa)
Location of Residency	Ottawa General Hospital (1992-1993)
Registrations	BC College of Psychologists (1996)
Affiliations	Canadian Psychological Association
Work Setting	Team Leader, Surrey North Child & Youth Mental Health Team, Coast Fraser
Clinical Orientation	Clinical Psychology, Attachment, Family systems, Neuropsychology
Clinical/research interest	Early Childhood, Meditation, Assessment and Diagnosis, Family Engagement
Names of doctoral student residents supervised in the past 3 years	Pauline Low, University of British Columbia, 2009-2010
Supervision Role (Primary or Secondary)	Primary

Service Network	South Fraser
Name	<b>Dr. Wallace Wong</b>
Degrees	B.S. Management (Brigham Young University- Hawaii), M.A. Marriage, Family, and Children Counselling (University of San Diego), M.A. Psychology (California School of Professional Psychology, Psy. D. Clinical Psychology (California School of Professional Psychology)
Location of Residency	Sexual Treatment Ed. Programs (STEPS), San Diego (1998)
Registrations	College of Psychologists of British Columbia (2005 to present)
Affiliations	Canadian Psychology Association American Psychological Association BC Psychological Association National Register of Health Service Providers in Psychology California Psychological Association
Work Setting	Psychologist, Newton Child & Youth Mental Health Team, South Fraser Region Psychologist, Adolescent and Children Sexual Health Program – ACSH (South Fraser Region) Psychologist in part-time private practice (Vancouver)
Clinical Orientation	Clinical and Counselling Psychology, Cognitive Behavioural Treatment, Family Systems,
Clinical/research interest	GLBT population related issues. Children and youth sexually acting out behaviours. Depression and anxiety in children and youth.
Names of doctoral student residents supervised in the past 3 years	Aviva Laye-Gindhu, University of British Columbia (2009-2010)
Supervision Role (Primary or Secondary)	Primary

Service Network	South Fraser
Name	<b>Dr. Tigerson M. Young</b>
Degrees	B.A. Anthropology (University of Washington), Graduate study in Psychology (Harvard University), Ph.D. Clinical Psychology (Capella University)
Location of Residency	Student Counselling Centre, Western Washington University (Bellingham)
Registrations	College of Psychologists of British Columbia (2007 to present)
Affiliations	American Psychological Association Asian American Psychological Association B.C. Psychological Association
Work Setting	Psychologist, Delta CYMH Team, Fraser Region Adjunct Faculty, Online-Masters and Doctoral Psychology Program, Ryokan College (California)
Clinical Orientation	Clinical Psychology, Cross-Cultural Psychology, Developmental Psychology, Integrative Therapy, and Trans-theoretical Model
Clinical/research interest	Child Psychology, Cross-Cultural Psychology, Early Psychosis Intervention, and Research Methods
Names of doctoral student residents supervised in the past 3 years	None
Supervision Role (Primary or Secondary)	Primary

**Aboriginal Team**

Service Hub	South Fraser
Name	<b>Dr. Patricia J. Rycroft</b>
Degrees	Ph.D. in Clinical Psychology, University of Manitoba (APA & CPA accredited) M.A. in Clinical Psychology, University of Manitoba (APA & CPA accredited) B.A. in Drama and Fine Arts, University of Windsor
Location of Residency	Alberta Children's Hospital in Calgary, AB (APA & CPA accredited)
Registrations	College of Psychologists of British Columbia (2002 to present)
Affiliations	BC Psychological Association
Work Setting	Team Leader, Aboriginal Child and Youth Mental Health team, Fraser South (Delta, Langley, Surrey, White Rock)
Clinical Orientation	Clinical and Counselling Psychology, Developmental, Family Systems, Play Therapy, Group Therapy
Clinical/research interest	I am very interested in developmental variation, including developmental delays. I am also particularly interested in group process, both in family therapy and in group therapy.
Names of doctoral student residents supervised in the past 3 years	Aviva Laye-Gindhu, University of British Columbia (2009-2010)
Supervision Role (Primary or Secondary)	Secondary

**North Fraser**

Service Hub	North Fraser
Name	<b>Dr. Cheryl Conant</b>
Degrees	BA Honours Psychology University of Alberta 1983; MA Psychology University of Waterloo 1987; PhD Psychology University of Waterloo 1991
Location of Residency	Lakehead Regional Family Services Thunder Bay Ontario 1991/1992
Registrations	College of Psychologists of BC (1993 to present)
Affiliations	BC Psychological Association
Work Setting	Team Leader, Tri-Cities Child and Youth Mental Health – Fraser Region MCFD
Clinical Orientation	Developmental Psychology, Clinical Psychology, Systems
Clinical/research interest	Program development and evaluation
Names of doctoral student residents supervised in the past 3 years	Noah Susswein (2010/2011)
Supervision Role (Primary or Secondary)	Primary

Service Network	North Fraser
Name	<b>Dr. Sandie J. Cook</b>
Degree	Ph.D., Dalhousie University
Location of Residency	Univ. of New Mexico Health Sciences Center, Department of Psychiatry (2004-2005)
Registrations	College of Psychologists of British Columbia; Nova Scotia Board of Examiners in Psychology
Affiliations	BCPA CPA APNS
Work Setting	Maple Ridge CYMHS MCFD
Clinical Orientation	Cognitive behavioural and family systems
Clinical/research interest	-Disruptive behaviour in children and adolescents, parenting capacity, family functioning, psychoeducational assessments
Names of doctoral psychology residents supervised in the past 3 years	None
Supervision Role (Primary or Secondary)	On Leave 2011-2012

Service Network	North Fraser
Name	<b>Dr. Susan Hackett</b>
Degrees	B.A.(Hon.), University of Manitoba M.A., Psychology, Simon Fraser University Ph.D., Clinical Psychology, Simon Fraser University
Location of Residency	Riverview Hospital (1997-1998)
Registrations	College of Psychologists of British Columbia (1999 to present)
Affiliations	Canadian Psychological Association
Work Setting	Coordinator of Psychology Residency Programs (aka “DOT”)– Vancouver Coastal/Fraser Regions MCFD Tri-Cities Child and Youth Mental Health, MCFD, Port Moody, BC
Clinical Orientation	Clinical Psychology, Object Relations Theory, Eriksonian Developmental Psychology
Clinical/research interest	Adolescent assessment and treatment, Ethics and Spirituality, Aboriginal Issues, emerging and enduring personality traits in adolescents.
Names of doctoral student residents supervised in the past 3 years	Noah Susswein, Simon Fraser University (2010-2011) Marlena Szpunar, Simon Fraser University (2010-2011)
Supervision Role (Primary or Secondary)	Primary

**East Fraser**

Service Hub	East Fraser
Name	<b>Dr. Cheryl Ainsworth</b>
Degrees	MA School Psychology from University of British Columbia PhD Ed Psych & Counselling
Location of Residency	Chilliwack
Registrations	CPBC College of Teachers of BC
Affiliations(e.g., cpa, bcpa)	none
Work Setting	Chilliwack Child & Youth Mental Health Services
Clinical Orientation	
Clinical/research interest	Counselling and assessment
*Names of doctoral student residents supervised in the past 3 years	
Supervision Role (Primary or Secondary)	Secondary

Service Hub	East Fraser
Name	<b>Carla Le Houllier</b>
Degrees	PhD School Psychology
Location of Residency	
Registrations	
Affiliations	Canadian Psychological Association
Work Setting	Abbotsford CYMHS
Clinical Orientation	
Clinical/research interest	
Names of doctoral student residents supervised in the past 3 years	NA
Supervision Role (Primary or Secondary)	Supplementary

Service Hub	East Fraser
Name	<b>Dr. Susan Hunt</b>
Degrees	
Location of Residency	
Registrations	
Affiliations(e.g., cpa, bcpa)	
Work Setting	Abbotsford CYMHS
Clinical Orientation	
Clinical/research interest	
*Names of doctoral student residents supervised in the past 3 years	
Supervision Role (Primary or Secondary)	Supplementary

Service Network	East Fraser
Name	<b>Dr. Robert Lees</b>
Degrees	BA (Winnipeg) MSW (Manitoba) M.Div. (Vancouver School of Theology) Ed.D. (University of British Columbia)
Location of Residency	Chilliwack Mental Health (1991), New West Counselling Center 1981
Registrations	College of Psychologists of British Columbia (1994 to present)
Affiliations	
Work Setting	Community Psychologist and Associate Clinical Team Leader Chilliwack CYMH, A/Regional Mental Health Practice Analyst MCFD Fraser Region Sessional- Graduate Program in Counselling Psychology, TWU Sessional – Degree Program in Child and Youth Care, University of the Fraser Valley
Clinical Orientation	Family Psychology, Counselling Psychology
Clinical/research interest	Parental Mental Illness, Quality Improvement
Names of doctoral psychology residents supervised in the past 3 years	Alanaise Goodwill, University of British Columbia, (2008-2009)
Supervision Role (Primary or Secondary)	Primary

Service Network	East Fraser
Name	<b>Dr. Gurmeet Singh</b>
Degrees	Ph.D., Faculty of Science, Institute of Education, University of London, England
Location of Residency	University of London, England
Registrations	College of Psychologists of British Columbia
Affiliations	
Work Setting	Team Leader, Child & Youth Mental Health- a community based program of Ministry for Children & family Development, Mission, BC
Clinical Orientation	Clinical and Counselling Psychology focussed on children, youth & Families with mental health issues; Cognitive Behaviour therapy; Dialectical behaviour therapy; Play therapy
Clinical/research interest	Anxiety & depression in children & youth; emotional dysregulation; parenting education
Names of doctoral psychology residents supervised in the past 3 years	Marlena Szpunar, Simon Fraser University, (2010-2011)
Supervision Role (Primary or Secondary)	Primary

**Number of Fraser Doctoral Psychology Residents Participating in Professional Activities**

	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011
Membership of professional or research association	1	3	1	1	2
Authors or co-authors of papers at professional meetings	0	1	1	0	2
Authors or co-authors of articles in refereed journals	0	0	0	0	2
Leadership in a professional association	0	0	0	0	0

## APPENDIX 6 - Complaints Resolution Procedures<sup>26</sup>

### **Conflict Situation**

The supervision process for residents is guided by the ethical principles recently outlined by a Canadian Psychological Association sub-committee.<sup>27</sup> Despite this informed approach to supervision, there are a number of issues or circumstances may lead to perceived conflict by an resident. The guidelines below are meant to offer residents a process for resolving conflicts, not addressed by informal means, in a manner that preserves their rights and access to due process. These guidelines which are identical for all 3 service Networks must be reviewed with the resident and academic advisor before the student begins the placement.

#### **A. Conflict with Other Staff**

If there is an unresolved conflict with a staff member, who might also be acting as a mentor or secondary supervisor, the resident is expected to seek a resolution with the support of the primary supervisor and involvement of the staff member if this is appropriate and acceptable to the resident. If this approach does not address the problem to the resident's or supervisor's satisfaction, the team leader and the Coordinator may be asked to join discussions to assist in resolving the conflict.

The Coordinator can be asked to join the discussion as any time by the student, the supervisor or the team leader. At the very least, the supervisor should be informing the Coordinator of the issues even if they are easily resolved.

Every effort will be made by the supervisor, team leader and Coordinator to ensure that the student's function at the placement site is not compromised by the identification of the conflict situation or the resolution plan by the involved parties.

#### **B. Conflict with a Supervisor**

If conflicts with a supervisor occur the following steps are to be followed.

1. The resident is expected to first consult the main supervisor and the Coordinator when undertaking to resolve a conflict with a supervisor.

*(The steps below should only be taken if the above has not led to a resolution of the conflict. Residents are asked to document their experiences throughout this entire process.)*

2. If the Coordinator is unable to resolve the conflict, he/she will forward the information on to the team leader who will attempt to mediate the problem.

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<sup>26</sup> Adapted in part from: *Saanich Child and Youth Mental Health Services: Pre-doctoral Psychology Residency Policies and Procedures Manual*.

<sup>27</sup> Canadian Psychological Association ((2008) *Ethical Guidelines for Supervision in Psychology: Teaching, Research, Practice and Administration* (Draft Document prepared by the CPA Committee on Ethics Sub-Committee)

3. If the team leader cannot resolve the matter, she/he will select a psychologist outside of the team but within the Coast Fraser communities (someone acceptable to both the supervisor and the resident), who will attempt to mediate the difference.

The resident may request the presence of their ombudsperson.<sup>28</sup> The mediator is to request all written materials from the resident and supervisor prior to meeting with them. The mediator's decision is considered the final team process.

4. The resident may appeal this decision to the Community Services Manager if all other appeal mechanisms within the Residency program have been utilized.

### **C. Conflict with a Supervisor who is also the Coordinator or Team Leader**

If conflicts arise when the resident is being supervised by the Coordinator or the team leader, the following steps should be followed:

1. If the resident is comfortable conveying his or her concerns directly to the Coordinator/team leader (whoever is the supervisor in question), the resident does so.
2. If the issue is still unresolved, the information is provided to either the Coordinator or the team leader in their administrative capacity (whomever is not involved directly in the conflict) who attempts mediation. This mediator acquires all written materials from the resident and supervisor in question prior to meeting with them. The resident may request the presence of their ombudsperson at this meeting. The decision of this mediator is considered final.
3. The resident may appeal this decision to the Community Services Manager if all other appeal mechanisms within the team have been utilized.

### **Concern about Level of Performance or Behaviour**

The following section outlines the steps that are necessary should the use of probation or dismissal from the program be required due to an resident's performance or behaviour.

Throughout this process, it is recommended that the resident consult with his or her ombudsperson and if necessary, the College of Psychologists of British Columbia.

#### **A Primary Supervisor**

If, after initial discussions with the resident, a primary supervisor continues to deem the resident's performance to be below expectations, or if the resident engages in questionable behaviour, the supervisor must:

- 1) increase supervisory guidance; and/or

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<sup>28</sup> This person could be the Regional Field Placement Coordinator, the Quality Assurance Leader or the Regional Mental Health Consultant.

- 2) redirect the resident to other appropriate resources such as additional didactics and readings, and in some cases, individual therapy.

At this stage, no formal communication with other team members is required. However, the primary supervisor must put in writing the concerns that led to his or her discussion with the resident, any remedial actions proposed to reduce these concerns, and the timeline identified for resolution of the concerns. This information must then be kept in the residents supervision file.

If the concerns are serious or fall outside the boundaries of the Residency, the supervisor will communicate the concerns in writing to the Coordinator. The Coordinator will determine if the problem is of sufficient severity to forward directly to the team leader who may then forward it directly to the appropriate ministry supervisor or manager. The Director of Clinical Training of the resident's home university is notified of the situation by the Coordinator as appropriate.

Situations may arise where an resident's behaviour is of sufficient severity that the probation procedure outlined here will be pre-empted by employer policies regarding unacceptable and/or criminal behaviour.

#### **B. Coordinator (Director of Training)**

If the concerns identified in step 'A' are not resolved within a one-month period, the primary supervisor will forward the information to the Coordinator who will then consult with the resident and supervisor in question to assist in the remediation process. Once again, it is imperative that the remediation plans establish a very specific timeline for the attainment of goals. At this point, the resident may wish to consult with his or her ombudsperson. The Coordinator will keep detailed records of meetings and remediation plans.

#### **C. Ad hoc Review Committee**

If there are concerns after Step B that persist for more than two weeks after the involvement of the Coordinator, the information is forwarded to the team leader who immediately organizes an ad hoc *Review Committee* consisting of him/herself, the resident's ombudsperson, and another staff psychologist chosen by the Coordinator who is acceptable to both the resident and supervisor and who has not supervised the resident. Relevant parties involved in the conflict (usually includes the resident and primary supervisor) may attend the *Review Committee* meetings. The Director of Clinical Training may be consulted as part of the review process.

The Committee's mandate is to review all pertinent data, to interview the resident and supervisors involved, and to make one of the following recommendations to the Clinical Training Committee:

- a) no action required;
- b) corrective action short of probation;
- c) probation for 3 months; or
- d) dismissal the resident from the program.

All corrective actions proposed, whether involving formal probation or not, are documented on all contacts. If corrective action or probation is recommended, the *Review Committee* will specify a timeline for reviewing progress and will schedule a follow-up meeting. If the conflict is not resolved by a general consensus, an anonymous vote is taken in which the Coordinator, team leader, and staff psychologist vote.

The Coordinator summarizes the *Review Committee's* decision in a written document and forwards the document to all relevant parties, including the Director of Clinical Training. The resident is provided the opportunity to have their ombudsperson or a staff psychologist representative of his or her choice present at the *Residency Training Committee* meeting when the case is presented.

If the decision is to place the resident on probation or to dismiss the resident, the Coordinator communicates the decision immediately to the resident and the Director of Clinical Training of the resident's home university. Minutes of the meeting are kept.

#### **D. Probationary Review**

Prior to the end of the formal probation period, the *Review Committee* will review the resident's progress by examining reports and conducting interviews with the resident and relevant supervisors. The committee will make one of the following recommendations: (a) removal from probation; (b) continuation of probation for an additional stipulated period; (c) dismissal from the program. If the probation period is continued, the *Review Committee* will specify a timeline for review of the resident's progress.

If there is a continuation of probation, towards the end of the second probation period, the *Review Committee* makes one of two recommendations: (a) removal from probation; or (b) dismissal from the program. If the *Review Committee* recommends dismissal, the Coordinator communicates the decision to the Director of Residency Training as described in step C above.

#### **E. Appeal Procedure**

An appeal of the dismissal may be made to the team leader within one week of the *Review Committee's* decision. The team leader will appoint an independent *Appeals Committee* that can uphold, modify, or reject the decision of the *Review Committee*. The *Appeals Committee* will be composed of a team leader from a non-Residency site, a non-supervising registered staff psychologist within the resident's major area of concentration, and a non-supervising registered staff psychologist from the resident's minor area of concentration. The registered psychologists should not have been involved in the *Appeals Committee*.

Endorsement of the proposed membership to the *Appeals Committee* is obtained by the *Residency Training Committee*. The decision of the *Appeals Committee* may be appealed to the Regional Community Mental Health Manager after all appeal mechanisms within the team have been exhausted.

### **Termination of Employment**

Should a resident behave in a manner that causes him or her to be fired from the employ in the Ministry of Children and Family Development, the Residency will be terminated and a failing grade given. Likewise, if a resident leaves the Residency prior to completion without an acceptable explanation, or has an unacceptable reason for an extended absence, the residency will be terminated and a failing grade given. The Director of Clinical Training will be notified by the Coordinator.

Residents may be asked to leave the employment of the Ministry if they,

- commit ethical violations that pose risks to clients or create a substantial liability risk for the Ministry of Children and Family Development, or
- engage in clinical practice that clearly places clients at risk despite repeated feedback from supervisors and adequate opportunities to practice more clinically safe skills.

Ethical violations that place clients or the ministry at risk can include:

- sexual harassment, sexual exploitation, or sexual assault of clients or staff;
- significant dual relationships with clients;
- breach of confidentiality; or
- falsification of records.

Clinical practice that clearly places clients at risk can include:

- recommending treatments beyond the scope of accepted practice for psychology; or
- recommending choices to a client that place him or her at undue financial or health risk without a thorough review with the client of those risks (e.g., quitting school, leaving home).

If it is determined that an inappropriate behaviour is not cause for immediate dismissal, the supervisor is responsible for providing feedback regarding inappropriate clinical practice and must do so by:

1. providing a maximum of two written warnings and suggestions for corrective actions about the behaviour in question; and
2. documenting verbal warnings and suggestions with respect to the problematic behaviour.

When appropriate, opportunity to practice clinical skills will be provided by:

1. ensuring exposure to clinical cases to facilitate clinical practice;

2. arranging feedback on the newly practised skills; and
3. arranging further opportunity to practice following a second round of corrective feedback about the behaviour in question.

### **Complaints by Others Regarding Resident Behaviour**

Any concerns regarding an resident's behaviour that have been raised by people other than the resident's supervisors (e.g. clients, other staff, police) will be directed to the team leader who will follow appropriate discipline policies.

# Vancouver Coastal/Fraser Child and Youth Community-Based Psychology Residency Program

## Ministry of Children and Family Development Child & Youth Mental Health Services

### Information for Residency Applicants

#### **A - Background**

The *Vancouver Coastal/Fraser Child and Youth Community-based Psychology Residency Program (VCF PRP)* is a cross-regional initiative of the Vancouver Coastal and Fraser Regions of the Ministry of Children and Family Development (MCFD). It is operated by the Child & Youth Mental Health Services within each region.

The VCF PRP was developed originally within the *Fraser CYMH Student Training Program*. The *Fraser Student Training Program* was an overall CYMH practicum and internship training program created for its community-based team sites. This program was available to qualifying students enrolled in university and college degree programs in the disciplines of social work, counselling, nursing, psychology, and child and youth care.

There were twenty CYMH teams and two Eating Disorder programs located within the Lower Mainland in the municipalities/cities of Delta, Burnaby, New Westminster, White Rock, Surrey, Langley, Tri-Cities, Maple Ridge, Mission, Abbotsford, Chilliwack and Hope. Starting in 2007, over one-hundred new full-time-equivalent mental health staff members were added to the teams as part of a multi-year provincially driven Child and Youth Mental Health Initiative, resulting in approximately two-hundred full-time equivalent staff and sessional positions working at the Fraser CYMH team sites, representing the disciplines of social work, counselling, nursing, psychology, psychiatry and child and youth care.

In an effort to formalize pre-doctoral psychology residency opportunities, two such funded positions were established and the Fraser Child & Youth Community-based Psychology Residency Program was created, designed to draw students primarily from the areas of clinical and counselling psychology.<sup>29</sup>

In January 2010, the MCFD reorganized regional boundaries. The communities north of the Fraser (Tri-Cities, Maple Ridge, New Westminster, and Burnaby) were removed from the Fraser region and added to the Vancouver Coastal region. The residency was re-named the *Vancouver Coastal/Fraser Child & Youth Community-Based Psychology Residency Program*. The Psychology Residency Program (VCF PRP) continues to operate as originally developed, and residents continue to enjoy the inter-network and now cross-regional affiliations among the CYMH teams of both regions.

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<sup>29</sup> Applicants from School Psychology programs may be considered on a case-by-case basis. See section 7.1 and footnote 15.

## B - Psychology Residency Program (VCF PRP)

The *Vancouver Coastal/Fraser Child & Youth Community-Based Psychology Residency Program* VCF PRP is organized into three service Networks. Each service Network is comprised of a group of geographically-adjacent CYMH teams. Although each service Network may provide a complete training program for a resident, inter-network linkages afford more flexibility and diversity with respect to educational opportunities than may be available within in one of the Networks.

The following are the three service Networks:

<b>East Fraser Service Network</b>	<b>Vancouver Coastal Service Network</b>	<b>South Fraser Service Network</b>
Fraser Cascade (Hope) Team	Maple Ridge Team	Surrey Guildford Team
Chilliwack Team	Tri-Cities Team	Surrey North Team
Abbotsford Team	Social Development Centre	Surrey Outreach Team
Mission Team	Youth Day Treatment Program	Newton/Cloverdale Team
	New Westminster Team	South Surrey/White Rock Team
	Burnaby North Team	Delta Team
	Burnaby Metrotown Team	Langley Team <sup>30</sup>

In addition to the above 18 teams, there are three Aboriginal CYMH Teams that operate under the administrative direction and supervision of an Aboriginal Child and Youth Mental Health (ACYMH) Team Leader. The Aboriginal clinicians who are members of these Aboriginal teams function within one or more of the above 18 CYMH teams. Aboriginal clinicians provide services similar to those offered by other clinicians working within CYMH teams; however, their efforts are exclusively focused on Aboriginal children and youth and their families and caregivers.

The delivery of mental health services to all children, youth and their families in the Vancouver Coastal/Fraser communities is guided by multi-year regional CYMH and ACYMH Implementation Plans that were developed under the guiding provisions of a Provincial Child and Youth Mental Health Plan for British Columbia developed in 2003.

The *Vancouver Coastal/Fraser Child & Youth Community-Based Psychology Residency Program* operates within the larger context of a Fraser Child and Youth Mental Health (CYMH) student training program. Thus, for the most part, the policies, guidelines, and organizational structures that were developed for the broader training program also apply to the pre-doctoral Psychology Residency Program. However, in order to ensure that the Residency Program conforms to CPA-approved standards, there exist supplementary policies, and organizational structures that are unique to the PRP.

## C - Scope of the Residency Program

Although there is some variation in specialized service emphasis among the service Networks, the Fraser CYMH teams generally provide a similarly broad range of outpatient services to children and youth 0 - 19 years of age. The scope of these services involves a

<sup>30</sup> Some Team alignments with particular Networks may change from year to year depending on the individual resident placement plan (e.g. the Langley Team may be aligned with East Fraser or South Fraser Networks depending on the particular group of team sites to which an individual resident is assigned for the Residency)

variety of child and youth mental health concerns. There is a strongly collaborative approach with families and community organizations in the provision of services. Each team is multi-disciplinary in composition, and is guided by a developmental and bio-psycho-socio service model.

Residents learn to provide consultation to other service providers both on the teams and in the local communities. Clients are typically referred by their parents and guardians, teachers, school counsellors, family physicians paediatricians, social workers or hospital programs.

Consistent with the overall service mandate of the Fraser CYMH teams, the focus of the Residency Program is on the development of diagnostic assessment, treatment planning, intervention, community consultation and prevention skills. An evidence-based practice approach is emphasized and in this regard, the Residency Program utilizes a Practitioner-Scholar training model.

### **Areas of Concentration and Specialization**

Each resident is required to select two of the age-range options listed below as their major areas of concentration, and the third as their minor area of concentration

- Early Childhood
- Middle Childhood
- Adolescence

The two areas of major concentration constitute the large majority of a residents' caseload. Residents may also undertake a maximum of four rotations, which can range in duration, depending on the *Personal Placement Plan* established by the residents in consultation with their supervisor(s). The objective of such rotations is to enable resident acquisition of specialized areas of knowledge and expertise in clinical practice. The following is the list of rotations from which a resident can choose:

- |  |                                       |
|--|---------------------------------------|
| • Intake and triage                      | • Prevention/Early intervention       |
| • Youth day treatment                    | • Infant/Early childhood intervention |
| • Early psychosis intervention           | • Aboriginal services                 |
| • Mood and anxiety disorder intervention | • Multi-cultural services             |
| • Eating disorders intervention          | • Child Welfare consultation          |
| • Suicide prevention/crisis intervention | • Program evaluation                  |
| • Behaviour disorders                    | • Clinical research <sup>31</sup>     |

An overarching goal of the training program is to ensure that residents receive an integrated learning experience in the area of child and youth mental health. This is achieved, in part, through the formation of necessarily close working relationships with other team members, representing various disciplines, and through work with a variety of age and cultural groups. Multidisciplinary collaboration is strongly reinforced at the community interface level, during supervision, and at educational forums.

### **D - Residency Program Goals**

<sup>31</sup> Permission may be provided to engage in dissertation research activity in this rotation if the research is in keeping with the overall interests of the *Vancouver Coastal/Fraser Child & Youth Community-Based Psychology Residency Program* and furthers clinical knowledge of mental health issues with children and adolescents.

The Residency Program seeks to provide learning experiences that enable each student to achieve competency as a psychologist functioning in the area of child and youth mental health. This is accomplished in a manner that is consistent with the CYMH team and program goals and expectations, and with those established by the individual educational institutions placing students at the Network sites. For the residents, this overarching goal is achieved through experiences that include:

11. Exposure to a variety of clinical situations relating to psychological assessment and treatment, care planning, case management, consultation and community support;
12. Acquisition of a diverse range of clinical experiences related to community mental health, involving variation with respect to (1) age span, (2) theoretical models, (3) methods, and (4) client populations;
13. Exposure to evidence-based clinical practice and relevant research;
14. Exposure to the varied cultural traditions and values of the region's populations, and the applications of this information to clinical practice;
15. Exposure to collaborative functioning within a multi-disciplinary environment;
16. Collaborative involvement with relevant community programs and providers;
17. Exposure to multiple service roles that may include community education, peer supervision or mentoring, program development/consultation, and applied research;
18. Awareness of professional ethics issues as applied to clinical practice;
19. Awareness of provincial and national standards and guidelines for professional practice in psychology; and
20. Awareness of the areas of Jurisprudence relating to the practice of psychology, and in particular, the area of child and youth mental health.

Upon successful completion of the Residency Program, it is expected that the resident will have achieved the competencies necessary to register with the British Columbia College of Psychologists.

## **E - Residency Specifications**

### **Duration and Supervision**

The Residency Program is offered for one full year, starting the first Tuesday in September. Supervision is provided by qualified staff psychologists within each Network, with general supervision and coordination provided through the Director of Training. The supervision provided conforms to the accreditations standards set out by the Canadian Psychological Association (CPA).

### **Stipend and Benefits**

The salary level is \$1,533.46, paid on a bi-weekly basis. As an auxiliary employee under the British Columbia Government Employees Union (BCGEU) Master Agreement, there is an additional financial compensation of \$44.10 biweekly in lieu of

health and welfare benefits, and annual vacation compensation of six percent of regular earnings. The total annual wage amounts to \$43,405.79. There is also some support for attending relevant provincially sponsored conferences or courses outside the scheduled seminar series.

### **Eligibility**

Consistent with the standards established for CPA-approved residency programs, the following are pre-requisite for applicant eligibility:

- 600 hours of practicum experience in assessment and intervention strategies while enrolled in a CPA- or APA-accredited clinical or counseling psychology program or its documented equivalent;<sup>32</sup>
- Evidence of graduate coursework in child and adolescent development and psychopathology, child and adolescent psychological assessment and intervention, consultation, program development and evaluation methodologies, and professional ethics;
- Evidence that previous practicum experiences have provided opportunities for clinical applications of the relevant coursework in child and adolescent mental health;
- Preferred completion of a doctoral thesis proposal and collected/analyzed data;
- Student commitment to a one-calendar year placement, or possible negotiated half-time over two consecutive calendar years; and
- Established goodness of fit among the student's interests, the academic institution's program philosophy and the service sites' program interests.

The *Vancouver Coastal/Fraser Child & Youth Community-Based Psychology Residency Program* adheres to the *BC Human Rights Code*, and as such is committed to employment equity and diversity in the workplace. All qualified individuals are encouraged to apply.

Preference is given to individuals who express an interest in potential employment with British Columbia's Child and Youth Mental Health Services, post residency.

### **F - Application**

The *Vancouver Coastal/Fraser Child & Youth Community-Based Psychology Residency Program* abides by the *Association of Postdoctoral Psychology and Internship Centers (APPIC)* policies and the voluntary policies of the *Canadian Council of Professional Psychology Programs (CCPPP)* for a standardized application. The application, therefore, must be in the form of an online application that has been developed by APPIC.

The applicant should go to <http://appic.org/> for general information, and more specifically, to [http://appic.org/match/5\\_2\\_match\\_about.html](http://appic.org/match/5_2_match_about.html) where the applicant should read

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<sup>32</sup> Residents from School Psychology programs may be considered providing they have the prerequisite practicum experiences and coursework, a core supervisor trained in the area of school psychology is available and the Residency can be adjusted to provide the essential clinical experiences related to school psychology (without compromising the clinical and counselling focus of the Residency Program).

carefully the General Overview section before proceeding to the 'Application Portal' on the same page.

To also register for the APPIC Internship Matching Program (the "Match") for psychology internship positions beginning in 2010, the applicant must also go to <http://www.natmatch.com/psychint/> for instruction on how to apply for the Match. Registration for the Match **does NOT constitute an application to the Vancouver Coastal/Fraser Child & Youth Community-Based Psychology Residency Program**. The applicant must apply separately to the program through the online application procedures described in the paragraph above.

The *Vancouver Coastal/Fraser Child & Youth Community-Based Psychology Residency Program* abides by the APPIC policy that no person will solicit, accept or use any ranking-related information from any resident applicant.

For further information about the program or the application procedures, contact:

**Dr. Susan Hackett, Coordinator of Psychology Residency Programs (aka "DOT")**  
**Vancouver Coastal/Fraser Child and Youth Community-Based Psychology**  
**Residency Program (VCF PRP)**  
**MCFD Child & Youth Mental Health Services**  
**300 - 3003 St. John's Street, Port Moody, B.C. V3H 2C4**  
**Phone: (604) 469-7609 (Direct), (604) 469-7600 (Reception)**  
**Fax: (604) 469-7601**  
**E-Mail: [Susan.Hackett@gov.bc.ca](mailto:Susan.Hackett@gov.bc.ca)**

The '*Vancouver Coastal/Fraser Child & Youth Community-Based Psychology Residency Program Handbook*' is available on the web at:  
[http://www.mcf.gov.bc.ca/mental\\_health/pdf/vcf\\_prp\\_handbook\\_Jan\\_2011.pdf](http://www.mcf.gov.bc.ca/mental_health/pdf/vcf_prp_handbook_Jan_2011.pdf)

**Applications Considered as Received**  
**Deadline is November 15<sup>th</sup>**