

**The
Hincks-
Delcrest
Centre.**

**Predoctoral Internship in
Clinical Child Psychology**

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The Setting

The Hincks-Dellcrest Centre is a multidisciplinary, non-profit children's mental health centre located in Toronto, Ontario, Canada. The Centre provides primary prevention, early intervention, and treatment services to infants, children, and youth, and to their families and communities. The Centre's services are enriched by activities in research, program evaluation, the education and training of mental health professionals, and the use of volunteers.

Affiliated with the University of Toronto and accredited by the Council on Accreditation for Services to Children and Families, the Centre is a member of Children's Mental Health Ontario, the Child Welfare League of Canada, and the Child Welfare League of America.

The Centre was formed in 1998 when two Toronto-based children's mental health centres – The C. M. Hincks Treatment Centre and The Dellcrest Children's Centre - amalgamated. In 2005-2006, the Centre served approximately 4000 primary prevention and early intervention clients, 2000 voluntary treatment clients, and 70 mandated clients (youth serving detention or open custody orders). Programs are housed in ten different facilities within the city of Toronto, and include prevention/early intervention programs, outpatient programs, a day treatment program, three residential treatment programs (one of which is located on a farm that is a two-hour drive from the city), and one detention/open custody group home program for youth in trouble with the law, with an associated day program. **Although the Centre offers several types of treatment services and settings as mentioned above (e.g., residential, day treatment), the Internship program is based within Outpatient Services at our Jarvis site.** Treatment services to clients include assessment, individual therapy, family therapy, group therapy, milieu therapy, and parent-child therapy, as well as liaison and consultation with community caregivers (e.g., day care providers, teachers). More detailed information about the Centre's programs and services may be found on the Centre's Website: <http://www.hincksdellcrest.org> .

On average, the Centre has about four hundred personnel at any point in time. This includes full-time staff, part-time staff, contract staff, consultants, trainees from a variety of disciplines (early childhood education, nursing, psychiatry, psychology, social work), and volunteers.

The Centre's core values include the following:

We value an approach that builds on diversity of cultural backgrounds and personal and professional experience, enhancing our ability to be creative, flexible, and innovative.

We strive to develop programs that are accessible and responsive to community need, and we seek feedback, advice, and suggestions from clients and the community.

We are committed to evaluation and quality assurance activities that promote continuous improvement in our programs and services.

We value critical inquiry, and a scholarly search for in-depth understanding of emotions and behaviour, and application of current knowledge to the development of best practices.

We support accountability to funders, clients, and the community.

We value the participation of students, and recognize both our role in their development and their contribution to ensuring a stimulating learning environment.

Available Internships

Three predoctoral internships in clinical child psychology generally are available each year. Although the Centre offers several types of treatment services as mentioned above (e.g., residential, day treatment, etc.), the **Internship program is based in Outpatient Services**. Internships are 12-month full-time equivalent positions that can be either on a full-time or half-time (over two years) basis, beginning on 1 September each year. The Internship experience will total a minimum of 1500 hours. The stipend is \$18,000 per year for a full-time internship, paid twice per month. Half-time interns receive a stipend of \$9,000.

Interns are provided with shared office space at one of the Centre's downtown office buildings. However, interns may be involved in infrequent travel to and the provision of services at one or more of the Centre's eight other locations in the city.

The internship program is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC). The internship program is managed by a doctoral staff psychologist as training director. It is anticipated that accreditation with the Canadian Psychological Association will be sought and obtained within the next three years.

Internship Philosophy and Objectives

The primary orientation of the internship training is on a developmental and theoretically integrated approach to the assessment and treatment of children and families. In addition, a multidisciplinary approach is integral to the clinical practices of the Centre, and provides interns with the opportunity to work with mental health professionals with a broad range of interests, knowledge, and skills.

Training goals:

- i.** Develop skills in assessment, diagnosis, and formulation that, while including the DSM, focus on underlying developmental, psychodynamic, biological, family, and system factors that produce vulnerability to specific symptom formation in children.
- ii.** Develop skills in establishing therapeutic rapport, in cultural competence, and in the ability to communicate assessment and diagnostic information clearly and sensitively to clients.
- iii.** Develop skills in the selection and implementation of appropriate psychotherapeutic interventions with children and their families, integrating elements of theory and practice from contemporary relational psychoanalysis, cognitive science, cognitive behavior therapy, and dynamic systems theory.

- iv. Encourage respect for and critical thought regarding research in the area of children's mental health.
- v. Develop the skills needed to work collaboratively in a multidisciplinary and organizational service-delivery environment, including an understanding of and respect for the contributions of the various disciplines to children's mental health.
- vi. Develop skills in applying relevant ethical, legal, and professional standards in their clinical work.

Internship Program

The Internship program is designed to provide interns with the opportunity to become familiar with a broad bio-psychosocial, multi-systemic orientation, utilizing a variety of interventions (individual therapy, family therapy, parent counselling, group therapy, milieu therapy, and community consultation) in accordance with client needs and the training objectives of the student. This is accomplished through direct service activities with outpatient clients (which include membership on interdisciplinary direct service training teams), seminars, and both individual and group supervision. A sample weekly schedule can be found in Appendix A. **As stated above, the Internship program is based in Outpatient Services and, rather than completing rotations, interns' participation on training teams and in seminars generally run for the whole internship year.**

Client Contact. A minimum of ten hours of face-to-face client contact is expected each week (pro-rated for half-time internships). This typically is composed of seven hours of therapy (individual, family, group) and three hours of assessment (psychological testing, or individual/family assessments). This amount of patient contact is expected from the beginning of the intern's placement; however, the nature of the contact at the beginning of the internship depends on the background and previous experience of the intern. In the first two months, interns receive a high degree of live supervision, and seminars and supervision focus on rapport building and assessment, with interns being helped to fill in any gaps in their exposure to assessment methods and tools. After this time, interns are expected to provide assessment and treatment services to a broad range of clients with increasing independence, but always with supervisory support and oversight.

Seminars. All psychology interns are required to participate in the following two weekly seminars: (1) Diagnosis and Formulation; (2) and Integrative Individual Psychotherapy with Children. Although not required, they are strongly encouraged also to attend the weekly seminar on Clinical Theory and Therapeutic Action: Psychological Change Processes. Interns who have not received significant training/experience in family therapy also are required to attend the weekly seminar on Family Therapy: Selected Issues. In consultation with their supervisor, and as consistent with their individualized training goals, interns also may choose to attend one or two of the three other available weekly seminar series (Assessment and Treatment with Very Young Children; Group Therapy Seminar; Individual Psychodynamic Therapy with Adolescents).

Interdisciplinary Training Teams. Some of the Centre's services are delivered through specialized interdisciplinary teams that accept psychology interns and other trainees as

members. Psychology interns are required to be members of Latency Age Team I. In consultation with their supervisor, and as consistent with their individualized training goals, interns also may choose to join one or two other interdisciplinary training teams (Gender and Sexual Identity Team; Infant and Preschool Assessment and Treatment Team I or II; Neuropsychiatry Service Team; Adolescent Clinical Investigation Unit).

Supervision and Performance Evaluation. Supervision is provided in both individual (two to four hours per week) and small group format. Throughout their internship, interns are assigned to two supervisors who are both registered psychologists and who guide their internship experience. Interns meet with each supervisor weekly for a minimum of one hour. Supervision received by interns is focused and provided with the specific intent of dealing with the psychological services rendered directly by the intern, as well as their professional development. Due to the broad range of clinical training teams and experience opportunities available, interns also might receive team-specific supervision from members of other disciplines (e.g., psychiatry, social work). All of the intern's work, however, is discussed with and monitored by the intern's psychologist supervisor, with ongoing feedback throughout the year. In consultation with others involved in the intern's work, formal performance evaluations are completed by the primary supervisor at the end of January and at the end of August each year, using both the relevant university's evaluation form and a Centre Performance Review form. Both evaluations are filed in the intern's personnel record. The intern's supervisor provides the link between the Centre and the intern's university, ensuring that specific university internship expectations are met with regard to training objectives, experience, supervision, and performance evaluation. All interns are asked to complete the Centre's "Student/Trainee Exit Interview" upon completion of their internship.

Research. Although the Centre has both a Research Department and a Program and Service Evaluation Department, and there are opportunities for psychology interns to become familiar with the activities of these departments and perhaps to be involved in a research or evaluation project related to a Centre service in which the intern is involved, the emphasis in the clinical child psychology internship program is on clinical practice rather than research or program evaluation. Any involvement of Centre clients or personnel in an intern's doctoral research must be approved by the Centre's Research Review and Ethics Committee, as well have proof of approval by the intern's university REB. Interns may not substitute time devoted to their doctoral research for internship time expectations (i.e., client contact time, seminars, etc.).

Policies and Procedures. The Centre's Policies and Operational Procedures apply to all personnel associated with the Centre, including psychology interns. As part of the contracting process, interns receive copies of, and are required to sign an acknowledgment of having read, the following Centre policies: Personnel Code of Ethics; Client Privacy and Confidentiality; and Use of Technology. Advance copies of these policies will be provided on request. Interns receive orientation regarding all Centre policies and operational procedures at the beginning of their placement, and ongoing supervision with regard to their implementation. In particular, interns are helped to familiarize themselves with the Centre's clinical policies/operational procedures (e.g., Client Privacy and Confidentiality, Client Records, Case Planning, Case Responsibility, Crisis Case Management, Behaviour Management), and with the Centre's human resources policies/operational procedures (e.g., Employment Standards, Personnel Code of Ethics, Workplace Harassment Prevention, Employment Equity, Supervision, Performance Management, Conflict Resolution, Disciplinary Action, Use of Technology). All interns are required to have a

vulnerable sector police check completed prior to the beginning of their placement.

Complaints and Performance Concerns. Responses to interns' concerns about their supervisor or about their internship experience, and supervisors' concerns about psychology intern performance, are guided by the principles of fairness, transparency, and due process, and by the following Centre policies and procedures: Supervision, Performance Management, Conflict Resolution, and Disciplinary Action. The Centre also familiarizes itself with and respects the specific requirements of interns' universities with regard to dealing with such matters, including involvement of the university's internship field supervisor/training director when warranted.

Psychology Personnel

The following registered psychologists are assigned to provide direct supervision to one or more psychology interns each year. (Appendix B: Selected Publications of Psychology Personnel provides an overview of supervisors' practice and/or research interests.)

Susan Yabsley, Ph.D., C. Psych. (Anna Freud Centre; University College, London). Psychology Training Leader; Coordinator, Infancy and Preschool Program; Psychology Intern Supervisor.

Art Caspary, Ph.D., C. Psych. (University of Waterloo). Psychology Intern Supervisor; Seminar Leader.

Nancy Cohen, Ph.D., C. Psych. (McGill University). Director of Research; Member of Central Management Team; Co-author and Trainer for *Wait, Watch, and Wonder*; Consultant, Children's Language Disabilities.

Sarah Kibblewhite, Ph.D., C. Psych. (University of Windsor). Psychologist, Community Treatment Services and Outpatient Services; Psychology Intern Supervisor; Seminar Leader.

The following additional Centre personnel are registered psychologists who provide presentations within Centre seminar series and/or are involved with psychology interns in specialized case consultations, crisis case management, and/or legal/ethical consultations. (Appendix B: Selected Publications of Psychology Personnel also provides an overview of these psychologists' practice and/or research interests.)

Robin Alter, Ph.D. C. Psych. (University of Florida). Senior Clinical Consultant, Community Treatment Services; Senior Clinical Consultant, Day Treatment Program; Psychological Assessments, Clinical Services.

Irene Bevc, Ph.D., C. Psych. (York University). Research Associate, Program and Service Evaluation Department; Psychological Assessments, Clinical Services.

Carole Sinclair, Ph.D., C. Psych. (York University). Director of Treatment Services and

Quality Management; Centre Privacy Officer.

Application: Qualifications and Process

Applicants must currently be enrolled in an applied psychology doctoral program and have completed at least 500 hours of practicum experience. In addition, applicants are expected to have:

- i) Completed coursework in child development and in psychological assessment and psychopathology in infants, children, youth, and families.
- ii) Acquired practicum experience in assessment and intervention with children and experience with both tests of cognitive abilities and projective personality assessment tools.

Applicants should have considerable interest in a rigorous, theoretically integrated, and developmental approach to assessment and treatment of children and families, as this is the predominant orientation of the Centre.

As an APPIC member, *The Hincks-Dellcrest Centre* offers all of its internship positions through the APPIC Match and all participants shall abide by their agreements with APPIC for participation in the APPIC Match. **This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant.** Applicants may register for the Match at www.natmatch.com/psychint.

The Hincks- Dellcrest Centre Program code number for the APPIC Match is **185411**.

As a participant in the APPIC Match program, *The Hincks-Dellcrest Centre* requires that all applicants use the **AAPI Online** application process available on the APPIC website (www.appic.org).

Internship applications should be submitted by **15 November**; that is, ten months prior to when the internship would begin (September 1st the following year). Interviews, when indicated, will be scheduled in January with the aim of making final decisions in February.

Appendix A

Sample Weekly Schedule for Predoctoral Psychology Intern

Time	Monday	Tuesday	Wednesday	Thursday	Friday
9 – 10 am	Direct service – Family therapy with live supervision	Direct service – Psychological assessment	Indirect service – Reading for seminars, writing notes	Direct service – Individual parent counseling	Seminar – Integrative Individual Psychotherapy (8:45 – 10:15 am)
10 – 11 am	Direct service – Part of “reflection team” (behind the mirror)	“	“	Seminar – Diagnosis and Formulation (10:30 am – noon)	“
11 – 12 am	Indirect service – Preparation for supervision (e.g., review process notes)	“	Seminar – Therapeutic Change	“	Indirect service – report writing
Noon – 1 pm	Individual supervision	Lunch break	Lunch break	Seminar – Interdisciplinary trainees/fellows meeting	Rounds
1 – 2 pm	Group supervision – Discussion of material from psychological assessments	Indirect service – Preparation for supervision (e.g., review of session tapes)	Indirect service – Reading or writing reports for assessments/teams	Direct Service – Latency Age Team I	Seminar – Individual psychodynamic therapy with adolescents
2 – 3 pm	“	Individual supervision	“	“	Direct service – Individual play therapy
3 – 4 pm	“	Case conference		“	Indirect service – Writing process notes
4 – 5 pm	Direct service – Individual play therapy	Direct service – Individual play therapy		Indirect service – Writing Latency Team assessment notes	Direct service – Individual play therapy
5 – 6 pm	Indirect service – Writing contact notes and process notes	Direct service – Individual play therapy		Direct Service – Individual psychotherapy	Indirect service – writing process notes

Appendix B

Selected Publications of Psychology Personnel

Alter, R. (In press.) *Taming the anxiety monster: Overcoming childhood anxieties and fears – A guide for parents and therapists.*

Atkinson, L., Bevc, I., Dickens, S., & Blackwell, J. (1992). Concurrent validities of the Stanford-Binet (Fourth Edition), Leiter, and Vineland with developmentally delayed children. *Journal of School Psychology, 30*, 165-173.

Baradon, T., Sinason, V., & Yabsley, S. (1999). Assessment of parents and young children (Children Act 1989): A child psychotherapy point of view. *Child: Care, Health and Development, 25*, 37-53.

Barwick, M. A., Cohen, N. J., Hordezsky, N., and Lojkasek, M. Infant communication and the mother-child relationship: The importance of level of risk and construct measurement. *Infant Mental Health Journal, 25*, 240-266.

Beitchman, J. H., Cohen, N. J., Konstantareas, M. M., & Tannock, R. (1996). *Language learning and behaviour disorders.* Cambridge, UK: Cambridge University Press.

Bevc, I., & Silverman, I. (1993). Early proximity and intimacy between siblings and incestuous behaviour: A test of the Westermarck theory. *Ethology and Sociobiology, 14*, 171-181.

Bevc, I., & Silverman, I. (2000). Early separation and sibling incest: A test of the revised Westermarck theory. *Evolution and Human Behavior, 21*, 151-161.

Caspary, A. (1993). Aspects of the therapeutic action in child analytic treatment. *Psychoanalytic Psychology, 10*, 207-220.

Caspary, A. (2002). The Conformist: Psychoanalytic perspectives on fascism. *Canadian Journal of Psychoanalysis, 10*, 151-131.

Cohen, N. J. (1994). The protective role of daycare for mainstreamed high-risk infants and preschoolers, *Canadian Journal of Community Mental Health. Special Issue: Prevention: Focus on Children and Youth, 13*, 61-76.

Cohen, N. J. (2001). *Language impairment and psychopathology in infants, children, and adolescents.* New York, NY: Sage Publications.

Cohen, N. J. (2001). TLC³: A national initiative to enhance the language and cognitive development of children 0-5 years. *Journal of Speech and Language Pathology and Audiology, 25*, 103-113.

Cohen, N. J. (2002). Adoption. In M. Rutter & E. Taylor (Eds.), *Child and Adolescent Psychiatry:*

Modern approaches. (pp. 373-381). Oxford, UK: Blackwell Science.

Cohen, N. J. (2002). Developmental language disorder. In P. Howlin & O. Udwin (Eds.), *Outcomes in neurodevelopmental and genetic disorders.* (pp.26-55). Cambridge, UK: Cambridge University Press.

Cohen, N. J., Barwick, M., Horodezky, N. B., & Isaacson, L. (1996). Comorbidity of language and social-emotional disorders: Comparison of psychiatric outpatients and their siblings. *Journal of Clinical Child Psychology, 25,* 192-200.

Cohen, N. J., Coyne, J. C. & Duvall, J. (1993). Adopted and biological children in the clinic: Family, parental and child characteristics, *Journal of Child Psychology and Psychiatry, 34,* 545-562.

Cohen, N. J., Davine, M., Horodezky, N., Lipsett, L., & Isaacson, L. (1993). Unsuspected language impairment in psychiatrically disturbed children: Prevalence and language and behavioral characteristics. *Journal of the American Academy of Child and Adolescent Psychiatry, 32,* 595-603.

Cohen, N. J., & Duvall, J. D. (1996). *The Family Attachment Program: An innovative program for working with families adopting older children.* Toronto, ON: The Hincks-Dellcrest Gail Appel Institute.

Cohen, N. J., Lojkasek, M., Muir, E., Muir, R., & Parker, C. J. (2002). Six month follow-up of two mother-infant psychotherapies: Convergence of therapeutic outcomes. *Infant Mental Health Journal 23,* 361-380.

Cohen, N. J., Muir, E., & Lojkasek, M. (2003). The first couple: Using Watch, Wait, and Wonder to change troubled mother-infant relationships. In S. M. Johnson & V. Whiffen (Eds.), *Attachment: A perspective for couple and family intervention.* (pp. 215-233). New York, NY: Guilford Press.

Cohen, N. J., Vallance, D. D., Barwick, M., Im, N., Menna, R., Horodezky, N. B., & Isaacson L. (2000). The interface between ADHD and language impairment: An examination of language, achievement, and cognitive processing. *Journal of Child Psychology and Psychiatry, 41,* 353-362.

Crishna, B., Sinason, V., & Yabsley, S. (1999). What is community-based rehabilitation? A view from experience. *Child: Care, Health and Development, 25,* 27-35.

D. Day, I. Bevc, F.Theodor, J. Rosenthal, T. Duchesne. (2008) Change and Continuity in Criminal Offending: Criminal Trajectories of the Toronto Sample. Report submitted to the Ministry of Children and Youth Services.

Day, D. M., Bevc I., Duchesne, T., Rosenthal, J. S., Sun, Y., & Theodor, F. Criminal trajectories from adolescence to adulthood in an Ontario sample of offenders. In G. Bourgon, R.K. Hanson, J.D. Pozzulo, K.E. Morton Bourgon, & C.L. Tanasichuk (Eds.), *The Proceedings of the 2007*

North American Correctional & Criminal Justice Psychology Conference (User Report). Ottawa: Public Safety Canada.

Day, D., Bevc, I., Duchesne, T., Rosenthal, Sun, Y., & Theodor, F. (2007). *Criminal trajectories from adolescence to adulthood in an Ontario sample of offenders*. Poster presented at the North American Correctional and Criminal Justice Psychology Conference (NACCJPC), Ottawa, ON.

Day, D., Bevc, I., Duchesne, T., Rosenthal, J., Rossman, L., & Theodor, F. (2007). Comparison of adult offense prediction methods based on juvenile offense trajectories using cross-validation. *Advances and Applications in Statistics*, 7(1), 1-46.

Frankel, M., & Sinclair, C. (1982). Quality assurance: An approach to accountability in a mental health center. *Professional Psychology: Research and Practice*, 13, 79-84.

Hakim-Larson, J., Kibblewhite, S.J., Babb, K., Voelker, S., Goodwin, J. & Lee, C. (in preparation). *Mothers' reasons for reading to their preschool children*.

Husain, N., Bevc, I., Husain, M., Chaudhry, I. B., Atif, N., & Rahman, A. (2006). Prevalence and social correlates of postnatal depression in a low income country. *Archives of Women's Mental Health*, 9, 197-202.

Lojkasek, M, Cohen, N. J., & Muir, E. (1994). Where is the infant in infant intervention? A review of the literature on changing troubled mother-infant relationships. *Psychotherapy*, 31, 208-220.

Kershner, J., Cohen, N. J., & Coyne, J. (1996). Expressed emotion in families of clinically referred and non-referred children: Toward a further understanding of the expressed emotional index. *Journal of Family Psychology*, 10, 97-106.

Martin, F., & Cohen, N. (2003) Nurturing Creativity: Learning from the TLC experience. *Ideas*, Fall, 19-21.

Menna, R., & Cohen, N. J. (1997). Social perspective taking. In W. E. Piper, & M. McCallum (Eds.), *Psychological mindedness*. Hillsdale: Lawrence Erlbaum.

Muir, E., Lojkasek, M., & Cohen, N. J. (1999). *Watch, Wait, and Wonder: A manual describing a dyadic infant-led approach to problems in infancy and early childhood*. Toronto, ON: Hincks-Dellcrest Gail Appel Institute.

Pettifor, J. L., & Sinclair, C. (2005). The role of dialogue in defining ethical principles: The Canadian Code of Ethics for Psychologists. *Journal of Constructivist Psychology*, 18, 183-197.

Silverman, I., & Bevc, I. (2005). Evolutionary origins and ontogenic development of incest avoidance. In B. J. Ellis and D. F., Bjorkland (Eds.), *Origins of the social mind: Evolutionary psychology and child development*. (pp. 292-313). New York, NY: Guilford Press.

Sinclair, C. (1980). Standards as a vehicle of accountability. *Canadian Psychology*, 21, 1-6.

Sinclair, C. (1993). Codes of ethics and standards of practice. In K. S. Dobson & D. J. G. Dobson (Eds.), *Professional psychology in Canada*. (pp. 167-199). San Francisco, CA: Hogrefe & Huber Publishers.

Sinclair, C. (1998). Nine unique features of the Canadian Code of Ethics for Psychologists. *Canadian Psychology*, 39, 167-176.

Sinclair, C. (1996). A comparison of codes of professional conduct and ethics. In L. J. Bass, S. T. DeMers, et al. (Eds.), *Professional conduct and discipline in psychology*. (pp. 53-70). Washington, DC: American Psychological Association.

Sinclair, C. (2000). Changes to the Child and Family Services Act. *Psychology Ontario*, 32, No. 3 (Fall), 5-6.

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Sinclair, C. (2006). *Being an ethical psychologist*. Web-based course. Ottawa, ON: Canadian Psychological Association. (<http://www.cpa.ca> or <http://www.captus.com>)

Sinclair, C., Poizner, S., Gilmour-Barrett, K., & Randall D. (1987). The development of a code of ethics for Canadian psychologists. *Canadian Psychology*, 28, 1-8.

Sinclair, C. & Pettifor, J. (Eds.). (2001). *Companion manual to the Canadian Code of Ethics for Psychologists, Third Edition*. Ottawa, ON: Canadian Psychological Association.

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Singh, D., Deogracias, J.J., Johnson, L.L., Bradley, S.J., Kibblewhite, S.J., Meyer-Bahlburg, H.F.L. & Zucker, K.J. (in press). The gender identity/gender dysphoria questionnaire for adolescents and adults: Further validity evidence. *The Journal of Sex Research*.

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