



Predoctoral Residency in Pediatric and Child Clinical Psychology

2012 – 2013



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Psychology at the IWK Health Centre

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

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

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

The IWK Health Centre has a program management model of patient care services. Psychologists at the IWK work within two programs: (1) Children’s Health; and (2) Mental Health and Addictions. We report to the Clinical Managers and Directors within each program. We also work together as part of the Discipline of Psychology. The Psychology Professional Practice Chief (PPC) supports the Health Centre in recruiting and selecting psychology staff, and supports psychology staff in advancing their clinical, professional, and academic roles at the IWK. The PPC helps maintain high professional standards by supporting professional development, consulting with staff about performance management, and assuring advancement of the profession through teaching, research, and professional service activities. The Psychology PPC also works with other PPCs (e.g., Social Work, Nursing, and Pharmacy), team leaders, managers, and program directors to assure a collaborative working environment that yields optimal multidisciplinary patient care.

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

There are three residency positions in the Discipline of Psychology. These are part of a complement of 9 predoctoral residency positions in Nova Scotia. Eight of these are funded by the Nova Scotia Department of Health. This funding reflects a commitment by the Department of Health to facilitate the recruitment of highly trained doctoral level psychologists in Nova

Scotia. In fact, many of our recent residents have obtained employment in the Maritimes, providing closer relationships among IWK psychologists and the communities we serve.

Purpose and Philosophy of the Residency

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

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

The residency is coordinated by the Director of Clinical Training, Dr. Susan Jerrott, along with the Clinical Psychology Training Committee, which includes a cross-section of psychologists. The Clinical Training Committee meets regularly to plan, implement, and evaluate the residency program and practicum placements.

Goals and Objectives of the Residency

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

Goal 1 Assessment

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

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

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

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

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

Goal 2 Intervention and Treatment

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

Objective 1: Residents will develop competence in individual therapy with children and adolescents, using behavioural and cognitive behavioural approaches.

Objective 2: Residents will gain experience in conducting group interventions. This may include parent-training groups, therapeutic groups (e.g., CBT groups for anxiety and depression), and/or skills training groups (e.g., anger management, social skills).

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

Goal 3 Communication and Professional Conduct

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

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

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

Goal 4 Ethics and Standards of Practice

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

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

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

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

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

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

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

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

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

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

Objective 4: Residents will have an opportunity to integrate science with clinical practice by presenting a public talk at our monthly “Psychology For You” lecture series followed by a small article which will be published in our psychology newsletter. This presentation and article will be based on scientific, evidence based practices and must be easily understood by parents and other non-psychologists (e.g., teachers). Residents will have help from a supervisor in creating this talk and article.

Goal 6 Cultural and Individual Differences

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

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

Objective 2: Residents will have opportunities to learn about effective practices when working with individuals from a variety of cultural groups represented in the Maritime Provinces, through participation in resident seminars.

Goal 7 Breadth and Depth of Training

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

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

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

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

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

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

Organization of the Residency

We offer three residency positions:

- **Child and Adolescent Clinical Psychology Track** (2 positions)
- **Pediatric Health Psychology Track** (1 position)

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

Child and Adolescent Clinical Psychology Track

Residents in this track typically complete two major rotations over the course of the year, each accounting for three days per week. The first rotation lasts from September to February, the second from March to August. Minor rotations account for one day per week. Another day per week (Friday) is dedicated to research, resident seminars, and peer support sessions.

Residents may select one of the following two options. All components are required within each option.

Option A

- One major rotation focusing on assessment (3 days per week for 6 months)
 - This must occur within the Neuropsychology or Preschool Pediatric Psychology Service.
- One major rotation focusing on intervention (3 days per week for 6 months)
 - See below for major [rotation opportunities](#).
- Two minor rotations
 - These are selected from rotation opportunities and can vary in number of days per week and duration. For example, a minor rotation could take place 1 day per week for 6 months (e.g., in Community Mental Health), or 3 days per week for four weeks (e.g., Inpatient Psychiatry).

Option B

- Two major rotations focusing on intervention and diagnostic assessment (including any of the Forensic Services) (3 days per week for 6 months each)
- One minor rotation focusing on assessment (1 day per week for 12 months)
 - Assessment opportunities may come from a variety of rotation opportunities (e.g., Community Mental Health, Preschool Pediatric Psychology Service, School-Age Pediatric Psychology, Day Treatment).

Pediatric Health Psychology Track

This track provides specialized training in Pediatric Health Psychology and further experience in child clinical assessment and intervention. **Residents applying to this track must have previous clinical experience working with children, adolescents, and/or families dealing with medically-related difficulties.**

For the equivalent of 3 days per week, the Pediatric Health Psychology resident may work within any of the following services:

- Feeding and Nutrition Clinic
- Pediatric Health Psychology Consultation Service
- School-Age Pediatric Psychology (with a focus on rehabilitation)
- Treatment of Anxiety Group (TAG) (1 day per week for 6 months)
- Pediatric Complex Pain Service

Various combinations are possible (e.g., number of days per week, number of months), depending on the resident's experience and interests and on supervisor availability. For example, a resident may wish to work in the Feeding and Nutrition Clinic for 1 day per week for 12 months, or for 3 days per week for 3 months, etc. Please refer to the [Rotations](#) section for a description of each service.

The Pediatric Health Psychology Resident will also spend 2 days per week for 6 months completing assessments in one of our assessment focused services (generally in Preschool Pediatric Psychology, School-Age Pediatric Psychology, or Neuropsychology). One day per week (Friday) is dedicated to research, resident seminars, and peer support sessions.

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

Research, Resident Seminars, and Peer Support Sessions

One day per week (Friday) is reserved for research, as well as participation in seminars and peer support sessions specifically planned for residents.

Research

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

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

Resident Seminars and Peer Support Sessions

Residents participate in weekly 90 minute seminars developed specifically for residents. These include presentations about relevant child and adult issues by psychologists from the IWK and other Metro hospitals, other health professionals, and individuals working in other community settings. Most of these seminars are Metro-wide seminars, meaning that the other residents from the two adult health centres in the Halifax area will also attend. Approximately once a month, residents participate in the Cooperative Residency Seminar Series run by four health centres in Nova Scotia. These seminars provide an opportunity to discuss professional issues with other residents working in adult health and community-based mental health settings.

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

The following is a list of possible seminars in 2012-2013:

Provincial Seminar Series

- Career Development
- Clinical Supervision
- Confidentiality
- Ethics and Ethical Decision Making
- Expert Witness Testimony
- Finding a Job Post-Residency
- Informed Consent
- Multicultural Awareness
- Practice of Psychology in Nova Scotia
- Professional Boundaries

Metro-Wide Seminar Series

- Anxiety Disorders
- Child Abuse
- Domestic Violence
- Eating Disorders
- Fetal Alcohol Spectrum Disorder
- Forensic Psychology
- Gay and Lesbian Issues
- Geriatric Psychology
- Grief
- Health Records and the Law
- Motivational Interviewing
- Multidisciplinary Teams
- Obsessive-Compulsive Disorder
- Pain
- Post-Traumatic Stress Disorder
- Private Practice
- Psychopharmacology
- Psychosocial Aspects of HIV/AIDS
- Report Writing
- Suicide

We encourage Residents to attend grand rounds, case conferences, and other professional development opportunities at the IWK Health Centre. It is also possible to obtain educational leave and financial assistance to attend local workshops of interest.

Rotations

We adhere to the CPA standard that supervision of predoctoral residents must be provided by fully registered, doctoral-level psychologists. Residents may work with other supervisors (e.g., psychologists on the Candidate Register or Masters-level psychologists), but this must be in addition to supervision provided by fully registered doctoral-level psychologists. For a current listing of psychology staff profiles and qualifications, please visit the [IWK Psychology website](#).

Mental Health and Addictions Program

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

Assessment and Treatment Services – Outpatient Mental Health

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

Child Welfare Mental Health Team

Vicky Veitch Wolfe, Ph.D. & Kristen McLeod, Ph.D.

The goal of the program is to coordinate mental health services for youth involved in the child welfare system, and provide specialized services to address their unique needs. These youth often require relatively long-term involvement with mental health services with transitions between levels of care such as residential, inpatient, day treatment, and outpatient programs. The Child Welfare Team tracks the progress of these children over the course of their care at IWK and works to assure smooth transitions between different services. Many of these youth present with unique issues such as coping with trauma and loss, posttraumatic stress disorder, attachment and family relationship problems, adjustment to alternative living situations, and

problems with the juvenile justice system. Based upon thorough psychological and social work assessments, individualized intervention programs have been developed that include evidence-based individual psychotherapy, group therapy, family work, and liaisons with schools and other community services and agencies. Only minor rotations are available.

Community Mental Health Services

Halifax Site: *Jennifer Mullane, Ph.D., April Sullivan, Ph.D., & Marie Poisson, Ph.D.*

Dartmouth Site: *Ann Marie Joyce, Ph.D., & Lindsay Uman, Ph.D.*

Sackville Site: *Daniel Chorney, Ph.D.*

In this rotation, you will have the opportunity to gain practical experience in the assessment and treatment of a wide range of mental health concerns in children and youth (e.g., anxiety, depression, disruptive behaviour disorders). Treatment provided by the psychologists at these sites would be primarily behavioural and cognitive-behavioural. Individual and group treatments are provided for children and youth and their families. All groups are evidence-based and include: the Incredible Years (behaviour management group; developed by Webster-Stratton), the Cool Kids/Chilled Teen program (CBT for anxiety; Lyneham, Abbott, Wignall & Rapee), and Coping with Depression (CBT for depression; Lewinson et al.). Some opportunity for cognitive assessment is also available. Major or minor rotations are available.

Maritime Outpatient Psychiatry

Rotations through Maritime Outpatient Psychiatry can be done in combination of one or more of the following 5 teams:

- Eating Disorders Team: *Joanne Gusella, Ph.D.*
- Mood Disorders Team: *Susan Jerrott, Ph.D.*
- Treatment of Anxiety Group: *Alissa Pencer, Ph.D.*
- Youth Psychosis Team: *Alissa Pencer, Ph.D.*
- School-Age Autism Team: *Tricia Beattie, Ph.D. & April Sullivan, Ph.D.*

Eating Disorders Team

Joanne Gusella, Ph.D.

In this rotation, you will receive training in the assessment and treatment of children and adolescents with eating disorders. You will be exposed to and can gain practical experience in initial assessment, interviewing, individual therapy, co-leading a psychoeducational treatment group for teens with eating disorders, and working within a multidisciplinary team. The therapeutic approaches used include cognitive-behavioural, narrative, and motivational enhancement. Family therapy experience may also be possible. At present only minor rotations or major rotations in combination with another Maritime Outpatient Psychiatry team are possible.

Mood Disorders Team

Susan Jerrott, Ph.D.

The Mood Disorders Team provides assessment and evidence-based treatment for mood disorders including Major Depressive Disorder and Bipolar Disorder. Treatment services include group cognitive behaviour therapy (Coping with Depression; Lewinson et al.) and individual therapy (cognitive behavioural, acceptance and commitment therapy [ACT] and relapse prevention). You will have the opportunity to participate in multidisciplinary diagnostic assessments, co-facilitate groups, and provide individual therapy. Some opportunity for cognitive assessment is also available. Major or minor rotations are available.

Treatment of Anxiety Group

Alissa Pencer, Ph.D.

The Treatment of Anxiety Group (TAG) at Maritime Outpatient Psychiatry provides assessment and evidence-based treatment for severe anxiety disorders. Treatment services include group cognitive behaviour therapy and individual therapy (i.e., cognitive behaviour therapy and acceptance and commitment therapy). You will have the opportunity to participate in diagnostic assessments, work within a multidisciplinary team, co-facilitate groups using the Cool Kids/Chilled Teens program (Lyneham, Abbott, Wignall & Rapee), and individual therapy as appropriate (e.g., with obsessive compulsive disorder). Some opportunity for cognitive assessment is also available. At present only minor rotations or major rotations in combination with another Maritime Outpatient Psychiatry team are possible. Note: A rotation with TAG can also be completed in Community Mental Health with Dr. Daniel Chorney (TAG Team Leader), Dr. Ann Marie Joyce or Dr. Marie Poisson in combination with the Community Mental Health rotation.

Youth Psychosis Team

Alissa Pencer, Ph.D.

In this rotation, you will have the opportunity to gain experience in the assessment and treatment of youth with psychosis. You will gain experience in interviewing, diagnostic assessment, individual cognitive behaviour therapy (for psychosis and comorbid anxiety and depression), and cognitive assessment. In addition, there may be opportunities to gain experience in assessment and treatment of youth in the prodrome for psychosis. At present only minor rotations or major rotations in combination with another Maritime Outpatient Psychiatry team are possible.

School-Age Autism Team

Tricia Beattie, Ph.D. & April Sullivan, Ph.D.

In this rotation you will receive training in the assessment, diagnosis, and treatment of Autism Spectrum Disorder. Treatment may include cognitive behaviour therapy for anxiety and mood-related difficulties (group and individual), behavioural intervention (positive behaviour support strategies), group treatment for parents of children and youth with ASD, and school consultation. Only minor rotations are available.

Assessment and Treatment Services – Inpatient, Residential, and Day Treatment Mental Health

Child and Adolescent Inpatient Psychiatry Service

Bonnie McNeill, Ph.D.

The Inpatient Psychiatry Service is a 17-bed acute care assessment and treatment unit serving children and youth between the ages of 5 and 19 years. Assessment is the primary emphasis, but opportunities for brief, solution-focussed treatment and behaviour programming are also provided when appropriate. All assessment and treatment is conceptualized within the context of the multi-disciplinary team. In this service, you will gain experience in the comprehensive assessment of children and youth with a broad range of mental health concerns. These concerns might include severe mental illness (e.g., psychosis), mood and anxiety disorders, eating disorders, disruptive behaviour disorders, and characterological disturbances. As a resident, experience in behaviour management, development of specific programs, psychological assessment (psychoeducational, cognitive, and personality), treatment planning, structured and semi-structured interviewing and individual therapy as appropriate is possible. Opportunities for consultation to nursing and other front-line staff (i.e., child mental health workers) regarding general behavioural issues and management of specific patient's behaviour are available.

Adolescent Day Treatment Service

Heather MacLatchey, Ph.D.

The Adolescent Day Treatment Service is a 3-month intensive program that focuses on the assessment and treatment of youth aged 13-19 years. Youth present with a wide range of difficulties, including but not limited to anxiety disorders, mood disorders and disruptive behaviour disorders that could not be treated on an outpatient basis. In this rotation, you will work with a multidisciplinary team and develop your skills in psychological, cognitive and diagnostic assessments. In addition, you will be able to work with the youth in the context of therapeutic groups, individual work and family meetings. It is best experienced as a major rotation to permit you to become a fully integrated member of the treatment team, and interact with and observe the teens across a wide range of contexts. Approaches used in this service are primarily behavioural and cognitive behavioural.

Child and Family Day Treatment Service

Isabel Fearon, Ph.D.

In this rotation, you will be involved in the assessment and treatment of children (aged 5-12) with severe Disruptive Behaviour Disorders who are participating in a multidisciplinary day treatment program. You can gain experience in psychological, cognitive and diagnostic assessment, co-facilitating a parenting group (Incredible Years Advance) and the children's skill training groups (e.g., School Cooperative group; ADHD group), as well as individual therapy and parenting sessions on an as needed basis. You will also gain experience in consultation with outside agencies (e.g., schools, Child and Family Services) and will be offered the chance to participate in home visits and school observations. This rotation is best experienced as a major rotation, as children attend the program 4 days/week for 3.5 months, but a minor rotation is

also possible. The therapeutic approaches used in this rotation are primarily cognitive-behavioural and behavioural.

Adolescent Centre for Treatment (ACT)

Jason Chatman, Ph.D. & Ms. Marcie Balch (Ph.D. in progress)

The ACT service provides family-centred care for adolescents who have severe mental health difficulties, including both social-emotional and behaviour difficulties. The program has four apartments where adolescents live while receiving intensive assessment and treatment for four months (24/7). This is followed by four months of transition follow-up services in which adolescents and their families are supported as they transition from the 24/7 ACT service back to their homes and communities. There are two apartments who serve youth with a primary diagnosis of Disruptive Behaviour Disorder and two apartments who serve youth with primary internalizing diagnoses. The psychologist works in a consultative model within the multidisciplinary team. You will have the opportunity to conduct psychological assessments (e.g., social-emotional, cognitive, personality, behavioural, family), facilitate skills training and anxiety groups, develop and assist in the implementation of individualized behaviour programs, and participate in individual and family therapy. You will also gain an understanding of the supervisory role that psychologists serve with Youth Care Worker case managers, and how psychologists work collaboratively with community-based services, attend case conferences, participate in multidisciplinary rounds, and provide consultation and follow-up services with outside agencies (e.g., schools, Child and Family Services) to aid in the transition process. ACT works from an attachment and family systems perspective involving clients and their families. Individual therapeutic approaches used in this rotation are primarily cognitive-behavioural and behavioural depending on the presenting problem, while family therapy approaches include both solution-focused and systems orientations. Residents have the opportunity to work with clients from both of the apartment compositions. Major and minor rotations are available.

COMPASS

Erinn Hawkins, Ph.D.

COMPASS, formerly called the Children's Response Program, is a 12-bed intensive treatment program providing daily care to children 12 years and younger with chronic and severe disruptive behaviour problems. Children are admitted to the program for 3 to 6 months, depending on individual needs, and services are provided to children, their primary caregivers, and other professionals supporting them in their community. Psychology residents in this service participate as active members of the interprofessional team, including regular interprofessional rounds and case conferences. Only minor rotations are currently available. Specific learning opportunities may include:

- Conducting psychoeducational and socio-emotional assessments of children
- Co-facilitating skills development groups (e.g., social skills; anger management; problem solving)
- Engaging in one-to-one therapy with children, with a focus on evidence-based, outcome-informed treatments
- Engaging in parent training groups and family therapy

- Consulting and coordinating treatment plans with program staff, community agencies, and school personnel
- Program evaluation

Youth and Family Forensic Services

Youth Forensic Assessment Services

Lowell Blood, Ph.D., Steve Gouthro, M.Sc., Rebecca Boehm (Ph.D. in progress), Peyton Harris, M.A., Jessica Driscoll, Ph.D., Debra Jellicoe, M.A. (Psy.D. in progress), Susan McAfee, Ph.D., Anne Pleydon, Ph.D. & Harpreet Aulakh, M.A.

This multidisciplinary team provides psychological evaluations and risk assessments to the Provincial Youth Courts and Criminal Code Review Board of Nova Scotia under the Youth Criminal Justice Act (YCJA). Assessments are typically requested for dispositional (sentencing) purposes but may be requested at any stage of the proceedings. Thus, clinicians may be asked to evaluate youth for fitness to stand trial, application for bail review, raise to adult court, or other referral question. These comprehensive assessments involve a thorough psychosocial and mental health assessment in order to appraise the youth's functioning and service needs in several domains, as well as making recommendations for rehabilitation and risk management.

In this rotation, the resident will be exposed to the psychologist's role in a number of contexts including inpatient and outpatient settings, youth detention facility, the courtroom, clinical supervision, and being part of a multidisciplinary team. You will gain experience in clinical and forensic interviewing of youth and families, interaction with a variety of collateral sources, cognitive and personality testing and interpretation, risk assessment, and report writing. This is offered as an assessment rotation. Residents choosing the Youth Justice rotation would typically spend three days a week with this team. Minor rotations currently are not available.

Initiative for Sexually Aggressive Youth (ISAY) Program

Celeste Lefebvre, Ph.D., Debra Jellicoe, M.A. (Psy.D. in progress)

The ISAY program provides assessment and treatment services for youth who have engaged in sexually inappropriate behaviour. The assessments conducted are comprehensive psychological and risk assessments which involve extensive interviews with the youth and their caregivers, contact with collateral sources, psychological and personality testing and interpretation, use of risk tools for determining sexual, violent or general criminal recidivism and report writing. The ISAY program provides individual treatment services to youth as well as education and information to the youth's caregivers and, when relevant, on-going interactions involving partners (Department of Community Services, Probation Services, Schools, Youth Care Workers) in the treatment process. This is offered as either a major or minor assessment or intervention rotation.

The Nova Scotia Youth Facility (NSYF)

Steve Gouthro, M.Sc., & Anne Pleydon, Ph.D.

The NSYC accommodates remanded youth (male and female) and youth who have committed offences that resulted in serving custodial dispositions. Opportunities exist for involvement in short-term individual treatment and groups.

The NSYF is located in Waterville Nova Scotia (approximately a 1 hour drive from Halifax). Please note that although opportunities may exist for carpooling, travel would be the responsibility of the resident. Travel reimbursement would not be available. This is offered as either a major or minor intervention rotation.

Halifax Youth Attendance Centre (HYAC)

Harpreet Aulakh, M.A.

HYAC is a partnership between the IWK and the Nova Scotia Department of Justice. HYAC is a day treatment program for youth involved in the youth criminal justice system. Currently there are no rotations available with this service. However, residents completing a forensic rotation could have some exposure to this service.

Forensic Rehabilitation Service

Jessica Driscoll, Ph.D., & Anne Pleydon, Ph.D.

The Forensic Rehabilitation service assists in the care and management of youth deemed Not Criminally Responsible due to a Mental Disorder (from the IWK Mental Health Inpatient Unit through to the community) with the goal of community re-integration. Currently there are no rotations available with this service. However, residents completing a forensic rotation could have some exposure to this service.

Children's Health Program

Neuropsychology

Harry Bawden, Ph.D., Tricia Beattie, Ph.D., Nick Ciccarelli, M.A., & Robert J. McInerney, Ph.D.

Psychologists in Neuropsychology provide clinical training in the assessment of school-aged children with a wide variety of neurological and medical conditions that affect cognition and behaviour. Examples include traumatic brain injuries, stroke, spina bifida, hydrocephalus, neuromuscular diseases, genetic disorders, endocrine disorders, biochemical diseases, leukemia, brain tumours, and epilepsy. You will learn to administer, score, and interpret a range of neuropsychological measures, including specific neuropsychological tests as well as those involving general cognitive abilities. Two psychometrists provide extensive training in administration and scoring. You will gain experience in interviewing and providing feedback to children and parents, developing recommendations, writing case notes and reports, and consulting with other health care professionals, schools, and agencies.

We offer major rotations only. Specific goals for the rotation can be tailored to your background in neuropsychology and clinical interests. We welcome residents whose major program of study is in neuropsychology, along with residents with general interests in

psychological assessment of children with complex learning problems. Previous graduate courses in neuropsychology are helpful, but not required.

Preschool Pediatric Psychology Service

Erika Brady, Ph.D., Christine Ellsworth, Ph.D., Melanie Vanier, Ph.D., & Aimée Yazbek, Ph.D.

Clinical training in the assessment and diagnosis of preschool age children (up to age 6) with developmental disabilities, and the development and implementation of intervention programs is provided by psychologists in this service. This service includes the Preschool Special Needs Service Team and the Preschool Autism Team. The orientation of the psychologists is primarily behavioural, cognitive-behavioural and neuropsychological. Children present with a variety of neurodevelopmental and genetic disorders. Opportunities exist to participate in major or minor rotations, and your specific skills and goals will determine the nature of your experience. While completing a major rotation, you will learn to complete intellectual, pre-academic/academic, neurodevelopmental, adaptive behaviour, and behavioural assessments. You will also learn to develop and implement home- and/or centre-based intervention programs. Previous residents have participated in parent groups, have run social skills groups for preschoolers, and have helped develop resource materials. During the rotation, you will also gain experience providing consultation services to healthcare professionals (e.g., neurologists, pediatricians, speech-language pathologists, occupational therapists, physiotherapists), teachers (preschool and school) and early intervention workers. You will also participate in interdisciplinary assessment programs (such as the Preschool Special Needs Service Team and the Autism Team), acquiring additional skills working collaboratively with other professionals.

School-Age Pediatric Psychology / Rehabilitation

Crystal Lowe-Pearce, Ph.D.

Under the umbrella of Clinical Neurosciences and Rehabilitation Care, School-Age Pediatric Psychology provides assessment and rehabilitation for school-age children with medical conditions who have associated developmental disabilities, language, and/or learning problems that affect cognition and behaviour. Residents could focus their clinical training on assessment, rehabilitation, or a combination of both.

Assessment focuses on the administration, scoring, and interpretation of tests measuring cognitive abilities, information-processing skills, academic achievement, and social-emotional development. Assessment also involves interviewing and providing feedback to children and parents, developing recommendations, writing case notes and reports, and consulting with parents, teachers, physicians, and other healthcare and educational personnel about assessment findings and implications for intervention.

Rehabilitation focuses on consultation and intervention for behavioural or psychological adjustment issues that are related to or complicated by a neurologically derived physical or developmental disability. Residents will have the opportunity to gain experience in working with children and youth with disabilities and their families. Examples include coping with disability and changes in physical or cognitive functioning, developing strategies to support optimal functioning and participation at home, school and community, and coping with stress

and anxiety. Residents will also gain experience providing consultation services to healthcare professionals and working collaboratively with other health-care teams and clinics.

Available as a minor or shared major rotation.

Feeding and Nutrition Clinic

Anne Napier-Philips, B.A. & Jamesie Coolican, Ph.D.

Residents working within this clinic will gain experience in applying behavioural principles to managing severe feeding issues in young children (primarily under the age of five) with poor growth, complex medical histories which may have interfered with the acquisition of feeding patterns, and oppositional behaviours. Children may be seen on either an inpatient or outpatient basis. For residents in the Health Psychology track, this experience is integrated in a flexible manner throughout the year depending on the interests and experience of the resident. For residents in the Child and Adolescent Clinical Psychology Track, this experience is available only as a minor rotation.

Pediatric Complex Pain Team

Jill Chorney, Ph.D.

The Pediatric Complex Pain Team provides multidisciplinary consultation and treatment of pain in children. The psychologist is involved in all areas of assessment and treatment of chronic and recurrent pain, and works closely with clinical nurse specialists, a physiotherapist, and the medical director. In addition to consultation to the team and participation in multidisciplinary assessments and care, the psychologist provides individual and group cognitive-behavioural treatment for pain and interventions to improve function in children with chronic pain. The Complex Pain Team accepts referrals from all departments at the IWK and from family physicians. Opportunities to participate in clinical research in pediatric pain are also available. The psychologist on this service works part-time and therefore only minor rotations are available at present.

Pediatric Health Psychology Consultation Service

Christine Chambers, Ph.D., Joanne Gillespie, Ph.D., & Elizabeth McLaughlin, Ph.D.

In the Pediatric Health Psychology Consultation Service we provide assessment, treatment and consultation for children and adolescents with acute and chronic medical conditions. We help them to cope with aspects of the assessment or treatment of the illness (e.g., coping with procedures or examinations, taking medications, adhering to complex daily regimens). We work with medical problems for which the treatment of choice involves behavioural interventions (as is the case in enuresis and encopresis with chronic constipation). As well, we work on broader issues such as coping with illness, school refusal related to a medical condition, or parent-adolescent conflict related to a medical condition. We will accept referrals for youth with recurrent abdominal pain who do not meet criteria for the complex pain service. We also provide group interventions and participate in two multidisciplinary clinics (enuresis clinic and constipation clinic). We work with patients on an inpatient or outpatient basis.

The psychologists in this service are not members of any specific medical team. Referrals come from across the health centre and from physicians across the Maritimes. Typical referral sources include general pediatrics, gastroenterology, urology, diabetes, endocrinology, and ophthalmology, as well as immunology, rheumatology, orthopaedics, neurology, developmental clinic, ENT, dentistry, and general surgery, among others.

This rotation is required for residents in the Pediatric Health Psychology track (see [Organization of the Residency](#)). Major and minor rotations in the Pediatric Health Psychology Consultation Service are also available to residents in the Child and Adolescent Clinical Psychology Track. Residents will have the opportunity to take part in any aspect of the service. The rotation may be tailored to suit the resident's clinical interests with regard to specific patient populations or types of referrals.

Early Intensive Behavioural Intervention (EIBI)

Dorothy Chitty, Ph.D.

The Early Intensive Behavioural Intervention (EIBI) program is the Nova Scotia Treatment model for young children with Autistic Spectrum Disorder (ASD). This model is based on the principles of evidence-based applied behaviour analysis (ABA) and current understanding of child development. At this time, this model incorporates Pivotal Response Treatment (PRT) but as well, for children who benefit from a different communication system, Picture Exchange Communication System (PECS) is offered. The Nova Scotia treatment model can also incorporate Positive Behavioural Support (PBS). Treatment within this model addresses core impairments in ASD by focusing on the development of communicative, social-emotional and other "pivotal" functional skills in naturalistic settings. Intensive application of this model occurs in naturalistic settings including integrated daycare and preschool settings, as well as in the children's homes. This program has a strong focus on family participation including providing parents with training in relevant strategies.

The EIBI program offers opportunities for residents to be involved in intensive programming for children with ASD; participate in a transdisciplinary team that includes speech and language pathologists, psychologists, occupational therapists, and Bachelor- prepared staff; work collaboratively with community partners; being involved in supervision of EIBI staff; and participating in the training of others component. **The Resident needs to have a vehicle to be able to travel to children's homes and childcares.** A major rotation would include most of these opportunities. A minor rotation is only advisable to those who have a strong treatment background with this population and would require further tailoring to ensure an adequate experience for the resident. Please note that this rotation is not part of the Pediatric Health Psychology Track.

Research

Residents in the Child and Adolescent Track may choose a six month minor rotation in clinical research. In this rotation, residents will collaborate on existing research projects involving

original data collection and/or data that have already been collected. The research must have an applied focus to help prepare residents for a research career within a health care setting. By the end of the rotation, residents are expected to show evidence of solid research progress by generating a grant proposal, manuscript, or poster presentation. Residents may not use this rotation to work on their dissertation.

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

Examples of IWK Psychologists with larger research programs include:

- Dr. Susan Bryson – Early detection, diagnosis and/or treatment of autism.
- Dr. Christine Chambers – Psychological factors in pediatric pain; pediatric psychology.
- Dr. Jill Chorney – Psychological interventions for acute and chronic pain; interactions among healthcare providers and families in the perioperative period; children's coping with acute medical stress (e.g., surgery).
- Dr. Isabel Smith – Early Intervention and CBT for children with autism.
- Dr. Vicky Wolfe – Impact of negative life events; trauma, maltreatment and neglect.

Many other psychologists at the IWK Health Centre are involved in clinical research. [Please refer to our listing of current psychologists and their research interests](#). Residents may choose to work with these psychologists as well.

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

Facilities

IWK Psychological Services are provided through a number of programs. Some are located at the main IWK Health Centre site, and others are off-site. Psychologists working within the Children's Health Program are located primarily on the Fourth Floor of the Link Building at the IWK Health Centre. The offices of the Professional Practice Chief of Psychology, and central administrative staff, are located there as well. One-way mirrors are available in a number of assessment and treatment rooms. There is also a library and conference room in this area. The Inpatient Psychiatry Unit for the Mental Health Program is also located at the main IWK site.

A number of services within the Mental Health Program are located off-site. Please [click here](#) for a complete list of off-site psychology service locations.

Summary of Rotation Opportunities

	Major	Minor
Mental Health and Addictions		
<i>Assessment and Treatment Services – Outpatient Mental Health</i>		
Child Welfare Mental Health Team		✓
Community Mental Health Services	✓	✓
Maritime Outpatient Psychiatry		
Eating Disorders Team		✓
Mood Disorders Team	✓	✓
Treatment of Anxiety Group (TAG)	✓	✓
Youth Psychosis Team		✓
School-Age Autism Team		✓
<i>Assessment and Treatment Services – Inpatient, Residential, and Day Treatment Mental Health</i>		
Child and Adolescent Inpatient Psychiatry Service	✓	✓
Adolescent Day Treatment Service	✓	✓
Child and Family Day Treatment Service	✓	✓
Adolescent Centre for Treatment (ACT)	✓	✓
COMPASS		✓
<i>Youth and Family Forensic Services</i>		
Youth Forensic Assessment Services	✓	
Initiative for Sexually Aggressive Youth (ISAY) Program	✓	✓
The Nova Scotia Youth Facility (NSYF)	✓	✓
Halifax Youth Attendance Centre (HYAC)	-	-
Forensic Rehabilitation Service	-	-
Children’s Health		
Neuropsychology	✓	
Preschool Pediatric Psychology Service	✓	✓
School-Age Pediatric Psychology / Rehabilitation Service		✓
Feeding and Nutrition Clinic		✓
Pediatric Complex Pain Team		✓
Pediatric Health Psychology Consultation Service	✓	✓
Early Intensive Behavioural Intervention (EIBI)	✓	✓
Research		
Research Rotation		✓

Offices

Residents share a large office at the main IWK Health Centre site. Each resident has a desk, networked computer, and filing space. Residents have their own telephone and phone number, voice mail, personal email and Internet account, and access to office supplies. Resident offices at most off-site locations have the same amenities.

Administrative Support

Administrative support is available to psychologists and residents.

Other Support Staff

There is a psychometrist in the Neuropsychology Service, a feeding specialist in the Pediatric Health Psychology Services, and a psychology assistant who scores questionnaires for psychologists and residents in the Fourth Floor Link area.

Libraries

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

Social Events

The Discipline of Psychology arranges a welcome reception in September for new residents, and a holiday party in December for all Psychology staff. The Directors of Clinical Training from all of the Nova Scotia Residency settings also sponsor a welcome orientation each September to allow all residents to meet one another in a less formal, social gathering.

Accreditation

The residency is fully accredited by the [Canadian Psychological Association](#).

The contact information for the office of Accreditation for CPA is:

Accreditation Office
Canadian Psychological Association
141 Laurier Avenue West, Suite 702
Ottawa, Ontario
K1P 5J3
1-888-472-0657

How to Apply

Qualifications

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

Required

- Enrolled in a CPA/APA accredited doctoral program in clinical psychology or equivalent. **Individuals from counselling programs will not be considered.**
- Graduate level courses in assessment, therapy, ethics, and clinical interviewing.
- Graduate level course in developmental and/or child psychopathology.
- All course work and comprehensives completed.
- Dissertation proposal defended by Resident Selection Day (i.e., mid-February) and data collection well underway before September 2012.
- Minimum of 600 practicum hours approved by the applicant's graduate program.
- Diverse practicum experience in **both** assessment and intervention with children and families.

Preferred

- Dissertation data collection completed and first dissertation draft underway before September 2012.
- Career interest in child clinical or pediatric psychology.
- Canadian citizens or those with landed immigrant status will be given preference, in accordance with Immigration Canada requirements.
- Competency in French or other languages.

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

When ranking candidates, the Clinical Training Committee takes into account the goodness of fit between the candidate's training/orientation and the training offered at the IWK. The

candidate's dissertation status, presentation during the interview, and case conceptualization and treatment skills demonstrated in the interview are also important components in our ranking process.

For your information, for the 2011-2012 training year we had 28 applications and interviewed 16 candidates. The candidates we ranked had accumulated an average of 389 supervision hours (range 252-665), 131 direct assessment hours (range 120-140) and 261 direct intervention hours (range 191-336).

Application Documentation

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

- APPIC Application for Psychology Internship (AAPI)
- APPIC Academic Program's Verification of Internship Eligibility and Readiness
- Curriculum Vitae, which includes:
 - Content, location, description, and supervisor of each clinical placement
 - Awards
 - Publications
- Graduate transcripts
- Three letters of reference - These letters should follow [CCPPP guidelines](#).
- Cover Letter. This should detail your personal training goals and interests in relation to our residency program (noting which rotations you are interested in, including noting if you want option A or B if you are applying for the child and adolescent psychology track).
- **We encourage applicants interested in both the Child and Adolescent Clinical Psychology Track and the Pediatric Health Psychology Track to apply to both tracks.** You will not be penalized for applying to both tracks, because we rank each track separately. Please make it clear in your cover letter whether you are applying to one track (specify which one) or both tracks. Outline your training goals and interests that are relevant to each track. **If you are applying to the Pediatric Health Track, please describe your previous experience working with children, adolescents, and families dealing with medically related difficulties as this is a requirement for the track.**

Selection Process

Our National Matching Service Program Code Numbers are:

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

The Clinical Training Committee selects interview candidates soon after the application deadline. We hold personal and telephone interviews in December and January. Interview

dates are selected in consultation with the applicant (as per CCPPPs interview plan, we will guarantee interview slots for the last two weeks of January. However, we will provide other dates to applicants that wish to interview at other times). The interview is conducted by two psychologists, preferably one of whom is from an area of particular interest to the applicant. To help candidates prepare for the interview, we provide information about the interview content in the interview letter of offer.

We recognize that some interview candidates will not be able to travel to Halifax. If that's the case, please be assured that we do not penalize candidates who are unable to interview in person. A review of our rankings of applicants over the past several years has confirmed this. In addition to the formal interview, current residents call or meet with candidates who receive an interview. This provides an "off the record" chance to ask questions about the residency program and the city. Candidates who attend a personal interview receive a tour of the facilities, meet with the Director of Clinical Training, and often can meet with prospective supervisors.

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

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

Incoming residents are required to complete a criminal record check and a child abuse registry check as a condition of employment of the IWK. Also, we recommend that incoming residents confirm that their home university provides professional liability coverage; otherwise we **strongly** recommend that they purchase it on their own.

In accordance with federal privacy legislation ([Personal Information Protection and Electronics Documents Act](#)), we are committed to collecting only the information that is required to process your application. This information is secured within Psychological Services at the IWK Health Centre and is shared only with those individuals involved in the evaluation of your residency application. If you are not matched with our program, your personal information will be destroyed within six months of Match Day. If you are matched with our internship program, your application and CV will be available only to those involved in your supervision and training including your rotation supervisors, the Director of Clinical Training, and relevant administrative support staff.

Deadlines, Salary, and Benefits

The application deadline is **November 12, 2011**. We use the APPIC internship application form, participate in the APPIC Match, and abide by APPIC policies and procedures. We will let applicants know whether they have received an interview by **December 9, 2011**. The residency begins September 4, 2012 and ends August 30, 2013.

The salary for 2012-2013 is \$27,500. Residents are eligible for three weeks paid vacation and statutory holidays, as well as medical and dental benefits. Time is available for educational leave, and each resident receives up to \$250 to attend professional conferences or workshops. There is also a local travel budget for residents to drive to seminars etc., along with a small amount of money (approximately \$350 per resident) available for moving costs.

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

Dr. Susan Jerrott

Director of Clinical Training

Predoctoral Residency in Pediatric and Child Clinical Psychology

IWK Health Centre

Maritime Outpatient Psychiatry

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