

# NARWHAL PSYCHOLOGY CONSORTIUM

## 2024-25 Brochure

Information about our child/youth-clinical and clinical-forensic psychology consortium for students pursuing a doctoral residency.

# Introduction

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Narwhal Psychology Consortium (NPC), (formerly London Child, Youth, Family, and Forensic Psychology Consortium – LCYFFPC) consists of two organizations that provide clinical and forensic psychology services to children, adolescents, and families in London, Ontario, and the surrounding communities: Navigating Onward/London Family Court Clinic (NavOn/LFCC) and Mary J. Wright Child and Youth Development Centre (MJWCYDC). Services are provided both at the clinics and in the community.

The goal of the residency is to prepare students in the final year of their PhD for the practice of clinical and/or clinical-forensic psychology through systematic training in assessment, treatment, consultation, program evaluation/research, and the ethical guidelines and professional practice standards that underly psychological practice in Ontario. Our residency operates from an evidence-based/evidence-informed standpoint; therefore, we have adopted the scientist-practitioner model of practice and training (aka, the Boulder model).

We strive to stand in allyship with individuals who identify as Indigenous, Black, or People of Colour. We recognize there is a long-standing history and negative impacts of racism and discrimination against people with these identities in Canada and acknowledge that systemic racism and discrimination is evident across all of Canada’s institutions, including in our profession of psychology. We support our staff, students, board members, and volunteers to participate in learning to support diversity and inclusion at all levels of our organization, and to bring these topics, as well as suggestions, initiatives, and opportunities forward so that we can continue to learn and improve as a community.

# Living & Working in London

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London, Ontario, affectionately known as “*The Forest City*”, is a city in southwestern Ontario, Canada, along the Quebec City–Windsor Corridor. With a population of approximately 510,000, London is the 11<sup>th</sup> largest metropolitan area in Canada and the largest city in southwestern Ontario.

Located at the intersection of the 401 and 402 highways, London is a short drive to Toronto (2 hours), Windsor (2 hours), and Sarnia (70 minutes). These highways also make travel to the United States and its border crossings (Detroit-Windsor, Port Huron-Sarnia, and Niagara Falls) easily accessible. The city also features access to an international airport, train stations, and bus stations.

London is a regional leader in education and healthcare. Home to Western University and Fanshawe College, the city has three primary hospitals - St. Joseph’s Hospital, Victoria Hospital and University Hospital. London has a long history in manufacturing, but the economy continues to evolve and diversify with medical research, education, insurance, manufacturing, information technology, and digital creative technology among its top employers.

London has the features of a big city, with a small-town feel. Despite the increase in home prices across the country, London also continues to rank high in terms of livability for individuals and families.

The city has a vibrant and active creative community, with many music festivals and art exhibits. SunFest, the London Fringe Theatre Festival, Home Country Folk Festival, Pride London, and the Western Fair are among the many events held yearly. For those interested in sports – Budweiser Gardens is the home to the London Knights of the Ontario Hockey League and the London Lightning in the National Basketball League of Canada. With a diverse community, London has a rich and diverse culinary menu, with many refined and fun restaurant and dining options.

Residents also enjoy opportunities to be active outdoors. With nine major parks and gardens located throughout the city, Springbank Park is London's largest park, with over 140-hectares of space and 30km of trails. London also has an extensive bike and pedestrian pathway; The Thames Valley Parkway is 40km in length and connects to another 150 km of biking and hiking trails throughout the city.

Looking to learn more about working and living in London? Visit Tourism London at [www.londontourism.ca](http://www.londontourism.ca) or the City of London at [www.london.ca/living-london](http://www.london.ca/living-london).

## Accreditation Status

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NavOn/LFCC and MJWCYDC have operated non-accredited residency programs for several years, and supported each other's residents by offering breadth clinical experiences, additional supervision, and diverse didactic experiences to each other's residents since 2018. In 2021, we formalized our residency as a consortium. NPC completed a self-study process supported by the CCPPP to prepare for application to be accredited by the Canadian Psychological Association (CPA).

***We are pleased to announce we are a CPA Accredited Psychology Residency Consortium!*** We were informed of the Accreditation Committee's positive decision on November 5, 2023. It is retroactive to the academic year of our site visit, which was in March 2023.

The accreditation process flows through the Office of Accreditation – Canadian Psychological Association (<https://cpa.ca/accreditation/contactus>). 141 Laurier Avenue West, Suite 702. Ottawa, Ontario K1P 5J3. Email: [accreditationoffice@cpa.ca](mailto:accreditationoffice@cpa.ca).

# Who We Are

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NPC's Mission is to adequately prepare residents for future practice in clinical psychology with children and youth with the potential to further specialize in school or forensic practice. This is done with a developmental approach to teaching and supervision of evidence-informed assessment, treatment, and consultation.



## Navigating Onward Clinic (NavOn)

NavOn is a specialized clinic providing integrated services for individuals across the lifespan and families. Experience and expertise honed over many years also enables NavOn to support organizations in meeting the needs of their staff and clients through dynamic and evidence informed training. NavOn emerged out of almost 50 years of foundational clinical work and research conducted by London Family Court Clinic. NavOn is a social enterprise designed to expand the reach of innovative psychological services so that we can positively impact more children, families, and organizations as they navigate through difficult circumstances toward healing, hope, and discovery.

NavOn provides the following clinical and clinical-forensic services: individual therapy for children, adolescents, and adults; dialectical behavior therapy programming; fetal alcohol spectrum disorder (FASD) assessment; parenting plan evaluations; mental health evaluations; family therapy for parent-child contact problems; learning and ADHD assessments; ASD assessments for adolescents and adults; voice-of-the-child reports; New Ways for Families™ programming; family therapy; mental health and risk evaluations; parenting capacity assessments; immigration assessments; and parenting coordination.

Experience and expertise honed over many years also enables NavOn to support service providers in different sectors as well as organizations through dynamic and evidence informed professional development training. NavOn emerged out of almost 50 years of foundational clinical work and research conducted by the London Family Court Clinic. NavOn is designed to expand the reach of innovative psychological services to positively impact more children, families, and organizations as they navigate through difficult circumstances toward healing, hope, and discovery.

NavOn is committed to the pursuit of excellence in service, teaching and supervision, innovation, and research through their ongoing affiliation with LFCC. NavOn is unique in the communities we serve as a social enterprise with a mindset focused on working together, equitable access to service, and giving back.

### Some of the ways we are giving back to the community:

#### *Suicide Prevention / Intervention / Postvention Initiatives.*

Suicide continues to be the second leading cause of death for youth in Canada (PHAC). Although we are still evaluating the impacts of the pandemic on our youth, we know that the situation for the broader community has worsened through the pandemic, with calls to Canada's Suicide Prevention Service up 200 per cent in 2020. NavOn contributes to supporting suicide prevention, intervention, and postvention efforts through a donation of staff time and expertise to the London Middlesex Suicide Prevention Council. This year, Ms. Heather Fredin from NavOn is the chair of the council. For more information about the council and its work, please visit [www.lmspc.ca](http://www.lmspc.ca).

#### *PEERS Teen Group.*

NavOn contributes to enhancing FASD supports in the our community by facilitating a safe, supportive, and stigma-free environment for youth living with the effects of prenatal alcohol exposure to learn and practice an evidence-based social skills intervention and for their caregivers to connect with others with the same lived experience. In 2023, NavOn offered the Program for the Education and Enrichment of Relational Skills (PEERS) program to teens with neurodevelopmental disorders including FASD. This fall, we are excited to offer a modified evidence-based social skills group designed to target higher-order social skills like conflict resolution in teens with neurodevelopmental disorders including FASD to help them make and maintain friendships and reduce their risk of being taken advantage of by peers.

#### *Clinical Training and Supervision.*

NavOn has practicum placement opportunities and a paid psychology residency for advanced students with an interest in forensic clinical work. NavOn is partnered with LFCC and the Mary J Wright Child and Youth Development Centre at Western University to ensure breadth and depth in the student experience and for access to a broad range of educational seminars by local experts. This program also benefits the community by enabling the provision high-quality and affordable psychological consultation, assessment, and treatment services supervised by a licensed psychologist on a sliding fee scale. Those seeking collegial support or registering for independent practice with the College of Psychotherapists can also benefit from the collective experience of the NavOn team through individual supervision or by joining our consulting hub.

NavOn's website can be found at [www.navigatingonward.com](http://www.navigatingonward.com).



## London Family Court Clinic (LFCC)

For almost 50 years, London Family Court Clinic (LFCC) has served children and families at risk of, or already involved in the justice system. Building resiliency within children, youth, and their families through clinically relevant and timely intervention is of paramount importance to ensure long-term and sustainable outcomes. We are a non-profit, registered charity funded partially by the Ontario government and overseen by a volunteer Board of Directors. We first opened our doors in 1974 with 2 staff members offering a single service. Today, we offer 13 services and serve multiple coordination roles. Over the past 18 months, dedicated LFCC and the Board of Directors worked diligently to restructure the organization to create a social enterprise/community psychology clinic (Navigating Onward) offering clinical and forensic psychological services to individuals and families on a fee-for-service basis. In this way, and through wrap-around clinical services, we seek to divert children and families at-risk of justice system involvement to healthier trajectories. Profits from the social enterprise will be used to support the LFCC charity.

LFCC is also the Lead Agency for a new Child & Youth Advocacy Centre (Beacon House London). We are excited to bring our clinical expertise into pre-court processes from the lens of Advocacy and Community Resource Collaboration. We are currently piloting our services through the police referral system and look forward to incorporating therapeutic modalities into advocacy before court processes are needed.

LFCC is located centrally in downtown London. It is easily accessible by car and public transit routes. The office is close (2kms) to the Ontario Court of Justice. With court actively in session, our Residents may be required to attend with LFCC's Youth Therapeutic Court Clinician. Our YTC Clinician is a subject-matter-expert on court process and well positioned to provide guidance about protocols and processes as part of the education and learning continuum for residents.

The LFCC office space contains 5 treatment/assessment rooms, including a large observation space equipped with a one-way mirror and sound system for "behind the mirror" observation. There is a multi-sensory room equipped with movement-based activities, art supplies, and play-therapy supplies to support young clients with sensory challenges and/or a strong need to move. Our offices also contain a large boardroom, several private and shared staff offices, and a kitchen. LFCC has a large psychometry office complete with over 130 psychological assessment tools and a dedicated psychometry computer with access to online testing and scoring, and a secure file storage area to ensure file security and data integrity. LFCC is actively working towards digital archiving, file management, and storage. LFCC proudly shares office space with NavOn to ensure collaboration, growth, and a shared vision through our missions.

LFCC's website can be found at: [www.lfcc.on.ca](http://www.lfcc.on.ca)

## Mary J. Wright Child and Youth Development Clinic (MJWCYDC)

The mission of Mary J. Wright Child and Youth Development Clinic (MJWCYDC) is to be a leading training clinic in Canada providing high-quality student supervision and training for future child-and-adolescent psychologists and collaborating with our community to offer innovative, evidence-based, and accessible psychological services for children and youth.

Our vision is to build a knowledgeable and skilled community of professionals, caregivers, and caring adults that promotes and supports the learning, development, and mental health of children and youth.

Our core values are:

- Strengths-based
- Collaborative and systems focused
- Innovative
- Evidence-informed
- Commitment to constant learning
- Trauma-informed
- Culturally safe and anti-oppressive

As a team, we take a **strengths-based approach**. We strive to identify and build on the strengths of clients, their families, and their communities. We also aim to create a strengths-based culture within our training environment. We treat our Residents as valued colleagues who bring their own clinical interests and expertise to contribute to our service offerings.

**Collaboration and systems orientation** are another key focus of our work. We partner with students, clients, families, and communities to create change together. We are highly family-focused and seek to involve caregivers in all aspects of work with children and youth.

We also emphasize interdisciplinary collaboration and service integration. To achieve this, we are focused on “thinking outside the box” to use **innovative approaches** that transform service delivery with our community in mind. We work in close collaboration with community partners including school boards, mental health and developmental agencies, medical/hospital partners, and community agencies to contribute to innovative systems initiatives that enhance our community’s ability to meet the needs of children and youth. Current initiatives include: Personalized Assessment Leads to Success (PALS), Stepped-Care Delivery of Anxiety Support, the Kids Interdisciplinary Developmental Insights project, a [Service Integration and](#)



[Virtual Group Delivery project funded by the Ontario Autism Program](#), the [Supporting Transition Resilience of Newcomer Groups \(STRONG\)](#) program offered in partnership with the Centre for School Mental Health, and contracts to complete assessments and/or intervention for the London District Catholic School Board, Health Zone Nurse Practitioner Led Clinic, and Muslim Resource Centre for Social Support & Integration (MRCSSI).

Throughout our work, we have a strong focus on **evidence-based practice** and using research to help guide our approach. We are continuing to grow our in-house research capacity, as well as maintaining strong ties with multiple research groups at Western and beyond, including the [Improving Accessibility and Application in School Psychology lab](#), [Language and Working Memory Lab](#), [Centre for School Mental Health](#), and [Bilingualism, Education and Reading Research Lab](#). We also support Applied Psychology research within the Faculty of Education at Western University.

As a training setting, **learning and teaching** are at the heart of our work. Therefore, Residents can be assured that our environment is designed with their learning needs in mind. We offer Residents extensive opportunities for didactic training and group supervision, as well as plenty of individual supervision with our Registered Psychologists. We have a nested training model, so our Residents gain experience in providing supervision to junior students.

We are committed to ensuring our services to be **trauma informed**. We recognize the high prevalence of adverse experiences for children, youth, and adults, and the impact this can have on the wellbeing of children, youth, caregivers, and service providers. In our work, we aim to foster a *realization* of the relevance of trauma to our practice, *recognition* of the signs of trauma in our clients and ourselves, *responsiveness* to trauma in the way we conduct our work, and efforts to *resist re-traumatization* of our clients and ourselves (SAMSHA, 2014). We are working towards implementing key principles of trauma and violence informed care throughout our work.

We are also committed to the work of ensuring our services and training environment are **culturally safe and anti-oppressive**. We are committed to listening to and learning from our clients, partners, students, and colleagues to contribute to systems that serve our diverse community, particularly equity-deserving groups. We strive to promote an understanding of how diverse experiences, intersecting identities, social systems, power, and privilege influence our clients' and our lives, and psychology practice. We also strive to apply an approach to care that reflects the diversity of our clients' lived experiences, and advocates for clients' needs both individually and at a systemic level.

Our service offerings are a constantly changing reflection of our values and community partnerships. Generally, our client population presents with neurodevelopmental differences (such as language disorders, learning disabilities, intellectual disabilities, autism spectrum disorder, anxious temperament) often with additional mental health or behavioural challenges.



Residents can expect to participate in varied clinical activities including:

- Learning, developmental, and/or social-emotional screening
- Psychoeducational assessment
- Complex and developmental assessment
- Individual intervention for academic, behavioural, social and/or emotional concerns
- Group intervention for academic, behavioural, social and/or emotional concerns
- Interdisciplinary collaboration and consultation
- Program development and evaluation
- Supervision of more junior students

We expect Residents to have the opportunity to be involved in any of our community-based projects (described above). Residents may also develop their own project (e.g., workshop, group program).

We have trained a wonderful group of Residents over the past several years and have received great feedback on what a supportive and growth-oriented experience we provide. Past Residents have gone on to hold a variety of positions in community mental health agencies, hospitals, school boards, and private practices.

In September 2024, we anticipate being in a brand new, state of the art facility where Residents will have a private windowed office and access to individual and family intervention, assessment, and play spaces that have live observation and video recording capabilities. We also expect to have an outdoor play area, group rooms and a large educational space.

We look forward to welcoming Residents who share our values to bring their skills and enthusiasm to our dedicated team.

MJWCYDC's website can be found at: [www.mjw-cydc.uwo.ca](http://www.mjw-cydc.uwo.ca)

## Our Partners

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Services under the LFCC and MJWCYDC umbrella may be provided at various partner locations in London and the surrounding semi-rural areas.



### Craigwood Children, Youth & Family Services

Craigwood Campus is a small cluster of 4 adolescent residential facilities and 1 closed juvenile detention centre, located in Ailsa Craig, Ont., about a 30-minute drive from London. Craigwood provides a variety of therapeutic and recreational programs and an on-site school. Midway and Bridgeway each have 9 beds for male youth ages 12-18. Serenity is a voluntary residence equipped to house 2 boys between 12 and 21. Woodview is a 10-bed facility for female youth aged 12 - 20 in closed detention. Craigwood Campus is situated on a large, rural property. It contains several recreation areas, a gym, a wood/metal workshop, and an on-site school. Healthcare and social work are also on-site.

Craigwood's website can be found at: [www.craigwood.ca](http://www.craigwood.ca)



### Humana Community Services

In February 2021, Anago Residential Resources Inc. and WAYS Mental Health Support unified to become Humana Community Services. LFCC is connected to 2 Human residential sites for girls: Humana Parkhill, in Parkhill, Ont., and Human King St. Residence close to downtown London. Humana Parkhill is located in the small town that bears its name. Up to 12 girls live in single or double rooms in a dormitory style residence complete with recreation rooms, art room, kitchen and dining room, and an on-site school. 24-hour social work and child-and-youth worker staff provide programming and support to these girls.

Humana's website can be found at: [www.humanacs.org](http://www.humanacs.org)

## Our Staff

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### Colin King – MJWCYDC



Colin (Dr. King; he/him) is a School and Child Clinical Psychologist and the Director of the Mary J. Wright Child and Youth Development Clinic at Western University and Chief of Psychology of the LCYFFP consortium. He brings an integrative, cognitive-behavioural orientation to his clinical work and a developmental model of supervision in his work with graduate students and psychology residents.

With past clinical and leadership experience in private practice and in school board settings, Colin's academic research is focused on collaborative, applied, equity-oriented interventions to support children and youth with learning and mental health challenges. He directs the *Improving Accessibility and Application in School Psychology* research lab (<https://iaasp.ca>) at the Faculty of Education where he supervises graduate students in the School and Applied Child Psychology program. Outside of work, Colin enjoys photography, being active with sports and exercise, and spending time outside with his family.

*Colin once finished 3<sup>rd</sup> in a community fun run and won a pair of socks.*

### Katelyn Bryant – MJWCYDC

Katelyn (Dr. Bryant; she/her) is a Registered Clinical and School Psychologist practicing with children, adolescents, and families. She is a Supervising Psychologist and Assistant Director at the Mary J. Wright Child and Youth Development Clinic (MJWCYDC).



Kate's practice focuses on children and adolescents with neurodevelopmental differences and/or emotional, behavioural, or relational dysregulation. She provides a range of services from very brief to long term consultation, assessment, and intervention. Common assessment concerns include learning disabilities, intellectual disabilities (mild to profound), ADHD, and autism spectrum disorder, as well as anxiety, mood, and disruptive behaviour disorders. Kate offers intervention in multiple modalities, including individual intervention with children and teens, parent training/coaching, parent-child therapy, family therapy and group intervention. She is particularly interested in working with parents and has researched in the area of parental concerns about learning and development, specifically parental concern about reading. She collaborates extensively with teachers, doctors, allied health professionals, and other stakeholders.

Kate's practice also includes work on novel and creative programs and initiatives to improve service delivery. At the MJWCYDC, she has launched an early reading screening and support program and behavioural parenting program called "Powerful Parenting Principles." She was recently a lead clinician on a service integration grant to improve service delivery for clients with autism spectrum disorder via interdisciplinary, virtual, group-based programming.

Kate takes a strengths-based, goal-oriented, collaborative, formulation driven, evidence-based approach

to practice paying close attention to (neuro)development, behaviour, emotions, relationships, and ecology. As a supervisor, she takes a hands-on, developmental, competency-based approach to supervision that focuses on skill development in the context of a supportive relationship. Kate is committed to anti-oppressive and trauma-informed practice.

*Kate enjoys nature walks, buying too many books, watching SNL clips on YouTube, and trying new foods. Her favorite dessert is a hot fudge brownie sundae (maybe with some chips or pretzels on top).*

### Dr. Joyce Radford – LFCC



Joyce (Dr. Radford; she/her) is a clinical psychologist and the Director of Clinical Services at LFCC. She provides clinical leadership and support to team members involved in offering counselling and psychological assessment services to high-risk and/or court involved youth. Joyce is experienced in the forensic assessment of high-risk youth in the areas of violence, fire setting, and sexual behaviour. In her counselling work with youth, she is most drawn to brief solution-focused therapy, narrative therapy, and DBT skills techniques.

Throughout her career, Joyce has remained committed to working with marginalized families and youth, both in her capacity as clinician and researcher. At LFCC, Joyce has been the primary investigator on projects related to the design and implementation of programs focused on addressing some of the service gaps faced by high-risk youth; projects to date have addressed the need for service navigation supports for court involved youth, modified (brief) DBT group programming for marginalized youth, and the development of a psychoeducational program to address the problem of online sexual exploitation by youth.

Joyce is an Adjunct Clinical Professor in the Graduate Department of Psychology and the Counselling program at the University of Western Ontario. In her many years at LFCC, she is most proud of the clinical training she has been able to provide to graduate level psychology students and those seeking professional registration.

*While committed to her work at LFCC, Joyce loves living outside of the hustle and bustle of the city and listening to the crickets – who often move indoors in the fall and join in on her virtual appointments!*

### Dr. Kimberly Harris – NavOn

Kim (Dr. Harris; she/her) is a clinical and forensic psychologist and the Executive Director of NavOn. She provides assessments and treatment to children, adolescents, adults, and families inside and outside of the legal system. She earned a PhD in school-clinical psychology from the University of Toronto in 2007. Trained in a variety of family therapy models and understanding the family as a complex system, Kim believes that bridge building within families can have big impacts for children and communities. She is also trained in various other modalities (CBT, DBT ABA, narrative therapy, etc.). She is skilled in the treatment of trauma, parent-child contact problems, and tailoring treatments for children with neurodevelopmental disorders and their caregivers. Kim has been declared an expert witness in Family Court and Civil Court matters in a variety of areas including FASD, parenting capacity, mental health, and domestic violence, and the elevating children's voices in family disputes.



As Executive Director, Kim is strongly invested in nurturing the development of a team of highly skilled mental health professionals, who are courageous in their work and committed to their community. She has a strong value for health equity and believes that everyone deserves access to high quality service when they need it. Kim has provided collaborative leadership on a variety of community initiatives related to FASD, where she sits on the Leads Committee and the Association of Family and Conciliation Courts, where she sits on the Executive Committee.

*Kim loves mountain biking and traveling to new places with her family.*

### Maisha Syeda – MJWCYDC



Maisha (Dr. Syeda; she/her) is a clinical, school, and counselling psychologist and part-time clinical supervisor at MJWCYDC. She has considerable experience conducting psychodiagnostics assessments and psychotherapy for complex trauma, depressive disorders, anxiety disorders, disordered eating, and obsessive-compulsive disorder (OCD). Maisha's research program broadly focuses on adapting, evaluating, and examining the implementation and equitable sustainability of community-based mental health promotion and gender-based violence prevention interventions with marginalized children and youth (e.g., refugee youth). She also researches anti-racism and anti-oppression clinical psychology training and supervision protocols to advance health equity. You can

get to know Maisha's clinical and research passions more by reading her work (for free!) here: [Cocreating an Evaluation Approach for a Healthy Relationships Program With Community Partners: Lessons Learned and Recommendations - Maisha M. Syeda, Meghan Fournie, Maria C. Ibanez, Claire V. Crooks, 2021 \(sagepub.com\)](#) and here: [Mindfulness-based cognitive therapy as a targeted group intervention: Examining children's changes in anxiety symptoms and mindfulness. \(apa.org\)](#).

As a scientist-practitioner, Maisha recognizes that evidence-based practices integrate three primary components: research evidence, clinical reasoning, and lived experiences and perspectives of communities and community members. Hence, in supervision, she prioritizes teaching evidence-based and rigorous assessment and intervention modalities as well as exercising critical thinking, cognitive flexibility, and cultural humility to implement interventions that are responsive to the individual's and people's stories, histories, and realities.

Maisha incorporates acceptance-commitment, mindfulness-cognitive therapy, and dialectical behavioural therapy modalities in her clinical practice and integrates trauma-informed, anti-racist, and anti-oppressive lens. As part of her STRONG research program, she also developed a supervision model founded on ACT and critical race and queer theories to promote cultural humility and anti-oppressive attitudes and actions in clinical work.

*In terms of favorite snacks, Maisha is all about savory food, enjoying beef samosas and fuchka (a popular Bengali street food). She speaks four languages: Bengali, Hindi, Urdu, and "sometimes English." :P*

### Dr. Ashley Bildfell – NavOn

Ashley (Dr. Bildfell; she/her) is a clinical psychologist at NavOn and supervisor for the Narwhal consortium who provides assessment and treatment to children, adolescents, and families. She earned a PhD in school and applied child psychology from Western University in 2021. Ashley offers psychological assessments for neurodevelopmental disorders, mental health problems, general recidivism, risk of violent reoffending, and risk of sexual reoffending. She is interested in how complex neurodevelopmental

presentations intersect with mental health problems, trauma, the criminal justice system, the education system, and interpersonal relationships. Ashley loves working collaboratively with children, youth, and families through the psychological assessment process to help them better understand their unique profile of strengths and needs in the context of their existing systems. She is passionate about writing accessible assessment reports with individualized recommendations for her clients. Ashley is a pragmatic and creative assessor who views her clients and families as experts in their own experiences and needs. She seeks to find new ways to use technology to improve efficiency and workflow to produce an excellent assessment product in a timely fashion for her families. Ashley's research background in cognition, reading development, and writing intervention means she has a special interest in LD (specifically reading and writing disabilities) and FASD assessments. Few things excite Ashley more than a complex differential diagnosis.



Trained in CBT, DBT, brief solution-focused therapy, and CAMS-Care, Ashley is a relationship-driven clinician who seeks to empower clients and believes that a non-judgmental therapeutic space, compassion, and skill building can help all clients work towards mental wellness. As a scientist-practitioner, she takes an innovative and flexible approach to adapting evidence-based techniques to meet her clients' complex needs and holds hope for her clients while they work towards their goals. She is also trained in family therapy. Ashley is skilled at treating trauma, supporting individuals struggling with suicidality and self-harm, and helping families strengthen their relationships and communication skills. She helps clients with internalizing problems (e.g., anxiety, depression, and OCD) and externalizing problems (e.g., problems with emotion and behaviour regulation). Ashley has a special interest in treating clients with neurodevelopmental disabilities who also struggle with mental health problems. Ashley offers an evidence-based social skills program (PEERS) to teens with neurodevelopmental disorders.

Ashley's values of collaboration, authenticity, inclusivity, cultural responsiveness, and trauma-informed care are held at the forefront of her work. Ashley takes a student-centered and developmental approach to supervision; she was the recipient of the inaugural Alan Leschied Award for Relationship-Focused Mentorship. Ashley provides training on topics related to suicide prevention, intervention, and postvention, neurodevelopmental disorders, getting registered as a psychologist in Ontario, and academic consultation. She is a 2SLGBTQ+ ally who welcomes clients and students of all genders, sexual identities, and cultural backgrounds.

*Ashley is a friendly, energetic, and joyful individual who loves spending time with friends and family, reading, cooking, travelling, doing puzzles, painting, and crafting. She thinks the world would be a better place without goat cheese and sweet potatoes.*

### **Dr. Dilys Haner – NavOn**



Dilys (Dr. Haner; she/them) is a clinical and forensic psychologist providing assessments and treatment to children, adolescents, adults, and families inside and outside of the court system. Her name means "she who speaks truth" in Welsh. Dilys' is descended from immigrants from the Black Forest and British Isles. She earned a PhD in clinical-developmental psychology from York University in 2017; however, she has been practicing therapy since 2004 when she began her career as an overnight counsellor at Canada's national, on-demand counselling hotline. Trained in both long-term psychodynamic methods and short-term manualized approaches, Dilys believes that



psychological assessment and intervention must be tailored to individuals and groups rather than applying a "one-size fits all" approach to mental health. She is relationship-focused in all her work and takes a complex-systems approach to therapeutic change.

Essentially, Dilys believes therapy is a unique and supportive relationship in which she supports, guides, and challenges help-seekers to make and maintain healthy changes they've identified as important. She is also trained in CBT, DBT, solution-focused therapy, narrative therapy, high-conflict family therapy for parent-child contact problems, and play therapy techniques. Dilys has experience working with individuals and families exploring gender and sexual identity issues, as well as sexual behaviour. She is skilled in the treatment of phobias, insomnia, and OCD. As a descendant of immigrants to Canada, Dilys strives to understand how her individual characteristics and identities intersect to affect all aspects of her work. When working with those who identify as Indigenous people to this land, Dilys works in collaboration with their communities and prioritizes a Two-Eyed Seeing approach.

The Director of Clinical Training (DCT) for NavOn and the Narwhal residency program – Dilys is strongly invested in the clinical training of junior colleagues including graduate students in psychology, psychotherapy, and social work. She also supervises professionals preparing for independent registration in various professional colleges. Dilys is an adjunct professor in the School and Applied Psychology PhD and the Clinical Psychology PhD programs at Western University. She provides training on topics related to ethics, legal matters in psychology, neurodevelopmental disorders (e.g., FASD), factitious disorders, therapeutic alliance, and computer-mediated clinical practice.

*Dilys' hair may or may not be that colour when you meet her in person. She is an Agatha Christie adoring "Goth Elder," died-in-the-wool Gen Xer, and not-so-secret opera singer.*

### **Dr. Peter Jaffe – NavOn**

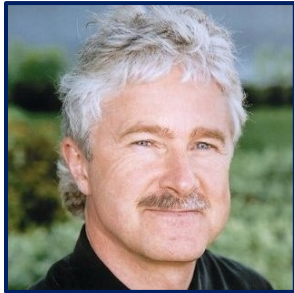
Peter (Dr. Jaffe; he/him) is a Professor Emeritus in the Faculty of Education and Director Emeritus of the Centre for Research and Education on Violence against Women & Children at Western University. He was the founding Director for the London Family Court Clinic in 1975. For over 40 years, his research and clinical work has involved adults and children who have been victims of abuse and involved with the criminal, family, and civil court systems. He has co-authored 11 books, 40 chapters and over 90 articles related to children, families, and the justice system. Peter has presented workshops across the United States and Canada, as well as Australia, New Zealand, Costa Rica, and Europe to various groups including judges, lawyers, mental health professionals and educators. Since 1997, Peter has been a faculty member for the US National Council of Juvenile and Family Court Judges' program which focuses on "enhancing judicial skills in domestic violence cases." This program provides judicial education on domestic violence across the US on a regular basis. He has been qualified as an expert witness in four Ontario inquests into domestic violence as well as domestic homicide fatality inquiries in PEI, Nova Scotia, and Alberta. Peter is also a founding member of Canada's first Domestic Violence Death Review Committee through the Office of Ontario's Chief Coroner. He just completed a national study, funded by the Social Sciences & Humanities Research Council, on domestic homicides in Canada together with over 50 academic and community partners across Canada. The study developed a national database on domestic homicide as well as an examination of risk assessment, safety planning and risk management strategies in domestic violence cases.



*Peter has 4 sons, 2 grandsons, and 4 brothers-in-law, so he is an expert in testosterone.*



### Dr. Daniel Ashbourne – NavOn



Dan (Dr. Ashbourne; he/him) is a psychologist consultant at NavOn and Executive Director Emeritus of LFCC. He has worked with people of all ages to learn about their many strengths and challenges and to help them navigate through rough waters for more than 30 years now. Dan has a long history of working with children and families involved with legal/clinical systems. He provides assessments and consultations to Courts for Youth in Conflict with the Law, Child Welfare, and Custody and Access Program. Dan is also a skilled family mediator and consults to ADR-LINK and the FASD initiatives at NavON.

*Dan is semi-retired and can often be found hiking, kayaking, and canoeing with his family.*

### Dr. Michelle Sala – NavOn

Michelle (Dr. Sala; she/her) provides assessment and psychotherapy to children, youth, and adults. Comprehensive assessments include for diagnosing ADHD, ASD, learning disabilities, anxiety/depression disorders, etc. With regard to therapy, individual and family therapy is provided for children, youth and adults with various mental health issues using CBT and mindfulness strategies to facilitate change. Being fluently bilingual, Michelle also provides French language services. Referrals are received from local school boards, mental health agencies, universities, colleges, Indigenous services, family doctors, pediatricians, psychologists and psychiatrists, to name a few. Services are provided in a hybrid model with intakes and feedbacks being completed virtually and testing/therapy sessions being completed mostly in person. She also supervises interns and residents completing graduate programs from various universities as well as providing supervision of psychologists, and psychological associates in supervised practice and psychometrists accumulating hours for supervised practice. Michelle also acts as an Oral Examiner for the College of Psychologists of Ontario.



In the past, Dr. Sala has provided clinical oversight as Clinical Director of services delivered in the Ontario Autism Program to children and youth with autism spectrum disorder and their families. She has also worked in the area of forensics, completing parenting capacity and child welfare assessments as well as assessment for youth involved in the Youth Justice system.

## OUR OTHER TEAM MEMBERS

### Ms. Heather Fredin – NavOn



Heather (Ms. Fredin; she/her) is a Registered Psychotherapist who has found her home with Navigating Onward (NavOn), Heather's values align with NavOn's goal of clinical excellence and community impact. She has been providing care to children, adolescents, adults and families for 25 years. She holds a Master's degree in Counselling Psychology, a Diploma in Art Therapy and a Bachelor's Degree in Education.

Heather encourages service providers to practice from a trauma-informed perspective. She believes that therapeutic goals must be client-centred, and

help should come from a collaborative approach. She focuses her efforts on community/education and health collaborative partnerships and care pathways for children, youth and families seeking mental health support.

As the Director of Professional Development at NavOn, Heather is committed to clinical training of community colleagues, which includes students in psychology, psychotherapy, and social work. She is an adjunct professor in the Counselling Psychology program at Western University where she regularly teaches Systemic Practice (psychotherapy for families, couples, and groups). She trains regularly on a wide variety of topics; however, her special interest is the topic of youth suicide prevention, intervention and postvention.

Heather is trained in CBT, EMDR, DBT, and the therapeutic and risk assessment model “Collaborative Assessment and Management of Suicide,” otherwise known as CAMS. Finally, she is committed to both supporting individuals in their healing journey but also to creating a community where belonging and support are commonplace.

*Most importantly, Heather is the proud mother of Sarah, Nathan, and Hannah. She also looks forward to going home to family in Nova Scotia every summer.*

### Ms. Jacqueline MacMillan - NavOn

Jacqueline (Ms. MacMillan; she/her) has worked at London Family Court Clinic and NavOn for a combined 28 years. She brings a wealth of knowledge and expertise to her current role as the Coordinator of Clinical Case Management. During her initial ten years, Jacqueline was a team lead in completing Youth Justice (Section 34) assessments and assisted in many research projects. A highlight for Jacqueline was travelling across the province to collect and compile data for the Youth Level of Service Inventory (YLS), a highly regarded and standardized instrument used by internationally to assess risks and needs of youth offenders.



For the past 18 years, Jacqueline has been the lead Case Manager in clinical services, as well as directly involved in assessment work for Parenting Capacity Assessments (CYFSA Section 98) and Parenting Plan Evaluations (CLRA Section 30). Ensuring ongoing understanding and up to date knowledge, Jacqueline trained in trauma-informed care, youth violence, Indigenous cultural awareness, poverty reduction, suicide prevention/intervention and postvention, InterRai Child and Youth Mental Health assessment, attachment and clinical implications, and substance abuse and addictions. She has also been a Placement Supervisor/Field Instructor for Social Service Work students.

Jacqueline’s nature to pay attention to every detail, combined with her insight, critical thinking, sensitivity, and patience, lends well to her role as Coordinator of Clinical Case Management. She is well versed in recognizing clients and their families needs and identifying the specialized service at NavOn that would best meet those needs. Jacqueline can answer all client questions and provide support as they navigate their way through the referral and service process, ensuring a professional and compassionate point of contact for clients, families, community professionals and agencies.

*When not at work, Jacqueline can be found travelling to visit family, enjoying boating and paddleboarding in the summer, and downhill skiing in the winter. Jacqueline openly identifies as the “office mom.”*

### Ms. Melissa Moore – NavOn



Melissa (Ms. Moore; she/her) is dynamic and always up for a challenge, so it comes as no surprise that she is one of the Clinical Case Managers (CCM) at NavOn. Intent on a position more aligned with her core values, Melissa transitioned from a successful marketing career in Toronto to the not-for-profit sector over 10 years ago. She provides ongoing assessment, advocacy and consultation to clients, colleagues, and community partners. She has a strong interest in neurodevelopmental, “invisible,” disabilities and is very aware of the challenges many face due to a lack of diagnostic services and/or the limited understanding of those in support positions.

Melissa is responsible for the coordination and case management of all NavOn FASD assessments and assists with capacity building efforts in surrounding communities. She continually advocates for access to assessment and community support and is passionate about lessening the stigma attached to prenatal alcohol exposure when 50% of pregnancies are unplanned and alcohol consumption is a social norm. Despite this, many pregnant people and parents feel judged, which prevents them from seeking services and interventions for their children that would contribute to an improved quality of life.

Melissa continues to expand her knowledge base and has received training in many areas including human trafficking, youth violence, trauma-informed care, resiliency, TAPP-C (arson prevention), sexual behaviour, culture and diversity and the risks-needs-responsivity model. Prior to her move to her full-time NavOn role, Melissa was the lead CCM on all Youth Justice (Section 34) assessments for Indigenous youth, youth presenting with sexual behaviour charges, and newcomer youth. In addition to her clinical role, Melissa has represented the agency at community symposiums, at student placement forums (Fanshawe and Kings) and has been a Placement Supervisor/Field Instructor for Social Work and Social Service Work students. Working on a diverse range of assessments – her enthusiasm and professionalism never flags.

*When not immersed in her work, you can likely find Melissa at the Airport or Art Gallery: both places that tend to transport her.*

### Mr. Tuhin Jajal – LFCC and Beacon House

Tuhin (Mr. Jajal; he/him), is a thought-provoking leader with a proven track record of drawing people and organizations together resulting in strong outcomes, growth, and sustainability. His management style focuses on connecting with his teams and building strong, robust cultures of communication, diversity, and inclusion. LFCC is not only known for its clinical expertise in court and community services; they are a well-established centre for education and training for future clinical experts. One of his roles as Executive Director is to ensure the environment is not only clinically relevant; but one which is built on having a robust collegial space where clinical leaders can mentor and educate residents with live cases and in real time. Tuhin wants to ensure



that Residents have a seat at the table where they actively seek knowledge and participate in enhancing and honing their people and professional skills. A space which is inclusive of thought, diversity, and cultural relevance. His mission within the consortium is to ensure that residents are more agile, nimble, and clinically impactful when they leave LFCC’s and NavOn’s hallways. Tuhin believes each day is an opportunity to be better than day before; and his mission is to ensure this environment is reflective of that ethos.

*Tuhin is writing a book about life lessons and motivational tales, which he will self-publish, for his kids to ultimately use as doorstops.*

### Ms. Tiffany Trudgeon – MJWCYDC



Tiffany (Ms. Trudgeon; she/her) is the Administrative Officer at the Mary J. Wright Child and Youth Development Clinic. She came into this role with approximately 10 years of experience working at Western. Tiffany has worked in the Faculty of Education for about 8 years as a Graduate Affairs Assistant, overseeing the Applied Psychology Graduate Programs. Tiffany looks forward to helping each new family that comes to the Clinic and all Residents and clinical learners involved with NPC!

*Tiffany's smile has a soothing effect on children, caregivers, and residents!*

# Available Rotations

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For the 2024 September start date, the NPC residency has 3 resident positions:

1. child and youth clinical track with a home base at MJWCYDC
2. youth clinical-forensic track with a home base at LFCC
3. child, youth, and family clinical-forensic track with a home base at NavOn.

The **child/adolescent clinical major rotation is at MJWCYDC** with a focus on assessment and intervention in a community psychology clinic. This resident will hone their skills working with children, adolescents, and their families presenting with a variety of mental health diagnoses and symptoms presentations. They will have the opportunity to train in the following core competencies:

- Co-lead at least one manualized, evidence-based treatment group;
- Present psychoeducational groups to parents and caregivers;
- 9-15 psychological assessments (psychoeducational, neurodevelopmental, mental health, behaviour);
- 10-20 individual and/or family therapy cases;
- Provide tiered supervision to psychology practicum students from Western University.

The clinical track resident will experience a minor rotation with NavOn/LFCC in which they may participate in multidisciplinary FASD assessment, cofacilitate an social skills group for youth with neurodevelopmental disorders, cofacilitate a DBT skills group, facilitate a therapeutic group at a group home, and/or conduct a risk assessment under Sec. 34 of the CYJA.

The **youth clinical-forensic major rotation is at LFCC** with a focus on assessment and consultation in clinical, forensic, and forensic-adjacent psychology services for youth aged 12-18 and their caregivers.

This track is assessment heavy with an approximate 9:1 ratio of assessment to intervention experiences. The resident is expected to provide consultation services to a group home or youth detention facility. They will hone their skills working with adolescents involved in or at risk of involvement with the juvenile court. They will have the opportunity to train in the following core competencies:

- 7-12 team-based risk assessments under Sec. 34 of the CYJA;
- 1-2 adolescent assessments for violent recidivism;
- 1-2 adolescent risk assessments for sexual behaviours;
- Co-facilitate a DBT skills group for adolescents and/or participate in the DBT consultation group;
- Psychological consultation services to group home staff and residents.

The **child, youth, and family clinical-forensic rotation is at NavOn** with a focus on assessment and intervention in clinical, forensic, and forensic-adjacent psychology services for children, youth, and families involved in, or at risk of involvement in various court systems. NavOn clients are frequently referred by the juvenile court, family court, or Children's Aid Society.

This rotation is assessment heavy with an approximate 2:8 ratio of assessment to intervention experiences. This resident can expect to train in many of the following core competencies:

- 7-10 multidisciplinary FASD assessments with children and adolescents
- 1-4 team-based risk assessments under Sec. 34 of the CYJA
- Co-facilitate a PEERS social skills group for adolescents with severe neurodevelopmental disorders
- Cofacilitate a DBT skills group for parents and adolescents
- Shadow and support court-ordered family assessments such as parenting plan evaluations under Sec. 30 of the CLRA or parenting capacity assessments under Sec. 98 of the CYFSA
- 1-2 adult learning or mental health assessments
- Participate in a family-based treatment for parent-child contact problems (when available)

The clinical-forensic track residents will experience a minor rotation with MJWCYDC in which they may cofacilitate a manualized therapeutic group, lead parent psychoeducational sessions, conduct an assessment for a child under age 6, and/or provide tiered supervision to a psychology practicum student from Western University.

**\*\*\*NEW MINOR ROTATION\*\*\*** Announced October 26, 2022, on the APPIC MATCH NEWS listserv. NPC is offering a **minor rotation in French language psychoeducational assessment**. This minor rotation will be one day per week for the entire year. It will be supervised by Dr. Michelle Sala and involve a mix of in-person and virtual assessment experiences. This experience is open to any resident regardless of track. Access to a vehicle is required for this minor rotation.



# NPC Program Expectations

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NPC offers only a full-time residency experience. The resident will easily complete approximately 1,750 hours over the year (1,950 if the home PhD program wishes to include paid time off). A typical 37.5-hour work week includes the following:

- 4 days per week in clinical experiences (direct and indirect); approximately 10-15 hours of which is in direct (face-to-face) service delivery
- 0.5 days per week for educational seminars, didactic sessions, case conferences, and group supervision
- 0.5 days per week for program evaluation/development (not related to their dissertation)

## Program Evaluation (Research) and Program Development

Residents are required to participate in research/program evaluation or program development, typically through involvement with an ongoing project at their home clinic. The primary supervisor provides assistance with selection and involvement in the project. Projects are typically chosen by early October but may be dependent on the funding cycle of various projects.

## Educational Seminars, Didactic Experiences, and Case Conferences

Formal teaching in a group setting is an essential component of the resident experience. Residents participate in weekly seminars on professional and clinical issues. These didactic sessions are hosted by MJWCYDC and attended by clinical and counselling psychology students at Western University at the MA and PhD levels. NavOn/LFCC provides group supervision sessions related to ethics, jurisprudence, standards and practices, and countertransference/processing issues throughout the year, as well as two learning sessions with a child and adolescent psychiatrist to explore knowledge related to effective interdisciplinary practice and medication. Residents may also attend videoconference Psychiatry rounds hosted by The Hospital for Sick Children (SickKids) in Toronto, Ont., during the summer months. Residents attend regular NPC psychology case conferences and present a minimum of 2 cases over the year (typically one assessment and one treatment case).

## Supervision

The resident is guaranteed to receive, at minimum, 3 hours of individual and 1.5 hours of group supervision each week that is formally scheduled. There are typically other supervisory experiences each week including the conducting of co-therapy or participating in multidisciplinary case conferences. We recognize that the resident role is primarily that of a trainee, and therefore, direct service demands are limited to approximately 60% of the resident's time. Approximately 12% of the resident's time is allotted to supervision, 10% in research/program evaluation, and 18% in professional development activities.



## Evaluation

At the start of each rotation, or at the beginning of each supervisory relationship, the resident meets with their supervisor to establish a formal, written supervision agreement according to the College of Psychologists of Ontario standards, which covers the objectives of the rotation, the methods of supervision, and the rights and responsibilities of both the supervisor and supervisee. Formal, written evaluations are conducted at the mid-point and end of the major rotation and at the end of the minor rotation. These include an evaluation of the resident by the supervisor and an evaluation of the rotation and quality of training by the resident.

When required, a new supervision agreement can be created. Completion of the residency is contingent upon successful completion of the goals and objectives in each rotation (although these can be re-evaluated and adjusted as the residency unfolds – for example, if certain types of cases are not available), as well as meeting the formal standards of the program. Evaluations of the residents are completed during individual supervision sessions – both supervisors and residents sign evaluation reports indicating they have been reviewed together. Reports are then provided to the resident’s university training program and the Director of Clinical Training; copies are retained by the resident and supervisor. A final report with a description of training experiences and skills developed, number of hours spent in various activities, and a designation of pass/fail is provided.

If a supervisor has concerns about the progress or performance of the resident, or if the resident has concerns about the quality of training provided, the Residency Handbook outlines the requisite procedures. Our program has formalized, written policies and procedures for evaluation, due process, and grievances.

## Residency Information

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The NPC Psychology Consortium emphasizes clinical excellence, developmental models of teaching and supervision, and quality consultation and program evaluation/development. The aim of the residency is to prepare students for post- doctoral supervised practice in clinical psychology with children, youth, and families – with the possibility of preparation for post-doctoral supervised practice in clinical- forensic or school psychology. (In Ontario, the progression is to supervised practice whereas in some jurisdictions the progression is to independent practice.) This aim is achieved by assisting the residents to identify their individual interests, build on their current strengths, and expand their areas of clinical interest and skill. We strive to develop residents who can match their feelings of confidence to their level of competence in multiple clinical areas. We also strive to enhance their professionalism and interpersonal skills through experience in multidisciplinary teams, development of time-management skills, and the development of a healthy sense of resident’s professional identity.

While clinical training is emphasized, the scientist-practitioner model serves as the philosophical basis for clinical practice, as well as educational and research endeavors. In line

with the goals outlined in the Gainesville Manifesto of 1990, the aim of the scientist-practitioner model is to integrate science and practice, and to facilitate career-long integration of investigation, assessment, intervention, and consultation. Psychology staff at NavOn/LFCC and MJWCYDC endeavor to maintain both an empirical basis to their clinical practice and clinical relevance in their research.

The residency views the program as a pre-requisite to the awarding of the doctoral degree. As a result, we support a model of training in which the residency must be completed before the doctoral degree is conferred.

## Residency Requirements

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NPC is open to doctoral students in clinical, clinical-developmental, school-and- applied and/or clinical-forensic psychology programs. Applications are open to students who are Canadian citizens, Permanent Residents of Canada or non- Canadians attending a Canadian graduate psychology program and who already have documentations/permits allowing them to work in Canada during the period of the residency. Students must be enrolled in a clinical, clinical-developmental, school-and-applied, or clinical-forensic psychology program accredited by the Canadian and/or American Psychological Association or doctoral program working toward future accreditation.

## Goals of the Residency Program

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Our program's overall goal is to support the mental health and well-being of children, youth, and families whose needs are at-risk of not being met by other systems and agencies in southwestern Ontario. We strive to do this through general and specialized training in the provision of high-quality, evidence-informed psychological services to clinical psychology residents. Consistent with the philosophy of our Residency program, we continually strive to meet 7 goals.

### **1. To provide residents with training specific to the intersection of clinical, community, and forensic psychology practice with children, adolescents, and families.**

At times, opportunities to work with adult clients emerge through the fee- for-service program at NavOn/LFCC and those opportunities may be made available to residents wishing to declare competence with adults. A breadth of training experiences is prioritized for each resident, including:

- a. Service experiences (assessment, case conceptualization and treatment, consultation, diagnosis, provision of psychoeducation/training to clients and other professionals);
- b. Diversity of client populations (child, adolescent, family; dominant culture, potentially marginalized groups, immigrant/refugee; group home, detention, general public, school; child protection; Court involved);

- c. Theoretical models related to community psychology provision; multidisciplinary teamwork; circles of care, and inter-organizational service provision;
- d. Theoretical models related to juvenile risk assessment, parenting capacity, parenting plans, and mental health treatment;
- e. Preparation for trial and best practice considerations for forensic work involving contact with lawyers, judges, CAS workers, probation officers, and other forensic-adjacent professionals.

## **2. To prepare residents to work with a variety of clients with varied individual differences.**

Potentially marginalized groups, such as Indigenous peoples, immigrants/refugees, low-income families, traumatized individuals, and people with neurodevelopmental disorders (e.g., fetal alcohol spectrum disorder (FASD)) frequently present to community psychology clinics and are overrepresented in the justice system. Therefore clinical-forensic psychologists must be prepared to work sensitively and effectively with these populations. We address the need to develop skills that facilitate work with different health statuses, languages, socioeconomic statuses, cultures/ethnicities, spiritual practices, gender and sexual identities, cognitive abilities, and the intersection of multiple identities. Supervisors monitor resident caseloads and, wherever possible, assign cases that will broaden learning in this area. A subset of weekly didactic opportunities also directly addresses individual differences.

NavOn/LFCC and MJWCYDC serve clients who may not speak English fluently. When interpretation is necessary, efforts are made to locate and utilize an interpreter. If a resident is aware of a language barrier, they can work with the Clinical Case Management Team to provide a community-based interpreter.

## **3. To support the professional identity development of Residents as future psychologists.**

Residents are considered both students and junior colleagues. They are highly involved in setting their training goals and objectives (within the realm of possibilities given our waiting lists) and are considered valued members of the profession of Psychology by NavOn/LFCC and MJWCYDC staff. They are treated with the same respect as permanent psychology staff. Residents have opportunities to access the organization's resources, attend professional development events, and participate in professional activities. They are assigned a shared resident's office and are provided with a work cellphone, laptop, and network access. All NavOn/LFCC and MJWCYDC staff are encouraged to participate in the residency by serving as professional role models and multidisciplinary team members, and by discussing a wide range of issues with individual residents as opportunities arise.

At the beginning of the year, residents are given access to an electronic package of materials relating to the standards for professional conduct for practice of psychology in Ontario as well as current legislation about the ethics and standards of practice of Psychology in Ontario. Each resident also has access to a set of binders that includes all

legislation, professional standards, and guidelines identified by the College of Psychologists of Ontario as relevant to their members. Residents participate in seminars dealing with the standards of professional practice and ethical and professional issues are integrated into the discussions in other seminars. Ethical issues and questions are discussed in supervision as they arise in the residents' clinical work.

#### **4. To facilitate the development of skills in providing client-and-family- centred care as part of interprofessional health care and assessment teams.**

Residents will develop a sense of their own professional identity and awareness and appreciation for other professionals on our multidisciplinary teams. Most NavOn/LFCC assessments are done by teams (Clinical Case Management Teams, Multi-disciplinary Support Team, FASD Assessment Team), and many treatment cases are also interdisciplinary (e.g., co-therapy with high-conflict separation families, triage from social workers/psychotherapists to psychologists, consultation to group home staff). Most MJWCYDC assessments are done by teams using a tiered supervision approach, and many treatment cases are interdisciplinary in terms of frequent case consultations with the larger circle of care (family, CAS, cultural community groups, psychiatry, school staff). Case managers, probation officers, child lawyers, therapeutic court workers, and CAS workers may also contribute to larger circles of care. Residents will learn to collaborate around the needs of the clients with fellow team members, learn to communicate with fellow team members on issues of client care and interprofessional practice, and increase their understanding of the enhanced potential for excellence in client care through collaboration. Issues related to multidisciplinary work are addressed in supervision as they arise.

#### **5. To support the integration of research into the resident's professional roles.**

NavOn/LFCC and MJWCYDC hold the belief that research must inform the duties of psychologists. Residents are required to complete a small program evaluation or research project during the residency. The NavOn/LFCC program evaluator is responsible for overseeing this portion of the residency. Residents may select another supervisor to work with them based on their project interests.

Potential research projects include program development and evaluation, analysis of an existing database, participation in an ongoing study, or development of a small, time-limited study. The specific research is identified by the resident in conjunction with his or her primary supervisor. The research project must be separate from the resident's dissertation.

Residents are asked in late November/early December to present their research ideas and present their findings again in July. These presentations occur during the usual didactic/group supervision schedule. The supervising psychologists also keep private libraries of texts and journals that residents may ask to borrow.

#### **6. To integrate supervision learning into all components of the Residency.**

Our psychologists use a developmental model of supervision, matching the resident's level of competence and confidence with appropriate levels and types of supervision. Although entry to the NPC residency requires students to function at an advanced level in terms of face-to-face skills with clients, training activities are individualized to each resident's specific training needs and entry-level skills. In areas where the resident has little experience, supervisors will work closely with the resident and may use directed readings, modeling, co-therapy, observation, and feedback in their supervision activities. NavOn/LFCC has two client rooms with observation windows/two-way mirror for in-vivo supervision. MJWCYDC has an integrated audio-visual recording system that allows supervisors and trainees to observe sessions from a nearby room or record sessions for later review and supervision. As a resident's competence and confidence increase, supervision will become more consultative and collaborative. Residents are guaranteed a minimum of four hours of scheduled, in-person supervision by psychologists per week, one hour of which is group supervision.

Our psychologists appreciate that clinical supervision of students, junior colleagues, and unregulated staff is a significant professional responsibility. Interested residents may have the opportunity to be introduced to the conceptual, practical, professional, ethical, and interpersonal aspects of clinical supervision. When possible, residents may have the opportunity to supervise M.A. Counselling or Clinical Psychology practicum students, or psychometrists.

#### **7. To receive and integrate feedback from the residents regarding each aspect of the residency.**

The NPC residency is a new one and we recognize it will develop and grow in relationship to client needs and the changing landscape of psychological practice in Ontario. Feedback from residents, both during and after their training, is essential for the residency to grow successfully and meet the needs of future residents. For residents to do their best learning, they must feel it is safe to provide feedback to supervisors. Feedback is provided both formally and informally to supervisors and in meetings with the coordinator of students. Feedback is also received through the evaluation forms that residents complete during the training year and after they graduate. Incorporated in these forms is the opportunity to rate the extent to which residents believe residency staff have been receptive to the feedback they have received. Those being evaluated by residents are not permitted to access this formal feedback until their evaluations of the residents have been submitted.

## Facilities

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Each resident has office space with a computer and Internet access, capabilities for videoconferencing, a work cellphone, and a lockable space. NavOn/LFCC and MJWCYDC have

audio-visual equipment for recording sessions and supervision, and access to electronic and hard-copy library materials specific to clinical and forensic psychology.

## Remuneration

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Residents are employees of NavOn. The annual salary is \$40,000 (CAN) including 10 paid vacation days. Residents also qualify for 9 paid statutory holidays.

Unfortunately, as short-term employees, we are unable to offer health benefits to residents; therefore, we suggest retaining the benefits offered by one's doctoral graduate program.

NPC does not offer paid research days for the purpose of completing one's dissertation. However, we are in the practice of granting flex time to prepare and complete the dissertation defense.

## Director of Clinical Training

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Dr. Dilys Haner, the training coordinator, is an employee of NavOn. She is advised by a Residency Committee made up of NavOn/LFCC and MJWCYDC leaders, administrative staff, and one resident. Resident input into the program and evaluation of the program is greatly valued and can be achieved, in part, by their involvement in the Residency Committee.

## Ethical and Responsible Practice

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NPC abides by the code of ethics of the Canadian Psychological Association. Our psychologists are aware of an incompliance with all the relevant provincial and federal laws and legislation that govern health care, mental health care, and forensic practice. Our psychologists engage in reflective practice to maintain awareness of the limits of their competence and practice only within those limits.

All applicants to the residency should be aware that a satisfactory criminal record check and vulnerable sector screening is mandatory to participate in the residency.

## Diversity

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We believe that effective and ethical psychological practice should be grounded in an appreciation and respect for cultural diversity and psychologist should engage in ongoing training to increase their competence in adapting our methods of practice in response to individual differences. Southwestern Ontario is a diverse area so there is an increased need to be able to interact competently and effectively with people from many cultural and ethnic

groups, socioeconomic statuses, sexual identities, different abilities, ages, and generational statuses within Canada. We recognize that our clients may come from Toronto to Windsor and northward to the Manitoulin Island area. We tend to provide services to potentially vulnerable groups both in the forensic and community psychology contexts, which requires consistent use of the Two-Eyed Seeing approach, trauma-informed approach, the neurodevelopmental lens, and an intersectional view of identity and relationships.

## Application Instructions

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### Eligibility

Basic prerequisites consist of current enrolment in a doctoral program in clinical psychology, completion of at least 800 practicum experience hours (of which 300 must be in direct service provision), and acquisition of core scientific knowledge in general psychology, child/adolescent psychopathology, and intervention (e.g., CBT, DBT, psychodynamic methods, etc.). Assessment experience is required as both of our rotations focus on assessment of children, youth, and families. A course in assessment tools for children and adolescents during your graduate training is required. Those applying to the clinical-forensic track should have experience in forensic or forensic-adjacent settings (e.g., group homes, detention, probation, street-involved youth, FASD, domestic violence, etc.). Preference is given to applicants in CPA/APA accredited programs and to Canadian citizens and landed immigrants. We strongly encourage applications from qualified individuals of any gender identity, as well as members of visible minorities, Indigenous people, and people with disabilities. Proficiency in English is necessary; Proficiency in French is considered a strong asset. A satisfactory police records check and vulnerable sector screen is required to fulfill the terms of employment.

If you had placements and/or requirements that were negatively impacted by the COVID-19 pandemic, please request that your Director of Clinical Training highlight the nature of this impact in their portion of the APPIC application. If you had placements that were cancelled or prematurely terminated, please describe the training and hours that were anticipated in your cover letter. If your hours fall short of the minimal requirements due to COVID-19, this shortfall will not be held against you.



## Application Information

NPC became a member of APPIC in June 2022. We adhere to the APPIC match service in terms of dates and requirements. Applications must be received through the AAPI Online match program by Friday, November 17, 2023. Applicants will be notified on Friday, December 1, 2023, if they have been successful in obtaining an interview. Interviews will be scheduled on Monday, December 4, 2023, in accordance with CCPPP guidelines.

We are only accepting applications from students legally allowed to work in Canada at this time.

*Please note that effective September 2021, all employees of the host organization (NavOn) must be fully vaccinated by the start of the residency unless medically contraindicated or for religious reasons in accordance with the Ontario Human Rights Code.*

### **Contact for further information:**

Dr. Dilys Haner, C Psych  
Psychologist and Director of Clinical Training  
NavOn; 200-254 Pall Mall St.  
London, Ont. N6A6P7  
519-280-3736  
[d.haner@navigatingonward.com](mailto:d.haner@navigatingonward.com)

## Selection Process

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Candidates will be selected for interview and, in accordance with the other residency programs in Canada, we will notify successful candidates of interviews and allow for flexibility to accommodate interviews at other APPIC match sites. All interviews conducted in January 2023 were virtual due to the COVID-19 pandemic. Interviews conducted in 2024 will be provided according to APPIC/CCPPP guidelines and multiple options for interviews will be offered, if allowed (i.e., in-person, telephone, video conferencing).