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NORTHWESTERN ONTARIO RESIDENCY  
PSYCHOLOGY INTERNSHIP CONSORTIUM

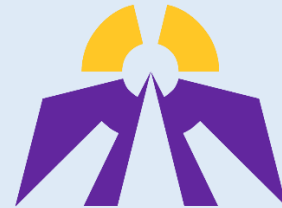
**BROCHURE 2024-2025**

(for entry into the 2024 year)

## A consortium comprised of these agencies:



Anishinabek Family Care



ST. JOSEPH'S CARE GROUP



Sioux Lookout  
First Nations  
Health Authority



**Sullivan**  
+ Associates  
CLINICAL PSYCHOLOGY



Thunder Bay Regional  
Health Sciences  
Centre

**All of the Consortium Organizational Partners are situated on either the traditional lands of the Robinson Superior Treaty of 1850, Treaty # 3, Treaty # 5, or Treaty # 9, and the land on which we gather is the traditional land of the Anishnaabeg, and the homeland of the Metis Nation.**

The Northwestern Ontario Residency Psychology Internship Consortium (NORPIC) consists of seven organizations that provide mental health and developmental services within Northwestern Ontario.

Rotations are largely organization specific due to the specialized nature of the scope, mandate, and psychological service delivery that is occurring with the exception of the two adult rotation positions which are jointly operationalized by St. Joseph's Care Group and Thunder Bay Regional Health Sciences Centre. Regardless, there is the possibility of minor rotation opportunities within all organizations: Children's Centre Thunder Bay (CCTB), Dilico Anishinabek Family Care (Dilico), FIREFLY, Sioux Lookout First Nations Health Authority (SLFNHA), St. Joseph's Care Group (SJCG), Sullivan + Associates Clinical Psychology, and Thunder Bay Regional Health Sciences Centre TBRHSC).

The host organization for NORPIC, is St. Joseph's Care Group (SJCG). SJCG's mission is to identify and respond to the unmet needs of the people of Northwestern Ontario through providing client-centered quality in care, demonstrating compassion, and showing commitment to community. These goals are actualized through their strategic plan and priority areas of being here for their clients, here for their people (staff), here for their partners (other organizations), and here for their future. The Mission, Core Values, Vision, and Priority areas are very much in alignment with NORPIC's overarching philosophy of emphasizing delivery of service through a socially responsive lens and our mission to provide a training program that fosters trainee's professional identity as part of a larger system that emphasizes client centered care.

## PHILOSOPHY

The Northern Ontario Psychology Internship Consortium emphasizes clinical service, teaching, and research through a socially responsive lens. The aim of the program is to prepare residents for post-doctoral supervised practice in psychology, with available tracks within health care, community service, private practice and school systems.

## MISSION

This philosophy is supported by our mission of pursuit of residents' identification of individual interests, enhancement of strengths, and broadening areas of clinical interest and skill through a socially responsive lens. Our mission is to provide residents with a training, education, and supervision in delivery of clinical services, support professional development of their identity as a psychologist who is part of a larger system (health care, education, etc), and to support their personal identity as a professional psychologist through mentoring development of strong interpersonal and communication skills, and an overall positive sense of professional self and identity.

While clinical training is emphasized, the scientist-practitioner model serves as the philosophical basis for clinical practice, as well as educational and research endeavours. 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 the residency organizations endeavour to maintain both an empirical basis to their clinical practice and clinical relevance in their research.

Successful completion of a residency is 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.

## GOALS

The goal of this residency is to prepare students for broad-based training in clinical practice through systematic training in assessment, diagnosis, consultation, treatment, program valuation/research, and the ethical and professional standards underlying these activities.

The profession of psychology is based in science and psychologists make ongoing contributions to knowledge and promote the well-being of patients and society as a whole. At NORPIC, we adhere to the "Scientist-Practitioner" model of practice and training in psychology. Consistent with the philosophy of our internship Program, we continually strive to meet seven goals.

<b>GOALS</b>
<b>To provide all residents with broad-based foundational training in clinical practice in psychology</b>
<ul style="list-style-type: none"> <li>• Each resident is expected to have a breadth of training experiences throughout their training year.</li> <li>• Efforts are made for each resident’s individualized training plan to include breadth of training in four domains (diversity, theoretical models, patient populations, and service experiences (including assessment, diagnosis, intervention, and consultation).</li> </ul>
<b>To increase residents’ appreciation, understanding, and competence in delivering socially responsive health care with consideration for individual differences (e.g. including but not limited to age, LGBTQ2S+, culture, ability (dis status)).</b>
<ul style="list-style-type: none"> <li>• To continue to develop their understanding and sensitivity to individual difference and build skill regarding individual differences including health status, language, socio-economic status, ethnicity, religion, race, sexual orientation, impairment, etc. This will be accomplished in both didactic (attendance at weekly educational seminars of which a subset of the topics reflect these areas) and experiential components. Supervising psychologists monitor residents’ caseloads and, where possible, assign cases that reflect multiple areas of individual difference. Further exposure to these areas is available periodically through webinars through CAMH on diversity issues. For example, suicide prevention among Indigenous, Inuit, and Métis people, diversity in Indigenous populations, and understanding Intergenerational Trauma are all examples of offered education.</li> <li>• When interpretation is necessary for effective communication to occur with a patient, each organization ensures that appropriate efforts are made to locate an interpreter. If a resident is aware of a language barrier, he or she may request an interpreter; please contact the Administrative Assistant to assist with this.</li> </ul>
<b>To facilitate the development of the residents in their professional identity as psychologists. To increase self-reflection, lifelong learning, and awareness of psychologists’ impact on clients, communities, and society with</b>

**understanding that they are all interrelated (e.g. recognizing the interaction among our professional values, institutional structures, and personal biases).**

- During orientation, residents are provided with resources related to standards for professional conduct for practice of psychology in Ontario as well as given access to 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. Canadian Code of Ethics for Psychologists is also reviewed. During the course of their year with us, residents participate in a number of seminars dealing with the standards of professional practice for psychology in Ontario. Also, ethics and professional issues are integrated into the discussions in the other seminars and discussed in supervision as they arise in the residents’ clinical work.
- Residents are considered “junior colleagues”. As such, residents are highly involved in setting their training goals and objectives and are considered valued members of the profession of Psychology at each of the Residency Sites. Residents serve as active members on our Residency Training Committee. In addition, residents are treated with the same respect as permanent Psychology Staff. Residents have equal opportunities to access the organization’s resources, attend professional development events, and participate in profession activities. All Psychology Staff in each Residency Site are encouraged to participate in the Internship by serving as role models and by discussing a wide range of issues with individual residents as opportunities arise.
- At the beginning of the year, residents are oriented to the CCTC Social Responsiveness Toolkit which provides usable tools to assist in self-reflective practice, lifelong learning objectives, and that provide mechanisms to develop awareness of psychologists’ impact on clients, communities, and society. These mechanisms operate with the understanding that they are all interrelated (e.g. recognizing the interaction among our professional values, institutional structures, and personal biases). Finally, the DofT in bi-monthly group meetings discusses topics germane to the field of psychology (variability in definition of psychologist across the nation, advocacy in psychology, human rights in psychology and psychologists unique position to positively influence).

**To facilitate skill development in delivering client centered care with appreciation for the context of service delivery within a health care team or community based approach.**

- We recognize that all psychologists must deliver client centered care at the intersection of the clients lived experiences in the contextual environments in which they live, and their own professional and lived experiences. Residents will further develop a sense of their own professional identity, a greater awareness and appreciation of the clients experience in their environment, and in interacting with professionals, learn to communicate clearly through collaboration around the needs of the patients with fellow team members.
- We work at facilitating this development through both didactic and practical opportunities. Opportunities for providing care within a health team or community based approach are available within all the tracks. Provision of interprofessional care is also discussed in supervision as it arises in the residents’ clinical work.

**To facilitate residents’ integration of Quality Improvement/Program Evaluation Activities (e.g., program development, program evaluation, applied research) and application of social responsiveness considerations (e.g. social justice projects, advocacy, community engagement) into their professional role.**

- The residency recognizes quality improvement/program evaluation skills as integral, essential, and reflective of psychologists scope of practice and seeks to further resident development of these skills that are embedded in our doctoral level educational competencies. Resident’s knowledge and application of these skills in an applied manner to their everyday clinical practice is reflected in the QI/PE components of our residency program which include the provision of 3 QI/PE Educational Seminars.
- In addition, ability to advocate at program, community, or government levels, application of a socially responsive lens to provision of care, and gaining confidence in fully integrating inclusion, equity, and diversity needs are important components of a professional psychologist’s role. Residents exposure to, and subsequent integration of a socially responsive lens to their work, at the start of their residency year is variable and dependent on whether these skills were formally taught within their academic graduate training program. Resident’s knowledge and application of these skills in an applied manner to their everyday clinical practice is reflected in the 3 socially responsive educational seminars provided during the residency year.
- Residents will also spend a portion of their training year which approximates to 175 hours (10%) devoted to either a QI/PE initiative or a social responsive initiative to extend their learning. Residents will be encouraged to select an area of focus that is less familiar to them in the spirit of broadening their knowledge and skills with the overarching goal of rounding out their understanding and appreciation of the various scopes in psychological practice. This dedicated time can be operationalized and embedded into the resident’s schedule in a manner that best reflects the overall composition of their rotation and learning with a strong preference for monthly exposure (1/2 day a week, 1 full day bi-weekly, or 2 consecutive days a month). Regardless of chosen stream (QI/PE or Social Responsiveness) their experience is overseen by the Quality Improvement Director.
- Discussion of both streams (QI/PE and Social Responsiveness) including possible topics are presented to residents in September. In conjunction with the Quality Improvement Director, residents select a project and a supervisor(s) to work with them over the course of the year. Potential projects within the QI/PE stream include but are not limited to program development and evaluation, analysis of an existing database, participation in an ongoing field study, development of a smaller, time-limited study, quality improvement activity, or designing and implementing an exploration and feasibility study. Potential projects within the Social Responsiveness stream include but are not limited to identification of a social justice consideration and subsequent response and planning to address, advocacy activities, community engagement, evaluation of program and/or materials for decolonization considerations, evaluation of program and/or materials for inclusivity considerations.
- Regardless of stream chosen, the area of focus must be separate from the student’s doctoral dissertation or defined area of research. Two presentations are given by the resident to first present their project proposal in January, and then present their project findings in the summer. These occur during the regularly scheduled educational seminar series.

**To increase residents’ understanding and skills regarding the supervision relationship, supervision styles, supervision provision, and the impact on client care.**

- Staff adopts a “developmental” model of supervision, matching the resident’s level of competence and confidence with appropriate levels and types of supervision. Supervision activities are individualized to each resident’s specific training needs and entry-level skills. In areas where the resident has little experience, supervisors may take a more “hands on” approach to training, and may include directed readings, modeling,



co-therapy, observation, and feedback in their supervision activities. Each major rotation site has videotaping capabilities for direct review during supervision. As a resident's competence grows, supervision will become more consultative and collaborative. Each resident receives a minimum of four hours of scheduled, individual supervision by psychologists per week but, in most cases, receive additional supervision. In addition, six supervision didactics are held each year on supervision to ensure lifelong reflection and current knowledge of best practices are reviewed.

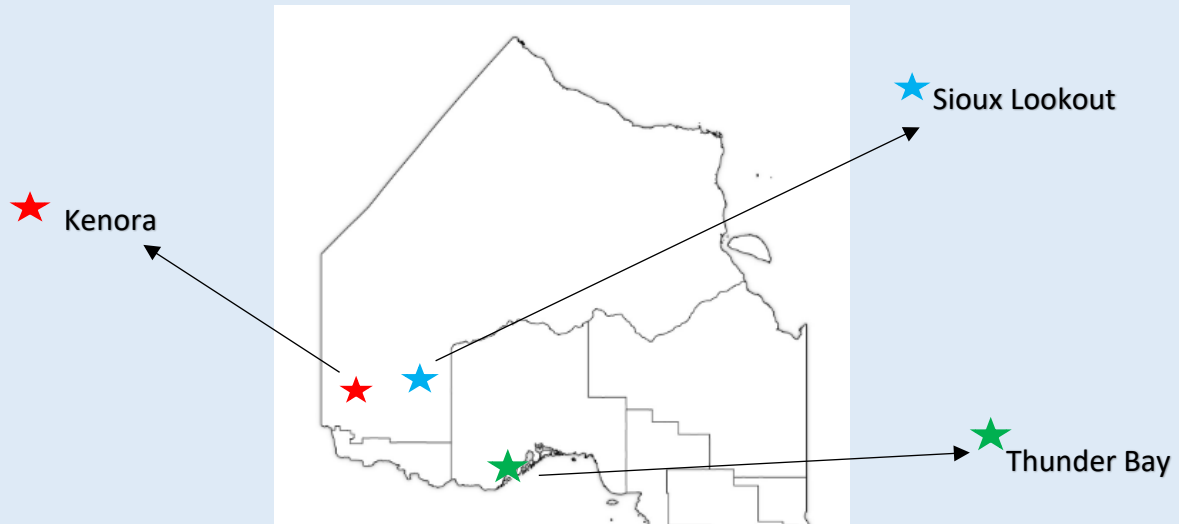
- Psychologists actively working in the field appreciate that clinical supervision of students, junior colleagues, and unregulated staff is a significant professional responsibility. Our training program is also designed to introduce residents to the conceptual, practical, professional, ethical, and interpersonal aspects of clinical supervision. Residents may have the opportunity to supervise M.A. Clinical Psychology practicum students, first year of PhD Clinical Psychology practicum students, or social work students.

**To maintain the receptivity to feedback from the residents regarding all aspects of their training program.**

- We recognize that the residency must continue to grow and develop. Feedback from residents, both during and after their training, is essential for this growth and development to take place. Feedback is important during the course of the year. In order for residents to receive the maximum benefit from their training, they must feel comfortable providing feedback to supervisors. Feedback is provided both formally and informally to rotation supervisors and in meetings with the Training Director and Associate Directors.
- Feedback is also received through the residents' active participation on the RTC (*each resident rotates through this committee during the year*) and through the evaluation forms that residents complete both during the course of the year and after they graduate. As well, residents are given the opportunity to provide feedback both quantitative and qualitative related to their understanding of how the residency program has been receptive to the feedback.
- To ensure that this feedback is as open as possible, policies are in effect that do not allow those being evaluated by residents to be aware of formal feedback until their evaluations of the residents have been submitted and aggregated into larger numbers.

## WHY CHOOSE NORTHWESTERN ONTARIO?

In bigger cities there is a high price tag for living expenses and long commutes to work which ultimately cuts into either your personal life or your work time making it difficult to find a balance that allows you to succeed in both areas. Northwestern Ontario is a great place to do both. As well, it offers so many opportunities for excellent quality of life. Those of us who work and live here, enjoy our successful careers, with meaningful work days and still have time for various outdoors activities (hiking, sailing, kayaking, camping, biking, etc.) with the family in the same day.



## **KENORA**

Kenora is a great place to live, work and raise a family. With a strategic location, gorgeous outdoor environment and lots of economic opportunities, the community has so much to offer. Through events and amenities, history is celebrated and they keep an eye on the future. Kenora is adjacent to Lake of the Woods, and they are its stewards and nurture its pristine environment. Kenora residents live lake life all year round! You can get almost anywhere in a five minute drive, the view of the lake follows you everywhere you go, we have immediate access to the outdoors- and best of all there is no traffic jams and no long commutes. Kenora offers an amazing work-life balance with economic opportunities and lots of recreational activities.



Firefly is our partner organization in Kenora, Ontario. FIREFLY is a multi-service, non-profit organization serving children and youth and their families from birth to 18 years of age with six (6) locations in Northwestern Ontario. Clinical service is provided through two (2) programs: Children & Youth Developmental Services (CYDS) and Children & Youth Mental Health (CYMH). Partnership with local First Nation organizations allows for in-community service delivery and collaboration. FIREFLY is dedicated to supporting and strengthening the health and well-being of families, children, and youth through emotional, physical, developmental, and community services.

Supervision is provided by licensed psychology staff including a psychologist who works for Firefly as a consultant but is located elsewhere in the province and travels regularly to community. As such, supervision will be conducted in person as well as utilizing various technologies (i.e., videoconferencing, telephone supervision, and email as necessary). Applicants from Neuropsychology and Developmental / School Graduate Clinical Training programs are especially encouraged to apply to this rotation at Firefly.



NORPIC has **one** primary rotation at FIREFLY (Child Track – Kenora – Developmental).

**STATUS:**

They will not have a position registered in this year's upcoming match for entry in September 2024.

## **SIoux LOOKOUT**

The Municipality of Sioux Lookout is located in northwestern Ontario, nestled within a network of lakes, endless forest, and the rugged Canadian Shield. Known as the Hub of the North, Sioux Lookout connects 33 remote northern communities to healthcare and essential services. With the 5<sup>th</sup> busiest airport in Ontario and a major VIA Rail stop, the central location connects over 30,000 northern Ontarians in surrounding communities to a state-of-the-art hospital, excellent social services as well as the rest of Canada. The population of about 5,600 people living over an area of 536 square kilometres, about a third of which is water. In sunset country, as this area is also known, individuals embrace community, diversity and the beautiful outdoors, Ontario's north preserved from an earlier time. Sioux Lookout is special, not only because of what it has to offer, but because the community forms deep connections between places and people, truly making it the Hub of the North.



Sioux Lookout  
First Nations  
Health Authority

Sioux Lookout First Nation Health Authority (SLFNHA) serves 33 First Nation communities in the Sioux Lookout region in Ontario, Canada. Mandated by the leadership in these communities, the organization is dedicated to strengthening First Nations by contributing in unique ways to a strong health system for the Anishinabe. This health system has many parts: First Nations with their primary responsibility for their people's health; the secondary responsibilities of the Tribal Councils; the on-going Treaty responsibilities of the Government of Canada; and the support of the Nishnawbe Aski Nation and other health organizations. Within SLFNHA, psychology practitioners take on many roles; assessments, treatment, consultations to families, coworkers and community partners, as well as continuing education for staff.

Nodin is the mental health division of SLFNHA. This is a generalist rotation: Referrals are broad and include assessment and treatment of all forms of pathology in a rural setting. The resident would be assigned cases based on their current development, their training needs, and their future practice plans, allowing them to focus in one particular area within the generalist approach, if desired. Assessment, intervention, and consultations are provided to individuals, groups, families, and other community service providers though an emphasis is put on the needs of children first. Nodin psychology practitioners generally have a blend of short term (intensive) clients, long term clients, and general mental health assessments with individuals across the life span.

The Developmental Services division of SLFNHA primarily focuses on assessment, diagnosis, and treatment planning for individuals up to 18 years of age. Residents will have the opportunity to work with children and adolescents with a multitude of diagnoses and disorders, including ASD and FASD. Developmental services psychology practitioners participate in diagnostic clinics for FASD and Autism as well as other developmental disabilities. In addition to assessment/diagnosis, these practitioners have the opportunity to engage in counselling with individuals with dual diagnosis of a developmental disability and other mental health concerns.

All SLFNHA departments provide services in Sioux Lookout although service delivery may also include travel to remote First Nation communities. Practitioners also provide virtual services via the Ontario Telehealth Network (OTN).

NORPIC has **two** primary rotations at SLFNHA:

- *One position with NODIN Mental Health Services (Lifespan Track – Sioux Lookout – Mental Health)*
- *Two positions with Developmental Services (Child Track – Sioux Lookout – Developmental)*

**STATUS:**

All three positions will be registered in this year's upcoming match for entry in September 2024.

**THUNDER BAY**

As the geographical centre of North America and the largest metropolitan centre in Northwestern Ontario, Thunder Bay's Census Metropolitan Area (CMA) has a population of around 122,000 residents. Thunder Bay is Ontario's 22<sup>nd</sup> largest city and Canada's 44<sup>th</sup> largest city.

Thunder Bay exists on the traditional lands of the Ojibwa Fort William First Nation within the Superior Robinson Treaty. European settlement in the region began in the late 1600s with a French fur trading outpost on the banks of the Kaministiquia River. The city was formed in 1970 by the merger of the cities of Fort William and Port Arthur. Its port forms an important link in the shipping of grain and other products from western Canada through the Great Lakes and the Saint Lawrence Seaway to the east coast. Forestry and manufacturing play important roles in the city's economy, but with their decline in recent years a strong foot hold for an increased reliance on a "knowledge economy" has occurred over the last several years primarily due to the emergence of medical research and education and a law school.



CCTB provides mental health and developmental services to children and youth and their families from birth to 18 years of age. Multi-disciplinary services are provided through a continuum of services ranging from single session counselling, brief treatment, intensive treatment services, day treatment, and residential programs. The Centre provides specialized services in the areas of youth justice, child welfare, substance abuse, and autism.

NORPIC has **no** primary rotations available at CCTB.

- *Minor rotation experiences are offered at CCTB.*

**STATUS:**

Internship minor rotation opportunities are currently available with the Centre depending on the student's identified learning needs and requests.



Anishinabek Family Care

Dilico Anishinabek Family Care is an integrated agency representative of thirteen First Nations in the 1850 Robinson Superior Treaty area. Guided by the seven sacred teachings, Dilico offers Health, Mental Health, and Child Welfare services in an integrated continuum of service. Services are available to the on-reserve, off-reserve population and non-Indigenous community within the city of Thunder Bay and district. Core services are designed to complement the strengths, values, and traditions of individuals, families and children who strive to achieve balanced, holistic, and culturally safe health care. The agency service delivery philosophy reflects the value of family centered care congruent with Anishinabek worldview at all stages of life. Four district offices provide services in the following communities, Whitesand First Nation, Pic Moberg First Nation, and Longlac.

NORPIC has **one** primary rotation at Dilico (Lifespan Track – Thunder Bay – Dilico).

**STATUS:**

They will not have a position registered in this year's upcoming match for entry in September 2024.



Sullivan + Associates Clinical Psychology (SACP) is a private practice mental health clinic that offers comprehensive psychological assessments, psychotherapy/counselling, workshops, and consultation services in a warm, inviting, and culturally sensitive environment. Additionally, we travel to cities and Indigenous communities throughout Northwestern Ontario to provide psychological assessment services to various school boards and agencies. Our main therapeutic approaches are Cognitive Behavioural Therapy (CBT), Dialectical Behaviour Therapy (DBT), and Mindfulness. Our mission is to improve the lives of others through assessment, psychotherapy, mental health awareness, and community involvement.

NORPIC has **one** primary rotation at SACP (Lifespan Track – Thunder Bay – Private Practice).

**STATUS:**

This position will be registered in this year’s upcoming match for entry in September 2024.



St. Joseph’s Care Group (SJCG) is a large and diverse organization which operates on multiple sites throughout Thunder Bay. It is a recognized leader in the provision of programs and services in complex chronic care, rehabilitation, long term supportive housing, and mental health and addictions.

Thunder Bay Regional Health Sciences Centre (TBRHSC) is an Academic Health Sciences Centre serving Thunder Bay and much of Northwestern Ontario, with ties to Lakehead University and the Northern Ontario School of Medicine. The hospital has 375 acute care beds and was created in 2004 as an amalgamation of the Port Arthur and McKeller branches of the Thunder Bay Regional Hospital system. Psychology provides services in Adult Mental Health (in-patient and out-patient), Brief Intervention Treatment Team, Child and Adolescent Mental Health, Diabetes, and Bariatrics.

NORPIC has **one** primary rotation across the SJCG and TBRHSC organizations, **two** positions total.

- *2 Adult Positions (Adult Track – Thunder Bay)*

**STATUS:**

Both positions will be registered in this year’s upcoming match for entry in September 2024.

**NORPIC PROGRAM EXPECTATIONS**

A TYPICAL 37.5 HOUR WORK WEEK for a resident would include the following:

- 4 days a week for clinical experiences (indirect and direct)
- ½ day a week for educational seminars, didactics, and case conferences
- ½ day a week for quality improvement / social responsiveness project

**DIRECT SERVICE DEMANDS:**

It is recognized that the resident's role is primarily that of a trainee and the Canadian Psychological Association Accreditation Panel requires that residents do not spend more than 2/3 of their overall time providing direct professional services to clients. As such, the following is a breakdown of the resident’s overall time / breakdown of activities for the residency year:

- CLIENT SERVICES (approximately 1180 hours): 61% which includes both direct and indirect
- DIDACTICS / EDUCATION (approximately 150 hours): 7.5%
- QUALITY IMPROVEMENT / PROGRAM EVALUATION / SOCIAL RESPONSIVENESS PROJECT: (approximately 175 hours): 9%
- SUPERVISION RECEIVED (approximately 200 hours): 10%
- SUPERVISION GIVEN (approximately 50 hours): 2.5% (this is experience providing supervision to a junior student and receiving instruction and supervision on how to supervise.
- VACATION / PROFESSIONAL EDUCATION DAYS / STATS: (Approximately 195 hours): 10%

**INFORMATION ABOUT OUR RESIDENCY CONSORTIUM**

**SUPERVISION:**

Formally scheduled, clinical supervision is provided for a minimum of four hours per week. There are other supervision experiences each week, which includes activities such as co-therapy or joint participation in multidisciplinary case conferences.

### **CURRENT NORPIC SUPERVISORS:**

To see the most up to date information on our current NORPIC supervisors and associated organization and program please go to [www.Norpic.net](http://www.Norpic.net) and navigate to the “About Us” section. NORPIC supervisors are listed both under the NORPIC Supervisors Page and because some sit on the Residency Training Committee, also on that page.

### **SUPERVISION AGREEMENTS:**

At the start of each rotation, residents meet with their supervisor(s) to establish a formal, written supervision agreement in line with College of Psychologists of Ontario standards. If necessary, and as goals change, the supervision agreement can be adapted and updated.

### **EVALUATION:**

#### **EVALUATION OF RESIDENTS: There are several mechanisms in place for the evaluation of residents:**

Self-Evaluation: The Self-Evaluation of Competencies Form is completed by the resident prior to the beginning of the year and again at the completion of the resident year. This provides a means for initial reflection from the resident’s perspective of their own strengths and areas for future growth as well as provides the opportunity to measure growth over the year. The Pre-Self-Evaluation can be shared with the Associate Director of Training at the rotation, the RTC Committee, and the resident’s specific Rotation Supervisor(s) as a tool to enrich supervision and help guide goals.

Supervisory Evaluation of Resident: Mid-Rotation and End of Rotation Evaluation Forms are completed by all supervisors. Minor experience requirements for Mid-Rotation Evaluations only take place if the Minor Experience is 4 months in length or longer. In cases where supervision is shared (e.g. a supervised practice and autonomous psychologist are providing supervision together for the same cases) or when one supervisors involvement is minimal (e.g. overseeing one case due to an age restriction on the main supervisors license, pulled into a case that evolved into an area of practice outside of the main supervisor’s licensed area) only one supervision agreement and evaluation would be generated with feedback and involvement of all supervisors. In all other cases, all supervisors are required to have their own supervision agreement and evaluation process. The due dates for Mid-Rotation evaluations would necessarily vary depending on the layout and structure of that placement. The required due dates associated are listed here:



Structure of Residency	Applicable NORPIC Positions, Agency, Location	Mid-Rotation Due Dates	Final Rotation Due Date	
12 Month Placement	Child / Developmental, FIREFLY, Kenora	December 31	August 31	
	Child / Developmental, SLFNHA, Sioux Lookout			
	Lifespan, SLFNHA, Sioux Lookout	April 30		
	Lifespan, Dilico Anishinabek Family Care, Thunder Bay			
Lifespan, Sullivan + Associates Clinical Psychology, Thunder Bay				
Three - 4 Month Rotations	Adult, SJCG/TBRHSC, Thunder Bay	Placement 1	October 31	January 31
		Placement 2	February 28	June 30
		Placement 3	June 30	August 31
Minor Experiences	Could take place in any / all of our partner organizations	*only occurs in placements longer than 4 months and if placement is longer than 4 months – should be completed at the halfway point	Due no later than one month after the final day of the minor rotation or August 31 (whichever comes first)	

**MINIMAL PERFORMANCE CRITERIA:**

These evaluations enable provision of feedback to each resident on their performance on criteria that are applied to all residents in all rotations and reflect CPA accreditation standards for demonstration of acquired skills by residents who successfully complete their residency year. Both quantitative and qualitative feedback regarding each resident's satisfying of Minimal Performance Criteria is provided and evaluated in the context of the specific rotation the resident is being evaluated. Comments may reflect resident's growth related to performance standards identified by the supervisor(s) as essential in completing that rotation. The resident's performance is rated numerically on a five point scale. See below:

5	Resident meets standards expected at NORPIC with there being clear, consistent evidence that this competency is a strength for the student.
4	Resident meets standards expected at NORPIC and at times demonstrates advanced implementation of the competency.
3	Resident meets standards expected at NORPIC.
2	Resident can perform this competency, but requires direct supervision or assistance. This is a common rating for practical skills and clinical interventions in a minor rotation. Consider a remedial plan if there are more than three ratings of 2 on this form in a major rotation (or in an area common to major and minor rotations).
1	Resident falls below the expected level of expertise. There is a risk of detriment to client/patient care. A remedial plan is required.

Following review of the document and discussion of the contents with the supervisor(s), all parties formally acknowledge this by signing the document.

Last Updated: August, 2023

**EVALUATION OF NORPIC, ROTATIONS, and SUPERVISORS:** There are several mechanisms in place for the evaluation of NORPIC with respect to our commitment and ability to deliver on our goals, the quality of our training, our supervision, and our rotations.

**RESIDENT EVALUATION OF NORPIC:** The Residency Final Evaluation Form assesses the strengths and weaknesses of the Program as a whole specifically related to our adherence and success to achieving our goals for our residency program. Data is collected both in a quantitative and qualitative manner.

**WEEKLY SEMINAR EVALUATION:** NORPIC also has residents fill out the weekly seminar evaluations throughout the residency year to provide feedback on the didactics provided, the speaker's knowledge, and the viability of the topic for inclusion in the following residency year. This feedback is reviewed each year annually as a source of information and tool to provide direction on the following year's education schedule.

**EVALUATION OF SUPERVISORS AND ROTATIONS:** Formal, written evaluations are completed at the end-point. These include both an evaluation of the resident by the supervisor and an evaluation of the rotation and quality of training by the resident.

#### **EDUCATION SEMINARS, DIDACTIC EXPERIENCES, & CASE CONFERENCES:**

Formal teaching is an integral aspect of the residents' experience. All residents participate in weekly seminars on professional and clinical issues as well as weekly case presentations and any organizational learning opportunities. Whenever possible, inclusion of a provincial seminar series and a National training seminar series will be incorporated.

Thus, residents have the opportunity to acquire knowledge and develop competence in a variety of areas of clinical psychology, regardless of which area of emphasis they have chosen. Residents may also attend video conferenced rounds that are available through the respective organizations.

Residents are expected to attend regular case conferences and are expected to present two case conferences over the year. If a resident's rotation and experiences involve both assessment and treatment, they are encouraged to present one of each and ensure they are discussing any ethical considerations that arose and any diversity or cultural considerations.

#### **QUALITY IMPROVEMENT / PROGRAM EVALUATION / SOCIAL RESPONSIVENESS PROJECT:**

The purpose of the Quality Improvement/Program Evaluation and Social Responsiveness Project requirement is to foster and further expand upon the unique skill set that is expected of a professional psychologist. Each resident will choose to complete a quality improvement/program evaluation or social responsiveness project during the residency year.

The quality improvement/program evaluation & social responsiveness project requirement is designed to help interns achieve Goal #5 of the residency program: *To facilitate residents' integration of Quality Improvement/Program Evaluation Activities (e.g., program development, program evaluation, applied research) and application of social responsiveness considerations (e.g. social justice projects, advocacy, community engagement) into their professional role.*

**FACILITIES:**

Regardless of site, each resident has office space with computer and internet access, visual and audio capabilities for tele-psychology, lockable space, and available audio-visual set-up for taping sessions and supervision (though some site may primarily do observation live or behind a one-way mirror). In addition, all residents, as employees of the host organization, St. Joseph's Care Group, have access to the large mental health hospital library, and have access for remote literature search or librarian assisted literature search.

**REMUNERATION:**

Annual salary is \$34,000.00 (\$CAN) with 4% vacation pay (equivalent to 10 paid vacation days). Residents are also eligible for 10 paid statutory holidays, one floater day to take as they wish, and 5 paid educational days during their residency year.

**DIRECTOR OF TRAINING:**

Dr. Hagstrom, the Training Director, is located at SJCG. The Training Director is advised by the Residency Training Committee comprised of a Professional Leader, Associate Directors, a Quality Improvement / Program Evaluation Director, an Education and Seminar Series Director, and rotating attendance of a resident.

**ETHICAL AND RESPONSIBLE PRACTICE:**

NORPIC endorses and supports the Code of Ethics of the Canadian Psychological Association. Psychologists are aware of and in compliance with relevant provincial and federal laws and statutes, which govern health care. Psychologists are aware of the limits of their competence, and practice within their areas of competence.

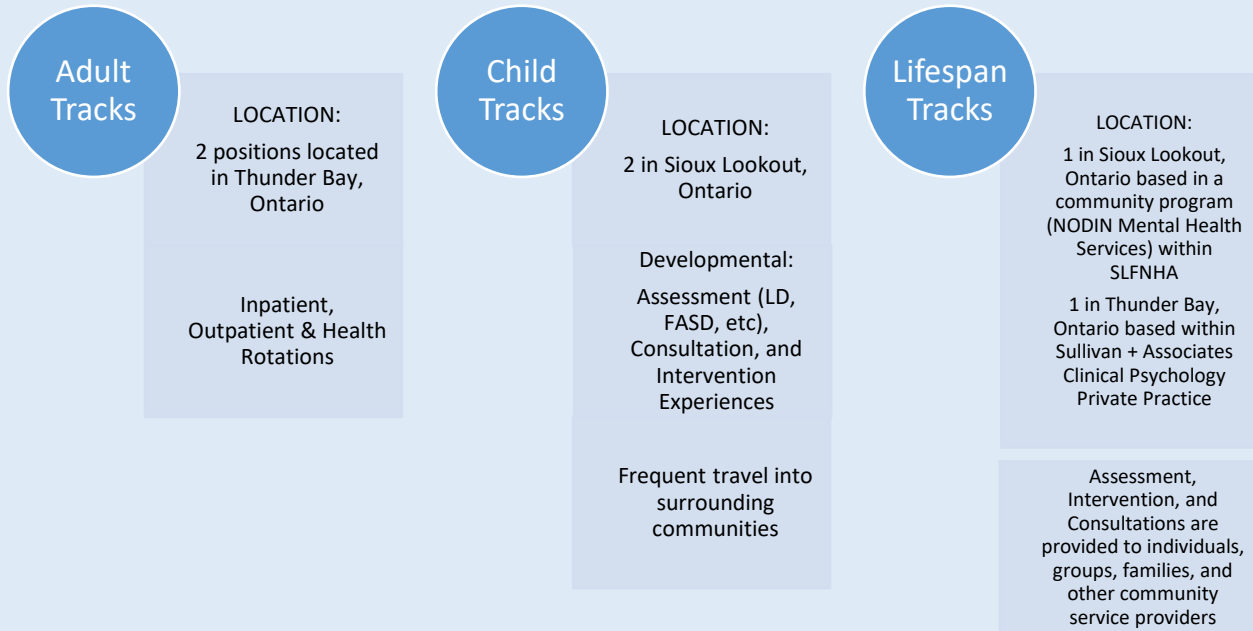
**DIVERSITY:**

Psychological practice should be grounded in an appreciation of cultural diversity and psychologists should be competent in adapting their methods of practice in response to individual differences. Northwestern Ontario is a very heterogeneous geographical landscape, where psychologists need to be able to interact competently with persons from a wide variety of cultural and ethnic groups, socioeconomic backgrounds, sexual orientations, disabilities, and ages. NORPIC recognizes that the population we serve encompasses the larger geographic region of Northwestern Ontario (NWO) and individuals throughout NWO may be traveling up to four hours for treatment on a weekly basis to some of the larger communities like Kenora, Sioux Lookout, and Thunder Bay. Opportunities to deliver high quality health care are available in person, via virtual care, and through telephone follow up as required with clients who live remotely. Rural and Northern communities not only pose special challenges for delivery of high-quality accessible health care services, but also these small resource based communities have distinct cultures which influence their use of the health care system.

# NORPIC TRAINING PROGRAM

FOR THE 2024 SEPTEMBER ENTRY THE NORPIC TRAINING PROGRAM for 2024-2025

6 AVAILABLE INTERNSHIP POSITIONS:

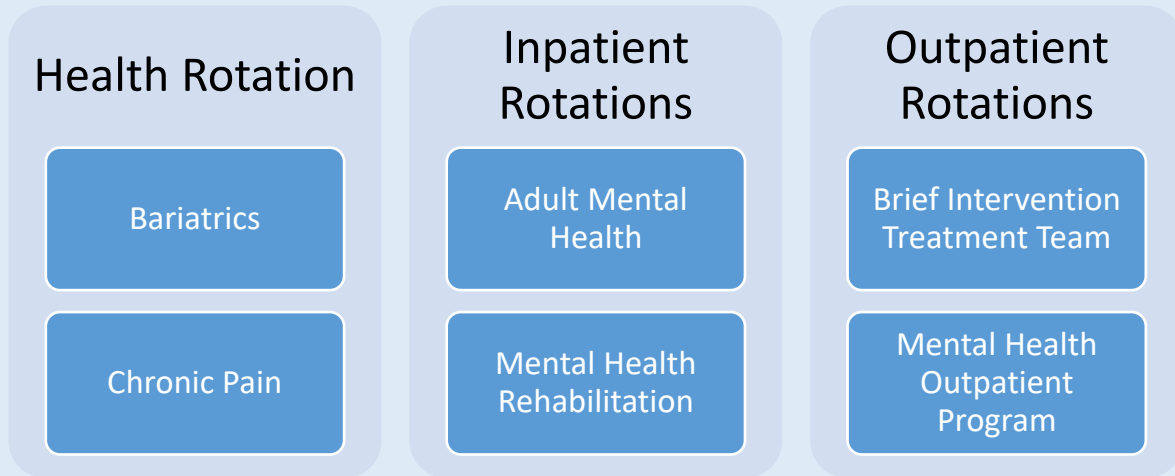


## ADULT TRACKS

The ADULT TRACKS are offered jointly by SJCG and TBRHSC and 2 positions are being offered in the 2024-2025 cycle. The adult residents will be required to choose 3 rotations for their residency year, each four months in length and have 6 rotation options to choose from. All residents get their first choice of rotation. While we haven't ran official stats, we are certain 95% of residents end up getting their second choice of rotation as well and when we have not been able to accommodate the 2<sup>nd</sup> rotation request, it has been related to unexpected medical leave, maternity leave, etc. It is helpful to list a couple options for your 3<sup>rd</sup> rotation as we endeavor to provide you will all the experiences you wish, but cannot guarantee your first choice of 3<sup>rd</sup> rotation as it is based on the overall resident schedule for the year.

There are three rotation options available through St. Joseph's Care Group and three available through Thunder Bay Regional Health Sciences Centre.

Here are descriptions of the 6 major rotations that can be chosen from (each 4 months in length):



**HEALTH ROTATIONS:**

**Bariatrics**

The Regional Bariatric Care Centre provides assessment and treatment for patients seeking weight management services. The psychology resident will work closely with an interdisciplinary treatment team and will have the opportunity to conduct program intakes and individual psychotherapy, to co-facilitate a skills training group, and to complete psychosocial assessments for evaluation of suitability for bariatric surgery.

**Chronic Pain**

The resident will join a large inter-professional team for the four month rotation. Initially, you will be immersed in the program, by attending daily education, gentle movement and relaxation sessions and co-leading individual therapy sessions. As you become more familiar with chronic pain management, you will lead/co-lead group education and therapy sessions and have a small caseload of therapy clients. There will be an opportunity for consultation at weekly rounds and during weekly ECHO (Extension for Community Health Outcomes) sessions. ECHO didactics and case consultations are presented to professionals in Northwestern Ontario via video/telephone links.

**INPATIENT ROTATIONS:**

**Adult Mental Health – Acute Inpatient**

Adult Mental Health is a 32 bed inpatient unit providing comprehensive care to individuals experiencing acute mental health concerns. A strong interdisciplinary team is essential to acute care therefore residents in our program work closely alongside psychologists, psychiatrists, nurses, social workers, and recreation therapists. This rotation can provide a wide range of assessment and intervention experience with a diverse population. Assessment opportunities typically involve psychodiagnostic and/or cognitive testing resulting in integrated assessment reports. Interventions can range from providing brief therapy and psychoeducation to helping connect clients to resources upon discharge from hospital. Residents also facilitate daily group programming based on Dialectical Behaviour Therapy and mindfulness principles.

**Mental Health Rehabilitation Inpatient**

Mental Health Rehabilitation Services provides a variety of psychological services on an inpatient basis to individuals with severe and complex mental health difficulties (primary admission criteria is psychosis). Services include individual psychological and/or cognitive assessment, individual and group psychological therapy and consultation to the

Last Updated: August, 2023

interdisciplinary team. Theoretical approaches include CBT, DBT and behavioural case conceptualization and intervention. There is opportunity to work with clients for a brief duration or for the entire 4 month rotation. Clients typically stay 3-6 months on the unit.

## OUTPATIENT ROTATIONS:

### Brief Intervention Treatment Team (BITT)

The Brief Intervention Treatment Program or BITT program is an interdisciplinary outpatient program that accepts referrals from the Adult Mental Health unit and the Emergency Room at TBRHSC. It consists of psychiatry, social work, nursing and psychology. This rotation provides an excellent opportunity for intervention, both individual and group. A 12-week process group is run by both psychology staff and the resident to allow the individual to gain skills in facilitating a process group and take part in debriefing with the team afterward. The resident also carries a small caseload and attends morning team rounds with the Mental Health Assessment Team from the Emergency Room, as well as consultation with psychiatry, nursing, and social work once a week. Diagnostic assessment opportunities are available. BITT team provides services to a diverse population in a timely and short-term manner often bridging to longer term services.

### Mental Health Outpatient Program

This rotation is primarily viewed as an opportunity to further hone treatment and assessment skills working with individuals 16 years of age or older presenting with a variety of mental health diagnosis and symptom presentations. Residents completing a 4 month major rotation at Mental Health Outpatient Program will have the opportunity to train in the following core competencies:

- Co-lead at least one manualized evidenced based group
- 3-5 psychological assessments (tailored to provide personality, IQ, cognitive, psychopathology, diagnostic experiences)
- A caseload of 5-6 individual patients for individual therapy.

## **CHILD & LIFESPAN TRACKS**

All Child and Lifespan tracks are full year duration (12 months). Please pay particular attention to which track you are applying for as our rotations are spread out across Northwestern Ontario located across the Region.

**CHILD TRACKS:** Full year duration (12 months), serving 0-18 years of age, with a developmental focus.

Sioux Lookout First Nations Health Authority (SLFNHA) Developmental Services is offering 2 positions, primarily based in Sioux Lookout with regular regional travel into the 33 First Nations Communities (most of which are fly in communities).

**LIFESPAN TRACKS:** Full year duration (12 months) treating clients across the lifespan.

Nodin Mental Health Services is offering 1 position, primarily based in Sioux Lookout with infrequent regional travel to fly in communities as needed with youth and children as the priority populations.

Sullivan + Associates Clinical Psychology Private Practice is offering 1 position, based in Thunder Bay, Ontario and offers opportunity for intervention, assessment, consultation, and public education.



### **MORE INFORMATION ABOUT THE REGIONAL POSITIONS**

For the REGIONAL positions that are located within Northwestern Ontario, residents will begin their residency in orientation (located in Thunder Bay, Ontario) and will transition to the community they are based in after orientation (expenses incurred while in Thunder Bay for orientation are taken care of by the regional consortia partner that the resident is working for). Occasionally, residents are required to come to Thunder Bay for workshops, or accreditation required events. Expenses for any additional visits to Thunder Bay are also covered by the consortia partner.

There would be extensive cross-cultural experience and the opportunity to work through interpreters. Interventions and assessments occur both in the main office setting and if they are providing services in a Northern community with other mental health staff, appropriate space will be provided. Community visits may be expected. All costs, including meal allowances, related to travel to communities are covered.

### **LOW HOUSING VACANCY RATES IN NORTHWESTERN ONTARIO**

Due to low housing vacancy rates, accommodation is provided to resident matched to FIREFLY located in Kenora, Ontario. This is in addition to the standard stipend given to residents. This is a shared housing style, with other visiting health care professionals who are in and out of the city. The resident may also choose to arrange alternate accommodation if they desire at their own cost.

Due to low housing vacancy rates, accommodations are provided to the residents in Sioux Lookout. These are in addition to the standard stipend given to residents. This is a shared housing style, with other visiting health care professionals who are in and out of the city. While not a guarantee, when all of the resident positions are filled, the house tends to be utilized only by the residents of NORPIC who share the same house. The resident may also choose to arrange alternate accommodation if they desire at their own cost. Supervision is provided by licensed psychology staff including a psychological associate on staff and psychologists who are consultants for SLFNHA. Supervision will be conducted in person as well as utilizing various technologies (i.e., videoconferencing, telephone supervision, and email as necessary).

### **MINOR OPPORTUNITIES AVAILABLE WITHIN MAJOR ROTATIONS**

At times, residents may have an interest in gaining exposure to a particular experience that would not be reflected in their major rotations. A strength of our residency program is flexibility and there is the possibility of arranging other minor experiences that could occur while in your major rotations. These experiences could include experiences in any of the other consortia partners (pending supervisor availability) and some examples of past minor experiences that residents have had include conducting an assessment in the Child & Adolescent Mental Health Inpatient Unit (CAMHU) at Thunder Bay Regional Health Sciences Centre, working with children (up to age 18) through Children's Centre Thunder Bay, running a group in the Complex Diabetes Program, running a group in Bariatrics (if this is not one of your three major rotations), gerontology, neuropsychology, traveling to Sioux Lookout and doing some work in the North for a week, etc. Minor experiences are contingent on supervisor availability and whenever possible will be arranged to co-occur with major rotation experiences

in the same organization to reduce travel time and interference with your main rotation learning goals, or while in rotations whose client care will not be impacted by the type of minor experience sought.

## APPLICATION INFORMATION

**BEFORE APPLYING, PLEASE REVIEW THE CONDITIONS OF EMPLOYMENT MATCHED RESIDENTS WILL BE REQUIRED TO FULFILL TO ENSURE THAT THIS RESIDENCY PROGRAM IS A SUITABLE MATCH FOR YOUR PERSONAL CIRCUMSTANCES:**

All applicants should be aware of the following conditions of employment:

- **Mask Fitting** – St. Joseph’s Care Group has a mandatory Mask-Fit Policy that requires ALL employees (residents are employees) to complete a mask fit test at the start of their employment. In order to be mask fit at the time of testing, employees must be clean-shaven, and when required, to wear the respirator in the area where the respirator contacts the skin in order to achieve a proper seal between their face and the respirator face-piece.
- **COVID Vaccination** - Proof of COVID-19 vaccination or proof of valid medical exemption as per the SJCG Immunization Policy IMS-04-005 which states all staff, agency staff/ contract workers, professional staff, students/learners and volunteers who work or enter a work site operated by St. Joseph’s Care Group, must have received a complete primary series of their COVID-19 vaccine. All new staff hired by SJCG must provide proof of complete primary series as defined in section 3, as a condition of employment or placement unless provided an exemption based on a valid reason protected under the Ontario Human Rights Code the Ontario Human Rights Code.
- **Immunization Status and Record of Proof** - The Ontario Hospital Association (OHA) / Ontario Medical Association (OMA) Communicable Disease Surveillance Protocols for Ontario Hospitals (in accordance with the Long Term Care Act and the Public Hospitals Act) are adhered to as part of St. Joseph’s Care Group’s Employment Health Surveillance Program and applies to all workers and volunteers carrying on work activities at St. Joseph’s Care Group. As part of your health review during onboarding, you will be required to complete a health history form, share documentation of your immunization status against Measles, Mumps, Rubella (MMR), Chickenpox (Varicella-Zoster), Hepatitis B, Tetanus/Diphtheria/Pertussis (Td/Tdap), and annual Influenza vaccination status.
- **2-step Tuberculosis Skin Test (TBST)** - A record of past 2-step Tuberculosis Skin Test (TBST) and health assessment form filled out are requirements for all workers performing work activities as St. Joseph’s Care Group employees.
  - If you have had a past TB Test and the last TBST was given more than 12 months prior to their start date, a 1-step will be provided as part of the pre-placement health review.
  - If you have never had a TB test, you may arrange to have a 2-step Tuberculosis Skin Test (TBST) completed with your health care provider and obtain a copy for the Occupational Health and Safety Department.

- **Police Vulnerable Sector Check** - A recent Police Vulnerable Sector Check that is determined to be negative and/or pose no significant risk to clients you may be in contact with during your residency rotation. The Police Vulnerable Sector Check must be conducted by a local police force and be completed within six months prior to your start date. Our Human Resources Department can provide you with a letter to help facilitate this process should you determine you need one.
- **Professional Liability Insurance** – You must obtain your own professional liability insurance (or have your academic institution forward proof that you are covered under their liability insurance) for a minimum of 5 million dollars per occurrence for the duration of your residency. Many working professionals purchase the insurance supported by and endorsed by the Canadian Psychological Association. A copy of your insurance certificate will need to be forwarded ahead of time to the Director of Training or brought in on the first day of employment.

## ELIGIBILITY

Basic prerequisites consist of:

- Current enrolment in a doctoral program in a professional psychology doctoral program that is relevant to the specific rotation you are applying for (clinical, school, developmental, counseling, educational).
- Completion of at least 600 practicum experience hours (of which 300 must be in direct service provision)
- Acquisition of core scientific knowledge in general psychology, adult/child psychopathology, and individual therapy (Cognitive-Behavioural, Interpersonal, etc).
- **Assessment experience is required as all of our rotations offered include assessment and some, such as the developmental child tracks are primarily assessment based experiences.**
- **A course in assessment tools during your graduate training is required.**
- We are a CPA accredited residency program. Preference is given to applicants in CPA/APA accredited programs (or equivalent).
- You must be a Canadian citizen, landed immigrant, or if you are an international student, have the necessary work visa / permits arranged prior to applying to the program that will allow you to work in Canada for the entire duration of the residency program.
- Canadian citizens and/or Landed Immigrants who are completing graduate training in the USA or abroad may still apply based on their eligibility to work in Canada.
- NORPIC encourages applications from qualified professional doctoral psychology students, including members of visible minorities, Indigenous Peoples, and persons with disabilities.
- Proficiency in English is necessary.

## REQUIREMENTS:

NORPIC is a member of APPIC. This means that any applicants to our program are required to use APPIC's AAPI Online Service and participate in APPIC's National Match. The AAPI Online is a centralized application service that allows applicants to complete a standardized internship application and to submit their applications to internship programs electronically via the internet. Extensive information about the match and the application can be found at: <http://www.natmatch.com/psychint>.

Residents are expected to comply with any and all federal, provincial, and organizational regulations including but not limited to wearing PPE, maintaining appropriate physical distancing, abiding by travel restrictions, quarantining, and other Infection Prevention and Control procedures within the context of providing clinical services, or otherwise.

**All applications must be submitted by November 15<sup>th</sup>, 2023.**

**COVID-19 COMMENTARY: 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.**

## SELECTION PROCESS

Candidates who are selected for interview will be notified in accordance with the other residency programs in Canada on the common notification date of the first Friday in December. Candidates will collect all offers of interviews on the Friday and are asked not to respond until the following Monday once they have had a time to organize their offers. All interviews are conducted virtually. Candidates not selected for interview will also be notified by email on the same day.

**Interviews will be held during the range of January 15-26, 2024 based on the CCPPP regionalization schedule.**

We are committed to only collecting information that is required to process your application. This information is shared only with those individuals involved in the evaluation of your application. After the match process is completed, all application materials are destroyed and only AAPI files for matched residents are retained.

## OVERSIGHT ORGANIZATIONS

The Northern Ontario Psychology Internship Consortium (NORPIC) abides by the standards of the College of Psychologists of Ontario. For more information about the College of Psychologists of Ontario, to review the process to make a complaint against a licensed member of the profession, or for more information, you can contact the college at [www.cpo.on.ca](http://www.cpo.on.ca) or 1-(800) 489-8388.

The Canadian Psychological Association (CPA), Canada's national psychological association is founded on a vision that the science and practice of psychology has broad and deep relevance to public policy and the public good. The CPA's objectives are to improve the health and welfare of all Canadians; to promote excellence and innovation in psychological research, education, and practice; to promote the advancement, development, dissemination, and application of psychological knowledge; and to provide high-quality services to members. Whereas individual practitioners of psychology are licensed, training programmes in professional psychology can be accredited. The CPA accredits such training programmes and our initial accreditation occurred in 2014-2015 and we were re-accredited in January 2021 for a 6 year term. For more information about CPA, please go to [www.cpa.ca](http://www.cpa.ca) or call Toll free (in Canada): 1-888-472-0657.

## CPA ACCREDITATION PUBLIC DISCLOSURE INFORMATION

### CPA ACCREDITATION - INTERNSHIP PROGRAMMES

Table Type PUBLIC DISCLOSURE TABLE 1: INCOMING INTERNS OVER PAST 7 YEARS

Programme Northern Ontario Psychology Internship Consortium (NORPIC)

Academic Year/Cohort	2016-17	2017-18	2018-19	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024
Positions	3	3	3	4	5	6	8	8
Applications	44	34	30	22	26	27	40	42
Interviewed/Short-Listed	30	18	20	18	26	25	36	38
Ranked	27	18	20	17	26	19	30	28
Matched	3	3	3	3	5	6	5	5
Matched as % Applications (Automatically Calculated)	7%	9%	10%	14%	19%	22%	12%	12%
<i>Of those who Matched:</i>								
Males	0	1	0	1	1	0	2	1
Self-Identify as Diverse (ie, minority, disability, LGBTQ)	1			1	1			
From Outside of Province	2	2	0	2	4	2	3	2
From Outside of Canada	0	1	0	0	0	0	0	1
Mean Practicum Hours on AAPI -->Assessment & Intervention	720	561	694	702	581	531	500.8	489
-->Supervision	318	287	336	345	342	243	333	300
-->Support/Indirect	1,565	972	543	823	778	652	755	840
Mean Total Hours (Automatic)	2,603	1,820	1,573	1,870	1,701	1,426	1,590	1,629
Internship Stipend	\$30,000	\$30,000	\$30,000	\$30,000	\$34,000	\$34,000	\$34,000	\$34,000

Please visit our website for more information at [www.norpic.net](http://www.norpic.net) or contact the Director of Training for further information:

Dr. Sara Hagstrom, C. Psych.  
 Director of Training for NORPIC  
 710 Victoria Avenue East  
 Thunder Bay, ON P7C 5P7

807-624-3446

[Sara.Hagstrom@tbh.net](mailto:Sara.Hagstrom@tbh.net)

Last Updated: August, 2023