



NARWHAL PSYCHOLOGY CONSORTIUM

A Brochure for Psychology
Students Considering a Clinical,
School, or Clinical-Forensic
Residency in 2026-2027.



Introduction

Narwhal Psychology Consortium (NPC) consists of two founding partner organizations that provide clinical and forensic psychology services to children, adolescents, and families in London, Ontario, and the surrounding communities: [Navigating Onward \(NavOn\)](#) and [Mary J. Wright Child and Youth Development Clinic \(MJWCYDC\)](#). Two more partners make up the residency: [London Family Court Clinic \(LFCC\)](#) and [Thames Valley District School Board \(TVDSB\)](#). We also partner with [Sala & Associates](#), a community-based clinic providing school and neurodevelopmental assessments and treatment to children and adolescents in English and French. Services are provided at our clinics, various schools, 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, school, 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, as well as those who identify as belonging to the Queer Community, and People who live with various Disabilities. 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. We actively strive to prepare our residents to work respectfully with individuals and groups who are different from them.

Why a Narwhal?

We're so glad you asked!

We were once known as the "London Child, Youth, Family, and Forensic Psychology Consortium" which, although descriptive, was kind of boring and did not exactly make a good acronym. We had already established an annual [Award for Excellence in Relationship-Focused Mentorship \(The Alan Leschied Award\)](#)¹. For reasons that will soon become clear, the mascot for this award is a magical unicorn wearing judicial robes. Dr. Alan Leschied is a beloved psychologist from LFCC and Western University; he has built magical relationships with hundreds of supervisees over the years. This award captures the spirit of Dr. Leschied and our consortium – that we can use our unique personalities and relationship skills to lift others up and help them get through life's challenges.

¹ See Appendix A for Award Information and a message from Dr. Leschied.

Our consortium holds this idea close as a guiding principle and core value of each of our members – we care about those who are at risk of falling through the cracks of other systems be it in the community, formalized health care services, education, or the justice system. All of us as supervisors and staff have our own stories of having been blessed by the ‘magical’ presence of a supervisor or mentor who ensured we got through a difficult time so that we could find our unique places in our professions and truly feel a sense of belonging and being valued. We collectively want to offer similar experiences to our clients/patients, colleagues, and supervisees.

But we had already assigned this magical creature to represent the Alan Leschied Award. We asked ourselves what animal, real or imagined, could possibly be more magical and appropriate to represent our residency? **Following the compass theme embedded in our host agency, NavOn, we looked to a northern, single-horned sea creature spotted off the coasts of arctic waters – the Narwhal!** And a mascot was born...

Living & Working in London

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 11th 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.



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.

The map shows the TVTA Trail route starting from St. Marys in the north, heading south through the Foxhollow Conservation Area, Killy Moineau, Killy Wood, Keshore Provincial Park, Wabier Shores, Springhills Park, and the Delaware Conservation Area, ending at Southdel Road. The trail crosses the border between Delaware and Ontario. Key locations marked include ST. MARYS, FOXHOLLOW CONSERVATION AREA, KILLY MOINEAU, KILLY WOOD, KESHORE PROVINCIAL PARK, WABIER SHORES, SPRINGHILLS PARK, DELAWARE, DELAWARE CONSERVATION AREA, and SOUTHDEL ROAD. The trail is highlighted in green. A compass rose is located in the bottom right corner.

NavOn, LFCC and MJW-CYDC 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 in 2022, to prepare for application to be accredited by the Canadian Psychological Association (CPA).

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.

New NPC Members

This year (application cycle for 2026-2027 residency year), we are proud to welcome **Thames Valley District School Board (TVDSB)** to our consortium. TVDSB offers a full-time, major rotation in school psychology, as well as a minor rotation in school consultation. We are also proud to welcome **Dr. Sala & Associates** as an organizational member of the consortium. Dr. Sala can offer a major rotation in child and adolescent clinical psychology with a focus on neurodevelopmental assessments and therapy – this rotation is ideal for a bilingual (English/French) speaking resident.

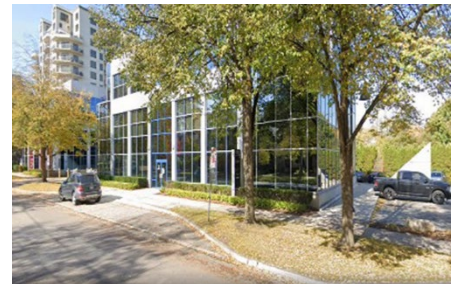
Who We Are

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) – Lead Agency and Employer

NavOn is a specialized clinic providing integrated services for individuals across the lifespan, as well as 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 LFCC. 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's values were cocreated through our core staff team:](#)

*Service Excellence – Knowledge and Skills Mobilization – Collaboration –
Equitable Access – and Giving Back to our Communities*

[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; race-and-cultural impact assessments for the criminal court; 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 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 values focused on working together, equitable access to service, and giving back.

Some of the ways we are giving back to our communities:

Suicide Prevention / Intervention / Postvention Initiatives.

Suicide continues to be the second leading cause of death for youth in Canada. 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.

Skills & Chills Social Skills Group for Teens with FASD.

NavOn contributes to enhancing FASD supports in 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. In 2024/2025, we offered a modified evidence-based social skills group, informed by DBT and 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. This program was also supported by developmental program evaluation projects led by our residents.

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 MJW-CYDC 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 of 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 Registered Psychotherapists of Ontario 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.

Mary J. Wright Child and Youth Development Clinic (MJW-CYDC) – Core Partner Agency

The mission of Mary J. Wright Child and Youth Development Clinic (MJW CYDC) is to be a leading training clinic in Canada providing high-quality student supervision and training for future child and adolescent psychologists while 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*



We are a fee-for-service training clinic that operates on a sliding scale. In January 2025, our MJW CYDC Clinic moved into a brand new, state-of-the-art facility connected to the Faculty of Education at Western University. With approximately 10,000 square feet, the clinic now has 9 treatment rooms (3 assessment, 3 therapy, 2 family rooms, 1 playroom) available for professionals and students. Residents now 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 available for clients in the near future.

Our clinic services are constantly growing and changing to meet the training and learning goals of our trainees and the needs of our greater London community. Residents at our site will benefit from an individualized training experience that gives them a broad skill set to address the learning, development, and mental health needs of children and adolescents in community settings.

Residents in our program will gain diverse skills such as:

- Brief/rapid psychology services
- Developmental, behavioural, and mental health screening
- Complex and developmental assessment, including assessment for autism, ADHD, intellectual disabilities, and learning disabilities, using tools such as the WISC, WIAT,

Vineland, CARS-2, ADOS-2

- Individual, parent, and/or group intervention for anxiety, OCD, mood, and behavioural disorders
- Interdisciplinary collaboration and consultation
- Supervision of more junior doctoral graduate students

Residents will also have the opportunity to be involved in our multiple community-based services (described below) and, if they wish, to develop their own project (e.g., workshop, treatment group). Residents whose major rotation is at NavOn may also participate in most of our in-house or community services such as a minor rotation. [Some of our current/anticipated community-based services include:](#)

- *Early Intervention Program- Community Consultation Project* (Community Partner: [Vanier Children's Mental Health Services](#)) - we partner with a community-based mental health agency's early intervention kindergarten program to offer consultation and assessment
- *Kids Interdisciplinary Developmental Insights* (Community Partner: [London Health Sciences Centre Developmental Pediatrics Team](#)) - we partner with developmental pediatricians to explore developmental profiles of complex children and youth
- *Autism Innovation Project-* (Community Partner: [TVCC – Children's Treatment Centre](#)) - we partner with our local children's treatment agency to integrate autism services in our region, offer trainings, and offer innovative counseling/therapy interventions to clients with autism spectrum disorder
- *Personalized, collaborative psychological services* (Community Partner: [Muslim Resource Centre for Social Support & Integration](#)): – we partner with staff at the MRCSSI to offer a range of psychological services (consultation, assessment, intervention) for equity-deserving children, youth and families who are experiencing barriers in receiving culturally responsive psychological services
- *Psychoeducational Assessments* (Community Partner: [London District Catholic School Board](#)): – we partner with the LDCSB to offer a referral pathway to complete psychoeducational assessments for children and youth struggling in their learning and academic functioning.
- *Psychological Assessments for Children and Youth* (Community Partner: [Health Zone Nurse Practitioner-Led Clinic](#)): – we partner with nurse practitioners in our community to offer focused psychological assessments to answer referral questions related to a child's learning and mental health needs
- *Supporting Transition Resilience of Newcomer Groups* (Community Partner: [LUSO Community Services](#)): – we partner with staff at a multicultural neighbourhood resource centre to offer an evidence-informed Tier 2 10-week group program to promote resilience and well-being in newcomer youth

[Some of our current in-house services include:](#)

- *Rapid Access Psychology Service*- Rapid access, financially accessible psychology consults for families to determine needs and direct care

- *Stepped Care Model for Child Anxiety Disorders*- Tiered intervention services for children and youth with anxiety and their parents/caregivers (e.g., anxiety workshops for parents, brief intervention services, group-based programming)
- *Developmental Screening Program*- specialized screening service for children aged 3-12 with learning, development, and mental health concerns to complete a formulation and provide recommendations
- *Selective Mutism Service*- assessment and intervention for children with a (query of) selective mutism
- *Parenting Groups*- we have offered parenting groups for anxiety and behavioural difficulties
- *Early Reading Screening*- we offer a brief screening/psychoeducational intervention for children with reading difficulties and their parents

We look forward to welcoming psychology residents who share our values to bring their skills and enthusiasm to our dedicated team. We encourage you to review our website at: www.mjw-cydc.uwo.ca

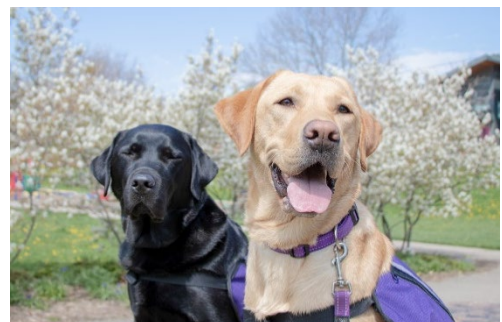


London Family Court Clinic (LFCC) – Organizational Member

For over five decades, the London Family Court Clinic (LFCC) has been a trusted hub for clinical and court-related services for children, youth, and families who are involved in, or at risk of entering, the justice system. As a non-profit and registered charity, our programs are funded through the Ontario Government and federally through the Department of Justice and are guided by a dedicated volunteer Board of Directors.

Since opening our doors in 1974 with just two staff and one core service, LFCC has grown significantly. Today, we offer a broad range of specialized services and hold multiple leadership and coordination roles across sectors. At the heart of our work is the belief that early, trauma-informed, and clinically relevant interventions can alter life trajectories, build resilience, and reduce involvement in the justice system.

LFCC also serves as the Lead Agency for Beacon House London, the city's Child and Youth Advocacy Centre (CYAC). In this role, we bring a strong clinical perspective to child advocacy by supporting young victims of crime and their families through coordinated, trauma-informed responses. Our pilot model, operating through police referrals, aims to integrate advocacy and therapeutic support early in the



process to reduce re-traumatization and promote healing before court proceedings are necessary.

Our Space and Learning Environment

Located in downtown London just 2km from the London Courthouse, LFCC is easily accessible by public transit and car. Our facility includes:

- Five clinical treatment and assessment rooms
- A large observation room with one-way mirror and sound system
- A multi-sensory space with movement-based activities, art materials, and play therapy tools
- A boardroom, private and shared staff offices, and a kitchen
- A dedicated psychometry suite with more than 130 psychological assessment tools, an online testing workstation, and secure file storage
- Shared office space with Navigating Onward (NavOn) to foster collaboration and integrated service delivery

LFCC offers a dynamic learning environment. Clinical learners and residents may be invited to attend Youth Therapeutic Court sessions and participate in broader justice-focused research and programming. Under the leadership of Executive Director Joelene Bamford, a seasoned court services and youth justice specialist, LFCC provides meaningful opportunities to observe, engage, and build knowledge in multidisciplinary court and clinical settings.

To learn more, visit: www.lfcc.on.ca



Thames Valley District School Board (TVDSB) – Organizational Member

With a rural, urban, and suburban population, Thames Valley District School Board (TVDSB) is a unique district shared across Elgin, Middlesex, and Oxford Counties and the City of London. We are a district in motion toward progressive growth and student achievement. As the fourth largest public school board in Ontario, our 7,000km² district includes families who have been here for generations, and many who have recently arrived. We want our students and staff to be successful, and we believe that equitable access to programs and opportunities helps everyone reach their full potential. A team of experts in their field serve 84,000 students and 14,000 staff

toward a goal of improving student achievement and well-being. We are a data-driven organization with a student-first, growth mindset.

Our Core Values Are:

Students. We centre everything we do on student needs, well-being, and achievement. Empathy, compassion, humility, and trust are embedded within this commitment.

Equity. We build a strong sense of identity and belonging, and act intentionally to enhance equity, inclusion, and respect for human rights. We honour the rights, voices, experiences, and expertise of Indigenous Peoples and equity-deserving groups.

Relationships. We build and strengthen trusting and mutually respectful relationships with students, staff, families, and communities.

Sustainability. We are committed to the sustainable stewardship of our human, financial, physical, and environmental resources. We support our students, schools, and communities to take collective action for sustainability for generations to come.

Integrity. We are committed to being transparent, consistent, truthful, and accountable in fulfilling our commitments so that we say what we mean, mean what we say, and act accordingly.

Psychology at TVDSB

Psychology at TVDSB is part of the Professional Student Services Department, along with behaviour analysts, social workers, school support counsellors, Indigenous counsellors, speech and language pathologists, and audiologists. About 30 professionals – psychologists, psychological associates, and psychometrists – provide psychology services. Staff who are registered with the College of Psychologists and Behavioural Analysts of Ontario have areas of practice of school psychology, counselling psychology, and clinical psychology (or some combination).

Psychology services include assessment, consultation, and intervention. Assessments address a broad range of presenting concerns, including learning disabilities, developmental disabilities, giftedness, autism, and behavioural concerns with the primary goal of supporting educational programming. Psychology services are organized in five regions (Elgin, London East, London West, Middlesex, and Oxford), and each region is responsible for assessments within the region. Each school has a contact person who coordinates services and attends monthly Multi-Disciplinary Team (MDT) meetings at that school. We provide consultation for teaching staff and administrators and professional development sessions for school-based staff. Psychology staff also participate in systems-level teams, such as the Traumatic Events Response Team (TERT) and Assessment of Risk Towards Others/Violence Threat-Risk Assessment (ARTO/VTRA) team. Intervention consists primarily of individual counselling.

TVDSB's website can be found at www.tvdsb.ca



Dr. Sala & Associates – Organizational Member

Since 2006, Dr. Michelle Sala & Associates has been a trusted provider of psychological services for children, adolescents, families, and adults in Southern Ontario (including Hamilton, Burlington/Oakville, Niagara, Brantford and London). Based in the heart of Waterdown, our practice has grown to meet a wide range of client needs through comprehensive psychological assessment, evidence-based therapy, parent support, and more recently, the introduction of group programming.

Our Core Values Are: rooted in **compassion**, **clinical excellence**, and **cultural responsiveness**.

Our team includes psychologists, psychological associates, psychometrists, and registered psychotherapists. We provide services in both English and French and are committed to creating an inclusive and affirming space for clients of all backgrounds, identities, and neurotypes. Our work is grounded in trauma-informed care with a strong emphasis on relationships, collaboration, and empowerment.

Psychological assessments are completed both in private practice and in partnership with neighbouring school boards and organizations. Residents will gain hands-on experience conducting assessments related to ADHD, learning disabilities, autism spectrum disorders, intellectual/developmental concerns, and socio-emotional functioning. Opportunities also include working with parents and families, delivering individual therapy, and where appropriate, supporting group facilitation and community-based workshops.

Dr. Sala provides weekly one-to-one supervision as well as opportunities for case consultation and team-based learning. Residents are integrated into our clinical team and supported in developing their professional identity, ethical practice, and clinical reasoning.

The office includes seven therapy and assessment rooms, as well as dedicated administrative support. Residents have access to a wide range of assessment tools, digital scoring platforms, and clinical resources.

Dr. Sala & Associates is an ideal placement for students interested in child and adolescent work within a flexible and supportive private practice setting while remaining connected to the community and additional learning opportunities of the Narwhal consortium. We welcome residents who are passionate about developmentally informed, strengths-based, and culturally

responsive care, and who bring curiosity, creativity, and heart to their clinical work.

Dr. Sala & Associates website can be found at: www.drsala.ca

Our Partners

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



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

Our Staff

Colin King – MJW-CYDC



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 Narwhal Psychology 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 3rd in a community fun run and won a pair of socks.

Katelyn Bryant – MJW-CYDC



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 (MJW-CYDC).

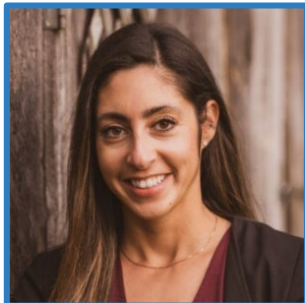
Kate's practice focuses on children and adolescents with neurodevelopmental differences and/or emotional, behavioural, or relational dysregulation. She provides a range of services from very brief to long-term consultation, assessment, and intervention. Common assessment concerns include learning disabilities, 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 MJW-CYDC, 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. Amanda Kerry – MJW-CYDC



Amanda (Dr. Kerry; she/her) is a Clinical and Forensic Psychologist who works with children and adolescents in Ontario. She has over 15 years of clinical experience supporting the emotional, social, and behavioural needs of children and youth in community, school, hospital, live-in treatment, and youth justice settings. Prior to obtaining her PhD, she worked for two years as a Master-level clinician with adult federal offenders. Her work with adults increased her clinical and research passion to focus on early intervention and promote the resilience of children and adolescents. Amanda currently provides a range of psychological services, including individual therapy and psychological assessments for children and youth, parent support, psychological consultation to community organizations, project coordinator and clinical supervisor with Western University, and a member of the Ontario Review Board. She has co-authored three papers and two chapters in the area of adolescent mental health and violence prevention. She has also presented her research at nine national and international conferences, as well developed and delivered several trainings. Amanda leads the clinical implementation of Supporting Transition Resilience of Newcomer Groups (STRONG) program through MJW-CYDC and community partner organizations.

Amanda shares her time between Ontario and the Caribbean, inducing an intense tropical desire for us all to take a break and relax in the sun! She was our 'pinch-hitter' supervisor in 2023-2024 and the first former trainee of Dr. Alan Leschied to win the Alan Leschied Award!

Ms. (soon to be Dr.) Megan Mueller – NavOn



A recent Narwhal Psychology Resident, Megan (Ms. Mueller – she/her) is completing her supervised practice at NavOn. She recently will have earned her PhD in School and Applied Child Psychology from Western University. Megan brings a diverse background in supporting children and youth across various settings, including schools, community organizations, forensic environments, and private practice. Through these experiences, she has developed strong skills related to psychological assessment and intervention.

Under the supervision of Dr. Dilys Haner and Dr. Peter Jaffe, Megan conducts psychological assessments for neurodevelopmental disorders, mental health concerns, and recidivism risk. She also provides therapeutic support to children and adolescents presenting with a range of challenges, utilizing evidence-based modalities such as cognitive behavioral therapy (CBT) and dialectical behavior therapy (DBT). Megan is committed to a collaborative, client-centered approach, focusing on empowering clients to achieve their individual goals. She tailors her clinical work to each child's unique strengths, challenges, and objectives and is passionate about helping youth develop self-understanding and thrive within their environments.

Dedicated to evidence-based practice, Megan integrates current research findings into her clinical interventions and assessment approaches. Her doctoral dissertation examined the effects of early adversity on brain development in children and its subsequent impact on mental health and social functioning. This research area continues to be a focal interest for Megan, and she aims to deepen her knowledge in this area to enhance her clinical practice.

Outside of work, Megan can often be found outdoors! She enjoys hiking, skiing, beach volleyball, camping adventures, exploring new destinations (both near and far from London), relaxing by a pool or lake, and most of all, watching a beautiful sunset!

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 of 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.

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 learning disabilities (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

Ashley's values of collaboration, authenticity, inclusivity, cultural responsiveness, and trauma-informed care are held at the forefront of her work. She was the recipient of the inaugural Alan Leschied Award for Relationship-Focused Mentorship². She is a 2SLGBTQ+ ally who welcomes clients and students of all genders, sexual identities, and cultural backgrounds.

Dr. Dilys Haner – NavOn



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. They are 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. They are 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 on this land, Dilys works in collaboration with their communities and prioritizes a Two-Eyed Seeing approach.

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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. They also supervise professionals preparing for independent registration in various professional colleges. Dilys is an adjunct professor in the School and Applied Child Psychology PhD and the Clinical Psychology PhD programs at Western University. They provide 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. She has a whole box of emergency mustaches.

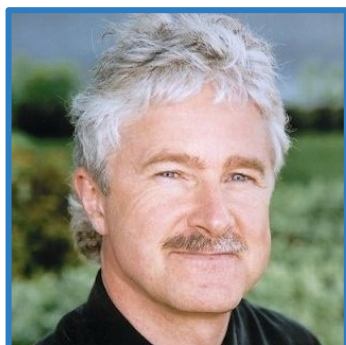
Dr. Peter Jaffe – NavOn



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. 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 for ADR-LINK and the FASD initiatives at NavOn.

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

Mrs. Nicole McLister – TVDSB



Nicole (Mrs. McLister; she/her) is a Psychological Associate and Supervisor of Behavioural Analysts and Psychological Services at TVDSB. She is registered in the areas of School and Counselling Psychology. She completed her M.Ed. Counselling Psychology degree at Western University with research interest in the areas of teen dating violence and the impact of childhood maltreatment on cognitive processes. Nicole has been with TVDSB since her practicum in 2009. She also holds a position with Developmental Services Ontario – Southwest Region as an Eligibility Confirmation Specialist.

Since 2019, Nicole has held several system-level leadership roles within the school board and has served as the Supervisor of Psychological Services since 2023. In 2024, her portfolio expanded to include supervision of the Behaviour Analysts. She brings extensive expertise in student violence prevention and intervention, having served as one of TVDSB's Violence/Threat Risk Assessment leads since 2019. Nicole is deeply committed to advocating for student needs and enhancing understanding of how students learn, function, and engage within educational settings. She is dedicated to delivering high-quality clinical supervision through the integration of evidence-based methodologies and the cultivation of a reflective, supportive learning environment. Her approach is firmly rooted in ethical practice and designed to foster the professional growth of clinicians.

Nicole enjoys spending time with her young family and two dogs, baking yummy treats, playing hockey and spending time on the water. She has a strong connection to music and loves to try new things.

Dr. Jeff Carter – TVDSB



Jeff (Dr. Carter; he/him) is a Counselling and Clinical Psychologist, Graduate Student Coordinator, and Co-chair of the Professional Student Services Quality Committee at TVDSB and Supervisor for the Narwhal consortium. He started his career in child and youth mental health as a child and youth worker at a live-in treatment centre in 1988 while working on an Undergraduate Degree in Psychology at The University of St. Jerome's College (University of Waterloo). He completed Master of Arts and Doctor of Philosophy degrees in Clinical Psychology at Western University, including a full-year residency in the child and adolescent track at London Health Sciences Centre. From 2000 to 2020, he worked at a children's mental health centre, primarily supporting intensive and complex special needs programs before becoming Director of Quality Improvement in 2014. He completed his dissertation on cognitive processing in schizophrenia and has worked on inpatient psychiatry units across the lifespan. He is Adjunct Faculty for the Departments of Psychology and Psychiatry and the Faculty of Education at Western University and is the Research Editor for the *Journal of Systemic Therapies* (Guilford).

Jeff's approach to assessment is informed by cognitive information-processing theory, attachment theory, and developmental assets. He is a relational (contemporary psychodynamic) therapist who is also trained in CBT, solution-focused, and narrative therapy with children, adolescents, adults, and families. He has professional interests in preventing and managing dangerous behaviours, and in parental mental health. His supervision style is informed by the relational approach.

Jeff enjoys spending time with his family, travelling, and camping. The farthest he has travelled is to Africa through a Christian missionary organization with his wife. They have 2 children.

Dr. Michelle Sala – Dr. Sala & Associates



Michelle (Dr. Sala; she/her) is a bilingual Clinical Psychologist. She earned her PhD. in Clinical Psychology in 1997 and has over 25 years of experience in assessment and treatment across the lifespan. Originally from Quebec, Michelle has a strong foundation in children's mental health having worked extensively in clinical, school, and community settings throughout Ontario.

In 2006, she founded Dr. Michelle Sala & Associates, a private practice serving Southern Ontario. Her therapeutic approach is grounded in CBT and DBT with an emphasis on mindfulness and family collaboration. She has expertise in the assessment of ADHD, learning disabilities, and autism in

children and adults. In addition to her clinical work, she is dedicated to training and supervising emerging professionals in psychology, with a focus on high-quality, developmentally informed care.

Michelle's full-time office administrator is also named Michelle. It is endearing and no one has ever accidentally mixed them up via email – ever! Especially not literally everyone.

OUR OTHER TEAM MEMBERS

Ms. Kathryn Lambert – TVDSB



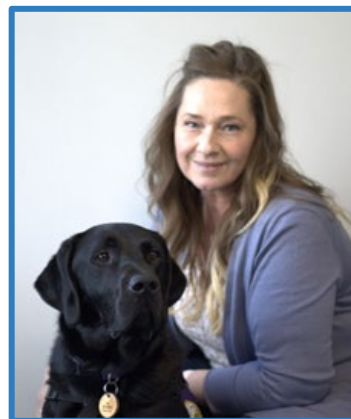
Kathryn (Ms. Lambert – she/her) is a Social Worker and Manager of Professional Student Services at TVDSB, with previous roles including Manager of Student Mental Health and Mental Health Lead. Extensive experience in clinical and community engagement, particularly with vulnerable populations, and building relationships with community partners across sectors. She is the former Clinical Director at Vanier Children's Mental Wellness and Supervisor at Children's Aid Society of London and Middlesex. Kathryn holds a Master of Social Work degree from the University of Western Ontario and a Bachelor of Social Work from McGill University. She has been recognized for excellence with awards such as the Purple Ribbon Award and the Thomas J. Smith Award of Excellence in Social Work Field Practice Education.

Kathryn enjoys spending time with her 2 dogs, Bella and Valdi, and cottage time. She enjoys watching sports, visiting friends and family, and watching action movies.

Ms. Joeline Bamford – LFCC

Joeline (Ms. Bamford; she/her) is the Executive Director (ED) of London Family Court Clinic. She brings nearly 20 years of experience in youth justice, mental health, and advocacy to her role. She has led the development and implementation of innovative programs including Youth Therapeutic Court, Youth Justice Services, Child Victim Witness Program, and Beacon House, London's Child and Youth Advocacy Centre.

Before becoming ED, Joeline served as LFCC's Director of Court Services and as a Youth Mental Health Court clinician, working directly with high-needs youth and advocating for trauma-informed,



coordinated approaches. Today she is guiding LFCC through a period of strategic renewal, focused on long-term sustainability, equity, and wraparound supports for children, youth, and families.

A committed community builder, Joelene works closely with peer organizations, and local/provincial tables to advocate for accountable, accessible, and just systems. Her leadership is rooted in collaboration, transparency, and the belief that we can and must do better for young people.

When she's not at work, Joelene is likely engaged in DIY projects or spending time with her family and with her loyal (and slightly bossy) Chihuahua, Nina. She's a strong supporter of the arts and grassroots social justice efforts. Joelene values meaningful collaboration and community care.

Ms. Tiffany Trudgeon – MJW-CYDC



Tiffany (Ms. Trudgeon; she/her) is the Clinic Manager (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 enjoys spending time with her four children and is looking forward to starting the Executive Master of Business Administration in the fall!

Available Rotations

For the 2026 September start date, the NPC residency has **5 resident positions**:

1. child and youth clinical track with a home base at MJW-CYDC (1 position)
2. child, youth, and family clinical-forensic track with a home base at NavOn (2 positions)
3. school-counselling-clinical track with a home base at TVSDB (1 position)
4. child and youth clinical track (bilingual potential) with a home base at Dr. Sala & Associates (1 position)

The **child/adolescent clinical major rotation is at MJW-CYDC** 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 will participate in multidisciplinary FASD assessments and cofacilitate a 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 **child, youth, and family clinical-forensic major 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 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 3:7 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
- 6-8 team-based risk assessments under Sec. 34 of the CYJA
- 2-5 psychoeducational/ADHD/complex neurodevelopmental assessments

- Co-facilitate a PEERS/DBT 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

The clinical-forensic track residents will experience a minor rotation with MJW-CYDC 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.

The **school-counselling-clinical major rotation is at TVDSB** with a focus on assessment and consultation in the school setting. This resident will work for 10 months on an individualized training program that includes the following competencies:

- Psychoeducational and/or psychological assessments and diagnoses with links to academic and/or clinical recommendations and interventions, including:
 - At least 10 assessments reflecting diversity in students assessed and referral questions;
 - Comprehensive interviews, including obtaining developmental histories; and interviews with children and adolescents, parents or caregivers, and teachers;
 - Administration, scoring, and interpretation of a core battery of measures including intellectual, academic, phonological processing, memory, social-emotional, and behavioural measures;
 - Exposure to advanced measures (e.g., to assess nonverbal intelligence or autism)
- Individual and/or group intervention/therapy, including:
 - At least two individual interventions with secondary students;
 - At least one individual or group intervention with elementary students
- Consultation to School Program Development Team (PDT), as well as Multi-Disciplinary Team (MDT)/Student Support Team (SST) meetings

During the summer months (July & August), this resident will complete a minor rotation at either MJW-CYDC or NavOn/LFCC.

Residents at MJW-CYDC or NavOn/LFCC may complete a **minor rotation in school consultation at TVDSB** one half-day per week for eight months. Residents will participate in Multi-Disciplinary Team meetings at one or more schools and observe feedback meetings with parents and school teams. If opportunities arise, they may also observe consultations regarding Assessment for Risk Towards Others/Violence Threat-Risk Assessments (ARTO/VTRA) and interventions by the Traumatic Events Response Team (TERT).

The child and youth clinical track (bilingual potential) is at Dr. Sala & Associates with a focus on assessment and intervention in clinical psychology services for children, youth, and families with an emphasis on neurodevelopmental assessment and parent support. Dr. Sala & Associates clients are a mix of community-based referrals, school referrals, and referrals from local Indigenous communities. This major rotation has the potential for learning in English and French; however, bilingualism is not a requirement to work with Dr. Sala.

This rotation provides equal opportunity for assessment and intervention, including psychotherapeutic and psychoeducational groups and parent supports. This resident can expect to train in many of the following core competencies:

- 15+ psychoeducational and/or psychological assessments with children and adolescents
- Neurodevelopmental assessments for ADHD, autism, learning disabilities, and intellectual/developmental concerns
- Individual therapy for children and adolescents with a wide range of presenting concerns including socio-emotional problems, externalizing behaviours, and neurodevelopmental issues
- In-person and web-based counselling with children, adolescents, and caregivers
- Parent counselling for caregivers with children struggling with anxiety, hyperactivity, inattention, or emotional regulation
- Co-facilitate a parent group/workshop series to improve child/caregiver relationships
- Provide consultation and/or supervision to psychometrist team

The child and youth clinical track (bilingual potential) resident will experience a minor rotation with NavOn in which they will conduct 2-3 FASD assessments with the multi-disciplinary assessment team and/or co-facilitate our Chills & Skills program.

NPC Program Expectations

NPC offers only a full-time residency experience. The residents 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 MJW-CYDC 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 a learning session 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 residents are guaranteed to receive, at minimum, 3 hours of individual and 1 hour of group supervision each week that is formally scheduled. There are typically other supervisory experiences each week including conducting 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/development, 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

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.

Although 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, MJW-CYDC, TVDSB, and Sala & Associates 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

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

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 and those opportunities may be made available to residents wishing to declare competence with adults. A breadth of training experience is prioritized for each resident, including:

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

- child protection; Court involved);
- Theoretical models related to community psychology provision; multidisciplinary teamwork; circles of care, and inter-organizational service provision;
- Theoretical models related to juvenile risk assessment, parenting capacity, parenting plans, and mental health treatment;
- 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.

Our sites 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 Narwhal 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 landline telephone, desktop computer, and network access. All NPC 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 MJW-CYDC 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.

NPC holds 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 DCT 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 residents 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. MJW-CYDC 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 doctoral level 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 MA 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

Each resident has an office space with a computer and Internet access, capabilities for videoconferencing, an office landline, and a lockable space. We have audio-visual equipment for recording sessions and supervision, and access to electronic and hard-copy library materials specific to clinical, school, and forensic psychology.

Remuneration

Residents are employees of NavOn. The annual salary is \$40,000 (CAN) including 10 paid vacation days. Residents also qualify for 12 paid holidays³.

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

Dr. Dilys Haner, the Director of Clinical Training, is an employee of NavOn. She is advised by a Residency Committee made up of NavOn, MJW-CYDC, LFCC, and TVDSB 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

NPC abides by the code of ethics of the Canadian Psychological Association. Our psychologists are aware of and in compliance 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

We believe that effective and ethical psychological practice should be grounded in an appreciation and respect for cultural diversity and psychologists 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

³ New Year's Day; Family Day; Good Friday; Easter Monday; Victoria Day; Canada Day; Civic Holiday; Labour Day; National Day for Truth and Reconciliation; Thanksgiving Monday; Christmas Day; Boxing Day.

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

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 21, 2025. Applicants will be notified on Friday, December 5, 2025, if they have been successful in obtaining an interview. Interviews will be scheduled on Monday, December 8, 2025, 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:](#)

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Selection Process

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 2025 were virtual. Interviews conducted in 2026 will be provided according to APPIC/CCPPP guidelines. This means interviews will likely occur using ZOOM regardless of an applicant's geographical location. Our interviews typically take place during the first two weeks of January, upon return to work after the winter holiday break.

Appendix A – Message from Dr. Alan Leschied upon the Award's Creation in 2022

I began my association with the Court Clinic in 1977. I was young, knew little and had to confess to then Judge Genest, the founder of the Clinic and who interviewed me before I began to work at the Clinic, that to my knowledge I had never knowingly ever met a young offender, let alone assessed one.

Upon hearing this, Judge Genest, who was to become a very close friend and mentor through the years not only to me but to my wife Patti, 'sentenced' me to work at what was then called the London Detention Centre for Youth for the balance of the summer so I could learn something. The Centre would eventually bear Judge Genest's name.

At the time in the mid '70s, the Clinic was comprised of Peter, and several of what we would call, real 'characters.' They all had such rich life experiences. Wayne Willis, who is of course legend at the Clinic, a former law student, journalist, world traveller, and cyclist who was amongst the original front-line workers at the youth detention centre. Jules Brozowsky, a childcare worker out of Quebec who had a larger than life persona. And Frank Brennan, a retired probation officer out of Sarnia whose legacy included fighting alongside Ernest Hemingway in Spain's war against the fascists of the 1940s. Frank could also quote from any of the world's great literature at whim.

What Wayne, Jules and Frank all true commitment to the well-being along with a good dose of create a culture of caring for through the years. The rich dedication to others Clinic. They taught me not to means in being with others traumatic periods in their

What does this have to Which leads to me reflect colleagues, and the

First, they expect that the integrity of the service consistent current best practice.

Second, is that we care are providing. Human service is more

Third, and what I think is the most are expected to provide, is our of us who are privileged to be part of who we are and what we represent day to day interactions with those we serve, broader community. It's a tall order.

shared in common – beyond their experience - was a of others borne out of amazing lived experiences, humour. All of this somehow came together to which the Clinic has continued to be known by lives of Wayne, Jules and Frank and their influenced an entire generation of us at the be afraid of knowing who you are and what that who were negotiating what were often the most lives.

say about what I learned. Everything! on what it is that our clients, broader community expect from us.

we know something that is based in science related to providing human with what the literature would say is

deeply about what is that we than a job, it is a calling.

important part of what we humanity. Too often those human services come to think that should somehow be removed from our again whether it be clients, colleagues or the

So, the challenge to me has always been presented in the following: how can we translate what we know and who we are in an integrated way that shows compassion, respect, and care in all that we do. There is no mystery to it. It is in part the gift that we are all given in being part of providing service to others.

-Alan