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Doctoral Residency Program in Clinical Psychology

(Children & Adolescents)

**Training Brochure
2026 – 2027**

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TABLE OF CONTENTS

PRACTICE DESCRIPTION.....	3
RESIDENCY PHILOSOPHY, GOALS & OBJECTIVES.....	4
TRAINING PHILOSOPHY.....	4
MISSION STATEMENT.....	6
GOALS & OBJECTIVES.....	6
RESIDENCY PROGRAM.....	8
PROGRAM STRUCTURE.....	8
MAJOR TRAINING ROTATIONS.....	9
MINOR TRAINING ROTATIONS.....	11
DIDACTIC SEMINARS.....	12
SAMPLE SCHEDULE.....	13
COVID-19 INFORMATION.....	14
EDUCATIONAL OPPORTUNITIES.....	14
PROGRAM DEVELOPMENT/PROGRAM EVALUATION.....	14
INTER-PROFESSIONAL GROUP CONSULTATION.....	14
STAFF 'HOME BASE' GROUP MEETINGS.....	15
TRAINING COMMITTEE.....	15
EQUITY, DIVERSITY AND INCLUSION – JOURNAL CLUB.....	15
SUPERVISION.....	15
MAJOR TRAINING ROTATIONS.....	15
MINOR TRAINING ROTATIONS.....	16
EVALUATION OF RESIDENTS.....	17
EVALUATION PROCESS.....	17
COMMUNICATION WITH ACADEMIC DCT'S.....	17
PSYCHOLOGY STAFF.....	18
POLICIES & PROCEDURES.....	19
GENERAL.....	19
DUE PROCESS & GRIEVANCE POLICIES.....	19
SALARY & BENEFITS.....	20
APPLICATION PROCESS.....	21
ELIGIBILITY REQUIREMENTS.....	21
APPLICATION MATERIALS AND DEADLINES.....	22
INTERVIEW PROCEDURES.....	23
ACCREDITATION INFORMATION.....	23
CONTACT INFORMATION.....	23
ADDITIONAL INFORMATION.....	23



PRACTICE DESCRIPTION



Dr. Angela Fountain and Associates is a group private practice in psychology that is located on a 60-acre therapeutic farm in the north end of the city of Oshawa, Ontario. We are a friendly, creative and lively multidisciplinary team of around 20 clinical staff and students from a variety of disciplines (i.e., psychology, social work, registered psychotherapists, child and youth work) as well as a full administration team, barn staff, and volunteers. We offer mental health services (assessment and

treatment) designed to fit the needs of families, children (infants to adolescents) and adults with a range of presenting problems. We take an integrative approach to clinical work (drawing on cognitive-behavioural, attachment and relational, developmental systems, and humanistic theories) in order to develop individualized treatment programs to meet our clients' specific needs. Our treatment plans can range from brief solution focused interventions to longer-term more traditional treatment programs. We are particularly well known for our children's treatment programs, which include play therapy, group therapy programs, and fun therapeutic day programs throughout the summer months.

Unique to Dr. Angela Fountain & Associates is our clinical setting. We are located on a therapeutic farm with a full range of indoor and outdoor psychological treatment amenities, allowing us to offer all the traditional child and youth community-based clinic services and more. From our indoor consultation offices and play therapy rooms to our adjoining equine therapy stables, small animal handling facilities, recreation and swim areas, to adventures in our forest and farm meadows, practicing psychology moves to a new level of wellness that more traditional settings cannot offer. We provide training and support in our unique equine and animal assisted therapies along with all the traditional training and support a psychology resident needs.

Across all our clinical services, we strive to provide a competitive and comprehensive range of psychological and mental health services for children, youth, adults and their families that are grounded in theory and evidence-based practice, creative, user friendly, and that flexibly respond to clients' needs and interests. In our warm, inviting farm country setting, we seek to enhance each client's dignity, individuality and potential for independence and inter-personal relationships with family and community. The mission statement of our practice is, "To instill love, value, and purpose into our clients, staff, students and volunteers by helping them discover their highest potential."



Dr. Angela Fountain & Associates was originally founded in 1994, in response to the limited psychological assessment and treatment services for children/youth and their families in the Durham Region. Dr. Fountain has built a solid professional reputation in the area and has maintained an increasing stream of client referrals from the Durham community since starting the practice. We receive referrals from a broad range of sources: paediatric and family medicine practitioners; family lawyers and the Court; child welfare professionals; local children's agencies (such as hospitals, Infant Development, Resources for Exceptional Children, Kerry's Place Autism Services, Grandview Treatment Center); Learning Disabilities Association; local schools; parents; as well as word of mouth. Given the breadth of referrals, we provide services to both the general mental health population in the region as well as harder to serve, more complex client challenges.



What distinguishes Dr. Angela Fountain & Associates from other service providers is our creative approach to clinical services, while upholding high standards of care in order to deliver child and family-friendly services that are intrinsically motivating to our clients. Dr. Angela Fountain & Associates is proud to be recognized for our unique approach to clinical services, having won the Ontario Psychological Association's "2017 Award of Merit" for Innovative Contributions to Children's Mental Health and the 2015 Business Excellence Award from the Oshawa Chamber of Commerce. We are also the first of a kind to integrate a regulated health professional clinic and an accredited Ontario Camp Association facility as a secondary industry to a fully functioning family operated farm.

For additional information about our practice, clinical staff and services offered, please refer to our website: www.drffountain.ca.

RESIDENCY PHILOSOPHY, GOALS & OBJECTIVES

TRAINING PHILOSOPHY

The focus of our training program is on the consolidation of clinical skills and the application of the scientist-practitioner model to clinical practice. We believe in providing a holistic, well-rounded training experience that emphasizes not only the development of foundational professional skills (i.e., assessment, diagnosis, consultation, treatment, and professional and ethical issues) but also the importance of the broader context influencing growth as well as the unique human experiences and qualities that help shape an emerging professional identity.

First, we believe that good clinical practice has both an empirical basis and clinical relevance. We also believe that it is important to be creative, yet maintain fidelity in applying evidence-based practice in working with children and adolescents. Therefore, our residency program values the scientific basis of psychology and psychological practice while emphasizing the **application of the scientist-practitioner model in creative ways to 'real-world' applied clinical practice**. We strive to provide highly applied training experiences so that residents may apply and



consolidate the rich research, theory and clinical training they received in graduate training in a practical, integrative and creative manner.

At the applied clinical level, we value taking a **developmental and theoretically integrative approach to the assessment and treatment of clients**. Therefore, trainees will learn to formulate integrative case formulations considering multiple levels of influence producing vulnerability to mental health symptoms. Residents will also learn how to think critically and integrate elements of theory, empirical research and practice from a range of theoretical orientations to inform clinical practice.

Being a unique, farm-based psychology practice, we also value **incorporating the outdoors and animals from our farm-based milieu setting into clinical practice**. Residents will be expected to learn and to participate in skills associated with these outdoor and therapeutic farm activities in order to integrate them into their clinical work with clients. Residents will receive immersive training via didactics, experiential activities and live supervision in the application of animal- and equine-assisted therapy models to clinical service.



At the individual level, we **value the unique experiences, worldview and contributions of every member of our team**. We appreciate that each of our trainees arrive at the residency program with their own unique training and life experiences, and have developed personal meanings from these experiences. We strive to help them understand and respect the culmination of their prior graduate training experiences and integrate this understanding within their own personal, cultural and professional values in developing their own training goals, theory of practice, professional identity, and commitment to life-long growth and learning. We take a gradual approach to the development of professional skills in our training, with more direct 'hands-on' modeling and live supervision of newer clinical skills and a gradual emphasis on increasing levels of independence as clinical skills progress.

We also value **fostering a sense of professional responsibility and accountability** to ourselves, clients, colleagues and the broader community for the unique decisions we face in our role as practicing professional psychologists. The privilege of joining a self-governed profession, requires strong self-awareness, reflection and evaluation in order to uphold the responsibility of this privilege. Again, we strive to model and guide the residents in what it means to practice ethically and responsibly in all aspects of our clinical work as practicing psychologists.

We also believe that the most effective **clinical work is delivered within the context of a multidisciplinary clinical team** and that this team environment is a critical context for learning and professional development. Residents are fully integrated within our larger team of clinical staff, admin staff and barn staff, participating in orientation activities, ongoing clinical team meetings and working collaboratively with staff to deliver clinical services. It also fosters opportunity for rich learning from professionals with a broad range of interests, knowledge and



skills as well as an appreciation for the contributions of different disciplines to children's mental health. We believe in promoting a culture in the practice that is playful and fun yet professional, open, accepting and striving to enhance and value the unique contributions of every individual.

MISSION STATEMENT

The overarching mission of the residency program at Dr. Angela Fountain and Associates is to provide a holistic, applied training experience to prepare residents for entry to supervised practice as a clinical psychologist with children and adolescents and their families, with a sense of professional purpose and identity, a commitment to lifelong learning and an appreciation for creative and integrative applications of evidence-based practice with this population.

GOALS & OBJECTIVES

General Goal Area	Specific Objectives
Clinical Practice Skills: Prepare residents with foundational clinical practice skills needed for general clinical psychology practice with children, adolescents and their families.	<ol style="list-style-type: none">1. Develop competence in psychological assessment of children, adolescents and their families with a range of presenting problems.2. Develop competence in the formulation and communication of diagnoses relevant to practice with children and adolescents.3. Develop competence in the planning, delivery and evaluation of psychological intervention with children, adolescents and their families using a range of therapeutic approaches and modalities.4. Develop the interpersonal skills and attitudes to foster constructive and respectful relationships with clients, the clinical team and other professionals.5. Develop competence in consultation and inter-professional collaboration as a member of a multidisciplinary team.6. Introduce residents to the role of supervision within the professional practice of psychology.
Professional Ethics & Conduct: Develop residents' awareness, knowledge, and skills needed to apply ethical principles and professional standards to all aspects of professional activities and behaviour.	<ol style="list-style-type: none">7. Develop working knowledge and application of professional standards and jurisprudence issues relevant to clinical practice with children and adolescents.8. Develop competence in the ethical decision-making process as applied to clinical and professional practice issues.9. Introduce residents to ethical and professional practice issues relevant to responsible management of a private practice in psychology.



	<p>10. Foster an appreciation and understanding of diversity and individual differences in all aspects of clinical and professional activities and behaviour.</p>
<p>Professional Skills and Attitudes: Foster the development of core professional skills and attitudes necessary for responsible, autonomous practice as a psychologist.</p>	<p>11. The resident uses supervision in an open and constructive manner, knowing when to seek additional supervision and/or consultation support.</p> <p>12. Develop and build the resident's organizational skills and ability to manage their time and activities to ensure timely completion of tasks.</p> <p>13. Develop effective written and verbal professional communication skills.</p> <p>14. Foster the resident's development of professional self-reflection and self-assessment, through reflective understanding of their own knowledge and competencies (i.e., awareness and assessment of one's own range and limits of competence and one's strengths and weaknesses).</p> <p>15. Develop habits of self-care, including awareness and management of personal stress and emotional responses in a way that does not interfere with client professional services or with job responsibilities.</p>
<p>Creativity in Applied Psychology Practice: Foster knowledge and skill in creative applications of theory and evidence-based practice with children, adolescents and families in both traditional office settings and in an outdoor, farm/milieu setting with animals.</p>	<p>16. Provide exposure to theory, ethical issues, and practice of animal- and equine-assisted therapy.</p> <p>17. Introduce residents to the application of traditional therapy theories, to the use of animals and/or farm/outdoor setting in clinical work with children, adolescents and their families.</p> <p>18. Foster attitudes of playfulness and creativity in applying theory and evidence-based practice to engage children, adolescents and their families in treatment plans.</p>
<p>Scholarship and Critical Thinking: Foster critical thinking regarding the integration and application of science, research/program evaluation, and theory in the area of children's mental health.</p>	<p>19. Foster attitudes of curiosity and commitment to self-directed learning as a lifelong process.</p> <p>20. Develop the ability to critically review research and literature relevant to clinical practice issues and apply this information to guide assessment, treatment and program development and evaluation.</p> <p>21. Learn how to integrate and apply elements of theory and practice from a range of theoretical orientations to inform case formulation and selection of appropriate</p>



	psychotherapeutic interventions with children, adolescents and their families.
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RESIDENCY PROGRAM

PROGRAM STRUCTURE

The residency program will take a developmental approach over the course of the full year to supervise, teach and foster the development of a breadth of clinical skills in psychological assessment and intervention with children, adolescents and their families.

New: In addition to the core ‘major’ training rotations, residents will also choose one of two ‘minor’ training rotation options: equine-assisted therapy rotation OR adult intervention rotation. Please see descriptions below.

The residency program includes 3 concurrent major rotations and 1 minor rotation throughout the training year. The program is structured into four quarterly periods. The main focus of the **first quarter** includes: orientation to the practice and residency program, building competence in initial consultations, building an intervention caseload, developing initial treatment plans, and establishing individualized residency training goals. The **second and third quarters** will focus on continued growth, competence and independence of skills from the first quarter in addition to managing and carrying a full caseload as well as addressing any areas of need in the resident’s training. The **fourth quarter** focuses on the integration and consolidation of clinical, ethical and professional skills developed throughout the residency year. The focus will also shift to preparing to terminate and/or transition clients and supporting the resident in transitioning to the next stage of their professional career.

At the end of each quarter for quarters 1 through 3, the resident is expected to complete an applied clinical presentation to the staff. In these presentations, residents present a clinical, ethical or differential diagnosis issue, connect the topic to relevant literature/research/theory and use clinical material from an assessment or treatment case to highlight the issue. At the end of the fourth quarter, the resident will present their program development/evaluation project to the team. The resident will submit a written summary of each clinical presentation to the supervisor.

At the end of each quarter, the resident will also complete a training review meeting with their supervisors where the resident and the training supervisor will verbally review the resident’s progress on established training goals and make any adjustments to their training plan as needed. A written evaluation will be completed and reviewed with the resident at the end of the second and final quarters of the residency program.



MAJOR TRAINING ROTATIONS

Psychological Assessment Rotation

The assessment training of the program includes training in a range of types of assessments and measures. Residents will receive training in conducting initial consultations, comprehensive psychological assessments as well as clinical/social-emotional assessments with children, youth and their families.

Initial consultations involve clinical interviews with children, youth and their families as their first point of contact with the practice. Residents are expected to conduct at least one initial consultation per week. Initial consultation training includes training in reviewing background history forms, collateral information submitted by families, conducting clinical interviews, behavioural observations, formulation of presenting problems, formulation of relevant treatment and/or assessment plans, and consultation referrals within or outside the practice.

Comprehensive psychological assessments involve assessment of cognitive, academic, and social-emotional functioning. The resident will be expected to conduct at least 6 comprehensive psychological assessments. Psychological assessment training and supervision includes developing an assessment plan with the supervising psychologist, administering and scoring the psychological tests used, interviewing clients and other collateral resources (i.e., therapists, teachers, other professionals), integrating the multiple sources of data with consideration of developmental and contextual factors, interpretation and formulation with the supervising psychologist, diagnostic formulation, providing feedback in a meaningful manner to the client, communicating diagnoses, and report writing.



The resident will prepare and conduct all testing and will have access to a range of psychological assessment measures including the following:

- 1) Standardized measures of intellectual functioning (WPPSI-IV, WISC-V, WAIS-IV)
- 2) Standardized measures of specific cognitive processes (WRAML3, CPT III, Bender, Beery VMI, CTOPP2)
- 3) Standardized measures of academic functioning (WIAT-III)
- 4) Standardized measures of Autism Spectrum Disorder (ADOS-II, ADI-R)
- 5) Projective measures (TAT, Sentence Completion, Projective Drawings)
- 6) Range of standardized questionnaire measures

In addition to comprehensive psychological assessments, residents will conduct **clinical/social-emotional assessments**. These assessments are more focused in nature when there are specific social-emotional and/or behavioural diagnostic queries. Depending on referrals for this type of assessment, residents are expected to conduct at least 2-4 clinical/social-emotional assessments per year. If there are no clinical/social-emotional assessment referrals, then the resident is expected to complete at least one additional comprehensive psychological assessment instead.



General Intervention Rotation

Residents will have an opportunity to develop psychological intervention skills to address a range of presenting problems (i.e., anxiety, OCD, depression, ADHD, challenges related to ASD, learning problems, emotion and behaviour dysregulation, parenting and family relationship issues, among other presenting problems) for children, adolescents and their families. Through a combination of individual supervision as well as applied seminar topics, residents will receive supervision and training in many aspects of psychological intervention: integrative case formulation, developing and monitoring treatment plans, client management skills, session note documentation, working with parents and any collaterals, addressing process factors in the therapeutic relationship, recognizing and appropriate follow-up regarding safety risks and fulfilling any mandatory reporting obligations.

The treatment modality is primarily individual therapy, however, given the value our practice places on involving caregivers and families in the therapy process, residents will develop clinical skills in working with parents/caregivers as a part of their intervention plans with children and adolescents. Residents may also gain experience with dyadic and/or family treatment models.



Residents will receive training in a range of therapeutic modalities including CBT, behavioural, attachment-focused, experiential, and emotion-focused therapies; however, the focus of intervention training is on an integrative approach to case formulation and delivery of therapy. They will also receive training on incorporating play therapy and the outdoors into broader treatment plans for their cases as well as the use of virtual treatment modalities. The resident will be expected to carry a full caseload of treatment clients.

Group Therapy Rotation

Residents will also receive training in the planning, delivery and evaluation of group therapy with children as a part of the practice's regularly run intervention groups. The children's intervention groups are typically run in three cycles throughout the school year, fall, winter, and spring sessions. The summer camp day treatment program is typically run in two-week blocks of time during the months of July and August. Applicants are invited to check out our website for the most up-to-date group programming information.

Another part of resident involvement in the group therapy training, involves completing a program development and program evaluation (PD/PE) project. They will also have the opportunity to develop their supervision skills in the supervision of junior trainees involved the practice's group therapy programs and/or other clinical services within the practice.



MINOR TRAINING ROTATIONS

In addition to the above major training rotations, residents will also choose 1 minor rotation, depending on their interest and training goals.

Equine- & Animal-Assisted Therapy Rotation

In addition to more ‘traditional’ intervention training, residents will also have the option to receive training in equine- and animal-assisted therapy. Residents are not expected to have any prior knowledge or training in this area. Residents will receive immersive training via live supervision/co-therapy with a supervisor as well as applied seminar topics in the theory, treatment models, ethical issues, and applied clinical practice of animal- and equine-assisted therapy. The resident will maintain at least 1-2 therapy cases they will deliver via live supervision throughout the residency year among any other animal- or equine-assisted therapy cases.

Adult Intervention Rotation

While the focus of the residency training program is on pediatric populations, we recognize that some residents would like to further develop their adult therapy skills during the residency year. The optional adult intervention rotation is intended for residents who have prior graduate training (i.e., coursework and practica) in working with adults. Residents would carry at least 1-2 adult individual therapy cases. Presenting problems would depend on training goals and available referrals. Residents will receive training in a range of therapeutic modalities including CBT, behavioural, attachment-focused, experiential, and emotion-focused therapies; however, the focus of intervention training is on an integrative approach to case formulation and delivery of therapy.



DIDACTIC SEMINARS

The residency program provides, two hours per week, on average, of formal didactic training throughout the residency training year:

1. **Assessment and Formulation Seminar** (one hour/week): This seminar includes two main sections. The first section of the seminar is focused on diagnostic and assessment issues relevant to the practice of psychological assessment with children and adolescents (i.e., clinical interviewing, ethics, standards, and professional guidelines in the assessment process, common diagnoses in this population and differential diagnostic considerations). The second section of this seminar is focused on integrative case formulation from a developmental and multi-systemic lens (i.e., biopsychosocial-cultural/spiritual model), intended to help residents consolidate the application of their theoretical and empirical knowledge to clinical case material. The seminar will be delivered through a combination of relevant readings, didactic presentations, discussions, and application of concepts discussed with the resident's own case material.
2. **Intervention Seminar** (one hour/week): Using both didactic and experiential learning exercises, these trainings focus on evidence-based applications of intervention approaches with children and adolescents as well as the use of animals and outdoor space within treatment.
3. **Quarterly Resident Presentations:** At the end of each quarter for quarters 1 through 3, the resident is expected to complete an applied clinical presentation to the staff. In these presentations, residents present a clinical, ethical or differential diagnosis issue, connect the topic to relevant literature/research/theory and use clinical material from an assessment or treatment case to highlight the issue. At the end of the fourth quarter, the resident will present their program development/evaluation project to the team. The resident will submit a written summary of each clinical presentation to the supervisor.
4. **Greater Toronto Area (GTA) Resident Seminars:** Approximately 3-5 times/training year, the local psychology residency programs within the GTA jointly offer half-day seminars for all the local residents to attend. The GTA seminars cover a range of professional practice topics in psychology presented by supervisors, local university faculty, College of Psychologists of Ontario staff and other experts in the field. Topics include clinical supervision, ethics and professional issues, program evaluation, diversity, licensure, and early career planning. Sessions are a mixture of didactic presentations, discussions, and informal opportunities to connect with residents at other settings.
5. **Canadian Council of Professional Psychology Programs (CCPPP) National Seminar Series:** Approximately 3-4 times/training year, CCPPP organizes half-day seminars for all psychology residency programs across Canada. The National Seminar Series covers a range of professional practice topics, including anti-racism, advocacy, human rights and social justice, ethics and professional practice issues. Sessions are a mixture of didactic presentations, breakout discussion groups, and informal opportunities to network with residents at a national level.
6. **Barbara Wand Series of Webinars provided by the College of Psychologists of Ontario (CPO):** Approximately once per year the CPO hosts a live half-day webinar on ethical issues, current professional and jurisprudence issues relevant to the membership of the CPO. The resident will join the clinicians in the practice to attend these seminars.



SAMPLE SCHEDULE

Please note that the resident is expected to work at least two later evening or weekend shifts. Residents are also expected to be onsite, in-person for the duration of the training year for their full-time working hours. There may be opportunities for some remote/virtual work for indirect clinical activities and non-client-facing meetings; however, this cannot be guaranteed and is subject to advance approval by the Director of Training.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	
9-9:30	Assessment (Testing, Scoring, Report-Writing)				Assessment (Testing, Scoring, Report-Writing)	
9:30-10						
10-10:30			Individual Supervision - Tx			
10:30-11		Initial Consultation	Prep	Seminar		
11-11:30						
11:30-12						
12-12:30			Break	Break		Break
12:30-1						
1-1:30	Break	Break	Group Supervision (Group Therapy, PD/PE**, Supervision)	Group Consult/ Home Base	Prep	
1:30-2	Group Assessment Supervision	Prep		Prep		Group Sup – Tx
2-2:30			Seminar			
2:30-3					Therapy	
3-3:30	Prep		Equine Therapy Live Supervision	Prep		
3:30-4			Individual Supervision - Tx		Therapy	
4-4:30	Therapy*	Therapy	Therapy	Group Therapy		
4:30-5					Therapy	Therapy
5-5:30						
5:30-6		Grp Notes/Debrief				
6-6:30						

*Therapy sessions are 50 minutes long

**PD/PE (Program Development/Program Evaluation)



COVID-19 INFORMATION

****Effective October 20, 2021, all new staff, students, interns/residents and volunteers were required to show proof of full vaccination against COVID-19 and any potential future required vaccinations such as boosters as a condition of employment at Dr. Angela Fountain & Associates at least fourteen (14) calendar days prior to their start date. The only exception to this immunization mandate was for: 1) those who had written documentation of an approved medical exemption from a qualified medical professional; or 2) those who were not vaccinated due to a protected ground as defined by the Ontario Human Rights Code. In these exception cases, those who were not fully vaccinated against COVID-19 were required to participate in rapid antigen testing, at their own expense, at the start of every in-person working day.****



****Effective January 1, 2023 the COVID-19 vaccination requirement was lifted at the practice; however, the practice may reinstate the above policy at any point, if needed. We will continue to follow public health and safety guidelines and adhere to any future recommendations or changes.****

EDUCATIONAL OPPORTUNITIES

PROGRAM DEVELOPMENT/PROGRAM EVALUATION (PD/PE)

Residents participate in a program development and/or program evaluation (PD/PE) project as a part of the practice's group intervention programs. Residents have regular time dedicated in their schedules to this project and meet regularly with a supervisor to collaborate with and develop a relevant applied project. As a part of this PD/PE project, residents will gain experience in the following areas, as relevant to their training goals:

- participating in the development of new group interventions and/or the modification and updating of existing group interventions in the practice
- selection of relevant outcome measures
- collection, analysis and interpretation of results
- formal presentation of PD/PE project to teams and clinical staff
- possibility to write up results of PD/PE project for broader dissemination (i.e., publication)

INTER-PROFESSIONAL GROUP CONSULTATION

The multidisciplinary clinical team meets every other week for inter-professional consultation. These meetings are led by a senior clinician on the team and involve discussion of ethical and professional practice issues, clinical issues, psychoeducation about diagnostic issues, and case coordination and planning among team members. Residents will join and participate in these bi-weekly consultation meetings. It also provides opportunities for learning from other disciplines, building the resident's skill in inter-professional consultation as well as exposure to different psychologists and clinicians in the practice.



STAFF 'HOME BASE' GROUP MEETINGS

Our practice values a sense of community and support among all staff. From our barn staff and administrative staff to clinical staff from all disciplines, everyone (psychology residents included) is divided into smaller 'home base' groups who meet on a bi-weekly basis with a member of the management team. The purpose of these smaller group meetings is to provide a space to check in on work-life balance and self-care, review ongoing practice policy and procedure updates, and provide training on a range of topics relevant to all staff (i.e., privacy issues, workplace health and safety, record management, handling high conflict situations, among other topics).



TRAINING COMMITTEE

The psychology residency Training Committee meets approximately every other month throughout the training year. These meetings include residents and the clinical psychology supervisory team. The purpose of the Training Committee meetings is to review the functional structure of the residency including review of training content plans, review caseload expectations, scheduling, work-life balance and time-management, activities related to accreditation, and preparation for applicant interviews and applicant evaluations. It also provides a general forum for training-related questions or concerns together as a full group as well as an opportunity for residents to provide ongoing feedback about the residency program.

EQUITY, DIVERSITY AND INCLUSION – JOURNAL CLUB

The Equity, Diversity and Inclusion Journal Club is open to all interested staff and trainees. Hosted by the psychology residents, the journal club meets at least three times throughout the academic year to discuss articles selected by the residents for their relevance to diversity and the professional practice of psychology which they find personally meaningful. This learning opportunity allows residents and staff to become more familiar with the literature and issues related to equity, diversity and inclusion (EDI) and promotes reflection and discussion about what EDI means within the context of their own clinical practice and the field of psychology in general.

SUPERVISION

Each resident will receive a combination of regularly scheduled individual and group supervision throughout the residency year. All aspects of individual and group supervision will adhere to guidelines and standards as outlined by The College of Psychologists of Ontario and the Canadian Psychological Association.

MAJOR TRAINING ROTATIONS

Psychological Assessment Rotation

A doctoral level registered clinical psychologist will provide weekly group supervision (1.5 hours/week) to the resident cohort on psychological assessment for the duration of the residency year. This group supervision time is divided such that each resident receives 45 minutes per week of supervision on their own assessment cases, while benefitting from participating in the



supervision of the other resident for the other 45 minutes. The assessment supervisor will be responsible for the initial consultation, social-emotional/clinical assessment and comprehensive psychological assessment service delivery of the residents. In addition to the scheduled group supervision, the assessment supervisor will also provide live supervision of initial consultations and feedback sessions as well as any other assessment activities as needed. The assessment supervisor will also provide indirect supervision of the resident in the form of reviewing case notes, assessment reports, as well as any session audio or videotapes and provide feedback to the resident.

General Intervention Rotation

Each resident will be assigned a doctoral level registered clinical psychologist who will provide intervention supervision and training to the resident for the duration of the residency. Residents will meet individually for a minimum of one hour/week with this supervisor. The intervention supervisor will be responsible for the resident's general therapy caseload service delivery. The supervisor will support the resident with the intervention formulation and planning and provide oversight of case management and clinical issues in the delivery of therapy. The supervisor will also provide indirect supervision of the resident's clinical work by reviewing case notes, written treatment formulations, written treatment plans, any written letters and reports and providing ongoing feedback to the resident. The clinical supervisor will also review session audiotapes or videotapes as needed and provide feedback to the resident.



Group Therapy Rotation

The resident cohort will receive one hour per week of group supervision with a doctoral level registered clinical psychologist with a focus on group therapy. This supervisor will be responsible for the group therapy training and service delivery of the residents. Because the residents' program development/program evaluation (PD/PE) project and provision of supervision to junior trainees happens within the context of the group therapy programs, the group therapy supervisor will also oversee these aspects of the residents' training and time within this weekly group supervision will be dedicated to these areas as well.

MINOR TRAINING ROTATIONS

Equine- & Animal-Assisted Therapy Rotation

Residents who decide to complete this minor rotation will receive a combination of live and individual supervision with Dr. Angela Fountain or Dr. Emily Jones for the duration of the residency year for any equine- and animal-assisted therapy cases. Dr. Jones is a registered clinical psychologist and trained with Equine Assisted Learning and Growth Association (EAGALA), an internationally recognized certification program in equine-assisted therapy. Dr. Fountain is a registered clinical psychologist, is certified with EAGALA and is a leader in the field of equine-assisted therapy through her active involvement on the board of directors of the Canadian Therapeutic Riding Association and the association's current initiative setting certification standards for professionals practicing Equine Facilitated Wellness in Canada. The resident will maintain at least 1-2 therapy cases they will deliver via live supervision with Dr. Fountain/Dr. Jones throughout the residency year among any other animal- or equine-assisted therapy cases. No prior experience with equine- or animal-assisted therapy needed!



Adult Intervention Rotation

Residents who decide to complete this minor rotation will receive regularly scheduled individual and/or group supervision with a doctoral level registered clinical psychologist. The amount of supervision time and supervision format will depend on the training goals of the resident as well as the number of residents selecting this minor rotation. The adult intervention supervisor will be responsible for the resident's adult therapy caseload service delivery. The supervisor will support the resident with the intervention formulation and planning and provide oversight of case management and clinical issues in the delivery of therapy. The supervisor will also provide indirect supervision of the resident's clinical work by reviewing case notes, written treatment formulations, written treatment plans, any written letters and reports and providing ongoing feedback to the resident. The clinical supervisor will also review session audiotapes or videotapes as needed and provide feedback to the resident.

EVALUATION OF RESIDENTS

EVALUATION PROCESS

The clinical supervisors of the residency program continually assess each resident's performance and conduct. The supervisors will provide ongoing informal feedback about the resident's work in regularly scheduled supervision meetings and review of written work throughout the year. At the end of each quarter the clinical supervisors will also complete more formal training review meetings with the resident to provide verbal feedback on the trainee's progress in the residency program and review or update the resident's training plan as needed. In addition, a written evaluation of the resident's work using Dr. Angela Fountain & Associate's "Resident Evaluation Form" (copies will be shared with residents during orientation), will be reviewed with the resident at the end of the second and final quarters of the residency program with the Director of Training (DoT). The Resident Evaluation Form will be completed by integrating all supervisors' ratings and comments. Any written evaluations completed by the residency program will be reviewed with the resident and copies will be filed in the resident's personnel and supervision records at the practice. The written evaluations will also be shared with the Director of Clinical Training (DCT) at the resident's university.



COMMUNICATION WITH ACADEMIC DCT'S

At the beginning of the residency, the residency program DoT at Dr. Angela Fountain and Associates will contact the resident's university DCT with the name and contact information for the resident's clinical supervisors in the program. The residency DoT will be responsible for coordinating with the resident's graduate program DCT as needed to ensure that all university residency requirements (i.e., training objectives, supervision, evaluation, etc.) are met and address any questions or concerns about the residency program, and the resident's training or progress in the residency program. The DoT will integrate the clinical supervisors' input for the formal written evaluations of the resident and will also share copies of the mid-year and final written evaluations of the resident with the resident's DCT. At any time, if a problem arises that requires sanctions, or if the resident requires the implementation of a formal remediation plan, or any matter that brings into question the resident's ability to successfully complete the residency



program, the residency DoT will inform the academic DCT of the sponsoring graduate program. The academic DCT will be encouraged to provide input to assist in resolving the problem.

PSYCHOLOGY STAFF

The following registered clinical psychologists make up the clinical supervisory team and are assigned to act as the primary training supervisors for residents:

Dr. Angela Fountain, B.Sc. (O.T.), Ph.D., C. Psych. (York University). Chief Psychologist, Psychology Resident Supervisor (Animal- & Equine-Assisted Therapy)

Dr. Emily Jones, Ph.D., C. Psych. (Fielding Graduate University). Psychologist & Director of Operations, Psychology Resident Supervisor (Group Therapy, Animal- & Equine-Assisted Therapy, Adult Intervention)

Dr. Jessica Rosenthal, Psy.D., C. Psych. (Chicago School of Professional Psychology). Psychologist, Psychology Resident Supervisor (Psychological Assessment)

Dr. Patricia Zimmerman, Ph.D., C. Psych. (York University). Psychologist, Psychology Director of Training, Psychology Resident Supervisor (General Intervention)

The following additional psychology staff may be involved with residents through consultation and/or didactic training opportunities:

Ms. Erin Nimmo, M.A. (Clinical Psychology), C.Psych. Assoc. (Argosy University, Chicago). Psychological Associate

Dr. Janet Amos, Ph.D., C.Psych. (McGill University). Psychologist

Ms. Jenna Read, M.Psy., C.Psych. Assoc. (Adler Graduate Professional School, Toronto). Psychological Associate

Dr. Kulpreet Dhillon, Ph.D., C.Psych. (Panjab University). Psychologist

Dr. Natalie Holtby, Ph.D., Clinical-Developmental Psychology (York University). Psychology practitioner working under supervision

Dr. Laura Weinheimer, Ph.D., C. Psych. (University of Toronto). Psychologist

Dr. Rubina Kauser, Ph.D., C.Psych. (Supervised Practice) (University of Marburg). Psychologist (Supervised Practice)

Dr. Shakira Mohammed, Ph.D. C.Psych. (Supervised Practice) (Lakehead University). Psychologist (Supervised Practice)

For additional information about our psychology staff, please refer to our practice website at: www.drffountain.ca.



POLICIES & PROCEDURES

GENERAL

The residents are required to follow prescribed guidelines regarding assessment, documentation, consultation and intervention as outlined in Dr. Angela Fountain & Associates Policies and Procedures. As a part of the orientation process, residents receive copies of our practice policies. A condition of the resident's employment in the practice is the requirement to have read and to agree to abide by these policies. Advance copies of the practice's policies and procedures will be provided upon request. Residents will receive orientation to the practice policies and operational procedures during orientation, and through ongoing supervision with regard to their proper implementation. The combination of this training brochure, the resident training manual (provided during orientation), and the practice policies and procedures together form the expectations for employment and conduct throughout the residency training year.

There are two mandatory items that are considered a condition of employment for all staff and residents matched to our residency program. All residents are required, at the resident's expense, to complete and submit proof of the following prior to beginning the residency. These include:

- All residents must hold **Professional Liability Insurance, including coverage for equine and animal-assisted therapy**, during the full course of their residency training at the practice. Proof of current Professional Liability Insurance will need to be demonstrated prior to beginning the residency.
- All residents are also required to have a clear **Vulnerable Sector Screen and Criminal Reference background check** completed, at the resident's expense, prior to the beginning of their residency.

In addition, the residency program at Dr. Angela Fountain and Associates is eligible to receive funding support from the Government of Canada's Student Work Placement Program (SWPP). Any residents matched to our residency program who are eligible for SWPP are required to complete the trainee component of the application for this funding. For additional information about the SWPP program, please visit: <https://www.canada.ca/en/employment-social-development/programs/student-work-placement-program.html>.



DUE PROCESS & GRIEVANCE POLICIES

While complaints related to the training program or supervisors, and supervisor concerns about problematic resident performance/behaviour are rare occurrences, it is important for residents to know that we will approach any complaints or concerns with fairness, transparency, due process, and by policies and procedures at Dr. Angela Fountain and Associates. Residents and supervisors will be reviewing progress on an ongoing basis and any issues observed will be discussed clearly and respectfully in a timely manner. The supervisor and the clinical supervisory team will make any initial attempts to support and intervene to address any identified concerns,



with the initiation of a formal complaints procedure being the last resort. Any resident complaints about the program/supervisor and supervisor concerns about problematic resident performance/behaviour will be handled with the utmost respect for all involved. Our training program has a Due Process Policy with guidelines for managing problematic psychology resident conduct and/or performance. Our program also has a Grievance Policy to provide a formal process for the resident to raise concerns about problems with a supervisor, the residency Director of Training, staff, other trainees or other affiliated personnel at Dr. Angela Fountain & Associates, and/or about complaints about the residency program (including but not limited to complaints about evaluations, supervision, salary, sexual harassment, etc.). Residents will be provided copies of our program's Due Process and Grievance Policies during the orientation process. The resident's academic DCT will be notified, per our program's Due Process and Grievance Policies, in the event of formal resident complaint about the training program or supervisors or in the event of formal conduct and/or performance problems identified by supervisors.

SALARY & BENEFITS

The residency program is completed on a full-time basis for a one-year period beginning in September and ending the following August. Psychology residents at Dr. Angela Fountain & Associates are paid a salary of \$44,166 per annum (Canadian funds paid in biweekly instalments), less applicable statutory and other deductions. Residents are entitled to three weeks (15 days) of paid vacation per year subject to the following stipulations: 1) vacation days must be used to coincide with the Durham District School Board December/January 2-week school closure dates; and 2) remaining vacation days may be used at the resident's discretion and following advance approval policies of Dr. Angela Fountain & Associates. Residents are also afforded three paid sick days as well as three paid professional days to attend conferences and external trainings. The number of clients seen will not impact a resident's compensation. All mandatory benefits are covered (i.e., CPP, EI, WSIB, EHT). Supplemental health and dental benefits are not provided. All residents must hold Professional Liability Insurance during the full course of their residency training at the practice.



APPLICATION PROCESS

ELIGIBILITY REQUIREMENTS

Dr. Angela Fountain & Associates is currently offering two full-time residency positions. Applicants must be enrolled in a doctoral program in clinical psychology (or related graduate program) accredited by the Canadian and/or American Psychological Associations¹. By the time of application, applicants must have completed the following:

1. At least 600 total practicum hours under the direct supervision of a registered psychologist or psychological associate. These practicum hours must include both psychological assessment (including test administration and report writing) of children/youth as well as psychological treatment.
*****Due to possible impact of COVID-19 pandemic on practicum training hours, our review will be flexible in the review of total practicum hours; however, applicants must demonstrate prior supervised experience in both assessment and intervention with children and adolescents to be considered. We will consider telepsychology (telephone contact or virtual video-conference) interaction to be equivalent to face-to-face direct client contact.*****
2. Completion of all requirements of their doctoral program (i.e., all required doctoral course work, comprehensive examinations), excluding completion of the dissertation.
3. Dissertation proposal must be completed and approved².
4. Completion of previous graduate course work (pediatric or lifespan acceptable) in the following areas:
 - a. Psychopathology,
 - b. Psychological assessment; and
 - c. Psychological intervention.*****Strong preference will be given to those with coursework specifically with pediatric populations*****

In accordance with Canadian immigration requirements, preference will be given to applicants who are Canadian citizens or permanent residents of Canada. International applicants are also welcome to apply but will be required to show proof (prior to residency start date) of a valid visa permitting them to work in Canada for the duration of the residency year. In the event of a match, the training program will assist with necessary paperwork to support visa/work permit applications. Any costs associated with this process are the responsibility of the resident.

Equal employment opportunity will be given to all applicants, regardless of cultural or ethnic backgrounds, race, religion, gender, sexual orientation and disability. Applicants who have specific questions about access and accommodations are invited to contact the Director of Training so their needs can be addressed.

¹ Applicants from unaccredited graduate programs who otherwise meet the application eligibility criteria requirements outlined in this Training Brochure, may be considered on a case-by-case basis and may be required to submit additional information about their graduate training program to the satisfaction of the residency supervisory committee.

² We strongly encourage residents to complete as much of their dissertation prior to the start of residency as possible. Completion of their oral defence prior to residency would be ideal. At a minimum, residents should aim to have all data collection completed prior to beginning the residency.



APPLICATION MATERIALS AND DEADLINES

The Doctoral Residency Program in Clinical Psychology at Dr. Angela Fountain & Associates is a member of the Association of Psychology Postdoctoral and Residency Centres (APPIC) and participates in the APPIC Match. Residency applications are to be submitted online using the APPIC Application for Psychology Residency (AAPI). Please do not mail or email any application documents to Dr. Angela Fountain & Associates. The Program Code number for Dr. Angela Fountain & Associates for the APPIC Match is **1879**.

If you had placements and/or training requirements that were negatively impacted by the COVID-19 pandemic, please request that your Director of Clinical Training (DCT) highlight the nature of this impact in their portion of the APPIC application.



Applications for the Doctoral Residency Program in Clinical Psychology at Dr. Angela Fountain & Associates must include the following:

1. AAPI Online Application
2. Cover letter stating the applicant's:
 - a. professional plans,
 - b. training goals; and
 - c. special interest in the residency program at Dr. Angela Fountain & Associates.*****If your training experience or dissertation progress was negatively impacted by the COVID-19 pandemic, please address this briefly in your cover letter.*****
3. Current Curriculum Vitae
4. Graduate transcripts
5. Three letters of reference from professionals, two of which should be able to attest to the applicant's clinical skills and applied psychology experiences. The third referee should ideally be the applicant's dissertation supervisor or graduate program's DCT who can address the applicant's academic and research experience. Referees must use the APPIC Standardized Reference Form (SRF). Applicants should be aware that the program's DoT may directly contact referees who provide letters to obtain further information.
6. Required Supplemental Material: A fully sanitized copy of a psychological assessment report for a child or adolescent case written by the applicant.

The **application deadline is November 15th** each year.

Please note that our residency site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any resident applicant.



INTERVIEW PROCEDURES

Applicants will be notified of their interview status by e-mail on the Universal Notification Date for Canadian residency sites (typically the first Friday in December). Applicants who are offered interviews will also be able to schedule interview dates/times beginning on this date.

All interviews are tentatively planned to take place between January 12th and 30st, 2026. Applicants will be interviewed individually by 1-3 psychologists from the clinical supervisory team in addition to participating in a separate group interview and site tour. Individual interviews will be approximately 1.5 hours in length. Group interviews and tours will be approximately 1 hour in length. All interviews will be conducted virtually.

ACCREDITATION INFORMATION

The residency program at Dr. Angela Fountain and Associates is a member of the Association of Psychology Postdoctoral and Internship Centres (APPIC), and we abide by their policies and their application and matching regulations. Our program is also a member of the Canadian Council of Professional Psychology Programs (CCPPP).

The residency program at Dr. Angela Fountain and Associates is accredited with the Canadian Psychological Association (CPA). For more information on CPA accreditation please visit <https://cpa.ca/accreditation/>. You may also contact the Canadian Psychological Association Head Office at 141 Laurier Avenue West, Suite 702, Ottawa, ON, K1P 5J3. TEL 613-237-2144 or 1-888-472-0657 at ext. 334; EMAIL accreditationoffice@cpa.ca.

CONTACT INFORMATION

Please direct any questions regarding the Doctoral Residency Program or the application process to:

Dr. Patricia Zimmerman, Ph.D., C. Psych.
Director of Training
Psychology Residency Program

Dr. Angela Fountain & Associates
1037 Howden Road East
Oshawa, Ontario L1H 0L7

Phone: (905) 655-5813
Fax: (905) 635-1180
Email: pzimmerman@drfountain.ca



ADDITIONAL INFORMATION

For additional information about our practice, clinical staff and services offered at Dr. Angela Fountain and Associates, please check us out online:

- **Website:** <https://www.drfountain.ca>
- **Facebook:** <https://www.facebook.com/Dr.FountainAndAssociates>
- **YouTube:** <https://www.youtube.com/watch?v=2CbhlGBjJBA>

