



Psychological Clinical Science  
**UNIVERSITY OF TORONTO**  
SCARBOROUGH

# Practicum Site Brochure Package

November 2017

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## Practicum Placements in Psychology at Baycrest Health Sciences

### ABOUT BAYCREST

Baycrest Health Sciences is a global leader in geriatric healthcare, residential living, research, innovation, and education, with a special focus on brain health and aging. As an academic health sciences centre fully affiliated with the University of Toronto, Baycrest provides an exemplary care experience for aging clients combined with an extensive clinical training program for students and one of the world's top research institutes in cognitive neuroscience.

Baycrest is located at 3560 Bathurst Street in Toronto. It is easily accessible by public transit.

**Care.** Baycrest serves approximately 1200 seniors per day. It is home to a globally recognized and innovative continuum of healthcare, wellness, and prevention programs and services. Services include outpatient clinics, a hospital, long-term care home, and residential and community-based programs designed especially for people in their 50s, 60s, 70s, 80s and beyond.

**Research & Innovation.** Baycrest is a leader in cognitive neuroscience and memory research, with the goal of transforming the journey of aging. The stellar reputation of the Rotman Research Institute reflects its ability to raise and answer fundamental questions about memory, aging, and the neuroscience of cognition. The Kunin-Lunenfeld Applied & Evaluative Research Unit provides resources and expertise to support clinical, evaluative and translational research at Baycrest. The Canadian Centre for Aging and Brain Health Innovation is a solution accelerator focused on driving innovation in the aging and brain health sector.

**Education.** Through its local and globally focused educational efforts, Baycrest's Centre for Education & Knowledge Exchange in Aging is striving to be the world's pre-eminent distributor of knowledge regarding best and leading-edge practices in senior care and aging solutions. Baycrest has an extensive clinical training program in geriatric care. Annually, nearly 900 students, trainees, and other practitioners from 24 universities and colleges have a unique opportunity to experience the delivery of high quality care alongside leading experts on one of the world's most comprehensive campuses of care focused on aging and care of older adults.

### ABOUT THE NEUROPSYCHOLOGY & COGNITIVE HEALTH PROGRAM

The Neuropsychology and Cognitive Health program focuses on the creation, implementation, evaluation, and dissemination of evidence-based neuropsychology services that assess and optimize the cognitive and behavioural health of older adults. Our clinical services include neuropsychological evaluation, neuropsychological interventions, and behavioural consultation services provided across Baycrest programs and to the community. We also provide neuropsychological consultation services to Sunnybrook Health Sciences Centre. Our staff is made up of psychologists, social workers, administrative staff, as well as many volunteers and students.

Our clinical services are closely integrated with research and education. Our staff members are scientist-practitioners who contribute to the development and dissemination of clinical knowledge via clinical research, program evaluation, and the development of innovation. There is a strong emphasis on training future psychologists through practicum placements as well as our Predoctoral Internship Program in Clinical Neuropsychology, which is accredited by the Canadian Psychological Association.

During the academic year, we offer three formal educational series: (1) *Psychology Research Rounds*, which presents current clinical research findings by staff members in Neuropsychology and Cognitive Health, other Baycrest departments, and affiliated organizations. (2) *Neuropsychology Seminar*, which provides clinical didactics to students and trainees in neuropsychology and related areas. (3) *Evidence-Based Practice in Psychology Series*, which uses literature review and discussion to increase participants' ability to find and critically appraise evidence-based clinical resources and research. Additional Baycrest-wide learning opportunities available to students include Behavioural Neurology Rounds, Behavioural Support Rounds, Rotman Research Rounds, and Psychiatry Grand Rounds.

For more information about the Neuropsychology and Cognitive Health program, visit [www.baycrest.org/neuropsychology](http://www.baycrest.org/neuropsychology).

## Practicum Placement Opportunities

Neuropsychology and Cognitive Health offers practicum placements for students currently enrolled in accredited graduate psychology training programs. Placements are available during the summer term (May 1 to August 31) and the academic year (September 1 to April 30). Exact start and end dates are flexible, depending on the needs of the student and the availability of the supervisor. We offer both full-time placements (35 hours per week) and part-time placements (typically 14 to 21 hours per week). The number of practicum placements during any particular term is dependent on the availability of supervisors.

We offer three types of practicum placements, described subsequently. It is possible to combine elements of more than one type of placement, for example, a primarily neuropsychological assessment practicum with some exposure to memory intervention. Interested students should indicate this in their application letter and/or during interview.

**1. Neuropsychological assessment.** Students will be introduced to neuropsychological assessment of a range of neurologic problems such as neurodegenerative disease, stroke, trauma, psychiatric disorders, and systemic disease. Assessments are conducted for the purpose of developing a differential diagnosis or to provide functional information pertaining to discharge planning or treatment. In particular, assessment services at Baycrest focus on differential diagnosis of dementia, such as Alzheimer's disease, vascular dementia, frontal-temporal dementia, Parkinson's disease, and Lewy-body disease.

Students will learn to conduct chart reviews and interview clients and family members to obtain relevant background information. Students will administer a battery of standardized tests of memory, attention, language, sensation, perception, praxis, visuospatial ability, motor skills, and mood. The student will score the tests administered, summarize the results, and report behavioural observations made during testing. Students will prepare written clinical reports based on the assessments (following discussion of the results with the supervisor), including delineation of cognitive strengths and weaknesses, diagnosis of cognitive impairment, and recommendations regarding further assessment or treatment. They may participate in

interprofessional team meetings where information from multiple health professions is shared to develop treatment plans for clients. Students will also observe and participate in feedback sessions where findings and recommendations from the assessment are communicated to clients and their family members.

**2. Memory intervention.** Students in this practicum placement may engage in memory-related intervention activities involving the entire range of memory dysfunction, from mild changes associated with normal aging and mild cognitive impairment (MCI) to severe memory impairment (amnesia) secondary to neurologic dysfunction. The student will learn to integrate neuropsychological findings in order to develop and implement individualized and group memory interventions and to coordinate case management.

The types of clients receiving these services include those with normal age-related memory loss, MCI, traumatic brain injury, dementia, encephalitis, cardiovascular accidents, and other neurologic disorders. Students will learn to conduct assessments of memory and other cognitive abilities and will facilitate group and/or individual intervention. These services may occur within three contexts: (1) the *Memory and Aging Program* educates community-dwelling older adults about memory and provides memory training and lifestyle intervention to maximize memory function; (2) *Learning the Ropes for Living with MCI* provides education and training to promote brain health, well-being, and everyday memory ability in older adults with MCI and their families; and (3) *Memory-Link* is a clinical evaluation and treatment service for clients with moderate to severe memory impairment and their families and provides training in internal memory strategies (e.g., associations and repetition) and external memory aids (e.g., memory book, smartphone technology). More information about these specific interventions is available at [www.baycrest.org/neuropsychology](http://www.baycrest.org/neuropsychology).

**3. Behavioural management and support.** Students in this practicum placement will gain experience in the management of responsive or challenging behaviours associated with dementia. The successful management of responsive behaviours can result in an improved quality of life for cognitively impaired individuals and may improve the safety of other residents, caregivers, and staff.

Students will learn how to interview staff in order to gain a better understanding of the nature of the responsive behaviour and help staff to objectively define it for the purpose of obtaining baseline measurements of its frequency, duration, and intensity. Students will conduct screening assessments of memory and other cognitive abilities to better understand the etiology of the behavioural disturbance, and collect information about the person's history in order to gain an appreciation of details of the history that could be incorporated into the management protocol (e.g., preferences, likes, hobbies). Students will monitor the collection of data aimed at identifying what might be triggering (the antecedents) and maintaining (the consequences) the challenging behaviour. In collaboration with staff, students will develop a management plan that details the specific intervention that is to be applied and will monitor ongoing collection of data for purposes of evaluating and documenting the outcome of treatments. Students will address staff expectations around the outcome of treatment and educate staff, caregivers, and family members about the contribution of the client's specific cognitive impairments to his/her responsive behaviour. Students will also have the opportunity to attend the Behavioural Neurology Unit's interprofessional Behavioural Management team conference and Pharmacology team conference and rounds.

## **Practicum Application Process**

Students interested in applying for a practicum placement should send the following materials by e-mail to Dr. Angela Troyer, Professional Practice Chief of Psychology, at [atroyer@baycrest.org](mailto:atroyer@baycrest.org):

- A completed Practicum Application form (available on our website)
- A letter of interest describing your training experiences and goals
- A current CV
- Most recent graduate transcript (unofficial copies are acceptable)
- Two letters of reference, to be sent directly from referees to Dr. Troyer

Completed applications will be forwarded to practicum supervisors who will contact selected applicants for an interview. Please note that not all placements may be available at a given time. The type and number of placements is dependent on the availability of supervisors.

We use the common deadline and notification procedures for Greater Toronto Area Practicum Training Programs. The application deadline for both summer and fall/winter placements is in February, and the notification day is in March. If your program is outside of the greater Toronto area and has a different notification deadline, please provide details in your application form and your letter of interest.

For more information, please visit our website ([www.baycrest.org/neuropsychology](http://www.baycrest.org/neuropsychology)) or contact Dr. Troyer ([atroyer@baycrest.org](mailto:atroyer@baycrest.org)).



Centre for Addiction and Mental Health

**CLINICAL PRACTICUM TRAINING  
PROGRAM IN PSYCHOLOGY**

**2018-2019**

**Director-of-Training: Dr. Julie Irving, Ph.D., C.Psych.**

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## OVERVIEW OF CAMH

### **Working for Better Understanding, Prevention and Care**

CAMH is the largest mental health and addiction facility in Canada and is recognized for its excellence. It was founded in early 1998 through the merger of the Addiction Research Foundation, Clark Institute of Psychiatry and, Donwood Institute, and Queen Street Mental Health Center and is affiliated with the University of Toronto. Since the merger, CAMH has focused on a seamless integration of addiction and mental health services in a functional and flexible environment. Internationally CAMH has been a World Health Organization/Pan-American Health Organization (WHO/PAHO) Collaborating Centre in Addiction and Mental Health as a founding organization. Through accessible treatment, community services, research, education and prevention, CAMH works to improve the quality of life for people who are struggling with mental illness or addiction and to support their family and friends.

*“For me it was the courage, and I guess the courage comes from saying ‘hey, let’s make a change.’ And the courage to continue to do that. It’s so great now … it is so good for me now. I love my life.”*

Susan E. Gapka, Courage to Come Back Award Recipient

### **Care**

*“One of the things about working with people who suffer from mental illness or people who struggle with addictions is that, to the public, this may seem like a discouraging environment – a place that’s not filled with hope. But for those of us who work clinically, just the opposite is true. I find a great deal of professional fulfillment in this environment because many, many people get better.”*

Dr. David Goldbloom, former Physician-in-Chief

CAMH is committed to providing comprehensive, well-coordinated, accessible care for people with addictions or severe mental illness. We have created a continuum of clinical programs, support and rehabilitation to meet the diverse needs of people who are at-risk and at different stages of their lives and illnesses. Our services include assessment, brief early interventions, inpatient programs, continuing care, and family support. We also address the larger issues relating to the four major factors affecting health: housing, employment, social support and income support. Our client-centred philosophy of care recognizes that each client has individual social, physical, emotional, spiritual and psychological needs.

### **Mental Health**

CAMH provides a wide range of inpatient, outpatient, and community-based treatment programs including: Child, Youth, and Family; Dual Diagnosis; General Psychiatry; Law and Mental Health; Mood and Anxiety; Schizophrenia; Work, Stress & Health, and others.

## **Addiction**

CAMH's addiction treatment is based on a harm reduction philosophy, an approach that focuses on decreasing adverse health, social, and economic consequences of alcohol or drug use. Clients' goals range from reduced use to total abstinence. Concurrent Disorders programs offer an integrated treatment approach for people facing concurrent addiction and mental health problems.

## **Prevention**

*"Prevention involves a host of things. It's not just about preventing substance abuse or mental health problems. It's about supporting health and well-being and having environments that really are healthy environments."*

Akwatu Khenti, former Director of Education and Training Services

CAMH is committed to working with communities throughout Ontario to create environments that support health and prevent illness. CAMH consultants work with individuals, local service providers and community groups to apply initiatives in the community and design evidence-based systems and approaches. Consultation, support, and training focus on preventing problems, promoting health and planning and delivering treatment. By providing information to the general public, we empower people with the knowledge to reduce the likelihood, recurrence and/or intensity of addiction or mental health problems for themselves or others.

## **Understanding**

*"Only through education can we hope to improve the understanding of mental health and addiction problems and thus foster support for people who struggle with these challenges."*

Dr. Paul Garfinkel, former President and CEO

One of CAMH's goals is to be a leader in creating, applying and disseminating knowledge. Each year, the Centre receives many research grants, fellowships and awards, resulting in the publication of hundreds of scientific articles and studies. Our research guides our public policy priorities and is transformed into practical resource materials and training programs, which inform the practice of professionals and help educate the general public. Advancing our understanding of mental illness and addiction is key to future improvements in prevention and clinical care. Working with communities, we aim to foster understanding and reduce the stigma associated with these illnesses.

## **OVERVIEW OF THE APPLICATION PROCEDURE**

Clinical placements are available across a large number of specialty clinics, to be described below. All placements are for a minimum duration of **500 hours**, either on a part-time or full-time basis. Traditionally, placements are either 2-3 days per week from September to May, or 4-5 days a week from May to August. Other combinations are possible and at the student and supervisor's discretion.

The **DEADLINE FOR APPLICATIONS** is **THURSDAY FEBRUARY 1<sup>st</sup>, 2018** for Spring-Summer 2018 and Fall-Winter 2018-2019 placements. Applications submitted after this deadline will be reviewed after the Common Notification Day (TBD) pending the availability of practicum spots (no exception and no phone calls or emails about exceptions please).

**Applications are to include:**

- 1) The completed application form (on the last 2 pages of this brochure)
- 2) A one page statement of training goals and objectives
- 3) An up-to-date curriculum vitae
- 4) Undergraduate and graduate transcripts (can be unofficial)
- 5) Two letters of reference (at least one from a professor; other can be work or volunteer supervisor) sent as a word or PDF attachment. Please advise referees **NOT** to send reference letter in the body of an email.

Please assemble all materials (except reference letters) prior to submission, and **email** them to Dr. Julie Irving at [Psychology.PracticumApplications@camh.ca](mailto:Psychology.PracticumApplications@camh.ca). Please ask referees to **email reference letters** with the name of the applicant in the subject line.

Once your completed application is received, the Practicum Committee will review the submission. If deemed appropriate, your application will be sent to potential supervisors who may contact you for an interview. Most interviews take place within 4 weeks of the application deadline.

CAMH participates in Common Notification Day with other GTA sites which is still TBD (it will be determined in November) but will likely be in late March 2018. You will be notified that day if we are offering you a placement. If your university does not have an affiliation agreement with CAMH, this will need to be obtained before your acceptance.

## **OVERVIEW OF CLINICAL ROTATIONS**

### **---CHILD, YOUTH AND FAMILY TRACK---**

The **Child, Youth and Family Services (CYFS)** are part of the broader Child, Youth, and Emerging Adult Program. CYFS is comprised of a number of specialty clinics, among which the Mood and Anxiety Service, Better Behaviours Service, Adolescent Service, Psychometry Assessment Team for Children and Youth, and Youth Addiction and Concurrent Disorders Service include psychologists and psychological associates on their teams. These clinical services are affiliated with the Cundill Centre for Child & Youth Depression and the McCain Centre for Child, Youth, & Family Mental Health research centres.

Assessment and psychological testing includes objective tests, psychoeducational assessment, and structured diagnostic interviews. Assessment training includes writing integrated assessment reports and providing clinically sensitive feedback to parents and children. Therapeutic approaches rely on empirically-validated and best-practice models of intervention, including cognitive-behavioral, dialectical-behavioural, behavioral, motivational interviewing, solution-focused, and strength-focused therapies.

Interventions are provided in individual, group, family, and parent contexts. Many of the services within the CYFS are provided by multidisciplinary teams of psychologists, psychiatrists, social workers, nurses, and child and youth workers. Thus, practicum students are able to enhance their understanding of the roles of multiple disciplines and develop skills in working together constructively.

Practicum students will receive intensive training in clinical assessment and diagnosis, psychological testing, consultation, and therapeutic intervention. Such training includes experience in clinical interviewing of children, youth, and their families, and diagnostic formulation. The program serves a diverse and multicultural population, giving the practicum student an awareness of their own personal and professional strengths, limitations, and areas of growth as a clinician, while developing the knowledge, sensitivity, and skills needed to work with diverse populations.

### **ADOLESCENT SERVICE**

Supervisor: Tracey A. Skilling, Ph.D, C.Psych.

Julia Vinik, Ph.D., C.Psych.

Teresa Grimbos, Ph.D., C.Psych.

The Adolescent Service works with youth aged 12 to approximately 19 years old. These youth are actively involved in the juvenile justice system or have other legal issues. Mental health, psycho-educational, and risk-to-reoffend assessments are completed with recommendations offered to the courts, families, and other involved agencies. The clinic also, on occasion, provides similar assessment services to youth not involved in

the juvenile justice system who have problems with behaviour such as anger, aggression, or sexual misconduct.

This rotation exclusively provides assessment services; comprehensive treatment plans are developed but not offered by the Service. Instead treatment referrals to community agencies are suggested. Practicum students have the opportunity to be involved in psycho-diagnostic assessments, psycho-educational assessments, and feedback to clients, families and referral agents. These clinical skills are applicable and transferable to any other clinical setting beyond forensic work. In addition, students also learn the components of risk-to-reoffend assessments and more generally become familiar with the process of court-ordered assessments. Assessments are often completed as a multidisciplinary team and students will have opportunities to work closely with professionals from other disciplines, including psychiatry and social work.

Students may also have the opportunity to be involved in clinical research projects underway in the Service.

### **BETTER BEHAVIOURS SERVICE**

Supervisor: Brendan Andrade, Ph.D., C.Psych.

The Better Behaviours Service (BBS) provides help for children, youth and their families who have challenges with disruptive behaviour, aggression, social skills difficulties, inattention and non-compliance at home and/or at school. Through semi-structured assessment, factors contributing to behavioural difficulties are identified. Individual, family and group based treatments are offered to help children build skills, reduce behavioural difficulties and help caregivers develop more effective parenting strategies to reduce family conflict. The BBS also offers a 10-month (i.e., an academic year) day treatment program for children aged 6-8 with severe behavioural challenges. Day treatment occurs in conjunction with family and group based therapy. Throughout the practicum students interact with an interdisciplinary team of professionals (i.e., Social Work, Child and Youth Work, and Psychiatry).

This is a clinical-research practicum. Students will be involved in assessment, detailed clinical formulation, intervention and consultation in the context of one or more clinical-research projects operating within the BBS. Students will also provide treatment for children in the day treatment program. Students complete brief assessments and participate in delivery of structured group, individual and parent-child treatment. Training and supervision of implementation of Cognitive-Behavioural treatment and other evidence-informed approaches will be provided.

Note: This is an intervention practicum. Only students who have completed an assessment practicum will be considered for this rotation.

## **FOCUS ON YOUTH PSYCHOSIS PREVENTION (FYPP) CLINIC**

Supervisor: Cory Gerritsen, Ph.D., C.Psych.

The FYPP Clinic is a specialized service focused on identifying and treating youth/emerging adults (aged 16-35) who are at Clinical High Risk (CHR) for psychotic disorders. CHR syndromes predict the onset of a psychotic episode within the coming three years and include symptoms ranging from mild perceptual changes to 'pseudodelusions' and disorganization of near-psychotic intensity. Comorbid conditions are common in this population.

Psychological care providers in FYPP perform assessment, psychotherapy and clinical consultation within a multidisciplinary team including psychiatrists and others with both sociocultural and biological research backgrounds. Psychology provides psychodiagnostic services to differentially diagnose the CHR state and to respond to other questions that arise during consultation. Such questions include personality, psychopathology and neuropsychological queries, as well as questions of symptom validity. Psychology practicum students may therefore be exposed to a wide range of assessment measures and referral questions, as well as a variety of common differential or comorbid diagnoses including mood and anxiety disorders; OCD; borderline, schizotypal and schizoid personality; autism spectrum disorders; neurocognitive disorders; substance use disorders; somatoform disorders and frank first episode psychosis. Assessment instruments commonly used include the SCID and SCID-PD, SIPS and CAARMS (structured interviews for identifying CHR states), MMPI-2-RF, NEO-3, MCCC, RBANS, WAIS-4 and WASI-2. Opportunities for supervised neuropsychological assessment exist but are not the main focus of this practicum. Students will prepare integrative assessment reports and provide feedback to referrers and clients.

Psychology practicum students will also be assigned a small caseload of individual psychotherapy clients. The intervention model applied will depend on the referral and the student's interest, with opportunities for supervision available in client-centred, CBT, DBT-informed, mindfulness-based, psychodynamic and EFT models. They will also co-lead group therapy sessions. Common intervention targets include mood and anxiety symptoms, psychotic-like experiences, dissociative experiences, substance misuse, stress coping and existential questions.

Weekly individual supervision is provided. Students will have the opportunity to attend weekly interdisciplinary clinic rounds and didactic trainings.

## **PSYCHOLOGICAL ASSESSMENT TEAM FOR CHILDREN AND YOUTH SERVICE**

(Only available for Fall-Winter Practicum)

Supervisors: Liora Keshet, M.A., C.Psych.Assoc.

Pushpinder Saini, M.A., C.Psych.Assoc.

Psychometry service offers students opportunities for conducting comprehensive psychological assessments for children and youth (age 4-17) who are referred internally

within the Child, Youth and Family Program. Assessments are typically requested for psycho-educational, socio-emotional, and psycho-diagnostic considerations.

Practicum students will gain experience with regard to clinical and diagnostic interviewing, administering and interpreting standardized psychological assessment measures and tests, integrating clinical information with psychological test data, and provision of written and verbal feedback to clients, families, and referring agents.

Assessment tools include cognitive measurement, academic testing, assessment of learning, memory, and language, as well as socio-emotional, personality, and projective measures. Practicum students are trained via individual supervision and group supervision.

**-- ADULT TRACK --**

**AMBULATORY CARE AND STRUCTURED TREATMENTS PROGRAM**

**Mood and Anxiety Ambulatory Services**

Supervisor Dr. Judith Laposia

The Mood and Anxiety Ambulatory Services is a clinical and research unit staffed by individuals from a wide range of disciplines including psychology, psychiatry, social work, nursing, and occupational therapy. Our service is a high demand out-patient treatment service that offers specialized training in empirically supported treatments, namely in short-term cognitive behavioural therapy for mood, obsessive compulsive related, and anxiety disorders (clients receive treatment lasting for 12-15 weeks) as well as relapse oriented treatment (mindfulness-based cognitive therapy (MBCT)). This rotation offers experiences with mood, obsessive compulsive related, and anxiety disorders.

A main focus of the practicum rotation involves collaborating with clinical practicum students in order to further develop their ability to provide a comprehensive multi-axial diagnosis, while considering optimal treatment suitability (e.g., considering the client's level of functioning, treatment modality, treatment format, acute phase treatment vs. relapse prevention treatment). Practicum students will gain proficiency in the administration of the Structured Clinical Interview for the DSM-5 (SCID-5) and they will also learn to administer the treatment suitability interview for determination of suitability for short-term cognitive-behavioural treatment. In addition, there is a strong emphasis on the importance of case formulation skills, in order to optimally apply CBT principles to complex diagnostic presentations.

Practicum students have the opportunity to co-lead CBT treatment groups for depression, panic disorder, generalized anxiety, social phobia, and obsessive-compulsive disorder during the rotation, as well as transdiagnostic groups. Supervision includes direct individual supervision, and weekly clinical rounds that include all clinic staff. Practicum students may have additional opportunities to work with other disorders

that interface with mood, obsessive compulsive related, and anxiety disorders, as opportunities arise.

Practicum students will develop clinical decision making skills, learn how to effectively communicate/collaborate with other health professionals, and train in empirically supported treatments. Practicum students are valued members of the treatment team, and they become familiar with the relevant clinical and research literature. Related training goals involve understanding the role of cognitive vulnerability factors, while considering the interaction between pharmacotherapy and psychological treatment of the disorder. Successful applicants for the practicum typically have had exposure to CBT through their coursework, and may have already had some preliminary exposure to conducting CBT.

In addition to offering clinical services, the Mood and Anxiety Ambulatory Services is an active research centre. Depending on the practicum student's interests and experience, opportunities to participate in clinical research projects may be available as time permits.

### **The Integrated Day Treatment (IDT)**

Supervisor: Dr. Judith Levy-Ajzenkopf

The Integrated Day Treatment (IDT) is an intensive day-based service focused on improving access to care for clients (18 years and older) who would benefit from intensive programming for mood and anxiety, trauma and addictions. The program offers multiple group-based therapy streams for complex clients with a primary diagnosis of a mood and anxiety disorders. Clients may also experience secondary comorbid conditions including personality disorders, substance use disorders and trauma related conditions.

Clients enter the program by one of three treatment streams. What stream clients begin in is determined based on the client's unique needs and the severity of symptom presentation. The Initial Intensive Stream is a 4 week, 5 half-days per week, open group focused on psychoeducation, activation, and skills building. The Recovery Connections Program is a 10 week, 2 half-days per week, open group which builds on skills learned in the Initial Intensive Stream and expands on DBT and CBT skills for management of mood and anxiety disorders. The Mapping Wellness stream is an 8 week, 5 half-days per week, closed stream, focused on psychoeducation, skills building, interpersonal effectiveness and DBT/CBT skills. The program utilizes a group therapy approach as well as individual clinical care including case management, psychiatric care and community linkage.

Students will have the opportunity to work closely within an intra-professional team (psychology, psychiatry, social work, nursing, occupational therapy, recreationist, peer support worker) offering brief group therapy focused on CBT and DBT based skills. Students will also have the opportunity to provide limited (up to six sessions) individual therapy to clients focused on CBT skills for mood and anxiety disorder. Another focus of

the placement will be completing psychodiagnostic assessments for Axis I and II disorders (using the SCID-I and SCID-II) to provide diagnostic clarification and determine treatment suitability. In addition to regular individual supervision, students will have the opportunity to fully participate in team meetings, client rounds, and educational rounds.

### **Adult Gender Identity Clinic**

Supervisors: Philip Jai Johnson, Ph.D., C. Psych. (primary)  
Rylie Moore, Ph.D., C.Psych. (secondary)  
Morag Yule, Ph.D., C.Psych (secondary)

The Gender Identity Clinic (GIC) is an outpatient clinic that assesses and treats adults who are referred because of gender dysphoria and/or the comorbid mental health concerns. The GIC sees a broad array of individuals including those who are considering or pursuing a social and/or medical transition. We also provide individual and group treatment for people of trans experience. Trainees may be interested in the wide diversity of clients, from various cultural and socioeconomic backgrounds, with presentations across a spectrum of diagnostic categories and levels of functioning, including complex cases. Our clients have unique health care needs, and our clinic is dedicated to providing training in high quality care for individuals across the gender spectrum. While our clients are population-specific, this practicum provides trainees with excellent opportunities to sharpen general diagnostic, assessment and intervention skills.

The Clinic offers trainees comprehensive training in holistic psychodiagnostic interviewing that appreciates the social determinants of health, including the impact of marginalization.. The results of these assessments provide relevant diagnoses and for those seeking medical interventions, evaluate a person's eligibility and readiness using the principles articulated in the current World Professional Association for Transgender Health (WPATH) Standards of Care (SOC 7). Trainees will conduct initial clinical assessments, as well as follow-up and surgery readiness appointments. As part of the assessment process, trainees will work in an active circle of care that includes contact with other providers such as family doctors, psychiatrists and therapists. Trainees will also have the opportunity to provide time-limited psychotherapy and other relevant support where indicated. Trainees will become familiar with the literature, receive weekly individual supervision, and will actively participate in weekly multidisciplinary case conference meetings that include all clinic staff. Participation in research activities is available when there are active projects, and as time permits.

Psychology trainees at the Doctoral level are welcome to apply; familiarity with LGBTQ communities is preferred but not required.

### **SCHIZOPHRENIA PROGRAM**

Through its 200+ inpatient beds and 15 ambulatory services, the Schizophrenia Program provides care at all stages of the illness. Services include prevention,

treatment for first episode psychosis, Medication Assessment Program for Schizophrenia (MAPS), monitoring and management of co-occurring metabolic problems, rehabilitation, and care for adults with severe and persistent mental illness.

### **Assessment Service**

Supervisors: Sylvain Roy, Ph.D., C.Psych.  
Yarissa Herman, D.Psych., C.Psych.

Practicum students will have the opportunity to participate in the Schizophrenia Program psychological assessment service. In this service they will gain experience in clinical interviewing, administering and interpreting psychological and neuropsychological assessment tools, writing comprehensive assessment reports, and providing feedback to clients, family members, and service providers. Assessments address questions related to community functioning (e.g., psycho-educational and psycho-vocational assessments) and issues of diagnosis and comorbidity among persons with psychosis. Weekly supervision meetings will be held with students and there are opportunities to attend a range of clinical rounds and interdisciplinary team meetings.

### **Cognitive Behaviour Therapy Service**

Supervisors: Faye Doell, Ph.D., C.Psych.

The rotation in the Cognitive Behaviour Therapy Service of the Schizophrenia Program offers a unique training opportunity for students who are interested in gaining experience working therapeutically with individuals with severe and persistent mental illness. Practicum students will receive intensive training in CBT for Psychosis, and will have the opportunity to participate in weekly individual supervision as well as group supervision with a multidisciplinary team of clinicians. Students will carry a small caseload of individual clients, and will also have the opportunity to participate as co-facilitator of CBT for psychosis therapy groups offered through both our outpatient services and Partial Hospital Program.

### **ADULT FORENSIC INPATIENT SERVICE (Fall winter only)**

Supervisor: Percy Wright, Ph.D., C.Psych.

The Law and Mental Health Program is comprised of several assessment and rehabilitative inpatient units that serve mentally ill individuals who are involved with the legal system. Relevant legal issues include clients' fitness (competency) to stand trial and/or their criminal responsibility (legal defense) for their crimes.

Specialized clinical activities in which practicum students are involved include the assessment of intellectual, cognitive, and neuropsychological functioning, personality, and malingering. In addition, practicum students would have the opportunity to learn necessary skills for the assessment of psychopathy and risk for future offending.

Students will become familiar with the psycholegal standards involved in forensic assessment and reporting to the courts; in addition, he or she will be preparing clinical

reports for relevant legal bodies, such as the Ontario Review Board, that guide and monitor the supervision and clinical care of our rehabilitation clients. Supervision is provided on an individual basis.

### **SEXUAL BEHAVIOURS CLINIC**

Supervisor: John Arrowood, Ph.D., C.Psych.  
Ainslie Heasman, Ph.D., C.Psych

The Sexual Behaviours Clinic (SBC) is part of the CAMH Complex Care & Recovery Program. The SBC Outpatient clinic specializes in the assessment and treatment of adults with sexual behaviour problems, including offenders and those with hypersexual behaviour and/or paraphilic interests. We aim to reduce sexually abusive behaviour and are increasingly engaged in the primary prevention of child sexual abuse.

Students typically engage in sexological and diagnostic assessments of individuals in the outpatient clinic, with some opportunities to conduct these types of assessments with clients on the forensic inpatient units. There is an opportunity for students to incorporate personality and/or cognitive assessment tools on occasion, or assist in a more structured psychological assessment of clients referred by another SBC staff member. The Static-99R is used, when appropriate, in the assessment of probation clients. Treatment groups for men who have sexually offended are provided to outpatient groups and students can participate in co-facilitation. There is the opportunity for individual therapy cases as well, and can vary from working with women, developmentally delayed individuals, ESL clients, to non-offending individuals with pedophilia or other paraphilic interests. The SBC also provides group treatment for hypersexuality, and students have the opportunity to engage in assessment and treatment in this area as well. These groups can include a child pornography or contact offence group, depending on who your supervisor is. Treatment is conducted from a cognitive behavioral therapy perspective and includes elements of relapse prevention, acceptance and commitment therapy, and mindfulness-based cognitive therapy. Students will become familiar with the psycholegal standards involved in forensic assessment and have multiple opportunities to explore the ethical challenges of working with this population.

Supervision is provided on an individual basis, as well as in team meetings and weekly case conferences. Students will also have the opportunity to participate in various departmental and hospital wide seminars. Both Summer and Fall/Winter placements will be considered.

### **WOMEN'S PROGRAM**

(available for Fall and Winter placements)  
Supervisor: Donna Akman, Ph.D., C. Psych.

The Women's Program offers services for women with complex mood and anxiety disorders who often have a history of trauma and/or addictions. The program provides both inpatient and outpatient treatment. The approach is trauma-informed and

integrates psychotherapeutic, psychopharmacological, and psycho-educational modalities of care. The Women's Program is staffed by an interdisciplinary team from psychiatry, psychology, nursing, occupational therapy, therapeutic recreation, and social work.

Clinical activities in which students are involved include providing time-limited individual outpatient therapy, co-facilitating inpatient and outpatient groups, and conducting psychodiagnostic assessments. Students are expected to participate in clinical rounds, team meetings, and educational events.

This program only offers Fall and Winter placements. Applicants should be enrolled in a Doctoral level program.

### **WORK, STRESS, AND HEALTH PROGRAM**

(available for Summer placements)

Supervisors: Rixi Abrahamsohn, Ph.D., C.Psych.  
Alison Bury, Ph.D., C. Psych.  
Michelle Carroll, Ph.D., C.Psych.  
Donna Ferguson, Psy.D., C. Psych.  
Niki Fitzgerald, Ph.D., C. Psych.  
Julie Irving, Ph.D., C.Psych.  
Longena Ng, Ph.D., C.Psych.  
Vivien Lee., Ph.D., C. Psych.

This rotation is conducted in the Work, Stress and Health Program (WSH) of the Mood and Anxiety Program. The WSH is a large multidisciplinary outpatient clinic that provides comprehensive independent assessment and treatment for individuals who develop primary anxiety or mood disorders in response to workplace related traumatic events.

The program provides students with the rare training opportunity to conduct independent comprehensive psychodiagnostic assessments for third parties within a civil-legal context. These assessments involve the thorough evaluation of Axis I psychopathology, Axis II personality pathology, normal personality, and response style distortion (i.e. malingering or defensive responding) utilizing structures and semi-structures interviews (e.g. SCID-I, CAPS, SIPD, M-FAST, SIRS), as well as self-report psychometrics (e.g., MMPI-2, PAI, NEO PI-R). The WSH assessment service sees a wide range of diagnostic presentations, but the majority of those assessed suffer from anxiety (e.g. PTSD, Panic Disorder), mood, and somatoform disorders. The WSH treatment service specializes in the treatment of primary anxiety and mood disorders (PTSD, depression and a range of other anxiety disorders) utilizing CBT. In addition to receiving supervision in the provision of individual evidence based CBT protocols for anxiety and mood disorders, students will have the opportunity to actively participate in our group program as well.

Both the assessment and treatment services function within a multidisciplinary team approach and students work closely with the professionals from other mental health disciplines (e.g. psychiatry, occupational therapy) in the provision of services. WSH clients are of diverse ethno racial and cultural backgrounds. Students will participate in the clinic's regular clinical and educational rounds.

Psychology students at the Doctoral level are welcome to apply.

### **CLINICAL RESEARCH**

(Only available as part-time, eight month practicum)

Supervisor: Lena C. Quilty, Ph.D., C.Psych.

This rotation is conducted in the Clinical Research Laboratory (CRL) at the Russell Street site. The Clinical Research Rotation offers in-depth training in evidence-based assessment and/or treatment of mood or addictive disorders in an applied research setting.

The goal of the Clinical Research Rotation is to provide training in the provision of psychological services in the context of clinical research, most commonly a fulsome clinical trial. The Clinical Research Rotation is a dynamic, integrated clinical, research and training setting, wherein a variety of clinical research protocols are active each year. Outcome studies typically focus on moderators and mediators of cognitive and behavioural interventions for depression or addiction, singly or in combination.

Practicum students may be involved in assessment and/or therapy, as determined by student training, experience and interests, as well as active research protocols and available clinical opportunities.

Assessment practicum students receive in-depth training, supervision and experience in psychodiagnostic assessment, including broad instruments such as the *Structured Clinical Interview for DSM-5* (SCID-5) as well as more targeted instruments such as the *Columbia Suicide Severity Rating Scale* (C-SSRS) or the *Hamilton Depression Rating Scale* (Ham-D). Residents may also receive training in a range of clinician-rated, self-report, and performance-based measures of psychopathology, cognition, and impairment. Supervision is provided on an individual basis. Training and supervision experience may be available for advanced students. Therapy practicum students receive in-depth training, supervision and experience in the provision of manualized cognitive behavioural therapy for depressive and/or addictive disorders, or other behavioural approaches including behavioural activation, contingency management, and integrated protocols (e.g., integrated motivational enhancement and cognitive behavioural therapy). Supervision is provided on an individual basis. Practicum students will develop specific skills in empirically validated instruments and techniques, as well as general skills in clinical interviewing and decision making and effective communication with other health professionals. Practicum students are expected to be active members of a multidisciplinary research team of scientists, staff, trainees, and volunteers.

Depending on the student interest and experience, opportunities to participate in original empirical research may be available (i.e., scholarly manuscripts), as time permits. Research interests of CRL staff include personality and cognitive mediators and moderators of clinical outcomes, with an emphasis upon incentive motivation, reward processing, and impulsive decision making.

### **FOCUS ON YOUTH PSYCHOSIS PREVENTION (FYPP) CLINIC**

Supervisor: Cory Gerritsen, Ph.D., C.Psych.

The FYPP Clinic is a specialized service focused on identifying and treating youth/emerging adults (aged 16-35) who are at Clinical High Risk (CHR) for psychotic disorders. Symptoms of the CHR state range from mild perceptual changes to 'pseudodelusions' and disorganization of near-psychotic intensity. Comorbid conditions are common in this population.

Psychological care providers in FYPP perform assessment, psychotherapy and clinical consultation within a multidisciplinary team. Psychology provides psychodiagnostic services to diagnose the CHR state and to respond to other questions that arise during consultation. Such questions include personality, psychopathology and cognitive functioning queries, as well as questions of symptom validity. Psychology practicum students may therefore be exposed to a wide range of assessment measures and referral questions, as well as a variety of common differential or comorbid diagnoses including mood and anxiety disorders; OCD; borderline, schizotypal and schizoid personality; autism spectrum disorders; neurocognitive disorders; substance use disorders; somatoform disorders and frank first episode psychosis. Assessment instruments commonly used include the SCID and SCID-PD, SIPS and CAARMS (structured interviews for identifying CHR states), MMPI-2-RF, NEO-3, MCCB, RBANS, WAIS-4 and WASI-2. Students will prepare integrative assessment reports and provide feedback to referrers and clients.

Psychology practicum students will also be assigned a small caseload of individual psychotherapy clients. The intervention model applied will depend on the referral and the student's interest, with opportunities for supervision in client-centred, CBT, DBT-informed, mindfulness-based, psychodynamic and EFT models. They will also co-lead group therapy sessions. Common intervention targets include mood and anxiety symptoms, psychotic-like experiences, dissociative experiences, substance misuse, stress coping and existential questions.

## **CLINICAL PRACTICUM FACULTY SUPERVISORS**

**Rixi Abrahamsohn, Ph.D., C. Psych.**, University of Toronto, 2008. Clinical Interests: Diagnostic assessment; assessment of malingering; individual and group cognitive behavioural therapy for depression and anxiety disorders, with a particular interest in the treatment of OCD and PTSD.

**Donna Akman, Ph.D., C.Psych.**, University of Toronto, 2003. Clinical and Research Interests: women's mental health, feminist psychotherapy, social determinants of mental health, program development and evaluation.

**Brendan Andrade, Ph.D., C.Psych.**, Dalhousie University, 2006. Clinical Interests: assessment and treatment of children and adolescents with disruptive behaviour and associated mental health concerns. Individual, family, and group based cognitive-behavioural intervention. Research Interests: social-cognitive and familial contributions to childhood disruptive and aggressive behaviour, ADHD, peer relationships, and clinic- and community-based prevention and intervention programs for disruptive children.

**John S. Arrowood, Ph.D., C.Psych.**, State University of New York at Binghamton, 1994. Clinical Interests: forensic assessment including the assessment of dangerousness and psychopathic personality, assessment of fitness for duty or special assignment in police officers, and assessment and cognitive/behavioral treatment of Posttraumatic Stress Disorder (PTSD). Research Interests: historical antecedents of antisocial behavior and the behavioral and pharmacological treatment outcome in PTSD.

**Nicola Brown, Ph.D., C.Psych.**, York University, 2006. Clinical interests: psychological assessment of gender dysphoria and transition support. Research interests: complex trauma; significant others of trans people; trans people's experiences with systems from a social determinants of health perspective.

**Faye Doell, Ph.D., C.Psych.**, York University, 2010. Clinical and Research Interests: assessment and treatment of individuals with Schizophrenia-spectrum disorders, with an emphasis on Cognitive Behavioural Therapy and Motivational Interviewing.

**Donna Ferguson, Psy.D., C.Psych.**, Adler School of Professional Psychology, 2003. Clinical Interests: assessment and treatment of depressive and anxiety spectrum disorders. Individual and group cognitive behavioural treatment of depressive and anxiety disorders. Research Interests: assessment and treatment of concurrent disorders, particularly anxiety disorders and/or co-morbid depressive disorders with gambling pathology.

**Niki Fitzgerald, Ph.D., C. Psych.**, University of Windsor, 2006. Clinical Interests: assessment and treatment of depression and anxiety-spectrum disorders with a particular interest in PTSD. Research Interests: the role of psychosocial factors on the presentation of depressive, anxiety, and pain disorders.

**Cory Gerritsen, Ph.D., C.Psych.** York University, 2015. Research and Clinical Interests: negative symptoms, cognition in the schizophrenia spectrum, psychotherapy with schizophrenia spectrum clients, experiential aspects of psychosis, schizoid/schizotypal traits.

**Ainslie Heasman, Ph.D., C.Psych.**, California School of Professional Psychology, 2005. Clinical Interests: sexological and diagnostic assessment and treatment of adults with sexual behaviour problems, assessment of violence and sexual risk. Individual and group treatment for sexually problematic behaviours employing cognitive-behavioural strategies and the Good Lives Model. Research Interests: therapist characteristics and influence on treatment outcome, treatment efficacy for those with sexual behaviour problems.

**Yarissa Herman, D.Psych., C.Psych.** University of Western Australia, 2010. Clinical and research interests: psychosocial interventions for people with psychosis, with a particular emphasis on motivational interviewing and concurrent disorders.

**Julie Anne Irving, PhD., C.Psych. McGill University, 2011.** Clinical and research interests: relapse prevention in mood disorders and addictions, chronic depression, mechanisms of change in mindfulness-based interventions, work related stress and burnout in health care professionals.

**Liora Keshet, M.A., C.Psych. Assoc.**, Hebrew University of Jerusalem, 1995. Clinical Interests: assessment and consultation of developmental and learning disabilities in children and adolescents.

**Sean Kidd, Ph.D., C.Psych.**, Clinical Interests: complex trauma, mindfulness, and emotion-focused therapy. Research Interests: examining mechanisms of resilience among marginalized persons and the effectiveness of psychiatric rehabilitation interventions.

**Judith M. Laposa, Ph.D., C.Psych.**, University of British Columbia, 2005. Clinical Interests: assessment; individual and group cognitive therapy for anxiety disorders. Research Interests: measurement and evaluation of cognitive models of anxiety disorders, and mechanisms in treatment response to cognitive behaviour therapy, with particular interests in PTSD, social phobia, and obsessive-compulsive disorder.

**Longena Ng, Ph.D., C.Psych.**, York University, 2010. Clinical and Research Interests: Psychological assessment and cognitive behavioural treatment of PTSD, anxiety disorders, and depression. Program development and evaluation.

**Lena C. Quilty, Ph.D.** University of Waterloo, Clinical and research interests: include psychological assessment and treatment of mood and anxiety disorders. Research interests include the role of personality and cognition as mediators and moderators of treatment outcome in depression, the hierarchical structure of personality and

psychopathology, and the psychometric evaluation of measures of psychopathology and other individual difference variables.

**Sylvian Roy, Ph.D., C.Psych.** University to Montreal, 2011. Clinical interests: Neuropsychology and Neurorehabilitation. One of my roles will be to assess patients for brain injury and/or neurocognitive impairments stemming from complex medical conditions / concurrent disorders in addition to schizophrenia. Neurorehabilitation efforts may focus on cognitive remediation and/or compensation. Supervision can be offered in French or English.

**Pushpinder Saini, M.A., C.Psych. Assoc.**, Delhi University, New Delhi, India, 1998. Clinical Interests: Clinical Psychology and Clinical Neuropsychology- evaluation and assessment of neurological basis of behavioral, social, emotional difficulties affecting learning in children and adolescents.

**Tracey A. Skilling, Ph.D., C.Psych.** Queen's University, 2000. Research and Clinical Interests: causes and correlates of serious antisocial behaviour in children and adolescents; treatment program development and evaluation.

**Percy N. Wright, Ph.D., C. Psych.**, York University, 1991. Clinical and Research Interests: intellectual and personality assessment with adult and adolescent offenders, assessment of malingering and deception, assessment of violence risk and the relationship between psychopathology and violence.

**Centre for Addiction and Mental Health**  
**Psychology Practicum Application Form**  
**For 2018-2019 Academic Term**

(Applications are due on or before **February 1, 2018**)

1. Name:

Address:

Telephone:

Date of Birth:

E-Mail Address:

2. Educational Background

University  
Completion

Dates of Attendance

Degree Granted/  
Major Expected

3. Name, Address, Telephone Number, and E-mail of your Director of Clinical Training

4. Fall-Winter Practicum \_\_\_\_\_ Spring-Summer Practicum \_\_\_\_\_  
Anticipated start of practicum: \_\_\_\_\_

5. Based on the aforementioned descriptions provided, please rank order of the following rotations you would be interested in participating in (e.g., 1= 1<sup>st</sup> choice [most preferred rotation], 2= 2<sup>nd</sup> choice, 3= 3<sup>rd</sup> choice, etc.).

**Please note that there are:**

- (1) Child, Youth and Family, and
- (2) Adult rotations

**It is possible but unusual for candidates to have in-depth training in both child and adult work. If you have both, you may rank across Child and Adult tracks. Otherwise, you should rank within one track only.**

**You do not have to rank as many as 3 services (only rank those in which you are interested), but please do not rank more than 3 choices in total.** The Focus on Youth Psychosis Prevention (FYPP) Clinic will count as one ranking only and is included in both Child and Adult tracks due to the age range of the population served.

### **CHILD, YOUTH AND FAMILY TRACK**

Adolescent Service  
Better Behaviours Service  
Focus on Youth Psychosis Prevention (FYPP) Clinic  
Psychological Assessment Team for Children and Youth

### **ADULT TRACK**

Adult Forensic Inpatient Service  
Sexual Behaviours Clinic  
Clinical Research  
Adult Gender Identity Clinic  
The Integrated Day Treatment Program  
Mood and Anxiety Ambulatory Services  
Schizophrenia Program  
Focus on Youth Psychosis Prevention (FYPP) Clinic  
Women's Program  
Work, Stress and Health Program



## COMMUNITY HEAD INJURY RESOURCE SERVICES OF TORONTO

### **Practicum in Clinical Neuropsychology (Adult)**

#### ***Overview***

CHIRS, formerly known as Ashby House, started in 1978 as the first community-based brain injury rehabilitation program in North America. From its origins as a transitional group home, CHIRS has evolved into a multi-service agency that provides a broad range of supports to a clientele with diverse and complex needs. Currently, CHIRS is a registered not-for-profit charitable organization primarily funded by the Central Local Health Integration Network and the Ontario Ministry of Health and Long-term Care. CHIRS provides support services to over 400 people with moderate to severe acquired brain injury, with diverse and complex needs, and maintains active research and clinical partnerships with the Centre for Addictions and Mental Health, an academic and clinical research health centre, as well as community based agencies addressing homelessness and serious mental health.

Our MISSION is to improve the quality of life for persons living with the effects of Acquired Brain Injury.

Our VISION is to be leading-edge in the provision of evidence-based community and client-centered services in the field of Acquired Brain Injury.

The Neuropsychology Clinic at CHIRS is dedicated to providing evidence-based, client-centered programming to pursue our mission of enhancing the lives of people who have been affected by acquired brain injury. At CHIRS we seek to exploit the best of evidence-based practices, implemented in the community with a focus on meeting clients' personal goals.

#### ***Training Activities***

Practicum students will have the opportunity to complete neuropsychological evaluations with newly injured older adolescents and adults as well as those who have been living with their injuries for several decades. All referrals have a history of acquired brain injury, and those from our community partners may also have complex co-morbid conditions. While the focus is on acquired brain injury, students will get extensive exposure to a variety of medical conditions including anoxia, brain tumor, toxic exposures and

serious mental illness. Exposure to medical-legal evaluations may also be provided.

Assessments are primarily conducted for the purpose of documenting a brain injury and developing a functionally based treatment plan. Students will learn to conduct chart reviews and interview clients and family members to obtain relevant background information. Students will administer a battery of standardized neuropsychological tests. The student is expected to score the tests administered, summarize the results, and report behavioural observations made during testing. Under supervision, students will prepare neuropsychological reports. Students will also observe and participate in feedback sessions where findings and recommendations from the assessment are communicated to the client, their family members, and/or the client's support team.

Training will include comprehensive neuropsychological consultation, functional neuroanatomy, ethical practice, cultural diversity, writing reports specific to community-based, medical and medical-legal consumers, the psychologists' role in trans-disciplinary teams, and clinical research.

Practicum students will receive feedback and training regarding administration of examinations, provision of feedback to family members, clinical teams, and paraprofessional service providers.

### ***Supervision***

Practicum students can expect to have 1 hour per week of face- to -face supervision, in addition to accompanying supervising psychologists in various clinical activities. Supervision will be provided by either Dr. Michelle Busse or Dr. Carolyn Lemsky. All supervising psychologists are registered with the College of Psychologists of Ontario. All written reports and correspondence are reviewed and countersigned by the supervision psychologist.

Topics addressed in supervision will include neuropsychological assessment and clinical conditions in addition to the complex ethical and psycho-social issues that arise in the context of psychological practice. Professional standards and ethics will be emphasized.

### ***Didactics***

Practicum students are required to participate in a variety of formal and informal educational opportunities. Clinical reading as required to maintain evidence-informed practice and readings may be suggested by the supervisor.

Practicum students are encouraged to attend formal rounds to attend the Baycrest City-Wide Behavioural-Neurology rounds (via OTN).

## ***Eligibility***

Applicants should be students who already have some practicum-level training in neuropsychology.

Note that placements are available during the academic year (September 1 to April 30). Exact start and end dates are flexible, depending on the needs of the student and the availability of the supervisor. We offer part-time placements (typically 14 to 21 hours per week). The number of practicum placements during any particular term is dependent on the availability of supervisors.

## ***Application***

We use the common deadline and notification procedure for the Greater Toronto Area Practicum Training Programs. The application deadline is in February, and the notification day is in March.

The following application materials should be submitted electronically:

- Graduate transcript
- Curriculum vitae
- Two letters of reference
- A letter of interest describing your training experiences and goals
- Completed test administration form

Application materials should be sent to:

[clemsky@chirs.com](mailto:clemsky@chirs.com)

Carolyn Lemsky, Ph.D., ABPP-CN  
Community Head Injury Resource Services of Toronto  
62 Finch Avenue West  
Toronto, Ontario, Canada, M2N 7G1  
416-240-8000 x 290

## Test Administration Form

<b>Test Name</b>	<b>Trained to Administer</b>	<b>Trained to Interpret</b>
Test of Premorbid Functioning		
Wide Range Achievement Test-4		
Woodcock-Johnson II		
Wechsler Individual Achievement Test II		
Repeatable Battery for the Assessment of Neuropsychological Status		
Kaplan Baycrest Neurocognitive Assessment		
Dementia Rating Scale-2		
WAIS-IV		
WASI-II		
Trail Making Test		
Stroop		
PASAT		
Ruff 2 & 7		
WMS-IV		
CVLT-II		
Rey Complex Figure Test		
Boston Naming Test		
COWA		
Aphasia Screening Test		
Token Test		
Receptive One-Word Picture Vocabulary Test		
Hooper		
Visual Form Discrimination Test		
Wisconsin Card Sorting Test		
Category Test		
Delis-Kaplan Executive Function System		
IOWA Gambling		
Grooved Pegboard		
Tapping Test		
Grip Strength		
Rey-15		
TOMM		
Word Memory Test		
Victoria Symptom Validity Test		
Beck Depression Inventory		
Beck Anxiety Inventory		
Personality Assessment Inventory		
Behavior Rating Inventory of Executive Function		
Neurobehavioral Functioning Inventory		

# Practicum Training in Child and Adolescent Clinical Psychology

2018-2019



*Children's Hospital at Hamilton Health Sciences  
is affiliated with the Faculty of Health Sciences,  
McMaster University.*

## Contact:

Katie Lok, Ph.D., C.Psych.  
Psychology Practicum Coordinator  
Child and Youth Mental Health Program  
Ron Joyce Children's Health Centre  
Hamilton Health Sciences  
Box 2000, Station A  
Hamilton, Ontario  
L8N 3Z5

(905) 521-2100 Ext. 77341

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Educational Opportunities	7	<i>Visit <a href="http://www.hamilton.ca">www.hamilton.ca</a> for more information about the city of Hamilton.</i>
Supervision/Evaluation	7	Hamilton Health Sciences (HHS) is comprised of a family of five hospital sites and five specialized facilities, serving more than 2.3 million residents in Central South and Central West Ontario. Each of the facilities offers specialized services that together make HHS one of the most comprehensive health care systems in Canada. All of the hospitals at Hamilton Health Sciences are teaching hospitals affiliated with the Faculty of Health Sciences at McMaster University. This allows patients to benefit from innovative treatments/research and staff and students to actively participate in research and teaching endeavours.
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## The Practicum Setting

Hamilton Health Sciences (HHS) is located in Hamilton, Ontario, Canada. Home to more than half a million residents, Hamilton is situated at the western tip of Lake Ontario midway between Niagara Falls and Toronto. It is the site of McMaster University, known internationally for its innovative medical school and research programs.

*Visit [www.hamilton.ca](http://www.hamilton.ca) for more information about the city of Hamilton.*

Hamilton Health Sciences (HHS) is comprised of a family of five hospital sites and five specialized facilities, serving more than 2.3 million residents in Central South and Central West Ontario. Each of the facilities offers specialized services that together make HHS one of the most comprehensive health care systems in Canada. All of the hospitals at Hamilton Health Sciences are teaching hospitals affiliated with the Faculty of Health Sciences at McMaster University. This allows patients to benefit from innovative treatments/research and staff and students to actively participate in research and teaching endeavours.

Programs that provide training in clinical psychology for children and youth are located in the Ron Joyce Children's Health Centre (RJCHC; Hamilton General Hospital; HGH) and the McMaster University Medical Centre (MUMC). The RJCHC provides a range of child and family services to the community, such as the Child and Youth Mental Health Outpatient Service, the Specialized Developmental and Behavioural Service, the Autism Spectrum Disorder Service, and the Infant-Parent Program. Services at MUMC provide general medical and surgical services, pediatric care (including the Child and Youth Mental Health Program's Emergency, Inpatient, and Regional Outreach Services as well as the Pediatric Neurology, Epilepsy, and Oncology Neuropsychology Services within the McMaster Children's Hospital), and specialized adult and women's health services (e.g. Adult Chronic Pain Program).

Psychology staff at Hamilton Health Sciences currently includes approximately thirty psychologists who are integral members of teams in child and adult psychiatry, pediatrics, geriatrics and rehabilitation and in many cases have developed and are responsible for running programs. Psychology staff have backgrounds ranging from clinical psychology to applied behavioural analysis, rehabilitation and neuropsychology. Most of the psychologists and many of the non-doctoral psychology staff have cross appointments with McMaster University in the Faculty of Health Sciences. Teaching and research are central to the mandate of the hospital and major community based intervention projects are ongoing in both the adult and child programs. The entire corporation is committed to a client/family-centered, evidence-based approach to health care.

### Contact:

Katie Lok, Ph.D., C.Psych.  
Psychology Practicum  
Coordinator  
Child and Youth Mental Health  
Program  
Ron Joyce Children's Health  
Centre  
Hamilton Health Sciences  
Box 2000, Station A  
Hamilton, Ontario  
L8N 3Z5

*Hamilton Health Sciences is committed to a client-centered, evidence-based  
approach to health care.*

## Practicum Opportunities

A variety of child and family experiences are available depending on the practicum student's goals and experience and availability of supervisors. Practicum students function as team members on the teams where they train (e.g., attending teams meetings as appropriate).

Trainees complete practica in either psychological assessment or psychological intervention. With respect to psychological assessment, exposure to children from a range of age levels (infant, preschool, latency age, adolescent) and diagnostic categories is possible once basic psychometric skills are established. Practicum students are also able to see clients from diverse cultural backgrounds.

Training in intervention for children, adolescents, and families is available. Therapeutic modalities include: behaviour therapy, cognitive behaviour therapy, dialectical behaviour therapy, and family therapy. Training is offered in individual and group therapy, and parent and professional psychoeducation formats. Supervision for each treatment modality is negotiated with the assistance of the practicum student's primary supervisor.

The specific programs that offer placements vary year-to-year. **Please check with the Practicum Coordinator to know what is offered for the 2018-2019 year.**

### Rotation Options

Assessment and treatment services at McMaster Children's Hospital are offered at two locations (RJCHC and MUMC).

### RJCHC Site Programs

#### The Child and Youth Mental Health Program

##### **Child & Youth Mental Health Outpatient Service**

The Child and Youth Mental Health Outpatient Service provides assessment, consultation, and treatment for children and adolescents (0-18) with internalizing and externalizing problems. Services offered include individual and family therapy, group programs for young people and/or their parents, parent skills training, medication consultation, and consultation with community agencies and schools. Team members also provide inservice education on psychiatric disorders and their management. Team members include psychiatrists, psychologists, psychometrists, social workers, nurses, home-based workers and students from various disciplines.

Home-based services are available for clients who need more intensive services than traditional clinic-based programs. Some of these clinicians specialize in children aged 0 to 6 who are at risk of experiencing significant socio-emotional difficulties. Parent therapists work closely with the childcare center/school to ensure continuity of care. Interventions may include the following: development of parenting skills; understanding and encouraging child development; fostering the parent-child relationship; consultation and support to daycare/preschool; and encouraging parent self-care and coping. Structured group interventions (e.g., The Incredible Years) are also provided. The team has links to a variety of frontline community supports and agencies (e.g., public health). Other home-based clinicians specialize in providing services for children ages 7 to 18 with moderate to severe emotional and/or behavioural difficulties who have not responded to traditional outpatient services.

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#### **HHS Values**

**Respect:** We will treat every person with dignity and courtesy.

**Caring:** We will act with concern for the well being of every person.

**Innovation:** We will be creative and open to new ideas and opportunities.

**Accountability:** We will create value and accept responsibility for our activities.

## Practicum Opportunities (cont'd)

### The Specialized Developmental and Behavioural Service (SDBS)

The SDBS Team Provides services for families of children with developmental and complex learning/cognitive difficulties between the ages of 2 and 18. Services are also offered to children with significant emotional behavioural difficulties between the ages of 2 and 6. SDBS provides assistance with transition services (e.g. entry to school); behavioural assessment and consultation; collaboration with community partners; communication assessment and consultation; developmental monitoring; developmental pediatric assessment; family or parent counseling; group intervention; health teaching; hearing tests; individual assessment and counseling; information about other services and resources; newsletters; parent workshops; psychiatric assessment and consultation; psychological and neuropsychological assessment and consultation; and service coordination.

### The Autism Spectrum Disorders Service

The Autism Spectrum Disorders Service at the RJCHC Site of HHS provides assessment, treatment and consultation services for individuals, aged 2 to 18 years, with autism spectrum disorders. Training and support to families and professionals living and working with this population is also provided. The overall goal of the service is to maximize the potential of the person with ASD and enhance his or her ability to live and participate in the community.

Treatment services are provided using a mediator-training model (i.e., providing education and training for those who will interact with the child everyday; parents, early childhood educators, and other service providers). The principles of intervention services are founded in research-based evidence which support the focus of social-communication therapy and early intervention.

Opportunities are also available to become involved in the Hamilton Niagara Regional Autism Intervention Program, including Intensive Behavioural Intervention (IBI) for children with autism. Under the supervision of the psychologist that directs the program, practicum students can get experience in the delivery of this direct evidence-based intervention.

### The Infant-Parent Program (IPP)

The Infant-Parent Program is a free service for families of infants at risk because of developmental, medical, or psychosocial problems. It helps families adjust to having a baby or toddler who may have special needs or challenges. The Infant-Parent Program is a service that supports parents and families. It offers treatment services with the goal of helping infants (and their parents) develop to their best potential. The staff works with families to set goals and solve problems together. The Infant Parent Program provides regular student placements for students of a variety of disciplines that are involved in our service. Practicum students may participate in any of the clinical services below, as appropriate.

Evidence-based interventions include 3 parenting courses (Right from the Start, COPEing with Toddler Behaviour, Communication Builders Group), 2 individual attachment interventions (Modified Interaction Guidance, Watch Wait and Wonder), and home visiting. Additional support services include infant assessment and parent workshops.

### Community Parent Education Services (COPE)

COPE conducts workshops and educational events/groups for families with 3-12 year old children who have challenging behaviour. Parents learn skills to increase positive behaviour, avoid conflicts, encourage cooperation, respond to aggression, set priorities and solve problems. Parents share ideas with other parents; talk about common problems; learn about useful community services; and watch helpful videotapes. COPE courses meet once a week for 2 hours and are a free service run in the community.

(Continued on page 5)

## Practicum Opportunities (cont'd)

### **McMaster University Medical Centre (MUMC) Site Programs**

#### **The Child and Youth Mental Health Regional Outreach Service**

The Child and Youth Mental Health Regional Outreach Service provides assessment, consultation, and treatment for children and adolescents with internalizing and externalizing problems. Services offered include individual and family therapy, psychological testing, consultation for medication, and consultation with community agencies and schools. The CYMH Regional Outreach Service also provides priority urgent access assessment services, as well as bridging services for the Inpatient Unit. Team members also provide inservice education on psychiatric disorders and their management. Team members include psychology, psychiatry, social work, psychiatric nursing, and occupational therapy. The Regional Outreach Service primarily services children and adolescents aged 6-18 and their families from Hamilton and the surrounding region.

#### **The Child and Youth Mental Health Inpatient Unit**

The CYMH Inpatient Unit offers intensive assessment and treatment of children and adolescents with acute mental health concerns on both an elective and involuntary basis. Purposes for admission to the Inpatient Unit include stabilization, diagnostic clarification, and medication review. Individualized treatment plans may include: participation in daily treatment groups (i.e., Cognitive Behaviour Therapy (CBT), Dialectical Behaviour Therapy (DBT), Social Skills, Stress and Relaxation, Process, and Health), activity groups, academic programming in the on-site Section 23 classroom, and optional individual and/or family therapy.

#### **The Child and Youth Mental Health Day Hospital**

The CYMH Day Hospital is a voluntary program for children and youth who could benefit from daily intensive treatment programming, but who do not require 24-hour monitoring. The purpose of Day Hospital treatment is to provide diagnostic, assessment, and treatment services to children and youth with serious and complex mental disorders. Individualized treatment plans are similar to those for the Inpatient Unit and may include: participation in daily treatment groups (i.e., Cognitive Behaviour Therapy (CBT), Dialectical Behaviour Therapy (DBT), Social Skills, Stress and Relaxation, Process, and Health), activity groups, academic programming in the on-site Section 23 classroom, and optional individual and/or family therapy.

#### **The Pediatric Eating Disorders Program**

The Pediatric Eating Disorders Program provides service to children and adolescents up to the age of 18 who require multi-disciplinary assessment and treatment of an eating disorder (Anorexia Nervosa, Bulimia Nervosa, and Binge-Eating Disorder). Services include medical management, nutritional counseling, individual, family, and group therapy. While most of our patients are seen on an outpatient basis, medically unstable patients are admitted to the pediatric ward and followed by our team. Practicum students will receive training in assessment, treatment and consultation skills that are relevant to this population of patients. Rotations are typically 12 months in length (and typically occur on Tuesday and/or Thursday) and supervision is provided for a minimum of one hour a week. After an initial orientation and training period practicum students will be expected to conduct assessments of new patients independently and they will also pick up a caseload of 4 patients that will familiarize him/her with the spectrum of eating disorders. Opportunities are available to be involved in co-therapy or to sit in on assessment and therapy sessions provided by psychologists on staff. Staff include: Psychologists, Pediatricians, a Psychiatrist, Social Workers, a Registered Dietitian, nurses, a physiotherapist, and a child life specialist.

#### **Program Philosophy**

*Hamilton Health Sciences and the McMaster University Faculty of Health Sciences, is committed to a scientist-practitioner approach to education and practice which is client-centred. As such, the training of practicum students emphasizes the use of empirically supported, evidence-based assessment and treatment approaches.*

## Practicum Opportunities (cont'd)

### The Child Advocacy and Assessment Program (CAAP)

CAAP primarily provides assessment and consultation services to children and families where any aspect of child maltreatment is an issue. In particular, the program provides assessments regarding child maltreatment, impact of child maltreatment, and parenting capacity. Consultation services are provided to the Children's Aid Society and foster care providers. The program also provides intervention services including trauma-focused cognitive behaviour therapy and sexual assault follow-up (i.e., supportive counseling for children, youth and their families regarding their experience of sexual abuse/assault). The team includes a psychologist, psychiatrists, pediatricians, social workers, nurses, and child life specialists. Inpatient and outpatient referrals are accepted.

### Pediatric Chronic Pain Program

The Pediatric Chronic Pain Program (PCPP) provides outpatient, interdisciplinary, family centered care to children and youth who face chronic pain. The PCPP aims to provide youth and caregivers with skills to reduce the impact that pain has on their daily life by utilizing a functional rehabilitation and interdisciplinary approach (also referred to as 3Ps: pharmacological, psychosocial, physical). All new patients receive an interdisciplinary pain assessment (e.g., medical and physical assessment, semi-structured interviewing focused on pain coping and mental health, pain-specific measures, mental health questionnaires) to inform treatment planning. Some of the interventions in the clinic include psychoeducation about the science of chronic pain, goal setting, medication review, physiotherapy (acupuncture, TENS), activity pacing, parent and youth groups, exercise, relaxation and mindfulness, cognitive behavioural therapy, acceptance and emotion-focused family therapy, motivational interviewing, and consultation with school and community agencies. The team includes many health professionals (i.e., psychologists, social workers, occupational therapist, nurse practitioner, physiotherapist, child life specialist, pediatrician, psychiatrist, pharmacist, anesthesiologist) who work together to collaborate and coordinate care for youth with chronic pain.

### Pediatric Epilepsy

The Comprehensive Pediatric Epilepsy Program (CPEP) at the McMaster Children's Hospital is an ambulatory/outpatient service for children with epilepsy, including patients who are being worked up for potential brain surgery as a result of having medically refractory epilepsy. This service provides assessment for children aged 3 through 17 years with a variety of medical and psychosocial complexities, learning and neurodevelopmental needs (e.g., Intellectual Disability, ADHD). Opportunities for practicum students include assessment of neuropsychological and emotional functioning, reviewing medical documents including EEGs and MRIs, conducting psychometric testing, interviewing, participating in feedback, case formulation, report writing, and attending multidisciplinary meetings and surgical conferences.

### Pediatric Neurology and Oncology Psychological Services

The Pediatric Neurology and Oncology Psychological services provide clinical neuropsychological and psychological assessments to pediatric and adolescent inpatients and outpatients with a variety of neurological, behavioural, emotional and learning disorders (e.g., leukemia, brain tumors, epilepsy syndromes, encephalitis, as well as metabolic, immunologic and genetic conditions). Practicum students will be involved in interviewing children and family members, reviewing relevant medical documentation, administering and scoring assessment measures, providing feedback to family, children, and team members, as well as preparing written reports. Practicum students may also be involved in school feedback meetings, development of community-based treatment plans, implementation of behavioural interventions, or counseling on a case-by-case basis depending on availability. Moreover, practicum students will attend and actively participate in interdisciplinary clinical and educational opportunities (e.g., Tumor Board rounds, Neuro-oncology clinic, Brain Power, Neurology clinical rounds, etc.).

### Training Model

*Core competencies in psychological assessment, treatment, consultation, cultural awareness, clinical research and professionalism are delivered through supervised rotations in the direct provision of clinical services. Practical training is complemented by involvement in team meetings and case conferences; as well as formulation and didactic seminars provided by program and hospital faculty.*

## Educational Opportunities

In addition to direct clinical training, practicum students can participate in a wide variety of educational experiences during their placement, including seminars and rounds presentations.

### **Seminars/Formulation Rounds**

Attended by psychology practicum students and interns in the clinical child psychology and adult neuropsychology programs, these rounds consist of case presentations/formulations, didactic teaching and presentations by various psychologists and professionals in the system.

### **Ethics Rounds**

Ethics seminars for the psychology practicum students and interns are scheduled annually from January to June.

### **Evidence-Based Psychiatry Rounds**

Practicum students may attend these rounds with psychiatry residents reviewing evidence-based treatments of child and adolescent mental health problems.

### **Department of Psychiatry & Behavioural Neurosciences Rounds**

Offered by the academic department of the University, these rounds take place at St. Joseph Hospital on Wednesday mornings throughout the year.

### **Many more...**

Practicum students are able to attend any hospital rounds. Others that may be of interest include rounds offered by the Department of Pediatrics and the Offord Centre for Child Studies.

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*Rounds and seminars (research, rehabilitation, psychiatry, psychology) are held throughout the hospital system on a regular basis*

## Supervision and Evaluation

Practicum students are assigned a supervisor (a registered psychologist) in each of the programs that s/he trains within. At the beginning of the practicum placement, the student and their supervisors set individualized written goals and objectives and identify appropriate additional supervisors if necessary to achieve those goals. It is the supervisor's responsibility to ensure that the required range of experience is provided, that the student's workload is manageable and appropriate to the goals and objectives negotiated, and that sufficient supervision is provided.

Formal review and evaluation of each practicum student's progress is scheduled at the mid-point and at the end of the practicum. Each of the student's supervisors completes an evaluation covering the preceding period, and rates their progress towards their written goals and objectives (in domains related to knowledge base, procedural/program design skills, written and interpersonal skills, and ethical and professional practice). The practicum students rate the program and the quality of supervision as well. The results of the evaluations (ratings of goal attainment) are forwarded to the clinical director in the student's graduate department.

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*At the beginning of the practicum, the student and their supervisor set individual written goals and objectives.*

## Application Process

Applicants must be enrolled in a graduate program in clinical psychology, preferably from a program accredited by the Canadian and/or American Psychological Associations (although applicants from other programs may be considered). Students should have completed graduate level coursework in psychological (and/or neuropsychological) assessment and have basic practical psychometric training. It is recommended that applicants have already obtained direct experience assessing and interviewing clients and their families.

Applicants are required to submit:

- ◆ 1 page cover letter outlining your
  - Summary of clinical training thus far (e.g., coursework and practical work), and
  - Training goals and objectives (including HHS programs of interest)
- ◆ Up-to-date curriculum vitae
- ◆ Unofficial transcripts of graduate studies
- ◆ Minimum of 1 reference letter from a clinical supervisor

Katie Lok, Ph.D., C.Psych.

Psychology Practicum Coordinator  
Child and Youth Mental Health Program  
Ron Joyce Children's Health Centre  
Hamilton Health Sciences  
Box 2000, Station A  
Hamilton, Ontario  
L8N 3Z5  
(905) 521-2100 Ext. 77341  
lokk@hhsc.ca

Applicants should clearly indicate whether they are applying for:

- ◆ A summer (4 days/week) or fall/winter (2 days/week) placement.
- ◆ An assessment or intervention placement.
- ◆ The program to which they are applying (see the attached list of available placements).

Completed applications are rated independently by the members of the training committee, ranked, and offered interviews.

You may submit your applications via post or electronic mail (***the preference is to email applications***). To ensure the security of your reference letter, please have your referee email their letter to me directly.

HHS participates in the GTA practicum process, which standardizes the application deadline and notification day procedures. Please see your Director of Training for more information.

Successful candidates are notified at 9am on Notification Day of the committee's decision (date to be determined; usually in mid-March). Please follow the Notification Day procedures as outlined by your DCT. If you are unfamiliar with this notification procedure, we can send you a copy. In accordance with federal privacy legislation (*Personal Information Protection and Electronics Documents Act*) only information that is required to process your application is collected. This information is secured and is shared only with those individuals involved in the evaluation of your practicum application.

## Clinical Child Psychology Training Staff

Cheryl Alyman, Ph.D., C. Psych. (University of Victoria, 1998). Pediatric Neuropsychology/Oncology Services.

Jennifer Cometto, Ph.D., C.Psych. (University of Windsor, 2013). Child and Youth Mental Health Regional Service.

Tony DeBono, Ph.D., C.Psych. (York University, 2013). Child and Youth Mental Health Inpatient Service.

Stephanie Deveau, Ph.D., C.Psych. (University of Guelph, 2013). Pediatric Eating Disorders Program.

Irene Drmic, Ph.D., C.Psych. (York University, 2007). Autism Spectrum Disorder Service.

Kim Edwards, Ph.D., C.Psych. (University of Western Ontario, 2014). Pediatric Chronic Pain Program.

Nezihe Elik, Ph.D., C.Psych. (University of Toronto, 2006). Pediatric Chronic Pain Program.

Cheryl Fernandes, Ph.D., C.Psych. (York University, 2010). Child and Youth Mental Health Outpatient Service.

Avraham Grunburger, Psy.D., C.Psych. (Pace University, 2011). Child and Youth Mental Health Outpatient Service.

Stephanie Lavoie, Ph.D., C.Psych. (Supervised Practice). (York University, 2016). General Neurology Service.

Ashley Legate, Ph.D., C.Psych. (Supervised Practice). (Queen's University, 2016). Child and Youth Mental Health Outpatient Service.

Katie Lok, Ph.D., C.Psych. (University of Toronto, 2014). Child and Youth Mental Health Outpatient Service.

Angela McHolm, Ph.D., C.Psych. (University of Guelph, 1999). Child Advocacy and Assessment Program.

Jennifer McTaggart, Ph.D., C.Psych. (University of Guelph, 2009). Child and Youth Mental Health Inpatient Service.

Olivia Ng, Ph.D., C.Psych. (University of Toronto, 2015). Specialized Developmental and Behavioural Service.

Alison Niccols, Ph.D., C.Psych. (York University, 1994). Infant Parent Program.

Danielle Pigon, Ph.D., C.Psych. (Supervised Practice). (University of Toronto, 2017). Child and Youth Mental Health Outpatient Service.

Paulo Pires, Ph.D., C. Psych. (University of Toronto, 2005). Child and Youth Mental Health Outpatient Service.

Jacqueline Roche, Ph.D., C.Psych. (University of Guelph, 2011). Child and Youth Mental Health Inpatient Service.

Caroline Roncadin, Ph.D., C.Psych. (York University, 2002). Autism Spectrum Disorder Service.

Nevena Simic, Ph.D., C.Psych. (University of Toronto, 2012). Comprehensive Pediatric Epilepsy Program.

Jennifer Summers, Ph.D., C.Psych. (York University, 2012). Pediatric Eating Disorders Program.

Marlene Traficante, M.S.W. (McMaster University, 2007). Child and Youth Mental Health Inpatient Service.

Sarah Watkins, Ph.D., C.Psych. (University of Calgary, 2011). Child and Youth Mental Health Outpatient Service.

## Available Clinical Psychology Placements at Hamilton Health Sciences 2018-2019

<b>Program</b>	<b>Pop'n</b>	<b>Level</b>	<b>Term(s)</b>	<b>Days/Week</b>	<b>Focus</b>	<b>Supervisor(s)</b>
CYMH* Outpatient Service	Children/ Adolescents	MA or PhD	Fall/Winter	2 days/week	Assessment and/or Intervention	Drs. Ashley Legate and Katie Lok
	Children/ Adolescents	MA or PhD	Summer 2018	2-4 days/week	Assessment (MA) Assessment and/or Intervention (PhD)	Dr. Paulo Pires**
CYMH* Regional Outreach and Access Program	Children/ Adolescents	MA or PhD (PhD will be preferred)	Fall/Winter	2 days/week	Assessment	Dr. Jennifer Cometto
Child Advocacy and Assessment Program (CAAP)	Children/ Adolescents/ Families	PhD	Fall/Winter	2 days/week (T & W)	Assessment and Intervention	Dr. Angela McHolm
Michael G. DeGroote Pain Clinic	Adult	PhD	Fall / Winter	2 days/week	Assessment and Intervention	Dr. Laura Katz

\*CHYMH Program = Child and Youth Mental Health Program

\*\* To be co-supervised by a psychology resident

# Child Advocacy & Assessment Program (CAAP)

## Clinical Psychology Practicum Placement

### McMaster Children's Hospital, Hamilton, Ontario



## Who Are We?

The Child Advocacy and Assessment Program (CAAP) of McMaster Children's Hospital, now in its 25<sup>th</sup> year of service, provides assessment, consultation, and intervention services to children and caregivers where child maltreatment or parenting is an issue. Our team is composed of health professionals from varied disciplines including pediatrics, psychiatry, social work, nursing, child life, and psychology. We describe ourselves as an interdisciplinary team in that we share clinical responsible for our cases and make all clinical decisions through team consensus.

## Who Are Our Clientele?

The CAAP team accepts referrals typically from child welfare agencies across southern Ontario or from health professionals within the Hamilton Health Sciences hospital system. Our program services children aged infant to 18 years of age and their caregivers.

We also offer third party consultation to programs within our hospital, community-based agencies, schools, and to child welfare agencies where child maltreatment is a presenting concern.

## What Do We Do?

Our clinical services are organized into four portfolios and include assessment, intervention, consultation, and education/training.

### Comprehensive Assessments:

We offer comprehensive assessments of various sorts including: 1) *child maltreatment assessments* (i.e., team provides an opinion as to whether a child/youth has been exposed to one or more forms of maltreatment), 2) *impact of child maltreatment assessments* (i.e., team provides an opinion regarding the impact of a child's exposure to maltreatment on their physical, developmental, cognitive, and psychological functioning and recommendations regarding their current and future needs across domains), and 3) *parenting capacity assessments* (i.e., focus is on assessing parent(s)' capacity to meet a child's needs). The CAAP team also offers a *Medical Care Clinic* for children with a history of maltreatment or a high-risk profile. Physical exams and developmental screens are provided by physicians on our team.

### Intervention Services:

The CAAP team offers sexual assault follow-up and counselling for children/youth and their caregivers, individual therapy for child/youth exhibiting traumatic stress reactions or those with a complex trauma history, consultation to foster/adoptive parents regarding trauma-informed caregiving, a trauma training workshop series for caregivers and child welfare staff, and group intervention (e.g., emotion regulation skills-training for child-welfare involved youth).

Depending on the needs of our clients, our trauma-informed clinical practice can take various forms including psychoeducation, Trauma-Focused CBT, DBT-informed work, ACT, or emotion-focused counselling.

## Who Do We Train?

Education and training are a primary mandate for our program. In addition to offering professional training to our local service providers and caregivers, we regularly have learners join us on rotation (e.g., pediatric & psychiatry residents, social work students). Graduate students studying **child clinical psychology** are accepted at the **Ph.D. level** on practicum placement.

Practicum placements can be arranged for either a single term (e.g., fall vs. winter) or for longer training periods (e.g., September – May). Trainees are expected to commit two days/week to the placement and the length of stay will direct the nature of training opportunities available to the student.

Interested parties are asked to follow the application process outlined in the Hamilton Health Sciences Practicum Training brochure (p. 8). If you have questions about this placement, you are welcome to contact:  
**Angela McHolm, Ph.D., C.Psych.**  
**mcholm@hhsc.ca**

## additional information

### Michael G. DeGroote Pain Clinic

#### CLINIC LOCATION

This Program is offered at the **Michael G. DeGroote Pain Clinic** within the **McMaster University Medical Centre** located at:

1200 Main Street West  
Hamilton, Ontario L8N 3Z5  
Yellow Section, 4th Floor  
T: 905-521-2100 ext. 44621  
F: 905-577-8022  
[www.hhsc.ca/pain](http://www.hhsc.ca/pain)

Please visit the hospital website at [www.hhsc.ca](http://www.hhsc.ca) for directions and parking.

#### REFERRAL INFORMATION

**A referral from your family doctor is required.**

All referred patients must attend an assessment to determine their suitability for the program and care pathway.

The referral form and additional forms that need to be completed are on our website:

[www.hhsc.ca/pain](http://www.hhsc.ca/pain)

## helpful resources

### SELF-REFERENCE RESOURCES

- ① Chronic Pain Self Management Workshops: [www.takecontroltakecharge.ca](http://www.takecontroltakecharge.ca)
- ② Pain. Learning to Live Without It: [www.healthrecoverygroup.com](http://www.healthrecoverygroup.com)
- ③ Canadian Pain Coalition: [www.canadianpaincoalition.ca](http://www.canadianpaincoalition.ca)
- ④ Charting you Course through Unemployment: [www.amby.com/worksuite/unemployment\\_blues.html](http://www.amby.com/worksuite/unemployment_blues.html)
- ⑤ Canadian Pain Society (CPS): [www.canadianpainsociety.ca](http://www.canadianpainsociety.ca)
- ⑥ Chronic Pain Association of Canada (CPAC): [www.chronicpaincanada.com](http://www.chronicpaincanada.com)
- ⑦ Arthritis Society: [www.arthritis.ca](http://www.arthritis.ca)
- ⑧ Back Pain: [www.nlm.nih.gov/medlineplus/backpain.html](http://www.nlm.nih.gov/medlineplus/backpain.html)
- ⑨ Fibromyalgia and Chronic Fatigue Syndrome Canada: [www.fm-cfs.ca](http://www.fm-cfs.ca)
- ⑩ Help for Headache: [www.headache-help.org](http://www.headache-help.org)
- ⑪ Multiple Sclerosis Society of Canada: [www.mssociety.ca](http://www.mssociety.ca)
- ⑫ Neuropathic Pain: [www.actionontario.ca](http://www.actionontario.ca)
- ⑬ **I Only Say This Because I Love You:** How we talk can make or break relationships throughout our lives. Written by Deborah Tannen (New York Random House 2001)

## about the treatment team



### ABOUT YOUR TREATMENT TEAM

The Michael G. DeGroote Pain Management Clinic is an interdisciplinary program. Our professionals all share the same philosophy regarding the management of chronic pain.

#### STAFF YOU MAY BE WORKING WITH WHILE YOU ARE AT THE CLINIC:

- Administrative Staff
- Nursing Staff
- Nurse Practitioner
- Occupational Therapist
- Pain Specialist (medical doctor)
- Pharmacist
- Physician Assistant
- Physiotherapist
- Psychologist
- Social Worker

# Are you Living with Chronic Pain?

Learn Skills to **manage** your pain and improve the quality of your life by attending our group programs.

# VISION

Through exemplary care chronic pain patients will be empowered to improve their quality of life.

# MISSION

We are an interdisciplinary team with expertise in the management and treatment of chronic pain. As leaders in innovation and evidence based practices, our team works in collaboration with the patient, their family and referral sources.

Our goal is to support adaptive changes to improve daily functioning, productivity and overall quality of life.



## WHO SHOULD ATTEND?

This **group-based program** is for individuals who are interested in taking control of managing their pain.

## WHAT WILL I LEARN FROM ATTENDING?

- How chronic pain impacts sleep and the role of medication
- Relaxation methods to decrease tension.
- The importance of goal setting in improving your quality of life.
- The importance of fitness and proper body mechanics.
- How to pace and modify your daily activities.
- How your thinking impacts the way you feel.
- Learn the importance of communicating effectively with others.

## about the program



## THE PROGRAM WILL:

- Improve your understanding of chronic pain and the factors that influence your ability to live a healthier, more active lifestyle.
- Assist you in learning ways to identify, manage and reduce stress and tension in your body.
- Enhance existing treatment or programs that you are currently involved in.
- Teach you the basics of managing chronic pain.
- Provide you with resources that are available in the community

## PROGRAM BENEFITS

- Better understanding of your pain experience
- Improved coping skills
- Improved function
- Improved sleep
- Decreased muscle tension
- Feel happier, more relaxed
- Feel more in control

## WHAT TO EXPECT AT ORIENTATION

- Large group information session
- Learn about services offered at the Michael G. DeGroote Pain Clinic
- Receive an overview of the Interdisciplinary Pain Program
- Opportunity to book an Allied Health assessment

how the program can help

## WHAT TO EXPECT AT YOUR ALLIED HEALTH ASSESSMENT

A **1 hour assessment** with an allied health professional. This may be a Social Worker, Physiotherapist, Occupational Therapist, Nurse or Pharmacist.

You can expect to be here for **2 hours**.

## WHAT TO BRING TO YOUR FIRST APPOINTMENT

- 1 A list of current medications.
- 2 The forms that were provided to you to complete.

### PLEASE NOTE:

You will see a pain physician. This appointment will be scheduled at a future date.

Participants are given the opportunity to directly participate in group education classes, relaxation training and weekly goal setting exercises.

**EMPOWERING PATIENTS**  
TO IMPROVE THEIR QUALITY OF  
LIFE THROUGH EXEMPLARY CARE.



Lakeridge  
Health

**PRACTICUM PROGRAM  
IN ADULT CLINICAL PSYCHOLOGY,  
EATING DISORDERS,  
& CLINICAL DEVELOPMENTAL PSYCHOLOGY**

**2018 – 2019**

**ADULT MENTAL HEALTH PROGRAM,  
EATING DISORDERS PROGRAM,  
AND  
CHILD YOUTH AND FAMILY PROGRAM**

**LAKERIDGE HEALTH OSHAWA**

## **ABOUT LAKERIDGE HEALTH**

Lakeridge Health is an amalgamated health care system consisting of 5 hospital sites, 4 Emergency Rooms, and some community clinics. Lakeridge Health Oshawa (LHO) is the largest of the five hospital locations. Lakeridge Health is located in Durham Region and services both large cities and smaller northern towns with general east/west boundaries of Cobourg and Ajax respectively. Lakeridge Health Oshawa is one of the busiest acute care community hospitals in Ontario.

## **PRACTICUM IN ADULT CLINICAL PSYCHOLOGY**

### **Adult Outpatient Mental Health Programs**

This program provides a number of possible concentration areas and will be individualized for each practicum student according to student goals, student interests and staff availability.

#### **Adult Outpatient Service**

The Adult Outpatient Service is currently staffed by a full time and part-time psychologist and a social worker. The service offers individual and group psychotherapy to adults age 18 or older. Psychotherapy groups with an interpersonal/process focus are currently offered. Patients present with a wide range of anxiety, mood and personality disorders and often have experienced abuse or other trauma. Most referrals are received from other services within the Mental Health Program (crisis, psychiatry, mental health day treatment, Pinewood addiction services and the inpatient mental health unit). Approaches to treatment are trauma informed (stage model) and include Emotion-Focused Therapy (EFT), Dialectical Behaviour Therapy (DBT), and Cognitive Behavioural Therapy (CBT).

**Practicum students will have opportunities, depending on previous experience and skill level, to conduct diagnostic interviews, comprehensive psychological assessments, provide individual therapy, co-lead a group, and consult with other professionals in the hospital and in the community. Students will participate in regularly scheduled meetings within this service.**

#### **Early Psychosis Intervention Program (EPI)**

The Early Psychosis Intervention Program (EPI) is a specialized multidisciplinary program that provides early intervention to young people from 14-34 years of age experiencing a first episode of psychosis. There is evidence to show that there is improved clinical outcome when comprehensive clinical assessment and intervention occurs as quickly as possible following the onset of psychosis. The longer the delay in treatment, known as the “duration of untreated psychosis”, the poorer the clinical outcome. Early intervention may prevent the significant biological, social and psychological deterioration that can occur in the early years following the onset of a psychotic disorder.

**Practicum students will have opportunities to assist with diagnostic assessments in this service. They will also be encouraged to work collaboratively with other members of the team as they provide treatment to our clients. Service modalities include individual, group, recreation therapy and family education and support.**

### **Interact Community Mental Health Program**

Interact is an outpatient service for clients 18 years and older, staffed by an interdisciplinary team consisting of a psychologist, occupational therapist, and social worker. The goal of the program is to provide psychotherapy groups for clients with diagnoses of depression and anxiety. There are a range of clinical services including CBT for depression, relaxation, anxiety management, DBT skills group, and an OCD group. Referrals are received from community physicians and mental health professionals.

**Practicum students will have opportunities to provide assessments, co-lead a group, and consult with other professionals in the hospital and in the community. Students will participate in regularly scheduled meetings within this service.**

### **Educational Opportunities**

- Attendance at clinical team meetings and psychology rounds
- Opportunities for formal and informal case presentations
- Occasional opportunities to attend workshops conducted by outside clinicians and sponsored by the hospital

### **Supervision and Evaluation**

Practicum students will receive 1-2 hours of individual supervision weekly. Practicum students are encouraged to consult with other psychology staff and members of other disciplines working within the various programs. All work completed by the student is reviewed and co-signed by the supervisor, a registered psychologist with the College of Psychologists of Ontario.

At the outset each student and supervisor will jointly develop specific goals for the practicum. These will be based on student needs and interests. Practicum students will be evaluated mid-way through the practicum and again at the end of the practicum.

## **PRACTICUM IN EATING DISORDERS**

### **Outpatient Eating Disorders Program**

The Eating Disorders Program (EDP) is a specialized interdisciplinary outpatient program that provides assessment and treatment to children, adolescents, and adults with eating disorders. The team is staffed by psychologists, dietitians, social workers, and a nurse practitioner. Patients are typically referred by their primary care provider or through internal referral from another hospital program.

The EDP provides comprehensive interdisciplinary assessment to patients experiencing eating related difficulties for the purpose of diagnostic clarification and treatment planning. Treatment is tailored to meet the needs of the patient and consists of individual, group, and family treatment, in addition to nutritional and medical support, all of which are based on best practice guidelines for working with this population. The program provides the unique opportunity to gain clinical experience working with patients suffering from eating disorders across the age ranges, and at different levels of severity and stages of recovery. Practicum students will have the opportunity to complete diagnostic interviews, participate in treatment planning, provide individual, group and family therapy, and participate in interdisciplinary case review meetings.

### **Supervision and Evaluation**

Practicum students will receive 1 hour of individual supervision weekly. In addition, live supervision is provided whenever a student is providing direct service to clients. Moreover, practicum students are encouraged to consult with other psychology staff and members of other disciplines working within the various programs. All work completed by the student is reviewed and co-signed by the supervisor, a registered psychologist with the College of Psychologists of Ontario.

At the outset each student and supervisor will jointly develop specific goals for the practicum. These will be based on student needs and interests. Practicum students will be evaluated mid-way through the practicum and again at the end of the practicum.

## **PRACTICUM IN CLINICAL-DEVELOPMENTAL PSYCHOLOGY**

### **Child Youth and Family Program (CYFP)**

**PLEASE NOTE:** The CYFP will not be taking a student for 2018-2019

The CYFP currently provides outpatient services, a day-hospital program, brief crisis stabilization services, and inpatient services.

#### **Outpatient**

The Child, Youth and Family Outpatient Team is staffed by psychiatrists, psychologists, social workers, and an occupational therapist. It provides service to children and adolescents between 5 and 18 years of age who are experiencing acute and severe struggles with mental health. This population is referred by family physicians or from other Child, Youth and Family services. The Outpatient Team offers assessment and psychotherapy to individuals, families, and groups. In addition, staff members regularly engage in case consultation with community agencies and local schools. **Practicum students will have the opportunity to complete clinical interviews, comprehensive psychological assessments, individual, group and family therapy, and participate in both team meetings and peer consultation sessions.**

#### **Intensive Ambulatory Program (IAP)**

The IAP is a day hospital program designed to meet the treatment needs of youth who do not require hospitalization, but who are also not amenable to traditional outpatient services due to the intensity of their mental health needs and the extreme limitations of their level of functioning. The program treats adolescents over the age of 12. Referrals to this program may come from family physicians, or from other components of the CYFP. This full-day school and treatment program is tailored to the individual needs of the client, but the typical length of stay is 8 to 12 weeks.

**Practicum students will have the opportunity to co-facilitate treatment groups, engage with the youth in the milieu, and participate in the multidisciplinary team rounds. Depending on staff availability, co-therapy opportunities may be possible.**

#### **Urgent Care**

The Urgent Care program is designed to provide rapid assessment and brief treatment services to children, youth and families who present to the emergency room of the hospital in crisis but an assessment determines that hospitalization is unwarranted. Clients may be seen for up to four sessions in order to stabilize the crisis and then the client/family is referred to another program or discharged. **There are no opportunities for practicum students to do rotations through urgent care although some observation may be possible if desired.**

## **Educational Opportunities**

- Attendance at Clinical Consultation Meetings (Outpatient)
- Attendance at weekly rounds (IAP)
- Opportunities for formal case presentations
- Occasional opportunities to attend workshops conducted by outside clinicians and sponsored by the hospital.

## **Supervision and Evaluation**

Practicum students will receive a minimum of 1 hour of individual supervision weekly.

In addition, live supervision is provided whenever a student is providing direct service to clients. Moreover, practicum students are encouraged to consult with other psychology staff and members of other disciplines working within the various programs. All work completed by the student is reviewed and co-signed by the supervisor, a registered psychologist with the College of Psychologists of Ontario.

At the outset each student and supervisor will jointly develop specific goals for the practicum. These will be based on student needs and interests. Practicum students will be evaluated mid-way through the practicum and again at the end of the practicum.

## **APPLICATION PROCESS** **(FOR ADULT & EATING DISORDERS PLACEMENTS)**

### **Qualifications**

Doctoral students may be accepted for either assessment or intervention practica (or a combination thereof). Occasionally, Master's level students are accepted for practica. Although students seeking a third / advanced practicum are able to apply, preference is often given to students seeking early practicum opportunities. Students are not expected to have prior experience beyond their course work and program requirements. The supervisor will tailor the practicum experience to meet the needs and goals of the student.

Full-time pre-doctoral internship applicants may be accepted within the adult mental health programs only. At present, this internship is not CPA-Accredited and is unpaid.

### **Application Procedure**

Interested applicants should submit the following:

1. A curriculum vitae
2. A letter outlining the applicant's reasons for being interested in a practicum at Lakeridge Health. Please specify whether you are applying for an eating disorders or adult placement and address your application accordingly (see below). In your letter, please outline your specific practicum goals. Students applying for an intervention practicum or internship are asked to highlight their preferred theoretical orientation(s) (and why), as well as the types of therapy they hope to learn (and why).
3. A letter of recommendation from a psychologist who is very familiar with the applicant's clinical skills and academic performance.
4. A graduate transcript or copy of such.

Qualified applicants will be contacted to arrange an interview.

**Please send Adult Mental Health Program applications to:**

Amberley Buxton, Ph.D., C. Psych.  
Psychologist  
Lakeridge Health  
The Whitby Mall  
1615 Dundas St. E., Lang Tower  
Suite W214  
Whitby, Ontario L1N 2L1

Tel: (905) 576-8711 ext. 6245  
Email: [abuxton@lakeridgehealth.on.ca](mailto:abuxton@lakeridgehealth.on.ca)

**Please send Eating Disorders Program applications to:**

Kelty Berardi, Ph.D., C. Psych.  
Psychologist  
Lakeridge Health  
850 King St. W.  
Oshawa, Ontario L1J 2L5

Tel: (905) 576-8711 ext. 6421  
Email: [kberardi@lakeridgehealth.on.ca](mailto:kberardi@lakeridgehealth.on.ca)

**The Child, Youth and Family Program will not be taking a student for 2018-2019. Please direct questions regarding future placements to:**

Emily Simkins-Strong, Ph.D., C. Psych.  
Psychologist  
Child, Youth and Family Program  
Lakeridge Health  
1 Hospital Court  
3<sup>rd</sup> Floor, A Wing  
Oshawa, Ontario L1G 2B9

Tel: (905) 576-8711 ext. 4534  
Email: [esimkinsstrong@lakeridgehealth.on.ca](mailto:esimkinsstrong@lakeridgehealth.on.ca)

**Deadline for applications: to be determined**  
**(please check with your training director  
regarding common application deadline)**

**LUTHERWOOD**

285 Benjamin Rd.  
Waterloo, ON; N2J 3Z4  
Phone: (519) 884-1470  
Fax: (519) 886-8479

Website: <http://www.lutherwood.ca>

**Contacts:**

Karen MacLeod, Ph.D., C. Psych.  
[kmacleod@lutherwood.ca](mailto:kmacleod@lutherwood.ca)  
(519)884-1666, x2287

Pamela Beharry, Ph.D., C. Psych.  
[pbeharry@lutherwood.ca](mailto:pbeharry@lutherwood.ca)  
(519)884-1666, x 1124

Lutherwood is a children's mental health centre accredited by the Canadian Centre for Accreditation (CCA). Lutherwood provides a range of mental health interventions to children, adolescents and their families. Clients are typically experiencing moderate to severe behavioural, emotional or mental health difficulties. Services include residential treatment, day treatment, youth justice services, and outpatient assessment, intervention, and consultation.

**Psychologists at Lutherwood provide assessment, therapy and consultation to various community partners and agencies, including:**

- Assessments of and consultations about children and adolescents in the care of Family and Children's Services of Waterloo Region (Children's Aid)
- Individual therapy through the Sexual Abuse Treatment Program for children and adolescents who have been victims of sexual abuse and/or have demonstrated inappropriate sexually acting out behaviours
- Individual therapy for children and adolescents who are in the care of Family and Children's Services (foster care)
- Court-ordered assessments for Waterloo and Wellington youth courts
- Counseling and assessment to youth who are on probation under the YCJA
- Counselling to youth who are involved with a Diversion Program within the youth justice system
- Consultation to a developmental service agency that provides life span services to individuals with developmental disabilities and co-existing psychological problems
- Consultation, group intervention, and assessment services for programs for children with Autism Spectrum Disorders

**Psychologists also provide a limited amount of assessment, therapy, and consultation to our residential and day treatment programs, including:**

- **Woodlands:** In the Woodlands program, youth between the ages of 12 and 17 who are experiencing significant mental health issues reside at the treatment centre from Monday to Friday and spend weekends in their homes or foster placements. The length of stay in Woodlands is typically four to six months.

- **Bridgelands:** Length of stay is longer in the Bridgelands program, which is a seven-day per week residential program serving high-needs, hard to place adolescents from across the province and, occasionally, other parts of the country.
- **Day Treatment:** Our two Day Treatment programs are treatment and education orientated classrooms, operating during regular school hours for distressed youth between the ages of 12 and 17 who are living in Waterloo and Wellington Counties. This program is offered in partnership with the Waterloo Region District School Board.
- **Parklands - Open Custody:** The Open Custody program provides treatment services to adolescents who have incurred charges under the Youth Criminal Justice Act and have been sentenced to a period of custody by the courts.

The Lutherwood setting is a fast-paced, rich learning environment for students interested in working with a high-needs, complex youth population. A high proportion of the clients we serve have maltreatment or loss backgrounds and as such, trauma issues are frequently a component of assessment, planning, and treatment. In addition, the placement offers the opportunity to learn about systems issues through working with an array of service partners including child protection, youth justice, education, and other mental health professionals.

### **Practicum Opportunities**

Lutherwood has a complement of four registered psychologists. Lutherwood is the host agency to the Waterloo Region Psychology Consortium, which offers a CPA-Accredited full-year residency for doctoral students nearing completion of their training. In addition, Lutherwood offers practicum placements for students in the second or third year of their graduate training programme. Given the complex nature of work at this setting, Lutherwood is typically most appropriate for students completing a second practicum placement or having significant previous clinical experience. Students may work with us full-time over a four month period, or part time over an eight month period.

We endorse the following objectives for practicum training:

- Practicum training should facilitate the development of the following important capacities:
- an understanding of and commitment to professional and social responsibility as defined by the statutes of the ethical code of the profession
  - the capability to conceptualize human difficulties
  - awareness and respect of the full range of human diversity
  - an understanding of one's own personality and biases and of one's impact upon others in professional interaction
  - skill in interpersonal interactions and professional activities such as systematic observation of behaviour, interviewing, administration and interpretation of psychometric measures, behavioural interventions, psychotherapy, counselling, and consultation
  - commitment to and ability to integrate scientific evidence into clinical practice
  - the ability to contribute to current knowledge and practice

Practicum training plans are individualized to meet student interests and training needs as much as possible. Each student or intern is assigned to work with a primary supervisor who will oversee his/her training plan, but also has opportunities to work with other psychologists or professionals within the facility.

Placement activities include conducting comprehensive psychological assessments involving examination of cognitive profiles, academic skills, social and emotional functioning, and diagnostic issues. Applicants who apply should have knowledge of and experience with a variety of assessment techniques and standardized test batteries.

In addition to assessment experience, students may also have an opportunity to provide individual or group therapy, dependent on a number of factors including the student's training background and experience level, length of placement, and availability of opportunities at the time. Students also have the opportunity to shadow psychologists or participate in consultations to outside agencies regarding clients with complex needs.

### **Eligibility**

Practicums at Lutherwood are most fitting for students who have completed at least one previous clinical practicum. Eligible students will have completed a minimum of one year of master's level training (likely more), with courses in child assessment, school psychology and/or psychopathology. Students from programmes with a primary clinical orientation are best prepared for the practicum.

### **Learning Goals**

Interns and supervisors meet early in the practicum to negotiate specific learning goals. These goals are used to guide the intern's clinical assignments during the practicum. The goals are also referenced in an evaluation at the end of the practicum.

### **Compensation**

At present there is no provision for compensation for students on practicum placements at Lutherwood.

### **Evaluation**

During the course of the practicum, it is advisable for the primary supervisor to make some contact with the university faculty supervisor to discuss progress of the training. Upon completion of the practicum, evaluations required by the students' training programmes are completed. Should the programme itself not provide an evaluation form, a letter addressing the student's strengths, weaknesses and learning experiences is forwarded to the university.



# **Practicum Program in Psychology**

**Practicum Program Coordinator:  
Rosa Ip Ph.D., C.Psych**

**2018 - 2019**

# **Practicum Program in Psychology**

## **2018 - 2019 Academic Year**

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# I INTRODUCTION

## About Ontario Shores

Ontario Shores is a leader in mental health care, providing a spectrum of specialized assessment and treatment services for people living with mental illness. Patients benefit from a recovery-oriented environment of care, built on compassion, inspiration and hope. Ontario Shores engages in research, education and advocacy initiatives to advance the mental health care system.

Employing over 1,100 staff, Ontario Shores Centre for Mental Health Sciences is accredited by Accreditation Canada; operates with the support of Ministry of Health and Long-Term Care and Local Health Integration Networks (LHINs), and is regulated by the Public Hospitals Act, the Mental Health Act and other provincial and federal legislation.

Psychology staff are actively engaged in assessment (diagnostic, personality, cognitive and projective), consultation, program development, evaluation, research, interprofessional training, community outreach, crisis intervention, staff education, as well as family, couple, individual and group psychotherapy. The Psychology *Pre-Doctoral Internship Program* at Ontario Shores Centre for Mental Health Sciences (Ontario Shores) received accreditation by the Canadian Psychological Association in 2011.

## Mission

We provide leadership and exemplary mental health care through specialized treatment, research, education and advocacy.

## Vision

Our vision is bold and transforming. Ontario Shores is recognized by many as having an approach to mental health care and unique services that are focused on recovery, hope and inspiration through discovery.

**Recovering Best Health:** Our specialized care is focused on individual paths to recovery and mental wellness. Our highly skilled staff members are leaders in promoting optimum well-being. Our comprehensive services and innovative practices are integrated with our community partners.

**Nurturing Hope:** Our advocacy with the community eliminates the stigma of mental illness. Our commitment to care extends beyond the scope of client recovery to educating and informing our families and communities. We proudly embrace diversity and offer individualized care.

**Inspiring Discovery:** We are avidly leading new developments and research in collaboration with other organizations. We lead the international mental health care community in safety and innovative practices. Our relationships with the private sector provide unique opportunities to

be innovative.

## Core Values

We aim for **Excellence** - through leadership and learning, we achieve exceptional performance in all we do, while fostering an environment of optimism, hope and recovery.

We encourage **Innovation** - through research and creative approaches, we support the advancement of mental health care.

We value **Safety** - we provide a safe and healing environment for our clients and a sense of security for our patients' families, our employees and the community at large.

We **Respect** all individuals - encouraging diversity and treating everyone with dignity, while embracing the rights, beliefs, opinions and contributions of others.

We are a **Community** - we work together as one team and with families, providers and the public as our partners, while maintaining mutual trust, transparency and shared purpose to enhance our patients' quality of life.

## Historical Background

### The Beginning

In 1911, the architect, James Govan, working with a team of advisory psychiatrists, physicians and government officials, presented his design for the Whitby Hospital. Govan's design called for a series of 16 cottages, each housing approximately 70 patients, situated in a village-like setting amongst winding treed avenues. While the exterior design of the cottages was strongly influenced by German architecture, any other similarity stopped there. Canadian physicians worked closely with their architect to make sure the Whitby Hospital would offer a calmer and more humane atmosphere for patients than other institutions they had seen in their travels. The buildings must be situated in such a way, said the physicians, that all wards in all cottages receive some form of direct sunlight, even during the shortest days. An overhead view of the site plan indicates that Govan did exactly that. The main group of cottages faced south west, slightly back from the shore of Lake Ontario. To the east were views of Whitby Harbour; to the west, farmland and orchards; to the north east, the railroad station and further north, the Town of Whitby itself.

### Breaking Ground

In the initial building stages, prisoners from nearby Central Prison supplied much of the labour. During later stages of construction, paid labourers and mechanics worked for wages ranging from \$0.55 to \$1.00 per hour. To ease the transfer of building materials from the local railway station a mile to the north east, workers built a narrow gauge trunk-line across several fields of pasture into the construction site. As it turned out, this trunk-line became an invaluable aid in Whitby's first construction. From the outset, builders recognized the fact that enormous amounts of sand and gravel would be necessary to make the concrete needed for the

foundations of buildings. During the initial stages of construction they discovered a method of mechanically scooping this sand and gravel out of the Whitby Harbour and, by using the rail system, they were able to transport it easily from the shore to the sand-sifter where it was drained, sifted and mixed with cement to make concrete. Many of the necessities needed for building were taken care of right on the grounds. For instance, an on-site lumber mill turned out hundreds of windows and doors needed to meet the hospital's wood-work requirements, and an on-site farm, operated by government workers, provided all the meat, vegetables and milk necessary to feed construction workers. Later on, this same farm was operated by staff and patients, and provided supplies for the hospital population - a practice that continued well into the 1960s.

### **The Building Continues**

By October 1913, workers had completed foundations and erected walls to the second level for four cottages. Excavation of the dining hall was also well underway. At the end of 1913, seven months after construction had begun - approximately 220 workers were engaged on the site - over half of them prisoners. In 1914, war broke out. While construction continued on the hospital, progress was definitely slower. Over the next two years, however, as more and more buildings were completed, doctors transferred psychiatric patients from Toronto facilities to the space and fresh air that Whitby offered. By February 1917, large numbers of soldiers were returning from overseas. Many were badly wounded and needed intense, long-term treatment. Since general hospitals were not equipped to meet such needs, the Military Hospitals Commission made arrangements to lease patient cottages for the purpose of treating wounded soldiers. Between 1917 and 1919, an estimated 3,000 recuperating soldiers received care at what was temporarily renamed "The Ontario Military Hospital". By July 4, 1919, all had returned to civilian life.

### **Time Passes**

After the soldiers had left, the hospital was reopened in October 1919, as a psychiatric facility. From opening day, every available bed space was occupied. Work continued on various buildings until 1926. By 1927, administrators and other staff listed the official capacity of Whitby Psychiatric at 1,542 beds. In the years that followed, Whitby Psychiatric served a primary service area that at one time encompassed seven counties. Throughout the decades, tens of thousands of patients found solace, peace, refuge and healing at Whitby Psychiatric Hospital. And all things considered, the buildings held up very well. By the mid 1980s however, the writing was on the wall. Many of the cottages were deteriorating rapidly - a few, cited as unsafe and beyond repair, were permanently closed and secured. After almost 75 years of constant use, Govan's design no longer reflected the most up-to-date attitudes in the treatment of the seriously mentally ill within our society. The time had come to build a new hospital. On October 23, 1994, the hospital celebrated 75 years of service to consumers, their families and the communities with a rapidly growing primary service area of over 2.2 million people.

### **A New Building**

Construction of the new facility began in 1993 and was completed three years later. The initiatives included not only a new 483,000 sq. ft. state-of-the-art mental health facility but also significant investments in new acute care mental health beds in general hospitals and community mental health services throughout the hospital's primary service area. The new facility was the first new mental health facility built in Canada in over twenty-five years.

Designed by a consortium of three architectural firms, Crang and Boake/Cannon/Moffat Kinoshita, and built by Ellis-Don Construction, the new hospital reflected a residential style building concept and a philosophy of providing mental health services in a humane, safe and therapeutic environment. The project was managed by the Ontario Realty Corporation. The facility has received three international design awards from: 1) Modern Healthcare and the American Institute of Architects (1995), 2) American Institute of Architects New England (1994) and 3) The Boston Society of Architects (1994).

The facility was designed with eight interconnected buildings, separated by easily accessible landscaped courtyards and linked by a 1,400 foot long interior corridor. The use of skylights, windows and glass allows direct sunlight exposure to a multitude of areas. Eleven large artwork commissions, displayed throughout the facility, provide beauty and assist with patient orientation.

### **A New Era**

In 1997 the Ministry of Health and Long-term Care Hospital Services Restructuring Commission recommended that Ontario Shores (along with eight other provincial psychiatric hospitals) be divested and begin to operate under the Public Hospital Act. In these recommendations, Ontario Shores was slated to divest to a new, stand alone corporation and the other eight hospitals were to be divested to existing hospital corporations. Through the following years, Ontario Shores continued to develop, adding new clinical programs (Forensic Psychiatric Rehabilitation Unit, Neuropsychiatry Rehabilitation and Beacon House), improving those that we had, and continued to develop the skills and expertise of the staff. In 2004, the decision to divest Ontario Shores to a stand alone hospital governed under the Public Hospital Act was reaffirmed and work began on this ambitious project – resulting in a change in governance of Ontario Shores to a new, community Board of Directors as of March 27, 2006. A new era in mental health care in Ontario had begun.

### **New Era of Discovery, Recovery and Hope**

On June 11, 2009, before an audience of community stakeholders, partners, patients, staff and volunteers, The Board of Directors unveiled the current name and brand identity, along with a new mission statement at its annual general meeting.

The name was created to better reflect the hospital's expanded mandate, role and future directions.

### **Meaning of the Ontario Shores Brand**

**Ontario Shores** reflects the geographic scope of services and the spectacular location of the main campus that overlooks Lake Ontario. On a symbolic level, *shores* implies a safe place at the intersection of land and water, expressing the hospital's role in treating patients with serious mental illness and helping individuals on their journey to recovery.

**Centre for Mental Health Sciences** represents the organization's focus on scientific research and education to improve patient care. As a teaching hospital, it demonstrates the organization's role as a specialized mental health care provider using evidence-based best practices.

The new circular symbol subtly reflects the letter O and S within an image of a shoreline to demonstrate a path to symbolic recovery. The bright colours convey healing, optimism and hope. The use of earth tones reflects the natural environment and the warmth and compassion the organization has always been known for.

The tagline, *Discovery. Recovery. Hope.* encapsulates the organization's vision. The term 'discovery' expresses the important role self-discovery plays in the patient's journey to recovery, the organization's commitment to research and ongoing learning for its health professionals. Discovery, and the opportunity for recovery, is the basis of hope for patients, families and communities.

## The Town of Whitby



Our main facility is located in Whitby, Ontario. We also provide services in York Region, Scarborough, Toronto, Haliburton, Northumberland, Peterborough Counties and the City of Kawartha Lakes.

Whether you enjoy the soft sounds of nature, or prefer live entertainment, theatre and dining, Whitby has something for everyone. Bicycle paths along the waterfront, golf courses, ski hills, running clubs and other organized recreational groups are available to all members of the community.

A public transportation system, including bus and GO transit systems makes leisure and activities accessible to everyone.

Both public and separate elementary and post-secondary schools can be found throughout the growing Whitby community and surrounding neighbourhoods, as well as private schools and college and university campuses.

### Interesting Historical Facts about Whitby<sup>1</sup>:

Whitby is a town situated on Lake Ontario, 50 km east of Toronto in the Southern region of Ontario. The southern part of Whitby is urban while the northern section is more rural in nature. It was settled in the 1800's and a downtown business centre was founded by Peter Perry in 1836.

In 1833, the farmers of Whitby shipped their grain via the harbour to local areas. In the next decade, roads were built connecting Whitby, Lake Simcoe and Georgian Bay in order to facilitate trade between these areas. In 1852, the County of Ontario chose Whitby as their seat of government. A railway was created in the 1870s connecting Whitby, Port Perry, and Lindsay.

During WWII, Whitby was established by Sir William Stephenson (the "Man Called Intrepid") as a secret spy training facility, latter called "Camp X".

The current municipality of Whitby's borders were finalized in 1968 through the amalgamation of the Town of Whitby and Township of Whitby. These boundaries remained unchanged even when the Durham Region was formed in 1974. Whitby maintained its strong political connection by becoming the seat of government in Durham Region. Although people often erroneously consider Whitby to be part of the Greater Toronto Area, it is actually part of the greater Oshawa Metropolitan Area.

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<sup>1</sup> Please note that the information on the town of Whitby was taken from Wikipedia.

To find out further information on Whitby and surrounding communities, visit [www.whitby.ca](http://www.whitby.ca).

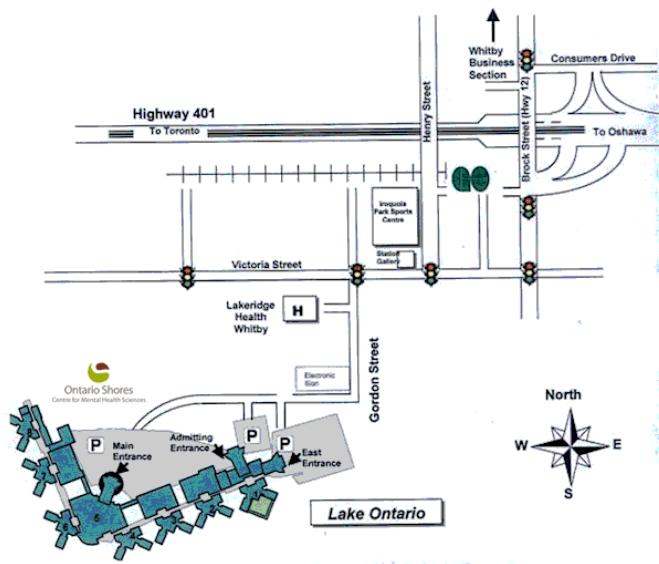
## Map and Directions to Ontario Shores

### Directions from Highway 401:

- Exit at Brock Street/Hwy 12 (exit no. 410) in Whitby (Note: If coming from Toronto, do not exit at Brock Road in Pickering)
- Turn south (left) onto Brock Street.
- Turn west (right) at the next signal lights onto Victoria Street and travel west to the second set of lights. You will pass the Station Art Gallery and the Iroquois Sports Park Centre.
- Turn south (left) on Gordon Street at the Hospital (Lakeridge & Ontario Shores) signs - continue past Lakeridge Health Whitby.
- Turn west (right) at the Ontario Shores sign. Continue on this road and turn into one of three parking lots.

### Directions from Whitby GO Station:

- Via Town of Whitby bus: Take Route #2 bus
- Via Car: Turn south onto Brock Street, Henry Street or Victoria Street and follow the instructions above.



## Parking

If desired, parking is available at Ontario Shores. Various payment options are noted on the website [www.ontarioshores.ca](http://www.ontarioshores.ca).

## II Overview of Program

### Training Philosophy and Goals

The primary aim of the Ontario Shores' Practicum Program in Psychology is to prepare practicum students to become competent and autonomous clinical psychologists. Practicum students will develop skills and knowledge in the areas of diagnosis, assessment, consultation, treatment, as well as professional and ethical issues. Students are expected to think critically not only about the services they offer to patients but also about the clinical decisions they make. These decisions are based upon data collected in the therapeutic and assessment context and supported by empirically supported research. As such, students are expected to develop core competencies in the following areas:

- 1. Assessment** - To develop each practicum student's competence in assessment, diagnosis, case conceptualization, and to provide recommendations for treatment and interventions. The expectation is that students will become proficient with the psychological assessments that are specific to their training rotations including: administration, scoring, interpretation, and communication of results from diagnostic interviews and psychological tests.
- 2. Consultation and Interprofessional Collaboration** – Practicum students are expected to develop the personal skills and attitudes necessary for practice as a psychologist within an interdisciplinary framework, including oral and written communication skills, consultation skills, and the ability to work competently with other healthcare professionals. Students participate on interdisciplinary teams, gaining experience in providing and receiving consultation to and from other professionals within the agency and with professionals from community agencies regarding the care and treatment of patients. This also provides students with an opportunity to engage in the multiple roles of a psychologist including clinician, teacher/supervisor, evaluator/researcher, administrator, and leader.
- 3. Intervention** - To ensure that students are competent in planning and providing a range of psychological treatments through individual, group, and family-based interventions. Students will understand the basis of treatment formulation including empirically supported interventions, development of treatment goals, and psychotherapeutic strategies. Students will demonstrate an understanding of the process issues related to intervention.
- 4. Professional Ethics and Standards** - Training aims to ensure that practicum students develop awareness, knowledge, and application of ethical and professional principles of psychology in clinical activities so that they will aspire to the highest ethical and professional standards in future professional roles. Students are expected to demonstrate a comprehensive knowledge and a keen sensitivity to professional ethics in terms of ethical standards, codes of conduct, different legislation relating to psychology and obligations under the law. Training aims to help prepare students for future registration with the College of Psychologists of Ontario.
- 5. Cultural Diversity** – Practicum students are exposed to patients and staff from diverse cultural backgrounds. Training focuses on becoming aware and sensitive to cultural and individual differences in the context of their work as psychologists.

**6. Professional Development** - Educational events at Ontario Shores are held on a regular basis and practicum students are invited to attend. Listings of educational opportunities include psychology seminars, grand rounds, forensic topics, and research seminars are distributed through Ontario Shores' E-weekly updates. Students are expected to participate in active learning by conducting and attending presentations and seminars, as well as keeping abreast of current literature. Practicum students are required to present one to two case studies and/or present their own research findings at psychology seminar meetings.

**7. Research** - To enhance the scientist-practitioner approach by training practicum students in evaluation research and/or exposing them to other forms of clinical research within a hospital setting.

**8. Supervision and Evaluation** - Supervision is provided by staff who are licensed to provide psychology services in the province of Ontario. Supervision is structured in order to meet the student's level of competence. Supervision activities are individualized to each student's specific training needs and entry-level skills. As competence increases, supervision becomes more consultative and collaborative in nature. Students are evaluated on their progress three months into the practicum as well as at the completion of their placement.

### **Structure of the Program**

The practicum program at Ontario Shores includes either one rotation over the course of the academic year of roughly two days per week, or a four-month full-time rotation. The total number of practicum hours required at Ontario Shores (e.g., 600 hours) is flexible based on academic requirements of the home university. At the time of application, practicum students are expected to indicate their interest in rotations. Every reasonable effort is made to assign students to a rotation of choice. However, this is not always possible due to student's interest and/or the need to ensure a broad-based clinical experience, and supervisor availability.

The Psychology Practicum Program at Ontario Shores is committed to the scientist-practitioner model. Students within our program are encouraged to anchor their clinical service in a thorough review of existing scientific literature and evaluate their interventions systematically. Although assessments may vary depending upon the specific referrals within each rotation, in general, students will be expected to demonstrate proficiency in psychodiagnostic assessment with clinical interviews, as well as behavioural, personality, cognitive, and neuropsychological assessment measures where appropriate. Our model of training allows for a diversity of experience that will enable students to develop both a sense of professional identity and the ability to work collaboratively in interdisciplinary treatment teams.

Specifically, the Practicum Program has identified six potential objectives with respect to psychodiagnostic assessment depending upon rotation choice:

- Students may develop competence in conducting comprehensive intake/diagnostic interviews. This includes obtaining comprehensive developmental histories, including both structured (e.g., SCID), semi-structured, and unstructured clinical interviews, and may include conducting family/parental interviews/assessments where appropriate.
- Students may develop competence in administering, scoring, and interpreting

- psychometric measures to assess behaviour, personality and social-emotional (e.g., MMPI-2-RF, PAI, MCMI-III) functioning.
- Students may develop competence in the administration and interpretation of standardized psychometric measures of cognitive/executive (e.g., WAIS-IV, WISC, D-KEFS) functioning and academic achievement (e.g., WIAT and WRAT). For students selecting a neuropsychological rotation, more specified exposure to a range of neuropsychological measures will be provided.
  - Students may develop competence in providing feedback, both oral and written, to patients, families, referring agents, community agencies, and members of interdisciplinary treatment teams.
  - Students may develop competence in independently planning and implementing comprehensive psychological/neuropsychological assessments that take into consideration relevant medical, developmental and social-contextual factors.
  - For those selecting a forensic rotation, students can be expected to demonstrate proficiency in conducting, scoring and interpreting empirically supported risk assessment measures as well as those based on structured clinical judgement (e.g., HCR-20<sup>v3</sup>). Students will develop a solid understanding of static and dynamic risk factors, and be able to develop comprehensive treatment recommendations based upon assessment outcome.

Practicum students at Ontario Shores will develop proficiency in the use of empirically and theoretically based approaches to therapy with a diverse patient population specific to their chosen rotations. This will include supervision and training in various psychotherapy modalities and may include individual, group, and in some cases, family therapy

The Practicum Program has identified five possible objectives with respect to psychological intervention depending upon rotation choice:

- Students may develop competence in conducting individual therapy with the patient population consistent with their chosen rotation. Depending upon the theoretical orientation of both student and supervisor, this may include development of skills in behavioural or cognitive/behavioural interventions, emotion focused therapy, psychodynamic therapy, or interpersonal approaches.
- Students may gain experience in conducting group based psychotherapeutic interventions with the patient population consistent with their chosen rotation. This may include process-oriented groups, structured behaviour and/or cognitive-behavioural interventions and skills-training groups.
- Students may develop competence in conducting family-based interventions. This may take the form of psychotherapy or consultation, depending on the training track.
- Students may develop competence in planning, implementing and monitoring interventions that take into developmental, medical and socio-contextual factors. Students may develop competence in evaluating treatment needs, therapeutic effectiveness and treatment process.
- Students will develop an awareness of client and therapist factors that affect treatment effectiveness.

## Didactic Educational Experiences

Practicum students spend at least one hour per week in didactic activities. There are many educational opportunities for students at Ontario Shores, both psychologically focused and interdisciplinary in nature. Aside from weekly supervision, students participate in monthly didactic seminars designed specifically for psychologists, case presentations, and professional development. Students are supported in their participation of professional development activities including professional lectures, workshops, seminars, as well as internal and external conferences.

### **Seminar Series**

Monthly seminars are provided by psychology staff at Ontario Shores. Through these seminars, practicum students can gain familiarity with the various areas psychologists work in at Ontario Shores, even if they are not in contact with them during their ordinary rotations. These seminars are structured to provide information relevant to assessment and treatment issues as well as to enhance the professional functioning of students. The Seminar Series includes topics such as professional development, ethics, assessing for risk, evidence-based treatment interventions, neuropsychology and licensure reflecting the range of interests by psychologists at Ontario Shores.

### **Clinical Case Presentations**

These seminars provide an opportunity for practicum students to consolidate their psychotherapy and assessment skills and to interact with licensed psychologists. Over the course of the year, practicum students are expected to present one to two cases (therapy/assessment), with the goal of examining specific clinical phenomena related to the practice of psychotherapy. These case conferences serve as a continuing forum for the discussion and exploration of personal issues relevant to psychotherapy process and outcome as well as serving to model for the student a variety of approaches to conceptualization and amelioration of emotional disorders. The psychology staff members participating in the case conference represent diverse perspectives and provide an important atmosphere relevant

### **Grand Rounds**

Grand Rounds occur on a weekly basis from September through to June and focuses on a variety of clinical and research topics related to mental health. Grand Rounds is considered to be one of the high points of learning and engagement within an academic health science setting that should be able to influence every health care professional and student in our organization. It also serves as a venue for leveraging and promoting our own internal leaders in clinical education, research and knowledge translation.

### **Supervision and Evaluation**

Each practicum student is assigned to at least one supervisor, who is a registered psychologist with the College of Psychologists of Ontario. At the beginning of the practicum, the student and their advisor set individualized written goals and objectives. Students are to meet with their supervisor for a minimum of one hour of supervision per week. Practicum students are assigned a supervisor based on their expression of interest and availability of the supervisor. Supervision can include discussion of clinical cases, professional development, observing and being observed while providing clinical services, and formal case presentations. Styles of supervision may vary and students can expect to learn from modeling, observation, feedback,

directed readings, ethical training, and professional mentorship. Supervision may be provided in individual and/or group formats, in addition to attending weekly interdisciplinary team meetings and case conferences.

Practicum students receive formal written evaluations on their progress three months into the practicum as well as at the completion of their placement. Input from practicum students is valued highly in our training program, students are asked to formally evaluate their supervisor and evaluate the training program as well. Supervisors also meet with the Practicum Coordinator at these periods of evaluation to discuss the student's progress, educational experience, caseload, ongoing professional development, and to review student's evaluation.

### **Due Process**

Due Process ensures that decisions made by programs about practicum students and/or supervisors are not arbitrary or personally-based. Due process requires that programs identify specific evaluative procedures which are applied to both students and their supervisors, and have appropriate appeal procedures available to each party. The student and supervisor may challenge the program's action.

General guidelines include:

1. Presenting practicum students with written documentation of the program's expectations related to professional functioning (code of conduct, behaviour, other)
2. Stipulating the procedure for evaluation, including when and how evaluations will be conducted (such evaluations should occur at meaningful intervals – at least one month following imposed sanctions)
3. Articulating the various procedures and actions involved in making decisions regarding problem, communication, early and often with graduate programs about how to address such difficulties
4. Instituting, with the input and knowledge of the graduate program, a remediation plan for identified inadequacies, including a time frame for expected remediation and consequences of not rectifying the inadequacies
5. Providing a written procedure to the student which describes how the student may appeal the program's action
6. Ensure that the student has sufficient time to respond to any action taken by the program.
7. Supervisor to document, in writing, and to all relevant parties, the action taken by the program and its rationale

### **Work Environment**

Practicum students are provided office space, phone extensions, computers with internet access, and various hospital and library resources.

### **Accessibility**

Ontario Shores Centre for Mental Health Sciences has a tradition of providing mental health care that is based on the principles of acceptance and inclusion. We apply those same

principles towards accessibility to ensure staff, patients, families and guests with disabilities feel accepted and included.

You are encouraged to contact the Practicum Coordinator early in the application process to address any questions you may have about the accessibility of our programs, services and facilities.

### **III Overview of Clinical Rotations**

The following clinical rotations are offered to practicum students:

#### **1. General Adult Track**

Primary Supervisor: Dr. Susan Vettor

The general adult track encompasses working on all three inpatient units (as listed below) and offers a unique training opportunity for students who are interested in gaining experience working with individuals with severe and persistent mental illness. Practicum students receive intensive training with administering, interpreting and writing comprehensive psychological reports along with the opportunity to provide feedback to clients, family members and staff. Assessments primarily address questions related to diagnostic clarification, co-morbidity, intellectual functioning and how such may impact community living. Additionally, students carry an individual therapy caseload and have the opportunity to co-facilitate groups. Students attend interprofessional clinical rounds on the units and attend weekly individual and group supervision.

- Young Adults Transitional Service (YATS)

YATS provides specialized programs to meet the unique emotional, physical and developmental needs of young adults experiencing psychosis. The recovery-focused program provides integrated treatment, improves understanding of psychosis and promotes wellness. YATS offers continued care for young adults as they transition into the adult healthcare system and the community. Family, school and peer involvement is balanced with a desire for independence and autonomy. Substance use is not a barrier to admission.

- Assessment Stabilization Unit (ASU)

ASU provides patients with short-term assessment and treatment, a high-level observation unit is included. Treatment is provided by an inter-professional team and includes psychiatry, general medicine, nursing, social work, occupational therapy, psychology and therapeutic recreation.

- Psychiatric Rehabilitation A (PRA)

PRA provides longer term stabilization and treatment. Staff assists in developing goal-oriented recovery plans that allow patients to reintegrate into the community.

#### **2. The Forensic Program:**

Primary Supervisors: Dr. Joanne Coutts, Dr. Andrea Gibas, Dr. Justine Joseph, Dr. Laura Leong, Dr. Marc Levi, and Dr. Lisa Marshall

The Forensic Program at Ontario Shores offers both clinical and forensic rotations. A variety of forensic services include medium and minimum inpatient units as well as outpatient services. Applicants are encouraged to identify their interest in the forensic program in their cover letter. Attempts will be made to accommodate specific interests regarding service and either clinical or forensic assessment/treatment.

Our forensic program provides interdisciplinary assessment, treatment, rehabilitation and community reintegration services to patients with complex mental illness who have come into contact with the criminal justice system. With individual recovery plans, patients can progress to a less restrictive environment and return to the community at the most independent level possible given public safety considerations and the limits of their defined Ontario Review Board (ORB) dispositions. In addition, the Forensic Program provides consultation, education and research services to Ontario Shores, its community partners and the broader mental health community on request.

Psychology Practicum students in the Forensic Program work with an interdisciplinary team to assist in the rehabilitation and management of a diverse group of forensic patients with a range of clinical concerns and criminogenic needs. Interns are involved in conducting assessments of risk for reoffending, cognitive functioning, personality functioning, as well as other psychological assessments that support treatment, management, and recovery planning. Additionally, students provide individual psychotherapy and facilitate group treatment programs with forensic clientele. Throughout the course of the practicum year, psychology students partake in clinical and professional educational opportunities pertinent to practicing in the law and mental health setting. Please note that successful applicants who match with the FOS service may have the additional opportunity to work in external clinics, running groups and conducting individual therapy. Sites include Newmarket and Scarborough.

### **3. Geriatric and Neuropsychiatry Program:**

The Geriatric and Neuropsychiatry Program (GNP) provides specialized geriatric, psychiatric and neuropsychiatry services including assessment, diagnosis and treatment in an environment that is least disruptive to patients to help them achieve their optimal recovery. Practicum students receive training in neuropsychological assessment, neurocognitive intervention, and neurobehavioural consultation of neuropsychological disorders. Additionally, they have the opportunity to be involved in neuropsychological consultations for adults and seniors across the hospital. Please note that the Geriatric Outpatient Service is located off-site and is approximately a three minute drive from the hospital. Please note that within the Geriatric and Neuropsychiatry program there are two potential rotations, if you are interested in any of these rotations please indicate your interest in the Geriatric and Neuropsychiatry program in your cover letter.

#### **a) Geriatric and Neuropsychiatry Outpatient Service**

Primary Supervisor: Dr. Sam Iskandar

- **Memory Clinic**

The Geriatric Memory Clinic is a multispecialty assessment service dedicated to the early diagnosis and treatment of dementia. The clinic provides: Comprehensive multispecialty assessment of dementia; Diagnosis information for the patients and their caregivers; early psychosocial intervention; and, Links to appropriate community support services.

- **The Geriatric Mental Health Clinic**

The Geriatric Mood Disorder Clinic is an interprofessional clinic dedicated to the assessment, diagnosis and treatment of individuals 60 years of age and older with established or suspected mood disorders. Services include comprehensive interprofessional assessment of geriatric depression, ongoing support and education for patients and families, and referral to appropriate community support services.

- **Neuropsychiatry Clinic**

The Neuropsychiatry Clinic is a multispecialty clinic dedicated to the assessment, diagnosis and stabilization of individuals who are diagnosed with an acquired brain injury or neurological disorder presenting with mental health concerns. The clinic provides neuropsychiatric consultation for individuals who reside in the community, including long-term care homes.

**b) GNP Inpatient Service**

Primary Supervisor: Dr. Rosa Ip

- **Geriatric Dementia Unit (GDU)**

The Geriatric Dementia Unit provides specialized services to meet the mental health needs of individuals 65 years of age and older with dementia who have challenging behaviours. An interprofessional healthcare team utilizes behavior management strategies and pharmacotherapy to achieve reintegration into the community or long-term care homes.

- **Geriatric Psychiatric Unit (GPU)**

The Geriatric Psychiatric Unit provides specialized services to meet the complex mental health needs of seniors 65 years of age and older with serious mental illness. GPU uses a blended approach of behaviour therapy and pharmacotherapy to address the assessment, diagnostic, treatment and transitional care needs of patients to reintegrate them into community or long-term care.

- **Neuropsychiatry Service (NPS)**

The Neuropsychiatry Service provides specialized consultation, assessment and treatment services for patients. NPS provides specialized services to meet the mental health needs of individuals with neuro-cognitive impairment and associated behavioural challenges.

Other Psychology Staff: Cheryl Young

**4. Outpatient Services:**

Teams within the outpatient department are concurrent capable and are comprised of members such as: Psychiatrists, Psychologists, Registered Nurses, Social Workers, Rehabilitation (Behaviour) Therapists, an Addictions Specialist, Transitional Case Managers, and a Nurse Practitioner. Please note that within our outpatient services there are four potential rotations and if you are interested in any of these rotations please indicate your specific preference(s) in your cover letter.

**a) Outpatient General Adult Track**

Primary Supervisor: TBD

Clinical work within this track incorporates the four services stated below.

- Shoppers Love You Women's Clinic

A multidisciplinary team provides focused consultations and time limited service (up to one year) to women requiring support with one of the following: Family planning, Pregnancy, Child rearing, Post-Partum Psychosis, Post-Partum Depression, PMS, Menopause, Medication induced hormonal changes. Psychology offers individual and/or group psychotherapy, psychological consultations, program evaluation, and psychological assessments (psychodiagnostic, cognitive, personality, trauma).

- Complex Anxiety and Mood Disorders

A multidisciplinary team provides a flexible out-patient service tailored to the individual needs of persons 25-65 years of age diagnosed with a mood or anxiety disorder. Individuals may demonstrate evidence of treatment-refractory illness and persistence of illness (present greater than six months) as well as evidence of impaired functional ability. Consultation and shared care services are also available. Psychology serves an important role within this team by providing psychological consultations, assessments (psychodiagnostic, cognitive, personality, trauma) and individual and/or group psychotherapy when appropriate.

- Complex General Psychiatry Service

A multidisciplinary team provides flexible services tailored to the individual needs of persons 18-65 years who have demonstrated complex clinical presentation that includes being diagnosed with multiple serious mental illnesses of complex presentation. There must be evidence of treatment refractory illness and persistence of illness (present greater than 6 months) as well as evidence of impaired functional ability. Psychology serves an important role within this team by providing psychological consultations, psychological assessments (psychodiagnostic, cognitive, personality, trauma) and individual and/or group psychotherapy when appropriate.

- Complex Psychosis Service

A multidisciplinary team provides flexible services tailored to the individual needs of persons 18-65 years of age diagnosed with a psychotic disorder. There must be evidence of persistence of illness (present greater than six months) as well as evidence of impaired functional ability. Consultation and shared care services are also available. Psychology serves an important role within this team by providing psychological consultations, psychological assessments (psychodiagnostic, cognitive, personality, trauma), and individual and/or group psychotherapy when appropriate.

b) **Borderline Personality Self-Regulation Clinic**

Primary Supervisor: Dr. Jane Mizevich

Using Dialectical Behavior Therapy (DBT) this program serves individuals, 25 years of age and older, who have been diagnosed with Borderline Personality Disorder and are experiencing difficulties managing their symptoms. The goals of this 1 year, twice weekly program includes: reducing symptomatology, maladaptive behaviours, and current psychological distress associated with BPD, decreasing frequency of admissions to in-patient units and ER visits, decreasing length of stay in in-patient services, increasing coping skills, and improving quality of life for individuals who have

been diagnosed with having BPD. Psychology offers individual and group psychotherapy (DBT), psychological consultations and assessments (psychodiagnostic, cognitive, personality, trauma), and program evaluation/ research opportunities.

c) **The Traumatic Stress Clinic**

Primary Supervisor: Dr. Lorraine Patterson

The Traumatic Stress Clinic provides specialized treatment and medication support, to individual 18 years of age or older who have experienced or witnessed trauma and are experiencing lasting symptoms with significant impairment in emotional, physical, social, vocational and relational functioning. The clinic seeks to provide a safe and respectful environment where the treatment team works in partnership with the client to teach the skills and process emotions to regain control of their life. Services include: an initial assessment to determine suitability for the clinic; trauma focused therapy (Cognitive Processing Therapy); psychiatric consults and medication management. Psychology practicum students working within the clinic provide trauma-focused assessments and triage clients; conduct a manualized treatment protocol; work within a multidisciplinary team; as well as, co-facilitate psychoeducation and skills training groups.

d) **Transitional Aged Youth Clinic**

Primary Supervisor: Dr. Graham Trull

The Transitional Aged Youth (TAY) Program bridges across several outpatient programs, serving the 16-25 year old age range. Psychology offers individual and group therapy services, as well as psychological assessment to teens and young adults. A multidisciplinary team including nursing, social work, occupational therapy and addiction services works together to provide care to clients with a range of presenting concerns.

## 5. Adolescents

The Adolescent Program provides a variety of services for youth from the ages of 12 to 18. Interdisciplinary teams work together to help the patients to address their difficulties through life skills assessment and instruction, goal-oriented planning, education and psychiatric stabilization. We provide assessment, consultation, treatment, rehabilitation and transition services for individuals experiencing serious mental illness allowing them to achieve the earliest successful community reintegration at the most independent level.

a) **Adolescent Outpatient Service (AOP):**

Primary Supervisor: Dr. Chantal Regis

The AOP service provides both direct service to youth with mental illness and consultation to community agencies, schools, group homes and other community resources. When working with youth, staff meet with patients onsite and/or in the community according the treatment plan objectives. Services provided include

psychiatric assessment and follow-up, psychological assessment and individual and family therapy and group interventions (DBT and CBT).  
Services are provided to adolescents 12 to 15.

b) **Adolescent Inpatient**

Primary Supervisor: Dr. Nadia D'Iuso

This unit offers adolescents both individual and group psychotherapy as well as psycho-diagnostic assessments to clarify their diagnosis. Students will have the opportunity to co-facilitate CBT and DBT groups for mood, anxiety, psychosis, and emerging personality disorders. Students will also have the opportunity to gain assessment experience on a wide battery of clinical and cognitive assessments. Interns will have the opportunity to provide consultation to the interdisciplinary team.

## **6. Eating Disorder Unit**

Psychology Staff: TBD

The Eating Disorder Residential Program (EDRP) is a 12 bed residential unit. This program provides specialized treatment for teens with an eating disorder in a safe and therapeutic environment. Patients admitted to the EDRP are between the ages of 12 and 17.5 years at the time of the referral, enrolled in school, and medically stable. They must have been previously treated in specialized eating disorder programs in their community with no continued abatement of symptoms. EDU is committed to a biopsychosocial, holistic approach to recovery and functions with a specialized interprofessional treatment team. Psychology offers comprehension psychological assessments, group therapy targeting cognitions and behaviours associated with eating disorders, consultation, and research involvement.

## **IV Application Process**

### **Prerequisites**

Preference will be given to applicants enrolled in CPA or APA accredited programs, although applicants from non-accredited programs will also be considered.

### **Application Procedure**

Applications for Ontario Shores Practicum Program in Psychology must include:

- Ontario Shores-specific application form
- Cover letter stating areas of interest and goals
- Curriculum Vitae
- Graduate transcript (unofficial transcripts are acceptable)
- Two Letters of Reference (originals received in signed/sealed envelope)
- CPR Level HCP (Health Care Provider) course and provide a certificate of completion.
- Mask fitting test

#### **Please direct completed applications or inquiries to:**

Vanessa Shier, Coordinator, Student Affairs  
Ontario Shores Centre for Mental Health Sciences  
700 Gordon Street (7-2078)  
Whitby, ON L1N 5S9  
Phone: 905-430-4055 Ext. 6704 or 800-341-6321 Ext. 6704 Fax: 905-665-2458  
Email: [shierv@ontarioshores.ca](mailto:shierv@ontarioshores.ca)

#### **Please direct any psychology practicum specific questions to:**

Dr. Rosa Ip, Psychology Practicum Coordinator  
Phone: 800-341-6321 Ext. 6274  
Email: [ipr@ontarioshores.ca](mailto:ipr@ontarioshores.ca)

**Please note: We abide by the GTA practicum match-day notification procedures. Dates vary year-to-year but generally, completed applications should be received no later than February 1st. Notification day has generally fallen around mid-to-late March. Please contact your Director of Training with respect to the established dates for this year. For out of province applicants, please contact Dr. Rosa Ip for this year's dates at [ipr@ontarioshores.ca](mailto:ipr@ontarioshores.ca). Late applications may be considered if spots are still available.**

## **Interview and Selection Procedures**

Candidates who have been selected for an interview will be notified within four weeks of application deadline. The applicant will meet with a potential supervisor. Details of the interview day will be distributed to individuals selected to attend. While an onsite interview is preferable, it is not required. In cases where an onsite interview is not feasible, a telephone interview will be scheduled in advance.

Applicants to programs are ranked according to several criteria including, and in no particular order:

1. The match between an applicant's clinical training interests and our practicum program
2. Breadth and depth of an applicant's assessment and treatment experience (particularly in areas related to the rotations offered in our program)
3. Reference letters from clinical supervisors
4. Impressions of the applicant's suitability and match with our program based on the interview

## **Privacy and Application Materials**

In accordance with federal privacy legislation (Personal Information Protection and Electronics Documents Act (<http://laws.justice.gc.ca/en/P-8.6>)), we are committed to only collecting information that is required to process your application. This information is secured with Psychological Services at Ontario Shores Centre for Mental Health Sciences and is shared only with those individuals involved in the evaluation of your practicum application. If you are matched with our practicum program, your application and CV will be available only to those involved in your supervision and training, including your rotation supervisors, the practicum Coordinator, and relevant administrative support staff and Human Resources staff at Ontario Shores Centre for Mental Health Sciences.

## Acceptance and Practicum Checklist

### Acceptance

Candidates will be notified by email of their acceptance on the GTA match day (typically mid-March).

### Checklist of Items Required Once Accepted Into the Program

The successful candidate will require the following before placement can commence:

- Original copy of the Criminal Record Check (CPIC) including vulnerable sector screening. The CPIC must be no older than six months prior to placement. Failure to present your CPIC could result in a delay in the start date of your practicum placement. Please note: It can take anywhere from 4-12 weeks to obtain the CPIC from your local police department.
- Applicant must be up-to-date with their immunizations (Hep B, measles, mumps, rubella, varicella immune status. TB results (2-step and yearly); if positive, a chest xray result within the last two years and an actual measurement of positive TB skin test recorded. The university keeps record of your immunizations.
- WEA form (Workplace Education Agreement; available from your university).
- Affiliation agreement between university and Ontario Shores, and Certificate of Insurance must be in place prior to placement.
- Matched practicum students who will be working in any of the following areas: Adolescent Outpatients, Integrated Community Access Program, Forensic Outpatient Service, Geriatric Outpatient Service **are required** to complete CPR Level HCP (Health Care Provider) training prior to placement. Practicum students in these rotations will be required to provide certificates of successful training.
- Matched practicum students are recommended to obtain liability insurance which can be purchased through BMS Group ([www.psychologybmsgroup.com](http://www.psychologybmsgroup.com))

## **V Accreditation**

The Clinical Psychology Predoctoral *Internship Program* at Ontario Shores Centre for Mental Health Sciences is fully accredited by the Canadian Psychological Association (through to the 2021-2022 training year). The program is also a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and the Canadian Council of Professional Psychology Programs (CCPPP).

**For more information on our accreditation status:**

The Canadian Psychological Association  
141 Laurier Avenue West, Suite 702  
Ottawa ON K1P 5J3

Tel: 1-888-472-0657

Web: [www.cpa.ca/accreditation](http://www.cpa.ca/accreditation)

## VI Psychology Faculty and Supervisors

### COUTTS, Dr. Joanne

Dr. Joanne Coutts received her Ph.D. in Applied Social Psychology from the University of Windsor in 1988. Dr. Coutts is a Forensic Psychologist, registered with the College of Psychologists of Ontario. Dr. Coutts began her career at the maximum secure forensic hospital Oak Ridge in 1989. She was primarily involved in the treatment and assessment of sex offenders at Oak Ridge. Dr. Coutts then worked for the Ministry of Correctional Services in a medium secure youth detention centre. She was involved in the treatment and assessment of young offenders at Brookside Detention Centre. In her current position at Ontario Shores, Dr. Coutts is part of the Forensic Program and conducts risk assessments for the Ontario Review Board. She is also involved in the treatment of forensic patients with respect to individual and group therapy.

At Ontario Shores Dr. Coutts is actively involved in research about the importance of social intelligence in effective problem solving in social situations.

### D'IUSO, Dr. Nadia

Dr. Nadia D'luso is a licensed psychologist with the College of Psychologists of Ontario, specializing in clinical assessment, differential diagnosis, and in the treatment of Anxiety, Mood, and Eating Disorders. Dr. D'luso obtained her Ph.D. from the University at Albany (SUNY) in May 2011 and her Master's degree from McGill University in 2005. Dr. D'luso has published research articles and a book chapter devoted to improving clinical supervision for trainees during the different phases of their training (e.g., practicum and internship). She has worked in hospital settings in Albany NY, Montreal, and now at Ontario Shores (April 2013) where she is presently the psychologist for the Adolescent Outpatient Services.

De Stefano, J., **D'luso, N.T.**, & Blake, E., Drapeau, M. (2007). Trainees' experiences of impasses in counselling and the impact of group supervision on their resolution: A pilot study. *Counseling and Psychotherapy Research*, 7, 42-47.

Ellis, M. V., **D'luso, N.**, & Ladany, N. (2008). State of the art in the assessment, measurement, and evaluation of clinical supervision. In A. K. Hess, (Ed.), *Psychotherapy supervision: Theory, research, and practice* (2<sup>nd</sup> Ed.). New York: Wiley

Hardy, J., Weatherford, R., Locke, B., Depalma, N., **D'luso, N. T.** (2011). Meeting the Demand for College Student Concerns in College Counselling Centers: Evaluating a Clinical Triage System. *Journal of College Student Psychotherapy*, 25 (3), 220-240.

## **GIBAS, Dr. Andrea**

Dr. Andrea Gibas received her Ph.D. in Clinical and Forensic Psychology from Simon Fraser University in 2011. She completed her Master's in Clinical Psychology at York University. Prior to joining Ontario Shores, Dr. Gibas worked within the Forensic Consultation Services in the Law and Mental Health Program at the Centre for Addiction and Mental Health, providing risk assessments, group and individual therapy to forensic clientele. Dr. Gibas previously worked in federal correctional jails, through Correctional Services Canada, providing crisis support, suicide and risk assessments, and individual therapy. Additional experiences include working as a victim support worker through Ottawa Police Services, working within forensic and clinical contexts as an intern through Alberta Health Services, conducting assessments with youth involved in the forensic system, and providing assessment and individual therapy to non-forensic adult populations. Dr. Gibas recently began at Ontario Shores working within the inpatient Forensic Program conducting risk assessments, general psychological assessments (e.g., cognitive), and individual therapy. Her current research interests include risk assessment, with specific interests in intimate partner violence, stalking/harassment, and inpatient bullying and aggression.

Blanchard, A. J. E., Reeves, K. A., & **Gibas, A. L.** (2016). Canadian contributions to violence risk assessment: Policy, practice, and future directions. In J. P. Singh, S. Bjorkly, & S. Fazel (Eds.), *International Perspectives on Violence Risk Assessment*. New York: Oxford University Press.

Belfrage, H., Strand, S., Storey, J., **Gibas, A. L.**, Kropp, P. R., & Hart, S. D. (2012). Assessment and management of risk for intimate partner violence by police: Association between risk ratings, management strategies, and recidivism. *Law & Human Behavior*, 36: 60 - 67.

Storey, J., **Gibas, A. L.**, Keeves, K. A., & Hart, S. D. (2011). Now that it has been built can people be trained? The evaluation of a training program on violence risk assessment. *Criminal Justice & Behavior*, 38(6): 554-564.

Kropp, P. R., & **Gibas, A. L.** (October 2009). The Spousal Assault Risk Assessment Guide (SARA). In

R. Otto & K. Douglas (Eds.), *Handbook of violence risk assessment tools*. New York: Taylor & Francis Group, LLC.

Desmarais, S. L., **Gibas, A. L.**, & Nicholls, T. L. (March 2009). Beyond violence against women: Gender inclusiveness in domestic violence research, policy, and practice. In C. Ferguson (Ed.) *Violent crime: Clinical and social implications*. California: Sage Publications.

## **IP, Dr. Rosa**

Dr. Rosa Ip is a licensed psychologist with the College of Psychologists of Ontario practicing in Clinical Neuropsychology. She obtained her Ph.D. in Brain, Behaviour, and Cognitive Sciences from York University, and completed her postdoctoral training at the Baycrest Centre for Geriatric Care. Her primary client groups are adults and seniors with neurological and neurodegenerative disorders. Prior to joining Ontario Shores, Dr. Ip worked in the Acquired Brain Injury and Geriatric Psychiatry Programs at Toronto Rehab from 1987 to 2003. She has published research articles on brain injury and neuro-rehabilitation outcome. Currently Dr. Ip works in the Geriatric and Neuropsychiatry Program, serving clients with neurological and psychiatric conditions. She also provides neuropsychological consultations to adults and seniors across the hospital. Dr. Ip is a member of the Canadian Psychological Association, International Neuropsychological Society, and Ontario Association for Behaviour Analysis.

Srivastava, A., McNeil, D., **Ip, R.Y.** (2013). *The Importance of Thalamic Connections: Cognition, Arousal and Behaviour in Thalamic Stroke*. Journal of Neuropsychiatry and Clinical Neurosciences, Vol. 25: No. 3, E63-E64.

**Ip, R.Y.**, Ghaffar, O. (2011-12). *Outcome measures on a neuropsychiatric inpatient unit*. Pilot research fund, Ontario Shores Centre for Mental Health Sciences.

**Ip, R.Y.**, Dornan, J., Brandys, C., & Hesch, P. (2000). *Traumatic brain injury: Causes, severity, and outcome*.

Brain and Cognition, 44 (1), 42-44.

**Ip, R.** (1998-2000) *Long-Term Outcome after Traumatic Brain Injury*. Research funded by the Ontario Neurotrauma Foundation.

**Ip, R.Y.**, Dornan, J., & Schentag, C. (1995). *Traumatic Brain Injury: Factors Predicting Return to Work or School*. Brain Injury, Vol. 9, No. 5, 517-532.

## **ISKANDAR, Dr. Sam**

Dr. Iskandar received his Ph.D. in Clinical Neuropsychology from the University of Windsor in 2014. He is a psychologist registered with the College of Psychologists of Ontario providing services in clinical psychology and neuropsychology. Prior to joining Ontario Shores, Dr. Iskandar completed his internship at the Centre for Addiction and Mental Health (CAMH), where he focused his training on neuropsychological assessment and Cognitive Behaviour Therapy for psychosis (CBTp) within the Complex Mental Illness Program, and Dialectic Behaviour Therapy (DBT) at the Borderline Personality Disorder Clinic. At present, Dr. Iskandar works in the Geriatric and Neuropsychiatry Outpatient Service where he conducts neuropsychological assessments, leads group Cognitive Behaviour Therapy for older adults

with mood and anxiety disorders as well as a group memory Intervention program for patients with Mild Cognitive Impairment and their family members. Dr. Iskandar also provides individual psychotherapy. Dr. Iskandar's research has focused on aging and cognition, including the effects of circadian rhythm on intra-individual variability in performance, as well as the mediating effects of working memory on various cognitive abilities that decline with age.

**Iskandar, S.**, Murphy, K. J., Baird, A. D., West, R., Armilio, M., Craik, F. I., & Stuss, D. T. (2016). Interacting effects of age and time of day on verbal fluency performance and intraindividual variability. *Aging, Neuropsychology, and Cognition*, 23(1), 1-17.

**Iskandar, S.**, & Baird, A. D. (2014). The Role of Working Memory and Divided Attention in Metaphor Interpretation. *Journal of psycholinguistic research*, 43(5), 555-568.

### **JOSEPH, Dr. Justine**

Dr. Justine Joseph completed her Ph.D. in Clinical Psychology at the University of Windsor and is a licensed clinical and forensic/correctional psychologist with the College of Psychologists of Ontario. Dr. Joseph is currently on leave from the Forensic Program at Ontario Shores Centre for Mental Health Sciences, where she specialized in conducting assessments for the purpose of diagnostic clarification, the detection of malingering, and the evaluation of personality functioning as well as providing individual treatment for a range of clinical issues including mood disorders, psychosis, and criminogenic concerns (e.g., anger, substance abuse) using cognitive behavioural and experiential therapy interventions. Prior to joining Ontario Shores, Dr. Joseph worked in private practice primarily conducting independent psycholegal and personal injury assessments, individual therapy for adult clientele, as well as consultation for capacity-building initiatives in local and global mental health contexts. Her research interests include: multicultural issues in assessment and treatment; pathways to mental health care for immigrant, refugee, and ethnoracial communities in Canada; and the assessment of personality functioning in forensic populations.

**Joseph, J.**, & Kuo, B.C.H. (2009). Black Canadians' Coping Responses to Racial Discrimination. *Journal of Black Psychology*, 35(1), 78-101.

Kuo, B.C.H., Chong, V., & **Joseph, J.** (2008). Depression and Its Psychosocial Correlates among Asian American Older Adults: A Critical Review of Two Decades' Research. *Journal of Aging and Health*, 20(6), 615 – 652.

### **LEONG, Dr. Laura**

Dr. Laura Leong is the Professional Practice Leader for Psychology. She is a licensed clinical and forensic psychologist, registered with the College of Psychologists of Ontario. She received her Ph.D. from Wayne State University in 2013 and she completed her pre-doctoral internship at Saint Elizabeths Hospital in Washington, DC. She completed her year of supervised practice at Ontario Shores, primarily working as the staff psychologist for two

minimum security forensic units. Currently, she is the unit psychologist for the medium security Forensic Assessment & Rehabilitation Unit (FARU). Her research interests include chronic pain, emotions, and relationships, for example, the importance of communicating empathy and validation in response to someone's pain and distress.

**Leong, L. E.**, Cano, A., Wurm, L. H., Lumley, M. A., Corley, A. M. (2015). A Perspective-Taking Manipulation Leads to Greater Empathy and Less Pain During the Cold Pressor Task. *Journal of Pain*, 16(11), 1176-85.

Cano, A., Leonard, M. T., **Leong, L.**, Castorena, A. M. (2013). Interpersonal communication research in the context of pain: Commentary on Couple perceptions of fibromyalgia symptoms: The role of communication. *Pain*, 154, 2245-2246.

Cano, A., **Leong, L.**, Williams, A., May, D. K., & Lutz, J. R. (2012). Correlates and consequences of the disclosure of pain-related distress to one's spouse. *Pain*, 153, 2441-2447.

Cano, A., & **Leong, L.** (2012). Significant others in the chronicity of pain and disability, in I. Hasenbring, A. Rusu, and D. Turk (eds.) *From Acute to Chronic Back Pain: Risk Factors, Mechanisms, and Clinical Implications*. Oxford: Oxford University Press.

**Leong, L.**, Cano, A., & Johansen, A. B. (2011). Sequential and base rate analysis of emotional validation and invalidation in chronic pain couples: Patient gender matters. *Journal of Pain*, 12, 1140-1148. \*Featured in Bottom Line/Health Newsletter, March 2012, 26 (3).

### **LEVI, Dr. Marc**

Dr. Levi received his Ph.D. in Clinical Psychology from York University in 2004. He is a licensed psychologist registered with the College of Psychologists of Ontario with a focus on clinical and forensic/correctional psychology. Prior to joining Ontario Shores, Dr. Levi was employed at the Ontario Correctional Institute from 2000 to 2004 where he provided group and individual psychotherapy as well as completed pre-parole risk assessments for the Ontario Parole Board. At present, Dr. Levi works in the Forensic Outpatient Service where he conducts risk assessments utilizing actuarial methods, structured clinical judgment, and an appraisal of dynamic risk factors. His clinical interests include cognitive behaviour therapy for psychosis, treatment for concurrent disorders, and dialectic behaviour therapy for forensic populations. Dr. Levi's research has focused on neuropsychological and personality differences within subtypes of aggression as well as investigating the potential contribution of psychological testing in the assessment of risk for violence. Recently, he completed a pilot study investigating neuroplasticity and brain fitness training within the forensic program at Ontario Shores.

Martin, E., **Levi, M. D.**, & Marshall, L. (2013). Cognitive Behavior Therapy for Psychosis – Inpatient Treatment Manual. (unpublished manuscript). Ontario Shores Centre for Mental Health Sciences, Whitby ON.

**Levi, M. D.**, Nussbaum, D., Rich, J. B. (2010). Neuropsychological and personality

characteristics of predatory, irritable, and nonviolent offenders: Support for a typology of criminal human aggression.  
*Criminal Justice and Behavior*, 37(6), 633-655.

Nussbaum, D., Wright, P., Melodick, S., **Levi, M.**, & Reixach, D. (1997). Computerized neuropsychological screening of forensic psychiatric inpatients using Microcog & the IVA. *Canadian Psychology*, 38(2a), 63.

### **MARSHALL, Dr. Lisa**

Dr. Lisa Marshall is a psychologist (clinical and forensic) registered with the College of Psychologists of Ontario and works in the Forensic Program at Ontario Shores. Dr. Marshall trained in Scotland receiving her Ph.D. from Glasgow Caledonian University and her Doctorate of Clinical Psychology from Glasgow University. Subsequently, she held a post-doctoral position at Simon Fraser University in British Columbia. Prior to joining Ontario Shores, Dr. Marshall held clinical forensic positions in maximum security hospitals, prisons, and the community, as well as academic positions teaching a range of clinical and forensic courses and supervising post-graduate students. Dr. Marshall particularly enjoys teaching and supervising students in forensic, clinical and research skills. Dr. Marshall's research interests are in the area of violence risk assessment and management and she is currently involved in several quantitative and qualitative research projects in this area both in the UK and Canada.

At Ontario Shores, Dr. Marshall has active research projects in the areas of violence risk prediction, institutional violence, staff and patient perceptions of violence, psychopathy, and, the utility of the SAPROF.

Penney, S.R., **Marshall, L.A.** & Simpson, A. (2016). The Assessment of Dynamic Risk among Forensic Psychiatric Patients Transitioning to the Community. *Law and Human Behavior*, Online First Publication, February 25, 2016. <http://dx.doi.org/10.1037/lhb0000183>

Vojt, G., **Marshall, L.A.** & Thomson L.D.G. (2014). Violence Risk Assessment and Management. In Mental Health and Scots Law in Practice; Thomson, L. & Cherry J. (2014). 2nd edition. Thomson Reuters, UK.

Vojt, G. Thomson, L. & **Marshall, L.** (2013) *The predictive validity of the HCR-20 following clinical implementation: Does it work in practice?* *Journal of Forensic Psychiatry and Psychology*, 24(3), 371-385.

Vojt, G., **Marshall, L.A.** & Thomson, L.D.G. (2012). *Researching violence risk at the State Hospital*. The British Psychological Society: Division of Clinical Psychology, 6, 28-32.

Vojt, G, Slesser, M., **Marshall, LA.** & Thomson, L. (2011) "The clinical reality of implementing formal risk assessment and management measures within high secure forensic care", Medicine, Science and the Law, 51: 220–227

Vojt, G., **Marshall, LA.** Thomson, L.D.G. (2010). "The Assessment of Imminent Inpatient Aggression: A Validation Study of the DASA- IV in Scotland". The Journal of Forensic Psychiatry & Psychology, 21(5), 789-800

### **MARTIN, Dr. Krystle**

Dr. Krystle Martin is a licensed psychologist with the College of Psychologists of Ontario. She obtained her Ph.D. in Counseling Psychology from the Ontario Institute for Studies in Education at the University of Toronto (OISE/UT) in 2012. For 2 ½ years, Dr. Martin worked in the Forensic Program at Ontario Shores on the Forensic Psychological Rehabilitation unit (FPRU) providing psychological assessment and treatment to patients under the Ontario Review Board. Clinically she relies heavily on Dialectical Behaviour Therapy (DBT) and Acceptance and Commitment Therapy (CT) to guide her interventions with clients. Her current role in the Research and Academics Department is as Research Scientist and Advanced Practice Psychologist. Her research interests include dynamic risk assessment, psychopathy, non-pharmacological interventions, and length of stay among forensic patients.

At Ontario Shores Dr. Martin is currently involved in several research projects including: (1) Do review tribunals consider protective factors in their decisions about patients found not criminally responsible? (2) The association between nurses' beliefs about change and behaviour on their patient documentation style in the forensic mental health system, and (3) PRN Therapy for Anxiety: Non-random two-site comparison of brief psychological therapy in reducing PRN administration.

**Martin, K.**, Stevens, A., Arbour, S. (accepted). The process of developing a co-design and co-delivery initiative for mental health programming. Journal of Psychosocial Rehabilitation and Mental Health.

**Martin, K.**, Arora, V., Fischler, I., Tremblay, R. (2017). An analysis of non-pharmacological interventions attempted prior to PRN (pro re nata) medication use International Journal of Mental Health Nursing. DOI: 10.1111/inm.12320

Ricciardelli, R. & **Martin, K.** (accepted). Why corrections? The role of self-realization, growing experiences and context conceptualization in the career trajectories of Canadian provincial correctional officers. Journal of Criminological Research, Policy and Practice.

**Martin, K.**, Arora, V., Fischler, I., Tremblay, R. (2016). A descriptive analysis of PRN (pro re nata) medication use at a Canadian psychiatric hospital. International Journal of Mental Health Nursing. DOI: 10.1111/inm.12265

**Martin, K.** & Martin, E. (2016). Factors influencing treatment teams' recommendations to

review tribunals for forensic psychiatric patients. *Behavioral Sciences & the Law*, 34(4), 551-563. DOI: 10.1002/bsl.2244

**Martin, K.** & Leach, Amy-May. (2013). Psychopathy and Deception Detection. *Personality and Mental Health*, 7(2), 154-159.

### **MIZEVICH, Dr. Jane**

Dr. Jane Mizevich is a psychologist registered with the College of Psychologists of Ontario with declared areas of competency in clinical and counselling psychology. Dr. Mizevich completed her Ph.D. in 2012 at the Ontario Institute for Studies in Education of the University of Toronto (OISE/UT). Dr. Mizevich both trained and worked at the Centre for Addiction and Mental Health and at the Centre for Student Development and Counselling at Ryerson University. In her clinical work, Dr. Mizevich takes a client-centred approach. While at the Borderline Personality Self Regulation Clinic Dr. Mizevich mainly uses Dialectical Behaviour Therapy with clients, she is also trained in Cognitive Behavioural Therapy (CBT), Emotion Focused Therapy (EFT) and Solution Focused Brief Therapy.

R Corbière, M., Lanctôt, N., Lecomte, T., Latimer, E., Goering, P., Kirsh, B., Goldner, E.M., Reinhartz, D., Menear, M., **Mizevich, J.**, Kamagiannis, T. (2010). A Pan-Canadian evaluation of supported employment programs dedicated to people with severe mental disorders. *Community Mental Health Journal*, 46(1), 44-55.

**Mizevich, J.** (2009). Adolescent girls' struggle with the disruptive effect of body weight as a determinant of their social worth. In O. Oulanova, I. Stein, A. Rai, M. Hammer, & P. A. Poulin (Eds.), *Within and Beyond Borders: Critical Multicultural Counselling in Practice* (Critical Multicultural Counselling Series). Toronto, ON: Ontario Institute for Studies in Education of the University of Toronto (pp. 93-101). Available at <http://www.oise.utoronto.ca/cdcp/Publications.html>.

Piran, N., Antoniou, M., Legge, R., McCance, N., **Mizevich, J.**, Peasley, E., & Ross, E. (2006). On girls' disembodyment: The complex tyranny of the 'ideal girl'. In D.L. Gustafson & L. Goodyear (Eds.), *Women, health, and education: CASWE 6th bi-annual international institute proceedings*. St. John's, NL: Memorial University [ISBN 0-0780928] (pp. 224-229). Available at [www.csse.ca/CASWE/Institute/Institute.htm](http://www.csse.ca/CASWE/Institute/Institute.htm).

### **PATTERSON, Dr. Lorraine**

Dr. Lorraine Patterson completed her Ph.D. in Clinical Psychology at the University of Saskatchewan in 2005. She is licensed as a clinical and counselling psychologist with the College of Psychologists of Ontario. In 2016 she joined the Outpatient Traumatic Stress Clinic at Ontario Shores, where her primary responsibilities include conducting assessments for the purpose of diagnostic clarification and the evaluation of patients' suitability for trauma-focused treatment, as well as providing individual therapy for treating Posttraumatic Stress Disorder, depression and other problems associated with trauma. As well, since 2011 Dr. Patterson has been employed as a civilian psychologist at CFB Trenton, where she works as part of an interdisciplinary team providing mental health services to members of the Canadian Armed

Forces. Prior to working in organizational settings, she worked full-time for several years in private practice conducting assessments, providing treatment to adults, adolescents, and children, and providing consultation to residential treatment facilities that service children and youth in care.

### **REGIS, Dr. Chantal**

Dr. Chantal Regis completed her Ph.D. in Clinical Psychology (Applied Developmental Emphasis) at the University of Guelph in 2016. She is currently completing her year of Supervised Practice for registration with the College of Psychologists of Ontario to work with children and adolescents. Dr. Regis completed her pre-doctoral internship at Eastern Health Regional Health Authority in St. John's NL with rotations in child and adolescent outpatient therapy, pediatric assessment, and trauma. Dr. Regis has worked in community mental health, Hospital outpatient, and private practice. Therapeutic approaches have included CBT, ACT, and Psychodynamic. Dr. Regis joined the Adolescent Outpatient Service in 2017 as the staff psychologist. She conducts psychological assessments individual and group therapy.

### **ROSENROT, Dr. Shaina**

Dr. Shaina Rosenrot completed her Ph.D. in Clinical Psychology (Applied Developmental Emphasis) at the University of Guelph in 2015. She is currently completing her year of Supervised Practice for registration with the College of Psychologists of Ontario to work with children and adolescents. Dr. Rosenrot completed her pre-doctoral internship at BC Children's Hospital in Vancouver, BC, with rotations in pediatric psychology, mental health, and developmental disabilities. Prior to completing her doctorate, she gained experience working in community mental health and private practice. Dr. Rosenrot joined the Eating Disorders Residential Program as their staff psychologist in 2015, where she conducts psychological assessments and provides group therapy. In addition to her work at Ontario Shores, Dr. Rosenrot also works for the Toronto District School Board as a psychoeducational consultant.

Lewis, S.P., **Rosenrot, S.A.**, & Messner, M. (2012). Seeking support in unlikely places: What people ask about non-suicidal self-injury online. *Archives of Suicide Research*, 16, 263-272.

Lewis, S.P., **Rosenrot, S.A.**, & Santor, D.A. (2011). Toward a social-cognitive model of self-harm: Identifying predictors of intent. *Canadian Journal of Behavioural Sciences*, 43, 20-29.

### **TRULL, Dr. Graham**

Dr. Graham Trull is a Clinical Psychologist, registered with the College of Psychologists of Ontario. He received his PhD from the University of Windsor in 2013. His clinical work has focused on both adult and older adolescent populations. Dr. Trull is currently working as part of the Transitional Aged Youth program, providing both assessment and treatment for 16-25 year-olds through a number of different modalities. Prior to joining Ontario Shores, he gained experience working in hospital outpatient settings, university counselling centres, and private practice. Areas of clinical focus have included mood and anxiety disorders, trauma-related difficulties and personality disorders. Therapeutic approaches have included CBT, DBT,

Emotion-Focused and Psychodynamic. Dr. Trull also has experience working with First Nations communities on collaborative research projects and providing therapy to Indigenous populations. Dr. Trull is currently involved in several research projects at Ontario Shores, including an evaluation of the effectiveness of the Unified Protocol for Transdiagnostic Treatment of Emotional Disorders (CBT-based therapy) among teens and the effects of internet-based strategies to support mental health clinicians' use of an effective psychotherapy for post-traumatic stress disorder.

### **VETTOR, Dr. Susan**

Dr. Susan Vettor received her Ph.D. in Counseling Psychology from Andrews University in 2002. She is a licensed psychologist registered with the College of Psychologists of Ontario with a focus on clinical and counseling psychology. Prior to joining Ontario Shores, Dr. Vettor was employed at Mohave Mental Health Centre from 2001 to 2003 where she provided both group and individual psychotherapy for patients deemed as having a serious mental illness. At present, Dr. Vettor works in the Assessment and Reintegration Program which encompasses three inpatient units (ASU, PRA and YATS) where she provides individual therapy and conducts assessments for diagnostic clarification and cognitive functioning. Her clinical interests include conversion disorder, the recovery model and cognitive behavioural treatment approaches. Dr. Vettor is the Internship Coordinator.

**Vettor, S. M., & Kosinski, F. A.(2000). Work-Stress Burnout in Emergency Medical Technicians and the Use of Early Recollections. *Journal of Employment Counseling*, 37, 216-227.**

### **YOUNG, Cheryl**

Cheryl Young received her Master's in Applied Psychology Degree from Laurentian University in 2014. She completed an Honour's Bachelor of Arts degree in Psychology, graduating from York University in 2011. During that time, she has worked as a psychometrist on several research projects. She was involved in a joint research study with the Baycrest Rotman Research Institute and York University in 2010-2011. She worked as a psychometrist on another project in 2012, examining the impact of shared book reading on children. In her current position at Ontario Shores, she works in the Geriatric Neuropsychiatry Outpatient Services, conducting memory-based assessments under the supervision of a registered psychologist.

Roy-Charland, A., Perron, M., **Young, C.**, Boulard, J., & Chamberland, J. (2015). The Confusion of Fear and Surprise: A developmental study of the perceptual-attentional limitation hypothesis using eye movements. *The Journal of Genetic Psychology*, 176.

# **Centre for Student Development & Counselling**

**Set in the heart of Ryerson's downtown campus, Ryerson is home to more than 35,000 full-time undergraduate students and 3,000 graduate students. Practicum and internship settings at Ryerson University provide exciting opportunities to work with an exceptionally diverse student body through the Centre for Student Development and Counselling.**

**The focus of training opportunities at Ryerson will include:**

- cognitive behavioural therapy for depression and anxiety disorders
- emotion focused therapy for depression, anxiety disorders and trauma
- group therapy training : CBT for depression, generalized anxiety or social anxiety; support for eating disorders, emotion-focused therapy targeting critic splits; mindfulness meditation for stress reduction; relationship lab; facing loss, etc.
- crisis intervention skills, suicide risk assessment training

**CBT:** Skill development will focus on formulating a collaborative case conceptualization incorporating predisposing and protective factors; using standard CBT session structure; forming and sustaining a positive therapeutic alliance; and following CBT treatment protocols.

**EFT:** Skill development will focus on use of empathy, building rapport, application of emotion theory to practice, and development of competence in a range of marker-driven emotion-focused therapy interventions.

The Centre for Student Development and Counselling provides direct service to over 3,000 students annually through individual and group therapy programs, psychoeducational workshops, and in-class presentations. A complete listing of current therapy programs may be viewed at the CSDC website at [www.ryerson.ca/counselling](http://www.ryerson.ca/counselling).

In addition to weekly individual supervision, practicum students and interns will be expected to participate in weekly microskills training, biweekly group supervision and monthly educational/professional development seminars.

Preference will be given to students with previous counselling experience and training in CBT or EFT. Please submit applications by February 1 for Practicum ( MA and PhD) 2 -3 days per week (academic year) or 4 days a week ( summer).



## Practicum & Internship Opportunities

- M.A. practicum
- Ph.D. practicum
- Pre-doctoral internship (through the Toronto Area Internship Consortium)

Preference given to students with Previous counselling experience and training in CBT or EFT

## Application Process

Please submit your application by February 1. Specify if you want to focus on either EFT or CBT training. We will shortlist and offer interviews during the month of February and early March for Practicum students. Please note that we accept practicum students for two days a week during the academic year, and 3 to 4 days a week over the summer (May to September).

Please provide a cover letter and CV identifying your goals, interests and relevant experience, along with 2 letters of reference.

## Site Description Placements Offered

Setting:  
**University Counselling Centre**

Populations Served:  
**University students**

Areas of Focus:  
**Individual Psychotherapy, Group Therapy**

Primary Models:  
**CBT, EFT and Group Therapy**

Specific Training Offered:  
**Individual Therapy and Group Therapy**

## Contact Information

Dr. Andrea Martin, C. Psych.  
Coordinator of Practicum and Internship  
Training Program, Ryerson University  
Centre for Student Development and Counselling  
350 Victoria Street,  
Toronto, Ontario, M5B 2K3.

Tel: (416) 979-5000, 1, ext. 6757.  
Email: [cscdpracticum@ryerson.ca](mailto:cscdpracticum@ryerson.ca)

[www.ryerson.ca/counselling](http://www.ryerson.ca/counselling)

**Application Deadline:**  
**February 1st**

# **SickKids®**

## **Centre for Community Mental Health**

Formerly, *The Hincks-Dellcrest Centre*

## **Intervention Practicum Placement in Clinical Child Psychology**

**2017-2018**

SickKids Centre for Community Mental Health, Toronto, ON, CANADA

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## About SickKids Centre for Community Mental Health

The **SickKids Centre for Community Mental Health (SickKids CMH)**, formerly, ***The Hincks-Dellcrest Centre***, is a multi-professional, non-profit, children's mental health centre located in Toronto, Ontario, Canada. The Centre provides primary prevention, early intervention, and clinical treatment services to infants, children, and youth (ages 0 – 18 years), and to their families and communities. The Centre's services are enriched by activities in research, program evaluation, the education and training of mental health professionals and the use of volunteers.

*The Hincks-Dellcrest Centre* was formed in 1998 when two Toronto-based children's mental health centres – *The C. M. Hincks Treatment Centre* and *The Dellcrest Children's Centre* – amalgamated. Both *The C.M. Hincks Treatment Centre* and *The Dellcrest Children's Centre* had long histories of offering treatment services to children & families and training & education to mental health practitioners.

In February 2017, **The Hospital for Sick Children (SickKids)** and **The Hincks-Dellcrest Centre**, were pleased to announce their integration and *The Hincks-Dellcrest Centre* became the **SickKids Centre for Community Mental Health (SickKids CMH)**. The name change represents the shared vision of SickKids and Hincks-Dellcrest to create a comprehensive academic child and youth mental health program that provides a continuum of integrated, inter-professional and evidence-based mental health treatment and support for children, youth, and families.

The programs offered to families at the **SickKids Centre for Community Mental Health (SickKids CMH)** are housed in two main facilities within the city of Toronto, and include prevention/early intervention programs, outpatient programs, day treatment programs and two residential treatment programs (one of which is located in a rural setting that is a two-hour drive from the city). Treatment services to clients include assessment, individual therapy, family therapy, group therapy, and parent-child therapy, as well as liaison and consultation with community caregivers (e.g., day care providers, teachers).

Affiliated with the *University of Toronto* and accredited by the *Council on Accreditation for Services to Children and Families*, the Centre is a member of Children's Mental Health Ontario, the Child Welfare League of Canada, and the Child Welfare League of America.

On average, the Centre has about two hundred and twenty-five personnel at any point in time. This includes full-time staff, part-time staff, contract staff, consultants, trainees from a variety of disciplines (early childhood education, child & youth care, psychiatry, psychology, social work and art/expressive arts), and volunteers. More detailed information about the Centre's programs and services may be found on the Centre's Website: <http://www.hincksdellcrest.org> .

### **Please note:**

Although the Centre has several settings and offers several types of treatment services as mentioned above (e.g., residential, day treatment), the **SickKids Centre for Community Mental Health (SickKids CMH) Psychology Intervention Practicum placements** are based within **SickKids CMH Outpatient Services** at our Jarvis site in downtown Toronto (Yonge & Wellesley) and at our Sheppard site at Sheppard & Keele, Toronto.

### **Available Intervention Practicum Placements**

Three to four **Intervention Practicum** placements in clinical child psychology generally are available each year to **doctoral level graduate students**. Two to three of these placements are offered at our Jarvis site (Yonge & Wellesley area) and one at our Sheppard site (Sheppard & Keele area). Although the Centre has several settings and offers several types of prevention and treatment services as mentioned above (e.g., residential, day treatment), **all practicum placements are based within Outpatient Services**. Practicum placements generally are **11 - month, 2 to 2 ½ day a week positions<sup>1</sup> beginning on the first working day of September and ending on the last working day of July the following year totaling approximately 560 to 700 hours of on-site time**.

Practicum students are provided with a common room/shared space at their designated site. Practicum students may be involved in some infrequent travel to and the provision of services at one or more of the Centre's other locations in the city.

We are not offering Assessment Practicum placements at this time.

### **Practicum Placement Philosophy and Objectives**

The primary orientation of the intervention practicum placement is on a developmental and theoretically integrated approach to the clinical assessment and treatment of children and families. In addition, an inter-professional approach is integral to the clinical practices of the Centre and provides practicum students with the opportunity to work with mental health professionals of different backgrounds and with a broad range of interests, knowledge, and skills.

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<sup>1</sup> Minimum 2 days; ½ day optional.

**Training goals:**

- i. Develop skills in clinical assessment, diagnosis, and formulation that focus on underlying developmental, psychodynamic, biological, family, and system factors that produce vulnerability to specific symptom formation in children.
- ii. Develop skills in establishing therapeutic rapport, in cultural competence, and in the ability to communicate assessment and diagnostic information clearly and sensitively to clients.
- iii. Develop skills in the selection and implementation of appropriate psychotherapeutic interventions with children and their families, integrating elements of theory and practice from contemporary relational psychoanalysis, cognitive science, cognitive behavior therapy, and dynamic systems theory.
- iv. Expand respect for and critical thought regarding research in the area of children's mental health.
- v. Develop the skills needed to work collaboratively in an inter-professional and organizational service-delivery environment, including an understanding of and respect for the contributions of the various disciplines to children's mental health.
- vi. Develop skills in applying relevant ethical, legal, and professional standards in their clinical work.

**The Intervention Practicum Placement Experience**

The intervention practicum placement is designed to provide students with the opportunity to become familiar with a broad bio-psychosocial, multi-systemic orientation, utilizing a variety of interventions (e.g., individual therapy, play therapy, family therapy, parent counselling, group therapy), in accordance with client needs and the training objectives of the student.

This is accomplished through direct service activities with Outpatient clients (which includes membership on an inter-professional direct service training team), seminars, and/or both individual and group supervision each described below. A sample weekly schedule can be found in *Appendix A*.

The placement is comprised of four main components that generally run from September to July of the next year. Each practicum trainee will undertake each of the following components:

- provision of direct service activities to their case load of clients, typically providing individual, family, play or parent-child dyadic psychotherapy
- membership on one inter-professional direct service training team
- participation in educational seminars
- both individual and group supervision.

**Client Contact.** A minimum of four hours of face-to-face client contact (in individual, family, and/or group therapy) is expected each week **plus** weekly participation on one of the inter-professional assessment teams. The nature of the contact at the beginning of the practicum placement depends on the background and previous experience of the student. In the first two months, students may receive a high degree of live supervision, and seminars and supervision focus on rapport building with clients and on clinical assessment skills. Clients seen are primarily from outpatient services, however, trainees may have an opportunity to see children and youth from our city or rural residential program as well.

**Inter-professional Training Teams.** Some of the Centre's services are delivered through specialized inter-professional teams that accept psychology practicum students and other trainees as members. In consultation with their supervisor, and as consistent with their individualized training goals, students choose one interdisciplinary training team (typically one of either Latency Age Team (LAT – Jarvis); Infant & Preschool Assessment and Treatment Team; Child & Adolescent Assessment Team – Sheppard (CAATS); Adolescent Clinical Investigation Unit (ACIU - Jarvis).

**Seminars.** All psychology practicum students are required to participate in one to two weekly seminars. In consultation with their supervisor, and as consistent with their individualized training goals, students typically choose from the following seminars: Integrative Individual Psychotherapy with Children; Therapeutic Action; Family Therapy; Assessment and Treatment with Very Young Children; Group Therapy Seminar; and Individual Psychodynamic Therapy with Adolescents.

**Supervision and Performance Evaluation.** Supervision is provided in both individual (a minimum of two hours per week) and small group format. Throughout their practicum placement, students are assigned two supervisors who are registered psychologists. This psychologist guides their practicum experience and meets weekly with the student. Due to the broad range of clinical training teams and experience opportunities available, practicum students also might receive team-specific supervision from members of other disciplines (e.g.,

psychiatry, social work). All of the student's work, however, is discussed with and monitored by the student's psychologist supervisor, with ongoing feedback throughout the year. In consultation with others involved in the student's work, formal performance evaluations are completed by the supervisor at the end of January and at the end of July each year, using the relevant university's evaluation form and/or the Centre's "Performance Review" form. Both evaluations are filed in the practicum student's personnel record. The student's psychologist supervisor provides the link between the Centre and the student's university, ensuring that specific university practicum placement expectations are met with regard to training objectives, experience, supervision, and performance evaluation. All practicum students are asked to complete the Centre's "Student/Trainee Exit Interview" upon completion of their placement.

**Policies and Procedures.** The Centre's *Policies and Operational Procedures* apply to all personnel associated with the Centre, including psychology practicum students. As part of the contracting process, practicum students receive copies of, and are required to sign an acknowledgment of having read, the following Centre policies: Personnel Code of Ethics; Client Privacy and Confidentiality; and Use of Technology. Advance copies of these policies will be provided on request. Practicum students receive orientation regarding all Centre policies and operational procedures at the beginning of their placement, and ongoing supervision with regard to their implementation. In particular, practicum students are helped to familiarize themselves with the Centre's clinical policies/operational procedures (e.g., Client Privacy and Confidentiality, Client Records, Case Planning, Case Responsibility, Crisis Case Management, Behaviour Management), and with the Centre's human resources policies/operational procedures (e.g., Employment Standards, Personnel Code of Ethics, Workplace Harassment Prevention, Employment Equity, Supervision, Performance Management, Conflict Resolution, Disciplinary Action, Use of Technology). **All trainees are required to have a vulnerable-sector police check completed prior to the beginning of their placement.**

**Complaints and Performance Concerns.** Responses to practicum students' concerns about their supervisor or about their practicum experience, and supervisors' concerns about psychology student performance, are guided by the principles of fairness, transparency, and due process, and by the following Centre policies and procedures: Supervision, Performance Management, Conflict Resolution, and Disciplinary Action. In addition, the Centre has specific procedures for psychology trainees; *Due Process & Grievance Procedures* and *Grievance Procedures for Trainees* which are distributed during the first week of orientation and available upon request. The Centre also familiarizes itself with and respects the specific requirements of students' universities with regard to dealing with such matters, including involvement of the university's practicum field supervisor/training director when warranted.

## Psychology Personnel

The following psychologist personnel are assigned to provide direct supervision to one or more psychology practicum students each year. (*Appendix B: Selected Publications of Psychology Personnel* provides an overview of supervisors' practice and/or research interests.)

**Susan Yabsley**, Ph.D., C. Psych. (University College, London; Anna Freud Centre.). Director, Specialized Services & Academic Leadership; Psychology Training Leader; Psychology Intern and Practicum Supervisor.

**Art Caspary**, Ph.D., C. Psych. (University of Waterloo). Psychology Intern Supervisor

**Dina Lafoyiannis**, Ph.D., C. Psych. (York University). Psychologist, Outpatient Services; Psychology Intern and Practicum Supervisor

**Lorne Sugar**, Ph.D., C. Psych. (York University). Psychologist, Outpatient Services; Psychology Intern and Practicum Supervisor

The following additional Centre personnel are registered psychologists who may provide presentations within Centre seminar series and/or may be involved with psychology trainees in specialized case consultations, program evaluation, and/or legal/ethical consultations. (*Appendix B: Selected Publications of Psychology Personnel* also provides an overview of these psychologists' practice and/or research interests.)

**Irene Bevc**, Ph.D., C. Psych. (York University). Research Associate, Program Evaluation Department.

**Nancy Cohen**, Ph.D., C. Psych. (McGill University). Director of Research; Member of Central Management Team; Co-author and Trainer for *Wait, Watch, and Wonder*; Consultant, Children's Language Disabilities.

## Application: Qualifications and Process

Applicants must currently be enrolled in an applied psychology **doctoral** program. In addition, applicants are expected to have completed coursework in child development and in psychological assessment and psychopathology in infants, children, youth, and families.

Applicants should have considerable interest in a rigorous, theoretically integrated, and developmental approach to assessment and treatment of children and families, as this is the predominant orientation of the Centre.

### **Interested applicants submit the following:**

- 1.** A PDF document containing a cover letter and CV to the e-mail below. The cover letter should contain the following information:
  - a. Brief description of your training & skills
  - b. Reason for applying to **SickKids Centre for Community Mental Health**
  - c. Training goals
- 2.** Two letters of reference, preferably from psychologists familiar with their clinical work (to be mailed in with original signatures)
- 3.** The *University Authorization Form* (Appendix C) signed by their University's Coordinator of Practicum Placement Training
- 4.** The completed application form (Appendix D)

**Please note:** Do NOT submit university course transcripts.

We will attempt to acknowledge all applications by e-mail.

**Please, direct application to:**

[syabsley@hinckdellcrest.org](mailto:syabsley@hinckdellcrest.org)

**Susan Yabsley, Ph.D., C. Psych.**  
**Psychology Training Leader**  
*SickKids Centre for Community Mental Health*  
440 Jarvis Street, Toronto,  
Ontario, Canada, M4Y 2H4.

**General enquiries should be directed to:**

**Suventhini Thamotharampillai**  
**Educational Coordinator**  
*SickKids Centre for Community Mental Health*  
440 Jarvis Street, Toronto,  
Ontario, Canada, M4Y 2H4.  
Telephone: 416.924.1164 x 4243  
e-mail: [sthamotharampillai@hincksdellcrest.org](mailto:sthamotharampillai@hincksdellcrest.org)

Practicum placement applications should be submitted by 01 February; that is, eight months prior to when the practicum placement would begin (i.e., the first working day in September of the same year). Interviews, when indicated, will be scheduled in February and/or March.

**Selection Process**

Two - three staff members, Ph.D. level psychologists, review the application of each candidate. Approximately 20 candidates are invited to attend a group interview. Each interview group will consist of 4 – 5 applicants and two – three staff psychologists who typically will be the successful candidates supervising psychologists. Our interviews are scheduled in February and/or March.

The **SickKids Centre for Community Mental Health** follows the **Greater Toronto Area Common Notification Day**. Check with your DCTs for that date each year. Offers of a practicum placement made on the GTA Common Notification Day will be made by e-mail and/or telephone and the Director of Clinical Training of the trainee's program will be copied on the e-mail.

## Appendix A

### Sample Weekly Schedule for Psychology Practicum Student

Time	Monday	Tuesday	Wednesday	Thursday	Friday
9 – 10 am			Direct Service – Latency Age Assessment (LAT- Jarvis) Team	<b>Optional Half-day</b>  <b>Indirect service –</b> report writing	Seminar – Integrative Individual Psychotherapy (8:45 – 10:15 am)
10 – 11 am				Seminar – Diagnosis and Formulation (10:30 am – noon)	Indirect service – Internal case conference, chart review
11 – 12 am					Indirect service – report writing
Noon – 1 pm			Lunch break	Lunch Break	Rounds
1 – 2 pm			Indirect service – report/note writing		Indirect service – Preparation for supervision (e.g., review process notes)
2 – 3 pm			Indirect service – Reading or writing reports for Latency Age team		Indirect service – report/note writing
3 – 4 pm			Individual supervision		Individual Supervision
4 – 5 pm			Direct service – Family therapy		Direct service – Individual parent counseling
5 – 6 pm					Direct service – Individual parent counseling
6 -7 pm			Direct service – Individual play therapy		

## Appendix B

### Selected Publications of Psychology Personnel

Atkinson, L., **Bevc, I.**, Dickens, S., & Blackwell, J. (1992). Concurrent validities of the Stanford-Binet (Fourth Edition), Leiter, and Vineland with developmentally delayed children. *Journal of School Psychology*, 30, 165-173.

Baradon, T., Sinason, V., & **Yabsley, S.** (1999). Assessment of parents and young children (Children Act 1989): A child psychotherapy point of view. *Child: Care, Health and Development*, 25, 37-53.

Barwick, M. A., **Cohen, N. J.** Hordezsky, N., and Lojkasek, M. Infant communication and the mother-child relationship: The importance of level of risk and construct measurement. *Infant Mental Health Journal*, 25, 240-266.

Beitchman, J. H., **Cohen, N. J.**, Konstantareas, M. M., & Tannock, R. (1996). *Language learning and behaviour disorders*. Cambridge, UK: Cambridge University Press.

**Bevc, I.**, & Silverman, I. (1993). Early proximity and intimacy between siblings and incestuous behaviour: A test of the Westermarck theory. *Ethology and Sociobiology*, 14, 171-181.

**Bevc, I.**, & Silverman, I. (2000). Early separation and sibling incest: A test of the revised Westermarck theory. *Evolution and Human Behavior*, 21, 151-161.

**Caspary, A.** (1993). Aspects of the therapeutic action in child analytic treatment. *Psychoanalytic Psychology*, 10, 207-220.

**Caspary, A.** (2002). The Conformist: Psychoanalytic perspectives on fascism. *Canadian Journal of Psychoanalysis*, 10, 151-131.

**Cohen, N. J.** (2001). *Language impairment and psychopathology in infants, children, and adolescents*. New York, NY: Sage Publications.

**Cohen, N. J.** (2001). TLC<sup>3</sup>: A national initiative to enhance the language and cognitive development of children 0-5 years. *Journal of Speech and Language Pathology and Audiology*, 25, 103-113.

**Cohen, N. J.** (2002). Adoption. In M. Rutter & E. Taylor (Eds.), *Child and Adolescent Psychiatry: Modern approaches*. (pp. 373-381). Oxford, UK: Blackwell Science.

**Cohen, N. J.** (2002). Developmental language disorder. In P. Howlin & O. Udwin (Eds.), *Outcomes in neurodevelopmental and genetic disorders*. (pp. 26-55). Cambridge, UK: Cambridge

University Press.

**Cohen, N. J.**, Davine, M., Horodezky, N., Lipsett, L., & Isaacson, L. (1993). Unsuspected language impairment in psychiatrically disturbed children: Prevalence and language and behavioral characteristics. *Journal of the American Academy of Child and Adolescent Psychiatry*, 32, 595-603.

**Cohen, N. J.**, & Duvall, J. D. (1996). *The Family Attachment Program: An innovative program for working with families adopting older children*. Toronto, ON: The Hincks-Dellcrest Gail Appel Institute.

**Cohen, N. J.**, Lojkasek, M., Muir, E., Muir, R., & Parker, C. J. (2002). Six-month follow-up of two mother-infant psychotherapies: Convergence of therapeutic outcomes. *Infant Mental Health Journal* 23, 361-380.

**Cohen, N. J.**, Muir, E., & Lojkasek, M. (2003). The first couple: Using Watch, Wait, and Wonder to change troubled mother-infant relationships. In. S. M. Johnson & V. Whiffen (Eds.), *Attachment: A perspective for couple and family intervention*. (pp. 215-233). New York, NY: Guilford Press.

**Cohen, N. J.** Vallance, D. D., Barwick, M., Im, N., Menna, R., Horodezky, N. B., & Isaacson L. (2000). The interface between ADHD and language impairment: An examination of language, achievement, and cognitive processing. *Journal of Child Psychology and Psychiatry*, 41, 353-362.

Crishna, B., Sinason, V., & **Yabsley, S.** (1999). What is community-based rehabilitation? A view from experience. *Child: Care, Health and Development*, 25, 27-35.

Day, D., **Bevc, I.**, Theodor, J., Rosenthal, T., Duchesne. (2008) Change and Continuity in Criminal Offending: Criminal Trajectories of the Toronto Sample. Report submitted to the Ministry of Children and Youth Services.

Day, D. M., **Bevc I.**, Duchesne, T., Rosenthal, J. S., Sun, Y., & Theodor, F. Criminal trajectories from adolescence to adulthood in an Ontario sample of offenders. In G. Bourgon, R.K. Hanson, J.D. Pozzulo, K.E. Morton Bourgon, & C.L. Tanasichuk (Eds.), *The Proceedings of the 2007 North American Correctional & Criminal Justice Psychology Conference (User Report)*. Ottawa: Public Safety Canada.

Day, D., **Bevc, I.**, Duchesne, T., Rosenthal, Sun, Y., & Theodor, F. (2007). *Criminal trajectories from adolescence to adulthood in an Ontario sample of offenders*. Poster presented at the North American Correctional and Criminal Justice Psychology Conference (NACCJPC), Ottawa, ON.

Day, D., **Bevc, I.**, Duchesne, T., Rosenthal, J., Rossman, L., & Theodor, F. (2007). Comparison of adult offense prediction methods based on juvenile offense trajectories using cross-validation. *Advances and Applications in Statistics*, 7(1), 1-46.

Husain, N., **Bevc, I.**, Husain, M., Chaudhry, I. B., Atif, N., & Rahman, A. (2006). Prevalence

and social correlates of postnatal depression in a low-income country. *Archives of Women's Mental Health*, 9, 197-202.

Lojkasek, M., Cohen, N. J., & Muir, E. (1994). Where is the infant in infant intervention? A review of the literature on changing troubled mother-infant relationships. *Psychotherapy*, 31, 208-220.

Kershner, J., Cohen, N. J., & Coyne, J. (1996). Expressed emotion in families of clinically referred and non-referred children: Toward a further understanding of the expressed emotional index. *Journal of Family Psychology*, 10, 97-106.

Martin, F., & Cohen, N. (2003) Nurturing Creativity: Learning from the TLC experience. *Ideas*, Fall, 19-21.

Menna, R., & Cohen, N. J. (1997). Social perspective taking. In W. E. Piper, & M. McCallum (Eds.), *Psychological mindedness*. Hillsdale: Lawrence Erlbaum.

Muir, E., Lojkasek, M., & Cohen, N. J. (1999). *Watch, Wait, and Wonder: A manual describing a dyadic infant-led approach to problems in infancy and early childhood*. Toronto, ON: Hincks-Dellerest Gail Appel Institute.

Silverman, I., & Bevc, I. (2005). Evolutionary origins and ontogenetic development of incest avoidance. In B. J. Ellis and D. F., Bjorkland (Eds.), *Origins of the social mind: Evolutionary psychology and child development*. (pp. 292-313). New York, NY: Guilford Press.

Steele, M., Fonagy, P., Yabsley, S., Woolgar, M. and Croft, L. (1997). *Maternal representations of attachment during pregnancy predict the quality of children's doll play at five years of age*. Poster session presented at the Society for Research and Development.

Steele, M., Steele, H., Woolgar, M., Yabsley, S., Fonagy, P., Johnson, D. & Croft, C. (2003). An attachment perspective on children's emotion narratives: links across generations. In R. Emde, D. Wolf & D. Oppenheim (Eds.), *Revealing the inner worlds of young children: the MacArthur story stem battery and parent-child narratives* (pp. 163-181). London: Oxford University Press.

Sugar, L. A., & Garfinkel, D. (2006). Cognitive-behavioural group treatment for anxiety and mood disorders in a child and adolescent community hospital population: A program evaluation. Paper submitted to the Centre of Excellence following the provision of funds for a brief program evaluation.

Tuters, E., Yabsley, S. & Doulis, S. (2011). Challenges working with infants and their families: symptoms and meanings – two approaches of infant-parent psychotherapy. *Infant Mental Health Journal*, 32(6), 632-649.

Wintre, M. G., & Sugar, L. A. (2000). Relationships with parents, personality, and the university transition. *Journal of College Student Development*, 41, 202-214.

Wintre, M. G., **Sugar, L. A.**, Yaffe, M., & Costin, D. (2000). Generational status: A Canadian response to the Editors' Consortium statement with regard to race/ethnicity. *Canadian Psychology*, 41, 244-256.

Wintre, M. G., North, C., & **Sugar, L. A.** (2001). Psychologists' response to the criticisms about research based on undergraduate participants: A developmental perspective. *Canadian Psychology*, 42, 216-225.

Wintre, M. G., Yaffe, M., **Sugar, L. A.**, & Ben-Knaz, R. (1998). First-year students' relationships with parents and adjustment to university. Paper presented at the Society for Research in Adolescence, San Diego.

A. Ward, D. Day & I. Bevc. (2009) Prediction of Criminal Behaviour from Juvenile Risk and Protective Factors. Poster presented at the American Psychological Association (APA) Conference, Toronto, ON.

Woolgar, M., Steele, H., Steele, M., **Yabsley, S.**, & Fonagy, P. (2001). Children's play narrative responses to hypothetical dilemmas and their awareness of moral emotions. *British Journal of Developmental Psychology*, 19, 115-128.

**Yabsley, S.** (1997). Clinical commentary XXI: commentary by an Anna Freud Centre child psychotherapist. *British Journal of Psychotherapy*, 14 (1), 111-114.

**Yabsley, S.** (1994). Disorganization in infant behaviour is predictable from disorganization in parental speech: evidence for a second-generation-effect of unresolved trauma: Report on the workshop by Mary Main and Erik Hesse. *The Bulletin of the Anna Freud Centre*, 17, 357-361.

*Appendix C*

**The SickKids Centre for Community Mental Health**

*formerly, The Hincks-Dellcrest Centre*

**UNIVERSITY AUTHORIZATION FORM**

I, \_\_\_\_\_  
(Print Name of University Director of Practicum Training)

at \_\_\_\_\_  
(Print Name of University)

have discussed and approve the application of:

\_\_\_\_\_  
(Print Name of Graduate Student in Psychology)

for a clinical practicum placement to begin next September at the **SickKids Centre for Community Mental Health.**

\_\_\_\_\_  
(Print Name of University Director of Practicum Training)

\_\_\_\_\_  
(Signature of University Director of Practicum Training)

*This form should be included with the other required application materials sent by the practicum placement applicant to:*

*Dr. Susan Yabsley, Psychology Training Leader, SickKids Centre for Community Mental Health, 440 Jarvis Street, Toronto, Ontario, Canada, M4Y 2H4.*

*Appendix D*

**The SickKids Centre for Community Mental Health**

*formerly, The Hincks-Dellcrest Centre*

**Psychology Intervention Practicum Placement Application Form**

**Applications due on or before: 01 February**

**A. General Information**

Name:

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Address:

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Telephone:

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E-mail:

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Citizenship status:

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**B. Education Background**

University	Dates of Attendance	Major	Degree granted/ Expected date of completion
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**C. Additional training, practicum placements; please, list and describe**

**D. Director of Clinical Training at your Institution**

Name:

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University/Institution:

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Address:

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Telephone number:

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E-mail:

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**Please note:** Offers of a practicum placement will be made on the **Greater Toronto Area Common Notification Day** by e-mail and/or telephone. Check with your *Director of Clinical Training* for the date each year. The *Director of Clinical Training* at your institution will be cc'd on the e-mail offer so, please, ensure the above information is included and correct.



## **Student Training Opportunities in Psychology 2018-2019**

# **University Health Network**

**Princess Margaret Cancer Center**

**Toronto General Hospital**

**Toronto Western Hospital**

**Toronto Rehab**

## **Student Training Opportunities in Psychology 2018-2019**

### **University Health Network**

**(Princess Margaret Hospital, Toronto General Hospital, Toronto Western Hospital & Toronto Rehab)**

Clinical and research opportunities (unfunded) are available to Psychology graduate students and fellows interested in gaining experience with diverse patient populations on an individual, couple, or group basis. Please note that UHN does not have CPA or APA accreditation for Psychology training at this time. A list of potential placement settings is provided below. Please contact the respective psychologist directly to learn more about their placement options and whether they will be taking students for the 2018-2019 period.

### **PRINCESS MARGARET CANCER CENTER - DEPARTMENT OF SUPPORTIVE CARE:**

#### **CLINICAL HEALTH PSYCHOLOGY:**

*Population:* adult survivors of childhood cancer; young adult cancer survivors; post-treatment cancer survivors of all ages

*Clinical Assessments:* psychosocial functioning; distress screening

*Clinical Intervention:* individual psychotherapy

*Research:* impact of late effects of cancer and cancer treatment on psychosocial development; transition from pediatric to adult health care; quality of life

**Contact:** Norma D'agostino, Ph.D. C.Psych. [Norma.D'agostino@uhn.ca](mailto:Norma.D'agostino@uhn.ca)

*Population:* urologic cancers: prostate, testicular, kidney, bladder cancer patients

*Clinical Assessments:* health psychological assessment

*Clinical Intervention:* individual psychotherapy; couple therapy; sex therapy

*Research:* health-related quality of life and survivorship in cancer patients

**Contact:** Andrew Matthew, Ph.D. C.Psych. [Andrew.Matthew@uhn.ca](mailto:Andrew.Matthew@uhn.ca)

*Population:* adults with cancer

*Clinical Assessments:* psychosocial adaptation; trauma; marital functioning

*Clinical Intervention:* cognitive-behavior therapy; couples therapy

*Research:* quality of life and psychosocial impact of disease (e.g., illness intrusiveness, self-concept); psychoeducational interventions; self-management of disease; psychological measurement

**Contact:** Gerald Devins, Ph.D. C.Psych. [gdevins@uhnresearch.ca](mailto:gdevins@uhnresearch.ca)

*Population:* adults with a cancer diagnosis and their family members

*Clinical Assessments:* semi-structured interviews for distress and psychosocial functioning

*Clinical Intervention:* individual psychotherapy; couple therapy

*Research:* qualitative and mixed-method research focusing on psychosocial interventions in oncology

**Contact:** Rinat Nissim, Ph.D. C.Psych. [rinat.nissim@uhn.ca](mailto:rinat.nissim@uhn.ca)

*Population:* patients with advanced cancer

*Research:* death anxiety; attachment security; psychometrics and scale development

**Contact:** Chris Lo, Ph.D. [chrislo@uhnresearch.ca](mailto:chrislo@uhnresearch.ca)

## NEUROPSYCHOLOGY

*Population:* brain tumor patients; adult survivors of childhood cancer; young adult cancer survivors.

*Clinical Assessments:* neuropsychological assessment

*Clinical Intervention:* education; recommendations/strategies

*Research:* neurocognitive outcomes in cancer survivors; late effects of cancer treatment on neurocognitive function; circadian rhythms and cancer

**Contact:** Kim Edelstein, Ph.D. C.Psych. [kim.edelstein@uhn.ca](mailto:kim.edelstein@uhn.ca)

*Population:* adult cancer survivors

*Clinical Intervention:* Neuropsychological assessment, group and individual psychoeducation, self-management

*Research:* neurocognitive outcomes of cancer survivors, psychoeducational and cognitive rehabilitation

**Contact:** Lori Bernstein, Ph.D. C.Psych. [lori.bernstein@uhn.ca](mailto:lori.bernstein@uhn.ca)

## TORONTO GENERAL HOSPITAL:

### CARDIOLOGY

*Population:* adult patients with cardiovascular conditions

*Clinical Assessments:* psychophysiological tests (e.g. vagal-heart rate modulation and baroreflex sensitivity) during reactivity/recovery from mild-to-moderate psychological and physical stressors; cognitive-emotional adjustment to cardiovascular disease; quality of life; and lifestyle behaviors

*Clinical Intervention:* individual, group and e-health in the context of the health psychology/behavioral cardiology clinical service. Treatment modalities include cognitive-behavioral therapy, motivational interviewing, and biofeedback.

*Research:* (i) Efficacy of Behavioral Neurocardiac Training with vagal-heart rate biofeedback for patients with hypertension or chronic heart failure; (ii) cardiovascular reactivity/recovery following physical or psychological tasks; (iii) e-counseling to augment risk reduction for cardiovascular disease.

**Contact:** Robert Nolan, Ph.D. C.Psych. [rnlolan@uhnres.utoronto.ca](mailto:rnlolan@uhnres.utoronto.ca)

## **ANAESTHESIA & PAIN MANAGEMENT**

*Population:* inpatient and outpatient adults suffering from acute and chronic pain at Toronto General Hospital and Toronto Western Hospital

*Clinical Assessments:* brief assessment of inpatients and outpatients with respect to pain, distress, opioid medication use, and disability prior to psychological intervention; assessment of chronic pain patients prior to specialized interventions such as ketamine infusions and spinal cord stimulator implants

*Clinical Intervention:* psychoeducation on pain and pain management, mindfulness for pain, Acceptance and Commitment Therapy (the ACT Matrix) to reduce distress, opioid use, and disability; clinical hypnosis for pain relief; interventions offered in individual and group formats

*Research:* impact of novel pre- and post-surgical behavioral interventions on pain, distress, and disability

Contact: Aliza Weinrib, Ph.D., C.Psych. [aliza.weinrib@uhn.ca](mailto:aliza.weinrib@uhn.ca)

## **EATING DISORDER PROGRAM, PSYCHIATRY**

*Population:* Adults with Anorexia Nervosa, Bulimia Nervosa, and comorbidities including Anxiety Disorders, Mood Disorders, Substance Use Disorders, Personality Disorders

*Clinical Intervention:* intensive treatment for eating disorders including inpatient and day hospital, and a follow-up/relapse prevention program; group and individual CBT and DBT; this is an intervention practicum

*Clinical Assessments:* clinical interviewing and diagnostic assessment only

*Research:* etiology and maintenance of eating disorders, treatment efficacy and effectiveness, prediction of relapse, relapse prevention

### **Psychologists:**

Michelle Mahan, Ph.D., C.Psych. [michelle.mahan@uhn.ca](mailto:michelle.mahan@uhn.ca)

Traci McFarlane, Ph.D., C.Psych. [traci.mcfarlane@uhn.ca](mailto:traci.mcfarlane@uhn.ca)

Marion Olmsted, Ph.D., C. Psych. [marion.olmsted@uhn.ca](mailto:marion.olmsted@uhn.ca)

Kathryn Trottier, Ph.D., C.Psych. [kathryn.trottier@uhn.ca](mailto:kathryn.trottier@uhn.ca)

Danielle MacDonald, Ph.D., C.Psych. (supervised practice) [danielle.macdonald@uhn.ca](mailto:danielle.macdonald@uhn.ca)

Contact: [traci.mcfarlane@uhn.ca](mailto:traci.mcfarlane@uhn.ca)

## **TORONTO WESTERN HOSPITAL:**

### **TOURETTE SYNDROME NEURODEVELOPMENTAL CLINIC, NEUROPSYCHIATRY**

*Population:* children, adolescents, & adults with Tourette syndrome and its comorbidities (e.g., OCD, ADHD, Autism Spectrum Disorder)

*Clinical Assessments:* assessments of mood and anxiety; Complex Autism Diagnostic Team assessments

*Clinical Intervention:* (children and adolescents) cognitive-behavioural therapy; Comprehensive Behavioral Intervention for Tics (CBIT); parent training using Collaborative and Proactive Solutions (CPS); school consultation

**Jody Levenbach, Ph.D., C.Psych.** [jody.levenbach@uhn.ca](mailto:jody.levenbach@uhn.ca)

*Clinical Assessments:* neuropsychological assessments (children, adolescents, and young adults); Complex Autism Diagnostic Team assessments

*Clinical Intervention:* psychoeducation; school consultation

**Jennifer Stanga, Ph.D., C.Psych.** [jennifer.stanga@uhn.ca](mailto:jennifer.stanga@uhn.ca)

## **COMMUNITY MENTAL HEALTH AND ADDICTIONS PROGRAM**

*Population:* adult psychiatric outpatients suffering from mood and anxiety disorders, Substance use, PTSD, sleep, chronic health problems including pain, HBP, cholesterol, diabetes, cardiovascular and GI. Stress related somatic problems including life style improvement and adjustments related to immigration

*Clinical Assessments:* clinical interview and diagnostic assessment formulation understanding underlying issues related to presenting problems and developing of research based treatment plans

*Clinical Intervention:* short term individual and group treatments.

Treatment modalities include cognitive behavioral, psychoeducational and dynamic therapy in English, Spanish and Portuguese

**Contact:** **Alicia Sorkin, D. Ps., C.Psych.** [AliciaAraujo.Sorkin@uhn.ca](mailto:AliciaAraujo.Sorkin@uhn.ca)

## **BARIATRIC SURGERY PROGRAM**

*Population:* Bariatric patients undergoing gastric bypass surgery, both pre and post-surgery. Students will have the opportunity to work with patients with Mood Disorders, Anxiety Disorders, Posttraumatic Stress Disorder, Eating Disorders, Substance Use Disorders, and/or Personality Disorders.

*Clinical Assessments:* semi-structured psychodiagnostic and psychosocial assessments

*Clinical Intervention:* a twice-monthly post-surgery support group; an 18-month post-surgery psychoeducational group; short-term individual psychotherapy; an 8 session mindful eating group scheduled twice per year

Both assessment and intervention involve collaborating with an interdisciplinary team and includes weekly team rounds.

*Research:* monthly departmental research meetings; various interdisciplinary research topics include the impact of pre-surgical psychological status on adjustment to surgery

and successful weight loss; bariatric patients and suicidality; impact of nutrition education on surgical outcome; impact of transition from pediatric to adult care within bariatric surgery programs; night eating; mindfulness for bariatric patients; outcomes from teleCBT

**Psychologists (email inquiries and applications should be addressed to both):**

**Susan Wnuk, Ph.D. C. Psych. [susan.wnuk@uhn.ca](mailto:susan.wnuk@uhn.ca)**

**Sarah Royal, Ph.D., C. Psych. [sarah.royal@uhn.ca](mailto:sarah.royal@uhn.ca)**

## **NEUROPSYCHOLOGY CLINIC, KREMBIL NEUROSCIENCE CENTRE**

*Population:* neurology/neurosurgery outpatients, primarily in epilepsy and Parkinson's disease but includes other neurological disorders affecting cognition

*Clinical Assessments:* neuropsychological assessments

*Clinical Interventions:* recommendations; assessment of suitability for surgery

*Research:* impact of neurological disorders and neurosurgical/neurostimulation treatment on memory, language and executive functions; functional and structural neuroimaging in neurocognitive disorders.

**Psychologists:**

**Melanie Cohn, Ph.D. C.Psych. [melanie.cohn@uhn.ca](mailto:melanie.cohn@uhn.ca)**

**David Gold, Ph.D. C.Psych. [david.gold@uhn.ca](mailto:david.gold@uhn.ca)**

**Marta Statucka, Ph.D., C.Psych. [marta.statucka@uhn.ca](mailto:marta.statucka@uhn.ca)**

**Mary Pat McAndrews, Ph.D. C.Psych. [marypat.mcandrews@uhn.ca](mailto:marypat.mcandrews@uhn.ca)**

**Contact: [marypat.mcandrews@uhn.ca](mailto:marypat.mcandrews@uhn.ca)**

**\*note Ph.D. level students only**

## **TORONTO REHAB:**

### **NEUROPSYCHOLOGY – RUMSEY SITE**

*Population:* adults with acquired brain injury – outpatients only

*Clinical Assessments:* neuropsychological assessments

*Clinical Interventions:* feedback to patients and family, treatment recommendations, psychoeducation

**Contact:** Lesley Ruttan, Ph.D., C.Psych. [lesley.ruttan@uhn.ca](mailto:lesley.ruttan@uhn.ca)

**\*note Ph.D. level students only**

### **NEUROPSYCHOLOGY, UNIVERSITY SITE - DAY HOSPITAL**

*Population:* acquired brain injury - outpatients

*Clinical Assessments:* neuropsychological assessments

*Clinical Interventions:* feedback to patients and family, treatment recommendations, education

**Contacts:**

**Psychologist:** Paul Comper, Ph.D., C.Psych. [paul.comper@uhn.ca](mailto:paul.comper@uhn.ca)

**Behaviour Therapist:** Nathalie Brown [nathalie.brown@uhn.ca](mailto:nathalie.brown@uhn.ca)

(NOT TAKING STUDENTS FOR 2017-2018 YEAR)

### **NEUROPSYCHOLOGY, UNIVERSITY SITE - NEUROLOGY SERVICE**

*Population:* head, neck & acquired brain injury – often work-related - outpatient

*Clinical Assessments:* neuropsychological assessment

**Psychologists:**

Karen Wiseman, Psy.D., C.Psych. [karen.wiseman@uhn.ca](mailto:karen.wiseman@uhn.ca)

Dalia Slonim, Psy.D., C.Psych. [dalia.slonim@uhn.ca](mailto:dalia.slonim@uhn.ca)

Michelle Busse, Ph.D., C.Psych. [michelle.busse@uhn.ca](mailto:michelle.busse@uhn.ca)

### **NEUROPSYCHOLOGY, UNIVERSITY SITE - COMPLEX INJURY OUTPATIENT**

*Population:* acquired brain injury (mild to severe), multiple fractures, multiple system injuries, stroke, mood disorders – often work-related - outpatient

*Clinical Assessments:* neuropsychological assessment; psychological assessment

*Clinical Interventions:* Patient and caregiver support & education; supportive counselling; cognitive behavioural therapy

**Psychologists:**

Lidia Domitrovic, Ph.D., C.Psych. [lidia.domitrovic@uhn.ca](mailto:lidia.domitrovic@uhn.ca)

Valery Kleiman, MA, Dipl.Psych., C.Psych.Assoc. [valery.kleiman@uhn.ca](mailto:valery.kleiman@uhn.ca)

Sabrina Lombardi, Ph.D., C.Psych. [sabrina.lombardi@uhn.ca](mailto:sabrina.lombardi@uhn.ca)

Colleen Ray, Ph.D., C.Psych. [colleen.ray@uhn.ca](mailto:colleen.ray@uhn.ca)

(NOT TAKING STUDENTS FOR 2018-2019 YEAR)

### **CARDIAC REHAB, RUMSEY SITE**

*Population:* adult patients with cardiovascular conditions, diabetes, stroke and breast cancer

*Clinical Assessments:* psychosocial functioning, comorbid psychiatric disorders, cognitive-emotional adjustment to cardiovascular disease, lifestyle behaviors, and quality of life

*Clinical Interventions:* individual and group treatment

*Program Evaluation and Research:* Efficacy of a Stress Reduction Program in improving distress among a range of outpatients with chronic medical conditions.

**Contact:** Jaan Reitav, Ph.D., C.Psych. [jaan.reitav@uhn.ca](mailto:jaan.reitav@uhn.ca)

### **MSK REHAB, HILLCREST SITE Contact: Greg Hamovitch, Ph.D., C.Psych.**

[greg.hamovitch@uhn.ca](mailto:greg.hamovitch@uhn.ca)

(NOT TAKING STUDENTS FOR 2018-2019 YEAR)

### **SPINAL CORD REHAB, LYNDHURST SITE**

*Population:* spinal cord injury patients – inpatient and outpatient

*Clinical Assessments:* clinical psychological and/or neuropsychological assessments, behavioural health assessment

*Clinical Interventions:* behavioural medicine; cognitive behavioural intervention; emotion focused therapy; supportive counseling, cognitive remediation

**Contact/Psychologists:**

Cheryl Bradbury, Ph.D., C.Psych. [cheryl.brADBURY@uhn.ca](mailto:cheryl.brADBURY@uhn.ca)

Martha McKay, Ph.D., C.Psych. [martha.mckay@uhn.ca](mailto:martha.mckay@uhn.ca)

**\*note Ph.D. level students only**

Monica Vermani, Ph.D., C.Psych. [monica.vermani@uhn.ca](mailto:monica.vermani@uhn.ca)

(Dr. Vermani - NOT TAKING STUDENTS FOR 2018-2019 YEAR)

### **RESEARCH, UNIVERSITY SITE**

*Areas of Focus:* Neuropsychology, Mild-Severe TBI, Sub-acute neurodegeneration post TBI, Post-recovery cognitive decline, Development of interventions to minimize decline

**Contact:** Robin Green, Ph.D., C.Psych. [robin.green@uhn.ca](mailto:robin.green@uhn.ca) (**Research Scientist**)

**APPLICATION PROCEDURE:**

Please note that UHN does not have a centralized application process. Candidates should submit their applications via email to the respective contact person(s) listed above for each clinic or program to which they are applying. Candidates can apply to more than one program or clinic and applications should consist of the following:

1. A curriculum vitae
2. Undergraduate/Graduate transcripts (unofficial acceptable)
3. 2 letters of recommendation from clinical or academic supervisors
4. A cover letter, which should include a description of what the student hopes to achieve from a practicum at UHN, and short and long-term career goals
5. A listing of Psychological and/or Neuropsychological tests that the student has administered, scored, interpreted and written reports for.

The deadline for receipt of all application materials is ~**January 2018 (specific date TBD)**.

Notification date for applicants is ~ **March 2018 (specific date TBD)**

*Please be in touch with the respective contact person for further information on mailing address for use when submitting hard copies of application materials, if applicable*

## **Placement Opportunities for Psychotherapy (M.Ed., M.A., Ed.D.) Students in the Trauma Therapy Program at Women's College Hospital**

The Trauma Therapy Program and Women Recovering From Abuse Program (WRAP) are part of the Women's Mental Health Program, which constitutes the department of psychiatry at Women's College Hospital. This highly specialized program serves women and men with childhood interpersonal trauma. This includes severe neglect, sexual, emotional and physical abuse and growing up in unsafe families. Besides WRAP, a day treatment for women, there are a number of stand-alone groups offered as well as individual and couples therapy. Placement opportunities exist with a number of therapists in the program. Participation in WRAP may be limited depending on the student supervisor's involvement.

Our students are involved in the direct clinical care of our client population. Due to the complexity of the time-limited trauma therapy and the needs of our client for specialized psychotherapy, ideal candidates for placement will already possess the necessary maturity, ability to self-reflect, experience in establishing a therapeutic relationship and providing general psychotherapy or counselling and a willingness to engage in relational processes both at the client-therapist level and in peer supervision as well as individual supervision.

### **Opportunities:**

9-month placement(s) Second week in September – mid June with the Trauma Therapy Program(some variations possible due to availability of supervisor)

- Co-facilitation of therapy groups, provision of individual psychotherapy to 3-5 selected clients with a trauma focus under supervision; participation in student seminars on trauma and psychotherapy offered to an inter-professional group of learners; participation in weekly peer supervision; weekly individual supervision with designated supervisor; opportunities to observe assessments and activities of other practitioners of various health disciplines.
- Requires availability for a minimum of 2 ½ days per week. Days can be flexible but should include the above mentioned seminars and group supervision times.

### **M.Ed. and M.A. candidates:**

Will be supervised by one of the Registered Psychotherapists/Psych. We usually offer 2-3 such placements.

### **Ph.D. and Ed.D. candidates:**

Will be supervised by one of our Psychologists in accordance with College requirements.  
Most years we can offer 1 such placement.

In application please mention your interest/focus in research or thesis

Applications are invited by the end of January/first week in February in accordance with the GTA Universities/Placement agencies agreement for that year

Please apply electronically with a professional resume and cover letter, indicating your interest and preparation for a placement in our specialized trauma-focused therapy program:

Almuth Weigeldt, RP, Education Coordinator [almuth.weigeldt@wchospital.ca](mailto:almuth.weigeldt@wchospital.ca)

## **Placement Opportunities for Toronto Academic Pain Medicine Institute (TAMPI) at Women's College Hospital**

The Toronto Academic Pain Medicine Institute (TAPMI) is a collaborative initiative between Women's College Hospital, Mount Sinai, St. Michael's Hospital, University Health Network, Sunnybrook Health Sciences, CAMH, and the University of Toronto to create access to resources for pain management in a centralized hub and spoke model. Our students will use a client centered approach to collaborate within the multi-disciplinary team to provide effective assessments and individual and group psychotherapy to support clients' ongoing management of chronic pain.

The program is offering an eight-month placement(s) running from September to April. Our students will be involved in direct clinical care of our client population. Students will have the opportunity to complete psychodiagnostic assessments, co-facilitate group therapy sessions (Cognitive Behavioural Therapy and Mindfulness Based), and provide short-term individual therapy related to issues of chronic pain, depression, anxiety and trauma. In addition, students will participate in weekly peer supervision, weekly individual supervision with their supervisor, educational rounds at both Women's College and other associated sites (e.g., Wasser Pain Management Centre Rounds; TAMPI Educational Rounds), as well as opportunities to observe assessments and activities of other practitioners of various health disciplines. Direct supervision is provided by the clinic's psychologist, Dr. Adele Efendov, C. Psych.

The placement will require availability for a minimum of 2.5 days per week. Days can be flexible but should include the above mentioned seminars and group supervision times.

Applications are invited by the end of January 2018 in accordance with the GTA Universities.

Please apply with a professional resume and cover letter, indicating your interest and preparation for a placement to [Almuth.weigeldt@wchospital.ca](mailto:Almuth.weigeldt@wchospital.ca)