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CLINICAL PRACTICUM TRAINING PROGRAM IN PSYCHOLOGY

2017-2018

Director-of-Training: Dr. Niki Fitzgerald, 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 designated by the World Health Organization as one of only four Centres of Excellence in mental health and addiction in the world. 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 filed 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 the 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 still TBD (it will be determined on Nov. 4) but will likely be in early February for Spring-Summer 2017 and Fall-Winter 2017-2018 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)

Please assemble all materials (except reference letters) prior to submission, and email them to Dr. Niki Fitzgerald at 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 on Nov. 4) but will likely be in late March 2017. 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 (CYF) Program is newly organized, incorporating the former Child Psychiatry Program and the Youth Addictions Service, both long-standing services at the Centre for Addiction and Mental Health.

Assessment and psychological testing includes objective tests, projective tests, observational techniques, psychoeducational assessment, and structured diagnostic interviews. Such training includes development of integrated psychological report writing and the process of providing clinically sensitive feedback to parents and children. Therapeutic approaches rely on empirically-validated and best-practice models of intervention. These include individual psychotherapy, group therapy, family therapy, and parent counseling in various modalities (e.g., cognitive-behavioral, behavioral, psychodynamic, solution-focused and strength-focused, and core conflictual relationship theme therapy). Preventative programs in school and community settings also exist. Services within the CYF often work within a multidisciplinary team 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, which includes a strong focus on the use of the DSM-IV-TR. The program also 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.

Training staff have a variety of theoretical interests, including attachment theory, the interface between developmental psychology and psychopathology, and evolutionary psychology.

ADOLESCENT SERVICE
Supervisor: Tracey A. Skilling, Ph.D, C.Psych.
Julia Vinik, Ph.D., C.Psych.

The Adolescent Service works with youth aged 12 to 19 years old. These youth are often 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. Assessments are often completed as a multidisciplinary team and students will have opportunities to work closely with professional 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.

**PSYCHOLOGICAL ASSESSMENT TEAM FOR CHILDREN AND YOUTH SERVICE**  
(Only available for Fall-Winter Practicum)  

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 Laposa

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 behavior 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-behavioral 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/coordinate 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.
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: TBD

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.
CENTRALIZED ASSESSMENT, TRIAGE & SUPPORT (CATS)
Gender Identity Clinic
Supervisors: Nicola Brown, Ph.D., C.Psych.
Philip Jai Johnson, Ph.D., C Psych.

The Gender Identity Clinic (GIC) is an outpatient clinic that evaluates adults (18 and over) who are referred because of gender dysphoria. The GIC sees individuals who are considering or pursuing a social and/or medical transition, as well as individuals who elect to manage and/or express feelings of dysphoria while remaining in their original gender role. CAMH’s Adult Gender Identity Clinic is currently the only Clinic in the province empowered to carry out the Ministry of Health’s approval process for individuals in Ontario seeking an OHIP-funded sex reassignment surgery (SRS). As such, we see a wide diversity of clients, with presentations across a spectrum of diagnostic categories and levels of functioning, including complex cases.

The Clinic offers students specialized training in diagnostic and life history interviewing that emphasizes a holistic understanding of a person. The results of these assessments enumerate 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 approval appointments. Trainees will also have the opportunity to provide time-limited individual psychotherapy and other relevant support where indicated. Trainees will become familiar with the literature, receive weekly individual supervision, and participate in weekly case conferences that include all clinic staff. Participation in research activities is available when there are active projects and as time permits.

Psychology students at the Doctoral level are welcome to apply; familiarity with LGBT communities is preferred.

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.

**LAW AND MENTAL HEALTH PROGRAM**

The Law and Mental Health Program was one of the first forensic centers established in Canada and continues to be at the forefront of research and treatment innovations. The Law and Mental Health Program specializes in the assessment and treatment of individuals who have ongoing involvement with the legal system.

**Adult Forensic Outpatient Service** (Only available for Fall-Winter Practicum)  
Supervisor: John Arrowood, Ph.D., C.Psych.

The Adult Forensic Outpatient rotation is part of the CAMH Forensic Division of the Complex Mental Illness Program (previously the Law and Mental Health Program) and is one of the first forensic centers established in Canada (as part of the Clarke Institute of Psychiatry) and continues to be at the forefront of research and treatment innovations.

The Adult Forensic Outpatient rotation takes place on a clinical and research outpatient unit which specializes in the assessment and treatment of individuals involved in the criminal justice system. Practicum students also have the opportunity to take on specialized assessments within the Psycholegal Assessment Clinic. Clinical activities in which practicum students are involved include diagnostic and sexological assessment, assessment of psychopathic personality, clinical and actuarial assessment of risk for reoffense, assessment of malingering, and assessment of Posttraumatic Stress Disorder. Practicum students will become familiar with the psycholegal standards in forensic practice and in reporting to probation and parole officers, attorneys, and the courts. Interns also take on individual psychotherapy clients and run treatment groups in the sex offender treatment program.
Supervision is provided on an individual basis as well as in team meetings and case conferences. Additionally, students will have the opportunity to attend Forensic Division seminar series. Possibilities also exist for participation in clinical research as time permits.

**Adult Forensic Inpatient Service**  
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. Opportunities for individual and group therapy are available on a variety of topics (e.g., substance abuse, anger management, risk management, symptom management) according to students’ interests. Supervision is provided on an individual basis.

**Adult Sexual Behaviours Outpatient and Inpatient Service**  
Supervisor: Ainslie Heasman, Ph.D., C.Psych

The Sexual Behaviours Clinic (SBC) is part of the CAMH Complex Mental Illness Program. The SBC Outpatient unit specializes in the assessment and treatment of individuals with sexual behaviour problems. Some individuals will have had previous contact with the legal system which results in their referral to the SBC, while others have self-identified concerns over sexual behaviour and/or interests.

The Inpatient Forensic Service provides a secure setting for individuals found unfit to stand trial or not criminally responsible as a result of significant mental health issues. As a result, these individuals are under the auspices of the Ontario Reviews Board (ORB). Some of these individuals have engaged in sexually problematic behaviour.

Students typically engage in sexological and diagnostic assessments of individuals in both the inpatient and outpatient context. While psychological testing is not routinely conducted in these assessments, there is an opportunity for students to incorporate assessment tools on occasion, or assist in a more structured psychological assessment of clients referred by another SBC staff member. Treatment groups for sexual
behaviour problems are provided to both inpatient and outpatient groups and students can participate in co-facilitation. There is the opportunity for individual therapy cases as well, addressing the same presenting sexual behaviour problems. The SBC also provides group treatment for hypersexuality, and students have the opportunity to engage in assessment and treatment in this area as well. Students will become familiar with the psycholegal standards involved in forensic assessment.

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 fall-winter & summer placements)
Supervisors: Rixi Abrahamsohn, Ph.D., C.Psych
    Hester Dunlap, Ph.D., C. Psych.
    Michelle Carroll, Ph.D., C.Psych.
    Donna Ferguson, Psy.D., C. Psych.
    Niki Fitzgerald, 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 College Street site. The CRL is a dynamic, integrated clinical, research and training setting, conducting a variety of basic clinical research and treatment outcome studies each year. The CRL receives an average of 450 referrals for basic clinical research studies per year, principally involving one- to two-day psychological assessments of mood, anxiety, substance use, impulse control and personality disorders. The CRL further receives an average of 470 referrals for treatment outcome studies per year, principally involving pharmacotherapy and psychotherapy, such as manualized cognitive behavioural therapy or behavioural activation, for depression and/or addictive disorder. The CRL also provides consultation and training to other mental health professionals. Practicum students may be involved in assessment and/or therapy, as determined by student training, experience and interests, as well as current research initiatives and opportunities.
Assessment practicum students receive in-depth training, supervision and experience in psychodiagnostic assessment, including the *Structured Clinical Interview for DSM-IV, Axis I Disorders, Patient Form* (SCID-I/P; First et al., 1995). Students also receive training in structured interview, self-report, and performance-based measures of psychopathology, personality, cognition, impairment, and response bias. 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 cognitive behavioural therapy or behavioural activation. Opportunities may also exist for time-limited supportive therapy. Supervision is provided on an individual basis. Peer observation and educational events may also be available. 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. Opportunities to participate in research projects may be available, time permitting.
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.


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 steming 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.


**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.

Centre for Addiction and Mental Health
Psychology Practicum Application Form
For 2017-2018 Academic Term

(Applications are due on or before TBD – generally early February)

1. Name:
   Address:
   Telephone:
   Date of Birth:
   E-Mail Address:

2. Educational Background

<table>
<thead>
<tr>
<th>University</th>
<th>Dates of Attendance</th>
<th>Degree Granted/</th>
<th>Major</th>
<th>Expected Completion</th>
</tr>
</thead>
</table>

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\textsuperscript{st} choice
   [most preferred rotation], 2= 2\textsuperscript{nd} choice, 3= 3\textsuperscript{rd} 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.

\textbf{CHILD, YOUTH AND FAMILY TRACK}

Adolescent Service
Better Behaviours Service
Psychological Assessment Team for Children and Youth

\textbf{ADULT TRACK}

Adult Forensic Inpatient Service
Adult Forensic Outpatient Service
Adult Sexual Behaviours Outpatient and Inpatient Service
Clinical Research
Gender Identity Clinic
The Integrated Day Treatment Program
Mood and Anxiety Ambulatory Services
Schizophrenia Program
Women's Program
Work, Stress and Health Program
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:

mbusse@chirs.com

Michelle Busse, Psy.D., C.Psych.
Community Head Injury Resource Services of Toronto
62 Finch Avenue West
Toronto, Ontario, Canada, M2N 7G1
416-240-8000 x255
## Test Administration Form

<table>
<thead>
<tr>
<th>Test Name</th>
<th>Trained to Administer</th>
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<td>Test of Premorbid Functioning</td>
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<td>Wide Range Achievement Test-4</td>
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<td>Woodcock-Johnson II</td>
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<td>Wechsler Individual Achievement Test II</td>
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<td>Kaplan Baycrest Neurocognitive Assessment</td>
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<td>Dementia Rating Scale-2</td>
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<td>Trail Making Test</td>
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<td>Receptive One-Word Picture Vocabulary Test</td>
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<td>Category Test</td>
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<td>IOWA Gambling</td>
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<td>Personality Assessment Inventory</td>
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<td>Behavior Rating Inventory of Executive Function</td>
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<td>Neurobehavioral Functioning Inventory</td>
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## General Information

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## Academic Information

**Name of University Currently Attending:**

**Department:**

**Program Name (e.g., Clinical Psychology):**

**Degree seeking (e.g., MA, Ph.D.):**

**Director of Clinical Training:**

**Years in program (e.g., Ph.D. 1):**

**GPA:**

**Supervisor/Advisor’s Name:**

**Phone:**

**Email:**

**Research title/topic and brief description:**

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**Name of Previous University/College:**

**Department:**

**Program Name (e.g., Clinical Psychology):**

**Degree seeking (e.g., MA, Ph.D.):**

**Director of Clinical Training:**

**Years in program (e.g., Ph.D. 1):**

**GPA:**

**Supervisor/Advisor’s Name:**

**Phone:**

**Email:**

**Research title/topic and brief description:**
### Assessment Experience

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<th>Total Assessment Hours:</th>
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**Description of Assessment Experiences:**

Experience with structured clinical assessment instruments (e.g., SCID, MINI)

### Individual Treatment Experience

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<th>Number of individual treatment cases:</th>
<th>Total Hours:</th>
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**Description of individual treatment experience:**

Experience with empirically supported treatment approaches:

### Group Treatment Experience

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<th>Number of treatment groups:</th>
<th>Total Hours:</th>
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**Description of group treatment experience:**

Experience with empirically supported treatment approaches:
Additional Clinical Experiences

Describe:
Practicum Training in Child and Adolescent Clinical Psychology

2017-2018

Contact:
Tony DeBono, Ph.D., C.Psych.
Psychology Practicum Coordinator
MUMC Site, 3G
Hamilton Health Sciences
Box 2000, Station A
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L8N 3Z5

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debonot@hhsc.ca
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 for more information about the city of Hamilton.

Hamilton Health Sciences (HHS) is comprised of a family of six hospitals and a cancer centre, serving more than 2.2 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.

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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 2017-2018 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.

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 Disorder 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.

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, consulta-
Practicum Opportunities (cont’d)

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 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 Dietician, nurses, a physiotherapist, and a child life specialist.

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 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 neuro-
Practicum Opportunities (cont’d)

psychological 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.).
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.

**Resident Seminars**
Psychology practicum students are periodically invited to attend weekly resident seminars, which consist of case presentations/formulations, didactic teaching and presentations by various psychologists and professionals in the system.

**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.

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 midpoint 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.
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

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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 service(s) to which they are applying (see the attached list of available placements for the upcoming year).

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.


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.

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.


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

Marnee Maroës, Ph.D., C.Psych. (University of Saskatchewan, 2004). Hamilton Psychological Services (Private Practice).

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

Caroline McIsaac, Ph.D., C.Psych. (York University, 2010). Child and Youth Mental Health Emergency Service.


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

Danielle Pigon, M.A. (University of Toronto, 2008). 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.


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


Who Are We?

The Child Advocacy and Assessment Program (CAAP) of McMaster Children’s Hospital, now in its 24th 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 responsibility for our cases and make all clinical decisions through team consensus.

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.

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.

Intervention Services:
The CAAP team offers sexual assault follow-up and counselling for children/youth and their caregivers, individual psychotherapy 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.

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

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
Hamilton Health Sciences Practicum Training in Clinical Neuropsychology

2017—2018

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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 and the home of evidence-based practice.

Visit www.hamilton.ca for more information about the city of Hamilton.

Hamilton Health Sciences (HHS) is comprised of a family of six hospitals and a cancer centre, serving more than 2.2 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.

The practicum in Clinical Neuropsychology is based out of Hamilton General Hospital (HGH) and the McMaster University Medical Centre (MUMC) sites. Services at MUMC provide general medical and surgical services, pediatric care (e.g. Oncology Neuropsychology Services within the McMaster Children’s Hospital), and specialized adult and women’s health services (e.g. Adult Chronic Pain Program). The HGH is recognized as a regional centre of excellence for adult cardiovascular care, neuroscience, trauma, and burn treatment. It is also the location of the newly built state-of-the-art Regional Rehabilitation Centre (RRC) offering specialized inpatient interdisciplinary rehabilitation for adults and seniors. Adult clinical Neuropsychology services are provided in the Adult Acquired Brain Injury Program, the Integrated Stroke System, the Adult Epilepsy Monitoring Unit, and the Adult Consultation Neuropsychology Services.

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.

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

Clinical training opportunities for practicum students can be available through the Adult Acquired Brain Injury Program, the Integrated Stroke System, the Adult Consultation Neuropsychology Services, the Adult Epilepsy Monitoring Unit, and the Pediatric Neurology/Neurosurgery, Epilepsy, and Oncology Neuropsychological Services. Other clinical training opportunities in clinical and/or health psychology may also be available in the Adult Chronic Pain Program and the Diabetes Care and Research Program. The specific programs that offer placements vary year-to-year. Please check with the Practicum Coordinator to know what is offered for the 2017-2018 year.

Practicum students receive training mainly in psychological and neuropsychological assessment with children and/or young adults, adults and seniors; however, opportunities in clinical psychology may also be available. Training in administration, scoring and interpretation is available on a wide variety of measures from domains, such as intellectual, academic, attention, memory, problem-solving, emotional functioning, personality, etc. Practicum students may also have the opportunity to be involved in diagnostic interviewing, case formulations, interdisciplinary team meetings, feedbacks to patient/families, brief interventions (e.g., behavioural consultation, cognitive retraining, etc.) as appropriate depending on their placement and skill level. Practicum students can be expected to see clients from diverse cultural backgrounds.

Clinical Neuropsychology Practicum Placements

Adult Acquired Brain Injury Program (ABIP)

ABIP, located in the new rehabilitation facility at the HGH, is a provincially established service designed to provide inpatient and outpatient treatment and continuity of care to adults who have sustained brain injuries (not limited to trauma). It is comprised of an inpatient ward served by two multidisciplinary teams, a day hospital, and a community services program as well as an outpatient clinic. The psychologists, neuropsychologists, psychometrists, and pre-doctoral interns on the interdisciplinary teams provide assessment (behavioural, emotional and neuropsychological), consultation, and direct treatment intervention (behaviour management, cognitive retraining, counselling, group therapy) and are available to provide supervision for the practicum students. A brief description of the services offered under ABIP is listed below.

The Community Re-integration Unit (CRU) is an in-patient setting where practicum students work within a multi-disciplinary team consisting of a neuropsychologist, physiatrist, neurologist, speech-language pathologist, occupational therapist, physiotherapist, social worker, behaviour therapist, rehabilitation therapist, and registered nurses. Practicum students are responsible for conducting neuropsychological evaluations to assist with treatment and discharge planning, attending and presenting at case conferences, providing feedback regarding patients' neurocognitive, emotional and behavioural status at family meetings, developing scripts to assist with rehabilitative efforts, and sometimes conducting individual treatment using various modalities.

In the Outpatient Clinic, neuropsychology practicum students may be involved in screening interviews and neuropsychological assessments that are carried out to help secure appropriate services for patients with acquired brain injuries. Practicum students may be involved in offering individual and couple therapy. Typical types of issues that are addressed in treatment involve post-concussive symptoms, mood and anxiety, adjustment issues, and post-traumatic stress disorder/symptoms.

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)

Practicum students may also work in collaboration with Outreach therapists, who under the direction of psychology staff, design and implement programs in the community.

The Community Services Program (some of which is funded by third party insurance monies) is designed to support patients living in the community who need assistance with life skills and vocational retraining, and behavioural and emotional problems.

There is also the Slow To Recover program within ABIP where practicum students may have the opportunity to conduct assessments on a consultative basis with patients with complex medical/neurological presentations.

Adult Consultation Neuropsychology Services
The Adult Consultation Neuropsychology Services is located at MUMC. Practicum students work with the registered neuropsychologist, psychometrists, and intern. Training in intellectual, personality, and neuropsychological assessment with a wide range of psychiatric difficulties is provided. The types of assessments conducted include auto-immunological (i.e., HIV, Lupus, MS, etc.), degenerative diseases (i.e., Parkinson’s Disease, Huntington’s Chorea, etc.), infectious disorders, seizure disorders, neurotoxic conditions, follow-up strokes, occasional traumatic injuries, as well as psychiatric and other medical conditions that affect cognitive functioning. A major focus of this rotation is conducting differential diagnosis with respect to the above-mentioned conditions and psychological disorders and offering an opinion to the referring physician. In this rotation, practicum students are involved in conducting a clinical neurodiagnostic interview, reviewing available medical documents, obtaining collateral information, conducting psychometric testing, integrating all data and offering a clinical formulation/opinion in a comprehensive report, as well as communicating findings in a feedback session to the referred client.

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-ology clinic, Brain Power, Neurology clinical rounds, etc.).

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.

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 practicum, including seminars and rounds presentations.

Rounds and seminars (research, rehabilitation, psychiatry, psychology) are held throughout the hospital system on a regular basis and practicum students are invited to attend. A monthly listing of educational events is distributed through the hospital's Education Office to keep staff and students aware of upcoming events. Evidenced-based formulation and treatment rounds are organized for psychology practicum students and interns and psychiatry residents. Ethics seminars for the psychology practicum students and interns are scheduled annually from January to June.

Supervision and Evaluation

Practicum students are assigned one primary supervisor who is a registered psychologist. At the beginning of the practicum placement, the student and their supervisor set individualized written goals and objectives. Students receive a minimum of one hour of supervision per week. Throughout the practicum, the supervisor and student complete regular progress evaluations to ensure that the student's workload is manageable and appropriate to the goals and objectives negotiated. Formal review and evaluation of each practicum student's progress is scheduled at the midpoint 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 are forwarded to the clinical director in the student's graduate department.
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:

- A 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

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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 service 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 Neuropsychology Training Staff


Madalena DaSilva, B.A. (University of Waterloo, 1994). Psychometrist in Pediatric Oncology Neuropsychology Services.

John Davis, Ph.D., C.Psych. (Wayne State University, 1983). Psychologist in ABI Community Services Program.

Ashley Di Battista, Ph.D., C.Psych. (University of Melbourne, 2013). Psychologist in ABI Community Services Program.


Brenda Scozzari, B.A. (Brock University, 1994). Behavioural Therapist in Adult Acquired Brain Injury Program.


Joanna Sue, Ph.D., C.Psych. (Queen’s University, 2014). Psychologist in Adult Acquired Brain Injury Program.


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<th>Program</th>
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<th>Level</th>
<th>Term(s)</th>
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<th>Supervisor</th>
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<td>MA or PhD</td>
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<td>Assessment and/or Intervention</td>
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<td>Summer 2017</td>
<td>2 days/week</td>
<td>Assessment (MA or PhD) Intervention (PhD only)</td>
<td>Dr. Paulo Pires</td>
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<td>MA or PhD</td>
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<td>2 days/week</td>
<td>Assessment and/or Intervention</td>
<td>Dr. Katie Lok</td>
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<td>2 days/week</td>
<td>Assessment and Intervention</td>
<td>Dr. Angela McHolm</td>
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<td>PhD</td>
<td>Fall / Winter</td>
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<td>Neuropsych. Assessment</td>
<td>Dr. Nevena Simic</td>
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<td>Acquired Brain Injury (ABI) Community</td>
<td>Adults / Adolescents</td>
<td>PhD preferred</td>
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<td>2 days/week</td>
<td>Neuropsych. Assessment</td>
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*CHYMH Program = Child and Youth Mental Health Program
Practicum Program in Psychology

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

2017 - 2018
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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:

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.

To find out further information on Whitby and surrounding communities, visit www.whitby.ca.

Please note that the information on the town of Whitby was taken from Wikipedia.
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.
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\textsuperscript{V3}). 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 intern 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:**

   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 interns 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, interns provide individual psychotherapy and facilitate group treatment programs with forensic clientele. Throughout the course of the internship year, psychology interns 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. Potential rotations include:

- **Forensic Outpatient Service (FOS) Supervisors:** Dr. Marc Levi & Dr. Lisa Marshall
- **Forensic Assessment Unit (FAU) Supervisor:** Dr. Andrea Gibas
- **Other Psychology Staff:** Shelley McAlister
- **Forensic Assessment and Rehabilitation Unit (FARU) Supervisor:** Dr. Erica Martin
- **Forensic Rehabilitation Unit (FRU) Psychology Staff:** Dr. Edna Aryee
- **Forensic Psychiatric Rehabilitation Unit (FPRU) Supervisor:** Dr. Krystle Martin
- **Forensic Transitional Unit (FTU) Supervisor:** Dr. Joanne Coutts
- **Forensic Community Reintegration Unit (FCRU) Supervisor:** Dr. Joanne Coutts

Other psychology staff: Shelley McAlister

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 Outpatient Service**
   Primary Supervisor: Dr. Sam Iskandar

- **The Geriatric 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 Mood Disorder 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: Dr. Laura Leong

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

- **Women’s Service**  
A multidisciplinary team provides focused consultations and time limited service (up to six months) to women, diagnosed with an axis I diagnosis and 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, and psychological assessments (psychodiagnostic, cognitive, personality, trauma).

- **Mood and Anxiety Service**  
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 refractory to treatment 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 may be evidence of refractory to treatment 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.

- **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 refractory to treatment 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, psychological assessments (psychodiagnostic, cognitive, personality, trauma), and individual and/or group psychotherapy when appropriate.

b) **Borderline Personality Self-Regulation Clinic**  
Primary Supervisor: Dr. Shannon Robinson

Using Dialectical Behavior Therapy (DBT) this program serves individuals, 18 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: TBD  
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. The program serves youth from the Adolescent Outpatient, Borderline Personality Self-Regulation Clinic, and the Traumatic Stress Services Clinic. 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: TBD  
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. Services are provided to adolescents 12 to 18 with bridge services to adult programs.
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 Residential Program**  
Psychology Staff: Shaina Rosenrot

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. EDRH 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:
Tina Powers, Leader, Education & 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: powerst@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

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. 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 phone or 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 x-ray 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)
V Accreditation

The Clinical Psychology Internship Program at Ontario Shores Centre for Mental Health Sciences is fully accredited by the Canadian Psychological Association (through to the 2015 – 2016 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
VI Psychology Faculty and Supervisors

ARYEE, Edna
Dr. Aryee is currently a psychologist in supervised practice with eight years of experience providing therapy and assessments services to adults in Clinical and Forensic/Correctional psychology. She completed her undergraduate degree (B.A Hons, Psychology) and graduate (MPhil, Clinical Psychology) both from the University of Ghana, Legon. She also completed an M.A in Community Psychology from Wilfrid Laurier University where she was trained in program development, evaluation and community-based research. She obtained her Ph.D. in Counseling and Clinical Psychology with an Adjunct degree in Gender and Women’s Health from the University of Toronto in 2014. Her dissertation focused on HIV/AIDS behavioural strategies on young women. Dr. Aryee completed her residency at Correctional Services Canada and with Forensic Behaviour Service in 2012. Prior to her current position, she worked at CAMH for several years as a clinical research consultant to the Office of Transformative Global Health. She was also part of CAMH's forensic program where her duties involved the implementation of evidenced-based clinical and forensic assessments and treatments. In 2012 and 2015, Dr. Aryee received the Gordon Cressy Student Leadership Award from the University of Toronto and the Community Role Model Honours by Senate Canada and Diversity Network respectively.


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.
D'IUSO, Dr. Nadia
Dr. Nadia D'Iuso 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'Iuso 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'Iuso 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.


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.

Ontario Shores Practicum Program in Psychology


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 neuro-degenerative 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.


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.


**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.

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 provides psychological services to adults in the outpatient department (ICAP). Her research interests include chronic pain and relationships, for example, the importance of communicating empathy and validation in response to someone’s pain and distress.

*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.
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.


MARTIN, Dr. Erica
Dr. Erica Martin is a licensed Psychologist, registered with the College of Psychologists of Ontario. She received her Ph.D. in Clinical Psychology from York University in 2012. She came to Ontario Shores in 2010 as a psychology intern, working in both on forensic and neuropsychiatry units. Dr. Martin works in the Forensic Program, on a medium security rehabilitation and forensic assessment unit, conducting risk assessments, cognitive/personality/diagnostic assessments, and individual and group therapy. She is also the psychology practicum coordinator. Prior to joining Ontario Shores, Dr. Martin worked in private practice and at CAMH in the Workplace Stress and Mental Health Program. Through her graduate school career, she also gained experience in neuropsychology clinics at Toronto East General Hospital and Sunnybrook, and also worked in the Sexual Behaviors Clinic at CAMH in the Law and Mental Health Program. Her current research interests include the effectiveness of group CBT for Psychosis in an inpatient setting, and differences across disciplines in decision-making regarding patient movement through the forensic mental health system.


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 2½ 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.


**McALISTER, Shelley**

Shelley McAlister received a Master of Arts in Counselling Psychology from Yorkville University in 2014. She is a registered psychotherapist with the College of Registered Psychotherapists of Ontario. She was employed at Kingston Psychiatric Hospital from 1983 to 1997 following the completion of a B.Sc. in Psychology at the University of Toronto. Ms. McAlister joined the staff on the Forensic Assessment Unit at Ontario Shores when it opened in 1997. As a Psychometrist in the Forensic service she conducts psychological assessments for reports to the court and the Ontario Review Board under the supervision of a registered psychologist.

**ROBINSON, Dr. Shannon**

Dr. Shannon Robinson earned her Ph.D. in Counseling Psychology for Psychology Specialists from OISE (University of Toronto) in 2007. She is a licensed Psychologist registered with the College of Psychologists of Ontario, with a focus on Clinical and Counseling Psychology. Before joining Ontario Shores, Dr. Robinson gained many years of experience providing assessment and treatment in both clinical and counseling settings. Currently, Dr. Robinson provides psychological services in the Borderline Self-Regulation clinic. Dr. Robinson’s research interests have included exploring the comorbidity between eating and substance use disorders.


ROSENROT, 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.


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, serving 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.

VECTOR, 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.

**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.


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.

Weekly individual supervision for individual counselling cases is provided by Dr. Diana Brecher, C. Psych (CBT), Dr. Sarah Thompson, C. Psych. (EFT) and supervision for group therapy is provided by Dr. Jesmen Mendoza, C. Psych. In addition, practicum students and interns will be expected to participate in weekly micro-skills training, group supervision and case management meetings with other CSDC staff members as well as 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 one of the following positions:

1. Practicum (MA and PhD) 2-3 days per week (academic year) or 4 days a week (summer)
2. Unofficial Internship: Full time or part time for the year (12 months)

At present, these are unfunded positions.
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

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 (can be emailed). I will also need 2 letters of reference.

Contact Information

Dr. Diana Brecher, 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. 6631.
Email: dbrecher@ryerson.ca

www.ryerson.ca/counselling

Application Deadline:
February 1st

Practicum & Internship Opportunities

- M.A. practicum
- Ph.D. practicum
- Ph.D. 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 (can be emailed). I will also need 2 letters of reference.
Surrey Place Centre

Surrey Place Centre is a community-based organization that provides a range of services including complex assessment, diagnostics and treatment for people living with developmental disabilities, autism spectrum disorders and visual impairments. We are dedicated to helping every client reach their potential – at every stage in life. With highly skilled staff and dedicated teams, we’re making a real difference through inspired leadership, service and research excellence, community collaboration and creative capacity building.

**Practicum Training Brochure**

Psychology practicum students are generally offered the opportunity for placement in one of our three age programs offering services to individuals with developmental (intellectual) disabilities.

**Ages 0 to 18:**

a) **Infancy and Early Childhood Program** – Students will work under the direct supervision of registered psychologists to provide a range of clinical services to children between the ages of birth to six years. Psychologists in the program provide diagnostic assessment and intervention for children who have, or are suspected to have, developmental delays/disabilities, as well as parent and family counselling. The clientele include children with genetic and chromosomal disorders ranging from Down syndrome, Fragile X, autism spectrum disorders, cerebral palsy, to more rare neuro-developmental abnormalities such as Norrie Disease, Prader Willi Syndrome, and/or deaf-blindness. The needs of these children and their families are complex, often compounded by family dysfunction, history of neglect and abuse and/or poverty. The clients are served within an interdisciplinary team which consists of psychologists, developmental therapists, paediatrician, nurse, occupational therapists, speech/language pathologists, audiologists, behaviour therapists, and service coordinators. Students will have the opportunity to participate in parent and/or extended family counselling, diagnostic assessments as well as interventions such as play therapy, developmental therapy and support groups. For more details, contact Dr. Anona Zimerman at 416-925-5514 x2305 or anona.zimerman@surreyplace.on.ca

b) **Children and Youth Program** – Students will work under the direct supervision of registered psychologists to provide a range of clinical services to children and youth, between 6 to 18 years of age, and their families. The services include interventions (i.e., play therapy, individual or family therapy, group counselling, parents counselling), psychological assessment (i.e., psycho-educational, eligibility screening, diagnostic), and psychological consultation (to home, school or community agencies). Needs of the clients in this program are often very complex, compounded by cultural and familial diversities, history of neglect and abuse, and/or poverty. The clients are served within an interdisciplinary team which consists of psychologists, developmental paediatricians, nurse practitioners, occupational therapists, speech language pathologists, audiologists, behaviour therapists and social workers. Students will also have an opportunity to work in a Fetal Alcohol...
Spectrum Disorder (FASD) interdisciplinary diagnostic assessment team, which would involve evaluation and identification of FASD in children and youth with intellectual disabilities, autistic spectrum disorders, and/or other types of developmental disorders. A variety of research opportunities are also available. For more details, contact Dr. Nozomi Minowa at 416-925-5141 x2369 or nozomi.minowa@surreyplace.on.ca

Ages 18 and over:

c) **Adults Program** - Students will work under the direct supervision of registered psychologists to provide psychological services to adults 18 years of age and over. Clients include individuals with a variety of known or suspected developmental disabilities including Fetal Alcohol Spectrum Disorder, Autism Spectrum Disorder, Down Syndrome and other etiologies of intellectual disability. Many clients also present with behavioral or mental health issues, or challenging psycho-social circumstances such as homelessness or conflict with the law. Psychologists in Adults Program often work in partnership with Developmental Services Ontario – Toronto Region (DSO-TR) to assist in determining client eligibility for adult developmental services, and in helping adults and their caregivers to obtain appropriate community supports and clinical services. Adults Program serves a broad diversity of clients in terms of age, cultural background and living circumstances. For example, the clientele ranges from young adults up to the elderly; some live with family whereas others live in group settings or on their own, and some are parents themselves. Students will be involved primarily in cognitive assessment, but more advanced students may take part in other types of diagnostic assessments and/or intervention as well. This placement will prepare students to work with clients having a variety of developmental and mental health disorders as well as introduce them to working on a multidisciplinary team and collaborating with community partners in serving the needs of a diverse population. For more details, contact Dr. Lauren Shewfelt at 416-925-5141 x 2249 or lauren.shewfelt@surreyplace.on.ca

Potential applicants should note that the specifics of the placement vary from one age program to another. For example:

**Type of practicum offered:** Placement within Adults Program is likely to entail mainly assessment, whereas applicants to other programs may be offered opportunities for both assessment and intervention.

**Placement term:** Services for children are generally structured around the school year, and thus the practicum student’s placement would normally begin in September and extend to the following June, whereas Adults Program could potentially offer placements throughout the Fall, Winter and/or Summer university terms.

**Qualifications and experience:** Supervising psychologists in Adults Program are open to considering both M.A. and Ph.D level candidates and can offer some flexibility in tailoring training opportunities to meet the needs of either less experienced or more experienced students. For students applying to one of the under 18 age programs, preference is given to applicants who are at the Ph.D. level and have completed prior practicum placement.
Surrey Place Centre
Practicum Application Facesheet
(please attach to the front of your application)

Student Name:

University:

Program:

Level of Education: Current: ___________ and/or Anticipated: ___________ (by the beginning of the placement)

SPC program preference (please rank preference, do not rank areas not of interest):
__ Infancy and Early Childhood Program
__ Children and Youth Program
__ Adults Program

Preferred Term of Placement: (availability will vary from one age program to another)
___ Sept. 2017 to June 2018   ___ Other (specify) _______________________________

Training Objective(s): ___ Intervention   ___ Assessment   ___ Both

Assessment course completed: ___ Yes   ___ No
(prerequisite for assessment practicum)

Intervention course(s) completed: ___ Yes   ___ No
(prerequisite for intervention practicum)

Please forward this application form with a cover letter, C.V., references and sample report by February 1, 2017 to:

Ms. Andrea Lavallee (currently on leave)
or Ms. Lisa Marinis: lisa.marinis@surreyplace.on.ca
Education Coordinator
Surrey Place Centre
2 Surrey Place
Toronto, Ontario
M5S 2C2
Fax: (416) 925-6508
Email: andrea.lavallee@surreyplace.on.ca

Updated: October 2016
Dr. Lauren Shewfelt
Student Training Opportunities in Psychology 2017-2018

University Health Network

Princess Margaret Cancer Center

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 2015-2016 period.

PRINCESS MARGARET CANCER CENTER:

CLINICAL HEALTH PSYCHOLOGY, PSYCHOSOCIAL ONCOLOGY & PALLIATIVE CARE

Population: adult survivors of childhood cancer; young adult cancer survivors
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

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

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

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

Population: patients with advanced cancer
Research: death anxiety; attachment security; psychometrics and scale development
Contact: Chris Lo, Ph.D. chrislo@uhnresearch.ca

NEUROPSYCHOLOGY, PSYCHOSOCIAL ONCOLOGY & PALLIATIVE CARE
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

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
(NOT TAKING STUDENTS FOR 2016-2017 YEAR)

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. ronolan@uhnres.utoronto.ca

Population: adults with congenital heart disease
ANAESTHESIA & PAIN MANAGEMENT
Population: inpatient and outpatient adults suffering from acute and chronic pain, with a focus on pre- and post-surgical care 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; 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

EATING DISORDER PROGRAM, PSYCHIATRY
Population: Anorexia Nervosa, Bulimia Nervosa, and comorbidities including Anxiety Disorders, Mood Disorders, Substance Use Disorders, Personality Disorders
Clinical Assessments: clinical interviewing and diagnostic assessment
Clinical Intervention: intensive treatment for eating disorders including inpatient and day hospital, and a follow-up/relapse prevention program; group and individual CBT therapy
Research: etiology and maintenance of EDS, treatment efficacy and effectiveness, prediction of relapse, relapse prevention
Psychologists:
Michelle Mahan, Ph.D., C.Psych. michelle.mahan@uhn.ca
Traci McFarlane, Ph.D., C.Psych. traci.mcfarlane@uhn.ca
Marion Olmsted, Ph.D., C. Psych. marion.olmsted@uhn.ca
Kathryn Trottier, Ph.D., C.Psych. Kathryn.trottier@uhn.ca
Michel (Mike) Thibodeau, Ph.D. (supervised practice) michel.thibodeau@uhn.ca
Contact: 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: neuropsychological assessments
Clinical Intervention: psychoeducation; school consultation
Research: neuropsychological characteristics of individuals with TS and comorbid conditions, particularly executive functioning
Contact: Jennifer Stanga, Ph.D., C.Psych. jennifer.stanga@uhn.ca
Jody Levenbach, Ph.D., C.Psych. jody.levenbach@uhn.ca
COMMUNITY MENTAL HEALTH AND ADDICTIONS PROGRAM

Population: adult psychiatric outpatients suffering from mood and anxiety disorders, sleep and/or substance abuse; patients suffering from stress related problems related to immigration/adaptation issues
Clinical Assessments: understanding underlying issues related to presenting problems and developing appropriate treatment plans
Clinical Intervention: short term individual and group treatments including open-ended CBT groups in English and Spanish
Contact: Alicia Sorkin, D. Ps., C.Psych. AliciaAraujo.Sorkin@uhn.ca

BARIATRIC SURGERY PROGRAM

Population: Bariatric patients undergoing gastric bypass surgery, both pre and post-surgery
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:
Susan Wnuk, Ph.D. C. Psych. susan.wnuk@uhn.ca
Sarah Royal, Ph.D., C.Psych. sarah.royal@uhn.ca

NEUROPSYCHOLOGY CLINIC, KREMBIL NEUROSCIENCE CENTRE

Population: neurology/neurosurgery outpatients, primarily in epilepsy and Parkinson’s disease
Clinical Assessments: neuropsychological assessments
Clinical Interventions: recommendations; assessment of suitability for surgery
Research: impact of neurological disorders and neurosurgical/neuroradiation 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
David Gold, Ph.D. C.Psych. david.gold@uhn.ca
Marta Statucka, Ph.D., C.Psych. marta.statucka@uhn.ca
Mary Pat McAndrews, Ph.D. C.Psych. 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
*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
Behaviour Therapist: Nathalie Brown 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
Dalia Slonim, Psy.D., C.Psych. dalia.slonim@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 Domitrović, Ph.D., C.Psych. lidia.domitrovic@uhn.ca
Valery Kleiman, MA, Dipl.Psych., C.Psych.Assoc. valery.kleiman@uhn.ca
Sabrina Lombardi, Ph.D., C.Psych. sabrina.lombardi@uhn.ca
Colleen Ray, Ph.D., C.Psych. colleen.ray@uhn.ca
(NOT TAKING STUDENTS FOR 2017-2018 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

MSK REHAB, HILLCREST SITE Contact: Greg Hamovitch, Ph.D., C.Psych. greg.hamovitch@uhn.ca
(NOT TAKING STUDENTS FOR 2017-2018 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
  Martha McKay, Ph.D., C.Psych. martha.mckay@uhn.ca
  *note Ph.D. level students only

  Monica Vermani, Ph.D., C.Psych. monica.vermani@uhn.ca
(Dr. Vermani - NOT TAKING STUDENTS FOR 2017-2018 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 (Research Scientist)

APPLICATION PROCEDURE:

Candidates should submit the following to the respective contact person listed:

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 ~February tbd, 2017.

Notification date for applicants is ~March tbd, 2017 at 9:00 a.m. (note that dates are not typically confirmed until practicum day in November 2016)

Please be in touch with the respective contact person for further information on mailing address for use when submitting hard copies of application materials.
**Women’s College Hospital - Trauma Therapy Program**

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:**
Eight-month placement(s)  September – April with the Trauma Therapy Program

• 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. Most years we can offer 2 such placements.

**Ph.D. and Ed.D. candidates:**
Will be supervised by one of our Psychologists in accordance with College requirements. We may have 1 such placement available.
In application please mention your interest/focus in research or thesis.

Please apply with a professional resume and cover letter, indicating your interest and preparation for a placement in our specialized trauma-focused therapy program: almuth.weigeldt@wchospital.ca Ph.D. candidates will need to follow the process laid out
by the GTA Universities joint agreement. Applications are invited by the first Monday in February or a more specific date as determined by the GTA Universities agreement.