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2013-2014

Predoctoral Residency in Clinical Psychology

Your guide to predoctoral training in clinical psychology within one of Canada’s leading CPA accredited residency programs.
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INTRODUCTION

London, Ontario, Canada

Canada’s eleventh largest centre, London is a growing metropolitan area of approximately 492,000 people located in the heart of Southwestern Ontario. It is situated between Lake Erie and Lake Huron, and is a short two-hour drive from the major centres of Toronto and Detroit. Well-known for its abundance of trees and pleasant surroundings, the “Forest City” offers relaxed and inexpensive living. The Thames River winds its way throughout the city, harbouring a number of large and small parks as well as miles of walkways and bicycle paths.

London offers various cultural and community activities including theatre, museums, a downtown market, and a symphony orchestra. It is also near other well-known cultural centres including Stratford (Shakespearean Festival) and Niagara-on-the-Lake (Shaw Festival) as well as a number of very popular local festivals. London also is the home of various sports facilities including the John Labatt Centre (often described as North America’s finest Junior Hockey venue), Labatt Park (the world’s oldest continuously used ball park), and TD Waterhouse Stadium.

London also boasts numerous natural areas throughout the city that are open year-round including wetlands, meadows, forests, valleys, and other relatively undisturbed lands that are home to many different plants and wildlife. Some contain rare plants, wildlife or landforms, and are especially large or diverse in their habitat. Many of these areas are considered environmentally significant on a local, regional, provincial or even national scale.

London is home to Western University with over 33,000 graduate and undergraduate students, approximately 3,500 full-time faculty and staff members, and over 250,000 alumni. Through its 12 faculties and schools and three Affiliated University Colleges, the University offers more than 400 different majors, minors and specializations. Research is an integral part of the University’s mission and external support for research projects totals over $200 million per year.

London Health Sciences Centre
Caring for You. Innovating for the World.
www.lhsc.on.ca

London Health Sciences Centre (LHSC) is a premier acute care hospital and one of Canada’s largest teaching hospitals. LHSC was created in 1995 following a merger between University Hospital and Victoria Hospital whose history dates back more than 135 years. Building on its tradition of leadership and partnership, the hospital champions patient-centred care, a spirit of inquiry and discovery, and a commitment to life-long learning.

First and foremost, LHSC provides primary, secondary, tertiary, and selected quaternary services for the communities of London and Middlesex. The hospital serves as a regional referral centre for selected, highly specialized tertiary and quaternary clinical services for those communities beyond London and Middlesex.

LHSC is recognized worldwide for its outstanding medical care and achievements including North America’s first artificial cervical disc replacement (2002) and the world’s first robotic-assisted surgery using videoconferencing technology (2001). It continues to be a world leader in robotic-assisted cardiac and cancer surgery. The hospital’s international reputation draws patients from across North America and the rest of the world.

Each year, their staff of over 10,000 care for more than one million inpatients, outpatients, and emergency patients. Dedicated to excellence in patient care, teaching, and research, LHSC has a capacity of over 800 beds (including 20 bassinets at the Children’s Hospital) with annual operating expenses of over $900 million. The overriding philosophy of the hospital is “patient-centred care.”

Psychology at LHSC is located at two sites: University Hospital, in the north end of London, and Victoria Hospital, in the south side of London. The Victoria Hospital is also the location of the Children’s Hospital.

The hospital is the major referral centre for the Southwestern Ontario region, and has a number of health care partners across the city and province. LHSC provides a variety of premier services and programs in its five units: Cancer and Diagnostics, Women and Children, Medicine, Mental Health Care, and Surgery.

LHSC also serves as the primary teaching hospital for Western University’s Schulich School of Medicine and Dentistry and provides training to almost 1,800 students, residents, and fellows a year from over 30 educational institutions across Canada.

Research partners include the Children’s Health Research Institute, the John P. Robarts Research Institute, and the Lawson Health Research Institute.
Psychology at London Health Sciences Centre

In accord with the hospital’s vision statement – Caring for You. Innovating for the World – Psychology at LHSC is committed to patient care, teaching, and research. Our staff is also strongly committed to the enhancement of psychology as a profession through continuing staff education and leadership in organizations devoted to professional growth. Psychology Staff includes 25 full-time and 6 part-time psychologists, 3 psychological associates, 4 psychometrists, and a number of support staff and research assistants (see Consortium Staff Biosketches for a description of staff members). We also have 3 psychologists who are full-time faculty in the UWO Department of Psychiatry on site. Despite diverse services and different geographic locales, Psychology maintains its cohesion as a profession through regular meetings and rounds.

As clinicians, we are committed to the promotion of health in its broadest sense, including the enhancement of physical, emotional, cognitive, and social well-being. Compassion and care, coupled with clinical innovation, are distinguishing features of our patient service. Integrated, comprehensive health care is emphasized through program-based management and inter-professional teamwork.

Psychologists at LHSC provide clinical psychology and neuropsychology services through consultation, assessment, diagnostic, and treatment services to a wide variety of adult and child/adolescent inpatient and outpatient programs, accepting over 3000 new referrals per year for services for individuals and their families. Clinical referrals reflect a diversity of patient needs and staff expertise. Assessment strategies include cognitive, behavioural, personality, and neuropsychological approaches; therapeutic modalities include individual, group, couple, and family work; and theoretical orientations include cognitive-behavioural, developmental, and eclectic approaches. Psychologists serve as valued consultants to physicians and other health care professionals, both within the hospital and throughout the community. In 2011, there were over 22,000 patient visits to Psychology Staff at LHSC.
St. Joseph’s Health Care, London

Guided by the people we serve…
Provided by people who care.
www.sjhc.london.on.ca

St. Joseph’s Health Care, London is a blend of distinctive facilities, programs, and services, resulting in one of the most unique academic hospital organizations in Canada. St. Joseph’s Health Centre, Parkwood Hospital, and the London/St. Thomas Psychiatric Hospital joined together to create a new health care organization to serve the residents of London and Southwestern Ontario. Clinicians at St. Josephs are guided by the hospital’s mission:

“From the shortest visit to the longest stay, we earn complete confidence in the care we provide, and make a lasting difference in the quest to live fully.”

St. Joseph’s is a recognized leader in the delivery of excellent compassionate care, progressive teaching, and renowned research. St. Joseph’s is one of Canada’s leading multi-specialty academic health care centres, with medical specialists, clinicians, and researchers who have an impact near and far. They work with people to minimize the effects of injury, disease and disability. They pursue excellence in care, research, and education in a wide range of hospital, clinic, long term and community-based settings, and work with their partners to create a better health care system. St. Joseph’s is composed of five areas of health care: Acute/Ambulatory Care, Complex Care and Veterans Care, Long Term Care, Rehabilitation and Specialized Geriatrics, and Specialized Mental Health Care.

True to its 120-year legacy, St. Joseph’s is breaking new ground in care, teaching, and research as it recreates hospital care and works with others to transform the health care system. St. Joseph’s is recognized for its world’s firsts in treatment and research, including the first measure of neurotransmitter concentration in schizophrenics by Magnetic Resonance Spectroscopy (1990) and the first study of the role of sleep and hormonal changes in the etiology and treatment of postpartum psychosis (2003). Each year, over 5,000 staff provide care for more than 600,000 inpatients, outpatients, and emergency/urgent care patient visits with annual operating expenses of over $450 million. Guided by its values, St. Joseph’s helps people of Southwestern Ontario regain and sustain their optimal health and quality of life.

Lawson Health Research Institute is the research arm of St. Joseph’s Health Care, London. Lawson is one of the largest hospital-based research institutes in Canada attracting over $65 million in research funding each year and over 1,200 principal investigators, technicians, support staff and trainees. Lawson is recognized internationally for its research and clinical work, spanning the full continuum of human life. At St. Joseph’s, Lawson investigators focus their research on such areas as diabetes, geriatric care, rehabilitation, probiotics, and imaging. Advances derived from research are applied directly to patient care and are shared through its regional outreach programs.
Psychology at St. Joseph’s Health Care, London

Psychology at St. Joseph’s Health Care, London is firmly committed to the organization’s core values—respect, excellence, and compassion. Psychology works within strategic directions of St. Joseph’s (Organizational transformation, Performance excellence, Mission and leadership, and Advancing research, teaching and innovation), demonstrating commitment to patient care, to teaching, and to the continuous generation and evaluation of new knowledge.

Psychology at St. Joseph’s is firmly connected to the profession as a whole. Staff members involve themselves in staff training, in program evaluation and development, and in leadership in professional organizations. Many staff members have appointments with academic departments—Psychology, psychiatry, and others; and several are scientists with the Lawson Health Research Institute.

Psychology staff include full-time and part-time psychologists, psychological associates, psychometrists, and others aligned with our profession (see Consortium Staff Biosketches for a description of staff members). Psychology maintains its cohesion as a profession via site meetings, attendance at joint city-wide discipline-specific and interprofessional events, and annual retreats.

Psychology staff at St. Joseph’s Health Care, London work within a Program Management framework as members of interprofessional teams. Psychology is committed to the St. Joseph’s mission of helping people to maintain and improve their health; and working with them to minimize the effects of injury, disease or disability. Psychology Staff at St. Joseph’s share a commitment to client-centred care.

Psychology staff are well represented in all programs at their mental health sites, and offer a full range of therapeutic and assessment services to clients with complex mental health care needs. Psychologists also provide services to individuals seeking rehabilitation for acquired brain and spinal cord injuries and to Veterans Care at Parkwood Hospital; and in behavioural medicine at St. Joseph’s Hospital’s Arthritis Institute and Pain Program. A full range of theoretical orientations and backgrounds, and therapeutic and assessment approaches, are represented.
Child Parent Resource Institute (CPRI)
See the Challenges
www.cpri.ca

CPRI (Child and Parent Resource Institute) is operated directly by the Ontario Ministry of Children and Youth Services and is located in a large, scenic area in the west end of London. It is a regional tertiary/specialist centre for child and adolescent mental health and/or developmental needs, serving all of Southwestern Ontario for 50 years. Children and youth from birth to age 18 are served by outpatient and inpatient interprofessional teams. These teams provide a range of highly specialized, interprofessional assessment, consultation, treatment, research, and education services for children and youth with complex mental health needs.

CPRI provides outpatient services to clients who come for scheduled appointments here at CPRI. They also provide service to clients in their own community. Their 17 county catchment area spans several hundred kilometers and includes the Southwestern Ontario counties of Bruce, Grey, Huron, Perth, Waterloo, Wellington, Hamilton-Wentworth, Brant, Oxford, Middlesex, Lambton, Essex, Kent, Elgin, Haldimand-Norfolk and the Niagara Region.

CPRI has five residential units and a school on site. Residential units vary by bed capacity (from 6 to 12), age, sex, and needs of clients served on the unit. They provide residential services on a short-term basis so children/youth are out of their home community for the least amount of time possible. CPRI works closely with front line services in case management across the Southern Ontario system of care for children and youth with high needs.

CPRI’s mission is to enhance the quality of life of children and youth with complex mental health or developmental challenges and to assist their families so these children and youth can reach their full potential. The values that will help them to achieve their mission include:

- Committing to timely, compassionate, and evidence-based approaches,
- Respecting the primary role of the family/caregiver in the lives of children and youth,
- Providing a range of highly specialized, interprofessional consultation, treatment, research, and education services,
- Promoting early intervention to prevent or lessen disabling conditions,
- Striving for excellence in all that they do through learning and innovation, openness, co-operation, systems planning, and accountability, and
- Providing support through consultation, education, and research so that effective treatment can be provided as close to home as possible.

In addition to clinical services, CPRI has a number of resources available to their families, caregivers, and staff, as well as to the entire community, including the Library/Family Resource Centre.

The goal of the CPRI Research and Education program is to initiate, cultivate, undertake, and disseminate research that enhances understanding and works towards ensuring that their programs are evidence-based, effective, and efficient. Clinical research and program evaluation at CPRI is led by a psychologist, and both national and international joint research projects are underway. CPRI is also renowned as an international leader in Biochemical Genetics, providing diagnostic laboratory tests, therapeutic monitoring, and consultations.
Psychology at CPRI

The Psychology Staff at CPRI are integrated into a variety of interprofessional teams and services and work with a number of other professions including psychiatrists, developmental paediatricians, social workers, speech and language pathologists, occupational therapists, child & youth workers (both inpatient & outpatient), and teachers. Psychology at CPRI is firmly connected to the profession as a whole and several CPRI Psychology Staff members have appointments with Western University's Department of Psychology as well as with Departments in the Schulich School of Medicine and Dentistry.

Twelve psychologists and five psychometrists offer assessment, treatment, leadership, training, and research to support CPRI’s inpatient and outpatient programs, including the Bipolar Clinic, Brake Shop, Attachment Consultation and Education Service, Emotional Disorders team, Pervasive Developmental Disorder team, Sexual Behaviours Team, Selective Mutism, Home Visiting Program for Infants, and Dual Diagnosis (intellectual and mental health needs). See Consortium Staff Biosketches for a description of staff members, and see CPRI’s website to obtain more information about each of these specialized services and/or resident opportunities within them.

There are also several in-house training opportunities available to CPRI Psychology Staff including Psychology meetings and a journal club.

Psychology Staff also have a commitment to their community. Many are listed in the CPRI Community Speaker Directory. This community resource provides comprehensive lists of topics, some generic and some highly specific, that are available for presentation by CPRI staff to interested persons, groups, and stakeholders within their catchment area.
Vanier Children’s Services
www.vanier.com

Vanier Children’s Services (Vanier) is a leader in children’s mental health helping vulnerable children and youth overcome serious emotional and behavioural problems. Vanier’s programs are flexible and responsive to the specific needs of each family. Programs include crisis intervention, residential services, day treatment, therapy, family counselling, and community outreach.

Many of the children receiving Vanier’s services are reacting to overwhelming stresses within their lives including death, divorce, violence, neglect, or parental mental health or substance abuse problems. Some are coping with problems or conditions resulting from genetic or prenatal origins. The mission of Vanier is to help children to reach their full potential by working with the child and family’s unique strengths, needs, and culture to prevent or reduce serious mental health problems. They meet this by living their vision to create a caring, emotionally healthy and supportive community where all children, including the most vulnerable, reach their full potential to lead safe, productive, and independent lives.

The history of Vanier is intimately tied with the history of London. In 1963, the Children’s Aid Society and the Catholic Social Services appointed a committee to review the need in London for a residential treatment facility for emotionally disturbed children. The committee, chaired by Mrs. Joan Smith, solicited an initial pledge of $50,000 as operating monies for the facility from the May Court Club of London. The Ontario Ministry of Community & Social Services provided an operating subsidy, and the United Way also contributed money to supplement funding from the May Court Club.

On July 1, 1965, the facility was incorporated and adopted the name Madame Vanier Children’s Services after Madame Pauline Vanier, the much-admired humanitarian and wife of former Governor General of Canada, Georges Vanier. Madame Vanier’s consent to the use of her name lent enormous credibility to the organization in its fund-raising efforts.

Operations began in a 100-year-old converted mansion called Fontbonne Hall. The original 10 beds were soon doubled to 20 beds, and Fontbonne quickly proved inadequate for the needs of the treatment centre. A children's "riot" in 1968 ended with the London Fire Department rescuing children from the steep slate roof of the agency. This incident confirmed the need for a facility specifically designed to serve the treatment needs of emotionally and behaviourally disturbed children. Fund-raising and planning for a new centre began.

Also in 1968, Vanier Children’s Services became the first private treatment centre in Ontario to be licensed under the Children’s Mental Health Services legislation. In 1972, operations moved to the present facility at 871 Trafalgar Street in London, where campus services include residential treatment, day treatment, and outpatient services.

Now known simply as Vanier, it is recognized throughout London and Ontario as a leader in children’s mental health services.
Psychology at Vanier

Psychological services are currently available to children and youth until age 18, with the primary focus on pre-school and pre-adolescent age groups. Clients often meet criteria for externalizing behaviour disorders (attention deficit / hyperactivity disorder, oppositional defiant disorder, conduct disorder), compounded by internalizing and family problems. Psychology staff provide assessment, consultation and treatment services across the range of services available at the agency including outpatient, day treatment, intensive family services, and residential (group and foster) treatment programs.

The Psychology Staff at Vanier currently includes 3 full-time psychologists, 1 full-time psychological associate and 1 full time psychometrist (see Consortium Staff Biosketches for a description of staff members). They provide leadership within the organization and within the profession in London and region. Staff members also have appointments with academic departments of Psychology and Psychiatry at Western University.
The Student Development Centre at Western University
www.sdc.uwo.ca

Western’s Student Development Centre (SDC) is dedicated to the provision of an array of integrated professional and accessible services that help graduate and undergraduate students achieve their personal, academic, and professional goals in a confidential and caring environment. In its work, SDC seeks to respect the dignity and diversity of students, and prepare them for engagement as global citizens. The Student Development Centre is a lesbian, gay and transgendered positive space. SDC is housed in the Western Student Services Building in the heart of the campus.

SDC is staffed by 50 employees across a range of student services. Specialized services include Indigenous Services, Learning Skills Services, Writing Support Centre, Services for Students with Disabilities, Volunteers in Progress, and Psychological Services.

Indigenous Services seeks to increase the enrollment and strengthen the retention of Indigenous students. It also has a mission to bolster graduation rates of Indigenous students. All services (e.g. Access/Transition services, Learning Resource Centre, and Visiting Elder programs) are designed to facilitate positive relationships among the university, Indigenous students, and their communities to support the goal of ensuring a supportive teaching and learning environment for Aboriginal students.

Learning Skills Services provides a range of services to assist graduate and undergraduate students strengthen and maintain their academic performance. Individual appointments are offered to students, as well as drop in appointments through the Learning Help Centre. Staff in this program also offer numerous workshops covering general learning topics (such as lecture note taking) and topics geared to specific courses or disciplines.

The Writing Support Centre at SDC provides individual consultations, workshops, and online support to help students strengthen their writing. Among their many programs is the Summer Academic Writing Clinic, designed for incoming first year students. Seminars and conferences aimed at Graduate Students are also offered (along with individual appointments) by designated graduate writing counselors.

Services for Students with Disabilities works to help students achieve their potential through the use of academic accommodations and related services. The unit offers students an Adaptive Computing Technology Centre, screening for learning disabilities and attention deficit disorder, and provides psychoeducational assessments and specialized learning strategies services.

SDC’s Volunteers In Progress program enhances the student experience through volunteer opportunities with SDC and the London Community.
**Psychology at the Student Development Centre**

Psychological services offered at the Student Development Centre are governed by the guiding values of the agency and the profession of psychology. A commitment to the training of students for counselling/clinical careers is evident in our long history of providing placement opportunities for students from a variety of programs.

Psychology staff include 4 full-time clinical/counselling psychologists and 1 full-time counselling psychologist, and several contract therapists at the doctoral and Master’s level. Psychology staff meet weekly as a team, and a representative of the group meets biweekly with other unit representatives and the Director. Integration of the unit as a whole is facilitated by monthly staff meetings of the SDC.

All psychology staff are involved, to varying degrees, in the provision of core activities: intake assessments, crisis intervention and triage, and individual and group psychotherapeutic intervention. The model emphasizes shorter-term psychotherapy, but all staff manage some longer-term cases. A range of theoretical orientations is represented (see Consortium Staff Biosketches for a description of staff members).

Staff are also involved in supervision of practicum and placement students. Psychologists consult with the university community and work closely with staff from other services at SDC. For example, staff may receive referrals from or consult with Services for Students with Disabilities, Indigenous Services and Learning Skills Services. Psychologists at SDC also maintain close communications with physicians both on and off campus, and make frequent referrals to physicians and hospital-based programs.

Closely tied to Western’s Department of Psychology, Faculty of Education (Counselling Program), Faculty of Social Work, and to Western as a whole, SDC provides an exciting intellectual context in which to work.
Teaching/Education

Member sites in the Consortium have been training clinical psychologists since the 1950s. At any point in time, psychologists from the various sites are supervising numerous practicum students, predoctoral residents, and psychologists with certificates from the College of Psychologists of Ontario authorizing supervised practice. Practicum students hail from a number of university psychology programs across Southwestern Ontario, Canada and the United States. Many Consortium Psychology Staff also serve as faculty members in university psychology and medical departments. Continuing education is a priority for Psychology Staff at all Consortium Sites. Library services are readily available through linkages between sites' libraries and those of Western University. Psychology hosts regular rounds and case conferences. Educational opportunities, such as journal groups or case rounds, are available in many of the clinical services.

Research

Psychology at the Consortium Sites adopts a scientist-practitioner philosophy and, as such, many staff members are actively involved in clinical research activities. Psychology Staff work toward clinical relevance in their research and the integration of their research with their clinical work. This philosophy has led Psychology to be recognized as a significant contributor to the research profile in all of the member organizations of the Consortium. The Consortium has over 30 full and associate scientists affiliated with the Lawson Health Research Institute.

Psychological research is supported through both external and internal grant programs and administrative support of research activities. Currently, many Consortium Staff serve as either principal investigator or co-investigator on grants from several agencies including Alberta Heritage Foundation for Medical Research, Baxter Research Fund, Canadian Institutes of Health Research, Heart and Stroke Foundation of Canada, Department of National Defence, Hydro Quebec & Electricity de France, Lawson Health Research Institute, Ontario Ministry of Health and Long-Term Care, Ontario Mental Health Foundation, Provincial Centre of Excellence for Child and Youth Mental Health of CHEO, Social Sciences and Humanities Research Council of Canada, and Western University Department of Psychiatry Internal Research Fund.

Service to Psychology as a Profession

Consortium Psychology Staff maintain an active role in local, provincial, and national efforts toward the enhancement of the profession of psychology and the community at large. The London Clinical Psychology Residency Consortium holds memberships with both the Canadian Council of Professional Psychology Programs (CCPPP) and the Association of Psychology Postdoctoral and Internship Centers (APPIC).

Several staff from the Consortium Sites are involved in task forces, committees, and leadership positions with regional, provincial, and national professional and community organizations, including the London Regional Psychological Association, Lawson Health Research Institute, London and Middlesex Suicide Prevention Council, Cardiac Rehabilitation Network of Ontario, Children’s Mental Health Ontario, College of Psychologists of Ontario, Ontario Association for Suicide Prevention, Ontario Mental Health Foundation, Ontario Psychological Association, Tourette Syndrome Association of Ontario, WSIB Solutions for Workplace Change, Alzheimer Society of Canada, Assisted Human Reproduction Canada, Canadian Association for Suicide Prevention, Canadian Association of Cardiac Rehabilitation, Canadian Association of Gerontology, Canadian Coalition for Seniors Mental Health, Canadian Council of Professional Psychology Programs, Canadian Dementia Knowledge Translation Network, Canadian Infertility Counselling Association, Fibromyalgia-Chronic Fatigue Syndrome Canada, Mental Health Commission of Canada, Tourette Syndrome Foundation of Canada, Public Health Agency of Canada, American Association of Suicidology, American Epilepsy Society, Prescribing Psychologists’ Register, Association of State and Provincial Psychology Boards and the International Psychogeriatric Association.

Our Consortium member’s Psychology Staff are often called upon to serve as examiners for the College of Psychologists of Ontario in conducting oral examinations for determination of College registrants’ readiness for autonomous practice.
Philosophy of the Residency Program

The London Clinical Psychology Residency Consortium emphasizes clinical service, teaching, and research. The aim of the program is to prepare residents for post-doctoral supervised practice in psychology, particularly within the health care system. This aim is pursued through identification of individual interests, enhancement of strengths, and broadening areas of clinical interest and skill. Professionalism is enhanced through the development of strong interpersonal and communication skills, time management strategies, and an overall positive sense of professional self and identity.

While clinical training is emphasized, the scientist-practitioner model serves as the philosophical basis for clinical practice, as well as educational and research endeavours. In line with the goals outlined in the Gainesville Manifesto of 1990, the aim of the scientist-practitioner model is to integrate science and practice, and to facilitate career-long integration of investigation, assessment, intervention, and consultation. Psychology Staff at the Consortium Sites endeavour to maintain both an empirical basis to their clinical practice and clinical relevance in their research.

The Consortium views the program as a pre-requisite to the awarding of the doctoral degree. As a result, we support a model of training in which the predoctoral clinical residency must be completed before the doctoral degree is conferred.

Goals of the Residency Program

Consistent with the philosophy of the London Clinical Psychology Residency Consortium’s program, we continually strive to meet seven goals for the program.

1) To provide all residents with a broad-based training in clinical psychology.

To develop each resident’s competence in assessment, diagnosis, case conceptualization, intervention, and consultation, each resident is expected, through the combination of Major and Minor Rotations, to have a breadth of training experiences. Efforts are made for each resident’s individualized training plan to include breadth of training in four domains: i) diversity in age groups, ii) theoretical models, iii) patient populations (including both inpatients and outpatients), and iv) service experiences.

2) To increase residents’ awareness and sensitivity of individual differences, including multicultural issues.

To address the need for sensitivity and skill regarding complex dimensions of diversity including health status, language, socio-economic status, ethnicity, religion, race, sexual orientation, and cognitive impairment, our Consortium includes both didactic and experiential components. To support this integration, all residents participate in a series of monthly, 90-minute “individual differences seminars” (in addition to the weekly clinical/professional seminar series). As well, rotation supervisors monitor residents’ caseloads and, where possible, assign cases that will broaden residents’ awareness and sensitivity related to individual differences, including multiculturalism.
When interpretation is necessary for effective communication to occur with a patient, each organization ensures that appropriate efforts are made to locate an interpreter. If a resident is aware of a language barrier, he or she may access one of the site’s professional interpreter resources. Consortium Staff can access interpretation services, for both scheduled and urgent/emergent appointments, for over 60 languages including sign language service for American Sign Language.


3) To facilitate the consolidation of residents’ professional identities as psychologists.

Residents are regarded as “junior colleagues.” As such, residents are highly involved in setting their training goals and objectives and are considered valued members of the profession of psychology at each of the Consortium Sites. Residents receive the same benefits allotted to permanent staff members and serve as active members on our Consortium Committee. Residents have equal opportunities to access the organization’s resources, attend professional development events, and participate in profession activities. They are typically assigned a primary office at their Consortium Site. Most offices are equipped with voicemail as well as a networked computer. Overall, they are treated in a manner similar to Psychology Staff. All Psychology Staff in each Consortium Site are encouraged to participate in the Consortium by serving as role models and by discussing a wide range of issues with individual residents as opportunities arise.

At the beginning of the year, residents are given a package of materials relating to the ethics and standards of practice of psychology in Ontario. Each resident also has access to resources that includes all legislation, professional standards, and guidelines identified by the College of Psychologists of Ontario as relevant to their members. During the course of their year with us, residents participate in a number of seminars dealing with the standards of professional practice for psychology in Ontario. Also, ethics and professional issues are integrated into the discussions in the other seminars. Ethical issues and questions are discussed in supervision as they arise in the residents’ clinical work.

4) To facilitate the development of skills in providing patient-centred care as part of an interprofessional health care team.

We recognize that all students in health care must learn to be members of patient-centred interprofessional teams. Through practical experience and training in interprofessional care, it is the aim of the program that residents will further develop a sense of their own professional identity, develop a greater knowledge and appreciation of the role of other professionals on a health care team, learn to effectively collaborate around the needs of the patients with fellow team members, learn to communicate with fellow team members on issues of patient care and interprofessional practice, develop a greater knowledge of the skills to support interprofessional health care team functioning, and increase their understanding of the potential for enhanced outcomes in care delivery through collaborative care.
We work at facilitating this development through both didactic and practical opportunities. Each year, a minimum of four seminars are specifically devoted to issues of interprofessional collaboration and consultation and these issues are discussed in a number of other seminars. Also, we aim to have residents work as members of at least one interprofessional patient-centred care team and to consult with at least one other team. Issues and questions relating to interprofessional care also are discussed in supervision as they arise in the residents’ clinical work.

5) To facilitate residents’ integration of research into their professional role.

Consistent with the scientist-practitioner philosophy of the Consortium, residents are expected to incorporate an empirically based, or research informed approach in their development and delivery of clinical skills. This approach should involve various “scientist-practitioner activities” as appropriate to the clinical setting. Scientist-practitioner activities are defined broadly. Some examples include conducting an internet search on a clinical issue, conducting a literature search regarding a diagnosis, assessment measure, or intervention technique, conducting a literature review on a clinical topic, identifying or developing an empirically based assessment or intervention, identifying or using appropriate pre-post measures to assess change, using a single case design or developing a group intervention. Other scientist-practitioner activities include knowledge transfer, such as case presentations, consulting with staff from other disciplines, and presenting at rounds. Other examples include program evaluation activities such as conducting a needs assessment, or engaging in program development, program evaluation, or logic model (designing, participating in an ongoing evaluation, or both). Scientist-practitioner activities could also include research activities, such as analyzing information in an existing data base, participating in an ongoing study, or presenting research findings. Depending on the location and the project, the resident may be asked to present findings to relevant stakeholders and staff within the organization.

To further support the integration of research into the professional role of a psychologist, all residents participate in a series of monthly, 90-minute “scientist-practitioner seminars” (in addition to the weekly clinical/professional seminar series). These seminars are aimed at the development of knowledge and critical thinking skills regarding the integration of science and practice. Sample topics include “Interdisciplinary Team Research,” “Research Ethics,” and “Integrating Research into Clinical Practice." All residents are expected to pursue scientist-practitioner activities in both Major Rotations. In addition, attendance at monthly scientist-practitioner seminars is a requirement of the residency program.

Sites are not usually able to provide financial support for research activities, but some exceptions may occur. Residents also have access to the organization’s computer network in their primary work space. This allows residents access to software for word processing, searches of journals, and the Internet. All residents have full access to both their Consortium site’s libraries and the libraries at Western University where they may borrow journals and books, order journal articles from other hospitals, and perform computer searches of psychology journals. Similarly, each Consortium member organization subscribes to journals that are available to residents. Many staff also subscribe to journals and keep private libraries of texts and journals that residents may borrow.

The Consortium also facilitates access to the library resources at Western University. With the permission of the resident’s home university, arrangements are made with the Department of Psychology at Western University to classify each resident as a visiting graduate student. With this status, they are allowed access to university resources (with the exception of taking courses for credit). This includes access to the university library.
system that offers more than 9 million items in print, microform, and various other formats, as well as links through the online catalogue to tens of thousands of digital resources. Through Scholars Portal, an Ontario Council of University Libraries initiative, Western University is able to provide access to approximately 13 million articles from over 8,400 full text scholarly journals.

6) To integrate consideration of supervisory issues into all components of the predoctoral residency program.

Staff adopt a “developmental” model of supervision, matching the resident's level of competence and confidence with appropriate levels and types of supervision. Supervision activities are individualized to each resident's specific training needs and entry-level skills. In areas where the resident has little experience, supervisors may take a more “hands on” approach to training, and may include directed readings, modelling, co-therapy, observation, and feedback in their supervision activities. Facilities are available for videotaping and each resident has a portable dictaphone to be used for audiorecording clinical services for later review and feedback. As a resident’s competence grows, supervision will become more consultative and collaborative. Each resident receives a minimum of four hours of scheduled, individual supervision by psychologists per week but, in most cases, receive additional supervision.

Psychologists working in health care settings appreciate that clinical supervision of students, junior colleagues, and unregulated staff is a significant professional responsibility. Our training program is also designed to introduce residents to the conceptual, practical, professional, ethical, and interpersonal aspects of clinical supervision. Residents participate in a three session seminar series devoted to supervision issues. To increase their knowledge of supervisory styles and models, residents sometimes may have the opportunity to supervise practicum students from the Western University. In addition, Neuropsychology Track residents are also provided with the opportunity to collaborate with psychometrists.

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

We recognize that the Consortium must continue to grow and develop. Feedback from residents, both during and after their training, is essential for this growth and development to take place.

Feedback is important during the course of the year. In order for residents to receive the maximum benefit from their training, they must feel comfortable providing feedback to supervisors. Feedback is provided both formally and informally to rotation supervisors and in meetings with the Director of Clinical Training and Track Coordinators. Feedback is also received through the residents on the London Clinical Psychology Residency Consortium Committee (each resident rotates through this committee during the year) and through the evaluation forms that residents complete both during the course of the year and after they graduate. As well, residents are given the opportunity to rate the extent to which they believe Consortium Staff have been receptive to the feedback they have received.

To ensure that this feedback is as open as possible, policies are in effect that do not allow those being evaluated by residents to be aware of formal feedback until their final evaluations of the residents have been submitted.
Clinical Training

Tracks and Major Rotations

The London Clinical Psychology Residency Consortium offers fourteen full-time twelve-month predoctoral positions. Residents apply, and are accepted for, a position in one of the five Tracks:

- Adult Mental Health (4 positions available)
- Child/Adolescent (3 positions available)
- Counselling (2 positions available)
- Health/Rehabilitation (2 positions available)
- Neuropsychology (3 positions available)

Within each Track, there are a number of potential Major Rotation opportunities from which the resident can choose. In the first six months, each resident will work at one site for a Major Rotation for four days per week (the fifth day is set aside for non-clinical resident activities).

In the second six months, each resident spends three days per week in their second Major Rotation and one day a week in a Minor Rotation to ensure a breadth of training. In addition, to allow breadth of experience across different training locations, during this second half of the year each resident will spend one or both of these rotations at a different training site than their first six months. A fifth day continues to be set aside for non-clinical resident activities.

Within all domains of clinical service, collaboration with professionals of diverse disciplines is emphasized through interprofessional teams and consultation-liaison services.

Minor Rotations

A mandatory Minor Rotation outside the resident’s Track is included in the residency to ensure that residents receive broad-based training in a number of different areas. Descriptions of the experiences available as Minor Rotations are described in the Minor Rotations section of the brochure. These Minor Rotations generally involve one supervisor but experiences are diverse and can vary from a general outpatient service to work with a specific patient population to training in a specific assessment or therapeutic modality.

As an example, a resident within the Adult Mental Health Track could select a Minor Rotation from any of the available experiences within the Child/Adolescent Track, Counselling Track, Health/Rehabilitation Track, or Neuropsychology Track.

Also, some experiences are available as only Minor Rotations. These include Sleep Disorders, Residential Veterans Care Program, Population Health Psychology, and Adolescent Mental Health Program.
Rotation Selection Process

Shortly after residents are matched with our program, they are sent a letter requesting that they submit a rank-ordered list of rotations for their Major Rotations and a similar list of potential Minor Rotations to their Track Coordinator later that spring. During the spring, residents work with their Track Coordinator and the Director of Clinical Training to develop these lists, which will be used to create their individualized year-long training plan. In developing these lists, we strongly encourage incoming residents to speak with current residents and potential supervisors.

The Director of Clinical Training and the five Track Coordinators typically meet in April to coordinate individualized schedules for the incoming residents. While many practical factors (e.g., supervisor availability) are taken into consideration during the process, resident interests/goals, resident background and experience, and the need to ensure that all residents have broad-based clinical experience (i.e., diversity of age groups, theoretical orientations, patient populations, and service experiences) are very important influences in the formation of the final schedule. As well, because we are a consortium, every resident is required to have clinical training with more than one organization.

Throughout the development of their schedules, all efforts will be made to ensure that residents’ interests and needs are met for their Major Rotation selections and Minor Rotation selection.

Also, many Major Rotations have a range of training opportunities and supervisors available. The Track Coordinator will work with the resident in the spring to discuss which of the opportunities at the sites are best matched with their training needs and interests to focus their clinical training at the site.

In general, residents are encouraged to select up to a maximum of two distinct services within a Major Rotation in which to train, recognizing that when one selects more services within a Major Rotation the greater the likelihood that there will be a lessening in the depth of training available with any experience. This may be an issue, in particular, in the second six months, in which the Major Rotation consists of three days per week (compared to four days in the first half of the year).

Unfortunately, because of the large number of sites, staff, and clinical services involved with the Consortium, we are unable to guarantee that all of the services listed in the brochure will be available until the time of the completion of the predoctoral residency year (August 31, 2014). We will, however, inform applicants of any known changes in our Consortium prior to the submission of their ranking lists to National Matching Service.

Predoctoral Residency Components and Respective Time Allocations

- Major Rotations: 4 days/week in the first 6 months; 3 days/week in the second 6 months
- Minor Rotation: 1 day/week in the second 6 months
- Non-Clinical Activities: 1 day/week for 12 months
Supervision and Evaluation

As noted above, all psychology residents are provided with regularly scheduled supervision (a minimum of four hours per week; minimum three ‘individual’ and one ‘group’ as per the CPA Accreditation Standards and Procedures, 5th Revision, CPA 2011), sensitive to residents’ emerging development as independent practitioners. Supervision can take many forms and often includes a variety of experiences such as case discussions, live observation, co-leading group therapy, co-leading individual therapy, audio recordings reviews, and video recordings reviews.

Attention is directed toward maintaining residents’ caseloads at a level that allows for sufficient time to integrate theory and practice. Individual goals and objectives are set through mutual consultation, with regular feedback and evaluations designed to facilitate growth and positive identification with the profession of psychology.

In addition, residents have individual quarterly meetings with their Track Coordinator and with the Director of Clinical Training.

Each rotation supervisor has his or her own set of required readings and minimum required clinical activities. At the beginning of the rotation, the residents also work with their supervisor(s) to develop additional or more specific training and development goals they would like to pursue in that time period. These could include (but are not limited to) identifying certain client populations, particular presenting problems, specific experiences (e.g., groups) or skills (e.g., type of intervention, particular test), and so on. These goals are shared with the resident's Track Coordinator, Site Coordinator for that rotation, and the Director of Clinical Training. As well, in order to facilitate clear communication with residents about their training, supervisors often will discuss a resident's progress with one another on an informal basis.

Feedback is provided to residents informally, through discussions during supervision sessions. There are also formal evaluation forms completed at the mid-point and end of each rotation by the resident's supervisors on a set of required clinical competencies. These forms are consistent across the Consortium for all tracks, and reflect a broad range of clinical and professional areas. Feedback is also communicated to the residents’ university Director of Training twice during the year.

As input from the residents is valued highly in our training program, residents are asked to formally evaluate their rotations and supervisors at the end of each rotation. To ensure that this feedback is as open as possible, policies are in effect that do not allow those being evaluated by residents to be aware of the feedback until all supervisor evaluations of the residents have been submitted.

In addition, at the end of the year, residents complete a general evaluation form pertaining to the entire Consortium. As with the evaluation of residents by supervisors, policies ensure that the resident is able to provide as open feedback as possible without it having an impact on their final evaluation to their university by the Director of Clinical Training.

Residents are assigned an individual Psychology Staff Ombudsperson with whom they may discuss any concerns that might arise during their predoctoral residency year. The Ombudsperson is a staff psychologist at one of the Consortium Sites who is not one of the resident's supervisors or Track coordinator. Formal policies and procedures are in place to resolve conflicts between residents and supervisors in the event that they might occur.
Non-Clinical Activities

Wednesdays are dedicated to non-clinical activities. The mornings are set aside for reading or other individual activities while on-site. In the second six months of the predoctoral residency, this time can be used for continuing clinical care of patients from the first six months and the supervision of those cases. Once a month, there is a 90-minute scientist-practitioner seminar in the early afternoon. On another Wednesday in the month, there is a 90-minute individual differences seminar in early afternoon. All later afternoons are reserved for group activities including weekly two-hour clinical/professional seminars, and separate monthly group meetings with the Director of Clinical Training. The seminars are presented by Consortium Site Psychology Staff and a number of guest speakers from the community. A wide variety of topics are presented during the predoctoral residency year. Listed below are samples of topics presented last year.

Ethics
Role of Professional Associations
Career Planning
Media Training
Supervision
Registration as a Psychologist in Ontario
Private Practice
Evaluating Effort in Psychological Assessments
Capacity Issues
Interprofessional Education
Linguistic Barriers
Gay/Lesbian/Bisexual/Transgender Issues
Working with Homeless Clients
Working with Deaf Patients
Native Issues
Gerontology
Community Health Research
The Scientist-Practitioner Model
Grant Writing
Interprofessional Team Research
Sex Therapy
Research Ethics
Intervening with Suicidal Patients
Psychology and Religion
Crisis Intervention
Electro-Convulsive Therapy
Psychopharmacology
Dementia
Consultation Liaison
The Consultative Role for Psychologists
Integrating Research into Clinical Practice
When to Refer to a Neuropsychologist
Paediatric Psychology
Introduction to Applied Analysis
Working in Residential Settings
Presentations and Meetings

In addition to their clinical work and the seminar series, all residents attend the following presentations and meetings:

- Weekly resident meeting (1 to 2 hours)
- Committee meetings (1 to 2 hours per month)
- Yearly resident case presentations (half- to full-day)

In the spring of each residency year, each resident gives a formal 30-minute case presentation open to all Psychology Staff from Consortium Sites.

Attendance at other meetings and research or case presentations may also be required depending on the residents’ specific rotations and track. For example, within the Neuropsychology Track, residents are expected to attend, as well as occasionally present at, bi-weekly rounds during the course of the program.

On Wednesday afternoons, the residents meet as a group when no other meetings are scheduled, following the clinical/professional seminars. During this time, the residents meet either onsite or offsite for informal discussion and peer support. The format is flexible but topics discussed in the past have included: i) clinical cases; ii) professional issues; iii) areas of clinical practice (e.g., hospital versus private practice); iv) employment issues (e.g., interviews, positions available, navigating the process); v) College registration (e.g., EPPP, licensing process, declaring competencies, supervised practice); vi) general residency/rotation experience; vii) issues related to transitioning from graduate student to professional role; and viii) personal adjustment and life in London. Generally it is a relaxed and collegial atmosphere where residents have the opportunity to get to know one another, to debrief, and to receive and provide support. Because of the nature of the consortium, residents spend most of their time in programs located across the city. Residents have routinely commented on the value of these Wednesday afternoon meetings as an opportunity to maintain regular contact with their peers.

Cross-Site Travel

The Consortium is a multi-organization training program. As a result, residents will have to travel between sites for some activities (e.g., committee meetings, seminars). The Consortium provides residents with a hospital parking pass that can be used at all hospital sites where paid parking is required (there is no cost for parking at Vanier or CPRI). Counselling Track residents at SDC are provided with a parking pass for Western University as well. For residents who do not have a car, the Consortium will reimburse them for London Transit Commission (LTC) bus passes to the same level as the cost of the multi-hospital parking passes. More information on buses in London is available at the LTC website: http://www.ltconline.ca.

It should be noted that it may not be necessary for residents to have a car; many past residents have not had cars during their year with us. However, recent feedback would strongly suggest that residents have found it much easier when they have had a car because of the necessity for cross-site travel. Given the distance between some sites, in some cases, bus travel can take a substantive amount of time (i.e., up to 45 minutes). Applicants should be aware that there is no public transit to the Regional Mental Health Care, St. Thomas site. In addition, some rotations may require travel by residents as part of the clinical experiences offered and this information is listed in their material in the brochure.
London Regional Psychological Association (LRPA)

One of the great strengths of the London psychology community is the London Regional Psychological Association (LRPA). It is an organization of local psychologists that has been an active part of the local community for almost 40 years. It has a membership of about one hundred members, including experienced psychologists, psychological associates and graduate students from London and the surrounding region. Their professional activities reflect the breadth of psychology in London, with members from various local organizations and private practices.

Each year, the organization holds a number of educational events for its members including an annual dinner where awards are given to both a student and a local psychologist for their contributions to the profession. The organization also has been involved in a number of local public education initiatives. LRPA has been awarded the Public Education Award by the Ontario Psychological Association to acknowledge both its efforts both in public education over the years as well as the very strong and unique role it plays in regional psychology.

Because we value LRPA as an organization with strong relevance for new psychologists in the London psychology community, we will pay for the membership of all residents in LRPA during their year with us. More information on LRPA can be found at: http://www.lrpa.ca
Stipend And Benefits

The current stipend for the training year is $28,000 (Canadian). All residents will be London Health Sciences Centre employees, irrespective of the Consortium Site where they are providing psychological services. As such, they receive the LHSC employee comprehensive benefit package that includes extended health care (e.g., dental plan, drug plan, semi-private hospital room), sick leave, and opportunity to purchase group life insurance. As with all LHSC employees, these benefits are available after a three-month waiting period and there is a minimal payroll deduction for them.

In addition, residents receive three weeks (fifteen days) vacation, one week (five days) education/research/dissertation support leave, and twelve paid statutory holidays.

All out-of-province residents may apply for Ontario Health Insurance. However, the government requires a three-month waiting period for all non-residents of the province, and residents are responsible for their own health coverage over this period. A resident from another Canadian province is usually covered by the health insurance plan from the province they have left during this waiting period.

Work Settings of Graduates

The aim of the program is to prepare residents for post-doctoral supervised practice in psychology, particularly within the health care system. However, we also ensure that residents have a broad-based training in clinical psychology, which gives them the opportunity to find employment in a variety of settings. The table below lists the current employment settings of recent graduates of the London Clinical Psychology Residency Consortium.

<table>
<thead>
<tr>
<th>Setting</th>
<th>Number (2008 - 2011)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic Medical Centre</td>
<td>1</td>
</tr>
<tr>
<td>Community Hospital/Agency</td>
<td>13</td>
</tr>
<tr>
<td>Private Practice</td>
<td>11</td>
</tr>
<tr>
<td>Completing Dissertation</td>
<td>1</td>
</tr>
<tr>
<td>Academic/Research</td>
<td>1</td>
</tr>
<tr>
<td>Post Doctoral Fellowship</td>
<td>7</td>
</tr>
<tr>
<td>University Counselling Centre</td>
<td>0</td>
</tr>
<tr>
<td>School Board</td>
<td>2</td>
</tr>
</tbody>
</table>
Eligibility

Advanced graduate students who have met the following minimum criteria by the application deadline of November 5, 2012 are invited to apply:

- completed at least 500 hours of Direct Practicum (Intervention, Assessment and Supervision) experience
- proposed their doctoral thesis
- completed their core, required graduate level course work (courses that are not minimally required for graduation can still be underway such as electives, extra practica, and so on. Consult with your program’s Training Director if you are unsure).

* In exceptional circumstances, if some core coursework is not completed at the time of application but a student’s program Training Director certifies that this course will be completed by December 31, 2012 then the application will still be accepted, considered and reviewed. In those cases, confirmation of coursework completion must be provided to us no later than January 31, 2013 to consider the applicant for ranking with the National Matching Service.

In addition, each of our five Tracks has individualized minimum application criteria. Interested applicants should review the Track descriptions for more details of the minimal credentials required.

Although proposal of the doctoral thesis is required, it is preferable that applicants have also collected and analyzed their data, completed a draft of their thesis, and, whenever possible, have successfully defended their doctoral thesis prior to beginning the predoctoral residency year. Preference will be given to applicants who have defended their proposal and collected their data by the time of their application.

Applicants from CPA-accredited graduate psychology programs, or their equivalent, will be considered. Applicants who do not attend doctoral programs accredited by CPA should provide the residency with information necessary for the Consortium to establish that their program’s doctoral training is equivalent.

It has been our experience that in past years our predoctoral residency consortium has had the strongest match for students from Clinical Ph.D. programs. Nevertheless, we recognize that there is great variability across doctoral programs and for the experiences of students within those programs. Thus, we recognize that applicants from Counselling, School, or Clinical Neuropsychology Ph.D. programs, or from Psy.D. programs, may also have clinical experiences and training that match well with the training that we provide in our program. We will accept applications from students in such programs who believe their experiences are a match.

Canadian immigration policy requires that suitable Canadian Citizen and Permanent Resident applicants must be given preference. However, in the past, we have matched with US citizens, and accordingly, we encourage foreign applicants to apply.

Prior to starting the residency, all residents must provide evidence of Professional Liability Insurance to the Director of Clinical Training. Coverage must be in effect by the first day of program. If your university program does not provide insurance coverage while on residency, information about how to obtain this insurance is available from the Director of Clinical Training.
Because of the highly vulnerable populations at many of the Consortium Sites, final acceptance into the program is dependent on the successful completion of a vulnerable persons/police record check. We can provide information on this process after the final APPIC Matching process has completed.

Given that the primary language spoken by supervisors in the Consortium is English, and the language of training and of most services provided by psychologists within the Consortium is English, residents will be expected to perform clinical services and be supervised in English. As such, applicants should be proficient enough in oral and written English to perform all necessary clinical and training experiences in English. On occasion, some sites or supervisors may see clients whose primary language is not English. Under these circumstances there may be opportunities to conduct clinical work in a language other than English. For this to occur, the resident’s supervisor must ensure this is appropriate for the client, the resident must be deemed competent to conduct clinical work in this language (i.e., is a native speaker, or is interviewed by a bilingual staff member or member of the Consortium), and arrangements must be made for appropriate supervision. Proficiency in more than one language, therefore, may be an asset.

**Diversity and Non-Discrimination Policy**

The member sites of the London Clinical Psychology Residency Consortium are committed to employment equity, welcome diversity in the workplace, and encourage applications from all qualified individuals including members of visible minorities, aboriginal persons, and persons with disabilities.

The London Clinical Psychology Residency Consortium endeavours to provide an accessible work place for residents with disabilities. All sites can provide work space, parking, and equipment to meet the needs of residents with disabilities and successful accommodations have been made for residents in the past.

Applicants who may have specific questions about access and accommodations available at our setting are encouraged to contact the Director of Clinical Training early in the application process in order that their concerns or needs may be fully addressed, including during the application process.
Application and Selection Procedures

Application procedures involve submission of each the following using the AAPI Online:

- Cover letter (which should describe which Track they are applying to and why they believe they are a good fit for training provided by that track)
- APPIC Application for Psychology Internship (AAPI)
- APPIC Academic Program’s Verification of Internship Eligibility and Readiness
- Curriculum Vitae
- Graduate transcripts
- Three letters of reference (complying with CCPPP guidelines) – Please note the Consortium may contact referees directly for further information.

Letters of reference should comply with the guidelines endorsed by the Canadian Council of Professional Psychology Programs for letters to Canadian internship programs. This standardized format for letters of reference includes a review of the applicant’s current professional and personal skills and strengths as well as comments on areas for potential growth and development. Further information regarding these guidelines is available at: http://www.ccppp.ca/en/letters-guidelines.html (ou en Français à http://www.ccppp.ca/fr/form-et-guide.html).

Please note that we require no supplemental material to be sent with the application.

We recognize that the APPI online process has resulted in concerns for applicants and we want applicants to know that we recognize that there may be some unforeseen “glitches” in applications (e.g., unusual paragraph spacing). Please know that we are not rating applications by how well they have managed a complex online process but, instead, are rating their applications on their training and their goals and how well we fit in the process.

The application deadline, for all material to be submitted using the AAPI online, is Monday, November 5, 2012 by the end of the day (in the applicant’s time zone). We expect to email applicants to let them know that we have received their application, and if it is complete, by the end of the day on November 9, 2012. Applicants do not need to contact us before then to check on the status of their applications.

The interview notification date is set for: Friday, December 7, 2012 (this is the final date by which all applicants can expect to be notified of their interview status).

Start date for this predoctoral residency year is: Tuesday, September 3, 2013.

All applications will be carefully reviewed and rated by supervisory staff within the applicant’s Track. Applicant rankings are based on many factors, including (in no particular order): progress toward completion of dissertation; quality, breadth, and depth of assessment and intervention experience (particularly in areas related to the training offered in our Consortium); relevant didactic training (e.g., course work, workshops attended); academic accomplishments; letters of reference; faculty’s impressions from the applicant interviews; research experience; quality of writing samples (e.g., responses to essays on the AAPI); goals of training; and other information from the application materials.
Note that applicants are not ranked based on the raw number of practicum hours reported in the APPI, as long as the minimum required hours for that Track have been completed. Students and programs should strive in their practica for experience with cases varying in complexity in different service delivery settings, with a variety of populations, presenting questions, assessment and therapeutic models and methods, case conferences, and supervisors to acquire the competencies for readiness for a successful predoctoral residency year. This is more important than the number of hours recorded.

A subset of applicants will be chosen by Friday, December 7, 2012 for interviews in January 2013. Applicants will be contacted by email with their interview status. Each Track has its own team of interviewers.

If an applicant is unable to travel to London for the interview, a telephone interview will be arranged at the expense of the Consortium. While we recognize that face-to-face interviews allow potential residents to meet the staff and become familiar with the setting, there is no prejudice against those applicants who are interviewed by telephone. In a typical year, many of our interviews are conducted by telephone and we have had applicants match with us following a phone interview. At the present time, we are unable to offer video-conferencing interviews.

The interviews typically follow a three-part format. The core of the interview is with the interview team, which includes representative supervisors from the Track. This approximately one-hour interview is the primary evaluative portion of the interview process. While it is an evaluative interview, there is also an opportunity for applicants to ask questions about the predoctoral residency during this interview.

Two additional interviews are offered so that applicants can learn more about our residency program. Applicants meet with the Director of Clinical Training, often in a group with other applicants, where they are provided with a more general overview of the Consortium and can have their general questions about the program answered. Applicants are also provided with the opportunity to speak with a current resident about his or her experiences as a resident in our program. Neither the Director of Clinical Training nor the residents are part of the formal evaluative process although, in rare circumstances, the Director of Training may comment on an applicant to their Track’s interview team. It is not a regular part of our application procedure to search for information on our applicants online (e.g., Google, Facebook) during the file review, interview or ranking process.

Applicants who have been offered an interview are also welcome to meet individually with potential supervisors to discuss details of training opportunities. When an offer is made for an interview with our Consortium, applicants can request separate additional meetings to be arranged with any specific supervisors to allow them to discuss details of training opportunities in their rotations. Interview applicants interested in such meetings should request them when arranging the date of the interview (note that, due to potential limited availability of some potential Consortium supervisors, these may need to be arranged for another date or by phone).

Given the large number of strong applications typically received by the Consortium, not all applicants can be offered an interview. However, some applicants may receive notification that they will be ranked without an interview. We strongly encourage these candidates to contact us for more information and can arrange for them to discuss the program with current residents, supervisors, or the Director of Clinical Training.
**APPIC Policies**

All selection procedures follow the Association of Psychology Postdoctoral and Internship Centers (APPIC) guidelines. This Consortium agrees to abide by the APPIC policy that no person at these training facilities will solicit, accept, or use any ranking-related information from any applicant. The twelve positions will be offered to applicants in order of their ranking within the Tracks through the National Matching Service. All ranking and offers will be in accordance with APPIC Match policies.

APPIC regulations make it clear that acceptance of a position is binding. We therefore ask that applicants and their Directors of Training or Department Heads carefully review their program’s requirements for releasing the student to go on internship, to ensure that students who are applying for positions in our Consortium will indeed be allowed to begin their training experiences on **Tuesday, September 3, 2013**.

The deadline for submissions by both residents and by programs of their Rank Order Lists to the National Matching Service for Phase I will be set by APPIC, typically in early February.

APPIC Phase I Match Day will be on a date to be determined by APPIC (usually late February).

If any of our residency positions remain unfilled after Phase I of the match, we will follow APPIC guidelines for participation in Match Phase II. Because of the reduced timeline of Phase II, any interviews during that time will be by telephone only.

**Policy on Handling Your Personal Information**

In accordance with federal privacy legislation (*Personal Information Protection and Electronics Documents Act* - [http://laws.justice.gc.ca/en/showdm/cs/P-8.6](http://laws.justice.gc.ca/en/showdm/cs/P-8.6)), you should be aware that we are committed to collecting only the information in your application that is required to process your application. This information is secured within Psychological Services at London Health Sciences Centre and is shared only with those individuals involved in the evaluation of your application. If you are not matched with our Consortium, your personal information is destroyed within four months of Phase II Match Day.

If you are matched with our Consortium, your application and CV will be available only to those directly involved in your supervision and training including your rotation supervisors, your Track Coordinator, the Director of Clinical Training, and relevant administrative support staff. We will place an electronic copy of this material on a secured section of the relevant Consortium Site networks that will only be made available to those individuals directly involved in your supervision and training.
Information on Accreditation

The London Clinical Psychology Residency Consortium was initially formed by a partnership of the London Health Sciences Centre, St. Joseph’s Health Care (London), Child and Parent Resource Institute (CPRI), and Vanier Children’s Services. That residency program had its first cohort of residents begin in 2008 and is accredited as a Doctoral Internship Program in Clinical Psychology by the Canadian Psychological Association. The program has recently expanded to include a new partnership with the Student Development Centre at Western University, and the first cohort of residents from this new five-member consortium will begin in September 2012. The next accreditation site visit will be in 2013-2014.

Information on accreditation by the Canadian Psychological Association is available by contacting the following office:

Dr. Melissa Tiessen, C.Psych. – Registrar, Accreditation Panel  
or Ann Marie Plante - Accreditation Assistant  
Accreditation Panel for Doctoral Programs and Internships in Professional Psychology  
Canadian Psychological Association  
141 Laurier Street - Suite 702  
Ottawa, ON  
Canada K1P 5J3  
Telephone: 1- 888-472-0657  
e-mail: accreditation@cpa.ca; aplante@cpa.ca  
website: http://www.cpa.ca/education/accreditation/

For More Information

For further information regarding the London Clinical Psychology Residency Consortium, please contact:

Dr. Brent Hayman-Abello, C.Psych.  
Director of Clinical Training, Psychological Services  
London Health Sciences Centre  
339 Windermere Road  
London, Ontario, Canada N6A 5A5  
Telephone: 519-663-3466  
Fax: 519-663-3176  
E-mail: brent.haymanabello@lhsc.on.ca
Locating Consortium Sites

London Health Sciences Centre, University Hospital
A map of the site can be found at: http://www.lhsc.on.ca/patients/map_uh.pdf
Estimated Driving Time from Wellington Street and Dundas Street: 7 minutes

Psychological Services – 3rd Floor
University Hospital
339 Windermere Road, PO Box 5339
London ON
Canada N6A 5A5
Telephone: 519-663-3466

London Health Sciences Centre, Children Hospital/Victoria Hospital
A map of the site can be found at: http://www.lhsc.on.ca/patients/map_vh.pdf
Estimated Driving Time from Wellington Street and Dundas Street: 10 minutes

Paediatric Psychology
Zone B – 6th Floor
Victoria Hospital
800 Commissioners Road East, PO Box 5010
London ON
Canada N6A 5W9
Telephone: 519-685-8144

St. Joseph’s Health Care, St. Joseph’s Hospital
A map of the site can be found at: http://www.sjhc.london.on.ca/sjh/coming/maps/sjhinterior.pdf
Estimated Driving Time from Wellington Street and Dundas Street: 5 minutes

268 Grosvenor Street
London ON
Canada N6A 4V2

St. Joseph’s Health Care, Parkwood Hospital
A map of the site can be found at: http://www.sjhc.london.on.ca/parkwood/coming/parking_parkwood.pdf
Estimated Driving Time from Wellington Street and Dundas Street: 10 minutes

801 Commissioners Road East
London ON
Canada N6C 5J1
St. Joseph’s Health Care, Regional Mental Health Care, London
A map of the site can be found at: http://www.sjhc.london.on.ca/mhl/coming/parking_rmhcl.pdf
Estimated Driving Time from Wellington Street and Dundas Street: 10 minutes

850 Highbury Avenue
London ON
Canada N6A 4H1

St. Joseph’s Health Care, Regional Mental Health Care, St. Thomas
A map of the site can be found at:
http://www.sjhc.london.on.ca/mhst/coming/parking_rmhcst.pdf
Estimated Driving Time from Wellington Street and Dundas Street: 40 minutes

467 Sunset Drive
St. Thomas ON
Canada N6P 3V9

Child Parent Resource Institute (CPRI)
A map of the site can be found at:
Estimated Driving Time from Wellington Street and Dundas Street: 15 minutes

600 Sanatorium Road
London ON
Canada N6H 3W7

Vanier Children’s Services
Estimated Driving Time from Wellington Street and Dundas Street: 7 minutes

871 Trafalgar Street
London ON
Canada N5Z 1E6
Student Development Centre, Western University
A map of the site can be found at:
Estimated Driving Time from Wellington Street and Dundas Street: 7 minutes

Western Student Services Building, Western University
1151 Richmond Street
London ON
Canada N6A 3K7

A general map of London that provides approximate locations of all sites is on the next page.
LCPRC Clinical Sites

- London Health Sciences Centre
  - University Hospital
  - Victoria Hospital
- St. Joseph's Health Care
  - St. Joseph's Hospital
  - Parkwood Hospital
  - Regional Mental Health Care, London
  - Regional Mental Health Care, St. Thomas
- Vanier Children's Services
- Child and Parent Resource Institute
- Student Development Centre, Western University
TRACKS AND MAJOR ROTATIONS

CHILD/ADOLESCENT TRACK
COORDINATOR: Dr. Niki Rielly
NMS Code Number: 181513

3 Resident Positions are available
Number of applications in 2011: 54

The Child/Adolescent Track is designed to prepare residents for future post-doctoral supervised practice focused on children and adolescents and their families. Patients range in age from infancy to age 18. Training stresses three factors: developmental issues, family involvement, and liaison with interprofessional team members, physicians, community agencies, and schools. Competence in assessment and intervention skills are emphasized, integrating theoretical, ethical, research, and professional perspectives. Interdisciplinary teams are prevalent in all settings, and residents are provided the opportunity to work with professionals from a variety of disciplines.

Residents have the opportunity to choose Major Rotations in community mental health facilities as well as academic teaching hospitals. Across the two Major Rotation experiences, residents receive exposure to children and adolescents in both inpatient or residential care settings as well as outpatient and community services. Training can include opportunities to work with children and adolescents in areas including paediatric health psychology, eating disorders, community and rural mental health services, day treatment, inpatient units, attachment and relational perspectives, impulse control problems, mood disorders, anxiety disorders, developmental disabilities, and externalizing behaviours.

Within each rotation, supervisors will provide opportunities for individualized training experiences that meet the specific needs of the resident. Supervisors assure well-rounded experiences by assigning cases to residents that reflect client diversity in terms of ethnicity, socio-economic status, and other individual differences. Supervision styles and preferred therapeutic modalities vary across supervisors.

To be considered for the Child/Adolescent Track, resident applicants must have the following credentials:

- Course work at the graduate and/or undergraduate level in (a) child or lifespan development (or both), and (b) child psychopathology, assessment, and intervention.
- Course work and practica at the graduate level reflecting that children and/or adolescents are a population of key interest.
- A minimum of 75 face-to-face hours of child and/or adolescent therapeutic experience. This includes individual therapy with adolescent, school-aged, and pre-school aged children, group counselling for adolescents and/or children, career counselling for adolescents, family therapy and time spent in school counselling interventions, and
- A minimum of five child and/or adolescent integrated psychological reports.

In order to facilitate our review of your application, we strongly encourage you to clarify how you have met these requirements in the contents of your cover letter.
Major Rotations Available:

- London Health Sciences Centre: Paediatric Health Psychology
- London Health Sciences Centre: Child and Adolescent Mental Health Care Program
- Child and Parent Resource Institute (CPRI)
- Vanier Children’s Services
London Health Sciences Centre: Paediatric Health Psychology

Psychologists in the Paediatric Health Psychology service of the Children’s Hospital provide inpatient and outpatient services to children and families coping with acute and chronic medical conditions through a number of health focused clinics and interprofessional teams. Issues commonly addressed include coping with illness, medical compliance, and school adjustment.

Paediatric Health Psychology offers the following training experiences:

Inpatient:

Residents will become experienced in consultation-liaison and treatment services offered to a wide variety of inpatient medical services at the Children’s Hospital (e.g., critical care, oncology, neurology, acquired brain injury, gastroenterology, respirology, orthopaedics, surgery). Services are provided for both children and their families for a number of different problems such as treatment compliance, coping with prolonged hospitalization, and palliative care. Cognitive, emotional, and behavioural strategies are employed to assist in managing distressing physical (e.g., acute or chronic pain) and psychological (e.g., depression, anxiety, somatization) symptoms. The resident will attend relevant rounds (e.g., Oncology, Critical Care, General Medicine) and consult with medical team members.

Outpatient:

Work with outpatients will include assessment, therapy, as well as consultation within the hospital and occasionally with schools. Some flexibility in the amount and scope of outpatient work is possible. There are a number of opportunities for outpatient work on this rotation including the following:

Residents may work with patients originally seen in the hospital (e.g., cancer patients in late effects clinic, school reintegration program for cancer patients) or with their family members (e.g., sibling bereavement group therapy).

Residents may work with outpatient children, adolescents, and their families who have either a medical problem that affects their psychological adjustment, or psychological problems that affect their health or adjustment to a medical condition. Issues may include management of recurrent or chronic pain such as headaches or abdominal pain, anxiety contributing or related to living with a medical condition, grief and support following diagnosis, or adherence to treatment regimes.

Residents may also become involved with the Diabetes/Endocrinology interprofessional teams that work with patients with diabetes, growth hormone problems, Turner’s Syndrome, and precocious puberty. Issues addressed include adjustment to chronic illness, disease management and adherence problems, and difficulties related to developmental changes or other stressors. Residents also consult with these medical teams and participate in specialized initiatives (e.g., education days, community outreach).

Residents may have the opportunity to attend the Encopresis Clinic, which blends medical and behavioural procedures, emphasizing positive strategies to enhance treatment compliance.

Supervisors:  Dr. Danielle Cataudella  
Dr. Erica Gold  
Ms. Ann Klinck  
Dr. Cathy Maan
**London Health Sciences Centre: Child and Adolescent Mental Health Care Program**

At the Victoria Hospital site of the London Health Sciences Centre, the Child and Adolescent Mental Health Care Program provides integrated inpatient and outpatient services to children and their families with potential experiences for a resident with Outpatients, Inpatient Day Treatment, and Eating Disorders services.

The program currently provides Child and Adolescent Outpatient Services to children and their families through an interprofessional team specializing in assessment and treatment of children, adolescents, and families. Presenting problems are generally of an internalizing nature such as depression, anxiety, loss sequelae, etc. A range of services is offered including individual, group and family therapy, community liaison, etc.

While residents who choose this Major Rotation will have exposure to the various areas of psychology with the Child and Adolescent Mental Health Care Program, they will be asked to select one area within which to focus their training.

Psychological services are concentrated within the Mood and Anxiety Disorders team. Residents will have the opportunity to gain experience in both assessment and treatment of internalizing disorders. Cognitive behavioural therapy is the primary therapeutic approach. Supervision and consultation with other program staff is also encouraged.

**Supervisor:** Dr. Julie Eichstedt

The Child and Adolescent Inpatients service specializes in assessment and stabilization of acute mental health crises spanning a wide range of presenting issues. Residents have exposure to daily interprofessional team care planning and consultation. The Inpatients treatment team has extensive expertise in child development, internalizing disorders, and crisis stabilization. The resident may also act as primary therapist for several patients, conducting clinical assessment, individual therapy, parental interventions, and case management.

**Supervisor:** Dr. Heather Jacques

The Child and Adolescent Day Treatment involves an interprofessional team working with adolescents, ages 10 through 17 years, who are experiencing significant internalizing difficulties. Presenting problems involve mood and anxiety disorders, with comorbid attention and learning concerns. A diverse range of treatment is provided, with an emphasis on evidence-based interventions (e.g., cognitive behavioural therapy), while adolescents also maintain educational involvement through the W.D. Sutton classroom. Residents will gain experience providing individual, group, and family therapy, as well as parent training. Psychological assessments of emotional, family, cognitive, and academic functioning will also be conducted. Residents will further have opportunities to consult and coordinate treatment plans with program staff, community agencies, and school personnel.

**Supervisor:** Dr. Kerry Collins

The Child and Adolescent Eating Disorders is an interprofessional team specializing in the assessment and treatment of eating disorders in children and adolescents until the age of 18. It has inpatient, day treatment, and outpatient follow-up components. Residents may have exposure to assessment, treatment planning, and group psychotherapy experiences for patients and their families.

**Supervisor:** Dr. Debbie Vanderheyden
**Child Parent Resource Institute (CPRI)**

Residents at CPRI can choose to receive breadth and depth of training at this site during a Major Rotation by working on more than one clinical team, with more than one supervisor. Beyond the supervision from our psychologists, psychology residents would work with psychiatrists, developmental paediatricians, social workers, speech and language pathologists, occupational therapists, front-line behaviour therapists, and teachers.

Residents should have interest in diagnosing complex, comorbid child and adolescent populations experiencing significant family dysfunction, understanding larger system issues in child and family wellness, and a desire to assist caregivers and teachers in reducing acting out behaviours including aggression. Residents at CPRI may negotiate experiences directly supervised by a psychologist in the following services:

The Attachment Consultation and Education Service (ACES) provides assessments, consultations, and education about and for children with significant early pathogenic care leading to complex trauma response, disturbances of attachment, and/or reactive attachment disorder. Comprehensive relational assessments, as well as more psychological assessments and community and caregiver consultations are offered, with the option of family or individual therapy involvement. Community education, outreach, and indirect consultation is a strong component of the service. The Attachment Consultation and Education Service is increasingly moving toward a focus on the birth to five year age range.

Supervisor: Dr. Carey Anne DeOliveira

The Bipolar Clinic provides assessment and treatment of children/adolescents ages 6 to 18 years. Due to the complexity of diagnosing bipolar disorder in children and adolescents, a pre-screening session is conducted on all referrals to determine the likelihood of the disorder. This is followed by the completion of a comprehensive assessment using a standardized interview, the WASH-U-KSADS. Children/Adolescents diagnosed with bipolar disorder receive intensive 8 to 10 sessions of group psychoeducational therapy, and in addition, a separate group for the parents is offered. Individual therapy is also available to clients.

Supervisor: Dr. Gani Braimoh

The Brake Shop provides service to children and adolescents diagnosed with a tic disorder; clients present with complex combinations of neurodevelopmental disorders including Tourette Syndrome, Obsessive-Compulsive Disorder or other anxiety disorders, Attention-Deficit/ Hyperactivity Disorder, sensory processing dysfunctions, and/or significant behavioural issues including Intermittent Explosive Disorder (‘rage’). A wide selection of services for Brake Shop clients translates into substantial opportunity for residents to tailor and vary their experiences within a Brake Shop rotation. Options include assessments (semi-structured diagnostic assessments and/or standardized testing), co-facilitation of various cognitive behavioural treatment groups (e.g., Exposure & Response Prevention), individual therapy, consultations (client or programming-based), and knowledge transfer activities such as community presentations or school assemblies. Attendance at interprofessional rounds, conducting literature reviews, student supervision, or program development/ evaluation are additional opportunities. For more detailed information please see the Brake Shop’s Residents/ Practicum Students webpage at [www.cpri.ca](http://www.cpri.ca) (click on “Clinics/Brake Shop”).

Supervisor: Dr. B. Duncan McKinlay
The outpatient programs for children and adolescents with developmental disabilities include the Autism Spectrum Disorders (ASD) Clinic and the IDEAS (Intellectual Disabilities and Emotional Disorders: Adapted Strategies) Team. The resident could be involved with any aspect of service of the ASD clinic, including diagnostic screening, diagnostic assessments, and behaviour interventions in the community. Many clients have comorbid diagnoses such as an intellectual disability, ADHD, and anxiety disorders (for example). The primary therapeutic model is Applied Behaviour Analysis. The IDEAS team provides assessment, consultation and treatment for children and youth with developmental disabilities and anxiety or mood disorders. This service offers the unique experience of modified cognitive behaviour therapy.

Supervisors:  
Dr. Karin Gleason  
Dr. Louise LaRose  
Dr. Craig Ross

Residents may also choose to work with children and adolescents with developmental disabilities in Residential/Intensive Services. Services are provided by an interprofessional team to youth who have both developmental disabilities and significant mental health or behavioural disorders. The psychologists assist with assessment and treatment, including supervision of all behavioural programming on residential units. Residents can also be exposed to clients with Autism in these services. Residents will gain experience in working with multiple systems, matching strengths, needs and supports, and planning and implementation at a multi-agency team level.

Supervisors:  
Dr. Jennifer Crotogino  
Dr. Karin Gleason  
Dr. Craig Ross

The Home Visiting Program for Infants (HVPI) provides services for infants and young children, birth to 5 years, who have a developmental disability or are at risk of developmental delay. Children seen in the program present with a range of risks for developmental difficulties, including established risk (e.g., genetic syndromes, neurological conditions), biological risk (e.g., prematurity, prenatal exposures), or psychosocial risk (e.g., attachment difficulties, early abuse/neglect). The psychologist provides comprehensive developmental assessment, consultation, and family-centered intervention within a strong transdisciplinary team approach. Most services are provided within the child’s home environment. Opportunities for residents include training in infant and preschool assessment, parenting consultation and intervention (e.g., feeding, behaviour, attachment), participation in transdisciplinary services (e.g., team screens, feeding team), and team and family-based support services to address the impact of family and psychosocial stressors on early child development.

Supervisor:  
Dr. Susan Bryant

A Selective Mutism service is available where direct assessment and school consultation is provided by a psychologist and speech and language pathologist to support children who do not speak at school due to social anxiety.

Supervisor:  
Dr. Jeff St. Pierre
Residential/Intensive Services are also provided to children and youth, 6 to 18 years, with a primary mental health condition. Youth are admitted due to severe psychiatric disturbance, and family and school placement breakdown. Psychologists on our residences and in-house school provide cognitive/learning, social, emotional assessment, behaviour programming, individual parenting interventions, consultation, individual cognitive behavioural therapy, and staff training and support. Interest in complex, comorbid child and youth populations with diverse family trauma is required. As with the dual diagnosis intensive programs, residents will gain experience in working with multiple systems, matching strengths, needs and supports, and planning and implementation at a multi-agency team level.

Supervisors (various possible):  Dr. Patricia Jordan (inpatient boys unit)
Dr. Niki Rielly (inpatient young child unit)
Dr. Jeff St. Pierre (inpatient girls unit)

Residents in a clinical rotation at CPRI can choose to enhance their knowledge of program evaluation and clinical research through active collaborations with the division of Applied Research and Education. Opportunities include contributing to knowledge dissemination of ongoing residential and outpatient program evaluations, as well as designing and implementing new research protocol.

Supervisor:  Dr. Shannon Stewart
Vanier Children’s Services

Vanier is a community-based children’s mental health centre which accepts referrals for children and youth with emotional and behavioural problems up to their 18th birthday. The primary focus currently at Vanier is on services to pre-school and pre-adolescent children. A variety of services are currently provided, including prevention/outreach, outpatient, day treatment, intensive family services, and residential (group and foster) treatment. Several orientations inform clinical work, such as cognitive behavioural, solution-focused, emotion-focused, and attachment theories.

Currently, the primary focus of psychology services at Vanier is assessment. Residents have also provided staff consultation, treatment interventions, or both, as well as assisting with program development and evaluation. While at Vanier, residents can expect to gain experience in comprehensive assessment, diagnosis and clinical formulation, consultation to interprofessional teams, and possibly also various types of therapy. Additional training opportunities may include ongoing research, program evaluation, and quality improvement initiatives. Residents at Vanier will most likely provide services to both Early Years and Intensive Services clients in the London area. Residents might also be assigned to assist with community services (such as family therapy, Francophone services, and group only programs). Depending on resident interests and supervisor availability, other opportunities may include consultation to clients in rural settings, work in long-term maturational settings, long-term residential treatment for clients with complex trauma histories, and crisis work.

Vanier clients typically present with complex needs, usually including a combination of behavioural problems and mood or anxiety problems, cognitive processing concerns, and family issues (such as abuse, neglect, domestic violence, and separation and divorce). Psychological services to Early Years clients (age birth to six years) include assessment of individual children who are receiving other services (e.g., family therapy, day treatment) and consultation to staff. Intensive Services include both residential and Intensive Family Services (IFS). Residents typically provide assessment and consultation services within the residential programs, primarily in the short-term (typically about 3 months in residence) and medium-term (typically 6-12 months in residence) programs. IFS is an alternative to residential treatment in which a Child and Youth Counselor works with the family in their own home. Psychology’s primary role in IFS is to provide clinical support to the Child and Youth Counselor, including assessments with a view toward treatment recommendations.

Further information about Programs at Vanier can be found at http://www.vanier.com/

Acceptance into this Major Rotation is dependent on the successful completion of a police record check and medical clearance. Same-day travel within the region may be required.

Supervisors: Dr. Jeff Carter
Dr. Carla Smith
Dr. Esther Goldberg
ADULT MENTAL HEALTH TRACK
COORDINATOR: Dr. David LeMarquand

NMS Code Number: 181514

4 Resident Positions are available
Number of applications in 2011: 68

The Adult Mental Health Track is designed to prepare residents for eventual autonomous practice in clinical psychology, through broad-based and intensive exposure to adult mental health. Several rotations serve a broad range of inpatient and outpatient populations and allow residents to focus on specific patient groups or on specific assessment or therapeutic modalities.

Residents create an individualized, broad-based training program by selecting relevant experiences within a Major Rotation. To allow for an adequate breadth of training, clinical experiences within the rotation should include at least one experience focusing on assessment and consultation while another should focus on intervention. Intervention experiences should include individual and group psychotherapies, as well as inpatient and outpatient experiences. Exposure to research as a guiding principle, as well as a systematic method for evaluating clinical outcomes and programs, is emphasized. Using a professional developmental approach of clinical and scientific inquiry, residents apply skills garnered in prior and current training to assess and treat patients according to best practices and sound clinical judgment.

Within each rotation, supervisors will provide opportunities for individualized training experiences that meet the specific needs of the resident. Supervisors assure well-rounded experience by assigning cases to residents that reflect patient diversity in terms of ethnicity, socio-economic status, age, and other individual differences.

Competence in assessment and intervention skills is emphasized, integrating theoretical, ethical, research, and professional perspectives. While psychologists provide the bulk of supervision, residents are encouraged to work with other professionals as well, including psychiatrists, social workers, and counsellors. Supervision styles vary across supervisors. Several supervisors emphasize training in specific skills (e.g., empirically-supported treatments) while other supervisors emphasize the development of strong interpersonal and therapeutic process skills.

To be considered, applicants must have the following credentials:

- a minimum of 600 hours of direct mental health assessment, intervention, consultation, and supervision practicum experience, as assessed by summing face-to-face intervention and assessment hours (doctoral and master’s level) and supervision hours stated in the APPI,
- completed their core required doctoral coursework
- defended their dissertation proposal, and
- experience with a range of psychotherapeutic modalities.

Please note that applicants who do not meet these criteria will not be considered.

Major Rotations available:

- London Health Sciences Centre: Victoria Hospital
- St. Joseph’s Health Care, London: Parkwood Hospital
- St. Joseph’s Health Care, London: Regional Mental Health Care London
- St. Joseph’s Health Care, London: Regional Mental Health Care St. Thomas

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London Health Sciences Centre: Victoria Hospital

Adult mental health at Victoria Hospital provides a range of acute care mental health services for adult inpatients and outpatients in London. As well as 68 inpatient beds for acute crisis stabilization and treatment for adults 18 years of age and older, adult mental health at Victoria Hospital also provides general ambulatory mental health services as well as some specialized adult services. Residents working in this rotation will be able to select from a variety of potential experiences and work in one or two of the following programs:

Cognitive-Behavioural Therapy (CBT)
The cognitive-behavioural therapy team at LHSC Victoria Hospital provides CBT to adults who have a primary diagnosis of depression or anxiety. Personality factors and comorbid mental or physical health concerns may also be present. The services offered are primarily group-based but individual CBT is provided to a limited number of individuals when it is determined that this would be most beneficial. Within this interdisciplinary team residents will be responsible for providing comprehensive individual therapy to adult clients. Skills in diagnostic assessment, case formulation, and the provision of feedback to clients will also be emphasized. Observation and/or direct involvement in group therapy is a possibility, as is some accommodation of resident preferences with respect to client diagnostic status, level of comorbidity, and background.

Supervisor: Dr. Brendan Guyitt

Dialectical Behaviour Therapy (DBT)
Although DBT is an evidence-based therapy for individuals with borderline personality disorder, at LHSC, we are providing this treatment to outpatients with serious mental illness. These patients usually have several comorbid diagnoses such as mood disorder, posttraumatic stress disorder, panic disorder, generalized anxiety disorder, somatic disorder, and personality disorder, as well as significant difficulties with affect management and interpersonal regulation. DBT interventions include mindfulness, emotion regulation, interpersonal effectiveness, and distress tolerance. These interventions are implemented in skills training groups and individual therapy. Residents in this service provide both individual and group therapy. They consult with the interprofessional DBT team on a weekly basis in regard to patient and therapist progress, as well as DBT training. The minimum time commitment for residents in the DBT program is two days per week and three days are recommended.

Supervisors: Dr. Louise Maxfield
Dr. Walter Friesen

Eye Movement Desensitization and Reprocessing (EMDR)
EMDR is an evidence-based therapy for individuals with posttraumatic stress disorder. It is provided to patients who have achieved some stabilization through completion of a program teaching affect regulation (e.g., DBT), but who continue to have distressing symptoms related to traumatic events such as childhood abuse or interpersonal violence. Most patients have multiple comorbid disorders and significantly impaired function. Supervision emphasizes case conceptualization, and the practical and interpersonal aspects of working with this population, and includes co-therapy. Residents provide assessment and treatment. Due to the specialized nature of this therapy, residents require intensive training in EMDR case conceptualization and treatment application. The training will be provided on site to two or more residents over a three day period by Dr. Maxfield, who is an internationally recognized EMDR expert. This training (and therefore this rotation) is only available when at least two residents select this rotation within the academic year.

Supervisor: Dr. Louise Maxfield
Traumatic Stress Service Workplace Program (TSSWP)
The TSSWP is an interprofessional outpatient clinic that provides comprehensive assessment and treatment services to individuals who develop primary anxiety or mood disorders in response to workplace-related traumatic events. Comprehensive assessment provides a clear diagnostic and functional formulation of an individual’s condition and addresses the following areas: pre-existing and co-existing stressors/vulnerabilities, return to work planning and recommendations, entitlement issues, treatment recommendations, and case management considerations. Although the TSSWP sees a variety of diagnostic presentations, the majority of individuals assessed suffer from anxiety (e.g., PTSD, Panic Disorder), mood, and somatoform disorders. Training opportunities include the opportunity to develop skills in comprehensive psychodiagnostic assessment for mood and anxiety disorders in the context of disability management. This involves evaluation of Axis I and Axis II disorders, normal personality, and response style distortion (i.e., malingering or defensive responding) utilizing structured and semi-structured interviews (e.g., SCID-I, CAPS, DIPD, M-FAST, SIRS) and various self-report psychometrics (BDI-II, BAI, MMPI-2). Opportunities for participation in the treatment service is also available, but may be limited by the residents’ caseload. The provision of treatment of primary anxiety and mood disorders is based on a CBT theoretical model. The program offers a unique opportunity to work in a challenging interprofessional environment. Both assessment and treatment services operate within an interprofessional team, which includes psychiatry, psychology, and occupational therapy. Residents work closely with professionals from these other mental health professions.

Supervisor: Dr. Danielle Bedard

Prevention and Early Intervention Program for Psychoses (PEPP)
The PEPP program provides comprehensive medical and psychosocial intervention for adults presenting for the first time with a schizophrenia-spectrum psychosis (http://www.pepp.ca/). Most patients are in their teens or early twenties when they enter PEPP and there is a high incidence of concurrent substance use problems. The PEPP team includes nurses, psychiatrists, social workers, vocational counselors, education specialists, a psychologist, and clinical researchers. Treatment and rehabilitation is specifically tailored to meet the needs of young adults, and particular attention is paid to engagement and early intervention, psychoeducation and enhancing wellness behaviours, concurrent substance abuse, working with families, and supporting patients' return to work and school. The psychologist typically consults to the case manager-patient dyad, providing assessment and intervention services in relation to cognitive functioning as well as treatment for anxiety, depression, and persisting psychotic symptoms. Treatment is grounded in cognitive behavioural and motivational-enhancement therapies, with a strong emphasis being placed on recovery of function. Interventions are typically provided individually, but a cognitive skills training group is offered based on demand. Depending on their interests and training needs, residents may elect to concentrate relatively more on cognitive assessment and cognitive skills training or on psychotherapy. Supervision methods are flexible, and co-therapy and longer-term psychotherapy are often available.

Supervisors: Dr. Jason Carr
Dr. Ross Norman

Mental Health Management
Also based out of Victoria Hospital is an opportunity to learn about psychology's role in mental health management. It includes involvement in systems and program planning, proposal development, project management and implementation, and interprofessional human resource issues. Working with the Director of the London Health Sciences Centre's Mental Health Care Program, residents will be involved in both hospital and community-based activities, including service design, quality initiatives, and evaluation.

Supervisor: Dr. Beth Mitchell
St. Joseph's Health Care, London: Parkwood Hospital

Operational Stress Injury (OSI) Clinic
Adult Mental Health residents working at Parkwood Hospital have the opportunity to work in the Operational Stress Injury (OSI) Clinic for veterans and members of the Canadian Forces and the RCMP. Opened in 2004, the Parkwood Hospital Clinic is part of a national network of OSI clinics funded by Veterans Affairs Canada. These clinics help patients who suffer from a number of conditions that can result from being exposed to military trauma. In addition, the network of OSI clinics is helping to develop new standards of OSI treatment through education and research.

Psychology provides assessment and treatment to Canadian Forces members, Veterans Affairs Canada pensioners, the RCMP, and Canadian Forces members who are making the transition to civilian life suffering from post-traumatic stress disorder, anxiety, depression, relational difficulties, or addictions resulting from or aggravated by military-related trauma. Educational programs as well as individual, group, and family counselling are also available.

Residents will work as part of an interprofessional team of health professionals that also includes psychiatrists, nurses, and clinical social workers who work together to develop a treatment plan tailored to meet the individual needs of the Canadian Forces member. Residents complete assessments for treatment planning and pension-award purposes, typically involving clinical interviews, structured diagnostic interviews (i.e., the SCID-IV and the CAPS), and self-report symptom-focused and personality measures. Intervention training experiences can be tailored to the interests of the resident. Opportunities include co-facilitating a treatment group (e.g., our cognitive behavioural depression group) and conducting stabilization- or trauma-focused individual psychotherapy. Opportunities also exist for providing group therapy for those clients suffering from chronic pain in addition to mental health problems. Utilizing an Acceptance and Commitment Therapy (ACT) framework, residents co-lead the ACT Vitae Vis (Strength of Life) pain program. Additionally, psychotherapeutic process groups have been offered to facilitate consolidation and adaptation to Operational Stress Injuries.

Supervisors: Dr. Shannon Gifford
Dr. Charles Nelson
St. Joseph’s Health Care, London: Regional Mental Health Care, London

Regional Mental Health Care, London provides a wide range of specialized inpatient and outpatient services to individuals with severe and persistent mental illness from London and Southwestern Ontario. Psychology has been an active participant in many of the services at this site for over 50 years and continues to be a leader in clinical service delivery on a number of patient care interprofessional teams, which include psychiatry, nursing, social work, occupational therapy, and recreational therapy. Residents working at Regional Mental Health Care, London can have the opportunity to provide psychological assessment, diagnostic, consultation, and intervention services to both inpatients and outpatients through working with a variety of these teams. While there are some areas of commonality in the services provided by this site and Regional Mental Health Care, St. Thomas, each site also has a number of unique areas of clinical service where psychology residents can train.

Assessment Program
The Assessment Program cares for individuals with serious mental illness who do not meet criteria for admission to our other programs, or who require diagnostic assessment and care not available at the local level. With an optimal 30-day length of stay, people will receive specialized assessment and initial stabilization with recommendations for further treatment, rehabilitation and community reintegration. This program focuses on providing collaborative care with family physicians and other community providers. Residents in this program can be involved in providing psychological assessments and short-term treatment of these diagnostically challenging individuals. Residents would work with the psychologists to provide interventions utilizing an integrative biopsychosocial approach including cognitive behaviour therapy, interpersonal psychotherapy, and experimental process-type interventions, as well as interventions with an eclectic, primary emotional, experientially-oriented, interactive framework.

Supervisor: Dr. Stephanie Dubois

Adult Ambulatory Services
Adult Ambulatory Services provides mental health services to adult outpatients with a wide range of psychiatric disorders, primarily to those with more serious and chronic psychopathology (Psychosis, Affective, and Anxiety). Personality and comorbid mental or physical health disorders may coexist with any of the above. Referrals are accepted from Coordinated Intake. These include patients who are referred by London Health Sciences Centre (LHSC) and the community. Treatment is provided with interdisciplinary involvement (including psychiatry, nursing, social work, therapeutic recreation, occupational therapy and psychology). The interprofessional service also aims at relapse prevention and recovery from mental illness. In this service, residents would be able to provide psychological assessment to adults, particularly cognitive, personality, and diagnostic assessments. Residents would also be able to provide psychotherapeutic intervention services from a variety of approaches, including cognitive-behavioural therapy, supportive and mentalization-based therapy, depending on supervisor availability. Interventions that could be provided by residents would be both at the level of the individual as well as group therapy, depending on supervisor availability.

Supervisors: Dr. Farida Spencer
Dr. Jeremy Harrison
Concurrent Disorders Program
Psychology is also an integral part of the Concurrent Disorders program. This service provides specialized outpatient tertiary care to individuals who suffer from both a severe psychiatric illness and a severe substance abuse disorder. Residents taking this rotation would be involved in the treatment of patients with a wide range of substance abuse and mental health issues, attempting to address both aspects therapeutically. Treatment is individualized to meet the specific needs of these often challenging patients, and includes Motivational Interviewing and CBT techniques for the addiction, and an integrative approach involving CBT, Interpersonal and Dynamic elements for the psychiatric disorder.

Supervisor: Dr. David LeMarquand

Geriatric Psychiatry Program
Psychology is also part of the Geriatric Psychiatry Program that provides care for patients over the age of 65 who live in Southwestern Ontario and who suffer from severe and persistent mental illness, with a focus on assessment, treatment, rehabilitation, prevention, family/ community support and education. This program’s approach encompasses the mental, spiritual, cultural, and psychosocial aspects of aging. The program includes an inpatient unit of 63 beds as well as outpatient consultation services. Residents would provide a range of psychological assessment services in this program including cognitive and mental health assessments. As well, they may also be able to obtain clinical experiences in providing cognitive behaviour therapy with the elderly.

Supervisor: Dr. Ed Black
St. Joseph’s Health Care, London: Regional Mental Health Care, St. Thomas

Regional Mental Health Care, St. Thomas provides a wide range of specialized inpatient and outpatient services to individuals with severe and persistent mental illness from Southwestern Ontario. Psychology has been an active participant in many of the services at this site for over 50 years and continues to be a leader in clinical service delivery on a number of patient care interprofessional teams, which include psychiatry, nursing, social work, occupational therapy, and recreational therapy. Residents working at Regional Mental Health Care, St. Thomas can have the opportunity to provide psychological assessment, diagnostic, consultation, and intervention services to both inpatients and outpatients through working with a variety of these teams. While there are some areas of commonality in the services provided by this site and Regional Mental Health Care, London, each site also has a number of unique areas of clinical service where psychology residents can train.

Assessment Program
The Assessment Program cares for individuals with serious mental illness who do not meet criteria for admission to our other programs, or who require diagnostic assessment and care not available at the local level. With an optimal 30-day length of stay, people will receive specialized assessment and initial stabilization with recommendations for further treatment, rehabilitation, and community reintegration. This program focuses on providing crisis and short-term treatment and collaborative care with family physicians and other community providers. Residents in this program can be involved in providing psychological assessments and short-term treatment of these diagnostically challenging individuals. This service also includes a crisis response system for residents of Elgin County. Group and individual outpatient therapy, and community clinics and consultation with St. Thomas Elgin General Hospital are also provided under the Crisis and Outpatient services program. Residents would work with the psychologists to provide interventions utilizing an integrative biopsychosocial approach including cognitive behaviour therapy, interpersonal psychotherapy, and experimental process-type interventions, as well as interventions with an eclectic, primary emotional, experientially-oriented, interactive framework.

Supervisor:  To be determined

Forensic Program
Psychology also plays an important role in the Forensic Unit. This unit provides specialized mental health services to adults with a mental disorder who have committed a criminal offence, with an emphasis on the high risk and high need patient. The Forensic Program is comprised of 80 beds including assessment, treatment, and rehabilitation units as well as an Outreach Team. At all times the interprofessional teams working with our patients must balance the needs of each patient with the need for public safety. Patients present with a broad range of diagnostic categories such as schizophrenia, mood disorders, and personality disorders. A significant proportion of patients also have an addiction to drugs and/or alcohol. The Forensic Unit serves individuals who are on Court Ordered Assessments, are found either Unfit to Stand Trial or Not Criminally Responsible, or have been transferred from correctional facilities requiring treatment under conditions of security. Residents on the service could participate in neuropsychological and forensic psychological assessments as well as diagnostic psycho-legal assessments. Forensic assessments can include comprehensive psychosocial assessment, assessment of criminal responsibility, assessment of fitness, and/or assessment of risk. Residents could also be involved in a range of appropriate psychotherapies, gain experience with an interprofessional treatment team, and treatment planning. It may also be possible for the resident to obtain experience with Ontario Review Board hearings.

Supervisors:  Dr. Rod Balsom
Dr. Laura Fazakas-DeHoog
Dr. Larry Litman
Additional Adult Mental Health Track Supervisors:
  Dr. Paul Frewen
  Dr. Marnin Heisel
HEALTH/REHABILITATION TRACK
COORDINATOR: Dr. Steven Orenczuk

NMS Code Number: 181515

2 Resident Positions are available
Number of applications in 2011: 16

The Health/Rehabilitation Track is designed to provide residents with broad-based clinical training combined with specialization in the integration of the knowledge and techniques of health, behavioural, and biomedical sciences. The Track also allows interested residents the opportunity to receive training across the lifespan.

The primary goals of the Health/Rehabilitation Track are twofold:

1) to provide an understanding of the relationship between psychosocial issues, health, physical illness, and disability; and,
2) to apply clinical and research skills and knowledge to the prevention, diagnosis, treatment, and rehabilitation of a wide variety of medical disorders and conditions.

Supervisors and clinical services are available in a number of different rotations with different medical populations and presentations. There is an opportunity to work with inpatients and outpatients, both in an individual and group format, and with a variety of assessment and intervention approaches.

To be considered for the Health/Rehabilitation Track, resident applicants must have the following credentials:

- A minimum of 200 hours of assessment, intervention, consultation, and/or supervision experience involving health, physical illness, and disability, and
- For those seeking a lifespan approach to their training, practicum experience with a range of age groups (children, adults, older adults) is an asset.

Major Rotations Available:

- London Health Sciences Centre: Children’s Hospital
- London Health Sciences Centre: Victoria Hospital
- London Health Sciences Centre: University Hospital
- St. Joseph’s Health Care, London: Parkwood Hospital
- St. Joseph’s Health Care, London: St. Joseph’s Hospital

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London Health Sciences Centre: Children’s Hospital

Psychologists in the Paediatric Health Psychology service of the Children’s Hospital provide inpatient and outpatient services to children and families coping with acute and chronic medical conditions through a number of health focused clinics and interprofessional teams. Issues commonly addressed include coping with illness, medical compliance, and school adjustment.

Paediatric Health Psychology offers the following training experiences:

Inpatient:

Residents will become experienced in consultation-liaison and treatment services offered to a wide variety of inpatient medical services at the Children’s Hospital (e.g., critical care, oncology, neurology, acquired brain injury, gastroenterology, respirology, orthopaedics, surgery). Services are provided for both children and their families for a number of different problems such as treatment compliance, coping with prolonged hospitalization, and palliative care. Cognitive, emotional, and behavioural strategies are employed to assist in managing distressing physical (e.g., acute or chronic pain) and psychological (e.g., depression, anxiety, somatization) symptoms. The resident will attend relevant rounds (e.g., Oncology, Critical Care, General Medicine) and consult with medical team members.

Outpatient:

Work with outpatients will include assessment, therapy, as well as consultation within the hospital and occasionally with schools. Some flexibility in the amount and scope of outpatient work is possible. There are a number of opportunities for outpatient work on this rotation including the following:

Residents may work with patients originally seen in the hospital (e.g., cancer patients in late effects clinic, school reintegration program for cancer patients) or with their family members (e.g., sibling bereavement group therapy).

Residents may work with outpatient children, adolescents, and their families who have either a medical problem that affects their psychological adjustment, or psychological problems that affect their health or adjustment to a medical condition. Issues may include management of recurrent or chronic pain such as headaches or abdominal pain, anxiety contributing or related to living with a medical condition, grief and support following diagnosis, or adherence to treatment regimes.

Residents may also become involved with the Diabetes/Endocrinology interprofessional teams that work with patients with diabetes, growth hormone problems, Turner’s Syndrome, and precocious puberty. Issues addressed include adjustment to chronic illness, disease management and adherence problems, and difficulties related to developmental changes or other stressors. Residents also consult with these medical teams and participate in specialized initiatives (e.g., education days, community outreach).

Residents may have the opportunity to attend the Encopresis Clinic, which blends medical and behavioural procedures, emphasizing positive strategies to enhance treatment compliance.

Supervisors:

- Dr. Danielle Cataudella
- Dr. Erica Gold
- Ms. Ann Klinck
- Dr. Cathy Maan
London Health Sciences Centre: Victoria Hospital

Residents may choose to work in the General Behavioural Medicine Service. This clinical setting provides residents with a broad-based experience in the psychological assessment and treatment of medical conditions. Patients are referred from a wide variety of hospital programs, including anaesthesiology, neurology, oncology, physiatry, nephrology, and psychiatry. Patients on this service often present with comorbid physical (e.g., chronic pain, head injury, diabetes, and renal insufficiency) and psychological conditions (e.g., depression, posttraumatic stress disorder, and personality disorders). Because of important medical repercussions, most patients present with significant changes in quality of life and experience difficulties with coping and acceptance. Assessment measures usually include indices of personality, emotional distress, quality of life, and coping. Residents provide individual and group interventions (structured treatment protocols and open-ended psychotherapy groups) on an outpatient basis. Residents also provide consultation services on a limited basis to hospital clinics (e.g., total parenteral nutrition clinic). When available, residents also have the opportunity to supervise practicum level students.

Supervisors:  Dr. Tony Iezzi
Dr. Felicia Otchet

Residents may work with the Consultation-Liaison Service that serves Victoria Hospital and includes psychiatry, psychology, and mental health nursing. Training opportunities are very broad, reflecting the diversity inherent in the overlap of physical and mental health care. Patients typically have complex medical and psychiatric symptom presentations. The rotation involves training experiences in inpatient consultation to medical/surgical units as well as outpatient management. Participation in interprofessional rounds, including bedside visits, is expected. Clinical activities include mental status/diagnostic interviewing, treatment planning, bedside psychological intervention, and efficient communication to various health professionals. Behavioural and cognitive behavioural interventions are delivered within a rehabilitation or biopsychosocial framework.

Supervisor:  Dr. Naomi Wiesenthal

There is also the opportunity to provide psychological services to the sleep disorders service. Residents will have an opportunity to provide assessment and treatment to patients with insomnia. A cognitive behavioural conceptualization of insomnia is used. Intervention consists of cognitive, behavioural, and educational components. Patients in this service often present with other medical conditions, allowing the resident to gain experience with a variety of behavioural medicine issues.

Supervisor:  Dr. Ann McDermid

Residents have the opportunity to work in The Fertility Clinic. In this clinical service, the resident provides psychological services primarily to the In Vitro Fertilization and Intrauterine Insemination programs, but also to programs involving egg donation, gestational surrogacy, and insemination using a sperm donor. Pretreatment interventions may include implications counselling, short-term therapy for adjustment disorder, anxiety management training, relationship counselling, and behavioural treatment for female and male sexual dysfunction. Post-treatment interventions include crisis intervention, short-term therapy for anxiety and/or depression, couples counselling, and specific issues of infertility counselling including facilitating decision making, acceptance, and resolution after treatment failure.

Supervisor:  Dr. Christopher Newton
London Health Sciences Centre: University Hospital

The resident can also work to provide clinical psychology services to the Epilepsy Unit. Persons with epilepsy are referred with problems of mood, relationships, personality, and adjustment. Consultation to the interprofessional inpatient unit involves assessments (interviews, psychological testing, report writing) of surgical candidates. The assessment may lead to short-term intervention while the patient is in hospital (e.g., stress management, brief therapy). Outpatient assessments and psychotherapy are also conducted and involve individual, family, and marital interventions. Most therapy will be relatively focused and problem-oriented, often being cognitive behavioural and/or skills-oriented.

Supervisor: Dr. Paul Derry

The resident may also work with the Consultation-Liaison Psychiatry Service at University Hospital. This service is an interprofessional team (psychiatry, psychology, and mental health nursing) that provides mental health services to the inpatient medical-surgical units of the hospital. Patients seen by this service often present with complex physical and mental health issues (e.g., depression following liver transplantation). Some patients are seen for outpatient follow up. This rotation provides opportunities for the resident to further develop his/her skills in the areas of assessment, treatment, and interprofessional consultation. Treatment is typically short-term, problem-focused therapy that is cognitive behavioural in orientation.

Supervisor: Dr. Sandra Ulch
St. Joseph’s Health Care, London: Parkwood Hospital

Psychology staff affiliated with the Health Psychology/Rehabilitation Track at St. Joseph’s Health Care, Parkwood Hospital provide services to several distinct areas including the long term care program for Canadian war veterans and to the inpatient and outpatient regional specialty rehabilitation programs serving Southwestern Ontario. Participation alongside members of interprofessional treatment teams is an important component of this setting.

The residential Veterans Care Program (VCP) provides inpatient long term care for Canadian war veterans. The Psychologist’s role in the residential program has evolved as the program itself has evolved, emphasizing different skills at different times to bring added value to the care and service of aging veterans and related cohorts. Currently, the Psychologist facilitates quality improvement initiatives within the program on strategic priorities such as end of life care, participates in related local and multi-site research projects on public health, mental health and health systems issues, and provides gero-psychology expertise on projects for the Canadian Coalition for Seniors Mental Health, Alzheimer Society of Canada, Public Health Agency of Canada, and the International Psychogeriatric Association among others. Residents working in this program have the opportunity to engage in ongoing program development, research and consultative initiatives.

Supervisor: Dr. Maggie Gibson

On the rehabilitation service, which more broadly includes the Spinal Cord Injury, Stroke, Amputee, and Acquired Brain Injury programs, two options are available.

Residents may participate in the Regional Spinal Cord Injury (SCI) Rehabilitation Service. This program has a 15-bed inpatient component for individuals who have had a spinal cord injury, either traumatic (e.g., from a motor vehicle accident or fall) or non-traumatic in etiology (e.g., spinal metastases or transverse myelitis) or other neurological disorder (e.g., Guillain Barre Syndrome). Supportive counselling and psychoeducational groups are available as experiences to the residents working on the spinal cord service. There is a cognitive behavioural emphasis to the treatment interventions that focus on adjustment of the patient to his or her disability. Evaluations frequently include the psychometric assessment of cognitive functioning. Services often are consultative in nature. Participation in a community injury prevention program is also available.

Supervisor: Dr. Steven Orenczuk

Placements for clinical psychology residents are also available on the Acquired Brain Injury (ABI) Rehabilitation Program. This in- and outpatient service provides care to patients referred for assessment or intervention during post-acute rehabilitation. ABI may be due to traumatic brain injury (TBI) associated with physical injury sustained in falls, assaults, and motor vehicle collisions. ABI may also be associated with medical conditions that affect the central nervous system, such as anoxia, stroke, brain tumour, or meningitis. Degenerative disease and dementia are usually followed by other programs. Concomitant mood disorders and pain complaints are prevalent, and may require consultation with specialized mental health and/or addictions services. Clinical psychology residents may obtain experience planning and providing clinical interventions for individuals and families. Interventions may include cognitive-behavioural approaches, clinical education on emotional regulation for survivors and spouses, and participation in interdisciplinary rehabilitation.

Supervisor: Dr. Margaret Weiser
St. Joseph’s Health Care, London: St. Joseph’s Hospital

At the St. Joseph’s Hospital site of St. Joseph’s Health Care, London, Psychological Services are provided through the Beryl & Richard Ivey Rheumatology Day Programs, the Comprehensive Pain Program, and the Cardiac Rehabilitation and Secondary Prevention Program.

Rheumatology Day Programs

Rheumatology Day Programs (RDP) (three to four days/week) are intensive, interprofessional, two to four week outpatient treatment programs for patients with inflammatory arthritis (e.g., rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis), osteoarthritis, systemic lupus erythematosus, scleroderma, and fibromyalgia. Participants in this program learn disease self-management skills for improved symptom control, productivity, emotional functioning, and quality of life.

Residents working in the Rheumatology Day Programs would provide the following services: preadmission assessments, patient education, group and individual treatment interventions, and treatment follow-up services. Education sessions focus on chronic pain, pain management, the impact of chronic pain on psychosocial functioning, and sexual dysfunction. Treatment interventions include: cognitive therapy skills for mood, relaxation training, EMG biofeedback, assertive communication, and relapse prevention.

Residents may also be involved in our Multidisciplinary Clinic Days, which are one-day educational sessions that are held on a monthly basis for individuals with rheumatic diseases. All patients in rheumatology are asked to attend these sessions as part of their care plan.

Residents will also have an opportunity to participate in interprofessional team rounds, and provide consultation / interventions to promote adherence to medical, physiotherapy and occupational therapy treatment approaches.

Supervisors: Dr. Marilyn Hill
             Dr. Warren Nielson

Comprehensive Pain Program

The Comprehensive Pain Program (one day per week) offers interprofessional services for outpatients diagnosed with a range of persisting pain conditions. Psychological services include assessment, consultation, and group-based stress, pain and mood management strategies. Residents would conduct psychological assessments and co-lead pain management groups based on psychoeducational, cognitive behavioural, and acceptance based approaches. To a limited degree, residents may provide individual therapy with patients who are unable to make use of group treatment. Resident training opportunities in this program are dependent on staff availability.

Supervisor: Dr. Heather Getty
Cardiac Rehabilitation and Secondary Prevention Program

Another option for residents is to work in the Cardiac Rehabilitation and Secondary Prevention Program (CRSPP) located at St. Joseph’s Hospital. In this service, psychologists treat cardiovascular patients who present with a range of mental health issues, and deliver psychosocial and behavioural risk factor modification interventions for chronic cardiac and vascular disease. The population served by CRSPP includes adults across a range of ages. Most patients have cardiac conditions, including coronary artery disease, cardiomyopathy, heart failure, congenital heart problems, valve dysfunction, or dysrhythmias, and may have undergone open heart surgery, angioplasty and stenting, pacemaker or implantable cardioverter defibrillator (ICD) insertion, or medical management. In addition, the program has accepted patients following transient ischaemic attacks (TIAs) or mild strokes, in the context of clinical research trials. Opportunities include screening of large numbers of cardiac patients in an interprofessional clinic setting, formal psychological assessment, and individual or group interventions, the latter including orientation sessions for incoming patients, or a women’s support group. Residents interact with members of the team, which includes cardiologists, kinesiologists, dietitians, and nurses, and will use an advanced web-based clinical management system, the Cardiovascular Information System (CVIS), which was developed at CRSPP and can function as a multi-site cardiac rehabilitation registry. Residents can view medical and surgical procedures including exercise stress testing, percutaneous coronary intervention (PCI), or open heart surgery. CRSPP maintains a large clinical database, and has an active research program. These afford research opportunities within the rotation.

Supervisors: Dr. Judith Francis
Dr. Peter Prior
NEUROPSYCHOLOGY TRACK
COORDINATOR: Dr. Ellen Vriezen

NMS Code Number: 181516

3 Resident Positions are available
Number of applications in 2011: 22

The Neuropsychology Track adheres to the training guidelines outlined at the Houston Conference on Specialty Education and Training in Neuropsychology (APA Division of Clinical Neuropsychology, Newsletter 40, Winter/Spring 1998). The primary goal is to prepare residents for post-doctoral supervised practice in providing neuropsychological assessment and consultation. In order to achieve this goal, the neuropsychology residents are provided with:

- Experience to advance their theoretical knowledge in neuropsychology and general clinical psychology, and
- Training in assessment, diagnosis, and consultation with respect to neuropsychological and psychological disorders.

The general structure of the neuropsychology track includes the following experiences:

- A seminar series required of residents in all tracks,
- Several Neuropsychology/Medical Rounds,
- 77% of clinical training within the Neuropsychology area, and
- 23% of clinical training outside of neuropsychology, preferably including an intervention Minor Rotation.

A strength of the program is the opportunity to work with several different neuropsychologists who offer a variety of perspectives due to their different training backgrounds. The resident is exposed to fixed and flexible batteries of tests, as well as specialized assessment techniques/test batteries to address specific questions or populations (e.g., capacity assessments, localization of function). Residents who choose to work with the Adult Epilepsy Service at London Health Sciences Centre: University Hospital may also be exposed to specialized assessment procedures such as the etomidate Speech And Memory (or eSAM) test.

Residents may have the opportunity to work with patients across the entire age spectrum, ranging from very young children to the elderly, who present with a wide variety of neurological, medical, and psychiatric disorders that have an impact on their cognitive skills. London Health Sciences Centre is a tertiary care teaching hospital and has strong Clinical Neurological Sciences and Children’s Care programs. In addition, Parkwood Hospital, part of St. Joseph’s Health Care, London, offers specific neuro-rehabilitation services for patients with acquired brain injuries. Consequently, Neuropsychology residents are exposed to a wide variety of inpatient and outpatient populations, including those with very rare disorders. Opportunities also exist for working with patients from different cultural backgrounds or those with specific disabilities. Also, Parkwood Hospital’s Specialized Geriatric program is part of a region-wide geriatric service, which offers a variety of consultative, assessment, and rehabilitative services. Neuropsychology is developing gero-psychological approaches, in particular in the cognitive assessment of the elderly.
In addition, a Neuropsychology Major Rotation at the London Health Sciences Centre Children’s Hospital is available to residents. This rotation is available only for residents with the requisite clinical experience and training.

In general, all of the Neuropsychology Major Rotations share a common set of experiences. The primary focus across all rotations is to address the referral question using neuropsychological assessment techniques. More specifically, residents will acquire skills in reviewing medical charts and neurodiagnostic test results, interviewing, test administration, scoring, interpretation, report writing and oral communication of results and recommendations to referring physicians, health professionals, patients, families, and on specific rotations, to schools and insurance companies. Assessments typically include evaluation of mood and personality. Residents have the opportunity to work with psychometrists on a limited number of cases.

**Seminars, Rounds, and Other Training Experiences**

Residents will participate in Neuropsychology Rounds approximately twice a month on Wednesday mornings. These meetings encourage and provide the opportunity for discussion of the relevant neuropsychological literature pertaining to assessment issues and particular disorders within the context of case presentations or specific journal articles. Each resident can expect to present at least twice at the Neuropsychology Rounds during the course of the year. Attendance at these rounds is required of all Neuropsychology residents.

There are innumerable opportunities for attendance at various Teaching Rounds or Team Meetings. Neuropsychology residents are expected to develop expertise in working with other health care professionals as independent consultants. Medical teaching rounds are conducted on an ongoing basis by relevant departments. Attendance at some teaching rounds/team meetings is required for virtually all of the Neuropsychology Rotations and varies depending on the specific rotation (e.g., Epilepsy Teaching Rounds are required of residents on the Adult Epilepsy Service in the London Health Sciences Centre: University Hospital Major Rotation).

Examples of the numerous teaching rounds occurring on a regular basis include CNS Grand Rounds; SJHC Physical Medicine and Rehabilitation Grand Rounds; Lawson Health Research Institute’s Aging, Rehabilitation, and Geriatric Care Learning Luncheons (at Parkwood); Movement Disorders Rounds; Neuroradiology Rounds; Paediatric Neurology Case Rounds; Paediatric Acquired Brain Injury Rounds; Epilepsy Teaching Rounds; and Team Meetings.

**Special Requirements for Applicants for the Neuropsychology Track**

Because of the specialized nature of the Neuropsychology Track positions, academic preparation and practicum experience within the area of neuropsychology are necessary. We strongly prefer that resident applicants meet the guidelines outlined by APA Division 40 and INS in 1987 (*Reports of the INS-Division 40 Task Force on Education, Accreditation, and Credentialing, The Clinical Neuropsychologist, pp. 29-34*) and put forth at the Houston Conference on Specialty Education and Training in Clinical Neuropsychology (*APA, Division of Clinical Neuropsychology, Newsletter 40, Winter/Spring 1998*).
To be considered, applicants for positions in the Neuropsychology Track must have the following credentials:

- 600 hours of formal neuropsychological practicum experience (with a minimum of 200 hours spent in face-to-face neuropsychological activities),
- at least 8 comprehensive adult neuropsychological assessment reports,
- demonstrated proficiency in English as evidenced by writing reports or research articles, or pertinent coursework, and
- completion of a graduate-level course (or other equivalent documented formal didactic training) in neuropsychological theory or neuropsychological assessment.

To be considered for the London Health Sciences Centre: Children’s Hospital Major Rotation, applicants also must have the following credentials:

- at least 100 of the 600 formal neuropsychological practicum hours must be in face-to-face contact hours with children,
- at least 8 comprehensive neuropsychological assessment reports involving paediatric patients (in addition to the eight adult reports), and
- completion of a graduate-level course (or other documented formal didactic training) in child developmental psychology or paediatric psychology.

To facilitate our review of your application, please specifically list each of the following separately in your cover letter:

- Number of adult and paediatric comprehensive neuropsychological assessment reports written for cases in which you conducted the interview and testing, integrated the test results, and provided a case formulation/interpretation and recommendations,
- Number of neuropsychological assessment hours completed in practica, and
- Number of hours of face-to-face neuropsychological activity (such as conducting interviews, administering tests, providing feedback, providing neuropsychological interventions).

Major Rotations Available:

- London Health Sciences Centre: Children’s Hospital
- London Health Sciences Centre: Victoria Hospital
- London Health Sciences Centre: University Hospital
- St. Joseph’s Health Care, London: Parkwood Hospital
London Health Sciences Centre: Children’s Hospital

The aim of this Major Rotation is to provide training for residents primarily interested in pursuing a career as a Paediatric Clinical Neuropsychologist. The resident may have opportunities to work with patients referred from several service areas at the London Health Sciences Centre Children’s Hospital:

The Paediatric Acquired Brain Injury service provides neuropsychological assessment and consultation predominantly to outpatients as well as inpatients with acquired injuries to the brain such as traumatic brain injury, stroke, anoxic injuries, and encephalitis. Children may be seen in the acute stage following injury, early in their recovery, or in longer term follow-up.

Supervisor: Dr. Ellen Vriezen

Neuropsychology on the Paediatric Oncology service provides neuropsychological assessment and consultation to children treated within paediatric oncology (e.g., acute lymphoblastic leukemia, brain tumours). In addition to assessing children undergoing treatment for childhood cancer, long-term follow-up of children who have survived cancer is also a major focus of this service.

Supervisor: Dr. Andrea Downie

On the Paediatric General Consultation service, the resident will have opportunities to work with children with known or suspected central nervous system dysfunction referred from the Children’s Hospital Neurologists, Neurosurgeons, or Geneticists. Diagnoses include epilepsy, hydrocephalus, congenital anomalies of the brain, and genetic or metabolic disorders.

Supervisors: Dr. Andrea Downie
Dr. Ellen Vriezen

The resident may also have some exposure to the neuropsychological component of the Paediatric Acquired Brain Injury Community Outreach Program (PABICOP), a community based outreach team comprised of a pediatric physician specialist, social worker/community outreach coordinator, school liaison, occupational therapist, psychometrist, and neuropsychologist. The PABICOP team is a joint program that was developed in partnership between London Health Sciences Centre and Thames Valley Children’s Centre.

Supervisor: Dr. Susan Pigott

The resident will participate in similar activities across these service areas. The neuropsychological assessment focuses on the relationship between brain functioning and behaviour. Using a wide variety of psychometric tests, residents will gain experience assessing a number of cognitive, motor and academic functions, as well as behavioural and socio-emotional domains. The resident will be involved in interviewing children and family members; reviewing pertinent medical, educational, and rehabilitation information; and administering neuropsychological tests to the child. The resident will gain experience in case conceptualization as well as in identifying developmentally appropriate and concrete recommendations and interventions with an emphasis on the guidance of clinical practice through scientific research. The resident will prepare neuropsychological assessment reports and provide feedback to children and their families. Opportunities may also be available to provide consultation to interprofessional hospital teams, rehabilitation workers in the community, and school staff.
London Health Sciences Centre: Victoria Hospital

The Neuropsychological Diagnostic Assessment Service provides consultation to all adult inpatient units at Victoria Hospital. Referrals are received from a variety of medical units such as critical care, trauma, internal medicine, mental health, cardiology, and oncology among others. Patient populations served include individuals with traumatic brain injury, cerebrovascular disorders, anoxia, seizures, metabolic disorders, systemic disorders, sepsis, delirium, psychotic disorders, depression, or suspected dementia. Outpatients are referred primarily from neuro-oncology, the urgent neurology clinic, and psychiatry.

The aim of this Major Rotation is to prepare residents for professional practice in a hospital-based general neuropsychology service. Residents develop the consultation and assessment skills necessary to address the types of referral questions generally posed, including differential diagnosis; capacity to make decisions regarding health care and discharge to long term care; recommendations for current management, home supports, and rehabilitation (cognitive, educational, and/or vocational); and at times providing a better understanding of the neurological underpinnings of behaviour to enhance patient care. Skill development includes providing neuropsychological assessments within the parameters of inpatient medical units, such as tailoring assessments according to the acuity of the patient’s medical status and conducting bedside assessments. Residents will also develop an appreciation of how different medical conditions may affect the integrity of the brain.

Assessments include interviewing patients and their families, reviewing medical information (e.g., neurodiagnostic test results, medical chart), neuropsychological testing, and reporting of results. Assessments are adapted according to the issues to be addressed, age and medical acuity of the patient, and nature of the medical problem. Testing ideally includes evaluation of intellectual and academic skills, executive functions, attention, memory, visual-perceptual and constructional skills, language abilities, motor functions, and emotional status.

For residents wanting to obtain more comprehensive inpatient experience, the first six month (four day per week) rotation is recommended as inpatient experience during the second six month (three day per week) rotation will be limited by the ability to meet timelines required for urgent inpatient referrals.

Supervisor: Dr. Andrea Lazosky
**London Health Sciences Centre: University Hospital**

To promote breadth of experience, residents who choose this rotation ideally spend time on both available services at this site, namely the Adult Neurology/Neurosurgery service and the Adult Epilepsy service. The track coordinator and rotation supervisors create a personalized training program for each resident based on the resident's particular background and interests, as well as the supervisors' availability.

**Adult Neurology/Neurosurgery Service:** Experiences within the Adult Neurology and Neurosurgery service will provide residents with exposure to a wide variety of adult age ranges and a wide variety of syndromes with unique behavioural disturbances. For example, patient populations include cerebrovascular disease (e.g., stroke, aneurysms), cortical and subcortical dementia (e.g., Alzheimer's disease, Parkinson’s disease, Huntington's disease, Creutzfeldt-Jakob disease), multiple sclerosis, amyotrophic lateral sclerosis, tumours, encephalitis, and acquired brain injury. The major focus will be on neuropsychological assessment with the goal of diagnosis and/or description and documentation of neuropsychological functioning. More specifically, residents will acquire skills in interviewing, test administration, scoring, interpretation, report writing, and communication of results and recommendations to referring physicians, health professionals, and patients and their families. The vast majority of referrals will be seen on an outpatient basis. Opportunities to work with a psychometrist in the latter part of the rotation are available.

**Supervisors:** Dr. Gloria Grace  
Dr. Michael Harnadek

**Adult Epilepsy Service:** The Adult Epilepsy service provides residents with experience in the neuropsychological assessment of adult and adolescent patients with intractable epilepsy. Most patients are surgical candidates or have had surgical treatment. Patients are seen on an outpatient basis or as inpatients admitted for continuous video EEG monitoring on the eight-bed epilepsy inpatient unit. The goals of a pre-surgical neuropsychological assessment typically include the identification of potential areas of cerebral dysfunction, assessment of hemispheric dominance for language, and communication to the team and the patient the results of the neuropsychological assessment including potential cognitive risks of a proposed resection. Post-surgical/follow-up issues are also addressed where relevant. Assessments include reviewing relevant medical information (including findings from neurological, EEG, and neuroimaging investigations), interviewing, neuropsychological testing, integration and interpretation of the findings, report preparation, communication of the results to the treatment team, and the provision of feedback to the patients and families. In addition, the resident may gain experience in specialized test procedures and investigations, such as the etomidate Speech And Memory (or eSAM) test, and/or have the opportunity to observe neurosurgical procedures and cortical mapping, as available. On this service, the resident will benefit from working on an interprofessional team (including neurology, neurosurgery, EEG, clinical psychology, and nursing) as well as have the opportunity to attend Epilepsy Teaching Rounds. Later in the rotation, opportunities to work with a psychometrist will be provided, if appropriate.

**Supervisors:** Dr. Brent Hayman-Abello  
Dr. Sue Hayman-Abello
St. Joseph’s Health Care, London: Parkwood Hospital

The Psychology Staff at St. Joseph’s Health Care, London’s Parkwood Hospital provide neuropsychological assessment, consultation, and rehabilitation services for our interprofessional teams. These teams work with inpatient and outpatient rehabilitative patient populations. Neuropsychology Residents working on this rotation would be able to work as part of these interprofessional teams during their six-month placement.

The Acquired Brain Injury (ABI) Rehabilitation Program provides care to ABI patients referred for assessment or intervention during post-acute rehabilitation. This includes persons with traumatic brain injury (TBI) sustained in falls, assaults, or motor vehicle collisions. ABI may be associated with medical conditions that affect the central nervous system, such as anoxia, stroke, brain tumour, or meningitis. Neuropsychology residents on this service will undertake comprehensive assessments, including feedback to patients, families, third-party referral sources, and clinical teams, and will participate in interdisciplinary rehabilitation service planning and consultation.

Supervisor: Dr. Margaret Weiser

Neuropsychology in Specialized Geriatric Services focuses mostly on outpatient services to a wide range of individuals aged 55 years and older. This includes those with mild cognitive impairment as well as frail elderly with complex medical, psychiatric, and cognitive comorbidities. Opportunities for experience with cognitive remediation are available in the Memory Intervention Program for mild cognitive impairment developed through collaboration with neuropsychology at Baycrest Geriatric Health Care System in Toronto. Consultation opportunities are also available through the Southwestern Ontario Geriatric Assessment Network. This network is an interprofessional outreach team that provides comprehensive geriatric assessments in individuals’ own homes, nursing homes, and long-term care facilities in nine counties throughout the Southwest. Opportunities for research and program evaluation may also be available.

Supervisors: Dr. Jennifer Fogarty
COUNSELLING TRACK  
COORDINATOR: Dr. Kathryn Dance  

NMS Code Number: 181517  

2 Resident Positions are available  
Number of applications in 2011: 10  

The Counselling Track is designed to prepare residents for supervised post-doctoral practice in counselling psychology. This track is offered at one site, The Student Development Centre at Western University. Therefore, the client population is outpatient, primarily self-referred, undergraduate, graduate and part-time and mature students attending Western University. The typical age range is 17-22, although it is not unusual to see clients in their late 20s, 30s, and middle age.  

This track will assist residents in furthering the competencies associated with counselling psychology including knowledge of adjustment and lifespan development (with an emphasis on late adolescent and young adult development), knowledge of psychopathology, psychological assessment, and psychotherapeutic intervention. Training can include opportunities to work with clients with a range of problems including affect regulation difficulties, adjustment issues, grief and loss, self-esteem, eating problems and body image concerns. Large numbers of clients meet diagnostic criteria for mood and anxiety disorders, and smaller portions of the population experience serious mental health concerns such as first episode psychosis. Therefore, skills in formulating and communicating a differential diagnosis for the purposes of developing an intervention or referring clients as needed will also be a focus of attention.  

Residents will select two or three of the three rotations offered. One rotation focused on assessment/crisis intervention is strongly recommended, along with a rotation in intervention. Both individual and group psychotherapy are required for intervention rotations, as is the provision of psychoeducational workshops to the broader student population.  

Supervisors within rotations will furnish opportunities for residents to focus on their areas of interest (e.g., grief, eating problems), and will be assigned cases to reflect the diversity of the student population (e.g., ethnicity, sexual orientation). Additionally, strong efforts will be made to create the opportunity for residents to provide supervision to practicum students from programs such as Clinical Psychology, the Bachelor of Social Work or the Master’s of Education in Counselling. Residents will also be involved in the training of practicum students via delivery of lectures or workshops on selected topics of interest.  

To be considered, applicants must have the following credentials:  

- A minimum of 600 hours of direct client contact including assessment, intervention, consultation, and supervision practicum experience as assessed by summing face-to-face intervention and assessment hours (doctoral and master’s level) and supervision hours stated in the APPI  
- Completion of core required doctoral coursework, and  
- experience with a range of psychotherapeutic modalities.  

Major Rotations available:  

- Intake/crisis intervention  
- Humanist/experiential interventions  
- CBT/Integrative skills interventions  

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Intake / Crisis Intervention

Most self-referred clients receive a two-part intake, consisting of an initial interview, a follow-up, and psychodiagnostic testing. Based on information acquired through this process, clients are triaged and treatment/intervention plans are formulated. Residents in this stream will have an opportunity to encounter a diverse array of presenting problems and personality types, and will gain experience in case conceptualization. They will also make treatment recommendations and referrals as necessary. Risk assessments are a routine aspect of every intake.

In addition, SDC is committed to the provision of same or next day crisis appointments, both for self-referred clients and those referred by concerned members of the university community. Clients self-refer for crisis appointments for a wide variety of reasons including but not limited to loss of a relationship, family crisis, academic failure, sexual assault, and suicidal ideation. Clients are also referred by other sources for crisis appointments when there is concern about their affect regulation, self-care, or their impact on others. Intensified risk assessments may be required. Residents will follow crisis clients over the short-term, until such time as the crisis is ameliorated. Residents will gain experience with creating safety plans for clients, liaising with the Campus Student Case Manager and community agencies as needed, understanding and dealing with confidentiality issues, and evaluating the impact of their interventions.

Supervisors for this rotation vary in their theoretical orientation, but all employ active strategies for managing client crisis, with an emphasis on ensuring the formation of a strong therapeutic alliance.

Supervisors: Dr. Kathryn Dance  
Dr. Elspeth Evans  
Dr. Gail Hutchinson  
Dr. Susan Ruscher  
Dr. Beverly Ulak

Humanist / Experiential Interventions

This rotation will present residents with the unique opportunity to explore, broaden, and refine their understanding of counselling psychology from a humanistic perspective. At its core, this rotation will assist residents in attaining competencies in skills for promoting psychological health by helping individuals to recognize and to use their inherent strengths to effect meaningful and positive change in their lives.

Residents will familiarize themselves with the conceptual origins of humanistic personality theory in order to gain an appreciation of the breadth, depth, and timelessness of the humanistic tradition. An additional core component of this rotation will be the investigation and practice of informed, structured, and goal oriented experiential methods. There will be a focus on the theoretical and practical value of using interventions such as metaphoric language, imagery, expressive art, photo therapy, archetypes, folklore, narrative, dream work, and acceptance and commitment theory in psychotherapy. Residents will acquire an understanding of how such interventions can be utilized to facilitate personal growth and change, insight, articulation of feeling states, reframing of experience, affect regulation, trauma recovery, interpersonal effectiveness, and creative problem solving.

There will be an emphasis on strategies for selecting appropriate interventions and evaluating their effectiveness. The experiential methods reviewed in this rotation will be presented in a contemporary/holistic fashion, that integrates effectively with current practices in psychology.

Supervisor: Dr. Beverly Ulak
CBT / Integrative Skills Interventions

Clients seen in this rotation present with a variety of problems, including anxiety disorders, mood disorders, trauma histories, grief, drug and alcohol abuse, interpersonal problems and academic concerns. Individual Cognitive-Behavioural Therapy is the primary therapeutic approach, although other approaches (e.g., mindfulness meditation, affect regulation, relaxation training, skills development) are integrated in practice. Goal setting and monitoring of treatment progress and the therapeutic relationship are emphasized. Therapy is typically shorter-term (i.e., 12 sessions) but there may be opportunities for some longer-term therapy. Opportunities for developing and/or leading groups (e.g., Mindfulness Meditation, DBT skills) will also be available.

Within this rotation, supervisors will provide opportunities for individualized training that meet the specific needs of the resident. Supervision styles vary across supervisors and may emphasize case conceptualization, training in specific skills (e.g., empirically-supported treatments) and the development of therapeutic process skills. Supervisors assure well-rounded experience by assigning cases that reflect client diversity in terms of ethnicity, sexual orientation, socio-economic status, and other individual differences.

Competence in assessment and intervention skills is emphasized, and various theoretical perspectives are integrated.

Supervisors:  
Dr. Kathryn Dance  
Dr. Elspeth Evans  
Dr. Gail Hutchinson  
Dr. Susan Ruscher
MINOR ROTATIONS

Adolescent Mental Health Program
Lee Ann Charlton-Case, Ph.D., C.Psych.
St. Joseph’s Health Care, London: Regional Mental Health Care, London

This specialized inpatient psychiatric service provides consultation, education, assessment, treatment, stabilization, and community integration for adolescents between the ages of 13 and 18 who are experiencing serious mental illness that may be complicated by their developmental stage and/or concurrent diagnosis. This program uses a bio-psychosocial approach to assist adolescents in developing more adaptive, healthier ways of thinking, feeling, and behaving. Clients in the program experience a wide spectrum of emotional and psychiatric difficulties, including adjustment issues, mood disorders such as depression and bipolar disorder, anxiety disorders, suicidal thoughts/actions, and psychosis. The unit operates on a “primary therapist” model, in which the psychologist (as well as the psychiatrist and social workers) functions as a case manager for four clients, and is responsible for the admission assessment, therapeutic involvement, contacts with collaterals, and arranging discharge plans. Additionally, the psychologist offers a group (Emotions Management, based on CBT and DBT principles) one day per week. The resident would be involved with, and in time possibly take the leadership of, this group. Additionally, the resident will attend rounds with other team members in the morning, and shadow the psychologist, with participation where possible, in the tasks of the day. This may include activities such as contacting parents or collaterals (speaker phone is used to include the resident and frequently a member of the nursing team), interviewing a client, meeting with a family, or completing brief assessments/screenings with a client. The rotation is intended as an introduction to working with an adolescent population.  *(Anti-requisite: Child/Adolescent Track)*

Adult Neurology/Neurosurgery Neuropsychology
Michael Harnadek, Ph.D., C.Psych.
London Health Sciences Centre: University Hospital

The goal of a minor rotation in neuropsychology is for interested non-neuropsychology residents to learn more about the types of patients seen by neuropsychologists and the process involved in assessing patients in order to make informed decisions about when to refer to neuropsychology. This is achieved primarily through observing a neuropsychologist completing various aspects of a neuropsychological assessment, including chart review, interviewing, testing, and providing feedback and/or consultation. Part of supervision will involve discussion of cases. Residents may also have an opportunity to interview patients and/or administer tests they are already familiar with, such as the Wechsler Intelligence and Memory scales, to a select number of neurologically impaired individuals to gain an appreciation for the specialized nature of the administration and interpretation of these tests within a neuropsychological framework. Residents are encouraged to review the Major Rotation description for more information about the specific setting and patient populations associated with this rotation. Completion of a Minor Rotation in neuropsychology should not be interpreted to mean that the resident has received sufficient training to practice as a clinical neuropsychologist. *(Anti-requisite: Neuropsychology Track)*
Brain Injury Rehabilitation  
*Margaret Weiser, Ph.D., C.Psych.*  
St. Joseph’s Health Care, London: Parkwood Hospital

The Acquired Brain Injury Rehabilitation service at Parkwood Hospital is a regional program for adults who have sustained a brain injury, either traumatic (e.g., from a motor vehicle collision, assault, or fall) or non-traumatic in etiology (e.g., tumor resection, infection, or anoxia). Assessment, treatment and consultation are offered upon referral. Unique to this experience is the opportunity to provide cognitive affective rehabilitation for clients who have sustained an acquired brain injury. Clients may present with cognitive challenges, mood disorders, memory and attention difficulties, and behavioural excess or deficit syndromes. Therapy may include brief interpersonal therapy, marital and family intervention, and small group experience. Clinical education opportunities are also available as experiences to the residents working on the rehabilitation service, including provision of educational inservices for patients, families, and community referrals sources. Participation as a member of an interdisciplinary treatment team is a key component of the rotation. *(Anti-requisite: Health/Rehabilitation Track)*

Brake Shop  
*B. Duncan McKinlay, Ph.D., C.Psych.*  
Child and Parent Resource Institute (CPRI)

The Brake Shop provides service to children and adolescents diagnosed with a tic disorder. Clients present with complex combinations of neurodevelopmental disorders including Tourette Syndrome, Obsessive-Compulsive Disorder or other anxiety disorders, Attention-Deficit/ Hyperactivity Disorder, sensory processing dysfunctions, and/or significant behavioural issues including Intermittent Explosive Disorder (‘rage’). A wide selection of services for Brake Shop clients translates into substantial opportunity for residents to tailor and vary their experiences within a Brake Shop rotation. Options include assessments (semi-structured diagnostic assessments and/or standardized testing), co-facilitation of various cognitive behavioural treatment groups (e.g., Exposure & Response Prevention), individual therapy, consultations (client or programming-based), and knowledge transfer activities such as community presentations or school assemblies. Attendance at interprofessional rounds, conducting literature reviews, student supervision, or program development/evaluation are additional opportunities. For more detailed information, please see the Brake Shop’s Residents/Practicum Students webpage at [www.cpri.ca](http://www.cpri.ca) (click on “Clinics/Brake Shop”). *(Anti-requisite: Child/Adolescent Track)*

Cardiac Rehabilitation and Secondary Prevention Program  
*Peter Prior, Ph.D., C.Psych.*  
St. Joseph’s Health Care, London: St. Joseph’s Hospital

Residents will provide assessment and intervention services to patients with a variety of cardiovascular diagnoses who are enrolled in an interprofessional rehabilitation program. Opportunities include: screening large numbers of cardiac patients in an interprofessional clinic setting; formal psychological assessment; and treatment of mental health and health behaviour issues through individual and group modalities, the latter including a women’s support group. Residents will interact with members of the cardiac rehabilitation team, which includes cardiologists, kinesiologists, dietitians, and nurses. *(Anti-requisite: Health/Rehabilitation Track)*
CBT / Integrative Skills
Kathryn Dance, Ph.D., C.Psych.
Elspeth Evans, Ph.D., C.Psych.
Gail Hutchinson, Ph.D., C.Psych.
Susan Ruscher, Ph.D., C.Psych.
Student Development Centre, Western University

The Student Development Centre offers psychological services to the graduate and undergraduate student population. Clients seen in this rotation present with a variety of problems, including mood and anxiety disorders, trauma histories, grief, and interpersonal problems. Residents in this minor rotation will gain experience in Cognitive-Behavioural Therapy and other skill based interventions. There will be a focus on the importance of the therapeutic relationship as the context for the delivery of interventions, as well as on the evaluation of intervention effectiveness. *(Anti-requisite: Counselling Track)*

Child and Adolescent Assessment
Karin Gleason, Ph.D., C.Psych.
Patricia Jordan, Ph.D., C.Psych. (Supervised Practice)
Niki Rielly, Ph.D., C.Psych.
Richard Zayed, Ph.D., C.Psych.
Child and Parent Resource Institute (CPRI)

Psychologists working in various inpatient and outpatient teams at CPRI are involved in comprehensive assessments that integrate with interprofessional evaluations. Participation in cognitive, behavioural, social-emotional and relational assessments, followed by team treatment conferences, family sessions, and school conferences is required. Residents should have an interest in understanding and diagnosing complex, comorbid psychiatric disorders in pre-school and school age populations experiencing significant family dysfunction and community system of care integration issues. Training and supervision in the assessment and diagnosis of intellectual deficits and developmental disability is available. Oral and written feedback and recommendations to the interprofessional clinical teams, caregivers, and teachers is required. *(Anti-requisite: Child/Adolescent Track)*

Child/Adolescent Mood and Anxiety Disorders Program
Kerry Collins, Ph.D., C. Psych.
Julie Eichstedt, Ph.D., C.Psych.
London Health Sciences Centre: Children’s Hospital

The Child and Adolescent Mental Health Care Program’s Outpatients Mood and Anxiety Disorders service is an interprofessional team specializing in assessment and treatment of children, adolescents, and families. Presenting problems are generally of an internalizing nature such as depression, anxiety, loss sequelae, etc. A range of therapeutic services is offered including individual, group and family therapy, community liaison, etc. Residents will gain experience in both assessment and treatment of internalizing disorders in this rotation. Cognitive behavioural therapy is the primary therapeutic approach. Supervision and consultation with other Mental Health Care Program staff is also encouraged. *(Anti-requisite: Child/Adolescent Track)*
Community Children’s Mental Health

Jeff Carter, Ph.D., C.Psych.
Esther Goldberg Ph.D., C.Psych.
Carla Smith, Ph.D., C.Psych.

Vanier Children’s Services

Vanier is a community based children’s mental health centre which accepts referrals for children and youth with emotional and behavioural problems. Clients typically meet criteria for externalizing behaviour disorders (attention deficit / hyperactivity disorder, oppositional defiant disorder, conduct disorder), compounded by internalizing and family problems. A variety of services are provided, including prevention/outreach, outpatient, day treatment, intensive family services, and residential (group and foster) treatment. Several orientations inform clinical work, such as cognitive behavioural, solution-focused, emotion-focused, and attachment theories.

Residents completing a minor rotation may gain experience in comprehensive assessment, diagnosis and clinical formulation, or therapy. Residents on the Community Children’s Mental Health rotation may provide services to the Early Years Team, Intensive Services, or Community Mental Health, or some combination. Clients typically present with complex needs, usually including a combination of behavioural problems and mood or anxiety problems, cognitive processing concerns, and family issues (such as abuse, neglect, domestic violence, and separation and divorce). Psychological services to Early Years clients (age birth to six years) include assessment of individual children who are receiving other services (e.g., family therapy, day treatment) and consultation to staff. Intensive Services include Intensive Family Services (IFS). IFS is an alternative to residential treatment in which a Child and Youth Counselor works with the family in their own home. Psychology's primary role in IFS is to provide clinical support to the Child and Youth Counselor, including assessments with a view toward treatment recommendations. Community Mental Health services may also include family therapy, Francophone, and group only programs, as well as services in the counties surrounding London. Acceptance into this placement is dependent on the successful completion of a police record check and medical clearance. (Anti-requisite: Child/Adolescent Track)

Community Mental Health Program

Felicia Otchet, Ph.D., C.Psych.
Marnie Wedlake, B.A., M.Ed.

Canadian Mental Health Association - London

This rotation offers an opportunity to learn more about psychology’s potential roles within community mental health settings. Working with Dr. Otchet and staff at Canadian Mental Health Association London (http://www.london.cmha.ca/), residents will be involved in community-based program planning, proposal development, project management and implementation, quality initiatives, and/or evaluation activities. Activities may include literature reviews, grant writing, staff education, and program development and evaluation. There are many program areas available for study (please see the website). The resident’s specific interests will be taken into consideration in the selection of their projects. Emphasis will be placed on residents engaging in interprofessional activity with community mental health workers and administrators. This rotation is only offered as a Minor Rotation and is not available as a Major Rotation. (Anti-requisites: None)
Concurrent Disorders Program  
*Dr. David LeMarquand, Psy.D., C.Psych.*  
St. Joseph’s Health Care, London: Regional Mental Health Care, London

This rotation will provide residents with experience in the psychological treatment of individuals who are coping with both major mental illness and substance abuse or dependence. The program is comprised of an interprofessional team providing outpatient services. Treatment is individualized to meet the specific needs of these often challenging patients and therapeutic strategies are utilized to address both the addictive process and the psychological disturbance (utilizing a number of approaches, including motivational interviewing, cognitive-behavioral, interpersonal, and psycho-dynamic).  
*(Anti-requisite: Adult Mental Health Track)*

Crisis Relapse and Prevention Service  
*Supervisor to be determined*  
St. Joseph’s Health Care, London: Regional Mental Health Care, St. Thomas

The clinical diversity at Regional Mental Health Care, St. Thomas enables pre-doctoral residents ample opportunity for broad exposure to clientele across the continuum of care. Outpatient services serve to foster experience in longer-term psychotherapy, as well as numerous psychoeducational and process groups. Past students and residents have honed clinical skills by accessing special interest populations including those with postpartum depression, narcissistic and borderline personality disorders, as well as chronic pain and other health related considerations. Ethnocultural diversity is enhanced through access to the Mexican Mennonite community.  
*(Anti-requisite: Adult Mental Health Track)*

Emotion Regulation: Dialectical Behavioural Therapy  
*Walter Friesen, Ph.D., C.Psych.*  
*Louise Maxfield, Ph.D., C.Psych.*  
London Health Sciences Centre: Victoria Hospital

In this minor rotation, the residents work on the General Adult Ambulatory Mental Health Service (GAAMHS), where they focus on the treatment of patients with serious mental illness who have impaired function in multiple life domains. Most patients in the GAAMHS service receive dialectical behaviour therapy (DBT). DBT patients usually have several comorbid diagnoses such as mood disorder, panic disorder, generalized anxiety disorder, somatic disorder, and personality disorder, as well as significant difficulties with affect management and interpersonal regulation. DBT interventions include mindfulness, emotion regulation, interpersonal effectiveness, and distress tolerance. These interventions are implemented in skills training groups and individual therapy. Residents doing the DBT rotation also consult with the dialectical behaviour therapy team in regard to patient and therapist progress, as well as DBT training.  
*(Anti-requisite: Adult Mental Health Track)*
Epilepsy
Paul Derry, Ph.D., C.Psych.
London Health Sciences Centre: University Hospital

This rotation provides clinical psychological services to the Epilepsy Unit. Persons with epilepsy are referred with problems of mood, relationships, personality, and adjustment. A significant number of referrals are Conversion Disorder, providing considerable experience in the assessment and treatment of this disorder. Consultation to the inpatient unit involves assessments (interviews, psychological testing, report writing) of surgical candidates. The assessment may lead to short-term intervention while the patient is in hospital (e.g., stress management, brief therapy). Outpatient assessments and psychotherapy are also conducted, and Conversion Disorders are seen here as well. This rotation involves primarily individual therapy. Most therapy will be relatively focused and problem-oriented, often being cognitive behavioural and/or skills-oriented. (Anti-requisite: Health/Rehabilitation Track)

Forensic Psychology
Laura Fazakas-DeHoog, Ph.D., C.Psych.
St. Joseph’s Health Care, London: Regional Mental Health Care, St. Thomas

The forensic unit at Regional Mental Health Care, St. Thomas is a multilevel security mental health facility that provides services to a diverse population of adult patients who are currently involved with the legal system. The forensic rotation has been designed to give residents some exposure to assessment including comprehensive psychological assessment, as well as assessment of criminal responsibility and current risk. Clinical opportunities also include individual treatment in both inpatient and outpatient populations with the goal of rehabilitation and community reintegration. On this rotation, residents may also have an opportunity to gain experience with Ontario Review Board proceedings, consultation, treatment planning, and working on an interprofessional rehabilitation team. (Anti-requisite: Adult Mental Health Track)

Intake and Assessment with a University Student Population
Kathryn Dance, Ph.D., C.Psych.
Elspleth Evans, Ph.D., C.Psych.
Gail Hutchinson, Ph.D., C.Psych.
Susan Ruscher, Ph.D., C.Psych.
Beverly Ulak, Ph.D., C.Psych.
Student Development Centre, Western University

This rotation offers an opportunity to conduct initial assessment interviews with university students self-referring to psychological services at Western’s Student Development Centre. The rotation will focus on the skills required for exploration of presenting problems, history taking, and risk evaluation. Interpretation of psychological testing, and integration of testing and interview material with the purpose of developing case conceptualizations and treatment planning will also be a focus. Depending on the Resident’s preparation and comfort level, they may be assigned cases of increasing complexity over the course of the rotation, including opportunities to conduct intakes with clients in crisis. (Anti-requisite: Counselling Track)
Mental Health Management  
*Beth Mitchell, Ph.D., C.Psych.*  
London Health Sciences Centre: Victoria Hospital  

This minor rotation offers an opportunity to learn about psychology’s role in management. It includes involvement in systems and program planning, proposal development, project management and implementation, and interprofessional human resource issues. Working with the Director of the Mental Health Care Program, residents will be involved in both hospital and community-based activities, including service design, quality initiatives, and evaluation. *(Anti-requisite: Adult Mental Health Track)*

Neuropsychological Diagnostic Assessment Service  
*Andrea Lazosky, Ph.D., C.Psych., ABPP*  
London Health Sciences Centre: Victoria Hospital  

This service provides consultation to all adult inpatient units at Victoria Hospital. Referrals are received from a variety of medical units such as critical care, trauma, internal medicine, mental health, cardiology, and oncology among others. Patient populations served include individuals with traumatic brain injury, cerebrovascular disorders, anoxia, seizures, metabolic disorders, systemic disorders, sepsis, delirium, psychotic disorders, depression, or suspected dementia. Outpatients are referred primarily from neuro-oncology, the urgent neurology clinic, or psychiatry. Assessments include interviewing patients and their families, reviewing medical information (e.g., neurodiagnostic test results, medical chart), neuropsychological testing, and reporting of results. Assessments are adapted according to the issues to be addressed, age and medical acuity of the patient, and nature of the medical problem. Testing ideally includes evaluation of intellectual and academic skills, executive functions, attention, memory, visual-perceptual and constructional skills, language abilities, motor functions, and emotional status.

The goal of this minor rotation in neuropsychology is to introduce interested non-neuropsychology residents to the role of neuropsychology within a medical setting. Residents will observe the unique behaviours of individuals with neurological impairment, obtain an understanding of what a neuropsychological assessment entails, and learn when it is appropriate to refer a patient to neuropsychology. Residents will also develop an appreciation of how different medical conditions may affect the integrity of the brain. Residents will observe interviews, testing, and feedback sessions. Residents will administer tests with which they are familiar, such as the WAIS-IV. Part of supervision will involve discussion of cases. Completion of a Minor Rotation in neuropsychology should *not* be interpreted to mean that the resident has received sufficient training to practice as a Clinical Neuropsychologist. *(Anti-requisite: Neuropsychology Track)*
Neuropsychology

Jennifer Fogarty, Ph.D., C.Psych.
Margaret Weiser, Ph.D., C.Psych.
St. Joseph’s Health Care, London: Parkwood Hospital

The goal of a minor rotation in neuropsychology at Parkwood Hospital is for interested non-neuropsychology residents to learn more about the process involved in assessing young adult rehabilitation clients, inpatients with chronic and complex needs, and elderly patients with multiple comorbidities in order to make informed decisions about when to refer to neuropsychology. This is achieved primarily through observing various aspects of a neuropsychological assessment, including chart review, interviewing, testing by a supervised psychometrist, providing feedback to patients and families, and consultation to interdisciplinary teams. Part of supervision will involve discussion of cases. Residents may also have an opportunity to interview patients and/or administer tests they are already familiar with, such as the Wechsler Intelligence and Memory scales, to a select number of neurologically impaired individuals to gain an appreciation for the specialized nature of the administration and interpretation of these tests within a neuropsychological framework. Residents are encouraged to review the Major Rotation descriptions for more information about specific settings and patient populations associated with each supervisor, and to contact potential supervisors to obtain a description of the opportunities available prior to choosing a rotation. Completion of a Minor Rotation in neuropsychology should not be interpreted to mean that the resident has received sufficient training to practice as a Clinical Neuropsychologist. (Anti-requisite: Neuropsychology Track)

Neuropsychology Adult Epilepsy Service

Brent Hayman-Abello, Ph.D., C. Psych.
Sue Hayman-Abello, Ph.D., C. Psych.
London Health Sciences Centre: University Hospital

The goal of a minor rotation in this service is to introduce the interested non-Neuropsychology resident to the role of neuropsychology in an interprofessional epilepsy treatment team (including Neurology, Neurosurgery, EEG, Clinical Psychology, and Nursing). This service provides neuropsychological assessments to outpatients and inpatients with intractable epilepsy, most of whom are candidates for epilepsy surgery but also persons who have already undergone surgery. Issues regarding lateralization and localization of cerebral function and dysfunction, appropriateness of cases for surgical treatment, and cognitive risks of surgery will be examined for individual patients. Residents will attend interprofessional team case rounds and possibly Epilepsy teaching rounds; observe interviews, feedback sessions and possibly some testing including specialized assessments like the sodium Amytal test; and may administer some tests with which they have sufficient familiarity and experience (e.g., WAIS-IV/WASI). Part of supervision will involve discussion of cases. It should be noted, though, that completion of a Minor Rotation in neuropsychology should not be interpreted to mean that the resident has received sufficient training to practice as a Clinical Neuropsychologist or claim competency in Clinical Neuropsychology for registration/licensing purposes. (Anti-requisite: Neuropsychology Track)
Operational Stress Injury Clinic  
Shannon Gifford, Ph.D., C.Psych.  
Charles Nelson, Ph.D., C.Psych.  
St. Joseph’s Health Care, London: Parkwood Hospital

The Operational Stress Injury Clinic provides assessment and treatment services on an outpatient basis to currently-serving and retired members of the Canadian Forces. Clients tend to present with a complex array of symptoms, most commonly trauma- and depression-related. Issues involving substance abuse, relational difficulties, and the challenges of transitioning from military to civilian life are also common in this population. Residents selecting this Minor Rotation complete assessments for treatment planning and pension-award purposes, typically involving clinical interviews, structured diagnostic interviews (i.e., SCID-IV, CAPS) and self-report symptom-focused and personality measures. Intervention training experiences can be tailored to the interests of the resident. Opportunities include co-facilitating a treatment group (e.g., the cognitive behavioural anger management group) and conducting stabilization- or trauma-focused individual psychotherapy. Opportunities also exist for providing group therapy for those clients suffering from chronic pain in addition to mental health problems. Utilizing an Acceptance and Commitment Therapy (ACT) framework, residents co-lead the ACT Vitae Vis (Strength of Life) pain program. Additionally, psychotherapeutic process groups have been offered to facilitate consolidation and adaptation to Operational Stress Injuries. (Anti-requisite: Adult Mental Health Track)

Paediatric Medical Clinics  
Erica Gold, Ph.D., C.Psych.  
London Health Sciences Centre: Children’s Hospital

This minor rotation provides opportunities for residents to work with children, adolescents, and their families who have a medical problem that affects their psychological adjustment or psychological problems that affect their health. Residents are involved in assessment, therapy, and consultation within the hospital and occasionally with schools. Issues addressed may include management of recurrent or chronic pain such as headaches or abdominal pain, anxiety contributing or related to physical symptoms or a medical condition, grief and support following diagnosis, and adherence to treatment regimes. (Anti-requisites: Child/Adolescent Track, Health/Rehabilitation Track)
Paediatric Neuropsychological Assessment

*Andrea Downie, Ph.D., C.Psych.*

*Susan Pigott, Ph.D., C.Psych.*

*Ellen Vriezen, Ph.D., C.Psych.*

London Health Sciences Centre: Children’s Hospital

The goal of a minor rotation in neuropsychology is for interested non-neuropsychology residents to learn more about the types of patients seen by paediatric neuropsychologists as well as the processes involved in assessing children in order to make informed decisions about when to refer to neuropsychology. This is achieved primarily through observing a neuropsychologist completing various aspects of a neuropsychological assessment including chart review, interviewing, testing, and providing feedback and/or consultation. Part of supervision will involve discussion of cases. Residents may also have an opportunity to interview patients or their families, become involved with school consultations, and/or administer tests with which they are already familiar, such as the Wechsler Intelligence and Memory Scales, to a select number of neurologically impaired individuals to gain an appreciation for the specialized nature of the administration and interpretation of these tests within a neuropsychological framework. In the Minor Rotation at the London Health Sciences Centre, Children’s Hospital residents will gain familiarity with issues specific to paediatric neuropsychology through exposure to children who may be referred from the Acquired Brain Injury, Oncology, Neurology, Neurosurgery, Medical Genetics or PABICOP services. Residents are encouraged to contact potential supervisors to obtain a description of the opportunities available prior to choosing a rotation. Completion of a Minor Rotation in neuropsychology should not be interpreted to mean that the resident has received sufficient training to practice as a Clinical Neuropsychologist. *(Anti-requisite: Neuropsychology Track)*

Population Health Psychology

*Evelyn Vingilis, Ph.D., C.Psych.*

Western University

In this minor rotation, residents will have the opportunity to enhance their research and statistical skill sets by either working with a large survey database or working on a component of a project that is in development or on-going in the areas of mental health services, at-risk youth, or traffic injury prevention. Specifically, in the first option, residents will identify a research question of interest, derived from the large survey database, such as the National Population Health Survey, the Centre for Addictions and Mental Health Monitor survey, or the Ontario Student Drug Use and Health Survey, identify an appropriate theory to test and statistical method or model to use, conduct the analyses and write a paper. In the second option, residents will identify a specific question of interest from current/developing projects, conduct the work required (e.g., conduct a systematic literature review, conduct a component of a study, the analysis of a dataset) with the end point being the write-up of a paper. Residents will be encouraged to choose a project that allows them to have a draft paper for either conference presentation or publication, but will not be required to do so. *(Anti-requisites: None)*
**Prevention and Early Intervention Program for Psychoses (PEPP)**

*Jason Carr, Ph.D., C.Psych.*  
*Ross Norman, Ph.D., C.Psych.*  
London Health Sciences Centre: Victoria Hospital

The Prevention and Early Intervention Program for Psychoses (PEPP) provides comprehensive medical and psychosocial intervention for adults presenting for the first time with a schizophrenia-spectrum psychosis (http://www.pepp.ca). Most clients are in their teens or early twenties when they enter PEPP and there is a high incidence of concurrent substance use problems. The PEPP team includes nurses, psychiatrists, social workers, vocational counselors, education specialists, a psychologist and psychometrist, plus clinical researchers. Treatment and rehabilitation is specifically tailored to meet the needs of young adults, and particular attention is paid to engagement and early intervention, psychoeducation and enhancing wellness behaviours, concurrent substance abuse, working with families, and supporting clients’ return to work and school. The psychologist typically consults to the case manager-patient dyad, providing assessment and intervention services in relation to cognitive functioning as well as treatment for anxiety, depression, and persisting psychotic symptoms. Treatment is grounded in cognitive behavioural and motivational-enhancement therapies, with a strong emphasis being placed on recovery of function. Interventions are typically provided individually, but a cognitive skills training group is offered based on demand. Depending on their interests and training needs, residents may elect to concentrate relatively more on cognitive assessment and cognitive skills training or on psychotherapy. Supervision methods are flexible, and co-therapy and longer-term psychotherapy are often available.

*(Anti-requisite: Adult Mental Health Track)*

**Sleep Disorders**

*Ann McDermid, Ph.D., C.Psych.*  
London Health Sciences Centre: Victoria Hospital

Residents in this minor rotation will have the opportunity to provide assessment and treatment to patients with sleep disorders. Patients are referred to Psychological Services by physicians in the Department of Respirology at London Health Sciences Centre. Insomnia is the most common presenting problem in this service, however, residents may have the opportunity to assess and treat patients with other sleep problems that could include narcolepsy, breathing-related sleep disorders, nightmares, sleep terrors, sleepwalking, and substance-induced sleep disorders. Most patients in this service have sleep disorders that are associated with factors such as depression, generalized anxiety, posttraumatic stress, work or relationship stress, grief, or chronic medical conditions (e.g., pain disorders). During this rotation, residents will learn about the biopsychosocial determinants of sleep. Residents will conduct comprehensive assessments that consist of clinical interviews and psychometric testing. Individual treatment is offered to patients. Intervention consists of educational, behavioural, and cognitive components. Residents will learn how to help patients improve their sleep hygiene and to identify and address dysfunctional sleep-related cognitions. Generally, a cognitive behavioural approach is used to help patients to learn to cope with other factors associated with their sleep difficulties such as depression and anxiety. Therapy is short-term in nature. The combination of psychological and medical factors in the presentation of many patients in this rotation allows the resident to gain experience with a variety of behavioural medicine issues.

*(Anti-requisite: Health/Rehabilitation Track)*
Spinal Cord Rehabilitation
*Steven Orenczuk, Psy.D., C.Psych.*
St. Joseph's Health Care, London: Parkwood Hospital

The Spinal Cord Injury Rehabilitation Service at Parkwood Hospital is a regional 15 bed inpatient and outpatient program for adults who have sustained a spinal cord injury, either traumatic (e.g., from a motor vehicle accident or fall) or non-traumatic in etiology (e.g., spinal metastases) or other neurological disorder (e.g., Guillain-Barre Syndrome). The outpatient rehabilitation component of the program serves alumni of the inpatient setting, in addition to other members of the local community. There is a cognitive behavioural emphasis to the treatment interventions that focus on adjustment of the patient to his or her disability. Supportive counselling and psychoeducational groups are also available as experiences to the residents working on the spinal cord rehabilitation service. Psychology services frequently are consultative in nature. Psychometric assessments typically address cognitive and emotional functioning. Occasionally, vocational assessments are offered. Psychology is also involved in a monthly injury prevention program as well as in the ongoing compilation of evidence-based approaches to spinal cord injury rehabilitation. Participation as a member of an interprofessional treatment team is a key component of the rotation.

(Anti-requisite: Health/Rehabilitation Track)

Residential Veterans Care Program
*Maggie Gibson, Ph.D., C.Psych.*
St. Joseph’s Health Care, London: Parkwood Hospital

The residential Veterans Care Program (VCP) provides inpatient long term care for Canadian war veterans. The Psychologist’s role within the program has evolved as the program itself has evolved, emphasizing different skills at different times to bring added value to the care and service of aging veterans and related cohorts. Currently, the Psychologist facilitates quality improvement initiatives within the program on strategic priorities such as end of life care, participates in related local and multi-site research projects on public health, mental health and health systems issues, and provides geropsychology expertise on projects for the Canadian Coalition for Seniors Mental Health, Alzheimer Society of Canada, Public Health Agency of Canada, and the International Psychogeriatric Association among others. Residents working in this program have the opportunity to engage in ongoing program development, research and consultative initiatives.
SUMMARY OF EACH TRACK’S POSSIBLE MAJOR ROTATIONS AND MINOR ROTATIONS

**Child /Adolescent Track (181513)**

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### Adult Mental Health Track (181514)

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<tr>
<td>- London Health Sciences Centre: Victoria Hospital</td>
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<td>- St. Joseph’s Health Care, London: Parkwood Hospital</td>
<td>- Adult Neurology/Neurosurgery</td>
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<tr>
<td>- St. Joseph’s Health Care, London: Regional Mental Health Care, London</td>
<td>- Neuropsychology</td>
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<td>- St. Joseph’s Health Care, London: Regional Mental Health Care, St. Thomas</td>
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**Health/Rehabilitation Track (181515)**

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<td>➢ Brake Shop</td>
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<td>➢ St. Joseph’s Health Care, London: Parkwood Hospital</td>
<td>➢ CBT / Integrative Skills</td>
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**Neuropsychology Track (181516)**

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<td>- London Health Sciences Centre: Children’s Hospital</td>
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<tr>
<td>- London Health Sciences Centre: Victoria Hospital</td>
<td>- Assessment and Management of Chronic Pain</td>
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<td>- Brake Shop</td>
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<td>- Brain Injury Rehabilitation</td>
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## Counselling Track (181517)

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CONSORTIUM STAFF BIOSKETCHES

Rod Balsom  
Psychologist, Adult Mental Health Track  
St. Joseph’s Health Care, London - Regional Mental Health Care, St. Thomas  
Ph.D., University of Western Ontario, 1999  
**Clinical Interests:** Psychological assessment and intervention with the seriously and persistently mentally ill inpatient population with a focus on promotion of rehabilitation opportunities; Intervention consists primarily of cognitive behavioral therapy with adults presenting with mood and psychotic disorders.  
**Research Interests:** Influence of personality factors, such as resilience and negative affectivity, on rehabilitation and recovery among the seriously and persistently mentally ill population.

Danielle Bedard  
Psychologist, Adult Mental Health Track  
London Health Sciences Centre - Victoria Hospital  
Ph.D., University of Toronto, 2008  
**Clinical Interests:** Comprehensive psychological assessment; Trauma and post-traumatic stress disorder; Cognitive behavioral therapy for adults with mood and anxiety disorders.  
**Research Interests:** Clients’ emotional processing; Psychotherapy process and outcome.

Ed Black  
Psychologist, Adult Mental Health Track  
St. Joseph’s Health Care, London - Regional Mental Health Care, London  
Ph.D., University of Manitoba, 1979  
**Clinical Interests:** Psychological assessment and treatment of seniors with psychiatric disorders; Cognitive behaviour therapy with the elderly.  
**Research Interests:** Cognition, depression and financial capacity in the elderly; Program development and evaluation.

Adèle Blennerhassett  
Psychometrist, Adult Mental Health Track  
St. Joseph’s Health Care, London - Regional Mental Health Care, London  
M.A., University of Waterloo, 1983  
**Clinical Interests:** Assessment, cognitive behavioral therapy, with special interests in chronic pain management (both group and individual); Substance abuse assessment and treatment.

Gani Braimoh  
Psychologist, Child/Adolescent Track  
Child and Parent Resource Institute (CPRI)  
Psy.D., Adler School of Professional Psychology, 2006  
**Clinical Interests:** Bipolar clinic lead; Parents of children with bipolar disorder; Cognitive behavioural therapy; Adlerian psychology; Community psychology.

Susan Bryant  
Psychologist, Child/Adolescent Track  
Child and Parent Resource Institute (CPRI)  
Ph.D., University of Western Ontario, 1987  
**Clinical Interests:** Infants and young children at risk for or identified with developmental and/or physical disabilities; Sexuality education for children and adolescents.
Gita Canaran  Psychological Associate, Adult Mental Health Track  
St. Joseph's Health Care, London - Regional Mental Health Care, St. Thomas  
M.A., Lakehead University, 1994  
**Clinical Interests:** Assessment and treatment of complex trauma and traumatic psychosis within a Recovery Model including CBT and trauma-specific therapies.  
**Research Interests:** Neurocognitive assessment in psychosis.

Jason Carr  Psychologist, Adult Mental Health Track  
London Health Sciences Centre - Victoria Hospital  
Ph.D., University of British Columbia, 2003  
**Clinical Interests:** Neurocognitive assessment to guide treatment and return to school or work amongst individuals with psychiatric disorders, especially schizophrenia; Psychotherapy with adolescents and adults presenting with anxiety, mood, psychotic, and substance-related concerns; Early intervention; CBT; Mindfulness; Motivational interviewing; Peer volunteers and the facilitation of engagement/treatment; Group treatments for addiction.  
**Research Interests:** Substance misuse in early schizophrenia; Neurocognitive functioning in psychiatric illnesses, especially schizophrenia.

Jeff Carter  Psychologist, Child/Adolescent Track  
Vanier Children’s Services  
Ph.D., University of Western Ontario, 2000  
**Clinical Interests:** Clinical assessment and treatment with children, adolescents, and their families; Childhood trauma; Parents’ mental health; Clinical supervision and consultation.  
**Research Interests:** Data-driven practice and program evaluation; Prevention and management of dangerous behaviour.

Danielle Cataudella  Psychologist, Child/Adolescent and Health/Rehabilitation Tracks  
London Health Sciences Centre - Children’s Hospital/ Victoria Hospital  
Psy.D., Nova Southeastern University, 2002  
**Clinical Interests:** Acute stress disorder in parents of medically fragile children; Anticipatory anxiety and depression in children and adolescents being treated for cancer; Somatoform presentations with comorbid medical conditions; Psychological sequelae in childhood cancer survivors; Sudden and prolonged death of a child; Sibling bereavement during childhood and parental traumatic stress reactions following the death of a child.  
**Research Interests:** Paediatric palliative care; Psychological acute and late effects of childhood cancer.

Lee Ann Charlton-Case  Psychologist, Child/Adolescent Track  
St. Joseph’s Health Care, London - Regional Mental Health Care, London  
Ph.D., Harvard University, 1992  
**Clinical Interests:** Cognitive and dialectical behaviour therapy approaches with adolescents.  
**Research Interests:** Therapeutic effectiveness.
Kerry Collins  
Psychologist, Child/Adolescent Track  
London Health Sciences Centre – Children’s Hospital/Victoria Hospital  
Ph.D., University of Windsor, 2003  
Clinical Interests: Assessment and treatment of complex internalizing difficulties (e.g., school avoidance) in children and adolescents; Evidence-based practice for mood and anxiety disorders; Program development and evaluation.  
Research Interests: Management of childhood anxiety disorders in public sectors; Waitlist interventions for anxiety; Group CBT for anxiety and OCD.

Jennifer Crotogino  
Psychologist, Child/Adolescent Track  
Child and Parent Resource Institute (CPRI)  
Ph.D., McGill University, 2002  
Clinical Interests: Residential and outpatient assessment and treatment of children and adolescents with both an intellectual disability and mental health and/or behavioural concerns (“dual diagnosis”); Functional assessment of challenging behaviours and positive behaviour supports, and modified cognitive-behavioural approaches; Working with families, schools and community agencies to support clients who are dually diagnosed; Interprofessional team-work within a biopsychosocial framework.

Kathryn Dance  
Psychologist, Counselling Track; Track Coordinator  
Student Development Centre - Western University  
Ph.D., University of Western Ontario, 1991  
Clinical Interests: Trauma and PTSD; Clinical implications of attachment theory, relational theory, LGBT issues in psychotherapy.

Paul Derry  
Psychologist, Health/Rehabilitation Track  
London Health Sciences Centre - University Hospital  
Ph.D., University of Western Ontario, 1981  
Clinical Interests: Personality and psychosocial problems in epilepsy, and in other neurological disorders. Specific interests: Psychological adjustment in epilepsy; Assessment and treatment of personality, mood, and coping; Deafness and cochlear implants.  
Research Interests: Quality of life, psychosocial adjustment, and coping with epilepsy and epilepsy surgery; MMPI-2.

Andrea Downie  
Neuropsychologist, Neuropsychology Track  
London Health Sciences Centre - Children’s Hospital/ Victoria Hospital  
Ph.D., Queen’s University, 2000  
Clinical Interests: Neuropsychological assessment, diagnosis, and consultation of children treated for childhood cancer, as well as neurological, genetic, and metabolic disorders.  
Research Interests: Academic and cognitive sequelae of the treatments for Acute Lymphoblastic Leukemia (ALL); Social functioning in children treated for brain tumours and ALL; Attention deficit hyperactivity disorder.
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<tr>
<th>Name</th>
<th>Position</th>
<th>Institution</th>
<th>Education</th>
<th>Clinical Interests</th>
<th>Research Interests</th>
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<tr>
<td>Stephanie Dubois</td>
<td>Psychologist, Adult Mental Health Track</td>
<td>St. Joseph’s Health Care, London - Regional Mental Health Care, London</td>
<td>Ph.D., Ball State University, 2003</td>
<td>Clinical Interests: Utilizing Narrative therapy, Interpersonal Therapy and Sensorimotor psychotherapy with serious mental illness and trauma; Informed by countertransference-transference issues; Working alliance and process of change; Supervision emphasis on professional identity, mentoring, and advocacy.</td>
<td>Research Interests: Correlation between neuroimaging and psychological assessment.</td>
</tr>
<tr>
<td>Julie Eichstedt</td>
<td>Psychologist, Child/Adolescent Track</td>
<td>Child and Adolescent Mental Health Care Program, Outpatients</td>
<td>Ph.D., Concordia University, 2002</td>
<td>Clinical Interests: Psychological assessment and treatment of children, adolescents, and their families; Mood and anxiety disorders; Cognitive behavioural therapy.</td>
<td>Research Interests: Program evaluation, mood and anxiety disorders in children and adolescents.</td>
</tr>
<tr>
<td>Connie Ellis</td>
<td>Psychometrist, Adult Mental Health Track</td>
<td>St. Joseph’s Health Care, London - Regional Mental Health Care, London</td>
<td>B.A.(Honours), University of Western Ontario, 2005</td>
<td>Clinical Interests: Mood disorders; Adolescent and young adult psychopathology.</td>
<td>Research Interests: Sex and marriage counselling; Psychometric test measures; Axis-II disorders.</td>
</tr>
<tr>
<td>Elspeth Evans</td>
<td>Psychologist, Counselling Track; Site Coordinator</td>
<td>Student Development Centre - Western University</td>
<td>Ph.D., The University of Western Ontario, 2008</td>
<td>Clinical Interests: Treatment of adolescents and adults with mood and anxiety disorders; Mindfulness meditation; Parenting capacity; Integrative approaches to psychotherapy</td>
<td>Research Interests: Adult attachment, mental health and trauma; Mindfulness meditation in a university population.</td>
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<tr>
<td>Laura Fazakas-DeHoog</td>
<td>Psychologist, Adult Mental Health Track</td>
<td>St. Joseph’s Health Care, London - Regional Mental Health Care, St. Thomas</td>
<td>Ph.D., University of Western Ontario, 2007</td>
<td>Clinical Interests: Psychological profiling; Assessment and treatment of trauma and complicated grief; Treatment of severe pathology and personality disorders.</td>
<td>Research Interests: Prediction of violent recidivism in the forensic population; Effective treatment of trauma and complicated grief; Psychotherapy for psychotic disorders; Prediction of violent and self destructive behaviour; Design and test an integrative model of suicidal thinking and behaviour within a clinical population.</td>
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</table>
Susan Fisher  Psychometrist, Community Services  
Vanier Children’s Services  
M.A., Laurentian University, 1994  
Clinical Interests: Assessment of cognitive, behavioral and social-emotional functioning in children and adolescence.  
Research Interests: Program and outcome evaluation.

Jennifer Fogarty  Neuropsychologist, Neuropsychology Track  
St. Joseph’s Health Care, London - Parkwood Hospital  
Ph.D., University of Waterloo, 2001  
Clinical Interests: Diagnostic neuropsychological assessment of adult and elderly individuals with a spectrum of cognitive impairments from mild cognitive impairment to early stage dementia; Primarily outpatient work but also consultation to long-term care regarding behavioural management of clients with dementia who are displaying challenging behaviours; Consultation to Community Care Access Centre staff in nine counties throughout southwest Ontario; Cognitive rehabilitation group work for elderly individuals with mild cognitive impairment.  
Research Interests: Program evaluation; Predicting driving safety in the elderly; Cognitive rehabilitation and predicting post-operative cognitive decline.

Judith Francis  Psychologist, Health/Rehabilitation Track  
St. Joseph’s Health Care, London - St. Joseph’s Hospital  
Ph.D., Dalhousie University, 1999  
Clinical Interests: Assessment and treatment of cardiovascular patients; Developing programs for women with cardiovascular disease.  
Research Interests: Factors affecting women’s access and participation in rehabilitation and secondary prevention programs following a cardiac event or stroke; Psychosocial issues affecting women with cardiovascular disease.

Paul Frewen  Psychologist, Adult Mental Health Track  
London Health Sciences Centre - Victoria Hospital  
Ph.D., University of Western Ontario, 2008  
Clinical Interests: Trauma-focused psychotherapy, CBT, and process-experiential psychotherapy.  
Research Interests: Neuroimaging in trauma patients.

Walter Friesen  Psychologist, Adult Mental Health Track  
London Health Sciences Centre - Victoria Hospital  
Ph.D., Simon Fraser University, 1988  
Clinical Interests: Group psychotherapy; Dialectical behaviour therapy; Integrational models of psychotherapy.

Heather Getty  Psychologist, Health/Rehabilitation Track  
St. Joseph’s Health Care, London - St. Joseph’s Hospital  
Ph.D., University of Windsor, 2002  
Clinical Interests: Individual and group psychotherapy; Cognitive behavioural, psychodynamic, and acceptance and commitment-based interventions.  
Research Interests: Identification of individuals at heightened risk for dysfunction secondary to pain; Pain self-management strategies related to better adjustment among individuals with chronic pain; Relationship between gender and adjustment in the context of chronic pain conditions.
Maggie Gibson  
Psychologist, Health/Rehabilitation Track  
St. Joseph’s Health Care, London - Parkwood Hospital  
Ph.D., University of Western Ontario, 1987  
**Clinical Interests:** Knowledge translation and exchange on geropsychology issues, program development.  
**Research Interests:** Resiliency, vulnerability and social inclusion related to issues such as aging in place of choice, residential care, digital technology, end of life care and disaster risk reduction.

Shannon Gifford  
Psychologist, Adult Mental Health Track  
St. Joseph’s Health Care, London - Parkwood Hospital  
Ph.D., University of Waterloo, 2006  
**Clinical Interests:** Assessment and treatment of post-traumatic stress disorder and other psychological difficulties related to military service; Cognitive behavioural therapy for adults with anxiety disorders.  
**Research Interests:** Treatment outcome in complex post-traumatic stress disorder; Trauma-related sleep disturbances.

Karin Gleason  
Psychologist, Child/Adolescent Track  
Child and Parent Resource Institute (CPRI)  
Ph.D., University of Western Ontario, 2000  
**Clinical Interests:** Psychological assessment and treatment of children with Intellectual Disabilities and emotional disorders (anxiety, mood, and attachment); Residential treatment of children with Intellectual Disabilities and behaviour disorders; Behavioural feeding disorders.

Erica Gold  
Psychologist, Child/Adolescent and Health/Rehabilitation Tracks  
London Health Sciences Centre - Children’s Hospital/ Victoria Hospital  
Ph.D., University of Manitoba, 1986  
**Clinical Interests:** Children and families coping with chronic illness and health problems; Pain management, especially management of children's headaches; Stress management; Mood disorders; Anxiety disorders.

Esther Goldberg  
Psychologist, Child/Adolescent Track; Site Coordinator  
Vanier Children’s Services  
Ph.D., University of Western Ontario, 2003  
**Clinical Interests:** Assessment of and intervention with children with cognitive, behavioural, and/or social-emotional difficulties; Working with parents, teachers, and child workers to better understand the need of this clinical population.  
**Research Interests:** Mental health learning needs of parents and teachers/school personnel.

Cathy Gouchie  
Psychological Associate, Neuropsychology Track  
London Health Sciences Centre - University Hospital  
M.A., University of Western Ontario, 1990  
**Clinical Interests:** Neuropsychological assessment of adults referred from General Medicine, Cardiology, or Transplant Unit (e.g., transplant patients, cardiac arrest patients, dialysis patients, patients who may have a dementing condition).
Gloria Grace  Neuropsychologist, Neuropsychology Track
London Health Sciences Centre - University Hospital
Ph.D., University of Victoria, 1990
Clinical Interests: Neuropsychological assessment of adults with a broad range of neurological disorders. Specific interests: Amyotrophic Lateral Sclerosis (ALS) and Primary Lateral Sclerosis (PLS); Frontotemporal Dementia; Parkinson's disease and related disorders.
Research Interests: Cognitive impairment in ALS and other motor neuron diseases.

Brendan Guyitt  Psychologist (Supervised Practice), Adult Mental Health Track
London Health Sciences Centre - Victoria Hospital
Ph.D., University of New Brunswick, 2011
Clinical Interests: CBT; Mood and anxiety disorders; Personality disorders; Case formulation; Professional issues.
Research Interests: Cognitive vulnerability to depression.

Michael Harnadek  Neuropsychologist, Neuropsychology Track
London Health Sciences Centre - University Hospital
Ph.D., University of Windsor, 1993
Clinical Interests: Neuropsychological assessment of adults following stroke, or who have acquired or degenerative cognitive disorders. Specific interests: Stroke; Evaluation of response bias.
Research Interests: Cognitive impairment following transient ischemic attack and minor stroke; Response bias in psychological testing.

Jeremy Harrison  Psychologist, Adult Mental Health Track
St. Joseph's Health Care, London - Regional Mental Health Care, London
Psy.D., Florida Institute of Technology, 2005
Clinical Interests: Psychological assessment and treatment of adults; Therapeutic relationship & cognitive behavioural therapy with adults; Integrative approaches to psychotherapy.
Research Interests: Applied research; Psychotherapy effectiveness.

Brent Hayman-Abello  Neuropsychologist, Neuropsychology Track; Director of Clinical Training
London Health Sciences Centre - University Hospital
Ph.D., University of Windsor, 2003
Clinical Interests: Neuropsychological assessment of adults with neurological disorders, with specific interests in epilepsy, stroke and dementia; Impact of epilepsy on cognitive and daily living abilities.
Research Interests: Cognitive change following epilepsy surgery; Compensatory strategy training for persons with cognitive impairments.

Susan Hayman-Abello  Neuropsychologist, Neuropsychology Track
London Health Sciences Centre - University Hospital
Ph.D., University of Windsor, 2006
Clinical Interests: Neuropsychological assessment of adults and adolescents with neurological disorders, with specific interests in epilepsy and pre-surgical evaluations.
Research Interests: Discrepancies in subjective and objective memory impairment; Cerebral localization of cognitive dysfunction and prediction of post-surgical changes; Issues associated with repeated neuropsychological assessments.
Marnin Heisel  Psychologist, Adult Mental Health Track  
London Health Sciences Centre - Victoria Hospital  
Ph.D., York University, 2001  
Clinical Interests: Assessment and treatment of adults and older adults with mood disorders and at elevated risk for suicide; Interpersonal/psychodynamic and humanistic/existential psychotherapy.  
Research Interests: Study and prevention of suicide among older adults including improving the identification of older adults at-risk for suicide; Testing models of late-life suicide risk and resiliency and developing and evaluating suicide risk assessment measures and methods; Enhancing treatment provision by developing and testing interventions with depressed and/or suicidal older adults; Enhancing healthcare provider knowledge of late-life suicide prevention by developing clinical guidelines and knowledge translation tools and evaluating with respect to dissemination, training, and uptake.  

Marilyn Hill  Psychologist, Health/Rehabilitation Track  
St. Joseph’s Health Care, London - St. Joseph’s Hospital  
Ph.D., University of British Columbia, 1996  
Clinical Interests: Cognitive behavioural therapy (individual and group) - health psychology; Interprofessional treatment groups for rheumatological conditions; Pain management; Stress management; EMG biofeedback; Assertive communication; Impact of chronic illness on sexual functioning; Assessment & treatment of depression associated with chronic illness; Relapse prevention.  
Research Interests: Interprofessional treatment of chronic pain & variables predicting treatment outcome; Efficacy of web-based follow-up treatment services for improving long-term treatment outcome; Stereotypes regarding individuals with chronic pain and illness.  

Gail Hutchinson  Psychologist, Counselling Track  
Director, Student Development Centre - Western University  
Ph.D., University of Western Ontario, 1976  
Clinical Interests: Eclectic therapy model including cognitive-behavioural, DBT, EMDR, neurofeedback and psychodynamic approaches. Special interest in assessment and treatment of trauma and abuse.  
Research Interests: Abuse experiences in a university and college student population.  

Tony Iezzi  Psychologist, Health/Rehabilitation Track  
London Health Sciences Centre - Victoria Hospital  
Ph.D., University of Georgia, 1989  
Fellow of the Canadian Psychological Association  
Clinical Interests: Assessment and management of chronic pain and trauma.  
Research Interests: Psychological adjustment to medical conditions; Comorbidity of physical and psychological symptoms; Identification of early psychological risk factors in the development of medical conditions.  

Lorraine Janzen  Psychometrist, Neuropsychology Track  
London Health Sciences Centre - Children’s Hospital/ Victoria Hospital  
M.A.Sc., University of Waterloo, 1985  
Clinical Interests: Neuropsychological assessment of children referred from paediatric oncology, neurology/neurosurgery and the acquired brain injury service.
Heather Jacques  
Psychologist, Child/Adolescent Track  
London Health Sciences Centre - Children’s Hospital/Victoria Hospital  
Ph.D., University of Calgary, 2008  
**Clinical Interests**: Assessment and treatment (primarily cognitive-behavioural) of internalizing disorders with high-risk youth; Empirically supported treatments; Multisystemic therapy.  
**Research Interests**: Young women’s identity formation; Gender differences in mental health; Attachment and resiliency; Program evaluation.

Patricia Jordan  
Psychological Service Provider, Child/Adolescent Track  
Child and Parent Resource Institute (CPRI)  
M.A., University of Western Ontario, 2005  
Doctoral Candidate  
**Clinical Interests**: Assessment and treatment of children and adolescents with complex mental health needs; Cognitive Behavioural Therapy; Models of service delivery for residential treatment.  
**Research Interests**: Cognitive vulnerability for anxiety and depression; Temperament-cognition interactions; Development of executive function; Program evaluation.

Mustaq Khan  
Psychologist, Adult Mental Health Track  
St. Joseph’s Health Care, London - Regional Mental Health Care, London  
Ph.D., University of Western Ontario, 1989  
**Clinical Interests**: Diagnosis and treatment of mood disorders (bipolar, major depressive).  
**Research Interests**: Pharmacotherapy effectiveness in the treatment of mood disorders.

Ann Klinck  
Psychological Associate, Child/Adolescent and Health/Rehabilitation Tracks  
London Health Sciences Centre - Children’s Hospital/ Victoria Hospital  
M.A.Sc., University of Waterloo, 1991  
**Clinical Interests**: Counselling with families and consultation with schools regarding educational needs of paediatric cancer patients and siblings; Counselling, support and advocacy for childhood cancer survivors with treatment-related learning challenges.  
**Research Interests**: Long-term cognitive effects of paediatric cancer treatment; Long-term educational outcomes for childhood cancer survivors.

Larry Lalone  
Educational Consultant, Adult Mental Health Track  
St. Joseph’s Health Care, London - Regional Mental Health Care London  
M.Sc., University of Wisconsin at Madison, 1987  
**Clinical Interests**: Concurrent Disorders.  
**Research Interests**: Concurrent Disorders.

Louise LaRose  
Psychologist, Child/Adolescent Track  
Child and Parent Resource Institute (CPRI)  
Ph.D., University of Western Ontario, 1988  
Board Certified Behavior Analyst-Doctoral (BCBA-D)  
**Clinical Interests**: Autism and related disorders; Assessment and reduction of problem behaviours; Supervisor of Diagnostic Screening Clinic for Autism Spectrum Disorders.  
**Research Interests**: Program evaluation; Early diagnosis and screening protocol of pervasive developmental disorder; Cognitive assessment patterns of ASD population; Screening measures for ASD diagnosis.
Andrea Lazosky  Neuropsychologist, Neuropsychology Track;  
London Health Sciences Centre - Victoria Hospital  
Ph.D., Rosalind Franklin University of Medicine and Science, 1990  
Board Certified in Clinical Neuropsychology,  
American Board of Professional Psychology (ABPP)  
Clinical Interests: Neuropsychological assessment and diagnosis of individuals with known or suspected brain impairment. Specific interests: Multiple trauma (including traumatic brain injury); Effects of systemic illness and infection on brain function; Brain tumours; Psychosocial rehabilitation.  
Research Interests: Neurological and emotional outcome following severe septic illness; Neuropsychological assessment in the psychosocial rehabilitation of individuals with severe mental disorders.

David LeMarquand  Psychologist, Adult Mental Health Track; Track Coordinator  
Board Certified in Clinical Psychology,  
American Board of Professional Psychology  
St. Joseph’s Health Care, London - Regional Mental Health Care, London  
Ph.D., McGill University, 1998  
Clinical Interests: Psychological assessment, individual and group psychotherapy for individuals with concurrent severe and persistent mental (affective, psychotic, personality) and substance use disorders who are outpatients in a tertiary care hospital setting; Theoretical approaches utilized include interpersonal, cognitive-behavioural.  
Research Interests: Neurobiology of impulse control, aggression, psychotherapy outcome in personality-disordered individuals.

Linette Lindsey  Psychometrist, Neuropsychology Track  
London Health Sciences Centre - University Hospital  
St. Joseph’s Health Care, London - Parkwood Hospital  
Post- Graduate Certificate in Clinical Trials Management, University of Western Ontario, 2012.  
B.Sc. (Honors), University of Toronto, 1992  
Clinical Interests: Neuropsychological assessment of patients with cognitive impairment; Psychometric testing in clinical trials.

Sheila Linseman  Psychometrist, Adult Mental Health Track  
St. Joseph’s Health Care, London - Regional Mental Health Care, London  
B.A. (Honours), Wilfrid Laurier University, 1993  
Clinical Interests: Vocational, cognitive and personality assessment.  
Research Interests: Interpersonal Reconstructive Therapy; Generalized Anxiety Disorder; Learning disabilities; Psychological testing in second language speakers.

Larry Litman  Neuropsychologist, Adult Mental Health Track  
St. Joseph’s Health Care, London - Regional Mental Health Care, St. Thomas  
Ph.D., York University, 1985  
Clinical Interests: Neuropsychological and forensic psychological assessment and diagnosis; Psycho-legal assessments (e.g., sex offenders, automatisms, dangerousness); Pharmacotherapy.  
Research Interests: Personality disorders; Psychopharmacological treatments of and neuropsychological syndromes in violent and criminal offenders.
Cathy Maan  Psychologist, Child/Adolescent and Health/Rehabilitation Tracks
London Health Sciences Centre - Children’s Hospital / Victoria Hospital
Ph.D., University of Saskatchewan, 1994
Clinical Interests: Paediatric oncology; Paediatric critical care; Paediatric consultation liaison; Family and child adjustment to acute and chronic illnesses and developmental disorders.

Connie Marshall  Psychometrist, Neuropsychology Track
St. Joseph’s Health Care, London - Parkwood Hospital
B.A. (Honours), University of Western Ontario, 1984
Clinical Interests: Assessment of clients with acquired brain injuries; Assessment of clients with progressive dementing illnesses.

Mary Ellen Marshman  Psychometrist, Child/Adolescent Track
Child and Parent Resource Institute (CPRI)
M.Sc., University of Calgary, 1986
Clinical Interests: Assessment and intervention related to sexual behaviour problems in children and adolescents; Impact of trauma as it relates to sexual behaviour problems.

Louise Maxfield  Psychologist, Adult Mental Health Track
London Health Sciences Centre - Victoria Hospital
Ph.D., Lakehead University, 2003
Clinical Interests: Assessment and treatment of traumatic sequelae in cognitive, affective, behavioural, somatic, and interpersonal domains; Program development and evaluation.
Research Interests: Role of affect and interpersonal dysregulation in psychiatric disorders; Information processing; Patient characteristics predicting treatment response; Patient-treatment matching; Identification of active treatment components.

Ann McDermid  Psychologist, Health/Rehabilitation Track
London Health Sciences Centre - Victoria Hospital
Ph.D., University of Western Ontario, 2001
Clinical Interests: Assessment and treatment of patients with sleep disorders; Role of psychological factors in predicting treatment outcome in patients with chronic medical conditions; Assessment and treatment of patients with posttraumatic stress disorder following motor vehicle collisions.
Research Interests: Depression and anxiety in sleep disorders; Role of personality factors in adjustment to chronic medical conditions; Gender differences in coping with chronic pain.

Alexandra McIntyre-Smith  Psychologist, Adult Mental Health Track
St. Joseph’s Health Care, London - Operational Stress Injury Clinic
Ph.D., University of Western Ontario, 2010
Clinical Interests: Assessment and treatment of posttraumatic stress disorder and other psychological difficulties related to military service.
Research Interests: Treatment of mental health issues specific to the military/combat context, sexual dysfunction.
B. Duncan McKinlay  Psychologist, Child/Adolescent Track Coordinator
Child and Parent Resource Institute (CPRI)
Ph.D., University of Waterloo, 2001
Clinical Interests: Diagnosis and treatment of Tourette Syndrome, Obsessive-compulsive disorder, Attention-deficit/hyperactivity disorder, Oppositional defiant disorder, Intermittent explosive disorder/"rage"; Cognitive and behavioural therapies; Knowledge transfer.
Research Interests: Behavioural treatment of tic disorders; Peer demystification; Neurobiology of Tourette Syndrome; Treatment outcome assessment; Effects of symptom interpretation on prognosis.

Donna McManus  Rehabilitation Counsellor, Adult Mental Health Track
St. Joseph’s Health Care, London - Regional Mental Health Care London
B.A., University of Western Ontario, 1977
C.C.R.C. Commission on Rehabilitation Counselor Certification, 1995
Clinical Interests: Vocational Assessment; Psychosocial Rehabilitation; ADHD; Solution Focused Interventions; Peer Support and Models of Care.

Ericka Mirc  Psychological Associate, Child/Adolescent Track
Vanier Children's Services
M.A., University of Guelph, 1978
Clinical Interests: Clinical Assessment of and treatment of children and their families; Consultation with parents, teachers, child & family therapists and child care workers to better understand the strengths and challenges of children with cognitive/developmental, behaviour and socio-emotional difficulties.
Research Interests: Bullying and aggressive behaviour; Trauma; Effects of parent mental health needs on their children; Resiliency among children and families.

Beth Mitchell  Psychologist, Adult Mental Health Track
Director, Mental Health Care Program
London Health Sciences Centre - Victoria Hospital
Ph.D., Ohio State University, 1979
Fellow of the Canadian Psychological Association
Interests: Planning and implementation of mental health service delivery; Evaluation of impact of system change on services and work life; Knowledge transfer between research, practice and policy.

Charles Nelson  Psychologist, Adult Mental Health Track
St. Joseph's Health Care, London - Parkwood Hospital
Ph.D., University of North Texas, 2003
Clinical Interests: Crisis and acute care psychiatry; Cognitive behavioural therapy with adults; Pain and recovery from trauma.
Research Interests: Cardiac rehabilitation and the relationship between interpersonal factors and recovery; Cross validation of The Adult Needs and Strengths Assessment - Referral Version (ANSA-R) with utilization of psychiatric care; Spiritual care as a therapeutic adjunct to the recovery model.
Christopher Newton  Psychologist, Health/Rehabilitation Track  
London Health Sciences Centre - University Hospital  
Ph.D., Queen's University, 1985  
Clinical Interests: Infertility; Relationship difficulties; Anxiety; Sexual dysfunction. Specific interests: Implications counselling; Integrative marital therapy; Vaginismus, orgasmic disorders and erectile dysfunction; Panic and general anxiety disorder.  
Research Interests: Patient decision-making; Measurement of infertility-related stress; Program evaluation.

Ian Nicholson  Psychologist, Manager, Psychology and Social Work, London Health Sciences Centre  
Ph.D., University of Western Ontario, 1993  
Clinical Interests: Short-term cognitive/cognitive behavioural treatment of anxiety and affective disorders; Ethics and standards of practice.  
Research Interests: Patterns of psychological funding and utilization.

Warren Nielson  Psychologist, Health/Rehabilitation Track  
Clinical Director, Rheumatology Day Programs  
St. Joseph's Health Care, London - St. Joseph’s Hospital  
Ph.D., University of Western Ontario, 1982  
Fellow of the Canadian Psychological Association  
Clinical Interests: Health psychology; Chronic pain; Psychological aspects of rheumatic diseases.  
Research Interests: Chronic pain; Cognitive behavioural treatment of Fibromyalgia Syndrome; Motivational factors in treatment of chronic pain; Psychological aspects of scleroderma.

Ross Norman  Psychologist, Adult Mental Health Track  
London Health Sciences Centre - Victoria Hospital  
Ph.D., University of Michigan, 1974  
Fellow of the Canadian Psychological Association  
Clinical Interests: Cognitive behavioural interventions for psychotic disorders and anxiety and stress-related problems; Development and evaluation of service delivery programs for psychotic disorders.  
Research Interests: Cognitive and social aspects of psychosis; Psychosocial interventions for psychosis; Hierarchical and continua models of psychopathology; Program and outcome evaluation; Evaluating the impact of early intervention for psychotic disorders.

Felicia Otchet  Psychologist, Adult Mental Health and Health/Rehabilitation Tracks  
London Health Sciences Centre - Victoria Hospital  
Ph.D., University of Cincinnati, 1996  
Clinical Interests: Adjustment to traumatic events; Adjustment to chronic pain and/or chronic illness; Women's health; Psycho-oncology; Feminist therapy; Traditionally underserviced populations; Community mental health.  
Research Interests: Normative responses to medical procedures; Applied research in community mental health.
Steven Orenczuk  
Psychologist, Health/Rehabilitation Track; Track Coordinator  
St. Joseph’s Health Care, London - Parkwood Hospital  
Psy.D., Illinois School of Professional Psychology, 1988  
**Clinical Interests:** Assessment and intervention for clients admitted to an inpatient and outpatient rehabilitation program for individuals having sustained spinal cord injuries or other neurological disorders; Treatment of depression, anxiety, pain, adjustment to disability issues; Consultation to interprofessional rehabilitation team regarding patient and family education; Collaborative injury prevention initiatives.  
**Research Interests:** Evidence-based treatment planning and intervention; Knowledge transfer and health education initiatives for trauma prevention.

Rhonda Peterson  
Psychometrist, Neuropsychology Track  
London Health Sciences Centre - University Hospital  
M.A., University of Western Ontario, 2003  
**Clinical Interests:** Neuropsychological assessments of epilepsy patients who are candidates for neurosurgery; Neuropsychological assessment of adults and adolescents with neurological disorders; Impact of epilepsy on cognitive and daily living abilities.  
**Research Interests:** Cognitive change following epilepsy surgery; Cerebral localization of cognitive dysfunction and prediction of post-surgical changes.

Susan Pigott  
Neuroscientist, Neuropsychology Track  
London Health Sciences Centre - Children’s Hospital/ Victoria Hospital  
Ph.D., McGill University, 1990  
**Clinical Interests:** Paediatric and adult neuropsychology; Epilepsy; Head injury; Assessment of temporal and frontal lobe dysfunction; Visual perception and memory.  
**Research Interests:** Intellectual and memory functions in children with closed head injury; Visual perception and memory in adults and children with temporal-lobe dysfunction or closed head injury.

Monique Pressé  
Psychological Associate, Child/Adolescent Track  
Coordinator, Child and Adolescent Ambulatory Care and Community Linkages, Mental Health Care Program  
London Health Sciences Centre, Children’s Hospital/Victoria Hospital  
M.A., University of Manitoba, 1983  
**Clinical Interests:** Assessment and treatment of children, adolescents and their families with difficulties of an internalizing nature; Coordination of mental health service delivery.  
**Research Interests:** Program evaluation.

Peter Prior  
Psychologist, Health/Rehabilitation Track  
St. Joseph’s Health Care, London - St. Joseph’s Hospital  
Ph.D., University of Western Ontario, 1991  
**Clinical Interests:** Assessment and treatment of cardiovascular patients.  
**Research Activities:** Measurement of individuals’ outcomes in cardiac rehabilitation and secondary prevention; Neurocognitive factors in vascular disease; Depression, anxiety and personality factors in cardiovascular disease.
Niki Rielly  Psychologist, Child/Adolescent Track  
Child and Parent Resource Institute (CPRI)  
Ph.D., Queen’s University, 2003  
Clinical Interests: Clinical assessment and treatment of children and adolescents with complex mental health problems; Cognitive behaviour therapies including the Collaborative Problem Solving Approach.  
Research Interests: Program evaluation; Intensive service delivery.

Craig Ross  Psychologist (Supervised Practice), Child/Adolescent Track  
Child and Parent Resource Institute (CPRI)  
Ph.D., University of Windsor, 2011  
Clinical Interests: Residential and outpatient assessment and treatment of children and adolescents with an intellectual disability and mental health and/or behavioural concerns (“dual diagnosis”); Outpatient assessment and treatment of children or adolescents with an Autism Spectrum diagnosis and co-morbid mental health concerns; Functional assessment of challenging behaviours and positive behaviour supports, and modified cognitive-behavioural approaches; Identification of resources and supports for individuals with complex special needs; Working with families, schools and community agencies to support clients; Interprofessional team-work within a biopsychosocial framework.  
Research Interests: Use of social media and computer-mediated communication within a social-capital framework; Within clinical populations, use of social media and gaming as a replacement for more traditional forms of social interaction.

Erin Ross  Clinical Researcher, Adult Mental Health Track  
London Health Sciences Centre - First Episode Mood and Anxiety Disorders  
M.A., OISE/University of Toronto, 2003  
Clinical Interests: Women’s mental health; Adolescent mental health; Mood and anxiety disorders; Eating disorders; Trauma and PTSD; Neurocognitive and psychoeducational assessment.  
Research Interests: Women’s mental health; Adolescent mental health; Gender issues; Participatory action research; Mood and anxiety disorders; Body image.

Tom Ross  Psychometrist, Adult Mental Health Track  
St. Joseph’s Health Care, London - Regional Mental Health Care, London  
B.A., University of Guelph, 1978  
Clinical Interests: Assessment of seniors with psychiatric disorders; Assessment of financial capacity in the elderly.  
Research Interests: Cognition, depression and financial capacity in the elderly; Program development and evaluation.

Susan Ruscher  Psychologist, Counselling Track  
Student Development Centre - Western University  
Ph.D., University of Western Ontario, 1994  
Clinical Interests: Psychological assessment and cognitive behavioural treatment of adolescents and adults with depression, anxiety, post-trauma symptoms, bereavement, and/or pain.  
Research Interests: Therapeutic effectiveness.
Deanne Simms  
Psychologist, Health and Rehabilitation Track  
London Health Sciences Centre - Victoria and Byron Family Medical Centres  
B.A. (Honours), Queen's University, 2005  
Ph.D., University of New Brunswick, 2011  
Clinical Interests: Assessment and brief, solution-focused interventions of psychological factors and problems associated with physical conditions and chronic diseases/illness; Implementation of primary and secondary prevention strategies; Consultation to in-house primary health care teams.  
Research Interests: Evaluation of mental health service provision in primary care settings; Sexual and global well-being; Inter-dyadic communication; Assessment and treatment of sexual problems in primary care; Telemental health.

Carla Smith  
Psychologist, Child/Adolescent Track  
Vanier Children’s Services  
Ph.D., York University, 2004  
Clinical Interests: Clinical assessment and treatment of children and their families; Working with parents, teachers, and child workers to better understand ways of addressing the personal strengths and challenges of children with cognitive/developmental, social-emotional, and behavioural difficulties.  
Research Interests: Bullying and aggressive behaviour (including gender differences); Factors influencing long-term outcomes of intervention (including early intervention/prevention); Resiliency among children in at-risk populations.

Farida Spencer  
Psychologist, Adult Mental Health Track  
St. Joseph’s Health Care, London - Regional Mental Health Care, London  
Ph.D., University of Western Ontario, 1984  
Clinical Interests: Therapy interventions and consultations with an adult psychiatric population with a variety of diagnoses: i.e., schizophrenia, paranoid/psychotic disorders, affective disorders (major depression, bipolar), eating disorders, substance abuse; Treatment of clients diagnosed with personality disorders.  
Research Interests: Demonstrating effectiveness in treatment outcomes of Interpersonal Reconstructive Therapy (IRT) approach with difficult to treat clients with diagnoses of personality disorders.

Jeff St. Pierre  
Psychologist, Child/Adolescent Track; Site Coordinator  
Psychology Professional Practice Lead - Child and Parent Resource Institute (CPRI)  
Ph.D., University of Western Ontario, 1992  
Clinical Interests: Tertiary inpatient child and family mental health assessment and treatment; Selective mutism and anxiety; Cognitive behavioural therapies; Real world effectiveness of evidence-based therapies; Supporting children with multiple learning and mental health disabilities; Teaching professionals.  
Research Interests: Long-term outcomes within a system of care for children and youth with high needs. Selective mutism.

Shannon Stewart  
Psychologist, Child/Adolescent Track  
Child and Parent Resource Institute (CPRI)  
Ph.D., York University, 1993  
Research Interests: Child psychopathology; Social withdrawal; Internalizing and externalizing disorders; Early intervention of behavioural problems; Paediatric bipolar disorder; Treatment effectiveness; Service utilization.
Beverly Jane Ulak  Psychologist, Counselling Track
Student Development Centre, Western University
Ph.D., OISE/University of Toronto, 2002
Clinical Interests: Assessment and treatment of university students for the problems of everyday living. Humanistic-Existential and Experiential Psychotherapy, Acceptance and Commitment Therapy, Feminist Theory, and Expressive Therapies (including art, photography, and metaphor). Specific interests in humor, positive psychology, anxiety reduction, the effects of bullying, adult children of alcoholics, the treatment of childhood and adult sexual abuse/assault, vicarious traumatization, chronic illness, grief and loss. Research Interests: The use of visual expression as a therapeutic intervention and qualitative investigations of the psychotherapeutic experience.

Sandra Ulch  Psychologist, Health/Rehabilitation Track
London Health Sciences Centre - University Hospital
Ph.D., Queen's University, 1992
Clinical Interests: Assessment and treatment of psychological disorders that occur in the context of complex medical problems; Psychological adjustment to organ transplantation; Adjustment to critical illness; Coping with chronic physical illness; Interprofessional health care in the inpatient medical setting. Research Interests: Mood symptoms associated with high dose corticosteroids used to treat relapses in MS; Psychological adjustment to transplantation; Women's mental health.

Debbie Vanderheyden  Psychologist, Child/Adolescent Track
London Health Sciences Centre - Children's Hospital/Victoria Hospital
Ph.D., Queen's University, 1990

Evelyn Vingilis  Psychologist
Director, Population and Community Health Unit
Professor, Departments of Family Practice, and Epidemiology and Biostatistics at the Schulich School of Medicine, Western University
Ph.D., York University, 1978
Research Interests: Population and community health and health services. Specific Interests: Alcohol, drugs, and traffic safety; At-risk youth; Mental health services; Knowledge diffusion and utilization; Survey, policy, and evaluative research.

Ellen Vriezen  Neuropsychologist, Neuropsychology Track
London Health Sciences Centre - Children's Hospital/ Victoria Hospital
Ph.D., University of Toronto, 1993
Clinical Interests: Neuropsychological assessment/consultation of children with traumatic brain injury, neurological or neurosurgical conditions, and genetic or metabolic disorders. Research Interests: Sequelae of acquired brain injury in children; Social functioning in children with ALL or brain tumours.
Marnie Wedlake  
Team Leader, Information, Support & Education Service Program  
Canadian Mental Health Association, London Middlesex Branch  
B.A., University of Waterloo, 1990  
M.Ed., University of Western Ontario, 1999  
Mental Health Public Educator  
**Research Interests:** Philosophical Foundations of Health Professional Education; Mindfulness-based Practices in Health Research and Education; Health Education & Health Promotion through Group and Individualized Psycho-education; Serious Mental Illness: Approaches to Treatment and Psycho-education.

Margaret Weiser  
Neuropsychologist, Health/Rehabilitation and Neuropsychology Tracks  
St. Joseph’s Health Care, London - Parkwood Hospital  
Ph.D., McMaster University, 1990  
**Clinical Interests:** Assessment and intervention for referred clients of the regional Acquired Brain Injury rehabilitation program and NeuroTrauma Rehab (third-party funded).  
**Research Interests:** Evidence-based assessment and treatment of Traumatic Brain Injury; Telemedicine and innovative technology for long-distance clinical consultation.

Naomi Wiesenthal  
Psychologist, Health/Rehabilitation Track; Site Coordinator  
London Health Sciences Centre - Victoria Hospital  
Ph.D., University of North Carolina at Chapel Hill, 2007  
**Clinical Interests:** Assessment and treatment of adults with physical and mental health comorbidities; Consultation to health care teams; Adjustment to physical illness; Psycho-oncology and palliative care; Couple-level interventions.  
**Research Interests:** Psycho-oncology; Psychological sequelae of motor vehicle collision; Posttraumatic growth; Basic and applied couple research.

Richard Zayed  
Psychologist, Child/Adolescent Track  
Child and Parent Resource Institute (CPRI)  
Ph.D., University of Ottawa, 2006  
**Clinical interests:** Comprehensive assessment and treatment of trauma, post-traumatic stress disorder, and complex responses (e.g., dissociation, depression, anxiety, attachment/relational difficulties, sexualized behaviours, sexual acting out, budding personality disorders); Integrative psychotherapy approaches within individual (psychodynamic, humanistic/existential, cognitive behavioural) and family (structural, experiential, narrative) modalities.  
**Research Interests:** Theoretical and conceptual issues in assessment and treatment; Research methodology and utilization of quantitative and qualitative approaches; Developmental psychopathology of trauma (i.e., immediate and long-term impact and pathways of psychopathology); Assessment and diagnosis of complex PTSD and adolescent personality; Psychotherapy.

Sandra Zirul  
Psychometrist, Neuropsychology Track  
London Health Sciences Centre - Victoria Hospital  
B.A. (Honours), University of Western Ontario, 1994  
**Clinical Interests:** Neuropsychological assessment of individuals with cognitive, emotional and behavioural dysfunction resulting from brain impairment.
EXAMPLES OF RECENT CONSORTIUM STAFF PUBLICATIONS AND PRESENTATIONS


FOR MORE INFORMATION, OR TO OBTAIN AN APPLICATION PACKAGE, PLEASE CONTACT:

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