

## 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. These services are accessible to adolescents, between the ages of 13 and their 18th birthday, living in Southwestern Ontario, who are experiencing serious mental illness that may be complicated by their developmental stage and/or concurrent diagnosis. This interprofessional program uses a biopsychosocial 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. These difficulties include adjustment issues, mood disorders such as depression and bipolar disorder, anxiety disorders, suicidal thoughts/actions, and psychosis. On this service, the resident would provide a variety of clinical services including individual and group therapy with adolescents with cognitive and dialectical behavioural therapy approaches. As well, the resident would be a member of the interprofessional team and would consult with the team at team rounds, clinical planning meetings, as well as individually. (*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*)

### **Assessment and Management of Chronic Pain**

*Tony Iezzi, Ph.D., C.Psych.*

London Health Sciences Centre: South Street Hospital

This minor rotation emphasizes the assessment and management of complex chronic pain cases, including individuals with lumbar and cervical back pain, headaches, complex regional pain syndrome, and neuralgia. These patients also often present with other physical and psychological comorbid conditions. Much of the resident's time will be spent on providing interventions of various types. Treatment approaches include relaxation training and imagery techniques, social skills training, problem-solving, goal-setting, contingency management, and exposure-based techniques. (*Anti-requisite: Health/ Rehabilitation 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 and 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*)

### **LHSC Cardiac Rehabilitation and Secondary Prevention Program**

*Judith Francis, Ph.D., C.Psych.*

*Peter Prior, Ph.D., C.Psych.*

London Health Sciences Centre: South Street 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.*

*Elsbeth Evans, Ph.D., C.Psych.*

*Gail Hutchinson, Ph.D., C.Psych.*

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

Student Development Centre, University of Western Ontario

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.*

*Niki Rielly, Ph.D., C.Psych.*

*Jeff St. Pierre, 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. In April 2012, Vanier is scheduled to become part of a new amalgamated agency. (See <http://www.TheBest4Kids.org/> for the latest information about the amalgamation.

While at the new agency, residents may gain experience in comprehensive assessment, diagnosis and clinical formulation, and also various types of therapy. Additional training opportunities (depending on resident interest and supervisory availability) may include providing services in a rural setting, as well as exposure to residential, youth justice, or long-term maturational milieu settings, and ongoing research, program evaluation, and quality improvement initiatives. 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.*

*Dawn White, MHS, BScN, RegN*

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 both Dr. Otchet and Dawn White, clinical director of 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 evaluation activities. Activities may include literature reviews, grant writing, staff education, and program development and evaluation. 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**

*Trevor Hjertaas, 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**

*Fred Meek, Ph.D., C.Psych.*

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)*

## **The Fertility Clinic**

*Christopher Newton, Ph.D., C.Psych.*

London Health Sciences Centre: University Hospital

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 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. *(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.*

*Elsbeth 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, University of Western Ontario

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: South Street Hospital/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 seen at South Street Hospital, 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, and 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 inter-professional 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.*

*Maya Roth, 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 would 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.*

University of Western Ontario

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 of systematic literature review, the conduct of 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*)

## **Psychosis Program**

*Jeremy Harrison, Psy.D., C.Psych.*

*Brad Reimann, Psy.D., C.Psych.*

St. Joseph's Health Care, London - Regional Mental Health Care, London

The Psychosis Program is a specialized inpatient and outpatient service that provides assessment, treatment, consultation, and education to adults who are experiencing primary psychotic symptoms. When offering a wide range of services, interprofessional teams adhere to the principles and values of Psychosocial Rehabilitation (PSR) as well as utilize intervention approaches such as Illness Management and Recovery (IMR) to help facilitate community reintegration. These services include medication and adherence management, psychoeducation, functional skill assessment, vocational assessment and counselling, cognitive rehabilitation, motivational interviewing, and recreation therapy. As part of the treatment team, psychological services provide consultation, treatment, and comprehensive assessments to help clarify diagnosis as well as level of cognitive functioning as it relates to symptom management, goal development, and rehabilitation efforts. Psychotherapeutic initiatives may be offered from multiple frameworks to best address complex clinical presentations (e.g., co-occurring conditions), including cognitive-behavioural and integrative-eclectic perspectives. Residents may also have the opportunity to become involved with specialized program development (i.e., cognitive remediation programs aimed at improving functional outcome). (*Anti-requisite: Adult Mental Health Track*)

## **Sleep Disorders**

*Ann McDermid, Ph.D., C.Psych.*

London Health Sciences Centre: South Street 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 Respiriology 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. Occasional 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*)

### **Veteran's Care Program**

*Maggie Gibson, Ph.D., C.Psych.*

St. Joseph's Health Care, London: Parkwood Hospital

The Veterans Care Program (VCP) provides inpatient long term care for Canadian war veterans. The VCP Psychologist's role 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 VCP Psychologist facilitates quality improvements initiatives within the program on strategic priorities issues such as end of life care, participates in 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.