

TRACKS AND MAJOR ROTATIONS

CHILD/ADOLESCENT TRACK

COORDINATOR: Dr. B. Duncan McKinlay

NMS Code Number 181513

3 Resident Positions are available

Number of applications in 2010: 38

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 counseling for adolescents and/or children, career counseling for adolescents, family therapy and time spent in school counseling 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: Children's Hospital
London Health Sciences Centre: South Street Hospital/Victoria Hospital
St. Joseph's Health Care, London: Regional Mental Health Care, London
Child and Parent Resource Institute (CPRI)
Vanier Children's Services

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

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 inter-professional 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 inter-professional 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
Ms. Monique Pressé

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

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

The Adolescent Program at Regional Mental Health Care, London is a specialized inpatient psychiatric service that 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 emotional regulation; 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 assessment, individual treatment, 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.

Supervisor: Dr. Lee Ann Charlton-Case

Child and 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 standard and trauma psychological assessments and community and caregiver consultations are offered, with the option of family or individual therapy involvement.

Supervisor: Dr. Richard Zayed

The Autism Spectrum Disorders Clinic provides diagnostic, screening and behaviour interventions in the community to children and youth with diagnoses along the spectrum. Many clients have comorbid diagnoses of Mental Retardation, ADHD, Anxiety disorders, to name the most frequent co-occurrences. The psychologist on the interprofessional team oversees the Screening Clinic for ASD, conducts differential diagnostic assessments, provides clinical consultation to the Community Behavioural Consultants, and develops training for staff. The primary therapeutic model is Applied Behaviour Analysis.

Supervisor: Dr. Louise LaRose

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 inter-professional 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 (click on "Clinics/Brake Shop").

Supervisor: Dr. B. Duncan McKinlay

The Dual Diagnosis program provides assessment, consultation, and treatment for children and adolescents, 2 to 18 years, who have both developmental disabilities and a mental health or behavioural disorder. Both outpatient and residential services are provided by an interprofessional team. The psychologist assists with assessment and treatment, including supervision of all behavioural programming on residential units. Residents can also be exposed to clients with Autism.

Supervisors: Dr. Jennifer Crotogino
Dr. Karin Gleason

The interprofessional Emotional Disorders team, led by a psychologist, provides psychological consultation, assessment, and treatment of children and youth with developmental disabilities and emotional disorders.

Supervisor: Dr. Karin Gleason

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

Residents may also choose to work in Residential/Intensive Services where they will work with children and youth, 6 to 18 years, 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. 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. Jennifer Crotogino (inpatient dual diagnosis services)
Dr. Karin Gleason (inpatient dual diagnosis services)
Ms. Patricia Jordan (inpatient boys unit)
Dr. Niki Reilly (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 new agency will work with youth up to age 21 years. The primary focus currently at Vanier is on services to pre-school and pre-adolescent children. Clients typically meet criteria for externalizing behaviour disorders (attention deficit / hyperactivity disorder, oppositional defiant disorder, conduct disorder), compounded by internalizing and family problems. In April 2012, Vanier is scheduled to become part of a new amalgamated agency. Please see <http://www.TheBest4Kids.org/> for the latest information about the new amalgamated agency.

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.

While at the new agency, 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. Residents might also be assigned to assist with community mental health, such as family therapy, Francophone, and group only programs. 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. 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. Depending on resident interests and supervisor availability, other opportunities at the new agency may include consultation to Early Years or Intensive Service clients in rural settings, work in Youth Justice and in long-term maturational settings, long-term residential treatment for clients with complex trauma histories, crisis work, and quality improvement and program evaluation activities.

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 2010: 59

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

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:

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). These patients continue to have distressing symptoms related to traumatic events such as childhood abuse, interpersonal violence, assaults, accidents, war, etc. 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. Although EMDR is the primary therapy provided in this program, residents may also provide skills development, relaxation training, affect regulation, and cognitive behavioral therapy. Residents are encouraged to take a certified EMDR training program prior to starting this rotation.

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 include 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 would 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 inter-professional 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.

Mood and Anxiety Disorders Program

The Mood and Anxiety Disorders Program provides inpatient and outpatient assessment and treatment for adults (18 years of age or older) who suffer from severe and persistent mood and/or anxiety disturbances, which have not responded adequately to treatment. Personality and comorbid mental or physical health disorders may coexist with any of the above. 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 (and, within this, dialectical behaviour therapy), interpersonal reconstructive therapy (an integrative therapy incorporating interpersonal, cognitive-behavioral and psychodynamic principles), and mentalization-based therapy. Interventions that could be provided by residents would be both at the level of the individual as well as group therapy.

Supervisors: Dr. Farida Spencer
Dr. Mustaq Khan
Dr. David LeMarquand

Residents may also be able to provide services to a rural mental health service in the community of Tillsonburg. Psychology services are provided through the Outpatient Mental Health Clinic located in Tillsonburg District Memorial Hospital. Psychology services primarily encompass the psychotherapeutic treatment of a wide range of disorders, including dual diagnoses, as well as consultation to other team members and community partners. Treatment involves integrated psychotherapy approach techniques, such as cognitive behaviour, emotional expressive, Gestalt, assertiveness training, and interpersonal-relationship therapy.

Supervisor: Dr. Kirk Bates

Psychosis Program

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 counseling, 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).

Supervisors: Dr. Jeremy Harrison
Dr. Brad Reimann

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.

The Mental Health Services for the Deaf is an outpatient clinic associated with the Assessment Program. This is the only clinic in Southwestern Ontario for Deaf persons who present with mental illness. Residents will have an opportunity to work with persons from the Deaf community as well as work alongside interpreters. Residents will not only learn about Deaf culture, but also learn about the role of the interpreter in the therapeutic relationship. Consultation liaison will occur with Canadian Hearing Society where appropriate and overall education around working with the Deaf will provide a wonderful opportunity for a multicultural experience. Sign language is not a pre-requisite to working in this clinic, just an overall interest in learning to work with this underserved population.

Supervisor: Dr. Stephanie Dubois

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. Trevor Hjertaas

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 be able to also 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 inter-professional 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: Dr. Fred Meek

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 65 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, experience with 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 2010:13

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: South Street Hospital/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

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: South Street Hospital/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, internal medicine, 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., pain clinic, total parenteral nutrition clinic). When available, residents also have the opportunity to supervise practicum level students.

Supervisor: Dr. Felicia Otchet

Residents also have the capacity in this major rotation to emphasize the assessment and management of difficult chronic pain cases, including individuals with lumbar and cervical back pain, headaches, complex regional pain syndrome, and neuralgia. Most of the resident's time is devoted to outpatient assessment and treatment. Treatment approaches include relaxation training and imagery techniques, social skills training, problem-solving, goal-setting, contingency management, and exposure-based techniques. Interventions may also include marital therapy and family therapy when needed. Approximately 20% to 25% of the resident's time is spent in consultation-liaison activities.

Supervisor: Dr. Tony Iezzi

Another option for residents is to work in the LHSC Cardiac Rehabilitation and Secondary Prevention Program (CRSPP) located at South Street 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 inter-professional 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

Residents may work with the Consultation-Liaison Service which serves Victoria Hospital which 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

London Health Sciences Centre: University Hospital

In this rotation, residents will work with a variety of interprofessional patient care teams. In some services, psychology provides an important consultative role. In other services, psychology is an integral part of long-standing interprofessional patient care services. The clinical care provided by psychology in these services would focus both on inpatient and outpatients for assessment, intervention, and consultation services.

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 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

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 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.

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. Acquired brain injury may be due to traumatic brain injury (TBI) associated with physical injury sustained in falls, assaults, and motor vehicle collisions. ABI may 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 in individual, family, and marital case settings considering the use of clinical interventions including cognitive, behavioural, and vocational 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, Psychological Services are provided through the Beryl & Richard Ivey Rheumatology Day Programs and the Comprehensive Pain Program.

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.

Supervisors: Dr. Marilyn Hill
Dr. Warren Nielson

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.

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 psycho-educational, 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.

Supervisors: Dr. Heather Getty
Dr. Warren Nielson

NEUROPSYCHOLOGY TRACK

COORDINATOR: Dr. Andrea Lazosky

NMS Code Number 181516

3 Resident Positions are available

Number of applications in 2010:16

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 includes the option of working 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 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 a strong Clinical Neurological Sciences department. 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 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.

In addition, a Neuropsychology Major Rotation at the Children's Hospital is available to residents. Because of limited resources, we are not able to guarantee that paediatric experiences will be available for residents without the requisite clinical experience and training.

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/Team Meetings and 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 in the Adult Epilepsy: Neuropsychology Emphasis 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; Neurology Professors 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 eight 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's 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 eight 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 the following in your cover letter:

- Number of adult and/or paediatric comprehensive neuropsychological assessment reports written where you conducted the interview and testing, integrated the test results, and provided a case formulation/interpretation and recommendations,
- Number of neuropsychological assessment hours completed, and
- Number of hours of face-to-face neuropsychological activity.

Major Rotations Available:

London Health Sciences Centre: Children's Hospital
London Health Sciences Centre: South Street Hospital/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 at the Children's Hospital 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 Children's Hospital:

The Paediatric Acquired Brain Injury service provides neuropsychological assessment and consultation to predominantly 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: South Street Hospital/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 seen at South Street Hospital, 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; 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, and 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 of whom are surgical candidates. Patients are seen on an outpatient basis or as inpatients admitted for continuous 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 will gain experience in specialized test procedures and investigations, such as the etomidate Speech And Memory (or eSAM) test, and 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 and present at Epilepsy Teaching Rounds. Later in the rotation, opportunities to work with a psychometrist will be provided as available.

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 a variety of 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 for 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 - (to be determined)

2 Resident Positions are available

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 The University of Western Ontario. Therefore, the client population is outpatient, primarily self-referred, undergraduate, graduate and part-time and mature students attending the University of Western Ontario. 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, 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 be also be a focus of attention.

Residents may customize their rotation by selecting two or three of the three rotations offered. One rotation focused on assessment/crisis intervention is strongly recommended, along with a rotation in intervention. Intervention rotations will include both individual and group psychotherapy, as well as 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, where possible residents will be given the opportunity to provide supervision to practicum students from programs such as 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, and
- experience with a range of psychotherapeutic modalities.

Major Rotations available:

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

Intake / Crisis Intervention

All self-referred clients to SDC receive a two part intake, consisting of an initial intake interview, with 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 variety of reasons including loss of a relationship, academic failure, assault and 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 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 leading groups (e.g., Mindfulness Meditation, DBT) may 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, 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 Rusche