



MINOR ROTATIONS



MINOR ROTATION DESCRIPTIONS

Adult Neurology/Neurosurgery Neuropsychology

Ashley Miles, Ph.D., C.Psych.

London Health Sciences Centre: University Hospital

The goal of a minor rotation in neuropsychology is for interested non-neuropsychology residents to learn more about the types of patients seen by neuropsychologists and the process involved in assessing patients in order to make informed decisions about when to refer to neuropsychology. This is achieved primarily through observing a neuropsychologist completing various aspects of a neuropsychological assessment, including chart review, interviewing, testing, and providing feedback and/or consultation. Part of supervision will involve discussion of cases. Residents may also have an opportunity to review medical charts, interview patients, and/or administer tests they are already familiar with, such as the Wechsler Intelligence and Memory scales, to a select number of neurologically impaired individuals to gain an appreciation for the specialized nature of the administration and interpretation of these tests within a neuropsychological framework. Residents are encouraged to review the Major Rotation description for more information about the specific setting and patient populations associated with this rotation. Completion of a Minor Rotation in neuropsychology should not be interpreted to mean that the resident has received sufficient training to practice as a Clinical Neuropsychologist.

(Anti-requisite: Neuropsychology Track)

Assessment and Treatment with a University Student Population

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

Mental Health Care, Health and Wellness, Western University

This rotation offers an opportunity to conduct initial consultation interviews, crisis intakes, walk-in single-session appointments and brief treatment (individual and group) with university students seen at Mental Health Care, Health and Wellness at Western University. Clients seen in this rotation present with a variety of problems including mood and anxiety disorders, trauma histories, grief, and interpersonal problems. Case conceptualization, treatment planning and referring to other services and evaluation of the effectiveness of interventions are components of the rotation. Residents will gain experience integrating a variety of treatments including CBT and third-wave treatments. There may also be the opportunity for supervising junior interns in a practicum placement at the centre.

(Anti-requisite: Counselling Track)

Cardiac Rehabilitation and Secondary Prevention Program: Research

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

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

Residents may elect to do a minor research rotation in the Cardiac Rehabilitation and Secondary Prevention (CRSP) Program at St. Joseph's Hospital (clinically-focused minor rotations are not available in this service). This interdisciplinary program serves adults and seniors across a range of ages and cardiac conditions; and has also accepted patients following transient ischaemic attacks (TIAs) or mild strokes, into clinical research trials. Cardiovascular patients typically require behavioural risk factor modification, and often present with important psychological comorbidities such as mood or anxiety disorders or nicotine dependence. The CRSP Program includes an active research arm, and maintains a comprehensive clinical database with > 16,000 records. With an aspirational goal of producing an abstract for conference submission or a manuscript, residents will undertake one of: database mining, quality assurance or evaluation, joining an ongoing project (which typically do not require separate ethics approval); or subject to feasibility, initiating a project. (Anti-requisite: Health/Rehabilitation Track)

Child and Adolescent Assessment

Karin Gleason, Ph.D., C.Psych., Patricia Jordan, Ph.D., C.Psych., Niki Rielly, Ph.D., C.Psych.

Child and Parent Resource Institute (CPRI)

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

Child/Adolescent Mood and Anxiety Disorders Program

Julie Eichstedt, Ph.D., C.Psych., Jo-Ann Birt, Ph.D., C. Psych.

London Health Sciences Centre: Children's Hospital

The Child and Adolescent Mental Health Care Program's Outpatient Mood and Anxiety Disorders service is an interprofessional team specializing in assessment and treatment of children, adolescents, and families. Presenting problems are generally of an internalizing nature such as depression, anxiety, trauma, emerging personality disorders, etc, with significant comorbidity. A range of services is offered including diagnostic assessments, individual and group therapy (with family component), community liaison, and so on.

Residents will have the opportunity to gain experience in both assessment and treatment of internalizing disorders. Types of assessments include psychodiagnostic and psychoeducational assessments. Cognitive behavioural therapy is the primary therapeutic approach, with opportunities to integrate other treatment approaches, including motivational interviewing, dialectical behavioural therapy, and interpersonal psychotherapy.

(Anti-requisite: Child/Adolescent Track)

Community Children's Mental Health

Sabrina Chiarella, Ph.D., C.Psych., Tomoko Arimura, Ph.D., C.Psych.,

Vanessa Huyder, Ph.D., C. Psych.

Vanier Children's Mental Wellness

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 14th birthday. 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 parental mental health problems, abuse, neglect, domestic violence, and separation and divorce). A variety of services are currently provided, including prevention/outreach, assessment, family and group therapy, day treatment, Intensive Family Services (IFS; in home), and out-of-home (group and foster) treatment. Services at Vanier focus on improving relationships, increasing regulation, and building resilience.

Residents on the Community Children's Mental Health rotation provide services to one of: Community-Based Services, Intensive Services, or IFS depending on residents' interest and training needs and supervisor availability. Psychological services to Community-Based clients ("outpatient"; birth to age 14 years) include assessment of individual children who are receiving other services (e.g., family therapy) and providing consultation to staff who are providing interventions for children and their families. Specific programs include brief services (scheduled and walk-in) and ongoing family therapy. Intensive Services include live-In programs, the specialized classrooms, and Intensive Family Services (IFS). Vanier has three residential units: two that provide short - to medium - term residential intervention for a variety of presenting issues, and one that provides long-term treatment for children who have experienced trauma. The specialized classrooms are available to children involved in the Early Intervention Program (i.e., Kindergarten age) or live-in services. IFS is an alternative to live in 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. On any team, residents completing a minor rotation at Vanier will gain experience in comprehensive assessment, diagnosis and clinical formulation. They also gain experience in one or more of consultation to staff, individual therapy, and family therapy.

Acceptance into this placement is dependent on the successful completion of a police record check with vulnerable sector screen and medical clearance.

(Anti-requisite: Child/ Adolescent Track)

Concurrent Disorders Services

David LeMarquand, Ph.D., C.Psych.

St. Joseph's Health Care London: Parkwood Institute

This rotation will provide residents with experience in the psychological treatment of individuals who are experiencing both major mental disorders and substance use disorders. This service consists of an interprofessional team providing outpatient services. Treatment is individualized to meet the specific needs of these often challenging patients and therapeutic strategies are utilized to address both the addictive process and the psychological disturbance (utilizing a number of approaches, including motivational interviewing, cognitive-behavioural, interpersonal, and psychodynamic). Psychological assessment and group psychotherapy experiences are also opportunities in this rotation.

(Anti-requisite: Adult Mental Health Track)

Epilepsy

Sarah Vernon-Scott, Ph.D., C. Psych.

London Health Sciences Centre: University Hospital

Residents may choose to work providing psychological services within the Clinical Neurological Sciences department, mainly the Epilepsy Monitoring Unit (EMU). The EMU provides 24-hour video electroencephalogram (EEG) monitoring. Patients with seizures are referred to this unit for diagnosis, medication adjustment, assessment for surgery etc. Residents on this service have the opportunity to work on an interdisciplinary team, including neurology, nursing, EEG technologists, clinical psychology, neuropsychology, social work, and occupational therapy. Regular attendance at clinical rounds is an important aspect of clinical training on this service.

One of the main roles for clinical psychology on this team is the diagnosis and treatment of patients with psychogenic non-epileptic seizures (PNES), a form of functional neurological symptom disorder. In addition to inpatient assessment and consultation, the delivery of diagnoses to these patients is a key intervention, and is often undertaken as a team. Outpatient group treatment is offered to these patients. If individual treatment is appropriate, it is often comprised of trauma-focused cognitive-behavioural therapy, emotional regulation and distress tolerance, and/or structured treatment protocols for managing PNES. Clinical psychology is occasionally asked to consult with other neurology patients in the hospital in regards to queries of other functional symptoms also (e.g., functional gait, functional motor disorders).

Patients with epilepsy often have comorbid mental health diagnoses, and complex presentations with respect to cognitive function, post-surgical course, symptoms related to their seizures and post-ictal (i.e., after seizure) phases, etc. Short-term inpatient intervention is sometimes conducted to assist patients in managing their hospital admission (e.g., relaxation strategies, grounding strategies). Opportunities exist for residents to learn about systems issues (e.g., employment/disability concerns) in regards to chronic disease while providing individual outpatient treatment for mood, anxiety, adjustment concerns (e.g., adjustment to diagnosis, adjustment after surgery, etc.)

(Anti-requisite: Health/Rehabilitation Track)

Forensic Psychology

Laura Fazakas-DeHoog, Ph.D., C.Psych.

St. Joseph's Health Care London: Southwest Centre for Forensic Mental Health Care

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

(Anti-requisite: Adult Mental Health Track)

Geriatric Mental Health Program (GMHP)

Bonnie Purcell, Ph.D., C. Psych.

London Health Sciences Centre: Victoria Hospital

The GMHP consists of an interprofessional team designed to provide outpatient geriatric psychiatry consultation, assessment and treatment to seniors, 65 years of age and older, and their families living in the London-Middlesex region. Our mandate includes providing 1) quality clinical care that recognizes the unique psychiatric and medical needs of older adults, 2) education for physicians and professionals training to care for the elderly, and 3) collaboration with community agencies and partners in specialized geriatric services. Both clinic and home visits in the community and in long-term care settings are provided in this service for senior individuals who experience mental disorders of late life, including dementia and related disorders, mood disorders, addictions, and psychotic disorders. Residents will work closely with a team consisting of Nurses, Psychiatrists, Social Workers, Occupational Therapists, and Therapeutic Recreation Specialists. Consultations are also provided as part of the Behavioural Response Team (BRT), that provides consultations and short-term follow-up addressing urgent referrals for responsive behaviours related to mental health or addictions (although primarily dementia) in the community and long-term care. Teaching opportunities are also available to provide in-services to long-term care homes on topics such as addictions, senior mental health, and personality disorders. Residents may participate in assessment, psychotherapy (individual or group-based), consultations, and teaching during their rotation in this program.

(Anti-requisite: Adult Mental Health Track)

Mood and Anxiety Disorders: Cognitive-Behavioural Therapy

Brendan Guyitt, Ph.D., C. Psych.

London Health Sciences Centre: Victoria Hospital

As part of the General Adult Ambulatory Mental Health Service (GAAMHS) at Victoria Hospital (LHSC), the cognitive-behavioural therapy team provides CBT to adults who have a primary diagnosis of depression and/or anxiety. Personality factors and other comorbid mental or physical health concerns may also be present. This rotation focuses on the provision of individual therapy but residents may also have the chance to become involved in skills-based group therapy.

(Anti-requisite: Adult Mental Health Track)

Neuropsychological Diagnostic Assessment Service

Andrea Lazosky, Ph.D., C.Psych., ABPP

London Health Sciences Centre: Victoria Hospital

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

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

(Anti-requisite: Neuropsychology Track)

Neuropsychology Adult Epilepsy Service

Brent Hayman-Abello, Ph.D., C. Psych., Susan Hayman-Abello, Ph.D., C.Psych.

London Health Sciences Centre: University Hospital

The goal of a minor rotation in this service is to introduce the interested non-neuropsychology resident to the role of neuropsychology in an interprofessional epilepsy treatment team (including Neurology, Neurosurgery, EEG, Clinical Psychology, and Nursing). This service provides neuropsychological assessments to outpatients and inpatients with intractable epilepsy, most of whom are candidates for epilepsy surgery but also persons who have already undergone surgery. Issues regarding lateralization and localization of cerebral function and dysfunction, appropriateness of cases for surgical treatment, and cognitive risks of surgery will be examined for individual patients. Residents may attend interprofessional team case rounds and possibly Epilepsy teaching rounds; observe interviews, feedback sessions, and possibly some testing including specialized assessments like the etomidate Speech And Memory Test (eSAM); and may administer some tests with which they have sufficient familiarity and experience (e.g., WAIS-IV/WASI-II). Part of supervision will involve discussion of cases. It should be noted, though, that completion of a Minor Rotation in neuropsychology should not be interpreted to mean that the resident has received sufficient training to practice as a Clinical Neuropsychologist or claim competency in Clinical Neuropsychology for registration/licensing purposes.

(Anti-requisite: Neuropsychology Track)

Paediatric Neuropsychological Assessment

Andrea Downie, Ph.D., C.Psych., Sabrina Freund, Ph.D., C.Psych

London Health Sciences Centre: Children's Hospital

The goal of a minor rotation in neuropsychology is for interested non-neuropsychology residents to learn more about the types of patients seen by paediatric neuropsychologists as well as the processes involved in assessing children in order to make informed decisions about when to refer to neuropsychology.

This is achieved primarily through observing a neuropsychologist completing various aspects of a neuropsychological assessment including chart review, interviewing, testing, and providing feedback and/or consultation. Part of supervision will involve discussion of cases. Residents may also have an opportunity to interview patients or their families, become involved with school consultations, and/or administer tests with which they are already familiar, such as the Wechsler Intelligence Scales, to a select number of individuals with neurological impairment in order to gain an appreciation for the specialized nature of the administration and interpretation of these tests within a neuropsychological framework. In this Minor Rotation residents will gain familiarity with issues specific to paediatric neuropsychology through exposure to children who may be referred from the Acquired Brain Injury, Oncology, Neurology, Neurosurgery, or Medical Genetics services. Residents are encouraged to contact potential supervisors to obtain a description of the opportunities available prior to choosing a rotation. Completion of a Minor Rotation in neuropsychology should not be interpreted to mean that the resident has received sufficient training to practice as a Clinical Neuropsychologist.

(Anti-requisite: Neuropsychology Track)

Population Health Psychology

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

Western University

In this minor rotation, residents will have the opportunity to enhance their population research and statistical skill sets by either working with a large survey database or working on a component of a project that is in development or on-going in their own area of research or in areas of mental health services, at-risk youth, or traffic injury prevention. Specifically, in the first option, residents will identify a research question of interest, derived from the large survey database, such as the Centre for Addictions and Mental Health Monitor survey, or the Ontario Student Drug Use and Health Survey, identify an appropriate theory to test and statistical method or model to use, conduct the analyses and write a paper. In the second option, residents will identify a specific question of interest to them from their dissertation or the Population and Community Health Unit's current/ developing projects, conduct the work required (e.g., conduct a systematic literature review, conduct a component of a study, the analysis of a dataset) with the end point being the write-up of a paper. Residents will be encouraged to choose a project that allows them to have a draft paper for either conference presentation and/or publication, but will not be required to do so.

(Anti-requisites: None)

Positive Psychology and Suicide Prevention Research Program

Marnin J. Heisel, Ph.D., C.Psych.

Western University, Victoria Hospital

Older adults are among the fastest-growing demographics in our population and older men have the highest rates of suicide worldwide. My program of research focuses primarily on enhancing the detection and assessment of suicide risk, building and testing models for improving the understanding of the onset of suicide risk incorporating consideration of psychological risk and resiliency factors, promoting Meaning in Life and other resiliency processes, and testing and disseminating clinical, community, or population-level interventions designed to enhance psychological well-being and reduce risk for depression, hopelessness, and suicide. This rotation may be attractive to residents interested in gaining more experience with research in Clinical Geropsychology, Suicide Prevention, and/or Positive Psychology, and to those interested in the development, adaptation, and evaluation of psychological assessment tools and interventions. Residents will have an opportunity to participate in an active program of research with human participants, potentially including: grant-writing, research ethics submissions, refinement of study methodology, participant recruitment, interviewing, and/or intervention. Residents will receive one-on-one mentorship supporting their career development as a clinically-oriented psychological scientist, and will have opportunities to participate in co-authoring scientific presentations and publications.

(Anti-requisite: None)

Prevention and Early Intervention Program for Psychoses (PEPP)

Maya Gupta, Ph.D., C.Psych.

London Health Sciences Centre: Victoria Hospital

The Prevention and Early Intervention Program for Psychoses (PEPP) provides comprehensive medical and psychosocial intervention for adults presenting for the first time with a psychosis-spectrum disorder (www.pepp.ca). Most clients are in their teens or early twenties when they enter PEPP and there is a high incidence of concurrent mood, anxiety, and substance use problems. The PEPP team includes Nurses, Psychiatrists, Social Workers, vocational counselors, education specialists, and a Psychologist, plus clinical researchers. Treatment and rehabilitation is specifically tailored to meet the needs of young adults, and particular attention is paid to early intervention that is youth-friendly, recovery-oriented, and compassion-focused. The psychologist typically consults to the case manager-patient dyad, providing assessment (cognitive functioning, personality assessment) and intervention services (individual and group therapy) for anxiety, depression, and persistent psychotic symptoms (e.g., hearing voices, delusions). Treatment is grounded in cognitive behavioural, interpersonal, and motivational-enhancement therapies. Interventions are typically provided individually, but there are opportunities to be involved in group psychotherapy such as the Voice Hearers Group. Supervision methods are flexible and individually-tailored. Co-therapy and long-term psychotherapy experiences are often available.

(Anti-requisite: Adult Mental Health Track)

Psychology and Change Management

Jeff Carter, Ph.D., C.Psych.

London Health Sciences Centre: Victoria Hospital

Based out of London Health Sciences Centre, the Psychology and Change Management rotation offers an opportunity to learn about psychology's role in informal leadership roles. Focusing on hospital-based mental health services, it includes involvement in program planning, and project management and implementation. Working with the Psychologist (Program Development) for the Adult Inpatient Mental Health and Addictions program, residents can be involved in a range of activities, including program design, change and quality initiatives, and research and evaluation, while learning principles and practices of leadership and management.

(Anti-requisite: Adult Inpatient Mental Health and Addictions major rotation within the Adult Mental Health Track)

Research – Child and Adolescent Mental Health Care Program

Julie Eichstedt, Ph.D., C. Psych.,

London Health Sciences Centre: Victoria Hospital

This minor rotation offers the opportunity to participate in program evaluation and existing clinical research projects within the Child / Adolescent Mental Health Care Program. Current research interests include e-mental health and smart phone mental health applications, as well as knowledge translation projects. Rotation activities may include scoring of outcome measures, data analyses, and dissemination strategies, as well as attendance at regular research meetings.

(Anti-requisite: Child/ Adolescent Track)

Trauma-Related Disorders Clinical Research Program

Paul Frewen, Ph.D., C.Psych.

Western University, University Hospital

Residents will participate in a clinical research program seeking to advance our understanding of the processes of human self-regulation within the context of significant environmental and interpersonal stress from the theoretical and methodological vantages of psychology and cognitive-affective-social neuroscience. Residents will participate in one or more ongoing psychological assessment, psychotherapy, experimental social cognition, neuroimaging, neurofeedback, brain stimulation, or virtual reality studies. Current topics include mindfulness-based therapy, neurophenomenology of dissociative experiences, neurofeedback and non-invasive brain stimulation, and virtual reality meditation and well-being interventions. Tasks will include conducting diagnostic interviews, research procedures, data analysis, and presentation of results. Co-authorship of one or more manuscripts or conference presentations is typically expected.

(Anti-requisite: None)