



**MINOR
ROTATIONS**

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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)

Child and Adolescent Mental Health Services at CPRI

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

Craig Ross, Ph.D., C. Psych.

Child and Parent Resource Institute (CPRI)

Child and Parent Resource Institute (CPRI) psychologists working in various inpatient and outpatient teams at CPRI are involved in comprehensive assessments and mental health services for children and youth referred to this tertiary level service. Residents are exposed to assessment, consultation, or treatment experiences on multidisciplinary teams. Specific rotation activities can be flexible to accommodate residents' interests and previous experience. 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. 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.,

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)

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., Tracy Desjardins, Ph.D., C. Psych.

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

The Southwest Centre for Forensic Mental Health Care is a multilevel secure 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 experience with assessment, including comprehensive psychological assessment and assessment of current risk, as well as individual treatment with the goal of rehabilitation and community reintegration. On this rotation, residents will also have exposure to 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. Clinic, home, and virtual visits are provided to seniors living in the community and in long-term care settings who are experiencing 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/or teaching during their rotation in this program, depending on their training goals.

(Anti-requisite: Adult Mental Health Track)

Inpatient Adult Mental Health or Inpatient Geriatric Psychiatry

Serena Wong, Ph.D., C. Psych. (Supervised Practice)

Parkwood Institute Mental Health

The goal of a minor rotation in either inpatient adult mental health or inpatient geriatric psychiatry is to introduce residents to the role of a hospital psychologist at a tertiary care mental health facility. The resident will observe and may conduct assessments, individual therapy, groups (if scheduling permits), and behavioural consultations. They will select cases in line with their training goals. Additionally, they may be able to give presentations and join in ongoing research projects.

(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)

Neuropsychology Consultation Liaison Service

Lynn Rennison, Psy.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 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.

London Health Sciences Centre: Children's Hospital

The goal of this 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)

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)

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)