



LONDON

Clinical Psychology Residency

C O N S O R T I U M

CPA Accredited Member
of APPIC & CCPPP

Predoctoral Residency in

Clinical Psychology

2027–2028

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



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CONSORTIUM SETTING

London, Ontario, Canada

London sits on the traditional territory of the Anishinaabeg, Haudenosaunee, Attawandaron (Neutral), and Lūnaapéewak peoples. This territory is covered by the Upper Canada Treaties. Canada's fourteenth largest city, London is a growing metropolitan area with a population of over 500,000 people, situated between Lake Erie and Lake Huron, and a short two-hour drive from the major centres of Toronto and Detroit. It is also near other well-known cultural centres including Stratford (Shakespeare Festival) and Niagara-on-the-Lake (Shaw Festival) and hosts several very popular local festivals.

Well-known for its abundance of trees and pleasant surroundings, the "Forest City" offers relaxed living. The Thames River winds its way throughout the city, harbouring a number of large and small parks as well as kilometers of walkways and bicycle paths. London offers a range of cultural and community activities (e.g., theatre, museums, farmers' markets, concerts, summer festivals) and is the home of various sports facilities including Canada Life Place, Labatt Memorial Park (the world's oldest continuously used baseball grounds), and Western Alumni Stadium.

There are numerous natural areas throughout the city open year-round including wetlands, meadows, forests, valleys, and other relatively undisturbed lands housing many different plants and wildlife. London is also home to Western University with over 42,000 graduate and undergraduate students, approximately 1400 faculty and 2700 full-time staff members, and over 382,000 alumni. Research is an integral part of the University's mission and external support for research projects totals over \$280 million per year.

For more information please visit www.londontourism.ca and the City of London website, at: www.london.ca

LONDON CLINICAL PSYCHOLOGY RESIDENCY CONSORTIUM

Philosophy of the Residency Program

The London Clinical Psychology Residency Consortium emphasizes clinical service, teaching, program development, and research. The aim of the program is to prepare residents for post-doctoral psychology practice (typically supervised), particularly within the health care system. This aim is pursued through identifying individual interests, enhancing strengths, and broadening areas of clinical interest and skill. Professionalism is enhanced through developing strong interpersonal and communication skills, time management strategies, and an overall positive sense of professional self and identity. The training follows a scientist-practitioner model as the philosophical basis for clinical practice, educational, and research undertakings. A key aim is to integrate science and practice, and to facilitate career-long integration of investigation, assessment, intervention, and consultation. Psychology Staff at the Consortium Sites endeavour to maintain both an empirical basis to their clinical practice and clinical relevance in their research.

Goals of the Residency Program

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

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

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

Our program includes both didactic and experiential training aimed to increase knowledge, skills and the need for sensitivity regarding complex dimensions of diversity including health status, language, socio-economic status, ethnicity, religion, race, sexual orientation, and cognitive difficulties. All residents attend monthly, 90-minute "research/individual differences seminars" (in addition to the weekly clinical/professional seminar series). Rotation supervisors monitor their residents' caseloads and, where possible, assign cases that will broaden residents' awareness and sensitivity related to individual differences, including cultural issues. Language translation or interpretation services are available at each partner site to ensure effective communication with all patients.

3) To facilitate the consolidation of residents' professional identities as Psychologists

Residents are regarded as junior colleagues. As such, residents are highly involved in setting their training goals and objectives and are considered valued members of the profession of psychology at each of the Consortium Sites. Residents serve as active members on our Consortium Committee. Residents also have opportunities to access the organization's resources, attend professional development events, and participate in professional activities. They are typically assigned a primary office at their Consortium Site (with a networked computer and voicemail). Psychology Staff strive to serve as role models by discussing a wide range of professional issues with individual residents as opportunities arise. Residents are trained in the standards for professional practice through readings, seminars, and ethical issues discussed during supervision.

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

Through practical experience and training in interprofessional care, the Consortium aims for residents to further develop a sense of their own professional identity, develop a greater knowledge and appreciation of

the role of other professionals on a health care team, learn to effectively collaborate around the needs of patients with fellow team members, learn to communicate with fellow team members on issues of patient care and interprofessional practice, develop a greater knowledge of the skills that support interprofessional health care team functioning, and increase their understanding of the potential for enhanced outcomes in care delivery through collaborative interprofessional care. Typically, each year at least one seminar is specifically devoted to issues of interprofessional collaboration and consultation. Also, we aim to have residents work as members of at least one interprofessional patient-centred care team.

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

Consistent with the scientist-practitioner philosophy of the Consortium, residents are expected to incorporate an empirically based or research informed approach in their development and delivery of clinical skills. This approach should involve various "scientist-practitioner activities" as appropriate to the clinical setting. Some examples include conducting a literature search on a diagnosis, assessment measure, or intervention technique; identifying or developing an empirically based assessment or intervention; identifying or using appropriate pre-post measures to assess change; using a single case design; or developing a group intervention. Other scientist-practitioner activities include knowledge transfer, such as case presentations, consulting with staff from other disciplines, and presenting at rounds.

Scientist-practitioner activities may also include participation in formal REB-approved research activities. All residents are also expected to pursue scientist-practitioner activities in both Major Rotations and to participate in a program development/evaluation activity during their residency year. All residents have full access to their Consortium site's libraries (which can access materials at Western University's libraries).

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

Staff adopt a "developmental" model of supervision, matching the resident's level of competence and confidence with appropriate levels and types of supervision. Supervision activities are individualized to each resident's specific training needs and skills. In areas where the resident has little experience, supervisors may take a more "hands on" approach to training, and may include directed readings, modelling, co-therapy, observation, and feedback in their supervision activities. As a resident's competence grows, supervision will become more consultative and collaborative.

Our training program is also designed to introduce residents to the conceptual, practical, professional, ethical, and interpersonal aspects of clinical supervision. Residents participate in didactic seminars devoted to supervision issues. To increase their knowledge of supervisory styles and models, residents sometimes have the opportunity to supervise practicum students from Western University or other programs. In addition, in some rotations residents are provided opportunities to collaborate with Psychometrists.

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

We recognize that the Consortium must continue to grow and develop. Feedback from residents, both during and after their training, is essential for this growth and development to take place. Feedback is provided both formally and informally to rotation supervisors and in meetings with the Director of Clinical Training and Track Coordinators. Feedback is also received from the residents on the London Clinical Psychology Residency Consortium Committee (each resident rotates through this Committee over the year), and through the evaluation forms that residents complete during the course of the year.

CONSORTIUM PARTNERS

London Health Sciences Centre

Transforming health, together.

www.lhsc.on.ca

Site Coordinator: Dr. Sarah Vernon-Scott

London Health Sciences Centre (LHSC) is a leading academic health organization that encompasses multiple hospitals, community clinics and research sites across London. LHSC provides primary, secondary, tertiary, and selected quaternary services and is one of the largest acute care teaching organizations in Canada.

Dedicated to excellence in patient-centered care, teaching, and research, LHSC is guided by four values: Compassion, Teamwork, Curiosity, and Accountability. It encompasses multiple sites - University Hospital, Victoria Hospital, Children's Hospital, the Westmount Kidney Care Centre, Byron and Victoria Family Medical Centres, and Riverview – and is home to the London Health Sciences Centre Research Institute, Children's Health Research Institute, and the Canadian Surgical Technologies & Advanced Robotics (CSTAR). The LHSC staff of over 16,000 care for over one million inpatients, outpatients, and emergency patients each year. Psychology at LHSC is located at three sites: University Hospital, in north London; Riverview near central London; and Victoria Hospital, in south London - which is also the location of the Children's Hospital.

Psychologists at LHSC provide clinical psychology and neuropsychology services through consultation, assessment, diagnostic, and treatment services to a wide variety of adult and child/adolescent inpatient and outpatient programs. Services are delivered in individual, family, and group formats and Psychologists typically work as interprofessional team members and/or serve as valued consultants to physicians and other health care professionals within the hospital and throughout the community. Assessment and treatment strategies include cognitive, behavioural, developmental, personality, eclectic, and neuropsychological approaches. Our clinicians are committed to curiosity, accountability, and the broad promotion of health. Despite diverse services and different geographic locales, Psychology maintains its cohesion as a profession through regular meetings and rounds. Our staff are also strongly committed to the enhancement of Psychology as a profession through continuing staff education and participation in organizations devoted to professional growth. Several Psychologists also have academic and research appointments with Western University, Lawson Research Institute at St. Joseph's Health Care London, and London Health Sciences Centre Research Institute.

St. Joseph's Health Care London

*We earn complete confidence in the care we provide,
and make a lasting difference in the quest to live fully.*

www.sjhc.london.on.ca

Site Coordinator: Dr. Sonya Wanklyn

Renowned for compassionate care, St. Joseph's Health Care (SJHC) London is one of the best academic health care organizations in Canada dedicated to helping people live to their fullest by minimizing the effects of injury, disease, and disability through excellence in care, teaching, and research.

St. Joseph's Health Care London is a major patient care, teaching, and research centre with a distinguished legacy of service to London, Southwestern Ontario, and the Veterans of Canada dating back more than 140 years. St. Joseph's six key role areas include acute/ambulatory care, complex care, veterans care, long-term care, rehabilitation and specialized geriatrics, and specialized mental health care. Facilities and services including St. Joseph's Hospital, Parkwood Institute, Mount Hope Centre for Long Term Care, and Southwest Centre for Forensic Mental Health Care are part of the St. Joseph's family. Our research arm, the Lawson Research Institute, directs research to the development of new knowledge that is continually being applied directly to patient care. More than 400,000 patients annually receive care from more than 4,500 physicians and staff at St. Joseph's Health Care London. St. Joseph's Health Care London is also affiliated with Western University.

Psychology at St. Joseph's Health Care London is firmly committed to the organization's vision and mission, and to our core values: respect, excellence, and compassion. Psychology staff members are involved in training, program evaluation and development, and leadership, within the hospital and in professional organizations. Many staff members have appointments with academic departments including Psychology and Psychiatry, and several are scientists within the Lawson Research Institute. Psychology staff includes full-time and part-time Psychologists, Psychometrists, and others aligned with our profession. Psychology maintains its cohesion as a profession via meetings, attendance at joint regional discipline-specific and interprofessional events, and regular collegial consultation.

Psychology Staff at St. Joseph's Health Care London work within a Program Management framework as members of interprofessional teams. They are represented in programs across all hospital sites, and offer a full range of therapeutic and assessment services to clients with complex needs. Psychology provides services to individuals seeking rehabilitation; in behavioural medicine programs; and in outpatient clinic consultation. A full range of theoretical orientations as well as therapeutic and assessment approaches are represented.

Child and Parent Resource Institute

Mission: [CPRI](#) provides trauma-informed, highly-specialized assessment, treatment, and targeted intervention services for children and youth with complex combinations of special needs, including developmental disabilities, autism and severe behavioural, emotional and mental health challenges.

www.ontario.ca/page/child-and-parent-resource-institute-cpri

Site Coordinator: Dr. Niki Rielly

Child and Parent Resource Institute (CPRI) is operated directly by the Ontario Ministry of Children, Community and Social Services. Located in a large, scenic area in west London, CPRI provides highly specialized assessment and intervention for children and youth with complex special needs including severe behavioural and emotional challenges, mental health and developmental disabilities, and autism.

Short-term inpatient intensive and outpatient community services at CPRI are in partnership with community service providers. This may include assessment, consultation, and treatment for those ages 0-18 who are at risk of displacement from home, school and/or community. CPRI has five inpatient units and a school on site. Outpatient programs see children and youth with any combination of aggression, self-harm, intellectual and learning disability, and psychiatric disorder, typically with impairments across many domains. Specialty Clinics include: The Brake Shop, Attachment Consultation and Education Services, Home Visiting Program for Infants, Interdisciplinary Autism Services, and Dual Diagnosis Behaviour and Anxiety.

CPRI has an extensive focus on developing innovative practices that support improved outcomes in the sector through research, education, training, and publications. CPRI offers clinical evidence-informed training and education resources to children/youth, families, agencies, and CPRI staff (including trainees). CPRI is Canada's first Sanctuary Certified Organization. The Sanctuary Model recognizes how trauma can affect everyone in an organization: clients, clinicians, and support staff. By using Sanctuary, we create a trauma-sensitive, democratic, and non-violent culture that promotes healing.

The Psychology Staff at CPRI offer team leadership and are integrated into a variety of interprofessional services. They work with a number of other professionals including Psychiatrists, Developmental Paediatricians, Social Workers, Speech and Language Pathologists, Occupational Therapists, Child and Youth Workers, and teachers. Psychologists and Psychometrists at CPRI offer assessment, treatment, leadership, training, and research to support CPRI. Psychology at CPRI is firmly connected to the profession as a whole and several CPRI Psychology staff members have appointments with Western University's Departments of Psychology and Education, as well as with the Psychiatry Department in the Schulich School of Medicine and Dentistry. In addition, staff at CPRI are involved in local advisory committees and supporting peer reviews with the College of Psychologists of Ontario.

LOCATIONS OF CONSORTIUM SITES

London Health Sciences Centre, University Hospital

Online map: www.lhsc.on.ca/patients-visitors/university-hospital

339 Windermere Road
London, ON, Canada, N6A 5A5

London Health Sciences Centre, Children's Hospital / Victoria Hospital

Online map: www.lhsc.on.ca/patients-visitors/victoria-hospital-childrens-hospital

800 Commissioners Road East
London, ON, Canada, N6A 5W9

London Health Sciences Centre, Riverview

Online map: www.lhsc.on.ca/patients-visitors/54-riverview-ave

Adult Eating Disorders Services
54 Riverside Drive, London, ON, Canada, N6J 1A2

St. Joseph's Health Care London, Parkwood Institute

Online map: www.sjhc.london.on.ca/patients-and-visitors/our-locations/parkwood-institute

550 Wellington Road
London, ON, Canada, N6C 0A7

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

Online map: www.sjhc.london.on.ca/patients-and-visitors/our-locations/st-josephs-hospital

268 Grosvenor Street
London, ON, Canada, N6A 4V2

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

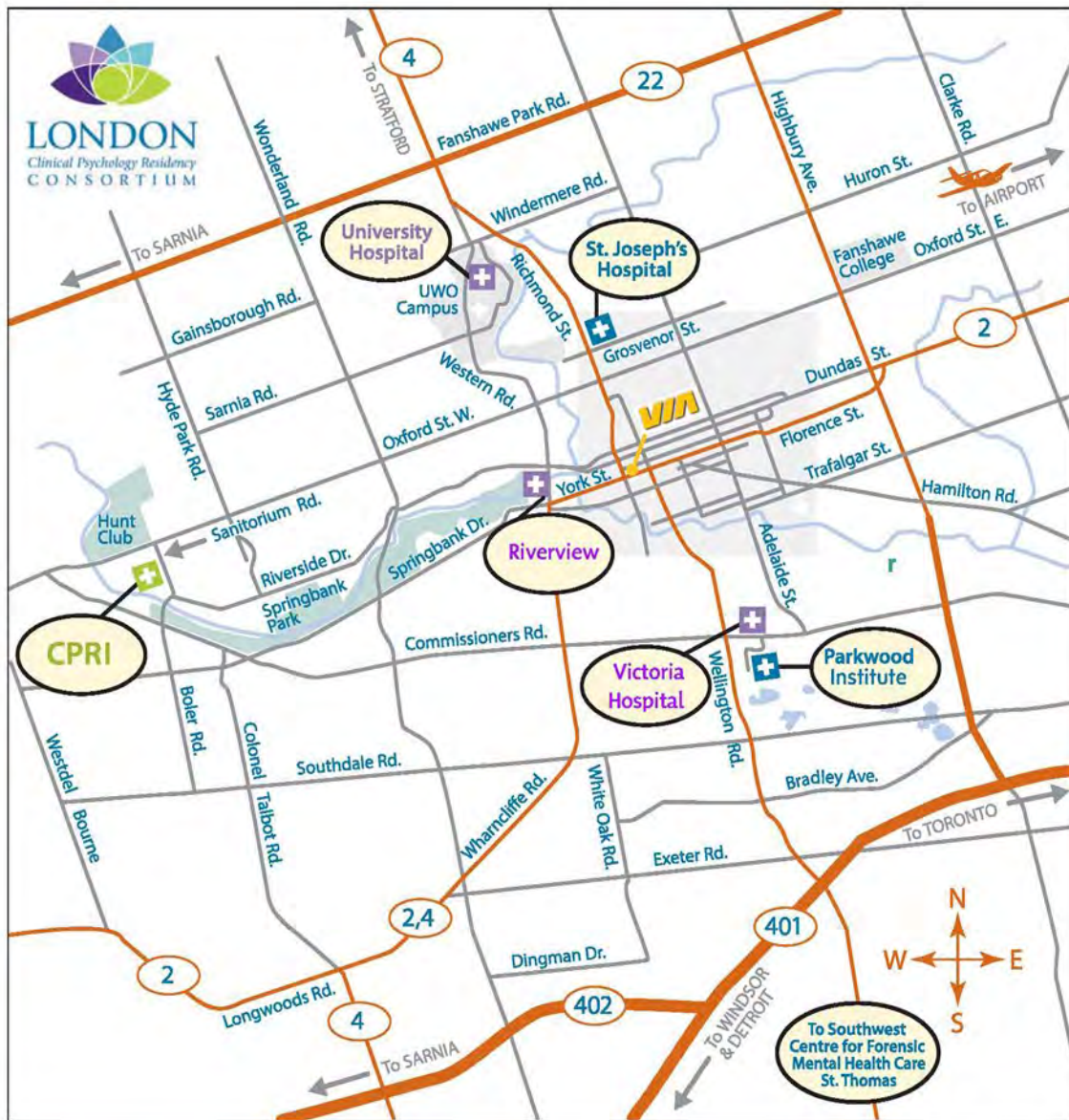
Online map: www.sjhc.london.on.ca/patients-and-visitors/our-locations/southwest-centre-forensic-mental-health-care

401 Sunset Drive
St. Thomas, ON, Canada, N5R 3C6

Child and Parent Resource Institute (CPRI)

600 Sanatorium Road
London, ON, Canada, N6H 3W7

Map



LCPRC Clinical Sites

- + London Health Sciences Centre
 - University Hospital
 - Victoria Hospital
 - Riverview
- + St. Joseph's Health Care
 - St. Joseph's Hospital
 - Parkwood Institute
 - Southwest Centre for Forensic Mental Health Care, St. Thomas
- + Child and Parent Resource Institute



PROGRAM STRUCTURE

Tracks

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

- Child/Adolescent (1 position)
- Adult Mental Health (4 positions)
- Health/Rehabilitation (1 position)
- Neuropsychology (1 position)

Major and Minor Rotations

Each resident has a number of potential Major Rotation opportunities from which to choose in each Track. In the first six months, each resident will normally work at one site for a Major Rotation for four days per week. In the second six months, residents spend three days per week in their second Major Rotation, and one day a week in a Minor Rotation to ensure breadth of training. During this second half of the year each resident may spend one or both of the Major and Minor Rotations at a different training site than their first six months. Within a Major Rotation, depending on the site, a resident may participate in one or more different services during each six-month period (see the **Tracks and Major Rotations** section of the brochure for descriptions). The specific combinations will vary based on the nature of the activities available within the Rotation and the training goals of the resident. Throughout the full year, the fifth day of each week is set aside for non-rotation resident activities (Wednesdays).

A mandatory Minor Rotation outside the resident's Track ensures provision of broad-based training (see the **Minor Rotations** section of the brochure for descriptions). As an example, a resident in the Adult Mental Health Track could select a Minor Rotation from any of those available within the Child/Adolescent, Health/Rehabilitation, or Neuropsychology Tracks. They generally involve one supervisor but experiences are diverse and can vary from a general outpatient service to work with a specific patient population to training in a specific assessment or therapeutic modality, or they may be a research-focused experience. Minor Rotations are typically individualized to the resident's background, experience, and training goals (as feasible within the parameters of a one-day-per-week activity). In some cases, they may provide a general overview or introduction to an area where resident has limited prior knowledge or training. In others they may involve more in-depth activities, such as when a resident has a greater degree of previous relevant or related experiences. Some training experiences are only available as Minor Rotations such as the **Positive Psychology and Suicide Prevention Research Program**.

Rotation Selection Process

Shortly after residents are matched with our program, they work with their Track Coordinators and the Director of Clinical Training to develop and submit a rank-ordered list of potential Major and Minor Rotation experiences. These will be used to begin creating their individualized year-long training plan. In developing these lists, we strongly encourage incoming residents to speak with current residents and potential supervisors.

Many Major Rotations have a range of training opportunities and supervisors available. The Track Coordinator will work with the resident in the spring to discuss which opportunities at the sites are best matched with their training needs and interests to plan their year of clinical residency training. In general, residents are encouraged to select up to a maximum of two distinct services within a Major Rotation in which to train, recognizing that selecting more services within a Major Rotation may lessen the depth of training available with any experience. This is of particular significance in the second six months when the Major Rotation consists of three days per week (compared to four days per week in the first half of the year).

The Director of Clinical Training and the Track Coordinators typically meet in April to coordinate individualized schedules for the incoming residents. Along with the rank-ordered lists, many practical factors are taken into consideration during the development and coordination of the individualized schedule, including supervisor availability as well as the funding structure of our Consortium, which is as follows (1 position is equivalent to 2 six-month Major Rotations and 1 six-month Minor Rotation): London Health Sciences Centre (University Hospital, Victoria Hospital, Children's Hospital, Riverview) – 4.0 positions; St. Joseph's Health Care London (Parkwood Institute, St. Joseph's Hospital, Southwest Centre for Forensic Mental Health) - 2.5 positions; Child and Parent Resource Institute - 0.5 position.

Working within this framework, the final schedule is then based primarily on combining resident interests/goals, resident background and experience, and our program goals of trying to ensure all residents receive broad-based clinical experience (i.e., diversity of age groups, theoretical orientations, patient populations, and service experiences). Residents' interests and needs are very important influences in the formation of the final schedule, and efforts are made to ensure that their preferences for Major and Minor Rotations are met to the best of the Consortium's abilities. Although we are fortunate to have a large number of sites, staff, and clinical services in the Consortium, we cannot guarantee that all of the services listed in the brochure will be available during the entire predoctoral residency year (ending August 31, 2027). We inform applicants of known changes in our Consortium offerings prior to the submission of their ranking lists to the National Matching Service.

Predoctoral Residency Components and Time Allocations

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

Sample Combinations of Major and Minor Rotation Schedules

<u>Track</u>	<u>1st Six Months</u>	<u>2nd Six Months</u>	
	<u>Major – 4 days/week</u>	<u>Major – 3 days/week</u>	<u>Minor– 1 day/week</u>
Child/Adolescent	Impulse Control Disorders (CPRI)	Child and Adolescent Mental Health (LHSC)	Epilepsy (LHSC)
Adult Mental Health	Operational Stress Injury Clinic (SJHC)	Assessment, Consultation, & Education (ACE) Service; Concurrent Disorders Service (SJHC)	Child/Adolescent Mood and Anxiety Disorders (LHSC)
Health/Rehabilitation	Behavioural Medicine (LHSC)	Epilepsy (LHSC)	Paediatric Neuropsychological Assessment (LHSC)
Neuropsychology	Adult Neurology/Neurosurgery; Adult Epilepsy (2 days each service) (LHSC)	Neuropsychology Consultation Program (SJHC)	Concurrent Disorders Service (SJHC)

Supervision and Evaluation

All psychology residents are provided with regularly scheduled supervision (a minimum of four hours per week on average; minimum three 'individual' and one 'group' on average, as per CPA Accreditation Standards, CPA 2023), sensitive to residents' emerging development as independent practitioners. Supervision can take many forms and often includes a variety of experiences such as case discussions, live observation, co-leading therapy (individual and/or group), and reviews of audio and/or video recordings. Each resident is provided a portable recorder that may be used for audio recording clinical services for later review and feedback. Attention is directed toward maintaining residents' caseloads at a level that allows for sufficient time to integrate theory and practice.

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

Feedback is provided to residents from supervisors through discussions during supervision sessions, as well as with formal written evaluation forms completed by the resident's supervisors based on a set of various clinical competencies at the mid-point and end of each rotation. These forms are consistent across all Tracks and reflect a broad range of clinical and professional areas. Feedback is also communicated to each resident's university Director of Training twice over the year (once after the first six months, and again after the end of the residency).

Our program also values feedback from residents, and they are asked to formally evaluate their rotations and supervisors at the end of each rotation. To ensure that this feedback is as open as possible, it is not shared with supervisors being evaluated until all supervisor evaluations of residents have been submitted. Residents also complete a general evaluation of the entire Consortium at the end of the year. As with the evaluation of supervisors by residents, policies ensure that the resident is able to provide as open feedback as possible without it having an impact on their final evaluation to their university by the Director of Clinical Training.

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

Non-Rotation Activities

Wednesdays are dedicated to non-rotation activities. Mornings are set aside for readings, program evaluation/program development project work, and other individual professional activities. In the second six months of the residency, this time can also be used for continuing clinical care of patients from the first six months ('carry-over' cases) and the supervision of those cases. Afternoons are set aside for the Residency Seminar Series meetings, as well as Resident group meetings and (once per month) group meetings with the Director of Clinical Training.

Program Development/Program Evaluation

Over the course of the training year, residents will participate in program development, program evaluation, and/or quality improvement initiatives. These may be fairly focused, and depending on the project and interests of residents may be completed individually or as part of a group. The projects may be part of or evolve from one of the resident's clinical rotations or on a topic independent from any specific rotation. A list

of possible options will be available for residents at the start of the training year, or residents may choose a topic/project through discussion with Consortium supervisors and staff. Projects that are part of a rotation may have time allocated for them during the rotation days, but Wednesday mornings can be a key time for program development, program evaluation, and/or quality improvement activities. Residents will submit a brief 5-page summary of their program development project in June and disseminate their project back to the relevant clinical team or psychology department over the summer.

Seminar Series

Wednesday afternoons are reserved for group activities including weekly two-hour clinical/professional seminars, as well as 90-minute scientist-practitioner/research-individual differences seminars scheduled in the early afternoon (typically once a month). The seminars are presented by Consortium Site Psychology Staff and guest speakers from the community. A wide variety of topics are presented during the residency year, with some scheduled as in-person meetings and others conducted via videoconferencing. Listed below are some examples of topics presented last year:

LGBTQIA2S + Adults: Intersectionality and Affirmative Therapy
Adult Eating Disorders
Considerations Toward Indigenous Care
Couples Therapy
Developmental Trauma and Disturbances of Attachment
First Responders and PTSD
Geropsychology
High Conflict Families
Job Search in Psychology
Models of Supervision
Playing Well: Improv for Anxiety
Program Evaluation and Logic Models
Private Practice Business Models
Psychopharmacology
Registration as a Psychologist in Ontario
Sleep Disorders
Working with Homeless Clients
Zero Suicide: Assessment and Intervention

Presentations and Meetings

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

- Weekly resident meeting (Wednesdays; typically 1 hour)
- Monthly group meetings with the Director of Clinical Training following seminars (1 hour)
- Individual meetings with Director of Clinical Training (1 hour, 4 times per year)
- Meeting with Track Coordinator – (1 hour, 4 times per year)
- Committee meetings (2 hours per month – only while acting as resident representative on the London Clinical Psychology Residency Consortium Committee)
- Yearly resident case presentations (1 half-day)

The weekly resident meetings on Wednesday afternoons involve residents meeting as a group when no other meetings are scheduled, following the clinical/professional seminars (typically at the location for in-person seminars that day, or virtually for seminars in that format). This protected time is set aside for informal discussion and peer support. The format is flexible but topics discussed have included: i) clinical cases; ii) professional issues; iii) areas of clinical practice (e.g., hospital versus private practice); iv) employment issues (e.g., interviews, positions available, navigating the process); v) College registration; vi) general residency/rotation experiences; vii) issues related to transitioning from graduate student to professional; and

viii) personal adjustment and life in London. It is generally a relaxed and collegial atmosphere where residents have the opportunity to get to know one another, debrief, and both receive and provide support. Because of the nature of the Consortium, residents spend most of their time in programs located across London (and possibly St. Thomas). Residents have routinely commented on the value of these Wednesday meetings to maintain regular contact with their peers. These meetings may be in-person or remotely through videoconference, depending on the format of the seminar for that week.

Residents' four individual meetings with the Director of Clinical Training are to discuss the resident's activities, experiences, goals (during the residency and beyond), and any other issues of interest. Additional meetings may be arranged with the Director of Clinical Training or Track Coordinator at any time if needed.

In spring, each resident gives a formal 30-minute case presentation open to all Psychology Staff from the Consortium Sites. Information on the structure and feedback are provided at the start of the residency year, and examples of past presentations are available for review.

Attendance at other meetings and at research or case presentations may also be required depending on the residents' specific rotations and Track. For example, residents in the Neuropsychology Track attend, and occasionally present at, monthly Neuropsychology rounds.

Cross-Site Travel

The Consortium is a multi-organization training program. As a result, residents will have to travel between sites for some activities (e.g., some weekly seminars). Parking passes can be purchased by residents to be used at hospital sites where paid parking is required (there is no cost for parking at CPRI). Additionally, residents using private vehicles may submit an expense claim for travel between Consortium sites.

It should be noted that it may not be necessary for residents to have a car, and many past residents did not have cars during their training year. However, residents have told us they found it much easier to have one because of the necessity for some cross-site travel. Given the distance between some sites, in some cases bus travel can take a substantive amount of time (i.e., up to 45 minutes). Applicants should also be aware that there is no public transit to the St. Joseph's Health Care London: Southwest Centre for Forensic Mental Health Care site.

Services to Off-Site Clients

At the writing of this current brochure, some of the program's partner agencies have a hybrid model of patient/client care, with some services provided in-person and others virtually to patients who are off-site (teleconference or secure videoconference). This is expected to remain to varying degrees depending on the policies of the different agencies. All partner agencies require residents to work on-site for both in-person and virtual services.

Salary

The salary for the 2027-2028 training year is \$43,462.80 (Canadian), which includes a percentage of pay in lieu of benefits. This lieu pay covers mandatory statutory holidays, which appear as unpaid days on regular pay statements, and note that all sick leave is unpaid leave because it is considered an employment benefit. All residents are LHSC employees irrespective of the Consortium Site where they are providing psychological services, and payment is arranged through LHSC. Residents receive three weeks (fifteen days) paid vacation and one week (five days) of paid education/research/dissertation support leave, and a book allowance of up to \$300 is available to each resident for the purchase of relevant books. Residents may also participate in various LHSC employee wellness and fitness programs.

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

TRACKS AND MAJOR ROTATIONS

CHILD/ADOLESCENT TRACK

COORDINATOR: Dr. Adam Newton

NMS Code Number: 181513

One (1) Resident Position is available.

Number of applications in 2025: 32

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 6-18. 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. Interprofessional teams are prevalent in all settings, and residents are provided the opportunity to work with professionals from a variety of disciplines.

Residents will complete two Major Rotations and a Minor Rotation. One Major Rotation is completed at CPRI (for community mental health experiences) and one at LHSC (for hospital-based experiences). Training can include opportunities to work in inpatient and outpatient settings working with children and adolescents presenting with a variety of concerns such as impulse control problems, trauma and attachment, mood disorders, anxiety disorders, neurodevelopmental disabilities, and externalizing behaviours. Many cases involve multiple comorbid factors like unclear diagnostic profiles, high risk behaviours, trauma, medical complexities, and dual diagnoses.

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, in addition to the core minimum requirements described later on pages 35-36, applicants must also have the following credentials by the time of application:

- Coursework at the graduate and/or undergraduate level in (a) child or lifespan development (or both), and (b) child psychopathology, assessment, and intervention;
- Coursework and practica at the graduate level reflecting that children and/or adolescents are a population of key interest;
- A minimum of 75 face-to-face hours of child and/or adolescent therapeutic experience. This includes individual therapy with adolescent, school-aged, and pre-school aged children, group counselling for adolescents and/or children, career counselling for adolescents, family therapy, and time spent in school counselling interventions, and;
- A minimum of ten (10) 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.

4-Day Major Rotations (September-February)

The four day (first term) Major Rotations are intended to provide residents with exposure to the full range of clinical activities that are likely to be completed by a Psychologist. This Major Rotation will focus on assessment and intervention with complex mental health populations, including behavioural and emotional dysregulation, eating disorders, mood, anxiety, trauma, and attachment, often intersecting with other

complexities (e.g., family dynamics, low income, intergenerational trauma, neurodevelopmental disorders like learning disability and ADHD). Residents can choose to focus on one of the following:

- Impulse Control Disorders (CPRI): In this rotation, residents will provide assessment, treatment, and consultation services to children and adolescents presenting with impulse control disorders in inpatient (residential) and outpatient settings. This includes complex presentations of ADHD, Tourette's Disorder, comorbid learning disorders, mood or anxiety presentations, including Obsessive-Compulsive Disorder. Through outpatient services at CPRI (the Brake Shop Clinic; www.leakybrakes.ca), residents can participate in individual and group therapy (such as tic management, self- management, anxiety management, treatment for trichotillomania and skin picking disorder, and exposure and response prevention therapy), as well as assessment and parenting interventions. Residents also participate in inpatient services at CPRI for children and adolescents who present with significant aggressive and other disruptive behaviour disorders. These inpatient and outpatient services at CPRI can include assessment, some limited short-term treatment (cognitive-behavioural focus, Exposure and Response Prevention, Collaborative and Proactive Solutions), and consultation to CPRI and community team members.
- Trauma- and Attachment-Informed Services (CPRI): In this rotation, residents will provide assessment, treatment, and consultation services to children and adolescents with complex presentations in a residential program (Pratten 2S) and an outpatient clinic (Attachment Consultation and Education Service; ACES). Residents will participate in assessment with inpatient and outpatient clients, short-term therapy, parent education and consultation, as well as consultation to community teams.
- Child and Adolescent Mental Health (LHSC; Outpatient): Residents will have opportunities to develop skills in both assessment and treatment. Assessment experiences may include leading psychoeducational assessments and participating in psychodiagnostic and autism evaluations. Treatment experiences are available in both group and individual formats, with cognitive behavioural therapy serving as the primary therapeutic approach while incorporating other approaches as appropriate (e.g., MI, DBT, CPS). Patients are drawn from the mood and anxiety, general, and neurodevelopmental streams, where work can focus on the child/youth or caregiver. Opportunities for comprehensive DBT, trauma-focused, play-based, or family treatment are not currently available.
- Paediatric Health (LHSC): Residents in this rotation will work as a member of an interprofessional team treating outpatient chronic conditions and providing consultation to inpatient teams and preventative services to inpatients. Treatment approaches include use of the biopsychosocial model, Cognitive Behaviour Therapy, and sometimes incorporating DBT, MI, or psychodynamic approaches. *Those who express interest may be able to work with more acute health populations, including inpatient.*

3-Day Major Rotations (March-August)

The three day (second term) Major Rotations are intended to provide depth with a clinical area or population by working primarily with one team and/or supervisor. The purpose of the 3-day Major Rotation is also to provide a balance of assessment to intervention over the course of the residency year. For example, residents who completed a primarily assessment based 4-day Major Rotation in the first term will choose a primarily intervention rotation for their 3-day Major Rotation. Residents can choose from the following clinics:

- Brake Shop (CPRI; www.leakybrakes.ca): The Brake Shop is an interdisciplinary clinic providing assessment and intervention (group and individual) for impulse control and compulsive disorders such as Tourette Syndrome, Obsessive-Compulsive Disorder, ADHD, body-focused repetitive behaviours, and behavioural issues like Intermittent Explosive Disorder.
- Intensive Services (Inpatient) - Mental Health (CPRI): Residents will work with patients admitted for significant psychiatric disturbance by conducting comprehensive assessment, consultation, parent coaching, and treatment readiness.
- Child and Adolescent Outpatient Services (LHSC): Residents will have opportunities to develop skills in both assessment and treatment. Assessment experiences may include leading psychoeducational

assessments and participating in psychodiagnostic and autism evaluations. Treatment experiences are available in both group and individual formats, with Cognitive Behavioural Therapy serving as the primary therapeutic approach while incorporating other approaches as appropriate (e.g., MI, DBT, CPS). Patients are drawn from the mood and anxiety, general, and neurodevelopmental streams, where work can focus on child/youth or caregiver. Opportunities for comprehensive DBT, trauma-focused, play-based, or family treatment are not currently available.

- **Pediatric Chronic Pain (LHSC):** Working on an interdisciplinary team, residents will provide intervention and consultation for recurrent or chronic pain and somatic syndromes in inpatient and outpatient settings. Treatment approaches include biopsychosocial model, CBT, DBT, and MI.

More detailed descriptions of clinics are available upon request.

Child/Adolescent Track Supervisors:

<u>Supervisor</u>	<u>Patient Population</u>	<u>Focus (Assessment vs Intervention)</u>	<u>Theoretical Orientation</u>	<u>Research/PD Opportunities</u>
<u>LHSC</u>				
Dr. Jennifer Crotogino	Oncology & inpatient Pediatric Health ages 0-18	Primarily intervention	BT, CBT, incorporating MI, ACT	Yes
Dr. Julie Eichstedt	Outpatient mood & anxiety, ages 6-18	Primarily intervention	CBT, MI, DBT skills	Yes
Dr. Abi Daer	Paediatric Pain, inpatient and outpatient, ages 6-18	Primarily intervention	CBT, DBT	Yes
Dr. Cathy Mann	Oncology & inpatient Paediatric Health, ages 0-18	Primarily intervention	CBT	Yes
Dr. Adam Newton	Paediatric Pain, outpatient, ages 6-18	Primarily intervention	CBT, CBT-I, MI, DBT Skills	Yes
Dr. Catalina Sarmiento	Outpatient, ages 6-18	Assessment and intervention	CBT, incorporating DBT and ACT, CPS	Yes
<u>CPRI</u>				
Dr. Patricia Jordan	Pratten 2 Inpatient mental health, ages 6-18	Primarily assessment and consultation with some opportunities for intervention	Attachment-informed, DBT-informed, CBT, ERP	Yes
Dr. Wendy den Dunnen	Attachment Consultation and Education Service (ACES), ages 5-18	Primarily assessment with some parent coaching/consultation	Trauma-informed, Attachment-based, CBT	Yes
Dr. Magali Segers	The Brake Shop Clinic, ages 6-18	Primarily intervention	CBT, ERP, CPS	Yes
Dr. Daniel Provenzano	Unit 5, inpatient mental health, ages 6-18	Primarily assessment	CBT	No

ADULT MENTAL HEALTH TRACK

COORDINATOR: Dr. Brendan Guyitt

NMS Code Number: 181514

Four (4) Resident Positions are available

Number of applications in 2025: 74

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 Major Rotations. To allow for an adequate breadth of training, clinical experiences within the rotations 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 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, as much as possible.

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, Nurses, Occupational Therapists, and Therapeutic Recreation Specialists. 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 for the Adult Mental Health Track, in addition to the core minimum requirements described later on pages 35-36, it is recommended that competitive applicants also have the following credentials by the time of application:

- At least 600 hours of direct mental health assessment, intervention, consultation, and supervision practicum experience, as assessed by summing direct (face-to-face, virtual/video, or telephone client contact) intervention and assessment hours (doctoral and master's level) and supervision hours stated in the AAPI;
- At least 100 hours of assessment experience (as indicated by the number of assessment hours in the "Summary of Practicum Experience" section of the AAPI) and at least five integrated adult psychological assessment reports;
- Experience with a range of psychotherapeutic modalities.

Please note that preference will be given to applicants who meet these criteria.

Major Rotations

Major Rotations in the adult track are offered through London Health Sciences Centre at Victoria Hospital and through two sites at St. Joseph's Health Care: Parkwood Institute in London and Southwest Centre for Forensic Mental Health Care in St. Thomas.

Adult Eating Disorders Service (LHSC - Riverview)

Primary Supervisor: Dr. Laura McGeown

The Adult Eating Disorders Service is a multidisciplinary program that provides treatment for adults 18+ with anorexia nervosa, bulimia nervosa, binge eating disorder, other specified feeding or eating disorders, and avoidant/restrictive food intake disorder. The age range of the patient population seen is quite vast and there will be opportunity for residents to work with transition-aged youth (e.g., 18-25), older adults 60+, and everything in between. Residents will work towards developing a comprehensive knowledge of these disorders, involving both their psychological and physiological sequelae. The focus for residents will be on the treatment of eating disorders through individual psychotherapy; however, there will be opportunities for providing family psychoeducation and support, as well as assisting with ongoing program evaluation if desired. The predominant theoretical modality is eating disorder specific cognitive behavioural therapy (i.e., CBT-ED). As the service is undergoing significant program changes at this time, there may be additional opportunities that become available. In the past, the Psychologist has been involved in completing comprehensive intake assessments and group therapy.

Dialectical Behaviour Therapy (LHSC – Victoria Hospital)

Primary Supervisor: Dr. Danielle Bedard

Within the General Adult Ambulatory Mental Health Service (GAAMHS) at LHSC Victoria Hospital, the Dialectical Behaviour Therapy (DBT) outpatient program serves adults (between the ages of 18 and 64 years old) with multi-disordered mental health conditions who have significantly impaired functioning in multiple life domains, including significant and complex difficulties with affect management, interpersonal regulation, and behavioural dyscontrol (chronic suicidal behaviours; self-injury behaviours, substance use issues). The program offers specialized training in the delivery of Dialectical Behaviour Therapy. DBT patients typically present with several co-morbid diagnoses such as mood disorder, post-traumatic stress disorder, anxiety disorders, substance issues, and problematic eating issues. The standard DBT modes of therapy offered in the program includes individual therapy, group skills training, and therapist consultation team. DBT skills training modules include mindfulness, emotion regulation, interpersonal effectiveness, and distress tolerance. These interventions are implemented in 26-week skills training groups and individual therapy. In this rotation, residents predominantly gain experience in delivering DBT individual and group skills training. Cultivating skills in diagnostic assessment, suicide risk assessments, DBT-based case formulation, and the provision of feedback to clients will also be encouraged. Residents will also be expected to participate in a weekly DBT consultation team meeting. The DBT consultation treatment team currently includes Psychology, Occupational Therapy, and Social Work. The minimum time commitment for residents in the DBT program is three days per week. Previous training or experience working with personality disorders, trauma-related conditions, or other complex mental illness, or experience working within a DBT framework, is considered beneficial, but not required.

Cognitive Behavioural Therapy (LHSC – Victoria Hospital)

Primary Supervisor: Dr. Brendan Guyitt

The Cognitive-Behavioural Therapy (CBT) team at LHSC works in the outpatient mental health department. We are a multi-disciplinary team who provides CBT to adults who present with a primary mood or anxiety disorder. Our program is group-based but we do offer some individual therapy. Residents will have the opportunity to pick individual cases that interest them across the mood and anxiety spectrums. Often these are individuals for whom the group environment is not mutually beneficial, or those who need additional help before or after group completion. Involvement in group treatment for OCD and depression (with a cognitive emphasis) is also possible if the resident wishes. In addition, this rotation may provide opportunities for inpatient group involvement. More details on this will be available closer to the start of the residency year. Opportunities for program evaluation exist in both the outpatient and inpatient services.

Traumatic Stress Service (LHSC – Victoria Hospital)

Primary Supervisor: Dr. Jennifer Drummelsmith

The Traumatic Stress Service (TSS) is part of the General Adult Ambulatory Mental Health Services (GAAMHS) at LHSC Victoria Hospital. This program serves adults between the ages of 18 and 65 years who are experiencing mental health difficulties as a result of traumatic experience(s). The TSS is primarily group based and offers specialized training in the delivery of Trauma Focused-Acceptance and Commitment Therapy (TF-ACT) and Cognitive Processing Therapy (CPT). There are also opportunities to engage in assessment and individual therapy. Residents are expected to take part in weekly interdisciplinary team meetings and consultations. Opportunity to engage in supervision of practicum students is sometimes a possibility. The TSS team currently includes Psychology, Social Work, and Nursing.

Operational Stress Injury (OSI) Clinic (SJHC - Parkwood Institute)

*Primary Supervisors: Dr. Bryan Butler (virtual)
Dr. Brenda Chiang (virtual)
Dr. Tracy Desjardins
Dr. Bethany Easterbrook
Dr. Nicole Elliott
Dr. Hillary Jones (virtual)
Dr. Leah Keating
Dr. Daniel Machado
Dr. Stephanie Nardone
Dr. Wolf Steger (virtual)
Dr. Thulasi Thiruchselvam (virtual)
Dr. Sonya Wanklyn (virtual)*

Adult Mental Health Track residents working at Parkwood Institute have the opportunity to work in the Operational Stress Injury (OSI) Clinic, which is a specialty mental health clinic serving Veterans and still-serving members of the Canadian Armed Forces and Royal Canadian Mounted Police (RCMP). Opened in 2004, the St. Joseph's OSI Clinic is part of a national network of OSI clinics funded by Veterans Affairs Canada. These clinics focus on assisting patients who have various mental health conditions that result from military or policing service. In addition, the network of OSI clinics is developing standards of OSI treatment through education and research. Common clinical issues for which Psychologists provide assessment and treatment include, but are not limited to, trauma- and stressor-related disorders, mood and anxiety disorders, substance and alcohol misuse, and chronic pain resulting from, or aggravated by, military or police service.

Residents will work as part of an interdisciplinary team of health professionals that includes Psychiatrists, Psychologists, Nurse Practitioners, Nurses, and Clinical Social Workers who work together to develop treatment plans tailored to the individual needs of each client. Residents complete assessments for treatment planning, as well as for Veterans Affairs Canada Pension/Disability and Rehabilitation Program eligibility purposes, typically involving clinical interviews, structured diagnostic interviews (e.g., DART, CAPS), cognitive screening, and integration of self-report questionnaires. Intervention training experiences are primarily delivered in an individual format and can be tailored to the interests of the resident. Opportunities to cofacilitate a psychoeducation or treatment group (e.g., CBT for insomnia group) are sometimes available. Residents are expected to engage in consultation and collaboration with referral sources (e.g., Veterans Affairs Canada case managers) during both assessment and treatment stages of care.

Assessment, Consultation and Education (ACE) Service (SJHC - Parkwood Institute)

Primary Supervisor: Dr. Stephanie Dubois

The ACE service focuses on providing psychological assessment for inpatients and outpatients in the context of a highly interdisciplinary team environment at Parkwood Institute – Mental Health. Patients presenting with severe and persistent mental illness can benefit from diagnostic, cognitive, and personality assessments resulting in strong case conceptualizations/formulations that are therapeutic and can inform treatment recommendations for the patient and their care team. Consultation to patients and their teams, along with

education services offered to staff within mental health, can open up opportunities to aid in treatment and recovery. The resident will complete assessments, have opportunities to engage in consultation with patients and mental health care teams, and offer education to service providers as requested. Intervention opportunities may also be available on a limited basis. The resident will work closely with Psychometrists in the service and may be able to supervise both students and Psychometrists while in the rotation. Keeping up with new software platforms and test administrations in this ever-changing climate of assessments and technology is an exciting addition to this rotation.

Adult Ambulatory Service (SJHC - Parkwood Institute)

Primary Supervisor: Dr. Jeremy Harrison

Adult Ambulatory Services provides mental health services to adult outpatients with a wide range of psychiatric disorders, primarily to those with more serious and chronic psychopathology (Psychosis, Affective, and Anxiety). Personality and comorbid mental or physical health disorders may coexist with any of the above. Referrals are accepted from Coordinated Intake. These include patients who are referred by LHSC and the community. Treatment is provided with interprofessional involvement (including psychiatry, nursing, social work, therapeutic recreation, occupational therapy, and psychology). The interprofessional service also aims at relapse prevention and recovery from mental illness. In this service, residents would be able to provide psychological assessment to adults, particularly cognitive, personality, and diagnostic assessments. Residents would be able to provide psychotherapeutic intervention (e.g., cognitive behavioural and supportive based therapies) which is tailored to the patients' needs. Interventions provided by residents would be primarily in the context of individual psychotherapy.

Concurrent Disorders Services (SJHC - Parkwood Institute)

Primary Supervisor: Dr. David LeMarquand

Psychology is also an integral part of Concurrent Disorders Services. This service provides specialized outpatient tertiary care to individuals who suffer from both severe psychiatric disorders as well as severe substance use disorders. Residents involved in this rotation intervene with patients with a wide range of substance use and mental health issues, addressing both aspects therapeutically. Treatment is individualized to meet the specific needs of these often challenging patients and includes motivational interviewing and cognitive-behavioral techniques to address substance use difficulties, and an integrative approach involving CBT, interpersonal and psychodynamic elements to address psychological disorders. Psychological assessment and group psychotherapy experiences are also opportunities in this rotation.

Forensic Program (SJHC - Southwest Centre for Forensic Mental Health Care)

Primary Supervisor: Dr. Laura Fazakas-DeHoog

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

Note: Residents require access to a car for the Forensic Program rotation as the site is 45 minutes away from London in St. Thomas, with no public transit connection.

Adult Mental Health Track Supervisors:

<u>Supervisor</u>	<u>Patient Population</u>	<u>Focus (Assessment vs Intervention)</u>	<u>Theoretical Orientation</u>	<u>Research/PD Opportunities</u>
<u>LHSC</u>				
Dr. Danielle Bedard	DBT Program, Outpatient, ages 18-64	Primarily Intervention	DBT	No
Dr. Laura McGeown	Adults 18 +	Primarily Intervention	Primarily DBT-ED	Yes
Dr. Brendan Guyitt	Adult 18+	Intervention	CBT	Yes
Dr. Jennifer Drummelsmith	Adults 18 +	Assessment and Intervention	CPT	Yes
<u>SJHC</u>				
Dr. Bryan Butler (virtual, Supervised practice)	OSI Clinic (Virtual) ages	Assessment and Intervention	CBT	No
Dr. Brenda Chiang (virtual)	OSI Clinic (Virtual), ages 18-65	Assessment and Intervention	Integrative but primarily CBT (incl. PE)	No
Dr. Tracy Desjardins	OSI Clinic, ages 20-65	Assessment and Intervention	Primarily CBT	Yes
Dr. Stephanie Dubois	Assessment, Consultation, and Education Service	Primarily Assessment	Integrative	No
Dr. Bethany Easterbrook	OSI Clinic, ages 18-65	Assessment and Intervention	CBT	Yes
Dr. Nicole Elliott	OSI Clinic, ages 20-65	Assessment and Intervention	CBT	Yes
Dr. Laura Fazakas-DeHoog	Forensic Services, ages 18-80	Assessment and Intervention	IPT, CBT, ACT	Yes
Dr. Jeremy Harrison	Adult Ambulatory Services, Tertiary Mental Health, ages 18-64	Primarily Intervention, some Assessment	CBT, Integrative, Psychodynamic	Potential PD/PE
Dr. Hillary Jones (virtual)	OSI Clinic (Virtual) ages 18-64	Assessment and Intervention	CBT	No
Dr. Leah Keating	OSI Clinic Ages 18-64	Assessment and Intervention	Integrative, CBT	No
Dr. David LeMarquand	Concurrent Disorders Program, Outpatient,	Intervention and Assessment (Interpersonal)	MI, CBT, Integrative	Yes
Dr. Daniel Machado	OSI Clinic Ages 18-64	Assessment and Intervention	CBT, ACT	No
Dr. Stephanie Nardone (supervised practice)	OSI Clinic Ages 18-64	Assessment and Intervention	CBT	No
Dr. Wolf Steger (virtual)	OSI Clinic (Virtual) ages 18-64	Assessment and Intervention	CBT	No
Dr. Thulasi Thiruchselvam (virtual)	OSI Clinic (Virtual) ages 18-64	Assessment and Intervention	CBT	No
Dr. Sonya Wanklyn (virtual)	OSI Clinic (Virtual) ages 18-64	Assessment and Intervention	CBT	Yes

HEALTH/REHABILITATION TRACK

COORDINATOR: Dr. Sarah Vernon-Scott

NMS Code Number: 181515

One (1) Resident Position is available

Number of applications in 2025: 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:

- To provide an understanding of the relationship among psychosocial issues, health, physical illness, and disability, and;
- 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 rotations with different medical populations and presentations. There are opportunities to work with inpatients and outpatients, both in individual and group formats, and with a variety of assessment and intervention approaches.

To be considered for the Health/Rehabilitation Track, in addition to the core minimum requirements described later on pages 35-36, it is recommended that competitive applicants also have the following credentials by the time of application:

- At least 200 hours of assessment, intervention, consultation, and/or supervision experience involving health, physical illness, and disability
 - o Applicants must explicitly identify the sources/sites, associated hours, and total of these hours in the application cover letter;
 - o In general, it is expected that these hours were primarily clinical in nature (as opposed to, for example, dissertation research).
- For those seeking a lifespan approach to their training, practicum experience with a range of age groups (children, adults, and older adults) is an asset.

Major Rotations

Major Rotations in the health/rehabilitation track are offered through St. Joseph's Health Care at St. Joseph's Hospital and through two sites at London Health Sciences Centre: Victoria Hospital and University Hospital.

Epilepsy (LHSC - University Hospital)

Primary Supervisor: Dr. Sarah Vernon-Scott

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 also occasionally asked to consult with other Neurology patients in the hospital in regards to queries of other functional symptoms (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, and adjustment concerns (e.g., adjustment to diagnosis, adjustment after surgery, etc.).

Behavioural Medicine Service (LHSC - Victoria Hospital)

Primary Supervisor: Dr. Heather Getty

Residents may choose to work in the Behavioural Medicine Service. This clinical setting provides residents with a broad-based experience in the psychological assessment and treatment of patients with challenging medical conditions. Patients are referred from a wide variety of outpatient hospital programs, including internal medicine, gastroenterology, neurology, respirology, and others. Patients on this service present with comorbid physical (e.g., chronic pain, diabetes, and renal insufficiency) and psychological (e.g., depression, posttraumatic stress disorder, and personality disorders) conditions. Most patients present with significant changes in their quality of life and experience difficulties with coping and acceptance. Assessment measures can include indices of patient reported symptom and functional outcomes, psychological flexibility, and coping. Residents provide individual and group interventions on an outpatient basis. When available, residents also have the opportunity to supervise practicum level students.

Health/Rehabilitation Track Supervisors:

<u>Supervisor</u>	<u>Patient Population</u>	<u>Focus (Assessment vs Intervention)</u>	<u>Theoretical Orientation</u>	<u>Research/PD Opportunities</u>
<u>LHSC</u>				
Dr. Heather Getty	Behavioural Medicine Service	Assessment and Intervention	ACT, CBT Transdiagnostic	Yes
Dr. Sarah Vernon-Scott	Epilepsy	Assessment and Intervention	TF-CBT, DBT skills	Yes

NEUROPSYCHOLOGY TRACK

COORDINATORS: Dr. Lynn Rennison

NMS Code Number: 181516

One (1) Resident Position is available.

Number of applications in 2025: 21

The Neuropsychology Track provides training for residents primarily interested in pursuing a career as an Adult Clinical Neuropsychologist. The Track respects the spirit of the guidelines outlined at the Houston Conference on Specialty Education and Training in Neuropsychology in which specialty knowledge and skills are acquired throughout one's graduate school training, residency year, and post-doctoral experiences by means of a scientist-practitioner model. The primary goal of the Neuropsychology Track is to prepare residents for practice in providing neuropsychological assessment and consultation in a variety of post-doctoral settings. In order to achieve this goal, the Neuropsychology Track residents are provided with:

- Experiences 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.

A strength of the program is the opportunity to work with several different Neuropsychologists who offer a variety of perspectives due to their different training backgrounds. The resident is exposed to fixed and flexible batteries of tests, as well as specialized assessment techniques/test batteries to address specific questions or populations on certain services (e.g., pre-operative assessments for deep brain stimulation or localization of function).

Most Neuropsychology Major Rotations share a common set of clinical experiences. The primary focus of these rotations is to address the referral question using neuropsychological assessment techniques. More specifically, residents will acquire skills in reviewing health records (paper-based and electronic) and neurodiagnostic test results; interviewing; test administration, scoring, interpretation; and report writing;. Feedback (oral communication of results and recommendations) may be provided to referring physicians, health professionals, patients, and families. Clinical assessments typically include evaluation of mood and personality. On some services, residents have the opportunity to work with Psychometrists and/or practicum students.

Across the Consortium, opportunities are available to work with patients ranging from adolescents to the elderly. Referred patients may present with a wide variety of neurological, medical, and psychiatric disorders. Neuropsychology Track residents are exposed to a wide variety of inpatient and outpatient populations, including individuals with very rare disorders. Opportunities also exist for working with individuals from different cultural backgrounds or those with specific disabilities. In addition to these shared experiences, each Neuropsychology Major Rotation offers some unique experiences as outlined in the Rotation descriptions.

To be considered for the Neuropsychology Track, in addition to the core minimum requirements described later on pages 35-36, it is recommended that competitive applicants also have the following credentials by the time of application:

- 600 hours of formal neuropsychological practicum experience [with a minimum of 200 hours (300 hours preferred) spent in face-to-face neuropsychological activities] with adults;
- At least 8 comprehensive adult neuropsychological assessment reports completed in neuropsychology practica;
- 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.

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

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

Seminars, Rounds, and Other Training Experiences

Residents in the Neuropsychology Track participate in Neuropsychology Rounds approximately once 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. The resident can expect to present once at Neuropsychology Rounds during the course of the year. Attendance at these rounds is required of all residents in the Neuropsychology Track.

Residents in the Neuropsychology Track 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 various departments. Attendance at some teaching rounds/team meetings is required for virtually all the Neuropsychology Major Rotations and varies depending on the specific rotation (e.g., Epilepsy Teaching Rounds are required of residents on the Adult Epilepsy Service in the LHSC: University Hospital Major Rotation). Examples of the numerous teaching rounds occurring on a regular basis include CNS Grand Rounds, Movement Disorders Rounds, Neuroradiology Rounds, and Epilepsy Teaching Rounds and Team Meetings.

Major Rotations

Major Rotations in the Neuropsychology track are offered through two London Health Science Centre sites (Victoria Hospital and University Hospital), and one St. Joseph's Health Care London site (Parkwood Institute).

Neuropsychology Consultation Liaison Service (LHSC – Victoria Hospital)

Primary Supervisor: Dr. Lynn Rennison

The Neuropsychology Consultation Liaison Service conducts neuropsychology assessments with patients with a variety of medical and/or psychiatric presentations, such as dementia, metabolic disorders, endocrine disorders, cancers, schizophrenia, mood disorders and anxiety disorders. Evaluations are typically conducted to gauge cognitive strengths and limitations, provide a better understanding of the neurological underpinnings of behaviour to enhance patient care, assist with discharge planning and current medical management, or provide diagnostic assistance. The aim of this Major Rotation is to prepare residents for professional practice in a hospital-based general neuropsychology service.

While primarily an inpatient service, outpatient assessments are also conducted and the rotation can be tailored to the resident's preference for inpatient or outpatient experience. Inpatient units across LHSC hospital sites are served, but most of the work is completed at Victoria Hospital. Outpatient evaluations are completed at Victoria Hospital.

Strengthening the resident's knowledge of the cognitive, emotional, and behavioural manifestations of different disorders that impact the brain is a goal of the rotation. Residents will enhance their medical chart review and interview skills, ability to administer, score, and interpret neuropsychological tests and write clinically meaningful reports. Learning to work within the parameters of the patient's tolerance given the acuity of their medical or psychiatric circumstances is key. Case conceptualization occurs with the patient's background and current status in mind. Also integral to the rotation is learning succinct and effective

communication skills with physicians, nurses and allied health professionals, as well as learning in-depth communication skills tailored to patients and family members.

For residents wanting to obtain more comprehensive inpatient experience, the first six-month (four days per week) rotation is recommended, as inpatient experience during the second six-month (three days per week) rotation will be limited by the ability to meet timelines required for urgent inpatient referrals. Residents have the opportunity to work closely with a Psychometrist on this rotation.

Clinical Neurological Sciences (LHSC - University Hospital)

Primary Supervisors: Dr. Kelly An

Dr. Ashley Miles

Dr. Brent Hayman-Abello

Dr. Sue Hayman-Abello

To promote breadth of experience, residents who choose this rotation in the first six months (4 days per week) typically spend time on two available services, namely the Adult Neurology/Neurosurgery service and the Adult Epilepsy service. In the second six months (3 days per week) residents may choose to spend time on both services, or may concentrate their time on one of the two services. 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 supervisors' availability.

Adult Neurology/Neurosurgery: This service provides consultation to numerous neurologists and neurosurgeons in the Department of Clinical Neurological Sciences at University Hospital. Experiences within this primarily outpatient 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), multiple sclerosis, tumours, hydrocephalus, concussion (persistent symptoms after concussion), and patients seen for pre- and post-operative assessments related to deep brain stimulation surgery.

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. In addition, residents may also have the opportunity to observe neurosurgical procedures (e.g., DBS implantation). Opportunities are available to work with a Psychometrist in the latter part of the rotation and opportunities to supervise a practicum student are also occasionally available.

Adult Epilepsy: This Service provides residents with experience in the neuropsychological assessment of adult (and on occasion, adolescent) patients with epilepsy. Most patients are surgical candidates or have had surgical treatment, but there are also opportunities to evaluate non-surgical patients who have epilepsy and a variety of comorbid neurological and psychological conditions. Patients are seen on an outpatient basis or as inpatients admitted for continuous video EEG monitoring on the 11-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 resective surgery. Post-surgical outcomes 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 patients and families. In addition, the resident may gain experience in specialized test procedures and investigations, such as the etomidate Speech And

Memory (eSAM) test, and/or have the opportunity to observe neurosurgical procedures and cortical mapping, as available. On this service, the resident will benefit from working on an interprofessional team (including Neurology, Neurosurgery, EEG, Clinical Psychology, Social Work and Nursing) as well as have the opportunity to attend weekly Epilepsy Teaching Rounds. Later in the rotation, opportunities will be provided to work with a Psychometrist, if appropriate.

Neuropsychology Consultation Program (SJHC - Parkwood Institute)

Primary Supervisors: Dr. Emily Grossner and Dr. Tara Champ

The neuropsychology service at St. Joseph's Health Care London provides consultation to a variety of clinical programs. These programs have a strong interdisciplinary focus, with team members from neurology, psychiatry, social work, occupational therapy, physiotherapy, speech-language therapy, and nursing. The neuropsychology service provides assessment and consultation to both inpatient and outpatient programs serving adults and older adults. As part of this rotation, trainees will have an opportunity to work with diverse presentations, including traumatic brain injury, stroke, neurodegenerative disease, and psychiatric conditions. We receive referrals from inpatient brain injury rehabilitation, outpatient rehabilitation, specialized geriatric programs (i.e., memory clinic, cognitive neurology), geriatric psychiatry, and ambulatory mental health programs.

The resident will be responsible for test selection, test administration, scoring and interpretation, report writing, and the provision of feedback. Conceptualization will include incorporating information from diverse sources (e.g., patient and collateral interview, observations, interdisciplinary team reports, neuroimaging, laboratory investigations, neuropsychological test data) to develop an accurate representation of the person's current status. Trainees will refine their skills in the characterization of cognitive impairment, making differential diagnoses of complex cases, and providing appropriate and timely recommendations. There will be an emphasis on gaining experience communicating assessment results, implications, and diagnoses to patients, families, and referral sources/interdisciplinary teams. Residents will participate in multidisciplinary patient case rounds and team case presentations.

Residents will have the opportunity to work with psychometry in this rotation. Opportunities to provide intervention (i.e., psychoeducation/cognitive rehabilitation, adjustment to illness/injury) are available for interested residents.

Neuropsychology Track Supervisors:

<u>Supervisor</u>	<u>Patient Population</u>	<u>Focus (Assessment vs Intervention)</u>	<u>Theoretical Orientation</u>	<u>Research/PD Opportunities</u>
<i>LHSC</i>				
Dr. Kelly An	Adult Neurology/Neurosurgery	Assessment	*	Yes
Dr. Tara Champ	Adult and Senior Neuropsychology	Assessment	*	Yes
Dr. Andrea Downie	Paediatric Oncology, ages 4-19	Assessment	*	No
Dr. Emily Grossner	Adult and Senior Neuropsychology, ABI/SCI	Assessment and Intervention	Cognitive Rehabilitation; Integrative	Yes
Dr. Brent Hayman-Abello	Adult Epilepsy	Assessment	*	Yes
Dr. Sue Hayman-Abello	Adult Epilepsy	Assessment	*	Yes
Dr. Ashley Miles	Adult Neurology/Neurosurgery	Assessment	*	Yes
Dr. Lynn Rennison	General Adult Neuropsychology	Assessment	*	Yes

* Intervention is rare so no theoretical orientation is listed

MINOR ROTATION DESCRIPTIONS

Adult Neurology/Neurosurgery Neuropsychology

Primary Supervisor: Ashley Miles

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

Primary Supervisors: Dr. Patricia Jordan, Dr. Daniel Provenzano

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 including a Broad Records Check.

(Anti-requisite: Child/ Adolescent Track)

Child/Adolescent Mood and Anxiety Disorders Program

Primary Supervisors: Dr. Julie Eichstedt, Dr. Catalina Sarmiento

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

Primary Supervisor: Dr. David LeMarquand

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

Primary Supervisor: Dr. Sarah Vernon-Scott

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).

(Anti-requisite: Health/Rehabilitation Track)

Forensic Psychology

Primary Supervisor: Dr. Laura Fazakas-DeHoog

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)

Inpatient ABI/SCI Rehabilitation

Primary Supervisor: Dr. Emily Grossner

SJHC Parkwood Institute

For this Minor Rotation, residents will have the opportunity to provide intervention (e.g., adjustment to illness/injury, psychoeducation, brief psychological support) to individuals receiving inpatient rehabilitation on the Acquired Brain Injury (ABI) and Spinal Cord Injury (SCI) units. Patients on these units are often facing difficult life transitions and would benefit from additional support. Residents on this service will work with an interdisciplinary team, including Physiatry, Nursing, Social Work, Neuropsychology, Speech Language Pathology, Occupational Therapy, Physical Therapy, etc. Regular attendance at clinical rounds is an important aspect of clinical training on this service. The main roles of Psychology on this rotation are to provide assessment of mood and adjustment to the patient, family, and team; provide emotional support to the patient during their inpatient rehabilitation; and develop recommendations to help the patient transition to their next phase of life (e.g., returning home, transitioning to long term care).

(Anti-requisite: Neuropsychology Track)

Neuropsychology Adult Epilepsy Service

Primary Supervisors: Dr. Brent Hayman-Abello, Dr. Sue Hayman-Abello

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, Social Work, 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. In the past, residents have had the opportunity to liaise with the local epilepsy community support agency. 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)

Neuropsychology Consultation Liaison Service

Lynn Rennison, Psy.D., C. Psych., ABPP-CN

London Health Sciences Centre: Victoria Hospital

The Neuropsychology Consultation Liaison Service conducts neuropsychology assessments with patients with a variety of medical and/or psychiatric presentations, such as dementia, metabolic disorders, endocrine disorders, cancers, schizophrenia, mood disorders and anxiety disorders. Both inpatients and outpatients are evaluated. 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 presentations of individuals with cognitive 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 and psychiatric 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. 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)

Paediatric Oncology – Neuropsychological Assessment

Primary Supervisor: Dr. Andrea Downie

London Health Sciences Centre: Children's Hospital

The goal of a Minor Rotation in this service is to introduce the interested non-neuropsychology resident to the role of neuropsychology in a paediatric oncology service. Residents will gain familiarity with issues specific to paediatric neuropsychology through exposure to assessments with children who are referred from the Pediatric Oncology service. 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 gain an appreciation for the specialized nature of the administration and interpretation of these tests within a neuropsychological framework. 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)

Positive Psychology and Suicide Prevention Research Program

Primary Supervisor: Dr. Marnin J. Heisel

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)

APPLICATION PROCEDURE

Eligibility for Application

Our Consortium subscribes to the APPIC policies and CPA Accreditation Standards with regard to preparation for the predoctoral residency year. For all Tracks, we consider applicants from doctoral graduate psychology programs that are accredited by the CPA or APA or their equivalent, or that are not accredited but have been granted an initial accreditation site visit by the CPA/APA. Applicants who do not attend doctoral programs accredited by CPA should provide us with information necessary for the Consortium to establish that their program's doctoral training is equivalent to a CPA-accredited program.

For consideration of any of our four Tracks, advanced graduate students are required to meet all of the following *minimum* criteria by the **application deadline of November 1, 2026**.

- completed at least 600 hours total of supervised practicum experience, including at least 300 hours in face-to-face patient/client contact (interviewing, assessing, or intervening with clients directly) and at least 150 hours of supervision
- proposed their doctoral thesis
- successfully completed their program's comprehensive/qualifying examinations (if applicable)
- completed their **core, required** graduate level coursework
(courses that are not minimally required for graduation can still be underway such as electives, extra practica, and so on. Consult with your program's Training Director if you are unsure) *

*If some core coursework is not completed at the time of application but a student's program Training Director certifies that this course will be completed by December 31, 2026 then the application will still be accepted, considered and reviewed. In those cases, **confirmation of coursework completion must be provided to us no later than January 31, 2027** to consider the applicant for ranking with the National Matching Service. Applicants are advised to confirm with their graduate program's Training Director if they have completed all core required coursework as described above.

Please note that for direct patient/client contact activity we will include telepsychology (telephone contact or virtual videoconference) with hours for face-to-face patient/client contact. **In addition, each of our four Tracks has individualized minimum application criteria beyond those listed above. Interested applicants should review the Track descriptions for more details of the additional minimal credentials required for those Tracks beyond those described above.**

The start date for this predoctoral residency year is **Wednesday, September 1, 2027**.

Although proposal of the doctoral thesis is the minimum requirement, degree of dissertation progress is a factor considered in evaluating all applications. Thus, preference will be given to applicants who have also collected their data by the application deadline. In addition, although not always possible, we typically give further preference to applicants who have analyzed their data, completed a draft of their thesis, or even successfully defended their doctoral thesis prior to beginning the residency year.

Please note that due to Canadian government laws regarding employment of non-Canadian Citizens, we are only able to consider applications from individuals who are:

- **Canadian Citizens, or**
- **Canadian Permanent Residents, or**
- **non-Canadians attending a Canadian graduate psychology program (as described above) AND who already have documentation/permits allowing them to work in Canada during the period of the residency (September 1, 2027 - August 31, 2028).**

Applicants should consult with their program's Training Director to ensure they meet these criteria.

In the past our Consortium matched most often with students from Clinical Ph.D. programs, but there is also great variability across doctoral programs. Applicants from accredited doctoral Counselling, Clinical Neuropsychology, School Psychology Ph.D. programs, or Psy.D. programs may have clinical experiences and training that match well with our program and specialty Tracks. Therefore, we encourage students in such programs who believe their goals and experiences are a match with our training opportunities and program structure to apply.

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

Prior to starting the residency, all residents must provide evidence of Professional Liability Insurance to the Director of Clinical Training. Coverage must be in effect by the first day of the program. If your university program does not provide insurance coverage while on residency, information about how to obtain this insurance is available from the Director of Clinical Training.

Because of the highly vulnerable populations at many of the Consortium Sites, final acceptance into the program is dependent on the successful completion of a police records check, and residents completing rotations at CPRI will **ALSO** be required to ensure their police records check also includes successful completion of a Broad Records Check. In addition, LHSC requires all new employees to complete a health review before the start of their training year. We will provide information on these processes after the final APPIC Matching process has been completed.

Please also note that the Consortium host agency, LHSC, has a mandatory mask-fit policy that requires **ALL** employees (and thus all residents) to complete a mask fit test as part of their starting employment and to wear one when required. This further requires that during fit testing and any subsequent required occasions users (employees) must be clean shaven where the respirator seals to the skin of the face or neck.

Diversity and Non-Discrimination Policy

The London Clinical Psychology Residency Consortium is firmly against and condemns racism and oppression impacting individuals and systems. Consistent with the Canadian Code of Ethics for Psychologists, respect for the dignity of persons and peoples is held in highest regard. In addition, the member sites of the London Clinical Psychology Residency Consortium are committed to employment equity, welcome diversity in the workplace, and encourage applications from all qualified individuals including members of visible minorities, Indigenous persons, and persons with disabilities.

The London Clinical Psychology Residency Consortium endeavours to provide an accessible workplace for residents with disabilities. All sites can provide workspace, parking, and equipment to meet the needs of residents with disabilities and successful accommodations have been made for residents in the past. Applicants who have specific questions about access and accommodations available at our setting are encouraged to contact the Director of Clinical Training early in the application process in order that their concerns or needs may be fully addressed, including during the application process.

Application and Selection Procedures

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

- Cover letter (indicating to which Track(s) you are applying and why you believe you are a good fit for training provided by that Track or Tracks)
- APPIC Application for Psychology Internship (AAPI)
- APPIC Academic Program's Verification of Internship Eligibility and Readiness
- Curriculum Vitae
- Graduate transcripts
- Three letters of reference (using the current APPIC Standardized Reference Form) – Please note the Consortium may contact referees directly for further information.

As per APPIC requirements, all letters of reference are to use the current **APPIC Standardized Reference Form**, which includes a review of the applicant's professional and personal skills and strengths with regard to areas of competencies, as well as the opportunity to comment on areas for potential growth and development. This form required by APPIC can be accessed through their application. Please note that we require *no supplemental material* to be sent with the application. We welcome applications to more than one Track from the same applicant, provided the individualized minimum criteria are met for each Track. Only one application and one cover letter are necessary if applying to multiple Tracks. We ask applicants to indicate clearly in their cover letter all Tracks to which they are applying, and why they believe they are a good fit for the training provided by those Tracks.

The application deadline for all material to be submitted using the AAPI online is **November 1, 2026 11:59 pm EST**. We will email applicants if their application is incomplete. Applicants do not need to contact us before then to check on the status of their applications. If their application is complete and we have no questions, we will not contact applicants until we notify them of their interview status.

A subset of applicants will be chosen for interviews to take place in January 2027. Each Track has its own team of interviewers. All communication regarding interview offers and scheduling them for January 2027 will be done using the National Matching Service (NMS) Interview Scheduler platform. **The interview notification date is set for Friday, December 4, 2026 beginning at 11:00 am EST** (the final date by which all applicants can expect to be notified of their interview status by email). Those invited for an interview will then use the online NMS Interview Scheduler to book their own interview date(s) and time slot as soon as they have been offered an interview. **Please note that all interviews will take place remotely – through videoconference and/or telephone. There will be no in-person interviews for any applicants in 2027.**

Applicants who applied to and are offered interviews for more than one Track at our program will be sent separate invitations for each Track, and must then also book separate interview dates (i.e., one for each Track). For each interview offer, applicants select one block of time on their desired date – **either** one morning slot or one afternoon slot. Multiple people can reserve the same block of time. Each interviewee will be contacted later via email with their individual schedule for the day (likely during the week of December 7, 2026).

If you have not received notification of your interview status through the NMS Interview Scheduler shortly after 11:00 AM EST on Friday December 4, 2026 please be certain to check your email's Spam, Junk, Quarantine or similar folders. If you have not received any notification about your interview status by 3:00 PM EST on Friday December 4, 2026, or for some reason you are unable to book one of the available dates and time slots, please contact our program.

All applications are carefully reviewed and rated by supervisory staff within the applicant's Track. Applicant rankings are based on many factors, including (in no particular order): progress toward completion of dissertation; quality, breadth, and depth of assessment and intervention experience (particularly in areas related to the training offered in our Consortium); relevant didactic training (e.g., coursework, workshops

attended); academic accomplishments; letters of reference; staff's impressions from the applicant interviews; research experience; quality of writing samples (e.g., responses to essays on the AAPI); goals of training; and other information from the application materials.

Applicants should know that applications are not ranked based solely on the raw number of practicum hours reported in the AAPI, as long as the minimum required hours for the Consortium in general and for their specific Track(s) of interest have been completed. Types and variety of practicum experiences are considered. Applicants should strive to have practica experience with cases varying in complexity, in different service delivery settings, and with a variety of populations, presenting questions, assessment and therapeutic models and methods, case conferences, and supervisors to acquire the competencies for readiness for a successful predoctoral residency year. These factors are more important than the raw number of hours recorded, and are also used in considering applications.

Interview Process

Interviews typically follow a three-part format. The core will be an approximately one-hour interview videoconference/call with the interview team which includes representative supervisors from the Track. This is the primary evaluative portion of the interview process and while it is evaluative, we also give applicants the opportunity to ask questions about our predoctoral residency during that time. Two additional interviews are offered so that applicants can learn more about our residency program. Applicants speak with the Director of Clinical Training, often in a group with other applicants, where they are provided with an overview of the Consortium and can ask general questions about the program. Applicants also speak with a current resident or residents about their experiences in our program. Neither the Director of Clinical Training nor the current residents are part of the formal evaluative process although, in rare circumstances, the Director of Clinical Training may comment on an applicant to their Track's interview team. As well, any contact an applicant has with other Consortium staff - with the exception of the arranged discussions with current residents - can become part of their application file. To the best of our abilities, we will try to arrange these three activities - videoconferences or telephone calls with the interview team, Director of Clinical Training, and current resident(s) - to occur on the same date.

Once an offer is made for an interview with our Consortium, applicants can request to arrange separate additional videoconferences/telephone calls with specific potential supervisors. We ask interview applicants interested in such contact to please request this when arranging their interview date. These may be able to be arranged on the same date as the formal interview, but due to schedules of some potential supervisors, they may need to be arranged for another date.

APPIC Policies

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

APPIC regulations make it clear that acceptance of a position is binding. We therefore ask that applicants and their Directors of Training or Department Heads carefully review their program's requirements for releasing the student to go on residency/internship, to ensure that students who are applying for positions in our Consortium will indeed be allowed to begin their training experiences on **Wednesday, September 1, 2027**.

Our program will follow the deadline for submissions of Rank Order Lists to the National Matching Service for Phase I is set by APPIC, typically in early February 2027, and Phase I Match Day will likely be mid- to late February 2027. If any of our residency positions remain unfilled after Phase I of the match, we will follow APPIC guidelines for participation in Match Phase II. As with Phase I, all Phase II interviews will also be remote through videoconference and/or telephone.

Policy on Handling Your Personal Information

In accordance with federal privacy legislation (Personal Information Protection and Electronics Documents Act), you should be aware that we are committed to collecting only the information in your application that is required to process your application. This information is secured within Psychological Services at LHSC and is shared only with those individuals involved in the evaluation of your application. If you are not matched with our Consortium, your personal information is destroyed one year after Phase II Match Day. If you are matched with our Consortium, your AAPI will be available only to those directly involved in your supervision and training including your rotation supervisors, your Track Coordinator, the Director of Clinical Training, and relevant administrative support staff. We will place an electronic copy of this material on a secured section of the relevant Consortium Site networks that will only be made available to those individuals directly involved in your supervision and training.

Information on Accreditation

The London Clinical Psychology Residency Consortium was first accredited as a Doctoral Internship Program in Clinical Psychology by the Canadian Psychological Association in 2009, and after our site visit in July 2021 we were re-accredited for a 5-year term, and we recently completed our Accreditation Review Site Visit in July 2026. Information on accreditation by the Canadian Psychological Association is available by contacting the following office:

Accreditation Office
Canadian Psychological Association
1101 Prince of Wales Drive, Suite #230
Ottawa, ON K2C 3W7
Telephone: 1-888-472-0657
E-mail: accreditationoffice@cpa.ca

Work Settings of Graduates

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

<u>Setting</u>	<u>Number (2014-2026)</u>
Academic Medical Centre	27
Community Hospital/Agency	24
Private Practice	64
Completing Dissertation	11
Academic/Research	6
Post-Doctoral Fellowship	9

Historical Application Data – CPA Public Disclosure Table

This table contains information regarding incoming Residents to the London Clinical Psychology Residency Consortium over the past 7 years:

Academic Year	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27
Positions	12	12	10	8	8	8	7
Applications	184	196	188	144	108	109	181
Interviewed/short-listed	77	80	69	61	57	48	72
Ranked	68	71	61	55	54	41	61
Matched	12	11	9	8	8	6	7
Matches as % applications	7%	6%	5%	6%	7%	6%	4%
<i>Of those who matched:</i>							
Males	3	3	3	1	0	0	2
Self-identify as Diverse (e.g., minority, disability, LGBTQ)	4	4	3	1	4	2	2
From Outside Province	6	3	3	2	1	2	4
From Outside Canada	1	1	0	0	0	0	0
Mean Practicum Hours (Assessment + Intervention)	671	683	602	607	673	543	563
--> Supervision	349	337	329	364	358	336	358
--> Support/Indirect	911	872	1,011	946	1,049	1041	1100
Mean Total Hours	1,931	1,892	1,942	1,917	2,080	1920	2021
Internship Salary	\$29,250	\$29,250	\$29,250	\$41,000	\$41,000	\$41,000	\$43,000

For More Information

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

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 London, Ontario, Canada, N6A 5A5
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 E-mail: brent.haymanabello@lhsc.on.ca
 Web: www.londoninternshipconsortium.ca

CONSORTIUM STAFF BIOSKETCHES

Rukham Ajaz	Psychometrist, Neuropsychology Track London Health Sciences Centre – University Hospital M.Sc., Western University, 2018
Kelly An	Clinical Neuropsychologist, Neuropsychology Track; Track Co-Coordinator London Health Sciences Centre - University Hospital Ph.D., University of Windsor, 2019 <u>Clinical Interests:</u> Adult neuropsychological assessment for differential diagnosis of various neurological conditions, including presurgical assessment of patients under consideration for deep brain stimulation to treat movement disorders; evidence-based psychotherapy and psychodiagnostics assessments for adolescents and adults with various mental health issues <u>Research Interests:</u> Performance validity measures and methods in assessment
Chloe Beauchamp	Psychometrist, Neuropsychology Track London Health Sciences Centre – University Hospital M.Sc., Western University, 2019
Danielle Bedard	Psychologist, Adult Mental Health Track London Health Sciences Centre - Victoria Hospital Ph.D., University of Toronto, 2008 <u>Clinical Interests:</u> Dialectical behaviour approaches to the treatment of borderline personality disorder and associated comorbidities (complex trauma, substance use, anxiety; eating disorders); Assessment and treatment of depression and anxiety-spectrum disorders with a particular interest in PTSD, using CBT, DBT/DBT-PE, and process-experiential approaches <u>Research Interests:</u> Client's emotional processing; Psychotherapy process and outcome; mechanisms of change in DBT
Kelly Bedek	Psychometrist, Adult Mental Health Track St. Joseph's Health Care London – Southwest Centre for Forensic Mental Health Care B.A. (Honours), University of Western Ontario, 2015 <u>Clinical Interests:</u> Assessment (e.g., risk, personality, cognitive) in a forensic setting; Clinical file reviews pertaining to risk and recidivism <u>Research Interests:</u> Psychometric test measures; Program development and evaluation
Richelle Bird	Psychologist, Child & Adolescent Track, Children's Hospital, London Health Sciences Centre Ph.D., Western University, 2020 <u>Clinical Interests:</u> Assessment and intervention (ACT, DBT, CBT and Family Based Therapy) for children and adolescents with complex mental health profiles, including exposure to trauma and violence, eating disorders, externalizing behaviours, self-injurious behaviours and suicidality <u>Research Interests:</u> Exploring and implementing evidence-based interventions to reduce barriers to accessing mental health services for marginalized youth and their families; global mental health initiatives

Gani Braimoh	Psychologist, Child/Adolescent Track Child and Parent Resource Institute (CPRI) Psy.D., Adler School of Professional Psychology, 2006 <u>Clinical Interests:</u> Mood Disorders clinic lead; Parents of children with bipolar disorder; Cognitive behavioural therapy; Adlerian psychology; Community psychology
Bryan Butler	Psychologist (Supervised Practice), Adult Mental Health Track St. Joseph's Health Care London – Parkwood institute, Greater Toronto Area site Ph.D., McGill University, 2024 <u>Clinical Interests:</u> Assessment and treatment of PTSD and other operational stress injuries. <u>Research Interests:</u> The impact of operational stress injuries on individual and family sleep outcomes.
Brittney Castrilli	Psychometrist, Adult Mental Health Track London Health Sciences Centre- 54 Riverview Ave. M.Sc. Clinical Neuroscience- Western University, 2018 <u>Clinical Interests:</u> Psychological assessment of clients with a diagnosed eating disorder; Program evaluation and outcomes; Program development <u>Research Interests:</u> Relapse prevention in clients with a diagnosed eating disorder
Tara Champ	Neuropsychologist, Neuropsychology Track St. Joseph's Health Care London – Parkwood Institute Ph.D., University of Windsor, 2022 <u>Clinical Interests:</u> Neuropsychological assessment of adults and older adults with known or suspected cognitive impairment secondary to neurological disorders, neurodegenerative disease, or acquired brain injury for the purpose of differential diagnosis, treatment planning, and monitoring outcomes
Brenda Chiang	Psychologist, Adult Mental Health Track St. Joseph's Health Care London – Parkwood institute, Greater Toronto Area site Ph.D., University of Waterloo, 2020 <u>Clinical Interests:</u> Assessment and treatment of military members and first responders (police officers, firefighters, etc.) presenting with psychological difficulties incurred during the course of their service. Individual and group therapy. <u>Research Interests:</u> posttraumatic sequelae and moral self-concept; obsessive-compulsive disorder; resiliency and protective factors
Jennifer Crotagino	Psychologist, Child/Adolescent Track London Health Sciences Centre, Children's Hospital Ph.D., McGill University, 2003 <u>Clinical Interests:</u> Biopsychosocial assessment and intervention of psychosocial factors in children and youth with paediatric illnesses/conditions and their families. Interdisciplinary/multidisciplinary, evidence-based approaches to managing paediatric health (e.g. diabetes, chronic headache, gastrointestinal conditions, etc.). Adherence to medical treatment. Parenting in the context of paediatric illness. Procedural anxiety in children and youth. <u>Research interests:</u> Paediatric pain, program development/evaluation of psychological interventions in pediatric health, paediatric headache, group interventions for chronic pain

Abirami Daer	Psychologist, Child/Adolescent Track; LHSC Academic Practice Consultant London Health Sciences Centre - Children's Hospital PhD, University of Windsor, 2019 <u>Clinical Interests:</u> Child development, pediatric pain; program evaluation, development of innovative/novel interventions and assessment tools (e.g., using eye-tracking, virtual reality, CBT). <u>Research Interest:</u> designing, implementing, and validating innovative/novel interventions and assessment tools.
Wendy den Dunnen	Psychologist, Child/Adolescent Track Child and Parent Resource Institute (CPRI) Ph.D., University of Ottawa, 2017 <u>Clinical Interests:</u> Clinical assessment and treatment for children and adolescents with attachment and trauma concerns; attachment and trauma-informed treatment and consultation, cognitive behaviour therapy <u>Research Interests:</u> Program evaluation
Tracy Desjardins	Psychologist, Adult Mental Health Track St. Joseph's Health Care London -Parkwood Institute Ph.D., University of Victoria, 2014 <u>Clinical Interests:</u> Assessment (e.g., comprehensive diagnostic, violence risk, criminal responsibility, malingering) and treatment (e.g., CBT, DBT) in a forensic setting; Posttraumatic Stress Disorder; Substance Use Disorders <u>Research Interests:</u> Program evaluation; emotional support; transition to adulthood
Amber Di Paolo	Psychometrist, Adult Mental Health Services London Health Sciences Centre - Riverview M.A., Western University, 2024
Andrea Downie	Clinical Neuropsychologist, Neuropsychology Track London Health Sciences Centre - Children's Hospital / Victoria Hospital Ph.D., Queen's University, 2000 <u>Clinical Interests:</u> Neuropsychological assessment, diagnosis, and consultation of children treated for childhood cancer, as well as neurological, genetic, and metabolic disorders <u>Research Interests:</u> Academic and cognitive sequelae of the treatments for Acute Lymphoblastic Leukemia (ALL); Social functioning in children treated for brain tumours and ALL.
Jen Drummelsmith	Psychologist, Adult Mental Health Track London Health Sciences Centre - Victoria Hospital Traumatic Stress Services (TSS), Outpatient Mental Health, Victoria Hospital Psy.D., The Chicago School of Professional Psychology, 2023 <u>Clinical Interests:</u> Group and individual psychotherapy, trauma-focused care and interventions, trauma-processing therapies, and transdiagnostic approaches to intervention. <u>Research Interests:</u> Group based trauma processing therapy on long-term mental health outcomes, efficacy of transdiagnostic treatment approaches, program development and evaluation in context of acute care settings.

Stephanie Dubois	Psychologist, Adult Mental Health Track St. Joseph's Health Care London – Parkwood Institute Ph.D., Ball State University, 2003 <u>Clinical Interests:</u> Psychological assessment and individual therapy for patients with persistent mental (affective, psychotic, personality) disorders in an inpatient setting. Theoretical approaches utilized: Integrative psychotherapy; Informed by counter-transference/transference issues, trauma informed care, working alliance and process of change. Supervision emphasis on professional identity, mentoring and advocacy.
Bethany Easterbrook	Psychologist (Supervised Practice), Adult Mental Health Track St. Joseph's Health Care London – Parkwood Institute Ph.D., McMaster University, 2025 <u>Clinical Interests:</u> Assessment and treatment of military and public safety personnel PTSD and other commonly occurring disorders (e.g., depression); cognitive behavioural therapy; therapeutic support for potentially morally injurious experiences <u>Research Interests:</u> treatment outcomes for comorbid psychopathologies including PTSD and moral injury; etiology and course of moral injury in military and Veteran populations; risk and protective factors for PTSD in public safety professions
Julie Eichstedt	Psychologist, Child/Adolescent Track London Health Sciences Centre - Children's Hospital / Victoria Hospital Ph.D., Concordia University, 2002 <u>Clinical Interests:</u> Evidence-based psychological assessment and treatment of children, and adolescents with internalizing difficulties; Mood and Anxiety Disorders; Cognitive behavioural therapy; Collaborative Problem-Solving. <u>Research Interests:</u> Program development and evaluation, mood and anxiety disorders in children and adolescents, models of service delivery in children's mental health.
Nicole Elliott	Psychologist, Adult Mental Health Track St. Joseph's Health Care London – Parkwood institute, Ph.D., University of Toronto, 2018 <u>Clinical Interests:</u> Assessment and treatment of military-related and first responder PTSD; couples' therapy with PTSD; concurrent disorders and suicidality; Cognitive-Behavioural Therapy <u>Research Interests:</u> suicidal behaviors and PTSD with Veterans and first responders; gender issues in the military; Intergenerational trauma and culturally based psychological treatment for Canadian Indigenous peoples.
Laura Fazakas-DeHoog	Psychologist, Adult Mental Health Track St. Joseph's Health Care London: Southwest Centre for Forensic Mental Health Care Ph.D., University of Western Ontario, 2007 <u>Clinical Interests:</u> Psychological profiling; Assessment and treatment of trauma and complicated grief; Treatment of severe pathology and personality disorders <u>Research Interests:</u> Prediction of violent recidivism in the forensic population; Effective treatment of trauma and complicated grief; Psychotherapy for psychotic disorders; Prediction of violent and self-destructive behaviour; Design and test an integrative model of suicidal thinking and behaviour within a clinical population

Heather Getty	Psychologist, Health/Rehabilitation Track London Health Sciences Centre-Victoria Hospital Behavioural Medicine Service – Victoria Hospital, LHSC Ph.D., University of Windsor, 2002 <u>Clinical Interests:</u> Individual and group psychotherapy; interventions based on the psychological flexibility model, attachment dynamics, and transdiagnostic approaches. <u>Research Interests:</u> Relationships between psychological flexibility, attachment style and related capacities (e.g., emotion regulation, mentalization), and outcomes in the context of chronic illness; efficacy of transdiagnostic treatment approaches.
Emily Grossner	Neuropsychologist, Neuropsychology Track St. Joseph's Health Care London – Parkwood Institute Ph.D., The Pennsylvania State University, 2022 <u>Clinical Interests:</u> Neuropsychological assessment for patients with neurological disorders, neurodegenerative diseases, and acquired brain injuries; cognitive rehabilitation and adjustment to injury/illness <u>Research Interests:</u> Cognitive outcomes following neurological illness/injury; self-awareness deficits following brain injury
Brendan Guyitt	Psychologist, Adult Mental Health Track London Health Sciences Centre - Victoria Hospital CBT, Outpatient Mental Health, Victoria Hospital Ph.D., University of New Brunswick, 2011 <u>Clinical Interests:</u> Mood and anxiety disorders, Cognitive-behavioural therapy <u>Research Interests:</u> Cognitive biases, how beliefs form and change, program development and evaluation.
Jeremy Harrison	Psychologist, Adult Mental Health Track St. Joseph's Health Care London – Parkwood Institute Psy.D., Florida Institute of Technology, 2005 Board Certified in Clinical Psychology American Board of Professional Psychology (ABPP) <u>Clinical Interests:</u> Psychological assessment and treatment of adults with persistent mental illnesses; Cognitive behavioural therapy approaches; Integrative approaches to psychotherapy. <u>Research Interests:</u> Applied research; Psychotherapy effectiveness.
Brent Hayman-Abello	Neuropsychologist, Neuropsychology Track; Director of Clinical Training London Health Sciences Centre - University Hospital Ph.D., University of Windsor, 2003 <u>Clinical Interests:</u> Neuropsychological assessment of adults with neurological disorders, with specific interests in epilepsy, stroke, and dementia; Impact of epilepsy on cognitive and daily living abilities <u>Research Interests:</u> Cognitive change following epilepsy surgery; Compensatory strategy training for persons with cognitive impairments
Susan Hayman-Abello	Neuropsychologist, Neuropsychology Track London Health Sciences Centre - University Hospital Ph.D., University of Windsor, 2006 <u>Clinical Interests:</u> Neuropsychological assessment of adults and adolescents with neurological disorders, with specific interests in epilepsy and pre-surgical evaluations <u>Research Interests:</u> Discrepancies in subjective and objective memory impairment; cerebral localization of cognitive dysfunction and prediction of post-surgical changes; Acute assessment of memory and language during seizures.

Marnin Heisel	Psychologist, Adult Mental Health Track London Health Sciences Centre - Victoria Hospital Ph.D., York University, 2001 <u>Clinical Interests:</u> Assessment and treatment of adults and older adults with mood disorders and at elevated risk for suicide; Interpersonal/psychodynamic and humanistic/existential psychotherapy <u>Research Interests:</u> Study and prevention of suicide among older adults including improving the identification of older adults at-risk for suicide; Testing
Tony Iezzi	Psychologist, Health/Rehabilitation Track London Health Sciences Centre – University Hospital Ph.D., University of Georgia, 1989 <u>Clinical Interests:</u> Assessment and management of bariatric surgery patients <u>Research Interests:</u> Psychological adjustment to medical conditions; Comorbidity of physical and psychological symptoms; Identification of early psychological risk factors in the development of medical conditions
Patricia Jordan	Psychologist, Child/Adolescent Track Child and Parent Resource Institute (CPRI) Ph.D., University of Western Ontario, 2012 <u>Clinical Interests:</u> Assessment and treatment of children and adolescents with complex mental health needs, including non-suicidal self-injury and Cluster B personality traits; Models of service delivery for residential treatment; developmental trauma and attachment; assessment and consultation regarding sexualized behaviour; Dialectical Behaviour Therapy, Cognitive Behaviour Therapy
Leah Keating	Psychologist, Adult Mental Health Track St. Joseph's Health Care London – Parkwood Institute, Ph.D., York University, 2017 <u>Clinical Interests:</u> Assessment and treatment of military and RCMP members presenting with psychological difficulties incurred during the course of their service (e.g., PTSD, depression, anxiety, substance use). Individual and group therapy. <u>Research Interests:</u> LGBTQ+ clients' experiences of trauma and mental health treatment; treatment of trauma; attachment; eating disorders and body image
Nicole Lazenby	Psychometrist, Neuropsychology Track London Health Sciences Centre – Children's/Victoria Hospital B.A. (Honours), University of Western Ontario
David LeMarquand	Psychologist, Adult Mental Health Track Assistant Director of Clinical Training St. Joseph's Health Care London – Parkwood Institute Ph.D., McGill University, 1998 Board Certified in Clinical Psychology, American Board of Professional Psychology (ABPP) <u>Clinical Interests:</u> Psychological assessment, individual and group psychotherapy for individuals with concurrent severe and persistent mental (affective, psychotic, personality) and substance use disorders who are outpatients in a tertiary care hospital setting; Theoretical approaches utilized include interpersonal, cognitive-behavioural <u>Research Interests:</u> Neurobiology of impulse control, aggression, psychotherapy outcome in personality-disordered individuals

Cathy Maan	Psychologist, Child/Adolescent Track London Health Sciences Centre - Children's Hospital / Victoria Hospital Ph.D., University of Saskatchewan, 1994 <u>Clinical Interests:</u> Paediatric oncology; Paediatric consultation-liaison; adjustment to acute and chronic illnesses
Julia MacKinley	Psychometrist, Adult Mental Health Track St. Joseph's Health Care London – Parkwood Institute M.Sc. University of Edinburgh, 2015 <u>Clinical Interests:</u> Cognitive and personality assessment; psychometric test measures
Laura McGeown	Psychologist, Adult Mental Health Track London Health Sciences Centre - Riverview Ph.D., Lakehead University, 2022 <u>Clinical Interests:</u> Enhanced Cognitive Behavioural Therapy for Eating Disorders (CBT-E), CBT-T (i.e., a brief 10-session version of CBT for eating disorders), and group therapy for adults with eating disorders; Cognitive Processing Therapy for trauma; assessment for diagnosis of eating disorders and other mental health issues in adults <u>Research Interests:</u> Program development and outcome evaluation for eating disorder treatment; influences of stress on dietary restraint and suppression of food intake; psychophysiological and personality factors that influence disordered eating
Ashley Miles	Neuropsychologist, Neuropsychology Track London Health Sciences Centre – University Hospital Ph.D., York University 2013 <u>Clinical Interests:</u> Adult and geriatric neuropsychological assessment, with a focus on pre- and post-surgical assessment of individuals with epilepsy and Parkinson's disease; Differential diagnosis of neurodegenerative conditions <u>Research Interests:</u> Identifying the profile and magnitude of subjective and objective change in neuropsychological functioning following surgical intervention for neurological conditions
Stephanie Nardone	Psychologist, Adult Mental Health Track St. Joseph's Health Care London - Parkwood Institute Ph.D., University of Windsor, 2024 <u>Clinical Interests:</u> Assessment and psychotherapy for military members and first responders. Trauma-focused treatment, emotion-focused therapy. <u>Research Interests:</u> Psychotherapy process research.
Adam Newton	Psychologist, Child/Adolescent Track, Track Co-Coordinator, London Health Sciences Centre, Children's Hospital Ph.D., Western University, 2023 <u>Clinical Interests:</u> pediatric pain, comorbidities between physical health, and mental health, sleep disturbances. <u>Research Interests:</u> novel interventions for chronic pain (e.g., DBT, CBT-I), sleep development & disturbances, program evaluation
Danielle Pearce	Psychometrist, Neuropsychology Track London Health Sciences Centre – Children's/Victoria Hospital M.A., Ontario Institute for Studies in Education of the University of Toronto, 2019
Rhonda Peterson	Psychometrist, Child/Adolescent Track Child and Parent Resource Institute M.A., University of Western Ontario, 2003

Michelle Pogue	Psychometrist, Neuropsychology Track St. Joseph's Health Care London – Parkwood Institute B.Sc. (Honours), McMaster University, 2015 <u>Clinical Interests:</u> Neuropsychological assessment of adults with a suspected or confirmed neurological disorder, with specific interests in Alzheimer's disease, epilepsy, stroke, and acquired brain injuries. <u>Research Interests:</u> Impact of treatment on daily functioning and factors that contribute to its success.
Daniel Provenzano	Psychologist, Child/Adolescent Track Child and Parent Resource Institute (CPRI) Ph.D., University of Windsor, 2024 <u>Clinical Interests:</u> Inpatient assessment and treatment of children and adolescents with complex mental health problems; Evidence-based treatments including Cognitive Behaviour Therapy and Collaborative and Proactive Solutions.
Emily Reddick	Psychometrist, Adult Mental Health Track London Health Sciences Centre – Riverview Ave M. Ed. Counselling Psychology – Western University 2012 <u>Clinical Interests:</u> Psychological assessment of clients with a diagnosed eating disorder; Program evaluation and outcomes. <u>Research Interests:</u> Effective treatment for clients with a diagnosed eating disorder.
V. Lynn Rennison	Neuropsychologist, Neuropsychology Track; Track Co-Coordinator London Health Sciences Centre – Victoria Hospital and University Hospital Psy.D., Adler School of Professional Psychology, 2004 American Board of Professional Psychology (ABPP) Board Certified in Clinical Neuropsychology <u>Clinical Interests:</u> Neuropsychological assessment of adults with known or suspected cognitive impairment secondary to medical or psychiatric illnesses. <u>Research Interests:</u> Neuropsychological sequelae following mild traumatic brain injury and COVID-19.
Niki Rielly	Psychologist, Child/Adolescent Track Child and Parent Resource Institute (CPRI) Ph.D., Queen's University, 2003 <u>Clinical Interests:</u> Clinical assessment and treatment of children and adolescents with complex mental health problems; Cognitive behaviour therapies including the Collaborative Problem Solving Approach <u>Research Interests:</u> Program evaluation
Catalina Sarmiento	Psychologist, Child/Adolescent Track London Health Sciences Centre - Children's Hospital / Victoria Hospital Ph.D., Western University, 2023 <u>Clinical Interests:</u> Outpatient assessment and treatment of children and adolescents; parent-based interventions (e.g., SPACE); internalizing disorders <u>Research Interests:</u> Program development and evaluation

Magali Segers	Psychologist, Child/Adolescent Track Child and Parent Resource Institute (CPRI) Ph.D., York University, 2017 <u>Clinical Interests:</u> Assessment and treatment of Tourette Syndrome and co-occurring conditions; assessment and treatment of pediatric OCD; exposure and response prevention; cognitive behavioural therapy; collaborative and proactive solutions, body focused repetitive behaviours <u>Research Interests:</u> Program evaluation of the Brake Shop Clinic; sensory processing in autism spectrum disorders; suicidality in autism spectrum disorders
Wolf Steger	Psychologist, Adult Mental Health Track St. Joseph's Health Care London – Parkwood Institute, Greater Toronto Area Site Psy.D., The Chicago School of Professional Psychology, 2023 <u>Clinical Interests:</u> Assessment and treatment of PTSD and commonly co-occurring conditions (e.g., substance use disorders, depression, anxiety, transition to civilian life) within the populations of military members and first responders (police, firefighters, paramedics, etc.); employment fitness-related assessments for first responders (e.g., pre-employment psychological screening, fitness for duty, safeguarding, wellness checks etc.) <u>Research Interests:</u> Police psychology: pre-employment psychological screening (predictability of assessment measures, outcome monitoring), fitness for duty, critical incident stress debriefing, program development (e.g., wellness programming), mental health stigma
Thulasi Thiruchselvam	Psychologist, Adult Mental Health Track St. Joseph's Health Care London – Parkwood institute, Greater Toronto Area site Ph.D., University of Toronto Scarborough, 2023 <u>Clinical Interests:</u> Assessment and treatment (individual, group) of commonly occurring psychological difficulties among public safety personnel, including posttraumatic stress disorder, depression, and various anxiety disorders. <u>Research Interests:</u> Maintenance factors in concurrent diagnoses, mechanisms of change in psychotherapy, positive valence systems/reward sensitivity
Nicole Tilley	Psychometrist, Neuropsychology Track London Health Sciences Centre - University Hospital B.A. (Honours), University of Windsor, 2014 <u>Clinical Interests:</u> Neuropsychological assessment of children and adolescents regarding a broad range of neurological disorders. Specific interests include: brain lesions, schizophrenia, mood disorders, and dementia. <u>Research Interests:</u> Neuropsychological assessment of individuals with cognitive, emotional and behavioural dysfunction resulting from brain impairment and injury. As well as basic and applied issues in memory and cognition, including distinguishing between appraisals of occurrence, accuracy, and recollection in autobiographical memory.
Sarah Vernon-Scott	Psychologist, Health/Rehabilitation Track; Track Coordinator London Health Sciences Centre- University Hospital Ph.D., Lakehead University, 2007 <u>Clinical Interests:</u> Assessment, consultation, and treatment of functional neurological disorder, psychogenic non-epileptic seizures, mood disorders, posttraumatic stress disorder, adjustment to illness, etc. <u>Research Interests:</u> Psychogenic non-epileptic seizures/functional neurological disorder

Sonya Wanklyn	Psychologist, Adult Mental Health Track St. Joseph's Health Care London – Parkwood Institute, Greater Toronto Area Site Ph.D., Ryerson University, 2016 <u>Clinical Interests:</u> Assessment and treatment of PTSD and commonly co-occurring conditions (e.g., substance use disorders, depression, relationship distress); couple therapy for mental health disorders. <u>Research Interests:</u> Etiology of co-occurring mental health disorders subsequent to traumatic events, and the psychosocial risk and resilience factors for comorbid psychopathology, with a particular focus on understanding and treating comorbid PTSD and substance use disorders.
Serena Wong	Psychologist, Adult Mental Health Track St. Joseph's Health Care London – Parkwood Institute Mental Health Ph.D., Bowling Green State University, 2021 <u>Clinical Interests:</u> Trauma-informed care, spiritually integrative care, acceptance and commitment therapy, functional analytic psychotherapy <u>Research Interests:</u> Spiritual competency, sacred moments, spiritual struggles, trauma-related disorders
Sandra Zirul	Psychometrist, Neuropsychology Track London Health Sciences Centre - Victoria Hospital B.A. (Honours), University of Western Ontario, 1994 <u>Clinical Interests:</u> Neuropsychological assessment of individuals with cognitive, emotional and behavioural dysfunction resulting from brain impairment



London Health Sciences Centre



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For more information, or to obtain
an application package, please contact:

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