Practicum Site Brochure Package

Updated January 2016
<table>
<thead>
<tr>
<th>Practicum Brochures –Child-Adolescent and Adults Sites</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre for Mental Health and Addiction (CAMH) ...........3</td>
</tr>
<tr>
<td>Hamilton Health Sciences – Child and Adolescent ..........24</td>
</tr>
<tr>
<td>Hamilton Health Sciences – Available Placements for 2016-2017 ...33</td>
</tr>
<tr>
<td>Hamilton Health Sciences – Neuropsychology ...............34</td>
</tr>
<tr>
<td>Hincks-Dellcrest Centre ..........................................41</td>
</tr>
<tr>
<td>Humber River Hospital, Adult Mental Health Program .......60</td>
</tr>
<tr>
<td>Markham Stouffville Hospital ......................................61</td>
</tr>
<tr>
<td>Ontario Shores Centre for Mental Health Sciences ..........63</td>
</tr>
<tr>
<td>Ryerson Centre for Student Development and Counselling ...92</td>
</tr>
<tr>
<td>Sunnybrook Frederick W. Thompson Anxiety Disorders Centre ....94</td>
</tr>
<tr>
<td>University Health Network (UHN) ..............................102</td>
</tr>
</tbody>
</table>
CLINICAL PRACTICUM TRAINING
PROGRAM IN PSYCHOLOGY

2016-2017

Director-of-Training: Dr. Niki Fitzgerald, Ph.D., C.Psych.
Psychologist-in-Chief: Dr. Sean Kidd, Ph.D., C.Psych.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overview of CAMH</td>
<td>3</td>
</tr>
<tr>
<td>Overview of the Application Procedure</td>
<td>5</td>
</tr>
<tr>
<td>Overview of Clinical Rotations</td>
<td>6</td>
</tr>
<tr>
<td>Child Rotations</td>
<td>6</td>
</tr>
<tr>
<td>Adult Rotations</td>
<td>10</td>
</tr>
<tr>
<td>Clinical Practicum Faculty Supervisors</td>
<td>19</td>
</tr>
<tr>
<td>Practicum Application Form</td>
<td>23</td>
</tr>
</tbody>
</table>
OVERVIEW OF CAMH

Working for Better Understanding, Prevention and Care

CAMH is the largest mental health and addiction facility in Canada and is recognized for its excellence. It was founded in early 1998 through the merger of the Addiction Research Foundation, Clark Institute of Psychiatry and, Donwood Institute, and Queen Street Mental Health Center and is affiliated with the University of Toronto. Since the merger, CAMH has focused on a seamless integration of addiction and mental health services in a functional and flexible environment. Internationally, CAMH has been designated by the World Health Organization as one of only four Centres of Excellence in mental health and addiction in the world. Through accessible treatment, community services, research, education and prevention, CAMH works to improve the quality of life for people who are struggling with mental illness or addiction and to support their family and friends.

“For me it was the courage, and I guess the courage comes from saying ‘hey, let’s make a change.’ And the courage to continue to do that. It’s so great now … it is so good for me now. I love my life.”

Susan E. Gapka, Courage to Come Back Award Recipient

Care

“One of the things about working with people who suffer from mental illness or people who struggle with addictions is that, to the public, this may seem like a discouraging environment – a place that’s not filed with hope. But for those of us who work clinically, just the opposite is true. I find a great deal of professional fulfillment in this environment because many, many people get better.”

Dr. David Goldbloom, former Physician-in-Chief

CAMH is committed to providing comprehensive, well-coordinated, accessible care for people with addictions or severe mental illness. We have created a continuum of clinical programs, support and rehabilitation to meet the diverse needs of people who are at risk and at different stages of their lives and illnesses. Our services include assessment, brief early interventions, inpatient programs, continuing care, and family support. We also address the larger issues relating to the four major factors affecting health: housing, employment, social support and income support. Our client-centred philosophy of care recognizes that the client has individual social, physical, emotional, spiritual and psychological needs.

Mental Health

CAMH provides a wide range of inpatient, outpatient, and community-based treatment programs including: Child, Youth, and Family; Dual Diagnosis; General Psychiatry; Law and Mental Health; Mood and Anxiety; Schizophrenia; Work, Stress & Health, and others.
Addiction
CAMH's addiction treatment is based on a harm reduction philosophy, an approach that focuses on decreasing adverse health, social, and economic consequences of alcohol or drug use. Clients' goals range from reduced use to total abstinence. Concurrent Disorders programs offer an integrated treatment approach for people facing concurrent addiction and mental health problems.

Prevention
"Prevention involves a host of things. It's not just about preventing substance abuse or mental health problems. It's about supporting health and well-being and having environments that really are healthy environments."
Akwatu Khenti, former Director of Education and Training Services

CAMH is committed to working with communities throughout Ontario to create environments that support health and prevent illness. CAMH consultants work with individuals, local service providers and community groups to apply initiatives in the community and design evidence-based systems and approaches. Consultation, support, and training focus on preventing problems, promoting health and planning and delivering treatment. By providing information to the general public, we empower people with the knowledge to reduce the likelihood, recurrence and/or intensity of addiction or mental health problems for themselves or others.

Understanding
“Only through education can we hope to improve the understanding of mental health and addiction problems and thus foster support for people who struggle with these challenges.”
Dr. Paul Garfinkel, former President and CEO

One of CAMH's goals is to be a leader in creating, applying and disseminating knowledge. Each year, the Centre receives many research grants, fellowships and awards, resulting in the publication of hundreds of scientific articles and studies. Our research guides our public policy priorities and is transformed into practical resource materials and training programs, which inform the practice of professionals and help educate the general public. Advancing our understanding of mental illness and addiction is key to future improvements in prevention and clinical care. Working with communities, we aim to foster understanding and reduce the stigma associated with these illnesses.
OVERVIEW OF THE APPLICATION PROCEDURE

Clinical placements are available across a large number of specialty clinics, to be described below. All placements are for a minimum duration of **500 hours**, either on a part-time or full-time basis. Traditionally, placements are either 2-3 days per week from September to May, or 4-5 days a week from May to August. Other combinations are possible and at the student and supervisor's discretion.

The **DEADLINE FOR APPLICATIONS** is early Feb. 2016 (date to be determined Nov. 6th – please see website in mid-late November) for Spring-Summer 2016 and Fall-Winter 2016-2017 placements. Applications submitted after this deadline will be reviewed after the Common Notification Day (TBD) pending the availability of practicum spots (no exception and no phone calls or emails about exceptions please).

Applications are to include:
1) The completed application form (on the last 2 pages of this brochure)
2) A one page statement of training goals and objectives
3) An up-to-date curriculum vitae
4) Undergraduate and graduate transcripts (can be unofficial)
5) Two letters of reference (at least one from a professor; other can be work or volunteer supervisor)

Please assemble all materials (except reference letters) prior to submission, and email them to Dr. Niki Fitzgerald at Psychology.PracticumApplications@camh.ca. Please ask referees to email reference letters with the name of the applicant in the subject line.

Once your completed application is received, the Practicum Committee will review the submission. If deemed appropriate, your application will be sent to potential supervisors who may contact you for an interview. Most interviews take place within 4 weeks of the application deadline.

CAMH participates in **Common Notification Day** with other GTA sites. You will be notified that day if we are offering you a placement. **If your university does not have an affiliation agreement with CAMH, this will need to be obtained before your acceptance.**
OVERVIEW OF CLINICAL ROTATIONS

---CHILD, YOUTH AND FAMILY TRACK---

The Child, Youth, and Family (CYF) Program is newly organized, incorporating the former Child Psychiatry Program and the Youth Addictions Service, both long-standing services at the Centre for Addiction and Mental Health.

Assessment and psychological testing includes objective tests, projective tests, observational techniques, psychoeducational assessment, and structured diagnostic interviews. Such training includes development of integrated psychological report writing and the process of providing clinically sensitive feedback to parents and children. Therapeutic approaches rely on empirically-validated and best-practice models of intervention. These include individual psychotherapy, group therapy, family therapy, and parent counseling in various modalities (e.g., cognitive-behavioral, behavioral, psychodynamic, solution-focused and strength-focused, and core conflictual relationship theme therapy). Preventative programs in school and community settings also exist. Services within the CYF often work within a multidisciplinary team of psychologists, psychiatrists, social workers, nurses, and child and youth workers. Thus, practicum students are able to enhance their understanding of the roles of multiple disciplines and develop skills in working together constructively.

Practicum students will receive intensive training in clinical assessment and diagnosis, psychological testing, consultation, and therapeutic intervention. Such training includes experience in clinical interviewing of children, youth, and their families, and diagnostic formulation, which includes a strong focus on the use of the DSM-IV-TR. The program also serves a diverse and multicultural population, giving the practicum student an awareness of their own personal and professional strengths, limitations, and areas of growth as a clinician, while developing the knowledge, sensitivity, and skills needed to work with diverse populations.

Training staff have a variety of theoretical interests, including attachment theory, the interface between developmental psychology and psychopathology, and evolutionary psychology.

ADOLESCENT SERVICE
Supervisor: Tracey A. Skilling, Ph.D, C.Psych.

The Adolescent Service works with youth aged 12 to 19 years old. These youth are often actively involved in the juvenile justice system or have other legal issues. Mental health, psycho-educational, and risk-to-reoffend assessments are completed with recommendations offered to the courts, families, and other involved agencies. The clinic also, on occasion, provides similar assessment services to youth not involved in the juvenile justice system who have problems with behaviour such as anger, aggression, or sexual misconduct.
This rotation exclusively provides assessment services; comprehensive treatment plans are developed but not offered by the Service, instead treatment referrals to community agencies are suggested. Practicum students have the opportunity to be involved in psycho-diagnostic assessments, psycho-educational assessments, and feedback to clients, families and referral agents. Assessments are often completed as a multidisciplinary team and students will have opportunities to work closely with professional from other disciplines including psychiatry and social work.

Students may also have the opportunity to be involved in clinical research projects underway in the Service.

**BETTER BEHAVIOURS SERVICE**
Supervisor: Brendan Andrade, Ph.D., C.Psych.

The Better Behaviours Service (BBS) provides help for children, youth and their families who have challenges with disruptive behaviour, aggression, social skills difficulties, inattention and non-compliance at home and/or at school. Through semi-structured assessment, factors contributing to behavioural difficulties are identified. Individual, family and group based treatments are offered to help children build skills, reduce behavioural difficulties and help caregivers develop more effective parenting strategies to reduce family conflict. The BBS also offers a 10-month (i.e., an academic year) day treatment program for children aged 6-8 with severe behavioural challenges. Day treatment occurs in conjunction with family and group based therapy. Throughout the practicum students interact with an interdisciplinary team of professionals (i.e., Social Work, Child and Youth Work, and Psychiatry).

This is a clinical-research practicum. Students will be involved in assessment, detailed clinical formulation, intervention and consultation in the context of one or more clinical-research projects operating within the BBS. Students will also provide treatment for children in the day treatment program. Students complete brief assessments and participate in delivery of structured group, individual and parent-child treatment. Training and supervision of implementation of Cognitive-Behavioural treatment and other evidence-informed approaches will be provided.

Note: This is an intervention practicum. Only students who have completed an assessment practicum will be considered for this rotation.

**GENDER IDENTITY SERVICE**
Supervisors: Kenneth J. Zucker, Ph.D., C.Psych.

The Gender Identity Service helps children, adolescents, and families better understand a young person’s struggle with gender identity development and related behavioural or emotional problems. Many children and youth seen in this clinic are confused about their gender identity or are unhappy about being a boy or a girl. The clinic also assesses children and youth exhibiting inappropriate and/or highly sexualized behaviour, as well
as adolescents who are concerned about being sexually aroused by cross-dressing.

Treatment modalities are informed by models of developmental function and psychopathology. Diagnostic case formulations tailor the therapeutic modality and approach, which include supportive psychotherapy, psychodynamic therapy, attachment-based therapy, and parent counselling. We typically provide weekly long-term treatment to our clients. A key element in the training experience of the practicum student is to develop empathic skills and to understand better the internal representational world of their clients. Practicum students will have the opportunity to be involved in diagnostic assessments, psychological assessments, feedback to clients, families and referral agents, and as well in individual, family and parent therapy. Students may also have the opportunity to be involved in clinical research projects underway in the Service. Assessment and treatment initiatives are undertaken within the framework of a multidisciplinary team approach, and students work closely with the professionals from other disciplines (e.g., psychiatry, social work, and endocrinology) in the provision of services.

PSYCHOLOGICAL ASSESSMENT TEAM FOR CHILDREN AND YOUTH SERVICE
(Only available for Fall-Winter Practicum)

Psychometry service offers students opportunities for conducting comprehensive psychological assessments for children and youth (age 4-17) who are referred internally within the Child, Youth and Family Program. Assessments are typically requested for psycho-educational, socio-emotional, and psycho-diagnostic considerations.

Practicum students will gain experience with regard to clinical and diagnostic interviewing, administering and interpreting standardized psychological assessment measures and tests, integrating clinical information with psychological test data, and provision of written and verbal feedback to clients, families, and referring agents.

Assessment tools include cognitive measurement, academic testing, assessment of learning, memory, and language, as well as socio-emotional, personality, and projective measures. Practicum students are trained via individual supervision and group supervision.
-- ADULT TRACK --

AMBULATORY CARE AND STRUCTURED TREATMENTS PROGRAM

Mood and Anxiety Ambulatory Services
Supervisor Dr. Judith Laposa

The Mood and Anxiety Ambulatory Services is a clinical and research unit staffed by individuals from a wide range of disciplines including psychology, psychiatry, social work, nursing, and occupational therapy. Our service is a high demand out-patient treatment service that offers specialized training in empirically supported treatments, namely in short-term cognitive behavioural therapy for mood, obsessive compulsive related, and anxiety disorders (clients receive treatment lasting for 12-15 weeks) as well as relapse oriented treatment (mindfulness-based cognitive therapy (MBCT). This rotation offers experiences with mood, obsessive compulsive related, and anxiety disorders.

A main focus of the practicum rotation involves collaborating with clinical practicum students in order to further develop their ability to provide a comprehensive multi-axial diagnosis, while considering optimal treatment suitability (e.g., considering the client’s level of functioning, treatment modality, treatment format, acute phase treatment vs. relapse prevention treatment). Practicum students will gain proficiency in the administration of the Structured Clinical Interview for the DSM-5 (SCID-5) and they will also learn to administer the treatment suitability interview for determination of suitability for short-term cognitive-behavioural treatment. In addition, there is a strong emphasis on the importance of case formulation skills, in order to optimally apply CBT principles to complex diagnostic presentations.

Practicum students have the opportunity to co-lead CBT treatment groups for depression, panic disorder, generalized anxiety, social phobia, and obsessive-compulsive disorder during the rotation, as well as transdiagnostic groups. Supervision includes direct individual supervision, and weekly clinical rounds that include all clinic staff. Practicum students may have additional opportunities to work with other disorders that interface with mood, obsessive compulsive related, and anxiety disorders, as opportunities arise.

Practicum students will develop clinical decision making skills, learn how to effectively communicate/collaborate with other health professionals, and train in empirically supported treatments. Practicum students are valued members of the treatment team, and they become familiar with the relevant clinical and research literature. Related training goals involve understanding the role of cognitive vulnerability factors, while considering the interaction between pharmacotherapy and psychological treatment of the disorder.
In addition to offering clinical services, the Mood and Anxiety Ambulatory Services is an active research centre. Depending on the practicum student’s interests and experience, opportunities to participate in clinical research projects may be available as time permits.

**The Integrated Day Treatment (IDT)**  
Supervisor: Adele Efendov, Ph.D., C.Psych.

The Integrated Day Treatment (IDT) is an intensive day-based service focused on improving access to care for clients (18 years and older) who would benefit from intensive programming for mood and anxiety, trauma and addictions. The program offers multiple group-based therapy streams for complex clients with a primary diagnosis of a mood and anxiety disorders. Clients may also experience secondary comorbid conditions including personality disorders, substance use disorders and trauma related conditions.

Clients enter the program by one of three treatment streams. What stream clients begin in is determined based on the client’s unique needs and the severity of symptom presentation. The Initial Intensive Stream is a 4 week, 5 half-days per week, open group focused on psychoeducation, activation, and skills building. The Recovery Connections Program is a 10 week, 2 half-days per week, open group which builds on skills learned in the Initial Intensive Stream and expands on DBT and CBT skills for management of mood and anxiety disorders. The Mapping Wellness stream is an 8 week, 5 half-days per week, closed stream, focused on psychoeducation, skills building, interpersonal effectiveness and DBT/CBT skills. The program utilizes a group therapy approach as well as individual clinical care including case management, psychiatric care and community linkage.

Students will have the opportunity to work closely within an intra-professional team (psychology, psychiatry, social work, nursing, occupational therapy, recreationist, peer support worker) offering brief group therapy focused on CBT and DBT based skills. Students will also have the opportunity to provide limited (up to six sessions) individual therapy to clients focused on CBT skills for mood and anxiety disorder. Another focus of the placement will be completing psychodiagnostic assessments for Axis I and II disorders (using the SCID-I and SCID-II) to provide diagnostic clarification and determine treatment suitability. In addition to regular individual supervision, students will have the opportunity to fully participate in team meetings, client rounds, and educational rounds.
CENTRALIZED ASSESSMENT, TRIAGE & SUPPORT (CATS)

Gender Identity Clinic
Supervisors: Nicola Brown, Ph.D., C.Psych.
            Barbara Mancini, Ph.D., C.Psych (on parental leave)

The Gender Identity Clinic (GIC) is an outpatient clinic that evaluates adults (18 and over) who are referred because of gender dysphoria. The GIC sees individuals who are considering or pursuing a social and/or medical transition, as well as individuals who elect to manage and/or express feelings of dysphoria while remaining in their original gender role. CAMH’s Adult Gender Identity Clinic is currently the only Clinic in the province empowered to carry out the Ministry of Health’s approval process for individuals in Ontario seeking an OHIP-funded sex reassignment surgery (SRS). As such, we see a wide diversity of clients, with presentations across a spectrum of diagnostic categories and levels of functioning, including complex cases.

The Clinic offers students specialized training in diagnostic and life history interviewing that emphasizes a holistic understanding of a person. The results of these assessments enumerate relevant diagnoses and for those seeking medical interventions, evaluate a person’s eligibility and readiness using the principles articulated in the current World Professional Association for Transgender Health (WPATH) Standards of Care (SOC 7). Trainees will conduct initial clinical assessments, as well as follow-up and surgery approval appointments. Trainees will also have the opportunity to provide time-limited individual psychotherapy and other relevant support where indicated. Trainees will become familiar with the literature, receive weekly individual supervision, and participate in weekly case conferences that include all clinic staff. Participation in research activities is available when there are active projects and as time permits.

Psychology students at the Doctoral level are welcome to apply; familiarity with LGBT communities is preferred.

SCHIZOPHRENIA PROGRAM

Through its 200+ inpatient beds and 15 ambulatory services, the Schizophrenia Program provides care at all stages of the illness. Services include prevention, treatment for first episode psychosis, Medication Assessment Program for Schizophrenia (MAPS), monitoring and management of co-occurring metabolic problems, rehabilitation, and care for adults with severe and persistent mental illness.

Assessment Service
Supervisors: Sylvain Roy, Ph.D., C.Psych.
            Yarissa Herman, D.Psych., C.Psych.

Practicum students will have the opportunity to participate in the Schizophrenia Program psychological assessment service. In this service they will gain experience in clinical interviewing, administering and interpreting psychological and neuropsychological assessment tools, writing comprehensive assessment reports, and providing feedback
to clients, family members, and service providers. Assessments address questions related to community functioning (e.g., psycho-educational and psycho-vocational assessments) and issues of diagnosis and comorbidity among persons with psychosis. Weekly supervision meetings will be held with students and there are opportunities to attend a range of clinical rounds and interdisciplinary team meetings.

**Cognitive Behaviour Therapy Service**
Supervisors: Faye Doell, Ph.D., C.Psych.

The rotation in the Cognitive Behaviour Therapy Service of the Schizophrenia Program offers a unique training opportunity for students who are interested in gaining experience working therapeutically with individuals with severe and persistent mental illness. Practicum students will receive intensive training in CBT for Psychosis, and will have the opportunity to participate in weekly individual supervision as well as group supervision with a multidisciplinary team of clinicians. Students will carry a small caseload of individual clients, and will also have the opportunity to participate as co-facilitator of CBT for psychosis therapy groups offered through both our outpatient services and Partial Hospital Program.

**LAW AND MENTAL HEALTH PROGRAM**
The Law and Mental Health Program was one of the first forensic centers established in Canada and continues to be at the forefront of research and treatment innovations. The Law and Mental Health Program specializes in the assessment and treatment of individuals who have ongoing involvement with the legal system.

**Adult Forensic Outpatient Service** (Only available for Fall-Winter Practicum)
Supervisor: John Arrowood, Ph.D., C.Psych.

The Adult Forensic Outpatient rotation is part of the CAMH Forensic Division of the Complex Mental Illness Program (previously the Law and Mental Health Program) and is one of the first forensic centers established in Canada (as part of the Clarke Institute of Psychiatry) and continues to be at the forefront of research and treatment innovations.

The Adult Forensic Outpatient rotation takes place on a clinical and research outpatient unit which specializes in the assessment and treatment of individuals involved in the criminal justice system. Practicum students also have the opportunity to take on specialized assessments within the Psycholegal Assessment Clinic. Clinical activities in which practicum students are involved include diagnostic and sexological assessment, assessment of psychopathic personality, clinical and actuarial assessment of risk for reoffense, assessment of malingering, and assessment of Posttraumatic Stress Disorder. Practicum students will become familiar with the psycholegal standards in forensic practice and in reporting to probation and parole officers, attorneys, and the courts. Interns also take on individual psychotherapy clients and run treatment groups in the sex offender treatment program.
Supervision is provided on an individual basis as well as in team meetings and case conferences. Additionally, students will have the opportunity to attend Forensic Division seminar series. Possibilities also exist for participation in clinical research as time permits.

**Adult Forensic Inpatient Service**  
Supervisor: Percy Wright, Ph.D., C.Psych.

The Law and Mental Health Program is comprised of several assessment and rehabilitative inpatient units that serve mentally ill individuals who are involved with the legal system. Relevant legal issues include clients’ fitness (competency) to stand trial and/or their criminal responsibility (legal defense) for their crimes.

Specialized clinical activities in which practicum students are involved include the assessment of intellectual, cognitive, and neuropsychological functioning, personality, and malingering. In addition, practicum students would have the opportunity to learn necessary skills for the assessment of psychopathy and risk for future offending.

Students will become familiar with the psycholegal standards involved in forensic assessment and reporting to the courts; in addition, he or she will be preparing clinical reports for relevant legal bodies, such as the Ontario Review Board, that guide and monitor the supervision and clinical care of our rehabilitation clients. Opportunities for individual and group therapy are available on a variety of topics (e.g., substance abuse, anger management, risk management, symptom management) according to students’ interests. Supervision is provided on an individual basis.

**Adult Sexual Behaviours Outpatient and Inpatient Service**  
Supervisor: Ainslie Heasman, Ph.D., C.Psych

The Sexual Behaviours Clinic (SBC) is part of the CAMH Complex Mental Illness Program. The SBC Outpatient unit specializes in the assessment and treatment of individuals with sexual behaviour problems. Some individuals will have had previous contact with the legal system which results in their referral to the SBC, while others have self-identified concerns over sexual behaviour and/or interests.

The Inpatient Forensic Service provides a secure setting for individuals found unfit to stand trial or not criminally responsible as a result of significant mental health issues. As a result, these individuals are under the auspices of the Ontario Reviews Board (ORB). Some of these individuals have engaged in sexually problematic behaviour.

Students typically engage in sexological and diagnostic assessments of individuals in both the inpatient and outpatient context. While psychological testing is not routinely conducted in these assessments, there is an opportunity for students to incorporate assessment tools on occasion, or assist in a more structured psychological assessment of clients referred by another SBC staff member. Treatment groups for sexual
behaviour problems are provided to both inpatient and outpatient groups and students can participate in co-facilitation. There is the opportunity for individual therapy cases as well, addressing the same presenting sexual behaviour problems. The SBC also provides group treatment for hypersexuality, and students have the opportunity to engage in assessment and treatment in this area as well. Students will become familiar with the psycholegal standards involved in forensic assessment.

Supervision is provided on an individual basis, as well as in team meetings and weekly case conferences. Students will also have the opportunity to participate in various departmental and hospital wide seminars. Both Summer and Fall/Winter placements will be considered.

**WOMEN’S PROGRAM**
Supervisor: Donna Akman, Ph.D., C. Psych.

The Women’s Program offers services for women with complex mood and anxiety disorders who often have a history of trauma and/or addictions. The program provides both inpatient and outpatient treatment. The approach is trauma-informed and integrates psychotherapeutic, psychopharmacological, and psycho-educational modalities of care. The Women’s Program is staffed by an interdisciplinary team from psychiatry, psychology, nursing, occupational therapy, therapeutic recreation, and social work.

Clinical activities in which students are involved include providing time-limited individual outpatient therapy, co-facilitating inpatient and outpatient groups, and conducting psychodiagnostic assessments. Students are expected to participate in clinical rounds, team meetings, and educational events.

This program only offers Fall and Winter placements. Applicants should be enrolled in a Doctoral level program.

**WORK, STRESS, AND HEALTH PROGRAM**
Supervisors: Rixi Abramhamsohn, Ph.D., C.Psych
Mark Bartoshuk, Ph.D., C. Psych
Hester Dunlap, Ph.D., C. Psych.
Michelle Carroll, Ph.D., C.Psych.
Donna Ferguson, Psy.D., C. Psych.
Niki Fitzgerald, Ph.D., C. Psych.
Longena Ng, Ph.D., C.Psych.

This rotation is conducted in the Work, Stress and Health Program (WSH) of the Mood and Anxiety Program. The WSH is a large multidisciplinary outpatient clinic that provides comprehensive independent assessment and treatment for individuals who develop primary anxiety or mood disorders in response to workplace related traumatic events.
The program provides students with the rare training opportunity to conduct independent comprehensive psychodiagnostic assessments for third parties within a civil-legal context. These assessments involve the thorough evaluation of Axis I psychopathology, Axis II personality pathology, normal personality, and response style distortion (i.e. malingering or defensive responding) utilizing structures and semi-structures interviews (e.g. SCID-I, CAPS, SIPD, M-FAST, SIRS), as well as self-report psychometrics (e.g., MMPI-2, PAI, NEO PI-R). The WSH assessment service sees a wide range of diagnostic presentations, but the majority of those assessed suffer from anxiety (e.g. PTSD, Panic Disorder), mood, and somatoform disorders. The WSH treatment service specializes in the treatment of primary anxiety and mood disorders (PTSD, depression and a range of other anxiety disorders) utilizing CBT. In addition to receiving supervision in the provision of individual evidence based CBT protocols for anxiety and mood disorders, students will have the opportunity to actively participate in our group program as well.

Both the assessment and treatment services function within a multidisciplinary team approach and students work closely with the professionals from other mental health disciplines (e.g. psychiatry, occupational therapy) in the provision of services. WSH clients are of diverse ethno racial and cultural backgrounds. Students will participate in the clinic’s regular clinical and educational rounds.

Psychology students at the Doctoral level are welcome to apply.

**CLINICAL RESEARCH**
(Only available as part-time, eight month practicum)

**Supervisor:** Lena C. Quilty, Ph.D., C.Psych.

This rotation is conducted in the Clinical Research Laboratory (CRL) at the College Street site. The CRL is a dynamic, integrated clinical, research and training setting, conducting a variety of basic clinical research and treatment outcome studies each year. The CRL receives an average of 450 referrals for basic clinical research studies per year, principally involving one- to two-day psychological assessments of mood, anxiety, substance use, impulse control and personality disorders. The CRL further receives an average of 470 referrals for treatment outcome studies per year, principally involving pharmacotherapy and psychotherapy, such as manualized cognitive behavioural therapy or behavioural activation, for depression and/or addictive disorder. The CRL also provides consultation and training to other mental health professionals. Practicum students may be involved in assessment and/or therapy, as determined by student training, experience and interests, as well as current research initiatives and opportunities.

Assessment practicum students receive in-depth training, supervision and experience in psychodiagnostic assessment, including the *Structured Clinical Interview for DSM-IV, Axis I Disorders, Patient Form* (SCID-I/P; First et al., 1995). Students also receive
training in structured interview, self-report, and performance-based measures of psychopathology, personality, cognition, impairment, and response bias. Supervision is provided on an individual basis. Training and supervision experience may be available for advanced students. Therapy practicum students receive in-depth training, supervision and experience in the provision of cognitive behavioural therapy or behavioural activation. Opportunities may also exist for time-limited supportive therapy. Supervision is provided on an individual basis. Peer observation and educational events may also be available. Practicum students will develop specific skills in empirically validated instruments and techniques, as well as general skills in clinical interviewing and decision making and effective communication with other health professionals. Opportunities to participate in research projects may be available, time permitting.
CLINICAL PRACTICUM FACULTY SUPERVISORS

Rixi Abrahamsohn, Ph.D., C. Psych., University of Toronto, 2008. Clinical Interests: Diagnostic assessment; assessment of malingering; individual and group cognitive behavioural therapy for depression and anxiety disorders, with a particular interest in the treatment of OCD and PTSD.


Adele Efendov, Ph.D., C. Psych., University of Toronto (OISE), 2006. Clinical and Research Interests: Assessment and treatment of mood and anxiety disorders with Cognitive Behavioural and Interpersonal Therapy (individual and group format), objective personality assessment, assessment of PTSD and malingering.


**Yarissa Herman, D.Psych., C.Psych.** University of Western Australia, 2010. Clinical and research interests: psychosocial interventions for people with psychosis, with a particular emphasis on motivational interviewing and concurrent disorders.


**Sean Kidd, Ph.D., C.Psych.,** Clinical Interests: complex trauma, mindfulness, and emotion-focused therapy. Research Interests: examining mechanisms of resilience among marginalized persons and the effectiveness of psychiatric rehabilitation interventions.


**Lena C. Quilty, Ph.D.** University of Waterloo, Clinical and research interests: include psychological assessment and treatment of mood and anxiety disorders. Research interests include the role of personality and cognition as mediators and moderators of treatment outcome in depression, the hierarchical structure of personality and
psychopathology, and the psychometric evaluation of measures of psychopathology and other individual difference variables.

Sylvian Roy, Ph.D., C.Psych. University of Montreal, 2011. Clinical interests: Neuropsychology and Neurorehabilitation. One of my roles will be to assess patients for brain injury and/or neurocognitive impairments stemming from complex medical conditions / concurrent disorders in addition to schizophrenia. Neurorehabilitation efforts may focus on cognitive remediation and/or compensation. Supervision can be offered in French or English.


Centre for Addiction and Mental Health
Psychology Practicum Application Form
For 2016-2017 Academic Term

(Applications are due on or before early February 2016 – still TBD)

1. Name:
   Address:

   Telephone:
   Date of Birth:
   E-Mail Address:

2. Educational Background
   University Dates of Attendance Degree Granted/
   Completion Major Expected

3. Name, Address, Telephone Number, and E-mail of your Director of Clinical Training
4. Fall-Winter Practicum ___   Spring-Summer Practicum ___
   Anticipated start of practicum: ________________________________

5. Based on the aforementioned descriptions provided, please rank order of the following rotations you would be interested in participating in (e.g., 1= 1st choice [most preferred rotation], 2= 2nd choice, 3= 3rd choice, etc.).

Please note that there are:
   (1) Child, Youth and Family, and
   (2) Adult rotations

It is possible but unusual for candidates to have in-depth training in both child and adult work. If you have both, you may rank across Child and Adult tracks. Otherwise, you should rank within one track only.

You do not have to rank as many as 3 services (only rank those in which you are interested), but please do not rank more than 3 choices in total.

CHILD, YOUTH AND FAMILY TRACK

Adolescent Service
Better Behaviours Service
Gender Identity Service
Psychological Assessment Team for Children and Youth

ADULT TRACK

Adult Forensic Inpatient Service
Adult Forensic Outpatient Service
Adult Sexual Behaviours Outpatient and Inpatient Service
Alternate Inpatient Milieu
Clinical Research
Gender Identity Clinic
Mood and Anxiety Ambulatory Services
Schizophrenia Program
Women's Program
Work, Stress and Health Program
Practicum Training in Child and Adolescent Clinical Psychology

2016-2017

Contact:
Tony DeBono, Ph.D., C.Psych.
Psychology Practicum Coordinator
MUMC Site, 3Z 10
Hamilton Health Sciences
Box 2000, Station A
Hamilton, Ontario
L8N 3Z5

(905) 521-2100 Ext. 76759
debonot@hhsc.ca
The Practicum Setting

Hamilton Health Sciences (HHS) is located in Hamilton, Ontario, Canada. Home to more than half a million residents, Hamilton is situated at the western tip of Lake Ontario midway between Niagara Falls and Toronto. It is the site of McMaster University, known internationally for its innovative medical school and research programs.

Visit www.hamilton.ca for more information about the city of Hamilton.

Hamilton Health Sciences (HHS) is comprised of a family of six hospitals and a cancer centre, serving more than 2.2 million residents in Central South and Central West Ontario. Each of the facilities offers specialized services that together make HHS one of the most comprehensive health care systems in Canada. All of the hospitals at Hamilton Health Sciences are teaching hospitals affiliated with the Faculty of Health Sciences at McMaster University. This allows patients to benefit from innovative treatments/research and staff and students to actively participate in research and teaching endeavours.

Programs that provide training in clinical psychology for children and youth are located in the Ron Joyce Children's Health Centre (RJCHC; Hamilton General Hospital; HGH) and the McMaster University Medical Centre (MUMC). The RJCHC provides a range of child and family services to the community, such as the Child and Youth Mental Health Outpatient Service, the Specialized Developmental and Behavioural Service, the Autism Spectrum Disorder Service, and the Infant-Parent Program. Services at MUMC provide general medical and surgical services, pediatric care (including the Child and Youth Mental Health Program’s Emergency, Inpatient, and Regional Outreach Services as well as the Pediatric Neurology, Epilepsy, and Oncology Neuropsychology Services within the McMaster Children’s Hospital), and specialized adult and women’s health services (e.g. Adult Chronic Pain Program).

Psychology staff at Hamilton Health Sciences currently includes thirty psychologists who are integral members of teams in child and adult psychiatry, pediatrics, geriatrics and rehabilitation and in many cases have developed and are responsible for running programs. Psychology staff have backgrounds ranging from clinical psychology to applied behavioural analysis, rehabilitation and neuropsychology. Most of the psychologists and many of the non-doctoral psychology staff have cross appointments with McMaster University in the Faculty of Health Sciences. Teaching and research are central to the mandate of the hospital and major community based intervention projects are ongoing in both the adult and child programs. The entire corporation is committed to a client/family-centered, evidence-based approach to health care.

Contact:

Tony DeBono, Ph.D., C.Psych.
Psychology Practicum Coordinator
MUMC Site, 3Z 10
Hamilton Health Sciences
Box 2000, Station A
Hamilton, Ontario
L8N 3Z5

(905) 521-2100 Ext. 76759
debonot@hhsc.ca

Hamilton Health Sciences is committed to a client-centered, evidence-based approach to health care.
Practicum Opportunities

A variety of child and family experiences are available depending on the practicum student’s goals and experience and availability of supervisors. Practicum students function as team members on the teams where they train (e.g., attending teams meetings as appropriate).

Trainees complete practica in either psychological assessment or psychological intervention. With respect to psychological assessment, exposure to children from a range of age levels (infant, preschool, latency age, adolescent) and diagnostic categories is possible once basic psychometric skills are established. Practicum students are also able to see clients from diverse cultural backgrounds.

Training in intervention for children, adolescents, and families is available. Therapeutic modalities include: behaviour therapy, cognitive behaviour therapy, dialectical behaviour therapy, and family therapy. Training is offered in individual and group therapy, and parent and professional psychoeducation formats. Supervision for each treatment modality is negotiated with the assistance of the practicum student’s primary supervisor.

The specific programs that offer placements vary year-to-year. Please check with the Practicum Coordinator to know what is offered for the 2016-2017 year.

Rotation Options

Assessment and treatment services at McMaster Children’s Hospital are offered at two locations (RJCHC and MUMC).

RJCHC Site Programs

The Child and Youth Mental Health Program

Child & Youth Mental Health Outpatient Service
The Child and Youth Mental Health Outpatient Service provides assessment, consultation, and treatment for children and adolescents (0-18) with internalizing and externalizing problems. Services offered include individual and family therapy, group programs for young people and/or their parents, parent skills training, medication consultation, and consultation with community agencies and schools. Team members also provide inservice education on psychiatric disorders and their management. Team members include psychiatrists, psychologists, psychometrists, social workers, nurses, home-based workers and students from various disciplines.

Home-based services are available for clients who need more intensive services than traditional clinic-based programs. Some of these clinicians specialize in children aged 0 to 6 who are at risk of experiencing significant socio-emotional difficulties. Parent therapists work closely with the childcare center/school to ensure continuity of care. Interventions may include the following: development of parenting skills; understanding and encouraging child development; fostering the parent-child relationship; consultation and support to daycare/preschool; and encouraging parent self-care and coping. Structured group interventions (e.g., The Incredible Years) are also provided. The team has links to a variety of frontline community supports and agencies (e.g., public health). Other home-based clinicians specialize in providing services for children ages 7 to 18 with moderate to severe emotional and/or behavioural difficulties who have not responded to traditional outpatient services.

HHS Values
Respect: We will treat every person with dignity and courtesy.
Caring: We will act with concern for the well being of every person.
Innovation: We will be creative and open to new ideas and opportunities.
Accountability: We will create value and accept responsibility for our activities.
Practicum Opportunities (cont’d)

The Specialized Developmental and Behavioural Service (SDBS)
The SDBS Team provides services for families of children with developmental and complex learning/cognitive difficulties between the ages of 2 and 18. Services are also offered to children with significant emotional behavioural difficulties between the ages of 2 and 6. SDBS provides assistance with transition services (e.g., entry to school); behavioural assessment and consultation; collaboration with community partners; communication assessment and consultation; developmental monitoring; developmental pediatric assessment; family or parent counseling; group intervention; health teaching; hearing tests; individual assessment and counseling; information about other services and resources; newsletters; parent workshops; psychiatric assessment and consultation; psychological and neuropsychological assessment and consultation; and service coordination.

The Autism Spectrum Disorders Service
The Autism Spectrum Disorders Service at the RJCHC Site of HHS provides assessment, treatment and consultation services for individuals, aged 2 to 18 years, with autism spectrum disorders. Training and support to families and professionals living and working with this population is also provided. The overall goal of the service is to maximize the potential of the person with ASD and enhance his or her ability to live and participate in the community.

Treatment services are provided using a mediator-training model (i.e., providing education and training for those who will interact with the child everyday; parents, early childhood educators, and other service providers). The principles of intervention services are founded in research-based evidence which support the focus of social-communication therapy and early intervention.

Opportunities are also available to become involved in the Hamilton Niagara Regional Autism Intervention Program, including Intensive Behavioural Intervention (IBI) for children with autism. Under the supervision of the psychologist that directs the program, practicum students can get experience in the delivery of this direct evidence-based intervention.

The Infant-Parent Program (IPP)
The Infant-Parent Program is a free service for families of infants at risk because of developmental, medical, or psychosocial problems. It helps families adjust to having a baby or toddler who may have special needs or challenges. The Infant-Parent Program is a service that supports parents and families. It offers treatment services with the goal of helping infants (and their parents) develop to their best potential. The staff works with families to set goals and solve problems together. The Infant Parent Program provides regular student placements for students of a variety of disciplines that are involved in our service. Practicum students may participate in any of the clinical services below, as appropriate.

Evidence-based interventions include 3 parenting courses (Right from the Start, COPEing with Toddler Behaviour, Communication Builders Group), 2 individual attachment interventions (Modified Interaction Guidance, Watch Wait and Wonder), and home visiting. Additional support services include infant assessment and parent workshops.

Community Parent Education Services (COPE)
COPE conducts workshops and educational events/groups for families with 3-12 year old children who have challenging behaviour. Parents learn skills to increase positive behaviour, avoid conflicts, encourage cooperation, respond to aggression, set priorities and solve problems. Parents share ideas with other parents; talk about common problems; learn about useful community services; and watch helpful videotapes. COPE courses meet once a week for 2 hours and are a free service run in the community.

(Continued on page 5)
McMaster University Medical Centre (MUMC) Site Programs

The Child and Youth Mental Health Regional Outreach Service
The Child and Youth Mental Health Regional Outreach Service provides assessment, consultation, and treatment for children and adolescents with internalizing and externalizing problems. Services offered include individual and family therapy, psychological testing, consultation for medication, and consultation with community agencies and schools. The CYMH Regional Outreach Service also provides priority urgent access assessment services, as well as bridging services for the Inpatient Unit. Team members also provide in-service education on psychiatric disorders and their management. Team members include psychology, psychiatry, social work, psychiatric nursing, and occupational therapy. The Regional Outreach Service primarily services children and adolescents aged 6-18 and their families from Hamilton and the surrounding region.

The Child and Youth Mental Health Inpatient Unit
The CYMH Inpatient Unit offers intensive assessment and treatment of children and adolescents with acute mental health concerns on both an elective and involuntary basis. Purposes for admission to the Inpatient Unit include stabilization, diagnostic clarification, and medication review. Individualized treatment plans may include: participation in daily treatment groups (i.e., Cognitive Behaviour Therapy (CBT), Dialectical Behaviour Therapy (DBT), Social Skills, Stress and Relaxation, Process, and Health), activity groups, academic programming in the on-site Section 23 classroom, and optional individual and/or family therapy.

The Child and Youth Mental Health Day Hospital
The CYMH Day Hospital is a voluntary program for children and youth who could benefit from daily intensive treatment programming, but who do not require 24-hour monitoring. The purpose of Day Hospital treatment is to provide diagnostic, assessment, and treatment services to children and youth with serious and complex mental disorders. Individualized treatment plans are similar to those for the Inpatient Unit and may include: participation in daily treatment groups (i.e., Cognitive Behaviour Therapy (CBT), Dialectical Behaviour Therapy (DBT), Social Skills, Stress and Relaxation, Process, and Health), activity groups, academic programming in the on-site Section 23 classroom, and optional individual and/or family therapy.

The Pediatric Eating Disorders Program
The Pediatric Eating Disorders Program provides service to children and adolescents up to the age of 18 who require multi-disciplinary assessment and treatment of an eating disorder (Anorexia Nervosa, Bulimia Nervosa, and Binge-Eating Disorder). Services include medical management, nutritional counseling, individual, family, and group therapy. While most of our patients are seen on an outpatient basis, medically unstable patients are admitted to the pediatric ward and followed by our team. Practicum students will receive training in assessment, treatment and consultation skills that are relevant to this population of patients. Rotations are typically 12 months in length (and typically occur on Tuesday and/or Thursday) and supervision is provided for a minimum of one hour a week. After an initial orientation and training period practicum students will be expected to conduct assessments of new patients independently and they will also pick up a caseload of 4 patients that will familiarize him/her with the spectrum of eating disorders. Opportunities are available to be involved in co-therapy or to sit in on assessment and therapy sessions provided by psychologists on staff. Staff include: Psychologists, Pediatricians, a Psychiatrist, Social Workers, a Registered Dietician, nurses, a physiotherapist, and a child life specialist.

Program Philosophy
Hamilton Health Sciences and the McMaster University Faculty of Health Sciences, is committed to a scientist-practitioner approach to education and practice which is client-centred. As such, the training of practicum students emphasizes the use of empirically supported, evidence-based assessment and treatment approaches.

(Continued on page 6)
Practicum Opportunities (cont’d)

The Child Advocacy and Assessment Program (CAAP)
CAAP primarily provides assessment and consultation services to children and families where any aspect of child maltreatment is an issue. In particular, the program provides assessments regarding child maltreatment, impact of child maltreatment, and parenting capacity. Consultation services are provided to the Children’s Aid Society and foster care providers. The program also provides intervention services including trauma-focused cognitive behaviour therapy and sexual assault follow-up (i.e., supportive counseling for children, youth and their families regarding their experience of sexual abuse/assault). The team includes a psychologist, psychiatrists, pediatricians, social workers, nurses, and child life specialists. Inpatient and outpatient referrals are accepted.

Pediatric Epilepsy
The Comprehensive Pediatric Epilepsy Program (CPEP) at the McMaster Children’s Hospital is an ambulatory/outpatient service for children with epilepsy, including patients who are being worked up for potential brain surgery as a result of having medically refractory epilepsy. This service provides assessment for children aged 3 through 17 years with a variety of medical and psychosocial complexities, learning and neurodevelopmental needs (e.g., Intellectual Disability, ADHD). Opportunities for practicum students include assessment of neuropsychological and emotional functioning, reviewing medical documents including EEGs and MRIs, conducting psychometric testing, interviewing, participating in feedback, case formulation, report writing, and attending multidisciplinary meetings and surgical conferences.

Pediatric Neurology and Oncology Psychological Services
The Pediatric Neurology and Oncology Psychological services provide clinical neuropsychological and psychological assessments to pediatric and adolescent inpatients and outpatients with a variety of neurological, behavioural, emotional and learning disorders (e.g., leukemia, brain tumors, epilepsy syndromes, encephalitis, as well as metabolic, immunologic and genetic conditions). Practicum students will be involved in interviewing children and family members, reviewing relevant medical documentation, administering and scoring assessment measures, providing feedback to family, children, and team members, as well as preparing written reports. Practicum students may also be involved in school feedback meetings, development of community-based treatment plans, implementation of behavioural interventions, or counseling on a case-by-case basis depending on availability. Moreover, practicum students will attend and actively participate in interdisciplinary clinical and educational opportunities (e.g., Tumor Board rounds, Neuro-oncology clinic, Brain Power, Neurology clinical rounds, etc.).
Educational Opportunities

In addition to direct clinical training, practicum students can participate in a wide variety of educational experiences during their placement, including seminars and rounds presentations.

**Seminars/Formulation Rounds**
Attended by psychology practicum students and interns in the child and family and adult neuropsychology programs, these rounds consist of case presentations/formulations, didactic teaching and presentations by various psychologists and professionals in the system.

**Ethics Rounds**
Ethics seminars for the psychology practicum students and interns are scheduled annually from January to June.

**Evidence-Based Psychiatry Rounds**
Practicum students may attend these rounds with psychiatry residents reviewing evidence-based treatments of child and adolescent mental health problems.

**Department of Psychiatry & Behavioural Neurosciences Rounds**
Offered by the academic department of the University, these rounds take place at St. Joseph Hospital on Wednesday mornings throughout the year.

**Many more...**
Practicum students are able to attend any hospital rounds. Others that may be of interest include rounds offered by the Department of Pediatrics and the Offord Centre for Child Studies.

---

Supervision and Evaluation

Practicum students are assigned a supervisor (a registered psychologist) in each of the programs that s/he trains within. At the beginning of the practicum placement, the student and their supervisors set individualized written goals and objectives and identify appropriate additional supervisors if necessary to achieve those goals. It is the supervisor’s responsibility to ensure that the required range of experience is provided, that the student's workload is manageable and appropriate to the goals and objectives negotiated, and that sufficient supervision is provided.

Formal review and evaluation of each practicum student's progress is scheduled at the midpoint and at the end of the practicum. Each of the student's supervisors completes an evaluation covering the preceding period, and rates their progress towards their written goals and objectives (in domains related to knowledge base, procedural/program design skills, written and interpersonal skills, and ethical and professional practice). The practicum students rate the program and the quality of supervision as well. The results of the evaluations (ratings of goal attainment) are forwarded to the clinical director in the student's graduate department.
Application Process

Applicants must be enrolled in a graduate program in clinical psychology, preferably from a program accredited by the Canadian and/or American Psychological Associations (although applicants from other programs may be considered). Students should have completed graduate level coursework in psychological (and/or neuropsychological) assessment and have basic practical psychometric training. It is recommended that applicants have already obtained direct experience assessing and interviewing clients and their families.

Applicants are required to submit:

- 1 page cover letter outlining your
  Summary of clinical training thus far (e.g., coursework and practical work), and
  Training goals and objectives (including HHS programs of interest)
- Up-to-date curriculum vitae
- Unofficial transcripts of graduate studies
- Minimum of 1 reference letter from a clinical supervisor

Tony DeBono, Ph.D., C.Psych.
Psychology Practicum Coordinator
MUMC Site, 3Z 10
Hamilton Health Sciences
Box 2000, Station A
Hamilton, Ontario
L8N 3Z5
(905) 521-2100 Ext. 76759
debonot@hhsc.ca

Applicants should clearly indicate whether they are applying for:

- A summer (4 days/week) or fall/winter (2 days/week) placement.
- An assessment or intervention placement.
- The program to which they are applying (see the attached list of available placements).

Completed applications are rated independently by the members of the training committee, ranked, and offered interviews.

You may submit your applications via post or electronic mail (the preference is to email applications). To ensure the security of your reference letter, please have your referee email their letter to me directly.

HHS participates in the GTA practicum process, which standardizes the application deadline and notification day procedures. Please see your Director of Training for more information.

Successful candidates are notified at 9am on Notification Day of the committee’s decision (date to be determined; usually in mid-March). Please follow the Notification Day procedures as outlined by your DCT. If you are unfamiliar with this notification procedure, we can send you a copy. In accordance with federal privacy legislation (Personal Information Protection and Electronics Documents Act) only information that is required to process your application is collected. This information is secured and is shared only with those individuals involved in the evaluation of your practicum application.
Clinical Child Psychology Training Staff

Cheryl Alyman, Ph.D., C. Psych. (University of Victoria, 1998). Pediatric Neuropsychology/Oncology Services.


Tony DeBono, Ph.D., C.Psych. (York University, 2013). Pediatric Chronic Pain Program.

Stephanie Deveau, Ph.D., C.Psych. (University of Guelph, 2013). Pediatric Eating Disorders Program.


Cheryl Fernandes, Ph.D., C.Psych. (York University, 2010). Child and Youth Mental Health Outpatient Service.


Katie Lok, Ph.D., C.Psych. (Supervised Practice). (University of Toronto, 2014). Child and Youth Mental Health Outpatient Service.

Marnee Maroes, Ph.D., C.Psych. (University of Saskatchewan, 2004). Hamilton Psychological Services (Private Practice).

Angela McHolm, Ph.D., C.Psych. (University of Guelph, 1999). Child Advocacy and Assessment Program.

Caroline McIsaac, Ph.D., C.Psych. (York University, 2010). Child and Youth Mental Health Emergency Service.


Alison Niccols, Ph.D., C.Psych. (York University, 1994). Infant Parent Program.

Danielle Pigon, M.A. (University of Toronto, 2008). Child and Youth Mental Health Outpatient Service.

Paulo Pires, Ph.D., C. Psych. (University of Toronto, 2005). Child and Youth Mental Health Outpatient Service.

Jacqueline Roche, Ph.D., C.Psych. (University of Guelph, 2011). Child and Youth Mental Health Inpatient Service.


Marlene Traficante, M.S.W. (McMaster University, 2007). Child and Youth Mental Health Inpatient Service.


<table>
<thead>
<tr>
<th>Program</th>
<th>Pop’n</th>
<th>Level</th>
<th>Term(s)</th>
<th>Days/Week</th>
<th>Focus</th>
<th>Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>CYMH* Outpatient Service</td>
<td>Children</td>
<td>PhD</td>
<td>Summer 2016</td>
<td>3-4 days/week</td>
<td>Assessment or Intervention</td>
<td>Dr. Paulo Pires</td>
</tr>
<tr>
<td></td>
<td>Children</td>
<td>PhD</td>
<td>Fall 2016 – Winter 2017</td>
<td>2 days/week</td>
<td>Assessment and Intervention</td>
<td>Dr. Avraham Grunberger</td>
</tr>
<tr>
<td></td>
<td>Children</td>
<td>PhD</td>
<td>Fall 2016 – Winter 2017</td>
<td>2 days/week</td>
<td>Intervention</td>
<td>Dr. Sarah Watkins</td>
</tr>
<tr>
<td>CYMH Regional Service</td>
<td>Children</td>
<td>MA or PhD</td>
<td>Fall 2016 (with possibility of extension)</td>
<td>2 days/week</td>
<td>Assessment</td>
<td>Dr. Jennifer Cometto</td>
</tr>
<tr>
<td>Child Advocacy and Assessment Program</td>
<td>Children</td>
<td>PhD</td>
<td>Both/ Either Term</td>
<td>1-2 days/week See brochure</td>
<td>Assessment and Intervention</td>
<td>Dr. Angela McHolm</td>
</tr>
<tr>
<td>Comprehensive Pediatric Epilepsy Program</td>
<td>Children</td>
<td>PhD</td>
<td>Fall 2016 – Winter 2017</td>
<td>2 days/week M, F</td>
<td>Neuropsych. Assessment</td>
<td>Dr. Nevena Simic</td>
</tr>
</tbody>
</table>

*CHYMH Program = Child and Youth Mental Health Program
Hamilton Health Sciences
Practicum Training in Clinical Neuropsychology

2016—2017

Contact:
Tony DeBono, Ph.D., C.Psych.
Psychology Practicum Coordinator
MUMC Site, 3Z.10
Hamilton Health Sciences
Box 2000, Station A
Hamilton, Ontario
L8N 3Z5

(905) 521-2100 Ext. 76759
debonot@hhsc.ca
The Practicum Setting

Hamilton Health Sciences Practicum Training in Clinical Neuropsychology

2016–2017 Practicum Program in Clinical Neuropsychology

Contents

The Practicum Setting 2
Practicum Opportunities 3
Educational Opportunities 5
Supervision/Evaluation 5
Application Process 6
Training Staff 7

Hamilton Health Sciences (HHS) is located in Hamilton, Ontario, Canada. Home to more than half a million residents, Hamilton is situated at the western tip of Lake Ontario midway between Niagara Falls and Toronto. It is the site of McMaster University, known internationally for its innovative medical school and research programs and the home of evidence-based practice.

Visit www.hamilton.ca for more information about the city of Hamilton.

Hamilton Health Sciences (HHS) is comprised of a family of six hospitals and a cancer centre, serving more than 2.2 million residents in Central South and Central West Ontario. Each of the facilities offers specialized services that together make HHS one of the most comprehensive health care systems in Canada. All of the hospitals at Hamilton Health Sciences are teaching hospitals affiliated with the Faculty of Health Sciences at McMaster University. This allows patients to benefit from innovative treatments/research and staff and students to actively participate in research and teaching endeavours.

The practicum in Clinical Neuropsychology is based out of Hamilton General Hospital (HGH) and the McMaster University Medical Centre (MUMC) sites. Services at MUMC provide general medical and surgical services, pediatric care (e.g., Oncology Neuropsychology Services within the McMaster Children’s Hospital), and specialized adult and women’s health services (e.g., Adult Chronic Pain Program). The HGH is recognized as a regional centre of excellence for adult cardiovascular care, neuroscience, trauma, and burn treatment. It is also the location of the newly built state-of-the-art Regional Rehabilitation Centre (RRC) offering specialized inpatient interdisciplinary rehabilitation for adults and seniors. Adult clinical Neuropsychology services are provided in the Adult Acquired Brain Injury Program, the Integrated Stroke System, the Adult Epilepsy Monitoring Unit, and the Adult Consultation Neuropsychology Services.

Psychology staff at Hamilton Health Sciences currently includes thirty psychologists who are integral members of teams in child and adult psychiatry, pediatrics, geriatrics and rehabilitation and in many cases have developed and are responsible for running programs. Psychology staff have backgrounds ranging from clinical psychology to applied behavioural analysis, rehabilitation and neuropsychology. Most of the psychologists and many of the non-doctoral psychology staff have cross appointments with McMaster University in the Faculty of Health Sciences. Teaching and research are central to the mandate of the hospital and major community based intervention projects are ongoing in both the adult and child programs. The entire corporation is committed to a client/family-centered, evidence-based approach to health care.

Hamilton Health Sciences is committed to a client-centered, evidence-based approach to health care.
Practicum Opportunities

Clinical training opportunities for practicum students can be available through the Adult Acquired Brain Injury Program, the Integrated Stroke System, the Adult Consultation Neuropsychology Services, the Adult Epilepsy Monitoring Unit, and the Pediatric Neurology/Neurosurgery, Epilepsy, and Oncology Neuropsychological Services. Other clinical training opportunities in clinical and/or health psychology may also be available in the Adult Chronic Pain Program and the Diabetes Care and Research Program. The specific programs that offer placements vary year-to-year. Please check with the Practicum Coordinator to know what is offered for the 2016-2017 year.

Practicum students receive training mainly in psychological and neuropsychological assessment with children and/or young adults, adults and seniors; however, opportunities in clinical psychology may also be available. Training in administration, scoring and interpretation is available on a wide variety of measures from domains, such as intellectual, academic, attention, memory, problem-solving, emotional functioning, personality, etc. Practicum students may also have the opportunity to be involved in diagnostic interviewing, case formulations, interdisciplinary team meetings, feedbacks to patient/families, brief interventions (e.g., behavioural consultation, cognitive retraining, etc.) as appropriate depending on their placement and skill level. Practicum students can be expected to see clients from diverse cultural backgrounds.

Clinical Neuropsychology Practicum Placements

Adult Acquired Brain Injury Program (ABIP)

ABIP, located in the new rehabilitation facility at the HGH, is a provincially established service designed to provide inpatient and outpatient treatment and continuity of care to adults who have sustained brain injuries (not limited to trauma). It is comprised of an inpatient ward served by two multidisciplinary teams, a day hospital, and a community services program as well as an outpatient clinic. The psychologists, neuropsychologists, psychometrists, and pre-doctoral interns on the interdisciplinary teams provide assessment (behavioural, emotional and neuropsychological), consultation, and direct treatment intervention (behaviour management, cognitive retraining, counselling, group therapy) and are available to provide supervision for the practicum students. A brief description of the services offered under ABIP is listed below.

The Community Re-integration Unit (CRU) is an in-patient setting where practicum students work within a multi-disciplinary team consisting of a neuropsychologist, physiatrist, neurologist, speech-language pathologist, occupational therapist, physiotherapist, social worker, behaviour therapist, rehabilitation therapist, and registered nurses. Practicum students are responsible for conducting neuropsychological evaluations to assist with treatment and discharge planning, attending and presenting at case conferences, providing feedback regarding patients’ neurocognitive, emotional and behavioural status at family meetings, developing scripts to assist with rehabilitative efforts, and sometimes conducting individual treatment using various modalities.

In the Outpatient Clinic, neuropsychology practicum students may be involved in screening interviews and neuropsychological assessments that are carried out to help secure appropriate services for patients with acquired brain injuries. Practicum students may be involved in offering individual and couple therapy. Typical types of issues that are addressed in treatment involve post-concussive symptoms, mood and anxiety, adjustment issues, and post-traumatic stress disorder/symptoms.

HHS Values

Respect: We will treat every person with dignity and courtesy.
Caring: We will act with concern for the well being of every person.
Innovation: We will be creative and open to new ideas and opportunities.
Accountability: We will create value and accept responsibility for our activities.
Practicum Opportunities (cont’d)

Practicum students may also work in collaboration with Outreach therapists, who under the direction of psychology staff, design and implement programs in the community.

The Community Services Program (some of which is funded by third party insurance monies) is designed to support patients living in the community who need assistance with life skills and vocational retraining, and behavioural and emotional problems.

There is also the Slow To Recover program within ABIP where practicum students may have the opportunity to conduct assessments on a consultative basis with patients with complex medical/neurological presentations.

Adult Consultation Neuropsychology Services
The Adult Consultation Neuropsychology Services is located at MUMC. Practicum students work with the registered neuropsychologist, psychometrists, and intern. Training in intellectual, personality, and neuropsychological assessment with a wide range of psychiatric difficulties is provided. The types of assessments conducted include auto-immunological (i.e., HIV, Lupus, MS, etc.), degenerative diseases (i.e., Parkinson’s Disease, Huntington’s Chorea, etc.), infectious disorders, seizure disorders, neurotoxic conditions, follow-up strokes, occasional traumatic injuries, as well as psychiatric and other medical conditions that affect cognitive functioning. A major focus of this rotation is conducting differential diagnosis with respect to the above-mentioned conditions and psychological disorders and offering an opinion to the referring physician. In this rotation, practicum students are involved in conducting a clinical neurodiagnostic interview, reviewing available medical documents, obtaining collateral information, conducting psychometric testing, integrating all data and offering a clinical formulation/opinion in a comprehensive report, as well as communicating findings in a feedback session to the referred client.

Pediatric Epilepsy
The Comprehensive Pediatric Epilepsy Program (CPEP) at the McMaster Children’s Hospital is an ambulatory/outpatient service for children with epilepsy, including patients who are being worked up for potential brain surgery as a result of having medically refractory epilepsy. This service provides assessment for children aged 3 through 17 years with a variety of medical and psychosocial complexities, learning and neurodevelopmental needs (e.g., Intellectual Disability, ADHD). Opportunities for practicum students include assessment of neuropsychological and emotional functioning, reviewing medical documents including EEGs and MRIs, conducting psychometric testing, interviewing, participating in feedback, case formulation, report writing, and attending multidisciplinary meetings and surgical conferences.

Pediatric Neurology and Oncology Psychological Services
The Pediatric Neurology and Oncology Psychological services provide clinical neuropsychological and psychological assessments to pediatric and adolescent inpatients and outpatients with a variety of neurological, behavioural, emotional and learning disorders (e.g., leukemia, brain tumors, epilepsy syndromes, encephalitis, as well as metabolic, immunologic and genetic conditions). Practicum students will be involved in interviewing children and family members, reviewing relevant medical documentation, administering and scoring assessment measures, providing feedback to family, children, and team members, as well as preparing written reports. Practicum students may also be involved in school feedback meetings, development of community-based treatment plans, implementation of behavioural interventions, or counseling on a case-by-case basis depending on availability. Moreover, practicum students will attend and actively participate in interdisciplinary clinical and educational opportunities (e.g., Tumor Board rounds, Neuro-oncology clinic, Brain Power, Neurology clinical rounds, etc.).

Program Philosophy
Hamilton Health Sciences and the McMaster University Faculty of Health Sciences, is committed to a scientist-practitioner approach to education and practice which is client centred. As such, the training of practicum students emphasizes the use of empirically supported, evidence-based assessment and treatment approaches.

Training Model
Core competencies in psychological assessment, treatment, consultation, cultural awareness, clinical research and professionalism are delivered through supervised rotations in the direct provision of clinical services. Practical training is complemented by involvement in team meetings and case conferences; as well as formulation and didactic seminars provided by program and hospital faculty.
Educational Opportunities

In addition to direct clinical training, practicum students can participate in a wide variety of educational experiences during their practicum, including seminars and rounds presentations.

Rounds and seminars (research, rehabilitation, psychiatry, psychology) are held throughout the hospital system on a regular basis and practicum students are invited to attend. A monthly listing of educational events is distributed through the hospital's Education Office to keep staff and students aware of upcoming events. Evidenced-based formulation and treatment rounds are organized for psychology practicum students and interns and psychiatry residents. Ethics seminars for the psychology practicum students and interns are scheduled annually from January to June.

Supervision and Evaluation

Practicum students are assigned one primary supervisor who is a registered psychologist. At the beginning of the practicum placement, the student and their supervisor set individualized written goals and objectives. Students receive a minimum of one hour of supervision per week. Throughout the practicum, the supervisor and student complete regular progress evaluations to ensure that the student's workload is manageable and appropriate to the goals and objectives negotiated. Formal review and evaluation of each practicum student's progress is scheduled at the midpoint and at the end of the practicum. Each of the student's supervisors completes an evaluation covering the preceding period, and rates their progress towards their written goals and objectives (in domains related to knowledge base, procedural/program design skills, written and interpersonal skills, and ethical and professional practice). The practicum students rate the program and the quality of supervision as well. The results of the evaluations are forwarded to the clinical director in the student's graduate department.
Application Process

Applicants must be enrolled in a graduate program in clinical psychology, preferably from a program accredited by the Canadian and/or American Psychological Associations (although applicants from other programs may be considered). Students should have completed graduate level coursework in psychological (and/or neuropsychological) assessment and have basic practical psychometric training. It is recommended that applicants have already obtained direct experience assessing and interviewing clients and their families.

Applicants are required to submit:

- 1 page cover letter outlining your
  Summary of clinical training thus far (e.g., coursework and practical work), and
  Training goals and objectives (including HHS programs of interest)
- Up-to-date curriculum vitae
- Unofficial transcripts of graduate studies
- Minimum of 1 reference letter from a clinical supervisor

Tony DeBono, Ph.D., C.Psych.
Psychology Practicum Coordinator
MUMC Site, 3Z 10
Hamilton Health Sciences
Box 2000, Station A
Hamilton, Ontario
L8N 3Z5
(905) 521-2100 Ext. 76759
debonot@hhsc.ca

Applicants should clearly indicate whether they are applying for:

- A summer (4 days/week) or fall/winter (2 days/week) placement.
- An assessment or intervention placement.
- The program to which they are applying (see the attached list of available placements).

Completed applications are rated independently by the members of the training committee, ranked, and offered interviews.

You may submit your applications via post or electronic mail (the preference is to email applications). To ensure the security of your reference letter, please have your referee email their letter to me directly.

HHS participates in the GTA practicum process, which standardizes the application deadline and notification day procedures. Please see your Director of Training for more information.

Successful candidates are notified at 9am on Notification Day of the committee’s decision (date to be determined; usually in mid-March). Please follow the Notification Day procedures as outlined by your DCT. If you are unfamiliar with this notification procedure, we can send you a copy. In accordance with federal privacy legislation (Personal Information Protection and Electronics Documents Act) only information that is required to process your application is collected. This information is secured and is shared only with those individuals involved in the evaluation of your practicum application.
Clinical Neuropsychology Training Staff


Madalena DaSilva, B.A. (University of Waterloo, 1994). Psychometrist in Pediatric Oncology Neuropsychology Services.

John Davis, Ph.D., C.Psych. (Wayne State University, 1983). Psychologist in ABI Community Services Program.


Brenda Scozzari, B.A. (Brock University, 1994). Behavioural Therapist in Adult Acquired Brain Injury Program.


Joanna Sue, Ph.D., C.Psych. (Queen’s University, 2014). Psychologist in Adult Acquired Brain Injury Program.


Intervention Practicum Placement in Clinical Child Psychology
Our Purpose

- Hincks-Dellcrest is a children’s mental health treatment, research and teaching centre.

www.hincksdellcrest.org
Contents

The Setting................................................................. 5
Available Practicum Placements ........................................ 6
Practicum Philosophy and Objectives ................................... 6
The Practicum Placement Experience ................................. 7
Psychology Personnel .................................................. 9
Application: Qualifications and Process .............................. 10

Appendix A: Sample Weekly Schedule .............................. 11
Appendix B: Selected Publications of Psychology Personnel .... 12
Appendix C: University Authorization Form ......................... 17
Appendix D: Psychology Practicum Placement Application Form. 19
Our Vision

- To bring hope, optimism, and possibilities to the children and families we serve.

www.hincksdellcrest.org
The Setting

*The Hincks-Dellcrest Centre* is an inter-professional, non-profit children’s mental health centre located in Toronto, Ontario, Canada. The centre provides primary prevention, early intervention, and treatment services to infants, children, and youth, and to their families and communities. The Centre’s services are enriched by activities in research, program evaluation, the education and training of mental health professionals, and the use of volunteers.

Affiliated with the *University of Toronto* and accredited by the *Council on Accreditation for Services to Children and Families*, the Centre is a member of *Children’s Mental Health Ontario*, the *Child Welfare League of Canada*, and the *Child Welfare League of America*.

The Centre was formed in 1998 when two Toronto-based children’s mental health centres – *The C. M. Hincks Treatment Centre* and *The Dellcrest Children’s Centre* - amalgamated. Programs are housed in seven different facilities within the city of Toronto, and include prevention/early intervention programs, outpatient programs, a day treatment program, two residential treatment programs (one of which is located on a farm that is a two-hour drive from the city). Treatment services to clients include assessment, individual therapy, family therapy, group therapy, milieu therapy, and parent-child therapy, as well as liaison and consultation with community caregivers (e.g., day care providers, teachers). More detailed information about the Centre’s programs and services may be found on the Centre’s Website: [http://www.hincksdellcrest.org](http://www.hincksdellcrest.org).

On average, the Centre has just over 300 hundred personnel at any point in time. This includes full-time staff, part-time staff, contract staff, consultants, trainees from a variety of disciplines (psychiatry, psychology, social work, expressive arts, child and youth work, early childhood education) and volunteers.
Available Intervention Practicum Placements

Three to four Intervention Practicum placements in clinical child psychology generally are available each year to doctoral level graduate students. Two to three of these placements are offered at our Jarvis site (Yonge & Wellesley area) and one at our Sheppard site (Sheppard & Keele area). Although the Centre has several settings and offers several types of prevention and treatment services as mentioned above (e.g., residential, day treatment), all practicum placements are based within Outpatient Services. Practicum placements generally are 11 month, 2 to 2 ½ day a week positions¹ beginning on 01 September and ending on 31 July each year totalling approximately 560 to 700 hours of on-site time.

Practicum students are provided with a common room/shared space at their designated site. Practicum students may be involved in some travel to and the provision of services at one or more of the Centre’s eight other locations in the city.

We are not offering Assessment Practicum placements at this time.

Practicum Placement Philosophy and Objectives

The primary orientation of the intervention practicum placement is on a developmental and theoretically integrated approach to the clinical assessment and treatment of children and families. In addition, an inter-professional approach is integral to the clinical practices of the Centre and provides practicum students with the opportunity to work with mental health professionals of different backgrounds and with a broad range of interests, knowledge, and skills.

Training goals:

i. Develop skills in clinical assessment, diagnosis, and formulation that focus on underlying developmental, psychodynamic, biological, family, and system factors that produce vulnerability to specific symptom formation in children.

ii. Develop skills in establishing therapeutic rapport, in cultural competence, and in the ability to communicate assessment and diagnostic information clearly and sensitively to clients.

iii. Develop skills in the selection and implementation of appropriate psychotherapeutic interventions with children and their families, integrating elements of theory and practice from contemporary relational psychoanalysis, cognitive science, cognitive behavior therapy, and dynamic systems theory.

iv. Expand respect for and critical thought regarding research in the area of children’s mental health.

v. Develop the skills needed to work collaboratively in an inter-professional and organizational service-delivery environment, including an understanding of and respect for the contributions of the various disciplines to children’s mental health.

vi. Develop skills in applying relevant ethical, legal, and professional standards in their clinical work.

¹ Minimum 2 days; ½ day optional.
The Intervention Practicum Placement Experience

The intervention practicum placement is designed to provide students with the opportunity to become familiar with a broad bio-psychosocial, multi-systemic orientation, utilizing a variety of interventions (e.g., individual therapy, family therapy, parent counselling, group therapy), in accordance with client needs and the training objectives of the student. This is accomplished through direct service activities with Outpatient clients (which includes membership on an inter-professional direct service training team), seminars, and/or both individual and group supervision each described below. A sample weekly schedule can be found in Appendix A.

As stated above, the practicum program is based in Outpatient Services and, rather than completing rotations, students’ participation on training teams and in seminars generally run for the whole practicum placement.

**Client Contact.** A minimum of three – four hours of face-to-face client contact (in individual, family, and/or group therapy) is expected each week plus weekly participation on one of the inter-professional assessment teams. The nature of the contact at the beginning of the practicum placement depends on the background and previous experience of the student. In the first two months, students may receive a high degree of live supervision, and seminars and supervision focus on rapport building with clients and on clinical assessment skills.

**Seminars.** All psychology practicum students are required to participate in one to two weekly seminars. In consultation with their supervisor, and as consistent with their individualized training goals, students typically choose from the following seminars: Integrative Individual Psychotherapy with Children; Therapeutic Action; Family Therapy; Assessment and Treatment with Very Young Children; Group Therapy Seminar; and Individual Psychodynamic Therapy with Adolescents.

**Inter-professional Training Teams.** Some of the Centre’s services are delivered through specialized inter-professional teams that accept psychology practicum students and other trainees as members. In consultation with their supervisor, and as consistent with their individualized training goals, students choose one interdisciplinary training team (typically one of either Latency Age Team; Infant & Preschool Assessment and Treatment Team I or II; Adolescent Clinical Investigation Unit).

**Supervision and Performance Evaluation.** Supervision is provided in both individual (a minimum of two hours per week) and small group format. Throughout their practicum placement, students are assigned two supervisors who are registered psychologists. This psychologist guides their practicum experience and meets weekly with the student. Due to the broad range of clinical training teams and experience opportunities available, practicum students also might receive team-specific supervision from members of other disciplines (e.g., psychiatry, social work). All of the student’s work, however, is discussed with and monitored by the student’s psychologist supervisor, with ongoing feedback throughout the year. In consultation with others involved in the student’s work, formal performance evaluations are completed by the supervisor at the end of January and at the end of July each year, using both the relevant university’s evaluation form and the Centre’s “Performance Review” form. Both
evaluations are filed in the practicum student’s personnel record. The student’s psychologist supervisor provides the link between the Centre and the student’s university, ensuring that specific university practicum placement expectations are met with regard to training objectives, experience, supervision, and performance evaluation. All practicum students are asked to complete the Centre’s “Student/Trainee Exit Interview” upon completion of their placement.

**Policies and Procedures.** The Centre’s *Policies and Operational Procedures* apply to all personnel associated with the Centre, including psychology practicum students. As part of the contracting process, practicum students receive copies of, and are required to sign an acknowledgment of having read, the following Centre policies: Personnel Code of Ethics; Client Privacy and Confidentiality; and Use of Technology. Advance copies of these policies will be provided on request. Practicum students receive orientation regarding all Centre policies and operational procedures at the beginning of their placement, and ongoing supervision with regard to their implementation. In particular, practicum students are helped to familiarize themselves with the Centre’s clinical policies/operational procedures (e.g., Client Privacy and Confidentiality, Client Records, Case Planning, Case Responsibility, Crisis Case Management, Behaviour Management), and with the Centre’s human resources policies/operational procedures (e.g., Employment Standards, Personnel Code of Ethics, Workplace Harassment Prevention, Employment Equity, Supervision, Performance Management, Conflict Resolution, Disciplinary Action, Use of Technology). All trainees are required to have a vulnerable-sector police check completed prior to the beginning of their placement.

**Complaints and Performance Concerns.** Responses to practicum students’ concerns about their supervisor or about their practicum experience, and supervisors’ concerns about psychology student performance, are guided by the principles of fairness, transparency, and due process, and by the following Centre policies and procedures: Supervision, Performance Management, Conflict Resolution, and Disciplinary Action. The Centre also familiarizes itself with and respects the specific requirements of students’ universities with regard to dealing with such matters, including involvement of the university’s practicum field supervisor/training director when warranted.
Psychology Personnel

The following psychologist personnel are assigned to provide direct supervision to one or more psychology practicum students each year. (*Appendix B: Selected Publications of Psychology Personnel provides an overview of supervisors’ practice and/or research interests.*)

**Susan Yabsley**, Ph.D., C. Psych. (University College, London; Anna Freud Centre.). Director, Specialized Services & Academic Leadership; Psychology Training Leader; Coordinator, Infancy & Preschool Program; Psychology Intern and Practicum Supervisor.

**Art Caspary**, Ph.D., C. Psych. (University of Waterloo). Psychology Intern Supervisor; Seminar Leader.

**Sarah Kibblewhite**, Ph.D., C. Psych. (University of Windsor), Psychologist; Psychology Intern and Practicum Supervisor.

**Mariana Wainer**, Psy.D., C.Psych. (Rutgers), Psychologist; Psychology Intern and Practicum Supervisor; Co-ordinator of the Psychological Assessment Service; Seminar Leader.

The following additional Centre personnel are registered psychologists who provide presentations within Centre seminar series and/or may be involved with psychology trainees in specialized case consultations, crisis case management, and/or legal/ethical consultations. (*Appendix B: Selected Publications of Psychology Personnel also provides an overview of these psychologists’ practice and/or research interests.*)

**Robin Alter**, Ph.D. C. Psych. (University of Florida). Senior Clinical Consultant, Outpatient Services and Day Treatment Program; Psychological Assessments, Clinical Services.

**Irene Bevc**, Ph.D., C. Psych. (York University). Research Associate, Program Evaluation Department; Psychological Assessments, Clinical Services.

**Nancy Cohen**, Ph.D., C. Psych. (McGill University). Director of Research; Member of Central Management Team; Co-author and Trainer for *Wait, Watch, and Wonder*; Consultant, Children’s Language Disabilities.
Application: Qualifications and Process

Applicants must currently be enrolled in an applied psychology doctoral program. In addition, applicants are expected to have completed coursework in child development and in psychological assessment and psychopathology in infants, children, youth, and families.

Applicants should have considerable interest in a rigorous, theoretically integrated, and developmental approach to assessment and treatment of children and families, as this is the predominant orientation of the Centre.

Interested applicants should send the following:

1. An up-to-date curriculum vitae
2. A one page letter outlining their training objectives
3. Two letters of reference, preferably from psychologists familiar with their clinical work (to be mailed in with original signatures)
4. Official graduate transcripts
5. The University Authorization Form (Appendix C) signed by their University’s Coordinator of Practicum Placement Training
6. The completed application form (Appendix D)

Please direct application to:

Susan Yabsley, Ph.D., C. Psych.
Psychology Training Director
The Hincks Dellcrest Centre
440 Jarvis Street, Toronto,
Ontario, Canada, M4Y 2H4.

General enquiries should be directed to:

Liz Dinchong
Disciplines Coordinator
The Hincks Dellcrest Centre
440 Jarvis Street, Toronto,
Ontario, Canada, M4Y 2H4.
Telephone: 416.924.1164 x3223
e-mail: ldinchong@hincksdellcrest.org

Practicum placement applications should be submitted by 01 February; that is, eight months prior to when the practicum placement would begin (September 1st the same year). Interviews, when indicated, will be scheduled in February with the aim of making final decisions by mid-March.
### Appendix A

#### Sample Weekly Schedule for Psychology Practicum Student

<table>
<thead>
<tr>
<th>Time</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 – 10 am</td>
<td></td>
<td></td>
<td>Direct Service – Latency Age Assessment Team</td>
<td>Optional Half-day</td>
<td>Seminar – Integrative Individual Psychotherapy (8:45 – 10:15 am)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Indirect service – report writing</td>
<td></td>
</tr>
<tr>
<td>10 – 11 am</td>
<td></td>
<td></td>
<td></td>
<td>Seminar – Diagnostic and Formulation (10:30 am – noon)</td>
<td>Indirect service – Internal case conference, chart review</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Indirect service – report writing</td>
</tr>
<tr>
<td>Noon – 1 pm</td>
<td>Lunch break</td>
<td></td>
<td>Lunch Break</td>
<td></td>
<td>Rounds</td>
</tr>
<tr>
<td>1 – 2 pm</td>
<td></td>
<td></td>
<td></td>
<td>Seminar – Clinical Theory</td>
<td>Indirect service – Preparation for supervision (e.g., review process notes)</td>
</tr>
<tr>
<td>2 – 3 pm</td>
<td>Indirect service – Reading or writing reports for Latency Age team</td>
<td></td>
<td></td>
<td>Indirect service – report writing</td>
<td></td>
</tr>
<tr>
<td>3 – 4 pm</td>
<td>Individual Supervision</td>
<td></td>
<td>Individual Supervision</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 – 5 pm</td>
<td>Direct service – Family therapy</td>
<td></td>
<td>Direct service – Individual parent counseling</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 – 6 pm</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 – 7 pm</td>
<td>Direct service – Individual play therapy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix B

Selected Publications of Psychology Personnel

**Alter, R.** (In press.) Taming the anxiety monster: Overcoming childhood anxieties and fears – A guide for parents and therapists.


Appendix C

The Hincks-Dellcrest Centre

UNIVERSITY AUTHORIZATION FORM

I. _________________________________________________________________________

(Print Name of University Director of Practicum Training)

at __________________________________________________________________________

(Print Name of University)

have discussed and approve the application of:

____________________________________________________________________________

(Print Name of Graduate Student in Psychology)

for a clinical practicum placement to begin next September at The Hincks-Dellcrest Centre.

____________________________________________________________________________

(Print Name of University Director of Practicum Training)

____________________________________________________________________________

(Signature of University Director of Practicum Training)

This form should be included with the other required application materials sent by the practicum placement applicant to:
Dr. Susan Yabsley, Psychology Training Leader, The Hincks-Dellcrest Centre, 440 Jarvis Street, Toronto, Ontario, Canada, M4Y 2H4.
Appendix D

The Hincks-Dellcrest Centre

Psychology Intervention Practicum Placement Application Form

Applications due on or before: 01 February

A. General Information

Name: 

Address: 

Telephone: 

E-mail: 

Citizenship status: 

B. Education Background

<table>
<thead>
<tr>
<th>University</th>
<th>Dates of Attendance</th>
<th>Major</th>
<th>Degree granted/ Expected date of completion</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
C. Additional training practicum placements; please list and describe

D. Director of Clinical Training at your Institution

Name: 
_________________________________________________________________________

University/Institution: 
_________________________________________________________________________

Address: 
_________________________________________________________________________

Telephone number: 
_________________________________________________________________________

E-mail: 
_________________________________________________________________________
Dr. Heather A. Wheeler, Clinical Psychologist

Training Opportunities

- **Complex Psychodiagnostic Assessments**
  - Cognitive: WAIS/WMS-IV, WRAT, HVLT/BVMT, etc.
  - Differential Diagnosis: SCID, PAI, etc.
  - Personality Assessment
  - Cognitive Case Conceptualization/Formulation
  - Treatment Planning / Group assessments
  - Comprehensive and integrated report writing

- **Group Treatment Programs**
  - Cognitive Behavioural Therapy for Depression
  - Mindfulness-based Cognitive Therapy (MBCT) for mood, anxiety, and pain

- **Individual Treatment**
  - Anxiety and/or Mood Disorders
  - Comorbid Disorders
  - Personality Disorders
  - Psychotic Disorders

- **Treatment Modalities**
  - Cognitive Behavioural Therapy (CBT)
  - Mindfulness-based Cognitive Therapy
  - Acceptance and Commitment Therapy skills
  - Dialectical Behaviour Therapy skills

Our Program

- 50 bed Inpatient Unit (Acute and General)
- Large multidisciplinary outpatient clinic
- Students work primarily with Mood & Anxiety
- Referrals come from a variety of programs (E.g., Early Intervention for Psychosis, Chemical Dependency Program, Day Treatment Program, Geriatric Program)

Program Highlights

Students value the wide variety of complex patients and training opportunities that HRRH offers. A mix of complex, integrated assessments as well as individual and group therapy make for a well-rounded practicum. Students receive intensive supervision and practice opportunities that are tailored to their clinical goals.

Practicum Practicalities

- 2 days/week – Mondays and Tuesdays only
- Start date in September
- 8 months minimum
- Only 1 student is accepted per year (often out of up to 30 candidates).

Other Benefits

- One-on-one supervision (1 – 2 hrs/wk); open door policy
- Work with other disciplines (OT, SW, psychiatry)
- Work with electronic documentation systems
- Program development & Program evaluation
- Opportunities to present at rounds

Application Procedure

- CV, letter of interest, unofficial graduate transcripts, one reference letter and contact info for 3 references, to hwheeler@hrh.ca by February 1st for start dates any time in subsequent school year
- Interviews in February for mid-March notification date

© 2015, Heather A. Wheeler, Ph.D., C.Psych

1235 Wilson Avenue (just west of Keele), Toronto, ON, M3M 0B2
## Practicum Site Information Sheet

### Markham Stouffville Hospital

<table>
<thead>
<tr>
<th>Type of Practicum</th>
<th>Supervisor and Contact Information</th>
<th>Opportunities</th>
<th>Applications Directed to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Program</td>
<td>Dr. Jessica Cooperman</td>
<td>Fall/Winter (Sept-May)</td>
<td>Dr. J. Cooperman</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:jcooperman@msh.on.ca">jcooperman@msh.on.ca</a></td>
<td>Intervention only</td>
<td>Child &amp; Adolescent Services</td>
</tr>
<tr>
<td></td>
<td>905-472-7373 x6187</td>
<td></td>
<td>Markham Stouffville Hospital</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>381 Church Street</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Markham, ON, L3P 7P3</td>
</tr>
<tr>
<td>Adult Program</td>
<td>Dr. Helen Chagigiorgis</td>
<td>Fall/Winter (Sept-May)</td>
<td>Dr. H. Chagigiorgis</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:hchagigiorgis@msh.on.ca">hchagigiorgis@msh.on.ca</a></td>
<td>Summer (May-Aug)</td>
<td>Adult Outpatient Mental Health</td>
</tr>
<tr>
<td></td>
<td>905-472-7373 x7014</td>
<td>Intervention &amp; Assessment</td>
<td>Markham Stouffville Hospital</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>381 Church Street</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Markham, ON, L3P 7P3</td>
</tr>
</tbody>
</table>

**It is possible to do a combined Adult and Child practicum for students wishing to gain experience in both adult and child and adolescent treatment services. Note: Only the Adult practicum is available over the summer.**

### General Information

MSH is a 220-bed community hospital, which has been serving the Markham and surrounding area since 1990. For details on all programs and services offered at MSH, please visit our website: [http://www.msh.on.ca/programs_and_services](http://www.msh.on.ca/programs_and_services). The Mental Health Services at MSH include Adult Outpatient Services, Child and Adolescent Services (C&AS), Crises Services, and the **BRIDGE** day treatment program (Building, Restoring, Initiating, Developing, Growing and Empowering). There are two full-time registered psychologists in the Mental Health System and the program offers an opportunity for practica in the Adult Outpatient Mental Health and Child, Adolescent and Services (C&AS). Practicum students are offered the staff discount for monthly parking rates. In addition, Viva transit services the hospital via several routes (e.g., the Viva Purple).

### Adult Outpatient Mental Health

The Adult Program services patients ranging from age 18 to 65. Treatment is offered in both group and individual contexts and the following models are utilized: cognitive behavioural therapy (CBT) and emotion focused therapy (EFT). Practicum opportunities include co-facilitating a CBT group for mood disorders or Coping with Emotions Therapy group (based on dialectical behavioural therapy interventions, DBT) and individual therapy with clients presenting with a variety of Axis I as well as comorbid Axis II presentations. Assessment opportunities include standardized diagnostic pre-group assessments (MINI) in order to determine suitability for group treatment as well as outpatient and inpatient psychodiagnostic assessments (e.g., cognitive and personality).

### Child & Adolescent Services Program (C&AS)

C&AS provides assessment and treatment services to out-patients and day hospital patients up until their 19th birthday. Treatment opportunities include individual and group work using primarily a CBT framework. While C&AS runs groups for children and teens, psychology practicum students tend to co-facilitate.
groups for adolescents with mood disorders and assist with groups geared at the treatment of anxiety in younger children.

**Supervision**
The expectation is approximately one hour of individual supervision per week and on an as-needed basis. Group supervision may be available.

**Training/research opportunities**
Drs. Chagigiorgis and Cooperman maintain a database of research data (pre, post and follow-up measures) collected from CBT group participants. Students are welcome to engage in data collection, organization, analysis, and dissemination of the current program evaluations. Students are also welcome to come up with their own projects.

The Outpatient Mental Health Program staff conducts weekly case conferences, clinical workshops, and seminar series which students are welcome and encouraged to attend. In both the Adult and C&AS programs, team members attend weekly clinical rounds, interdisciplinary team meetings, and psychology discipline meetings. Students will be encouraged to attend if appropriate.

**Practicum Application Deadline:** Please check with your university for common application due date and notification date.

**Application procedure**

*All applications should contain the following:*

- A current curriculum vitae;
- Two letters of reference preferably from a clinical setting (these can be emailed directly to us);
- A cover letter specifying your interest in a practicum (Adult, C&AS or both). **Please indicate whether you are interested in the Summer (May-August) OR Fall/Winter (September-May).** The cover letter should also outline your training goals and needs and how they fit within the services offered at MSH;
- One example of an assessment report you have completed with identifying information removed is also required (class report is acceptable);
- Unofficial graduate transcripts.

**Location**
Markham Stouffville Hospital
381 Church Street,
Markham Ontario, L3P 7P3

**Transportation**
- Staff discount for monthly parking rates.
- Viva transit service.
Practicum Program
in Psychology

Practicum Program Coordinator:
Marc Levi, Ph.D., C. Psych.

2015 - 2016
# Table of Contents

## I Introduction
- About Ontario Shores
- Mission
- Vision
- Core Values
- Historical Background
- The Town of Whitby
- Map and Directions to Ontario Shores

## II Overview the Program
- Training Philosophy and Goals
- Structure of Program
- Didactic Educational Experiences
- Supervision and Evaluation
- Due Process
- Parking
- Work Environment

## III Overview of Clinical Rotations
- 1) General Adult Track
  - Young Adult Transitional Services (YATS)
  - Assessment Stabilization Unit (ASU)
  - Psychiatric Rehabilitation A (PRA)
  - Psychiatric Rehabilitation B (PRB)
- 2) The Forensic Program
- 3) Geriatric and Neuropsychiatry Program
  - Geriatric Dementia Unit (GDU)
  - Geriatric Psychiatry Unit (GPU)
  - Geriatric Mood Clinic
  - Geriatric Memory Clinic
  - Neuropsychiatry Services (NPS)
  - Neuropsychiatry Outpatient Services
- 4) Integrated Community Access Program (ICAP - Outpatient Services)
  - Borderline Personality Self-Regulation Clinic
I INTRODUCTION

About Ontario Shores

Ontario Shores is a leader in mental health care, providing a spectrum of specialized assessment and treatment services for people living with complex mental illness. Patients benefit from a recovery-oriented environment of care, built on compassion, inspiration and hope. Ontario Shores engages in research, education and advocacy initiatives to advance the mental health care system.

Employing over 1,100 staff, Ontario Shores Centre for Mental Health Sciences is accredited by Accreditation Canada; operates with the support of Ministry of Health and Long-Term Care and Local Health Integration Networks (LHINs), and is regulated by the Public Hospitals Act, the Mental Health Act and other provincial and federal legislation.

Psychology staff are actively engaged in assessment (diagnostic, personality, cognitive and projective), consultation, program development, evaluation, research, interprofessional training, community outreach, crisis intervention, staff education, as well as family, couple, individual and group psychotherapy.

Mission

We provide leadership and exemplary mental health care through specialized treatment, research, education and advocacy.

Vision

Our vision is bold and transforming. Ontario Shores is recognized by many as having an approach to mental health care and unique services that are focused on recovery, hope and inspiration through discovery.

Recovering Best Health: Our specialized care is focused on individual paths to recovery and mental wellness. Our highly skilled staff members are leaders in promoting optimum well-being. Our comprehensive services and innovative practices are integrated with our community partners.

Nurturing Hope: Our advocacy with the community eliminates the stigma of mental illness. Our commitment to care extends beyond the scope of client recovery to educating and informing our families and communities. We proudly embrace diversity and offer individualized care.

Inspiring Discovery: We are avidly leading new developments and research in collaboration with other organizations. We lead the international mental health care community in safety and innovative practices. Our relationships with the private sector provide unique opportunities to be innovative.
Core Values

We aim for **Excellence** - through leadership and learning, we achieve exceptional performance in all we do, while fostering an environment of optimism, hope and recovery.

We encourage **Innovation** - through research and creative approaches, we support the advancement of mental health care.

We value **Safety** - we provide a safe and healing environment for our clients and a sense of security for our patients' families, our employees and the community at large.

We **Respect** all individuals - encouraging diversity and treating everyone with dignity, while embracing the rights, beliefs, opinions and contributions of others.

We are a **Community** - we work together as one team and with families, providers and the public as our partners, while maintaining mutual trust, transparency and shared purpose to enhance our patients' quality of life.
Historical Background

The Beginning
In 1911, the architect, James Govan, working with a team of advisory psychiatrists, physicians and government officials, presented his design for the Whitby Hospital. Govan’s design called for a series of 16 cottages, each housing approximately 70 patients, situated in a village-like setting amongst winding treed avenues. While the exterior design of the cottages was strongly influenced by German architecture, any other similarity stopped there. Canadian physicians worked closely with their architect to make sure the Whitby Hospital would offer a calmer and more humane atmosphere for patients than other institutions they had seen in their travels. The buildings must be situated in such a way, said the physicians, that all wards in all cottages receive some form of direct sunlight, even during the shortest days. An overhead view of the site plan indicates that Govan did exactly that. The main group of cottages faced south west, slightly back from the shore of Lake Ontario. To the east were views of Whitby Harbour; to the west, farmland and orchards; to the north east, the railroad station and further north, the Town of Whitby itself.

Breaking Ground
In the initial building stages, prisoners from nearby Central Prison supplied much of the labour. During later stages of construction, paid labourers and mechanics worked for wages ranging from $0.55 to $1.00 per hour. To ease the transfer of building materials from the local railway station a mile to the north east, workers built a narrow gauge trunk-line across several fields of pasture into the construction site. As it turned out, this trunk-line became an invaluable aid in Whitby’s first construction. From the outset, builders recognized the fact that enormous amounts of sand and gravel would be necessary to make the concrete needed for the foundations of buildings. During the initial stages of construction they discovered a method of mechanically scooping this sand and gravel out of the Whitby Harbour and, by using the rail system, they were able to transport it easily from the shore to the sand-sifter where it was drained, sifted and mixed with cement to make concrete. Many of the necessities needed for building were taken care of right on the grounds. For instance, an on-site lumber mill turned out hundreds of windows and doors needed to meet the hospital's wood-work requirements, and an on-site farm, operated by government workers, provided all the meat, vegetables and milk necessary to feed construction workers. Later on, this same farm was operated by staff and patients, and provided supplies for the hospital population - a practice that continued well into the 1960s.

The Building Continues
By October 1913, workers had completed foundations and erected walls to the second level for four cottages. Excavation of the dining hall was also well underway. At the end of 1913, seven months after construction had begun - approximately 220 workers were engaged on the site - over half of them prisoners. In 1914, war broke out. While construction continued on the hospital, progress was definitely slower. Over the next two years, however, as more and more buildings were completed, doctors transferred psychiatric patients from Toronto facilities to the space and fresh air that Whitby offered. By February 1917, large numbers of soldiers were returning from overseas. Many were badly wounded and needed intense, long-term treatment. Since general hospitals were not equipped to meet such needs, the Military Hospitals Commission made arrangements to lease patient cottages for the purpose of treating wounded soldiers. Between 1917 and 1919, an estimated 3,000 recuperating
soldiers received care at what was temporarily renamed "The Ontario Military Hospital". By July 4, 1919, all had returned to civilian life.

Time Passes
After the soldiers had left, the hospital was reopened in October 1919, as a psychiatric facility. From opening day, every available bed space was occupied. Work continued on various buildings until 1926. By 1927, administrators and other staff listed the official capacity of Whitby Psychiatric at 1,542 beds. In the years that followed, Whitby Psychiatric served a primary service area that at one time encompassed seven counties. Throughout the decades, tens of thousands of patients found solace, peace, refuge and healing at Whitby Psychiatric Hospital. And all things considered, the buildings held up very well. By the mid 1980s however, the writing was on the wall. Many of the cottages were deteriorating rapidly - a few, cited as unsafe and beyond repair, were permanently closed and secured. After almost 75 years of constant use, Govan's design no longer reflected the most up-to-date attitudes in the treatment of the seriously mentally ill within our society. The time had come to build a new hospital. On October 23, 1994, the hospital celebrated 75 years of service to consumers, their families and the communities with a rapidly growing primary service area of over 2.2 million people.

A New Building
Construction of the new facility began in 1993 and was completed three years later. The initiatives included not only a new 483,000 sq. ft. state-of-the-art mental health facility but also significant investments in new acute care mental health beds in general hospitals and community mental health services throughout the hospital's primary service area. The new facility was the first new mental health facility built in Canada in over twenty-five years. Designed by a consortium of three architectural firms, Crang and Boake/Cannon/Moffat Kinoshita, and built by Ellis-Don Construction, the new hospital reflected a residential style building concept and a philosophy of providing mental health services in a humane, safe and therapeutic environment. The project was managed by the Ontario Realty Corporation. The facility has received three international design awards from: 1) Modern Healthcare and the American Institute of Architects (1995), 2) American Institute of Architects New England (1994) and 3) The Boston Society of Architects (1994).

The facility was designed with eight interconnected buildings, separated by easily accessible landscaped courtyards and linked by a 1,400 foot long interior corridor. The use of skylights, windows and glass allows direct sunlight exposure to a multitude of areas. Eleven large artwork commissions, displayed throughout the facility, provide beauty and assist with patient orientation.

A New Era
In 1997 the Ministry of Health and Long-term Care Hospital Services Restructuring Commission recommended that Ontario Shores (along with eight other provincial psychiatric hospitals) be divested and begin to operate under the Public Hospital Act. In these recommendations, Ontario Shores was slated to divest to a new, stand alone corporation and the other eight hospitals were to be divested to existing hospital corporations. Through the following years, Ontario Shores continued to develop, adding new clinical programs (Forensic Psychiatric Rehabilitation Unit, Neuropsychiatry Rehabilitation and Beacon House), improving those that we had, and continued to develop the skills and expertise of the staff. In 2004, the decision to divest Ontario Shores to a stand alone hospital governed under the Public Hospital Act was reaffirmed and work began on this ambitious project – resulting in a change in governance of Ontario Shores to a new, community Board of Directors as of March 27, 2006. A new
era in mental health care in Ontario had begun.

**New Era of Discovery, Recovery and Hope**

On June 11, 2009, before an audience of community stakeholders, partners, patients, staff and volunteers, The Board of Directors unveiled the current name and brand identity, along with a new mission statement at its annual general meeting.

The name was created to better reflect the hospital’s expanded mandate, role and future directions.

**Meaning of the Ontario Shores Brand**

*Ontario Shores* reflects the geographic scope of services and the spectacular location of the main campus that overlooks Lake Ontario. On a symbolic level, *shores* implies a safe place at the intersection of land and water, expressing the hospital’s role in treating patients with serious mental illness and helping individuals on their journey to recovery.

*Centre for Mental Health Sciences* represents the organization’s focus on scientific research and education to improve patient care. As a teaching hospital, it demonstrates the organization’s role as a specialized mental health care provider using evidence-based best practices.

The new circular symbol subtly reflects the letter O and S within an image of a shoreline to demonstrate a path to symbolic recovery. The bright colours convey healing, optimism and hope. The use of earth tones reflects the natural environment and the warmth and compassion the organization has always been known for.

The tagline, *Discovery. Recovery. Hope.* encapsulates the organization’s vision. The term ‘discovery’ expresses the important role self-discovery plays in the patient’s journey to recovery, the organization’s commitment to research and ongoing learning for its health professionals. Discovery, and the opportunity for recovery, is the basis of hope for patients, families and communities.
The Town of Whitby

Our main facility is located in Whitby, Ontario. We also provide services in York Region, Scarborough, Toronto, Haliburton, Northumberland, Peterborough Counties and the City of Kawartha Lakes.

Whether you enjoy the soft sounds of nature, or prefer live entertainment, theatre and dining, Whitby has something for everyone. Bicycle paths along the waterfront, golf courses, ski hills, running clubs and other organized recreational groups are available to all members of the community. A public transportation system, including bus and GO transit systems makes leisure and activities accessible to everyone.

Both public and separate elementary and post-secondary schools can be found throughout the growing Whitby community and surrounding neighbourhoods, as well as private schools and college and university campuses.

Interesting Historical Facts about Whitby¹:

Whitby is a town situated on Lake Ontario, 50 km east of Toronto in the Southern region of Ontario. The southern part of Whitby is urban while the northern section is more rural in nature. It was settled in the 1800's and a downtown business centre was founded by Peter Perry in 1836.

In 1833, the farmers of Whitby shipped their grain via the harbour to local areas. In the next decade, roads were built connecting Whitby, Lake Simcoe and Georgian Bay in order to facilitate trade between these areas. In 1852, the County of Ontario chose Whitby as their seat of government. A railway was created in the 1870s connecting Whitby, Port Perry, and Lindsay.

During WWII, Whitby was established by Sir William Stephenson (the "Man Called Intrepid") as a secret spy training facility, latter called “Camp X”.

The current municipality of Whitby’s borders were finalized in 1968 through the amalgamation of the Town of Whitby and Township of Whitby. These boundaries remained unchanged even when the Durham Region was formed in 1974. Whitby maintained its strong political connection by becoming the seat of government in Durham Region. Although people often erroneously consider Whitby to be part of the Greater Toronto Area, it is actually part of the greater Oshawa Metropolitan Area.

To find out further information on Whitby and surrounding communities, visit www.whitby.ca.

¹¹ Please note that the information on the town of Whitby was taken from Wikipedia.
Map and Directions to Ontario Shores

Directions from Highway 401:
• Exit at Brock Street/Hwy 12 (exit no. 410) in Whitby (Note: If coming from Toronto, do not exit at Brock Road in Pickering)
• Turn south (left) onto Brock Street.
• Turn west (right) at the next signal lights onto Victoria Street and travel west to the second set of lights. You will go past the Station Art Gallery and the Iroquois Sports Park Centre.
• Turn south (left) on Gordon Street at the Hospital (Lakeridge & Ontario Shores) signs – continue past Lakeridge Health Whitby.
• Turn west (right) at the Ontario Shores sign. Continue on this road and turn into one of the three parking lots shown below.

Directions from Whitby GO Station:
• Via Town of Whitby bus: Take Route #2 bus
• Via Car: Turn south onto Brock Street, Henry Street or Victoria Street and follow the instructions above.
II Overview of the Program

Training Philosophy and Goals

The primary aim of the Ontario Shores Practicum Program in Psychology is to prepare practicum students to become competent and autonomous clinical psychologists. Practicum students will further develop skills and knowledge in the areas of diagnosis, assessment, consultation, treatment, as well as professional and ethical issues. Students are expected to think critically not only about the services they offer to patients but also about the clinical decisions they make. These decisions are based upon data collected in the therapeutic and assessment context and be informed by empirically supported research. As such, students are expected to develop core competencies in the following areas:

1. **Assessment** - To develop each practicum student’s competence in assessment, diagnosis, case conceptualization, and to provide recommendations for treatment and interventions. The expectation is that students will become proficient with the psychological assessments that are specific to their training rotations including: the administration, scoring, interpretation, and communication of results from diagnostic interviews and psychological tests.

2. **Consultation and Interprofessional Collaboration** – Practicum students are expected to develop the personal skills and attitudes necessary for practice as a psychologist within an interdisciplinary framework, including oral and written communication skills, consultation skills, and the ability to work competently with other healthcare professionals. Practicum students participate in interdisciplinary teams, gaining experience in providing and receiving consultation to and from other professionals within the agency and with professionals from community agencies regarding the care and treatment of patients. This also provides students with an opportunity to engage in the multiple roles of a psychologist including clinician, teacher/supervisor, evaluator/researcher, administrator, and leader.

3. **Intervention** - To ensure that practicum students are competent in planning and providing a range of psychological treatments through individual, group, and family-based interventions. Practicum students will understand the basis of treatment formulation including empirically supported interventions, development of treatment goals, and psychotherapeutic strategies. Students will demonstrate an understanding of the process issues related to intervention.

4. **Professional Ethics and Standards** - Training aims to ensure that practicum students develop awareness, knowledge, and application of ethical and professional principles of psychology in clinical activities so that they will aspire to the highest ethical and professional standards in future professional roles. Practicum students are expected to demonstrate a comprehensive knowledge and a keen sensitivity to professional ethics in terms of ethical standards, codes of conduct, different legislation relating to psychology and obligations under the law. Training aims to help prepare practicum students for registration with the College of Psychologists of Ontario.

5. **Cultural Diversity** - Practicum students are exposed to patients and staff from diverse cultural backgrounds. Training focuses on becoming aware and sensitive to cultural and individual differences in the context of their work as psychologists.
6. **Professional Development** - Educational events at Ontario Shores are held on a regular basis and practicum students are invited to attend. Listings of educational opportunities include psychology seminars, grand rounds, forensic topics, and research seminars are distributed through Ontario Shores’ E-weekly updates. Practicum students are expected to participate in active learning by conducting and attending presentations and seminars, as well as keeping abreast of current literature. Practicum students are to present a case study, prepare a journal for the journal club, and/or present their own research findings at psychology seminar meetings.

7. **Research** - To enhance the scientist-practitioner approach by training practicum students in evaluation research and exposing them to other forms of clinical research within a hospital setting.

8. **Supervision and Evaluation** - Supervision is provided by staff who are licensed to provide psychology services in the province of Ontario. Supervision is structured in order to meet the practicum student’s level of competence. Supervision activities are individualized to each practicum student's specific training needs and entry-level skills. As practicum students’ competence increases, supervision becomes more consultative and collaborative in nature. Practicum students are evaluated on their progress at intervals of three months, six months and twelve months.

**Structure of the Program**

The practicum program at Ontario Shores includes either one rotation over the course of the academic year of roughly two days a week or a four-month full time rotation, for a minimum of 600 hours.

At the time of application practicum students are expected to indicate their interest in rotations. Every reasonable effort is made to assign students to a rotation of choice. However, this is not always possible due to student’s interest and/or the need to ensure a broad-based clinical experience, and supervisor availability.

The Practicum Program in Psychology at Ontario Shores is committed to the scientist-practitioner model. Practicum students within our program are encouraged to anchor their clinical service in a thorough review of existing scientific literature and evaluate their interventions systematically. Although assessments may vary depending upon the specific referrals within each rotation, in general, practicum students will be expected to demonstrate proficiency in psychodiagnostic assessment with clinical interviews, as well as behavioural, personality, cognitive, and neuropsychological assessment measures where appropriate. Our model of training allows for a diversity of experience that will enable practicum students to develop both a sense of professional identity and the ability to work collaboratively in interdisciplinary treatment teams. Depending on the rotation, students can be expected to complete a minimum of seven comprehensive psychodiagnostic assessments over the course of their practicum year.

More specifically, the Practicum Program has identified six potential objectives with respect to psychodiagnostic assessment depending upon rotation choice:

- Students may develop competence in conducting comprehensive intake/diagnostic interviews. This includes obtaining comprehensive developmental histories, including both structured (e.g., SCID), semi-structured, and unstructured clinical interviews, and may include conducting family/parental
interviews/assessments where appropriate.

- Students may develop competence in administering, scoring, and interpreting psychometric measures to assess behaviour, personality and social-emotional (e.g., MMPI-2-RF, PAI, MCMI-III) functioning. This may also include developing skills in using both objective and projective (e.g., Rorschach, TAT) assessment instruments.

- Students may develop competence in the administration and interpretation of standardized psychometric measures of cognitive/Executive (e.g., WAIS-IV, WISC, D-KEFS) functioning and academic achievement (e.g., WIAT and WRAT). For students selecting a neuropsychological rotation, more specified exposure to a range of neuropsychological measures will be provided.

- Students may develop competence in providing feedback, both oral and written, to patients, families, referring agents, community agencies, and members of interdisciplinary treatment teams.

- Students may develop competence in independently planning and implementing comprehensive psychological/neuropsychological assessments that take into consideration relevant medical, developmental and social-contextual factors.

- For those selecting a forensic rotation, students can be expected to demonstrate proficiency in conducting, scoring and interpreting empirically supported risk assessment measures as well as those based on structured clinical judgement (e.g., HCR-20). Students must demonstrate a solid understanding of static and dynamic risk factors, and be able to develop comprehensive treatment recommendations based upon assessment outcome.

Practicum students at Ontario Shores will develop proficiency in the use of empirically and theoretically based approaches to therapy with a diverse patient population specific to their chosen rotations. This will include supervision and training in various psychotherapy modalities and may include individual, group, and in some cases, family therapy.

The Practicum Program has identified five possible objectives with respect to psychological intervention depending upon rotation choice:

- Students may develop competence in conducting individual therapy with the patient population consistent with their chosen rotation. Depending upon the theoretical orientation of both student and supervisor, this may include development of skills in behavioural or cognitive/behavioural interventions, emotion focused therapy, psychodynamic therapy, or interpersonal approaches.

- Students may gain experience in conducting group based psychotherapeutic interventions with the patient population consistent with their chosen rotation. This may include process-oriented groups, structured behaviour and/or cognitive-behavioural interventions and skills-training groups.

- Students may develop competence in conducting family-based interventions. This may take the form of psychotherapy or consultation, depending on the training track.

- Students may develop competence in planning, implementing and monitoring interventions that take into consideration developmental, medical and socio-contextual factors. Practicum students may develop competence in evaluating treatment needs, therapeutic effectiveness and treatment process.

- Students will develop an awareness of client and therapist factors that affect treatment effectiveness.
Didactic Educational Experiences

Practicum students spend at least one hour per week in didactic activities. There are many educational opportunities for students at Ontario Shores, both psychologically focused and interdisciplinary in nature. Aside from weekly supervision, students participate in weekly didactic seminars designed for psychologists, including journal club discussions, case presentations, and professional development. The topics are founded in current clinical and research driven material related to professional issues, ethical dilemmas, psychodiagnostics, psychotherapy, and rehabilitation. Each student is expected to give one clinical and one research related presentation. Additionally, grand rounds occur on a weekly basis focusing on a variety of clinical and research topics related to mental health. Practicum students are supported in their participation of professional development activities including professional lectures, workshops, seminars, as well as internal and external conferences.

Supervision and Evaluation

Each practicum student is assigned to at least one supervisor, who is a registered psychologist with the College of Psychologists of Ontario. At the beginning of the practicum, the student and their advisor set individualized written goals and objectives. Students are to meet with their supervisor for a minimum of one hour of supervision per week. Supervision can include discussion of clinical cases, professional development, observing and being observed while providing clinical services, and formal case presentations. Styles of supervision may vary and the practicum student can expect to learn from modeling, observation, feedback, directed readings, ethical training, and professional mentorship. Practicum students are assigned a supervisor based on their expression of interest and availability of the supervisor. Supervision may be provided in individual and/or group formats, in addition to attending weekly interdisciplinary team meetings and case conferences.

Practicum students receive formal written evaluations three times during their practicum. Supervisors also meet with the Practicum Coordinator at these periods of evaluation to discuss the student’s progress, educational experience, caseload, ongoing professional development, and to review student’s evaluation.
Due Process

Due Process ensures that decisions made by programs about practicum students are not arbitrary or personally-based, requires that programs identify specific evaluative procedures which are applied to all practicum students, and have appropriate appeal procedures available to the practicum student so he/she may challenge the program’s action.

General guidelines include:

1. Presenting practicum students with written documentation of the program’s expectations related to professional functioning (code of conduct, behaviour, other)
2. Stipulating the procedure for evaluation, including when and how evaluations will be conducted (such evaluations should occur at meaningful intervals – at least one month following imposed sanctions)
3. Articulating the various procedures and actions involved in making decisions regarding problem, communication, early and often with graduate programs about how to address such difficulties
4. Instituting, with the input and knowledge of the graduate program, a remediation plan for identified inadequacies, including a time frame for expected remediation and consequences of not rectifying the inadequacies
5. Providing a written procedure to the practicum student which describes how the student may appeal the program’s action
6. Ensure that the student has sufficient time to respond to any action taken by the program.
7. Supervisor to document, in writing, and to all relevant parties, the action taken by the program and its rationale

Parking

If desired, parking is available at Ontario Shores. Various payment options are noted on the website www.ontarioshores.ca.

Work Environment

Practicum students are provided office space, phone extensions, computers with internet access, and various hospital and library resources.
III Overview of Clinical Rotations

The following clinical rotations are offered to students:

1. **General Adult Track**
   Primary Supervisor: Dr. Susan Vettor
   
The assessment and reintegration program (ARP) encompasses four inpatient units and offers a unique training opportunity for students who are interested in gaining experience working with individuals with severe and persistent mental illness. Students receive intensive training with administering, interpreting and writing comprehensive psychological reports along with the opportunity to provide feedback to clients, family members and staff. Assessments primarily address questions related to diagnostic clarification, co-morbidity, intellectual functioning and how such may impact community living. Additionally, students carry an individual therapy caseload and have the opportunity to co-facilitate groups. Students attend interprofessional clinical rounds on the units and attend weekly individual and group supervision.

   (a) **Young Adults Transitional Service (YATS)**
   YATS provides specialized programs to meet the unique emotional, physical and developmental needs of young adults experiencing psychosis. The recovery-focused program provides integrated treatment, improves understanding of psychosis and promotes wellness. YATS offers continued care for young adults as they transition into the adult healthcare system and the community. Family, school and peer involvement is balanced with a desire for independence and autonomy. Substance use is not a barrier to admission.

   (b) **Assessment Stabilization Unit (ASU)**
   ASU provides patients with short-term assessment and treatment, a high-level observation unit is included. Treatment is provided by an inter-professional team and includes psychiatry, general medicine, nursing, social work, occupational therapy, psychology and therapeutic recreation.

   (c) **Psychiatric Rehabilitation A (PRA)**
   PRA provides longer term stabilization and treatment. Staff assists in developing goal-oriented recovery plans that allow patients to reintegrate into the community.

   (d) **Psychiatric Rehabilitation B (PRB)**
   PRB is a unit that provides longer term stabilization for patients who face major barriers to community living and who require ongoing support and rehabilitation services. Interventions are aimed at improving the social and personal skills needed for adaptive community living.

2. **The Forensic Program:**
   Primary Supervisors: Dr. Joanne Coutts, Dr. Justine Joseph, Dr. Marc Levi, Dr. Lisa Marshall, Dr. Erica Martin, Dr. Krystle Martin, Dr. Andrea Gibas
   
   Other Psychology Staff: Shelley McAllister
   
The Forensic Program at Ontario Shores provides interdisciplinary assessment, treatment, rehabilitation and community reintegration services to patients with complex mental illness who have come into contact with the criminal justice system. With individual recovery plans, patients
can progress to a less restrictive environment and return to the community at the most independent level possible given public safety considerations and the limits of their defined Ontario Review Board (ORB) dispositions. In addition, the Forensic Program provides consultation, education and research services to Ontario Shores, its community partners and the broader mental health community on request.

Psychology students in the Forensic Program work with an interdisciplinary team to assist in the rehabilitation and management of a diverse group of forensic patients with a range of clinical concerns and criminogenic needs. Interns are involved in conducting assessments of risk for reoffending, cognitive functioning, personality functioning, as well as other psychological assessments that support treatment, management, and recovery planning. Additionally, students undertake individual psychotherapy and facilitate group treatment programs with forensic clientele. Throughout the course of the internship year, psychology students partake in clinical and professional educational opportunities pertinent to practicing in the law and mental health setting.

The Forensic Program offers a Forensic Outpatient Service (FOS) as well as a General and Secure forensic service comprised of six Patient Care Units:

**Secure Forensic Service Units:**
- Forensic Assessment Unit (FAU)
- Forensic Assessment and Rehabilitation Unit (FARU)
- Forensic Rehabilitation Unit (FRU)

**General Forensic Service Units:**
- Forensic Psychiatric Rehabilitation Unit (FPRU)
- Forensic Transitional Unit (FTU)
- Forensic Community Reintegration Unit (FCRU)

3. **Geriatric and Neuropsychiatry Program:**
   Primary Supervisor: Dr. Rosa Ip (Neuropsychiatry)
   Other Psychology Staff: Cheryl Young

   (a) **Geriatric Dementia Unit (GDU)**
   The GDU provides specialized services to meet the mental health needs of individuals 65 years of age and older with dementia who have challenging behaviours. Behaviour management strategies and pharmacotherapy are used to achieve reintegration into the community or long-term care.

   (b) **Geriatric Psychiatry Unit (GPU)**
   The GPU provides specialized services to meet the complex mental health needs of seniors 65 years of age and older with serious mental illness, including those who have been resistant to treatment. GPU uses a blended approach of behaviour therapy and pharmacotherapy to address the assessment, diagnostic, treatment and transitional care needs of the patient into the community or long-term care.

   (c) **Geriatric Memory Clinic**
   The Memory Clinic in partnership with the University Health Network is a multispecialty assessment service dedicated to the early diagnosis and treatment of dementia. The clinic
provides: Comprehensive multispecialty assessment of dementia; Diagnosis information for the patients and their caregivers; early psychosocial intervention; and, Links to appropriate community support services.

(d) Geriatric Mood Clinic
The Geriatric Mood Clinic at Ontario Shores Centre for Mental Health Sciences (Ontario Shores) is dedicated to the assessment, diagnosis and treatment of individuals with depression and anxiety, especially those who suffer from severe mood disorders and show resistance to treatment. An interprofessional healthcare team provides expertise in the field of memory and mood disorders. Services include comprehensive interprofessional assessment of depression and/or memory disorders, neuropsychological assessment, cognitive-behavioural group therapy (provided by psychiatrist), ongoing support and education for patients and families, and referral to appropriate community support services. There are currently no opportunities for psychotherapy on this rotation.

(e) Neuropsychiatry Service (NPS)
NPS provides specialized consultation, assessment, treatment and rehabilitation services for neuropsychiatric patients. NRS provides specialized services to meet the mental health needs of individuals with neuro-cognitive impairment and associated behavioural challenges.

(f) Neuropsychiatry Outpatient Services
The program provides specialized assessment, consultation, treatment, rehabilitation and behavioural programming for individuals 18 to 65 years of age who have a mental health concern, a brain injury or disorder (including Huntington Disease) and who have a cognitive and/or behavioural challenge.

4. Integrated Community Access Program (ICAP – Outpatient Services):
Primary Supervisor: Dr. Shannon Robinson

Teams within ICAP are concurrent capable and are comprised of members such as: Psychiatrists, Psychologists, Registered Nurses, Social Workers, Rehabilitation (Behaviour) Therapists, an Addictions Specialist, Transitional Case Managers, and a Nurse Practitioner. There are two primary rotations within ICAP: The Borderline Personality Self-Regulation Clinic and the Traumatic Stress Clinic. A rotation within the Borderline Personality Self-Regulation may also include additional training through assessments in Women’s Service, Mood & Anxiety Service, Complex General Psychiatry Service and Psychosis Service.

A) Borderline Personality Self-Regulation Clinic
Using Dialectical Behavior Therapy (DBT) this program serves individuals, 18 years of age and older, who have been diagnosed with Borderline Personality Disorder and are experiencing difficulties managing their symptoms. The goals of this 1 year, twice weekly program includes: reducing symptomatology, maladaptive behaviours, and current psychological distress associated with BPD, decreasing frequency of admissions to in-patient units and ER visits, decreasing length of stay in in-patient services, increasing coping skills, and improving quality of life for individuals who have been diagnosed with having BPD. Psychology offers individual and group psychotherapy (DBT), psychological consultations and assessments (psychodiagnostic, cognitive, personality, trauma), and program evaluation/ research opportunities.
(i) **Women’s Service**
A multidisciplinary team provides focused consultations and time limited service (up to six months) to women, diagnosed with an axis I diagnosis and requiring support with one of the following: Family planning, Pregnancy, Child rearing, Post-Partum Psychosis, Post-Partum Depression, PMS, Menopause, Medication induced hormonal changes. Psychology offers individual and/or group psychotherapy, psychological consultations, and psychological assessments (psychodiagnostic, cognitive, personality, trauma).

(ii) **Mood and Anxiety Service**
A multidisciplinary team provides a flexible out-patient service tailored to the individual needs of persons 18-65 years of age diagnosed with a mood or anxiety disorder. Individuals may demonstrate evidence of refractory to treatment illness and persistence of illness (present greater than six months) as well as evidence of impaired functional ability. Consultation and shared care services are also available. Psychology serves an important role within this team by providing psychological consultations, assessments (psychodiagnostic, cognitive, personality, trauma) and individual and/or group psychotherapy when appropriate.

(iii) **Complex General Psychiatry Service**
A multidisciplinary team provides flexible services tailored to the individual needs of persons 18-65 years who have demonstrated complex clinical presentation that includes being diagnosed with multiple serious mental illnesses of complex presentation. There may be evidence of refractory to treatment illness and persistence of illness (present greater than 6 months) as well as evidence of impaired functional ability. Psychology serves an important role within this team by providing psychological consultations, psychological assessments (psychodiagnostic, cognitive, personality, trauma) and individual and/or group psychotherapy when appropriate.

(iv) **Psychosis Service**
A multidisciplinary team provides flexible services tailored to the individual needs of persons 18-65 years of age diagnosed with a psychotic disorder. There must be evidence of refractory to treatment illness and persistence of illness (present greater than six months) as well as evidence of impaired functional ability. Consultation and shared care services are also available. Psychology serves an important role within this team by providing psychological consultations, psychological assessments (psychodiagnostic, cognitive, personality, trauma), and individual and/or group psychotherapy when appropriate.

B) **The Traumatic Stress Clinic**
The Traumatic Stress Clinic provides specialized treatment and medication support, to individual 18 years of age or older who have experienced or witnessed trauma and are experiencing lasting symptoms with significant impairment in emotional, physical, social, vocational and relational functioning. The clinic seeks to provide a safe and respectful environment where the treatment team works in partnership with the client to teach the skills and process emotions to regain control of their life. Services include: an initial assessment to determine suitability for the clinic; trauma focused therapy (Cognitive Processing Therapy); psychiatric consults and medication management. Psychology Interns working within the clinic...
provide trauma-focused assessments and triage clients; conduct a manualized treatment protocol; work within a multidisciplinary team; as well as, co-facilitate psychoeducation and skills training groups.

5. **Adolescents**  
Primary Supervisor: Dr. Nadia T. D'Iuso, Dr. Kofi Belfon

The Adolescent Program provides a variety of services for youth from the ages of 12 to 18. Interdisciplinary teams work together to help the patients to address their difficulties through life skills assessment and instruction, goal-oriented planning, education and psychiatric stabilization. We provide assessment, consultation, treatment, rehabilitation and transition services for individuals experiencing serious mental illness allowing them to achieve the earliest successful community reintegration at the most independent level.

(a) **Adolescent Out-Patient Service (AOP):**  
The AOP service provides both direct service to youth with mental illness and consultation to community agencies, schools, group homes and other community resources. When working with youth, staff meet with patients onsite and/or in the community according the treatment plan objectives. Services provided include psychiatric assessment and follow-up, psychological assessment and individual and family therapy and group interventions. Services are provided to adolescents 12 to 18 with bridge services to adult programs.

(b) **Adolescent Inpatient**  
This unit offers adolescents both individual and group psychotherapy as well as psycho-diagnostic assessments to clarify their diagnosis. Students will have the opportunity to co-facilitate CBT and DBT groups for mood and anxiety, as well as groups that focus on assertiveness and social skills training. Students will also have the opportunity to gain assessment experience on a wide battery of clinical and cognitive assessments.
IV Application Process

Prerequisites

Preference will be given to applicants enrolled in CPA or APA accredited programs, although applicants from non-accredited programs will also be considered.

Application Procedure Checklist

Applications for Ontario Shores Practicum Program in Psychology must include:

- Ontario Shores-specific application form
- Cover letter stating areas of interest and goals
- Curriculum Vitae
- Graduate transcript (unofficial transcripts are acceptable)
- Two Letters of Reference (originals received in signed/sealed envelope)

Please direct completed applications or inquiries to:
Tina Powers, Leader, Education & Student Affairs
Ontario Shores Centre for Mental Health Sciences
700 Gordon Street (7-2078)
Whitby, ON L1N 5S9
Phone: 905-430-4055 Ext. 6704 or 800-341-6321 Ext. 6704 Fax: 905-665-2458
Email: powerst@ontarioshores.ca

Completed applications should be received no later than February 1. However, late applications may be accepted if spots are still available. We abide by the GTA/Ontario-wide practicum notification procedures.

Interview and Selection Procedures

Candidates who have been selected for an interview will be notified within four weeks of application deadline. The applicant will meet with a potential supervisor. Details of the interview day will be distributed to individuals selected to attend.

Applicants to programs are ranked according to several criteria including, and in no particular order:

1. The match between an applicant’s clinical training interests and our practicum program;
2. Breadth and depth of an applicant’s assessment and treatment experience (particularly in areas related to the rotations offered in our program);
3. Reference letters;
4. Impressions of the applicant’s suitability and match with our program based on the interview
Privacy and Application Materials

In accordance with federal privacy legislation (Personal Information Protection and Electronics Documents Act [http://laws.justice.gc.ca/en/P-8.6]), we are committed to only collecting information that is required to process your application. This information is secured with Psychological Services at Ontario Shores Centre for Mental Health Sciences and is shared only with those individuals involved in the evaluation of your practicum application. If you are matched with our practicum program, your application and CV will be available only to those involved in your supervision and training, including your rotation supervisors, the practicum Coordinator, and relevant administrative support staff and Human Resources staff at Ontario Shores Centre for Mental Health Sciences.

Acceptance and Practicum Checklist

Acceptance

Candidates will be notified by phone or email of their acceptance on the GTA match day (typically mid-March).

Checklist of Items Required Once Accepted Into the Program

The success candidate will require the following before placement can commence:

☐ Original copy of the Criminal Record Check (CPIC) including vulnerable sector screening. The CPIC must be no older than six months prior to placement. Failure to present your CPIC could result in a delay in the start date of your practicum placement. Please note: It can take anywhere from 4-12 weeks to obtain the CPIC from your local police department.

☐ Applicant must be up-to-date with their immunizations (Hep B, measles, mumps, rubella, varicella immune status. TB results (2-step and yearly); if positive, a chest xray result within the last two years and an actual measurement of positive TB skin test recorded. The university keeps record of your immunizations.

☐ WEA form (Workplace Education Agreement; available from your university).

☐ Affiliation agreement between university and Ontario Shores, and Certificate of Insurance must be in place prior to placement
V Accreditation

The Clinical Psychology Internship Program at Ontario Shores Centre for Mental Health Sciences is fully accredited by the Canadian Psychological Association (through to the 2015 – 2016 training year). The program is also a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and the Canadian Council of Professional Psychology Programs (CCPPP).

For more information on our accreditation status:
The Canadian Psychological Association
141 Laurier Avenue West, Suite 702
Ottawa ON K1P 5J3

Tel: 1-888-472-0657
Web: www.cpa.ca/accreditation
VI Psychology Faculty and Supervisors

COUTTS, Dr. Joanne

Dr. Joanne Coutts received her Ph.D. in Applied Social Psychology from the University of Windsor in 1988. Dr. Coutts is a Forensic Psychologist, registered with the College of Psychologists of Ontario. Dr. Coutts began her career at the maximum secure forensic hospital Oak Ridge in 1989. She was primarily involved in the treatment and assessment of sex offenders at Oak Ridge. Dr. Coutts then worked for the Ministry of Correctional Services in a medium secure youth detention centre. She was involved in the treatment and assessment of young offenders at Brookside Detention Centre. In her current position at Ontario Shores, Dr. Coutts is part of the Forensic Program and conducts risk assessments for the Ontario Review Board. She is also involved in the treatment of forensic patients with respect to individual and group therapy.

D’IUSO, Dr. Nadia

Dr. Nadia D’Iuso is a licensed psychologist with the College of Psychologists of Ontario, specializing in clinical assessment, differential diagnosis, and in the treatment of Anxiety, Mood, and Eating Disorders. Dr. D’Iuso obtained her Ph.D. from the University at Albany (SUNY) in May 2011 and her Master’s degree from McGill University in 2005. Dr. D’Iuso has published research articles and a book chapter devoted to improving clinical supervision for trainees during the different phases of their training (e.g., practicum and internship). She has worked in hospital settings in Albany NY, Montreal, and now at Ontario Shores (April 2013) with both adolescents and adults (inpatient and outpatient). Dr. D’Iuso is presently the psychologist for the Inpatient Adolescent Unit at Ontario Shores.


**IP, Dr. Rosa** Dr. Rosa Ip is a licensed psychologist with the College of Psychologists of Ontario practicing in Clinical Neuropsychology. She obtained her Ph.D. in Brain, Behaviour, and Cognitive Sciences from York University, and completed her postdoctoral training at the Baycrest Centre for Geriatric Care. Her primary client groups are adults and seniors with neurological and neurodegenerative disorders. Prior to joining Ontario Shores, Dr. Ip worked in the Acquired Brain Injury and Geriatric Psychiatry Programs at Toronto Rehab from 1987 to 2003. She has published research articles focusing on the cognitive and emotional sequelae of brain injury and neuro-rehabilitation outcome. Currently Dr. Ip works in the Neuropsychiatry Rehabilitation Services, serving clients with neurological and psychiatric conditions. She also provides neuropsychological consultation at the Huntington Disease Clinic. Dr. Ip is a member of the Canadian Psychological Association, International Neuropsychological Society, and Ontario Association for Behaviour Analysis.


**Ip, R.Y., Ghaffar, O.** (2011-12). *Outcome measures on a neuropsychiatric inpatient unit*. Pilot research fund, Ontario Shores Centre for Mental Health Sciences.


---

**JOSEPH, Dr. Justine**

Dr. Justine Joseph completed her Ph.D. in Clinical Psychology at the University of Windsor and is a licensed clinical psychologist with the College of Psychologists of Ontario. Dr. Joseph is currently a psychologist with the Forensic Program at the Ontario Shores Centre for Mental Health Sciences, specializing in conducting assessments for the purpose of diagnostic clarification, the detection of malingering, and the evaluation of personality functioning as well as providing individual treatment for a range of clinical issues including mood disorders, anxiety disorders, and criminogenic concerns (e.g., anger, substance abuse) using cognitive behavioural and experiential therapy interventions. Prior to joining Ontario Shores, Dr. Joseph worked in private practice primarily conducting independent psychosocial and personal injury assessments, individual therapy for adult clientele, and consultation for capacity-building initiatives in local and global mental health contexts. Her research interests include: multicultural issues in assessment and treatment; pathways to mental health care for immigrant, refugee, and ethnoracial communities in Canada; and the assessment of personality functioning in forensic populations.
LEVI, Dr. Marc
Dr. Levi received his Ph.D. in Clinical Psychology from York University in 2004. He is a licensed psychologist registered with the College of Psychologists of Ontario with a focus on clinical and forensic/correctional psychology. Prior to joining Ontario Shores, Dr. Levi was employed at the Ontario Correctional Institute from 2000 to 2004 where he provided group and individual psychotherapy as well as completed pre-parole risk assessments for the Ontario Parole Board. At present, Dr. Levi works in the Forensic Outpatient Service where he conducts risk assessments utilizing actuarial methods, structured clinical judgment, and an appraisal of dynamic risk factors. He is currently the Psychology Practicum Program Coordinator whose role is to maintain professional contacts with universities and practicum directors throughout Ontario. His clinical interests include cognitive behaviour therapy for psychosis, treatment for concurrent disorders, and dialectic behaviour therapy for forensic populations. Dr. Levi’s research has focused on neuropsychological and personality differences within subtypes of aggression as well as investigating the potential contribution of psychological testing in the assessment of risk for violence. Recently, he completed a pilot study investigating neuroplasticity and brain fitness training within the forensic program at Ontario Shores.

Marshall, Dr. Lisa
Dr. Lisa Marshall is the Professional Practice Leader for Psychology and a psychologist working in the Forensic Program at Ontario Shores. Dr. Marshall trained in Scotland receiving her Ph.D. from Glasgow Caledonian University and her Doctorate of Clinical Psychology from Glasgow University. Subsequently, she held a post-doctoral position at Simon Fraser University in British Columbia. Prior to joining Ontario Shores, Dr. Marshall held clinical forensic positions in maximum security hospitals, prisons, and the community, as well as academic positions teaching a range of clinical and forensic courses
and supervising post-graduate students. Dr. Marshall particularly enjoys teaching and supervising students in forensic, clinical and research skills. Dr. Marshall research interests are in the area of violence risk assessment and management and she is currently involved in several quantitative and qualitative research projects in this area both in the UK and Canada.


MARTIN, Dr. Erica

Dr. Erica Martin is a licensed Psychologist, registered with the College of Psychologists of Ontario. She received her Ph.D. in Clinical Psychology from York University in 2012. She came to Ontario Shores in 2010 as a psychology intern, working in both on forensic and neuropsychiatry units. Currently, Dr. Martin works in the Forensic Program, on a medium security rehabilitation and forensic assessment unit, conducting risk assessments, cognitive/personality/diagnostic assessments, and individual and group therapy. Prior to joining Ontario Shores, Dr. Martin worked in private practice and at CAMH in the Workplace Stress and Mental Health Program. Through her graduate school career, she also gained experience in neuropsychology clinics at Toronto East General Hospital and Sunnybrook, and also worked in the Sexual Behaviors Clinic at CAMH in the Law and Mental Health Program. Her current research interests include the effectiveness of group CBT for Psychosis in an inpatient setting, and differences across disciplines in decision-making regarding patient movement through the forensic mental health system.

MARTIN, Dr. Krystle
Dr. Krystle Martin is a licensed psychologist with the College of Psychologists of Ontario. She obtained her Ph.D. in Counseling Psychology from the Ontario Institute for Studies in Education at the University of Toronto (OISE/UT) in 2012. She completed her pre-doctoral internship at the Centre for Addiction and Mental Health (CAMH) in the Sexual Behaviours Clinic and the Borderline Personality Disorder Clinic. Currently, Dr. Martin works in the Forensic Program at Ontario Shores on the Forensic Psychological Rehabilitation Unit (FPRU). Her research interests include dynamic risk assessment, psychopathy, and how beliefs about the future among criminal offenders and forensic patients are related to risk for reoffending.


McALISTER, Shelley
Shelley McAlister received a Master of Arts in Counselling Psychology from Yorkville University in 2014. She was employed at Kingston Psychiatric Hospital from 1983 to 1997 following the completion of a B.Sc. in Psychology at the University of Toronto. As a Psychometrist on the Rehabilitation and Assessment Units she provided assessment as well as individual and group therapy services under the supervision of a registered psychologist. She was also involved in the development of a new program for long-term inpatients. As a member of an Assertive Community Treatment Team, she later provided support services to these patients as they transitioned from an inpatient unit to community living. Ms. McAlister joined the staff on the Forensic Assessment Unit at Ontario Shores when it opened in 1997. She conducts psychological assessments for patients referred by the Courts for fitness and criminal responsibility assessments, risk assessments for patients under the Ontario Review Board and individual and group therapy under the supervision of a registered psychologist.

ROBINSON, Dr. Shannon
Dr. Shannon Robinson earned her Ph.D. in Counseling Psychology for Psychology Specialists from OISE (University of Toronto) in 2007. She is a licensed Psychologist registered with the College of Psychologists of Ontario, with a focus on Clinical and Counseling Psychology. Before joining Ontario Shores, Dr. Robinson gained many years of experience providing assessment and treatment in both clinical and counseling settings. Currently, Dr. Robinson provides diagnostic clarification and treatment (individual and group therapy) to patients in the Outpatient Program at Ontario Shores. Dr. Robinson’s research
interests have included exploring the comorbidity between eating and substance use disorders. Her current clinical focus is on both the development of standardized assessment protocols and the design and implementation of evidenced-based treatment programs (including CBT, DBT and MI) for individuals with severe Axis I disorders and/or personality disorders.


VETTOR, Dr. Susan

Dr. Susan Vettor received her Ph.D. in Counseling Psychology from Andrews University in 2002. She is a licensed psychologist registered with the College of Psychologists of Ontario with a focus on clinical and counseling psychology. Prior to joining Ontario Shores, Dr. Vettor was employed at Mohave Mental Health Centre from 2001 to 2003 where she provided both group and individual psychotherapy for patients deemed as having a serious mental illness. At present, Dr. Vettor works in the Assessment and Reintegration Program which encompasses four inpatient units (ASU, PRA, PRB and YATS) where she provides individual therapy and conducts assessments for diagnostic clarification and cognitive functioning. Her clinical interests include conversion disorder, the recovery model and cognitive behavioural treatment approaches. Dr. Vettor is the Internship Coordinator.


Young, Cheryl

Cheryl Young received her Master’s in Applied Psychology Degree from Laurentian University in 2014. She completed an Honour’s Bachelor of Arts degree in Psychology, graduating from York University in 2011. During that time, she has worked as a psychometrist on several research projects. She was involved in a joint research study with the Baycrest Rotman Research Institute and York University in 2010-2011. She worked as a psychometrist on another project in 2012, examining the impact of shared book reading on children. In her current position at Ontario Shores, she works in the outpatient Memory Clinic, conducting memory-based assessments under the supervision of a registered psychologist.
CENTRE FOR
STUDENT DEVELOPMENT
& COUNSELLING

Set in the heart of Ryerson's downtown campus, Ryerson is home to more than 28,000 full-time undergraduate students and 2,500 graduate students. Practicum and internship settings at Ryerson University provide exciting opportunities to work with an exceptionally diverse student body through the Centre for Student Development and Counselling.

The focus of training opportunities at Ryerson will include:

- cognitive behavioural therapy for depression and anxiety disorders
- emotion focused therapy for depression, anxiety disorders and trauma
- group therapy training: CBT for depression, generalized anxiety or social anxiety; support for eating disorders, emotion-focused therapy targeting critic splits; mindfulness meditation for stress reduction; relationship lab; facing loss, etc.
- crisis intervention skills, suicide risk assessment training

**CBT:** Skill development will focus on formulating a collaborative case conceptualization incorporating predisposing and protective factors; using standard CBT session structure; forming and sustaining a positive therapeutic alliance; and following CBT treatment protocols.

**EFT:** Skill development will focus on use of empathy, building rapport, application of emotion theory to practice, and development of competence in a range of marker-driven emotion-focused therapy interventions.

The Centre for Student Development and Counselling provides direct service to over 3,000 students annually through individual and group therapy programs, psychoeducational workshops, and in-class presentations. A complete listing of current therapy programs may be viewed at the CSDC website at www.ryerson.ca/counselling.

Weekly individual supervision for individual counselling cases is provided by Dr. Diana Brecher, C. Psych (CBT), Dr. Sarah Thompson, C. Psych. (EFT) and supervision for group therapy is provided by Dr. Jesmen Mendoza, C. Psych. In addition, practicum students and interns will be expected to participate in weekly micro-skills training, group supervision and case management meetings with other CSDC staff members as well as monthly educational/professional development seminars.

Preference will be given to students with previous counselling experience and training in CBT or EFT. Please submit applications by February 1 for one of the following positions:

1. Practicum (MA and PhD) 2-3 days per week (academic year) or 4 days a week (summer)
2. Unofficial Internship: Full time or part time for the year (12 months)

At present, these are unfunded positions.

Ryerson University | Centre for Student Development and Counselling | 350 Victoria Street, Toronto, Ontario M5B 2K3
PRACTICUM & INTERNSHIP OPPORTUNITIES

- M.A. practicum
- Ph.D. practicum
- Ph.D. internship (not CPA-accredited but conforms to CPA standards; unfunded)

Preference given to students with previous counselling experience and training in CBT or EFT

APPLICATION PROCESS

Please submit your application by February 1. Specify if you want to focus on either EFT or CBT training. We will shortlist and offer interviews during the month of February and early March. Please note that we accept practicum students for two days a week during the academic year, and 3 to 4 days a week over the summer (May to September).

Please provide a cover letter and CV identifying your goals, interests and relevant experience (can be emailed). I will also need 3 letters of reference and an unofficial copy of your transcripts (paper copies).

SITE DESCRIPTION

PLACEMENTS OFFERED

Setting:
University Counselling Centre

Populations Served:
University students

Areas of Focus:
Individual Psychotherapy, Group Therapy

Primary Models:
CBT, EFT and Group Therapy

Specific Training Offered:
Individual Therapy and Group Therapy

CONTACT, WEBSITE & APPLICATION INFORMATION

Dr. Diana Brecher, C. Psych.
Coordinator of Practicum and Internship Training Program
Ryerson University
Centre for Student Development and Counselling
350 Victoria Street,
Toronto, Ontario, M5B 2K3.

Tel: (416) 979-5000, 1, ext. 6631.
Email: dbrecher@ryerson.ca
Website: www.ryerson.ca/counselling

Deadline for application:
February 1st
PRACTICUM TRAINING PROGRAM IN CLINICAL PSYCHOLOGY

2015-2016

Co-Directors-of-Training:
Dr. Neil Rector, Ph.D., C.Psych.
Dr. Lance Hawley, Ph.D., C.Psych.
**Overview of the Frederick W. Thompson Anxiety Disorders Centre**

**Mission**
Founded through a generous donation by Mr. Thompson, the Frederick W. Thompson Anxiety Disorders Centre is dedicated to treatment and research of anxiety disorders, with a focus on obsessive-compulsive disorder (OCD) and related disorders. The centre brings together expert clinicians and researchers, with the joint goals of offering state of the art care and generating knowledge through research.

**Vision**
Improving life for individuals with obsessive-compulsive and related disorders, and their families.

**Clinical care**
The Thompson Centre offers multidisciplinary compassionate care for clients with OCD and related disorders. To date, these have been 'orphan' disorders, for which no other centre in Canada offers specialized care.

**Research**
We are an epicentre for OCD research across Canada, home to a team of researchers investigating the neurobiological, genetic, and cognitive basis of OCD and other anxiety disorders. Clients of the Centre will have the opportunity to take part in research that will benefit sufferers of these conditions in the future.

**Education**
We offer specialized training for mental health professionals. We organize workshops and lectures for both health care providers and the general public, and offer an annual conference for health care professionals. We also offer psychoeducation to clients, their families, and the public.

**Advocacy**
The Centre provides advocacy at local, provincial and national levels for individuals affected by OCD and related disorders. We serve as a voice both nationally and internationally, highlighting the need for increased expertise in treating and managing these conditions, and the need for increased funding for research and specialized clinical care.
Psychological Treatment

During this practica placement, clinical psychology students have the opportunity to develop their assessment and treatment skills while working with clients experiencing mood and anxiety disorders. Related training goals include becoming proficient with administering the structured clinical interview for DSM (SCID) while also considering suitability for treatment. Furthermore, both individual and group treatment opportunities are available, utilizing empirically supported CBT approaches.

The Frederick Thompson Centre provides clinical services to clients who experience OCD and related psychological disorders, including:

**Obsessive-Compulsive Disorder (OCD)**

Obsessive-compulsive disorder is a chronic and frequently severe disorder characterized by intrusive disturbing thoughts that the individual cannot suppress and lead to anxiety. Most individuals also have rituals or repetitive behaviours such as washing, checking, or repeating actions over and over to alleviate their obsessional fears.

**Hoarding**

Hoarding disorder is a newly recognized condition often associated with OCD in which individuals have great difficulty discarding belongings, papers and objects to the point that clutter compromises their ability to live in their homes the way they would like to. In severe cases this can make homes uninhabitable and/or be associated with significant safety concerns such as fire or risk of falling.

**Hair Pulling (Trichotillomania) and Skin Picking Disorder**

Hair pulling (Trichotillomania) and skin picking disorder are conditions now recognized as closely related to OCD. In these disorders individuals repeatedly pull hair or pick at their skin despite repeated efforts to stop. Over time these problems can cause very significant distress or impairment in their ability to function.

**Body Dysmorphic Disorder**

Body dysmorphic disorder focuses on preoccupation with minor or at times imagined defects in one's appearance, such as the shape or size of one's nose, hairline, or blemishes in the skin. Many sufferers are unable to perceive any distortion in their perception of themselves, often describing themselves as extremely ugly, disfigured or worse, wreaking immense havoc in their lives.
Family and Friends

Families and friends also receive care at the Thompson Centre - they are not left out of the picture. Psychoeducation groups are available so that families and friends can understand their loved one's diagnosis and support their treatment. Even if their loved one is not receiving care at the Thompson Centre they can still enroll in our support /educational groups.
SUNNYBROOK PRACTICA

We will be offering two practica placements for each time period (Fall/Winter: September 1 – April 30, Spring/Summer: May 1 – August 31). Students have access to an office, a computer, and a telephone line. The Frederick Thompson Centre is part of the Sunnybrook Health Sciences Centre, and so students also have access to a wide variety of lectures, seminars, and symposia, provided by hospital staff. Further, students may have exposure to the various clinical research activities occurring in the program.

This clinical practica provides clinical training in the context of a scientist-practitioner model. Within this framework, clinical service and research are seen as mutually enhancing activities. Students are expected to think critically about the services that they offer to individuals and to make clinical decisions based on objective data collected in the therapeutic/assessment context and informed by empirical research. In addition, students are encouraged to integrate research and clinical practice by allowing their clinical experiences to influence the questions that they seek to answer through research.

Consistent with this philosophy, this practica is designed to provide training in the four general domains of:

1) knowledge of psychological theory and clinical research
2) therapeutic intervention
3) clinical assessment and testing skills, and
4) professional ethics
OVERVIEW OF CLINICAL ROTATION

Frederick W. Thompson Anxiety Disorders Centre
Supervisors: Dr. Neil Rector, C.Psych.
Dr. Lance Hawley, C. Psych.

The Frederick W. Thompson Anxiety Disorders Centre aims to provide clinical services, research, and teaching for OCD and related "spectrum" disorders, including hoarding disorder, trichotillomania, compulsive skin picking and body dysmorphic disorder. The Thompson Centre brings together clinicians and researchers, with the joint goals of offering state of the art care and generating knowledge through research and improving life for individuals with obsessive-compulsive and related disorders, and their families. Psychological treatment consists of short-term, cognitive behaviour therapy (CBT) and mindfulness based cognitive therapy (MBCT).

Training of psychology practicum students includes administering structured clinical interviews for diagnostic assessment of Axis I disorders, developing clinical decision making skills, learning how to effectively communicate and collaborate with other health professionals, and training in empirically supported treatments. Given the clinical research role of this unit, clients are often participating in research trials which have a focus on the investigation of mechanisms underlying treatment response. The TADC also serves an important academic and teaching function for continued training of psychiatric residents and other mental health professionals who are interested in learning about the application of empirically validated treatment approaches. Supervision includes a minimum of two hours per week of individual supervision and group supervision, as well as weekly clinical rounds that are attended by all clinic staff.

The main focus of this practica involves collaborating with clinical psychology students in order to further develop their ability to provide a comprehensive multi-axial diagnosis, while considering optimal treatment suitability. During the practica, students develop strong case formulation skills, in order to optimally apply CBT principles to complex diagnostic presentations. Related training goals involve understanding the role of cognitive vulnerability factors, while considering the interaction between pharmacotherapy and psychological treatment of the disorder. Opportunities for participation in research are also available; however, this is determined on a case-by-case basis, in consideration of the students’ overall caseload as well as considering additional clinical opportunities offered in this clinical service that the student may choose to be involved in.
CLINICAL PRACTICUM FACULTY SUPERVISORS

**Neil A. Rector, Ph.D., C.Psych.**

is a Clinical Psychologist and Senior Research Scientist at the Sunnybrook Research Institute (SRI), Director of Research at the Thompson Anxiety Disorders Centre and Director of the Mood and Anxiety Clinical Research program in the Department of Psychiatry at the Sunnybrook Health Sciences Centre. Dr. Rector was a former staff psychologist and Director of the Anxiety Disorders Clinic at CAMH from 1998-2008. Dr. Rector’s research interests focus on the study of cognitive and behavioural mechanisms of vulnerability in the development and persistence of anxiety, mood disorders and OCD and related disorders and their treatment with cognitive-behavioural therapy (CBT). His research has received funding from the Canadian Institutes of Health Research, Social Sciences and Humanities Research Council of Canada, and the Ontario Mental Health Foundation. Dr Rector’s recent awards include: Scholarship and Research Award (2011) from the National Alliance on Mental Illness (NAMI-Pennsylvania) (With A.T. Beck, Stolar & Grant); The Harvey Brooker Award For Excellence in Clinical Teaching from the Ontario Psychological Association (2011); The Paul E. Garfinkel Award for Excellence in Fellowship Supervision, Department of Psychiatry, University of Toronto (2010); The Colin R. Woolf Award for Excellence in Teaching, Faculty of Medicine, University of Toronto (2010); and The Psychotherapy Award for Academic Excellence, Department of Psychiatry, University of Toronto (2009). In addition to having an active CBT practice, Dr. Rector trains and supervises psychology and psychiatry students, runs workshops nationally and internationally, and is past Co-Director of the University of Toronto’s Continuing Medical Education Intermediate and Advanced CBT courses. He is a certified trainer/consultant of the Academy of Cognitive Therapy (USA).

**Lance L. Hawley, Ph.D., C. Psych.**

Dr. Hawley is the staff psychologist for the Frederick W. Thompson Anxiety Disorders Centre at Sunnybrook Health Sciences Centre. He completed his Ph.D. in clinical psychology at McGill University. In terms of his professional roles, he previously worked as a staff psychologist in the CAMH Mood and Anxiety Outpatient Service (2008-2014) as well as the CAMH Work Stress and Health Service (2013-2014), while maintaining a private practice role. He is an Assistant Professor in the Department of Psychiatry at the University of Toronto, and an Associate Graduate Faculty member with the University of Toronto, Scarborough. Dr. Hawley has provided training, workshops and supervision to mental health professionals, primarily utilizing CBT and Mindfulness Based CBT (MBCT) approaches for the treatment of anxiety and mood disorders. His clinical interests involve providing empirically informed treatment to adults experiencing mood and anxiety disorders. Dr. Hawley’s research focus involves understanding factors which contribute to improved treatment response and symptom alleviation in cognitive behavioural therapy. He is the current Director of the University of Toronto’s Continuing Medical Education CBT introductory training course, and
Co-Director of the Intermediate and Advanced CBT courses.

Clients receiving care from the TADC may also be involved with allied healthcare professionals - our multidisciplinary staff including counsellors, social workers, psychiatry residents and physicians who provide assessment and treatment to clients experiencing mood and anxiety disorders.
Student Training Opportunities in Psychology 2016-2017

University Health Network

Princess Margaret Cancer Center

Toronto General Hospital

Toronto Western Hospital

Toronto Rehab
Student Training Opportunities in Psychology 2016-2017
University Health Network
(Princess Margaret Hospital, Toronto General Hospital, Toronto Western Hospital & Toronto Rehab)

Clinical and research opportunities (unfunded) are available to Psychology graduate students and fellows interested in gaining experience with diverse patient populations on an individual, couple, or group basis. Please note that UHN does not have CPA or APA accreditation for Psychology training at this time. A list of potential placement settings is provided below. Please contact the respective psychologist directly to learn more about their placement options and whether they will be taking students for the 2015-2016 period.

PRINCESS MARGARET CANCER CENTER:

CLINICAL HEALTH PSYCHOLOGY, PSYCHOSOCIAL ONCOLOGY & PALLIATIVE CARE
Population: adult survivors of childhood cancer; young adult cancer survivors
Clinical Assessments: psychosocial functioning; distress screening
Clinical Intervention: individual psychotherapy
Research: impact of late effects of cancer and cancer treatment on psychosocial development; transition from pediatric to adult health care; quality of life
Contact: Norma D’agostino, Ph.D. C.Psych. Norma.D’agostino@uhn.ca

Population: urologic cancers: prostate, testicular, kidney, bladder cancer patients
Clinical Assessments: health psychological assessment
Clinical Intervention: individual psychotherapy; couple therapy; sex therapy
Research: health-related quality of life and survivorship in cancer patients
Contact: Andrew Matthew, Ph.D. C.Psych. Andrew.Matthew@uhn.ca

Population: adults with cancer
Clinical Assessments: psychosocial adaptation; trauma; marital functioning
Clinical Intervention: cognitive-behavior therapy; couples therapy
Research: quality of life and psychosocial impact of disease (e.g., illness intrusiveness, self-concept); psychoeducational interventions; self-management of disease; psychological measurement
Contact: Gerald Devins, Ph.D. C.Psych. gdevins@uhnresearch.ca

Population: adults with a cancer diagnosis and their family members
Clinical Assessments: semi-structured interviews for distress and psychosocial functioning
Clinical Intervention: individual psychotherapy; couple therapy
Research: qualitative and mixed-method research focusing on psychosocial interventions in oncology  
Contact: Rinat Nissim, Ph.D. C.Psych. rinat.nissim@uhn.ca

Population: patients with advanced cancer  
Research: death anxiety; attachment security; psychometrics and scale development  
Contact: Chris Lo, Ph.D. chrislo@uhnresearch.ca

NEUROPSYCHOLOGY, PSYCHOSOCIAL ONCOLOGY & PALLIATIVE CARE  
Population: brain tumor patients; adult survivors of childhood cancer; young adult cancer survivors.  
Clinical Assessments: neuropsychological assessment  
Clinical Intervention: education; recommendations/strategies  
Research: neurocognitive outcomes in cancer survivors; late effects of cancer treatment on neurocognitive function; circadian rhythms and cancer  
Contact: Kim Edelstein, Ph.D. C.Psych. kim.edelstein@uhn.ca

Population: adult cancer survivors  
Clinical Intervention: Neuropsychological assessment, group and individual psychoeducation, self-management  
Research: neurocognitive outcomes of cancer survivors, psychoeducational and cognitive rehabilitation  
Contact: Lori Bernstein, Ph.D. C.Psych. lori.bernstein@uhn.ca  
(NOT TAKING STUDENTS FOR 2016-2017 YEAR)

TORONTO GENERAL HOSPITAL:  

CARDIOLOGY  
Population: adult patients with cardiovascular conditions  
Clinical Assessments: psychophysiological tests (e.g. vagal-heart rate modulation and baroreflex sensitivity) during reactivity/recovery from mild-to-moderate psychological and physical stressors; cognitive-emotional adjustment to cardiovascular disease; quality of life; and lifestyle behaviors  
Clinical Intervention: individual, group and e-health in the context of the health psychology/behavioral cardiology clinical service. Treatment modalities include cognitive-behavioral therapy, motivational interviewing, and biofeedback.  
Research: (i) Efficacy of Behavioral Neurocardiac Training with vagal-heart rate biofeedback for patients with hypertension or chronic heart failure; (ii) cardiovascular reactivity/recovery following physical or psychological tasks; (iii) e-counseling to augment risk reduction for cardiovascular disease.  
Contact: Robert Nolan, Ph.D. C.Psych. rnolan@uhnres.utoronto.ca

Population: adults with congenital heart disease
ANAESTHESIA
Population: adult patients who have had major surgery at Toronto General Hospital
Clinical Assessments: brief assessment of pain, distress, functioning, & quality of life
Clinical Intervention: individual and group psychotherapy
Research: impact of novel medical and psychological post-surgical intervention on pain, functioning, and quality of life; prevention of chronic or persistent post-surgical pain
Contact: Aliza Weinrib, Ph.D., C.Psych. aliza.weinrib@uhn.ca
(NOT TAKING STUDENTS FOR 2016-2017 YEAR)

EATING DISORDER PROGRAM, PSYCHIATRY
Population: Anorexia Nervosa, Bulimia Nervosa, and comorbidities including Anxiety Disorders, Mood Disorders, Substance Use Disorders, Personality Disorders
Clinical Assessments: clinical interviewing and diagnostic assessment
Clinical Intervention: intensive treatment for eating disorders including inpatient and day hospital, and a follow-up/relapse prevention program; group and individual CBT therapy
Research: etiology and maintenance of EDS, treatment efficacy and effectiveness, prediction of relapse, relapse prevention
Psychologists:
Michelle Mahan, Ph.D., C.Psych. michelle.mahan@uhn.ca
Traci McFarlane, Ph.D., C.Psych. traci.mcfarlane@uhn.ca
Marion Olmsted, Ph.D., C.Psych. marion.olmsted@uhn.ca
Kathryn Trottier, Ph.D., C.Psych. Kathryn.trottier@uhn.ca
Contact: Traci.McFarlane@uhn.ca

TORONTO WESTERN HOSPITAL:
TOURETTE SYNDROME NEURODEVELOPMENTAL CLINIC, NEUROPSYCHIATRY
Population: children, adolescents, & adults with Tourette syndrome and its comorbidities (e.g., OCD, ADHD, Autism Spectrum Disorder)
Clinical Assessments: neuropsychological assessments
Clinical Intervention: psychoeducation; school consultation
Research: neuropsychological characteristics of individuals with TS and comorbid conditions, particularly executive functioning
Contact: Jennifer Stanga, Ph.D., C.Psych. jennifer.stanga@uhn.ca

COMMUNITY MENTAL HEALTH AND ADDICTIONS PROGRAM
Population: adult psychiatric outpatients suffering from mood and anxiety disorders, sleep and/ or substance abuse; patients suffering from stress related problems related to immigration/adaptation issues
Clinical Assessments: understanding underlying issues related to presenting problems and developing appropriate treatment plans
Clinical Intervention: short term individual and group treatments including open-ended CBT groups in English and Spanish
Contact: Alicia Sorkin, D. Ps., C.Psych. AliciaAraujo.Sorkin@uhn.ca

BARIATRIC SURGERY PROGRAM
Population: Bariatric patients undergoing gastric bypass surgery, both pre and post-surgery
Clinical Assessments: semi-structured psychodiagnostic and psychosocial assessments
Clinical Intervention: a twice-monthly post-surgery support group; an 18-month post-surgery psychoeducational group; short-term individual psychotherapy
Both assessment and intervention involve collaborating with an interdisciplinary team and includes weekly team rounds.
Research: monthly departmental research meetings; various interdisciplinary research topics include the impact of pre-surgical psychological status on adjustment to surgery and successful weight loss; bariatric patients and suicidality; impact of nutrition education on surgical outcome; impact of transition from pediatric to adult care within bariatric surgery programs; night eating; mindfulness for bariatric patients; outcomes from teleCBT
Psychologists:
Susan Wnuk, Ph.D. C. Psych. susan.wnuk@uhn.ca
Jessica Van Exan, Ph.D., C.Psych. jessica.vanexan@uhn.ca
Contact: Marlene Taube-Schiff, Ph.D., C.Psych. marlene.taube-schiff@uhn.ca

NEUROPSYCHOLOGY CLINIC, KREMBIL NEUROSCIENCE CENTRE
Population: neurology/neurosurgery outpatients, primarily in epilepsy and Parkinson’s disease
Clinical Assessments: neuropsychological assessments
Clinical Interventions: recommendations; assessment of suitability for surgery
Research: impact of neurological disorders and neurosurgical/neuroradiation treatment on memory, language and executive functions; functional and structural neuroimaging in neurocognitive disorders.
Psychologists:
Melanie Cohn, Ph.D. C.Psych. melanie.cohn@uhn.ca
David Gold, Ph.D. C.Psych. david.gold@uhn.ca
Marta Statucka, Ph.D., C.Psych. (supervised practice) marta.statucka@uhn.ca
Mary Pat McAndrews, Ph.D. C.Psych. marypat.mcandrews@uhn.ca

TORONTO REHAB:

NEUROPSYCHOLOGY – RUMSEY SITE
Population: adults with acquired brain injury – outpatients only
Clinical Assessments: neuropsychological assessments
Clinical Interventions: feedback to patients and family, treatment recommendations, psychoeducation
Contact: Lesley Ruttan, Ph.D., C.Psych.  lesley.ruttan@uhn.ca

NEUROPSYCHOLOGY, UNIVERSITY SITE - DAY HOSPITAL
Population: acquired brain injury - outpatients
Clinical Assessments: neuropsychological assessments
Clinical Interventions: feedback to patients and family, treatment recommendations, education
Contacts:
Psychologist: Paul Comper, Ph.D., C.Psych. paul.comper@uhn.ca
Behaviour Therapist: Nathalie Brown  nathalie.brown@uhn.ca

NEUROPSYCHOLOGY, UNIVERSITY SITE - NEUROLOGY SERVICE
Population: head, neck & acquired brain injury – often work-related - outpatient
Clinical Assessments: neuropsychological assessment
Psychologists:
Karen Wiseman, Psy.D., C.Psych.  karen.wiseman@uhn.ca
Dalia Slonim, Psy.D., C.Psych.  dalia.slonim@uhn.ca
Tobi Lubinsky, Ph.D., C.Psych.  tobi.lubinsky@uhn.ca

NEUROPSYCHOLOGY, UNIVERSITY SITE - COMPLEX INJURY OUTPATIENT
Population: acquired brain injury (mild to severe), multiple fractures, multiple system injuries, stroke, mood disorders – often work-related - outpatient
Clinical Assessments: neuropsychological assessment; psychological assessment
Clinical Interventions: Patient and caregiver support & education; supportive counselling; cognitive behavioural therapy
Psychologists:
Lidia Domitrovic, Ph.D., C.Psych.  lidia.domitrovic@uhn.ca
Valery Kleiman, MA, Dipl.Psych., C.Psych.Assoc.  valery.kleiman@uhn.ca

CARDIAC REHAB, RUMSEY SITE
Population: adult patients with cardiovascular conditions, diabetes, stroke and breast cancer
Clinical Assessments: psychosocial functioning, comorbid psychiatric disorders, cognitive-emotional adjustment to cardiovascular disease, lifestyle behaviors, and quality of life
Clinical Interventions: individual and group treatment
Program Evaluation and Research: Efficacy of a Stress Reduction Program in improving distress among a range of outpatients with chronic medical conditions.
Contact: Jaan Reitav, Ph.D., C.Psych.  jaan.reitav@uhn.ca
MSK REHAB, HILLCREST SITE
Contact: Greg Hamovitch, Ph.D., C.Psych.
greg.hamovitch@uhn.ca
(NOT TAKING STUDENTS FOR 2016-2017 YEAR)

SPINAL CORD REHAB, LYNDHURST SITE
Population: spinal cord injury patients – inpatient and outpatient
Clinical Assessments: clinical psychological and/or neuropsychological assessments, behavioral health assessment
Clinical Interventions: behavioral medicine; cognitive behavioral intervention; emotion focused therapy; supportive counseling, cognitive remediation
Contact/Psychologists:
Cheryl Bradbury, Ph.D., C.Psych. cheryl.bradbury@uhn.ca
Monica Vermani, Ph.D., C.Psych. monica.vermani@uhn.ca
Martha McKay, Ph.D., C.Psych. (supervised practice) martha.mckay@uhn.ca

RESEARCH, UNIVERSITY SITE
Areas of Focus: Neuropsychology, Mild-Severe TBI, Sub-acute neurodegeneration post TBI, Post-recovery cognitive decline, Development of interventions to minimize decline
Contact: Robin Green, Ph.D., C.Psych. robin.green@uhn.ca (Research Scientist)

APPLICATION PROCEDURE:

Candidates should submit the following to the respective contact person listed:

1. A curriculum vitae
2. Undergraduate/Graduate transcripts (unofficial acceptable)
3. 2 letters of recommendation from clinical or academic supervisors
4. A cover letter, which should include a description of what the student hopes to achieve from a practicum at UHN, and short and long-term career goals
5. A listing of Psychological and/or Neuropsychological tests that the student has administered, scored, interpreted and written reports for.

The deadline for receipt of all application materials is February ?, 2016.
Notification date for applicants is March ?, 2016 at 9:00 a.m.
(Dates to be finalized at November 6, 2015 GTA Practicum Day)

Please be in touch with the respective contact person for further information on mailing address for use when submitting hard copies of application materials.