



LONDON
Clinical Psychology Residency
CONSORTIUM

CPA Accredited Member
of APPIC & CCPPP

Predocctoral Residency in

Clinical Psychology

2022–2023

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



LONDON

Clinical Psychology Residency

C O N S O R T I U M

2022 - 2023

Predocctoral Residency in
Clinical Psychology

Your guide to predoctoral training

in clinical psychology

within one of Canada's leading

CPA accredited residency programs

ACKNOWLEDGEMENTS

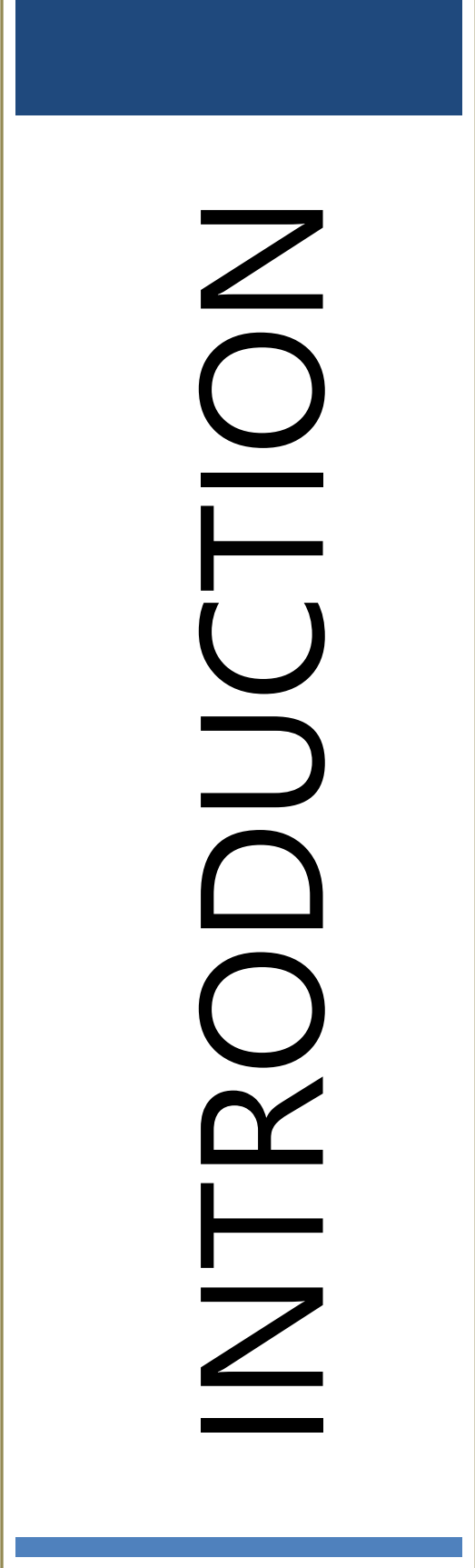
Just as our Consortium is the result of a large collaboration of many talented individuals, this brochure is the work of many people who contributed to make it what it is, beyond my own input as Director of Clinical Training. I want to extend my thanks to all of those who helped complete this year's brochure including our past and current Consortium Committee members – Dr. Sabrina Chiarella, Dr. Andrea Downie, Dr. Brendan Guyitt, Dr. Susan Hayman-Abello, Dr. Vanessa Huyder, Dr. David LeMarquand, Dr. Terry McQuaid, Dr. Bonnie Purcell, Dr. Craig Ross, Dr. Susan Ruscher and Dr. Sarah Vernon-Scott for their work in gathering and organizing information from our staff and their direct contributions to this document. Thanks also go to London Health Sciences Centre Psychology Manager - Dr. Ian Nicholson - for his extensive contributions to this brochure during his time as our previous Director of Clinical Training. Finally, substantial thanks to our Consortium Administration Assistant – Brenda Shipley – whose tireless, constant, and extensive help for all our staff and our residents is appreciated beyond measure.

*Dr. Brent Hayman-Abello, C. Psych.
Director of Clinical Training
London Clinical Psychology Residency Consortium*

Contents

ACKNOWLEDGEMENTS	i
Consortium Response to COVID-19 Pandemic.....	3
Philosophy of the Residency Program.....	4
Goals of the Residency Program.....	4
CONSORTIUM PARTNERS	8
London Health Sciences Centre.....	8
St. Joseph’s Health Care London	9
Child and Parent Resource Institute (CPRI)	10
Vanier Children’s Mental Wellness.....	11
Mental Health Care, Health and Wellness at Western University	12
TEACHING/EDUCATION	13
RESEARCH	13
SERVICE TO PSYCHOLOGY AS A PROFESSION	13
PROGRAM STRUCTURE	
Tracks and Major Rotations.....	17
Minor Rotations.....	17
Rotation Selection Process.....	18
Predocloral Residency Components and Respective Time Allocations.....	19
Supervision and Evaluation.....	20
Non-Clinical Activities	21
Presentations and Meetings	22
Cross-Site Travel.....	23
Salary and Benefits.....	23
Work Settings of Graduates	24
Eligibility for Application.....	25
Diversity and Non-Discrimination Policy.....	27
Application and Selection Procedures.....	27
Interview Process	28
APPIC Policies	29
Policy on Handling Your Personal Information	29
Information on Accreditation	30
Contact For More Information.....	30
Canadian Psychological Association Accreditation Public Disclosure Table	31
LOCATING CONSORTIUM SITES	32
MAP	34
SUMMARY OF MAJOR ROTATIONS BY SITE	35
TRACK AND MAJOR ROTATION DESCRIPTIONS	
CHILD/ADOLESCENT TRACK.....	39
ADULT MENTAL HEALTH TRACK	46
HEALTH/REHABILITATION TRACK.....	53
NEUROPSYCHOLOGY TRACK.....	59
COUNSELLING TRACK	67

MINOR ROTATION DESCRIPTIONS	73
SUMMARY OF EACH TRACK'S POSSIBLE MAJOR ROTATIONS AND MINOR ROTATIONS	
Child /Adolescent Track (181513).....	81
Adult Mental Health Track (181514).....	82
Health/Rehabilitation Track (181515).....	83
Neuropsychology Track.....	84
(Adult emphasis - 181516; Paediatric emphasis - 181518).....	84
Counselling Track (181517).....	85
CONSORTIUM SETTING	86
CONSORTIUM STAFF BIOSKETCHES	89
EXAMPLES OF RECENT CONSORTIUM STAFF PUBLICATIONS AND PRESENTATIONS	107



INTRODUCTION

LONDON CLINICAL PSYCHOLOGY RESIDENCY CONSORTIUM

Consortium Response to COVID-19 Pandemic

At this time, it is not known what impact the ongoing COVID-19 pandemic may have on the 2022-2023 training year. Although training takes place in our various Consortium partner agencies over the year, all residents are paid employees of our host agency – London Health Sciences Centre (LHSC) – and are considered essential workers. No residents were redeployed in the 2019-2020 or 2020-2021 training years, but all LHSC employees could potentially be redeployed to other roles in the hospital (within their competence) if such measures were deemed necessary. Otherwise, residents followed the policies and procedure of the organization where their training rotations took place, and some policies vary across the Consortium.

In 2020 and 2021, at some partner agencies (London Health Sciences Centre, St. Joseph’s Health Care London) residents worked primarily on-site in their offices – although some services allowed staff to work remotely off-site. At other agencies, staff (including residents) conducted much or most work remotely from home (i.e., Child and Parent Resource Institute; Vanier Children’s Mental Wellness; and Mental Health Care, Health and Wellness at Western University). In 2021, staff and residents working on-site were able to provide some in-person services to inpatient and some outpatient populations. Telehealth services (telephone, videoconference) have been in place since summer 2020, both for those working on-site in Consortium organizations and off-site/from home. Across sites and rotations weekly resident didactic seminars were conducted virtually for most of 2020-2021 (some in-person didactics took place in September and October, 2020) and will continue for at least part of the 2021-2022 training year.

At the writing of this brochure several outpatient-based programs continue to provide remote services and/or a ‘hybrid’ model (i.e., some remote and some in-person), and some organizations continue to have staff work remotely off-site for at least part of their work week, whereas others have all staff (including residents) work on-site for in-person or virtual/telepsychology services to clients. This may or may not be the case in 2022-2023, but it is possible that at some partner agencies will continue to allow remote/off-site work for at least part of the training year while others will require staff (including residents) to work on-site, even when providing telehealth services. As a result, please be advised that some of the descriptions of the training experiences in our brochure may be affected by ongoing disruptions and/or by federal, provincial, and partner organizations’ regulations/policies that may change in response to the ongoing global COVID-19 pandemic. Some rotations may be modified or become unavailable. Over the year, residents may be involved with in-person contact, telehealth services (telephone and/or videoconferencing), or a combination of those activities. Residents may work on-site or remotely, and on-site care may require use of Personal Protective Equipment (PPE; e.g., masks [most often], gowns and/or gloves [less common]). Because of strict policies at some organizations, when residents are working remotely off-site they will need do so while remaining in province of Ontario (and typically be within commuting distance as many partner organizations will likely require at least some or all work-hours to be at the organization in London). Weekly didactic seminars may also take place remotely (videoconferencing). Our Consortium remains committed to providing the best training in Clinical Psychology we can to help residents achieve their core competencies and goals, while following appropriate health and safety directives. Should disruptions to rotations occur in the future, current and potential residents will be informed either directly and/or through our residency website.

Philosophy of the Residency Program

The London Clinical Psychology Residency Consortium emphasizes clinical service, teaching, and research. The aim of the program is to prepare residents for post-doctoral supervised practice in psychology, particularly within the health care system. This aim is pursued through the identification of individual interests, enhancement of strengths, and broadening areas of clinical interest and skill. Professionalism is enhanced through the development of strong interpersonal and communication skills, time management strategies, and an overall positive sense of professional self and identity.

While clinical training is emphasized, the scientist-practitioner model serves as the philosophical basis for clinical practice, as well as educational and research endeavours. In line with the goals outlined in the Gainesville Manifesto of 1990, the aim of the scientist-practitioner model is to integrate science and practice, and to facilitate career-long integration of investigation, assessment, intervention, and consultation. Psychology Staff at the Consortium Sites endeavour to maintain both an empirical basis to their clinical practice and clinical relevance in their research.

The Consortium views the program as a pre-requisite to the awarding of the doctoral degree. As a result, we support a model of training in which the predoctoral clinical residency must be completed before the doctoral degree is conferred.

Goals of the Residency Program

Consistent with the philosophy of the London Clinical Psychology Residency Consortium's program, we continually strive to meet seven goals for the program.

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

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

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

To address the need for sensitivity and skill regarding complex dimensions of diversity including health status, language, socio-economic status, ethnicity, religion, race, sexual orientation, and cognitive impairment, our Consortium includes both didactic and experiential components. All residents participate in a series of monthly, 90-minute "individual differences seminars" (in addition to the weekly clinical/professional seminar series). As well, rotation supervisors monitor their residents' caseloads and, where possible, assign cases that will broaden residents' awareness and sensitivity related to individual differences, including cultural issues.

When language translation or interpretation services are necessary for effective communication to occur with a patient, each organization ensures that appropriate efforts are made to locate an interpreter. If a resident is aware of a language barrier, he or she may access one of the site's professional interpreter resources. Consortium staff can access interpretation services, for scheduled and urgent/emergent appointments, for over 60 languages including sign language service for American Sign Language.

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

Residents are regarded as "junior colleagues." As such, residents are highly involved in setting their training goals and objectives and are considered valued members of the profession of psychology at each of the Consortium Sites. Residents receive the same benefits allotted to permanent staff members and serve as active members on our Consortium Committee. Residents have opportunities to access the organization's resources, attend professional development events, and participate in profession activities. They are typically assigned a primary office at their Consortium Site. Offices are equipped with voicemail as well as a networked computer. Overall, they are treated in a manner similar to Psychology Staff.

All Psychology Staff in each Consortium Site are encouraged to participate in the Consortium by serving as role models and by discussing a wide range of professional issues with individual residents as opportunities arise.

At the beginning of the year, residents are given a set of materials relating to the ethics and standards of practice of psychology in Ontario. Residents have access to relevant resources including all legislation, professional standards, and guidelines identified by the College of Psychologists of Ontario as relevant to their members. During the course of their year with us, residents participate in a number of seminars dealing with the standards of professional practice for psychology in Ontario. Also, ethics and professional issues are integrated into the discussions in the other seminars, and ethical issues and questions are discussed in supervision as they arise in the residents' clinical work.

Note: since 2020, Consortium partner agencies had different responses to the COVID-19 which may or may not be the same for 2022-2023. For some agencies, staff continued to work on-site in their offices with physical distancing and PPE as appropriate, whereas other agencies arranged for staff (including residents) to work remotely. In 2022-2023 for some rotations, patient/client care may be in-person, conducted through telephone/videoconferencing, or both.

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

We recognize that all students in health care must learn to be members of patient-centred interprofessional teams. Through practical experience and training in interprofessional care, it is the aim of the program that residents will further develop a sense of their own professional identity, develop a greater knowledge and appreciation of the role of other professionals on a health care team, learn to effectively collaborate around the needs of patients with fellow team members, learn to communicate with fellow team members on issues of patient care and interprofessional practice, develop a greater knowledge of the skills that support interprofessional health care team functioning, and increase their understanding of the potential for enhanced outcomes in care delivery through collaborative interprofessional care.

We work at facilitating this development through both didactic and practical opportunities. Each year, at least one seminar is specifically devoted to issues of interprofessional collaboration and consultation and these issues are discussed in a number of other seminars. Also, we aim to have residents work as members of at least one interprofessional patient-centred care team and to consult with at least one other team. Issues and questions relating to interprofessional care also are discussed in supervision as they arise in the residents' clinical work.

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

Consistent with the scientist-practitioner philosophy of the Consortium, residents are expected to incorporate an empirically based, or research informed approach in their development and delivery of clinical skills. This approach should involve various "scientist-practitioner activities" as appropriate to the clinical setting. Scientist-practitioner activities are defined broadly. Some examples include conducting an internet search on a clinical issue; conducting a literature search regarding a diagnosis, assessment measure, or intervention technique; conducting a literature review on a clinical topic; identifying or developing an empirically based assessment or intervention; identifying or using appropriate pre-post measures to assess change; using a single case design; or developing a group intervention. Other scientist-practitioner activities include knowledge transfer, such as case presentations, consulting with staff from other disciplines, and presenting at rounds. Other examples include program evaluation activities such as conducting a needs assessment, or engaging in program development, program evaluation, or logic model development (designing, participating in an ongoing evaluation, or both). Scientist-practitioner activities may also include participation in formal REB-approved research activities, such as analyzing information in an existing database, participating in an ongoing study, or presenting research findings. Depending on the location and the project, the resident may be asked to present findings to relevant stakeholders and staff within the organization.

To further support the integration of research into the professional role of a psychologist, all residents participate in a series of regular (approximately bi-weekly), 90-minute research/individual differences seminars (in addition to the weekly clinical/professional seminar series), with attendance at both series being a requirement of the residency program. These seminars are aimed at the development of knowledge and critical thinking skills regarding the integration of science and practice. Sample topics include "*Program Evaluation*," "*Geropsychology*" and "*The Scientist-Practitioner Model*". All residents are also expected to pursue scientist-practitioner activities in both Major Rotations.

Sites are not usually able to provide financial support for research activities, but some exceptions may occur. Residents also have access to the organization's computer network in their primary work space. This allows residents access to software for word processing, as well as searches of journals and the Internet. All residents have full access to both their Consortium site's libraries and the libraries at Western University where they may borrow journals and books, order journal articles from other hospitals and universities, and perform computer searches of psychology journals. Similarly, each Consortium member organization subscribes to journals that are available to residents. Many staff also subscribe to journals and keep private libraries of texts and journals that residents may borrow.

As noted above, the Consortium facilitates access to the library resources at Western University. With the permission of the residents' home university, arrangements are made with the Department of Psychology at Western University to classify each resident as a visiting graduate student. With this status, they are allowed access to university resources (with the exception of taking courses for credit).

This includes access to the university library system that offers more than 11 million items in print and electronic formats, as well as links through the online catalogue to tens of thousands of digital resources. Through Scholars Portal, an Ontario Council of University Libraries initiative, Western University is able to access millions of articles from various full text scholarly journals.

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

Staff adopt a “developmental” model of supervision, matching the resident’s level of competence and confidence with appropriate levels and types of supervision. Supervision activities are individualized to each resident’s specific training needs and entry-level skills. In areas where the resident has little experience, supervisors may take a more “hands on” approach to training, and may include directed readings, modelling, co-therapy, observation, and feedback in their supervision activities. At some sites facilities are available for video recording, and each resident has a portable recorder to be used for audio recording clinical services for later review and feedback. As a resident’s competence grows, supervision will become more consultative and collaborative. Each resident receives on average a minimum of four hours of supervision by psychologists per week including at least three hours of individual supervision. Most residents receive additional supervision beyond the minimum.

Psychologists working in health care settings appreciate that clinical supervision of students, junior colleagues, and unregulated staff is a significant professional responsibility. Our training program is also designed to introduce residents to the conceptual, practical, professional, ethical, and interpersonal aspects of clinical supervision. Residents participate in didactic seminars devoted to supervision issues. To increase their knowledge of supervisory styles and models, residents sometimes may have the opportunity to supervise practicum students from Western University. In addition, Neuropsychology Track residents are often provided with the opportunity to collaborate with psychometrists.

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

We recognize that the Consortium must continue to grow and develop. Feedback from residents, both during and after their training, is essential for this growth and development to take place.

Feedback is important during the course of the year. In order for residents to receive the maximum benefit from their training, they must feel comfortable providing feedback to supervisors. Feedback is provided both formally and informally to rotation supervisors and in meetings with the Director of Clinical Training and Track Coordinators. Feedback is also received from the residents on the London Clinical Psychology Residency Consortium Committee (each resident rotates through this Committee over the year) and through the evaluation forms that residents complete both during the course of the year and at the completion of the residency. As well, residents are given the opportunity to rate the extent to which they believe Consortium Staff have been receptive to the feedback they have received.

To ensure that this feedback is as open as possible, policies are in effect that do not allow those being evaluated by residents to be aware of formal feedback until their final evaluations of the residents have been submitted.

CONSORTIUM PARTNERS

London Health Sciences Centre

Working together to shape the future of health

www.lhsc.on.ca

Site Coordinator: Dr. Brendan Guyitt

London Health Sciences Centre (LHSC) is a leading academic health organization that encompasses multiple hospitals, community clinics and research sites across the city of London, Ontario. LHSC provides primary, secondary, tertiary, and selected quaternary services and is one of the largest acute care teaching organizations in Canada. Dedicated to excellence in patient care, teaching, and research, each year the LHSC staff of over 14,000 care for over one million inpatients, outpatients, and emergency patients each year.

With a focus on patient-centered care, LHSC is guided by four values: Compassion, Teamwork, Curiosity, and Accountability. Its multiple sites include University Hospital, Victoria Hospital, Children's Hospital, the Westmount Kidney Care Centre, Byron and Victoria Family Medical Centres, and Riverview. Affiliated with Western University, LHSC is also home for the Lawson Health Research Institute, Children's Health Research Institute, and the Canadian Surgical Technologies & Advanced Robotics (CSTAR). Psychology at LHSC is located at three sites: University Hospital, in the north end of London; Riverview near central London; and Victoria Hospital, in the south end of London, which is also the location of the Children's Hospital.

Psychology at London Health Sciences Centre

Consistent with LHSC's values statement, patients are at the centre of psychological services at LHSC. Psychologists provide clinical psychology and neuropsychology services through consultation, assessment, diagnostic, and treatment services to a wide variety of adult and child/adolescent inpatient and outpatient programs. LHSC psychology staff include approximately 30 psychologists, 4 psychometrists, 1 psychological associate, and a number of support staff (see **Consortium Staff Biosketches** for a description of staff members). Services are delivered in individual, family, and group formats and psychologists typically work as team members and/or serve as valued consultants to physicians and other health care professionals both within the hospital and throughout the community. Assessment and treatment strategies include cognitive, behavioural, developmental, personality, eclectic and neuropsychological approaches. As clinicians, we are committed to curiosity, accountability, and the promotion of health in its broadest sense, including the enhancement of physical, emotional, cognitive, and social well-being. Compassion and care, coupled with clinical innovation, are distinguishing features of our patient services. Despite diverse services and different geographic locales, Psychology maintains its cohesion as a profession through regular meetings and rounds. Our staff is also strongly committed to the enhancement of psychology as a profession through continuing staff education and leadership in organizations devoted to professional growth.

St. Joseph's Health Care London

Guided by the people we serve... Provided by people who care

www.sjhc.london.on.ca

Site Coordinator: Dr. David LeMarquand

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

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

Psychology at St. Joseph's Health Care London

Psychology at St. Joseph's Health Care London is firmly committed to the organization's vision and mission, and to our core values: respect, excellence, and compassion.

Psychology at St. Joseph's is well connected to the profession as a whole. Staff members are involved in training, program evaluation and development, and in leadership, within the hospital and in professional organizations. Many staff members have appointments with academic departments including Psychology and Psychiatry, and several are scientists within the Lawson Health Research Institute.

Psychology Staff includes full-time and part-time psychologists, psychometrists, and others aligned with our profession (see **Consortium Staff Biosketches** for a description of staff members). Psychology maintains its cohesion as a profession via meetings, attendance at joint city-wide discipline-specific and interprofessional events, and regular collegial consultation.

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

Child and Parent Resource Institute (CPRI)

Mission: Providing specialized, trauma-responsive mental health and developmental services to achieve best possible outcomes for Ontario's children and youth.

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

Site Coordinator: Dr. Craig Ross

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

Short-term inpatient residential and outpatient community services at CPRI are in partnership with community service providers. This may include interdisciplinary assessment, consultation, and treatment for those ages 0-18 who are at risk of displacement from home, school and/or community. CPRI has six inpatient units and a school on site. Unit demographics and population may change based on referral patterns to best meet the needs of dual diagnosis and/or mental health populations.

Outpatient programs see children and youth with any combination of aggression, self-harm, intellectual and learning disability, anti-social behaviour, and psychiatric disorder, typically with impairments across many domains. Specialty Clinics include: The Brake Shop, Mood Disorders and Anxiety, Attachment Consultation and Education Services, Home Visiting Program for Infants, Interdisciplinary Autism Services, Dual Diagnosis Behaviour and Anxiety, and Sexual Behaviours.

CPRI has an extensive focus on developing innovative practices that support improved outcomes in the sector through research, education, training, and publications. CPRI offers clinical evidence-informed training and education resources to children/youth, families, and agencies. These learning opportunities are also open to psychology residents. Formats include in-person workshops, community presentations, webinars, and webcasts of international speakers as well as our own clinical expertise.

CPRI is Canada's first Sanctuary Certified Organization. The Sanctuary Model recognizes how trauma can affect everyone in an organization: clients, clinicians, and support staff. By using Sanctuary, we create a trauma-sensitive, democratic, and non-violent culture that promotes healing.

Psychology at CPRI

The Psychology Staff at CPRI offer team leadership and are integrated into a variety of interprofessional services. They work with a number of other professionals including Psychiatrists, Developmental Paediatricians, Social Workers, Speech and Language Pathologists, Occupational Therapists, Child and Youth Workers, and teachers. Psychology at CPRI is firmly connected to the profession as a whole and several CPRI Psychology Staff members have appointments with Western University's Department of Psychology as well as with the Psychiatry Department in the Schulich School of Medicine and Dentistry.

Eight psychologists and two psychometrists offer assessment, treatment, leadership, training, and research to support CPRI's 6 inpatient and 9 outpatient programs. See **Consortium Staff Biosketches** for a description of staff members, and see CPRI's website (www.ontario.ca/page/child-and-parent-resource-institute-cpri/) to obtain more information about our specialized services and/or resident opportunities within them.

Vanier Children's Mental Wellness

Real Families. Real Problems. Real Help.

www.vanier.com

Site Coordinator: Dr. Sabrina Chiarella

Vanier Children's Mental Wellness (Vanier) has been a leader in children's mental health, helping vulnerable children and youth overcome serious emotional and behavioral problems for over 50 years. In 2014, the Ministry of Child and Youth Services designated Vanier as the Lead Agency for Children's Mental Health in London and Middlesex. Vanier's programs are flexible and responsive to the specific needs of each family. Services include individual, family, and group therapy, crisis intervention, residential and treatment foster services, specialized classrooms, parent support, respite, and community outreach. Many of the children receiving Vanier's services are reacting to overwhelming stresses within their lives including death, divorce, violence, abuse, neglect, and parental mental health or substance abuse problems. Some are coping with problems or conditions resulting from genetic or prenatal origins. The mission of Vanier is to help children to reach their full potential by working with the child and family's unique strengths, needs, and culture to prevent or reduce serious mental health problems. They meet this by living their vision to create a caring, emotionally healthy, and supportive community where all children, including the most vulnerable, reach their full potential to lead safe, productive, and independent lives.

Psychology at Vanier

Psychological services at Vanier are currently available to children and youth until age 14, with the primary focus on pre-school and pre-adolescent age groups. Vanier's clients are among the most complex in the children's mental health system, often meeting criteria for externalizing behaviour disorders compounded by trauma histories, learning disabilities, internalizing disorders, and family problems. Psychology Staff provide assessment, consultation, and treatment services across the range of services available at the agency. Although Vanier Psychology Staff are assigned to specific clinical teams, we often consult and collaborate with each other. We also lead quality improvement initiatives at Vanier and consult to Vanier management regarding the development and evaluation of programs, as well as collaborating on multi-centre research projects involving Vanier. The primary functions of Psychology Staff at Vanier are providing assessments directly for clients and providing consultation to staff. The Psychology Staff at Vanier currently includes 4 part-time psychologists (see **Consortium Staff Biosketches** for a description of staff members). Psychology Staff provide leadership within the organization and within the profession in London and region.

Mental Health Care, Health and Wellness at Western University

www.uwo.ca/health/mentalhealth

Site Coordinator: Dr. Terry McQuaid

Mental Health Care, Health and Wellness at Western University is dedicated to the provision of an array of integrated professional and accessible services that help graduate and undergraduate students achieve their personal, academic, and professional goals in a confidential and caring environment. Staff at Mental Health Care, Health and Wellness seek to respect the dignity and diversity of students and prepare them for engagement as global citizens. Mental Health Care, Health and Wellness at Western University is a LGBTQIA positive space. Mental Health Care is housed in the Western Student Services Building in the heart of the campus.

Mental Health Care, a division of Health and Wellness at Western University, recently amalgamated with Student Health Services. Our unit also has close relationships with other specialized student services, such as Student Accessibility Services, Campus Case Management, Learning Development and Success, the Writing Centre, Academic Counselling, the Indigenous Student Centre, and the International and Exchange Student Centre.

Psychology at Western's Mental Health Care, Health and Wellness

Mental Health Care, Health and Wellness at Western University is governed by the guiding values of the university and the profession of psychology. A commitment to the training of students for counselling/clinical careers is evident in our long history of providing placement opportunities for students from a variety of programs.

Mental Health Care, Health and Wellness staff include Psychologists, Master's level Registered Psychotherapists, and Master's level registered Social Workers. Other Health and Wellness staff at Student Health include physicians, Psychiatrists, nurses and support staff.

All Mental Health Care, Health and Wellness staff are involved, to varying degrees, in the provision of core activities: intake assessments, crisis intervention and triage, walk-in single-session counselling, and individual and group psychotherapeutic intervention. Our responsive care model emphasizes shorter-term psychotherapy, but all staff manage some longer-term cases. A range of theoretical orientations is represented (see **Consortium Staff Biosketches** for a description of staff members).

Psychologists are also involved in supervision of practicum and placement students. Psychologists consult with the university community and work closely with staff from other services on campus. For example, staff may receive referrals from or consult with Accessibility Services. Staff also consult with other service providers, such as physicians or academic counsellors, allowing for some opportunities in interdisciplinary care. Psychologists at our centre also frequently refer to community and hospital-based programs.

Closely tied to Western's Department of Psychology, Faculty of Education (Counselling Program), Faculty of Social Work, and to Western University as a whole, Mental Health Care, Health and Wellness at Western University provides an exciting intellectual context in which to work.

TEACHING/EDUCATION

Member sites in the Consortium have been training clinical psychologists since the 1950s. At any point in time, psychologists from the various sites are supervising numerous practicum students, predoctoral residents, and psychologists with certificates from the College of Psychologists of Ontario authorizing supervised practice. Many Consortium Psychology staff also serve as faculty members in university psychology and medical departments, and as affiliated scientists at the Lawson Health Research Institute.

Continuing education is a priority for Psychology staff at all Consortium Sites. Library services are readily available through linkages between sites' libraries and those of Western University. Psychology hosts regular rounds and case conferences. Educational opportunities, such as journal groups or case rounds, are also available in many of the clinical services.

RESEARCH


Psychology at the Consortium sites adopts a scientist-practitioner philosophy and, as such, many staff members are actively involved in clinical research activities. Psychology staff work toward clinical relevance in their research and the integration of their research with their clinical work. This philosophy has led Psychology to be recognized as a significant contributor to the research profile in all of the member organizations of the Consortium.

Psychological research is supported by the Consortium organizations aligned with organization-specific and collective agreements. Many Consortium staff have been awarded grants as principal investigators or co-investigators from several internal and external agencies. Our Psychology Staff also serve as reviewers for, or are on the editorial boards, of various journals including: *Canadian Journal of Cardiology*, *Canadian Journal of Neurological Science*, *Canadian Psychology*, *Professional Psychology: Research and Practice*, and *Training and Education in Professional Psychology*.

SERVICE TO PSYCHOLOGY AS A PROFESSION

Consortium Psychology staff maintain an active role in local, provincial, and national efforts toward the enhancement of the profession of psychology and the community at large. The London Clinical Psychology Residency Consortium holds memberships with both the Canadian Council of Professional Psychology Programs (CCPPP) and the Association of Psychology Postdoctoral and Internship Centers (APPIC).

Several staff from the Consortium sites are involved in task forces, committees, and leadership positions with regional, provincial, and national professional and community organizations (e.g., the American Association of Suicidology, Association of State and Provincial Psychology Boards, Canadian Academy of Geriatric Psychiatry, Canadian Psychological Association, Pediatric Oncology Group of Ontario). Our Consortium members' Psychology staff are also often called upon to serve as examiners for the College of Psychologists of Ontario in conducting oral examinations for determination of College registrants' readiness for autonomous practice.



**PROGRAM
STRUCTURE**

CLINICAL TRAINING

Tracks and Major Rotations

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

- Child/Adolescent (3 positions)
- Adult Mental Health (3 positions)
- Health/Rehabilitation (2 positions)
- Neuropsychology (2 positions)
- Counselling (2 positions)

Within each Track, each resident has a number of potential Major Rotation opportunities from which to choose. In the first six months, each resident will normally work at one site for a Major Rotation for four days per week. In the second six months, residents spend three days per week in their second Major Rotation, and one day a week in a Minor Rotation to ensure breadth of training. In addition, to allow breadth of experience across different training locations, during this second half of the year each resident will spend one or both of the Major and Minor rotations at a different training site than their first six months. Throughout the full year, the fifth day of each week is set aside for non-clinical resident activities.

Within a Major Rotation, depending on the site, a resident may participate in one or more different services during each six-month period (see the **Tracks and Major Rotations** section of the brochure for descriptions). The specific combinations will vary based on the nature of the activities available within the Rotation and the training goals of the resident.

Within all domains of clinical service, collaboration with professionals of diverse disciplines is emphasized through interprofessional teams and consultation-liaison services.

Minor Rotations

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

Some training experiences are only available as Minor Rotations. These include **Cardiac Rehabilitation and Secondary Prevention Program: Research, Positive Psychology and Suicide Prevention Research Program, Research – Child and Adolescent Mental Health Care Program, and Trauma-Related Disorders Clinical Research Program.**

Rotation Selection Process

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

Throughout the development of their training plan, residents' interests and needs are very important influences in the formation of the final schedule. All efforts are made to ensure that their preferences for Major Rotation and Minor Rotation selections are met to the best of the Consortium's abilities.

The Director of Clinical Training and the five Track Coordinators typically meet in April to coordinate individualized schedules for the incoming residents. Along with the rank-ordered lists, many practical factors are taken into consideration during the development and coordination of the individualized schedule including supervisor availability, ensuring that training occurs within more than one organization during the residency year (a Canadian Psychological Association [CPA] accreditation standard for consortia), as well as the funding structure of our Consortium which is as follows:

Positions funded	Site
6	London Health Sciences Centre (University Hospital, Victoria Hospital, Children's Hospital)
2.5	St. Joseph's Health Care London (Parkwood Institute, St. Joseph's Hospital, Southwest Centre for Forensic Mental Health Care)
2	Mental Health Care, Health and Wellness, Western University
1	Child and Parent Resource Institute
0.5	Vanier Children's Mental Wellness

(Note: 1 position = two 6-month Major Rotations and one 6-month Minor rotation = 12 months of Resident activity)

Working within this framework, the final schedule is then based primarily on the combination of resident interests/goals, resident background and experience, and our program goals of trying to ensure all residents receive broad-based clinical experience (i.e., diversity of age groups, theoretical orientations, patient populations, and service experiences). And, as mentioned above, CPA requires all residents to spend some training time in at least two different partner organizations over the course of their training year through the combination of their Major and Minor rotations.

Many Major Rotations have a range of training opportunities and supervisors available. The Track Coordinator will work with the resident in the spring to discuss which opportunities at the sites are best matched with their training needs and interests to focus their clinical training over the residency year.

In general, residents are encouraged to select up to a maximum of two distinct services within a Major Rotation in which to train, recognizing that selecting more services within a Major Rotation may lessen the depth of training available with any experience. This is of particular significance in the second six months when the Major Rotation consists of three days per week (compared to four days per week in the first half of the year).

Although we are fortunate to have a large number of sites, staff, and clinical services involved with the Consortium, we are unable to guarantee that all of the services listed in the brochure will be available during the entire predoctoral residency year (ending August 31, 2023). We do, however, inform applicants of known changes in our Consortium offerings prior to the submission of their ranking lists to the National Matching Service.

Predoctoral Residency Components and Respective Time Allocations

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

Sample Combinations of Major and Minor Rotation Schedules

Track	1st Six Months Major – 4 days/week	2nd Six Months Major – 3 days/week	Minor – 1 day/week
Child / Adolescent	Residential/Intensive Services; Mood Disorders Clinic (2 days each service) (CPRI)	Child & Adolescent Mental Health Care (LHSC)	Assessment & Treatment with a University Student Population (Mental Health Care, Health & Wellness at Western University)
Adult Mental Health	Operational Stress Injury Clinic (4 days) (SJHC)	Assessment, Consultation and Education (ACE) Service/ Concurrent Disorders (SJHC)	Child/Adolescent Mood and Anxiety Disorders (LHSC)
Health / Rehabilitation	Behavioural Medicine (4 days) (LHSC)	Cardiac Rehabilitation & Secondary Prevention (SJHC)	Child & Adolescent Assessment (CPRI)
Neuropsychology	Adult Neurology/ Neurosurgery; Adult Epilepsy (2 days each service) (LHSC)	Neuropsychology Consultation Liaison Service (LHSC)	Concurrent Disorders Service (SJHC)
Counselling	Integrative/CBT Interventions; Crisis & Urgent Intervention (4 days) (Mental Health Care, Health & Wellness at Western University)	Third Wave/Advanced (Mental Health Care, Health & Wellness at Western University)	Community Children's Mental Health (Vanier)

Supervision and Evaluation

As noted previously in the Goals description, all psychology residents are provided with regularly scheduled supervision (a minimum of four hours per week on average; minimum three 'individual' and one 'group' on average as per current CPA Accreditation Standards, CPA 2011), sensitive to residents' emerging development as independent practitioners. Supervision can take many forms and often includes a variety of experiences such as case discussions, live observation, co-leading therapy (individual and/or group), audio recordings reviews, and/or video recordings reviews.

Attention is directed toward maintaining residents' caseloads at a level that allows for sufficient time to integrate theory and practice. Individual goals and objectives are set through mutual consultation, with regular feedback and evaluations designed to facilitate growth and positive identification with the profession of psychology.

In addition, residents have individual quarterly meetings with their Track Coordinator and with the Director of Clinical Training.

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

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

As input from the residents is valued highly in our training program, residents are asked to formally evaluate their rotations and supervisors at the end of each rotation. To ensure that this feedback is as open as possible, policies are in effect that do not allow those being evaluated by residents to be aware of the feedback until all supervisor evaluations of the residents have been submitted.

In addition, at the end of the year, residents complete a general evaluation form pertaining to the entire Consortium. As with the evaluation of supervisors by residents, policies ensure that the resident is able to provide as open feedback as possible without it having an impact on their final evaluation to their university by the Director of Clinical Training.

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

Non-Clinical Activities

Wednesdays are dedicated to non-clinical activities. The mornings are set aside for reading or other individual professional activities while on-site. In the second six months of the residency, this time can be used for continuing clinical care of patients from the first six months ('carry-over' cases) and the supervision of those cases. Afternoons are reserved for group activities including 90-minute scientist-practitioner/research-individual differences seminars scheduled in the early afternoon (typically twice per month), as well as weekly two-hour clinical/professional seminars. In addition, residents have group meetings with the Director of Clinical Training once per month following afternoon seminars.

The seminars are presented by Consortium Site Psychology Staff and a number of guest speakers from the community. A wide variety of topics are presented during the residency year. Listed below are samples of topics presented last year (please note that this is not an exhaustive list).

- *Psychology Ethics*
- *Zero Suicide Assessment and Intervening*
- *Supervision Ethics and Standards*
- *The Muddy Waters of Depression and Cognition*
- *Models of Supervision*
- *ASD and Differential Autism Diagnosis*
- *Putting Care Back Into Health Care: How to Care for Yourself and Others*
- *Geropsychology*
- *Paediatric Psychology and Chronic Pain*
- *Job Search in Psychology*
- *Couples Therapy*
- *Clinical and Organizational Ethics*
- *Patient Relations, Patient Engagement and Health Equity*
- *Developmental Trauma and Disturbances of Attachment*
- *Psychology and Religion*
- *Psychopharmacology*
- *Partnering with Interpreters to Deliver Clinical Care*
- *Capacity Assessment*
- *Psychology's Role on an Interprofessional Team*
- *Sleep Disorders*
- *Beyond PTSD: Understanding, Assessing and Treating Operational Stress Injury*
- *Working with Homeless Clients*
- *Consultation and Outreach with Referral Sources*
- *Psychology Services in a Police Setting*
- *Registration as a Psychologist in Ontario*
- *Private Practice*
- *Single Session Therapy*
- *Indigenous People*
- *The Psychology of Adoption: Clinical Challenges*
- *Sex Therapy*

Presentations and Meetings

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

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

As listed above, in addition to the monthly group meetings with the Director of Clinical Training, residents meet individually with the Director four times throughout the year to discuss the resident's activities, experiences, and goals (both during the residency and beyond), as well as any other issues of interest. Residents also have scheduled meetings with their Track Coordinator four times over the year. Additional meetings may be arranged at any time if needed.

In the spring of each residency year, each resident gives a formal 30-minute case presentation open to all Psychology Staff from the Consortium Sites.

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

On Wednesday afternoons, residents meet as a group (on-site or off-site) when no other meetings are scheduled, following the clinical/professional seminars. This protected time is set aside for informal discussion and peer support. The format is flexible but topics discussed in the past have included: i) clinical cases; ii) professional issues; iii) areas of clinical practice (e.g., hospital versus private practice); iv) employment issues (e.g., interviews, positions available, navigating the process); College registration (e.g., EPPP, licensing process, declaring competencies, supervised practice); vi) general residency/rotation experience; vii) issues related to transitioning from graduate student to professional role; and viii) personal adjustment and life in London. Generally, it is a relaxed and collegial atmosphere where residents have the opportunity to get to know one another, debrief, and both receive and provide support. Because of the nature of the Consortium, residents spend most of their time in programs located across the city. Residents have routinely commented on the value of these Wednesday afternoon meetings as an opportunity to maintain regular contact with their peers.

Due to social gathering restrictions in response to the COVID-19 pandemic, since October 2021 all residency seminars and group meetings on Wednesdays were conducted remotely through videoconferencing software. Depending on what physical distancing measures and limitations on group gatherings may still be in place for the 2022-2023 residency year, similar procedures may be followed.

Cross-Site Travel

The Consortium is a multi-organization training program. As a result, residents normally have to travel between sites for some activities (e.g., committee meetings, weekly seminars). The Consortium provides residents with a hospital parking pass that can be used at all hospital sites where paid parking is required (there is no cost for parking at Vanier or CPRI) at no cost to the resident. Counselling Track residents at Western's Mental Health Care, Health and Wellness are also provided with a parking pass for Western University. Additionally, residents using private vehicles may submit an expense claim for travel between Consortium sites. For residents who do not have a car, the Consortium will reimburse the cost of London Transit Commission (LTC) bus passes to the same level as the cost of the multi-hospital parking passes. More information on buses in London is available at the LTC website: www.ltconline.ca. As stated above, depending on any ongoing restrictions to group meetings/gatherings related to the COVID-19 pandemic, there may or may not be cross-site travel in the 2022-2023 training year if meetings and seminars continue to be virtual as they were at the writing of this brochure.

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

Salary and Benefits

The current salary for the training year is \$29,250 (Canadian). All residents are LHSC employees, irrespective of the Consortium Site where they are providing psychological services. As such, they receive the LHSC employee comprehensive benefit package that includes extended health care (e.g., dental plan, drug plan, and semi-private hospital room), sick leave, and the opportunity to purchase group life insurance. As with all LHSC employees, these benefits are available after a three-month waiting period and there is a minimal payroll deduction for them. Residents are also eligible to participate in various LHSC employee wellness and fitness programs.

In addition, residents receive three weeks (fifteen days) vacation, one week (five days) education/research/dissertation support leave, and twelve paid statutory holidays. Further, there is a book allowance of up to \$300 available to each resident for the purchase of relevant books or training materials.

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

Work Settings of Graduates

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

Setting	Number (2014 - 2020)
Academic Medical Centre	13
Community Hospital/Agency	17
Private Practice	46
Completing Dissertation	5
Academic/Research	4
Post-Doctoral Fellowship	4

Eligibility for Application

Our Consortium subscribes to the APPIC policies and CPA Accreditation Standards with regard to preparation for the predoctoral residency year. For all Tracks, we consider applicants from doctoral graduate psychology programs that are accredited by the CPA or American Psychological Association (APA), or that are not accredited but have been granted an initial accreditation site visit by the CPA or APA.

For consideration of any of our five Tracks, advanced graduate students are required to meet all of the following *minimum* criteria by the **application deadline of November 1, 2021**.

- completed at least 600 hours total of supervised practicum experience. Preferably this would include at least 300 hours in face-to-face patient/client contact (interviewing, assessing, or intervening with clients directly) and at least 150 hours of supervision. However, given the COVID-19 pandemic some flexibility in the composition of those hours will be considered as long as there is a minimum total of 600 hours in direct contact, supervision, and support activities combined
- proposed their doctoral thesis
- successfully completed their program's comprehensive/qualifying examinations (if applicable)
- completed their **core, required** graduate level coursework (courses that are not minimally required for graduation can still be underway such as electives, extra practica, and so on. Consult with your program's Training Director if you are unsure) *

*In exceptional circumstances, if some core coursework is not completed at the time of application but a student's program Training Director certifies that this course will be completed by December 31, 2021 then the application will still be accepted, considered and reviewed. In those cases, **confirmation of coursework completion must be provided to us no later than January 31, 2022** to consider the applicant for ranking with the National Matching Service.

Applicants are advised to confirm with their graduate program's Training Director if they have completed all core required coursework as described above. Some ongoing coursework may be optional/elective and thus the applicant could still be eligible for our Residency.

In addition, each of our five Tracks has *individualized* minimum application criteria beyond those listed above. Interested applicants should review the Track descriptions for more details of the additional minimal credentials required for those Tracks beyond those described above.

If you had placements and / or requirements that were negatively impacted by the COVID-19 pandemic, please request that your Director of Clinical Training highlight the nature of this impact in their portion of the APPIC application. If you had placements that were cancelled or prematurely terminated, please describe the training and hours that were anticipated in your cover letter. We will take those situations into consideration on a case-by-case basis. However, the minimum requirements described above and for each Track (please see each Track's descriptions later in this brochure) will still be in place. As well, for direct patient/client contact activity we will combine telepsychology (telephone contact or virtual video-conference) with hours for face-to-face patient/client contact.

The start date for this predoctoral residency year is **Thursday, September 1, 2022**.

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

- **Canadian Citizens**, or
- **Canadian Permanent Residents**, or
- **non-Canadians attending a Canadian graduate psychology program (as described above) AND who already have documentation/permits allowing them to work in Canada during the period of the residency (September 1, 2022-August 31, 2023).**

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

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

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

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

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

Because of the highly vulnerable populations at many of the Consortium Sites, final acceptance into the program is dependent on the successful completion of a police records check, and residents completing rotations at Child and Parent Resource Institute or Vanier Children's Mental Wellness will **ALSO** be required to ensure their police records check includes successful completion of a vulnerable persons/sector screen. In addition, LHSC requires all new employees to complete a health review before the start of their training year. We will provide information on both of these processes after the final APPIC Matching process has been completed.

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

Diversity and Non-Discrimination Policy

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

The London Clinical Psychology Residency Consortium endeavours to provide an accessible work place for residents with disabilities. All sites can provide work space, parking, and equipment to meet the needs of residents with disabilities and successful accommodations have been made for residents in the past.

Applicants who have specific questions about access and accommodations available at our setting are encouraged to contact the Director of Clinical Training early in the application process in order that their concerns or needs may be fully addressed, including during the application process.

Application and Selection Procedures

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

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

As per APPIC requirements, all letters of reference are to use the current **APPIC Standardized Reference Form**. This form includes a review of the applicant's current professional and personal skills and strengths with regard to areas of competencies, as well as the opportunity to comment on areas for potential growth and development. This Standardized Reference Form required by APPIC can be accessed at:

<https://appic.org/Portals/0/downloads/AAPI/SRF-Revised-2021.doc?ver=2021-08-08-211023-793>

Please note that we require *no supplemental material* to be sent with the application.

We welcome applications to more than one Track from the same applicant, provided the individualized minimum criteria are met for each Track. Only one application and one cover letter are necessary if applying to multiple Tracks. We ask applicants to indicate clearly in their cover letter all Tracks to which they are applying, and why they believe they are a good fit for the training provided by those Tracks.

The application deadline for all material to be submitted using the AAPI online is **November 1, 2021 11:59 pm EST**. We will email applicants if their application is incomplete by the end of the day on November 5, 2021. Applicants do not need to contact us before then to check on the status of their applications. If their application is complete and we have no questions, we will not contact applicants until we notify them of their interview status.

A subset of applicants will be chosen for interviews to take place in January 2022. Each Track has its own team of interviewers. **The interview notification date is set for Friday, December 3, 2021** (the final date by which all applicants can expect to be notified of their interview status by email). As per a recent agreement by CCPPP members, the **interview booking date is set for Monday, December 6, 2021 starting at 11:00 am EST**. Arrangements for interviews will only be made starting on that date and time, so we ask invited applicants to please email us at or after 11:00 am EST on December 6, 2021. **Please note that all interviews will take place remotely – through videoconference and/or telephone. There will be no in-person interviews for any applicants in 2022.**

All applications are carefully reviewed and rated by supervisory staff within the applicant's Track. Applicant rankings are based on many factors, including (in no particular order): progress toward completion of dissertation; quality, breadth, and depth of assessment and intervention experience (particularly in areas related to the training offered in our Consortium); relevant didactic training (e.g., coursework, workshops attended); academic accomplishments; letters of reference; faculty's impressions from the applicant interviews; research experience; quality of writing samples (e.g., responses to essays on the AAPI); goals of training; and other information from the application materials.

Note that applicants are **not** ranked based on the raw number of practicum hours reported in the AAPI, as long as the minimum required hours for the Consortium in general and for their specific Track(s) of interest have been completed. Students should strive to have practica experience with cases varying in complexity, in different service delivery settings, and with a variety of populations, presenting questions, assessment and therapeutic models and methods, case conferences, and supervisors to acquire the competencies for readiness for a successful predoctoral residency year. This is more important than the raw number of hours recorded.

Interview Process

All interviews will take place remotely through videoconference and/or telephone. We recognize that face-to-face interviews allow potential residents to meet the staff and become familiar with the setting. However, following recommendations by the CCPPP and APPIC, and in consideration of the expense and potential travel challenges for many applicants, we will not hold any in-person interviews or visits as part of the formal interview process.

Interviews typically follow a three-part format. The core will be a videoconference/call with the interview team, which includes representative supervisors from the Track. This approximately one-hour interview is the primary evaluative portion of the interview process. While it is evaluative, we also give applicants the opportunity to ask questions about our predoctoral residency during that time. Two additional interviews are offered so that applicants can learn more about our residency program. Applicants speak with the Director of Clinical Training, often in a group with other applicants, where they are provided with an overview of the Consortium and can have their general questions about the program answered. Applicants also speak with a current resident or residents about their experiences as a resident in our program. Neither the Director of Clinical Training nor the current residents are part of the formal evaluative process although, in rare circumstances, the

Director of Clinical Training may comment on an applicant to their Track's interview team. As well, any contact an applicant has with other Consortium staff - with the exception of the arranged discussions with current residents - can become part of their application file. To the best of our abilities, we will try to arrange these three activities - videoconferences or telephone calls with the interview team, Director of Clinical Training, and current resident(s) - on the same date.

Applicants who have been offered an interview are also welcome to speak with potential supervisors outside the scheduled interview to discuss details of training opportunities in their rotations. When an offer is made for an interview with our Consortium, applicants can request to arrange separate additional videoconferences/telephone calls with specific potential supervisors. We ask interview applicants interested in such contact to please request this when arranging their interview date. These may be able to be arranged on the same date as the formal interview, but due to the schedules of some potential supervisors, they may need to be arranged for another date.

APPIC Policies

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

APPIC regulations make it clear that acceptance of a position is binding. We therefore ask that applicants and their Directors of Training or Department Heads carefully review their program's requirements for releasing the student to go on residency/internship, to ensure that students who are applying for positions in our Consortium will indeed be allowed to begin their training experiences on **Thursday, September 1, 2022**.

For both residents and programs, the deadline for submissions of their Rank Order Lists to the National Matching Service for Phase I has been set by APPIC for February 4, 2022, and Phase I Match Day has been set by APPIC for February 18, 2022. If any of our residency positions remain unfilled after Phase I of the match, we will follow APPIC guidelines for participation in Match Phase II. As with our Phase I process, all interviews will take place remotely through videoconference and/or telephone contact.

Policy on Handling Your Personal Information

In accordance with federal privacy legislation (Personal Information Protection and Electronics Documents Act – <http://laws-lois.justice.gc.ca/eng/acts/P-8.6/>), you should be aware that we are committed to collecting only the information in your application that is required to process your application. This information is secured within Psychological Services at LHSC and is shared only with those individuals involved in the evaluation of your application. If you are not matched with our Consortium, your personal information is destroyed one year after Phase II Match Day.

If you are matched with our Consortium, your AAPI will be available only to those directly involved in your supervision and training including your rotation supervisors, your Track Coordinator, the Director of Clinical Training, and relevant administrative support staff. We will place an electronic copy of this material on a secured section of the relevant Consortium Site networks that will only be made available to those individuals directly involved in your supervision and training.

Information on Accreditation

The London Clinical Psychology Residency Consortium was initially formed by a partnership of the London Health Sciences Centre, St. Joseph's Health Care (London), Child and Parent Resource Institute (CPRI), and Vanier Children's Mental Wellness. That residency program had its first cohort of residents begin in 2008. The program expanded to include a new partnership with the Mental Health Care, Health and Wellness at Western University, and the first cohort of residents from this new five-member consortium began in September 2012.

The London Clinical Psychology Residency Consortium was first accredited as a Doctoral Internship Program in Clinical Psychology by the Canadian Psychological Association in 2009, and after our site visit in 2014 it was re-accredited for a 7-year term, from 2013-14 to 2020-21. Our re-accreditation site visit was recently completed in July 2021 and we look forward to the Accreditation Panel's response.

Information on accreditation by the Canadian Psychological Association is available by contacting the following office:

Accreditation Office
Canadian Psychological Association
141 Laurier Avenue West, Suite 702
Ottawa, ON, K1P 5J3
Telephone: 1-888-472-0657
E-mail: accreditationoffice@cpa.ca

Our program's Canadian Psychological Association Public Disclosure Table including summary information on past applicants and matched residents appears on a subsequent page.

For More Information

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

Dr. Brent Hayman-Abello, C. Psych.
Director of Clinical Training, Psychological Services
London Health Sciences Centre
339 Windermere Road
London, Ontario, Canada, N6A 5A5
Telephone: 519-663-3466
Fax: 519-663-3176
E-mail: brent.haymanabello@lhsc.on.ca
Web: www.londoninternshipconsortium.ca

Canadian Psychological Association Accreditation Public Disclosure Table

Incoming Residents to the London Clinical Psychology Residency Consortium over the past 7 years (note that although CPA's table indicates "stipend", our program pays a salary as all Residents are full-time temporary employees of our host agency, London Health Sciences Centre):

CPA ACCREDITATION - INTERNSHIP PROGRAMMES

Table Type PUBLIC DISCLOSURE TABLE 1: INCOMING INTERNS OVER PAST 7 YEARS

Programme London Clinical Psychology Residency Consortium

Academic Year/Cohort	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
Positions	14	14	12	12	12	12	12	12
Applications	175	180	174	193	154	168	184	196
Interviewed/Short-Listed	77	73	78	83	81	74	77	80
Ranked	73	82	68	77	68	68	68	71
Matched	14	14	12	12	12	12	12	11
Matched as % Applications (Automatically Calculated)	8%	8%	7%	6%	8%	7%	7%	6%
<i>Of those who Matched:</i>								
Males	1	2	1	0	1	1	3	3
Self-Identify as Diverse (ie, minority, disability, LGBTQ)	5	2	1	2	7	1	4	3
From Outside of Province	6	3	4	8	7	5	6	3
From Outside of Canada	0	1	0	1	0	0	1	1
Mean Practicum Hours on AAP1 -->Assessment & Intervention	611	616	602	684	732	626	671	620
-->Supervision	353	361	299	391	409	319	349	344
-->Support/Indirect	843	877	1,087	978	1,098	951	911	872
Mean Total Hours (Automatic)	1,807	1,854	1,988	2,053	2,239	1,896	1,931	1,836
Internship Stipend	\$28,000	\$28,000	\$28,000	\$28,000	\$29,250	\$29,250	\$29,250	\$29,250

LOCATING CONSORTIUM SITES

London Health Sciences Centre, University Hospital



A map of the site can be found at:

[www.lhsc.on.ca/About Us/LHSC/Maps Directions/UH Site Map.pdf](http://www.lhsc.on.ca/About%20Us/LHSC/Maps%20Directions/UH%20Site%20Map.pdf)

Estimated Driving Time from Wellington Street and Dundas Street: 7 minutes

Psychological Services – 3rd Floor University Hospital
339 Windermere Road, PO Box 5339
London, ON, Canada, N6A 5A5
Telephone: 519-663-3466

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

A map of the site can be found at:

[www.lhsc.on.ca/About Us/LHSC/Maps Directions/VH SiteMap.pdf](http://www.lhsc.on.ca/About%20Us/LHSC/Maps%20Directions/VH%20SiteMap.pdf)

Estimated Driving Time from Wellington Street and Dundas Street: 10 minutes

Psychology Services - Zone E - 1st Floor Victoria Hospital
800 Commissioners Road East, PO Box 5010
London, ON, Canada, N6A 5W9

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



A map of the site can be found at:

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

Estimated Driving Time from Wellington Street and Dundas Street: 5 minutes
268 Grosvenor Street, London, ON, Canada, N6A 4V2

St. Joseph’s Health Care London, Parkwood Institute

Maps of the site can be found at:

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

Estimated Driving Time from Wellington Street and Dundas Street: 10 minutes
550 Wellington Road, London, ON, Canada, N6C 0A7

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

A map of the site can be found at:

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

Estimated Driving Time from Wellington Street and Dundas Street: 40 minutes
401 Sunset Drive, St. Thomas, ON, Canada, N5R 3C6

Child and Parent Resource Institute (CPRI)



<https://www.ontario.ca/page/child-and-parent-resource-institute-cpri#section-8>

Estimated Driving Time from Wellington Street and Dundas Street: 15 minutes
600 Sanatorium Road, London, ON, Canada, N6H 3W7

Vanier Children's Mental Wellness



www.vanier.com

Estimated Driving Time from Wellington Street and Dundas Street: 7 minutes
871 Trafalgar Street, London, ON, Canada, N5Z 1E6

Mental Health Care, Health and Wellness, Western University



A map of the site can be found at:

<http://geography.uwo.ca/campusmaps/>






Estimated Driving Time from Wellington Street and Dundas Street: 7 minutes
Western Student Services Building, Western University, 1151 Richmond St, London, ON, Canada, N6A 3K7

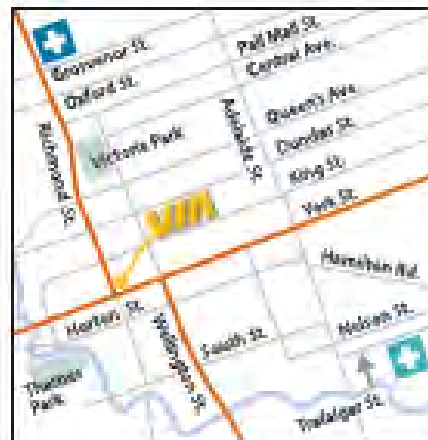
A general map of London that provides approximate locations of all sites is provided on the next page.

MAP

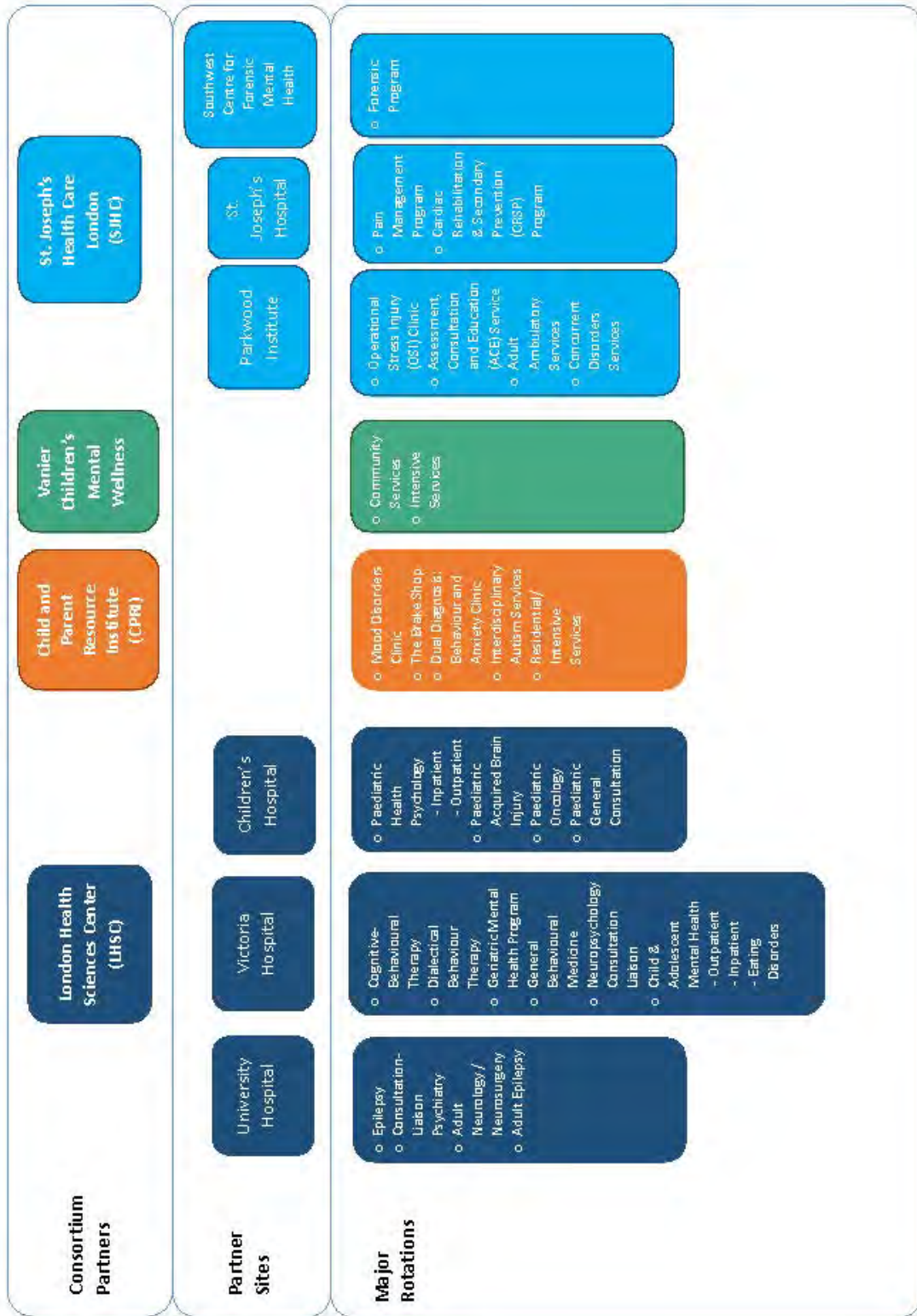



LCPRC Clinical Sites

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



Summary of Major Rotations by Site





TRACKS & ROTATIONS



TRACKS AND MAJOR ROTATIONS

CHILD/ADOLESCENT TRACK

COORDINATORS: Dr. Sabrina Chiarella and Dr. Vanessa Huyder

NMS Code Number: 181513

Three (3) Resident Positions are available.

Number of applications in 2020: 53

The Child/Adolescent Track is designed to prepare residents for future post-doctoral supervised practice focused on children and adolescents and their families. Patients range in age from infancy to age 18. Training stresses three factors: developmental issues, family involvement, and liaison with interprofessional team members, physicians, community agencies, and schools. Competence in assessment and intervention skills are emphasized, integrating theoretical, ethical, research, and professional perspectives. Interprofessional teams are prevalent in all settings, and residents are provided the opportunity to work with professionals from a variety of disciplines.

Residents have the opportunity to choose Major Rotations in community mental health facilities as well as academic teaching hospitals. Across the two Major Rotation experiences, residents receive exposure to children and adolescents in inpatient or residential care settings as well as outpatient and community services. Training can include opportunities to work with children and adolescents in areas including paediatric health psychology, eating disorders, community and rural mental health services, day treatment, inpatient units, trauma and attachment, impulse control problems, mood disorders, anxiety disorders, developmental disabilities, and externalizing behaviours.

Within each rotation, supervisors will provide opportunities for individualized training experiences that meet the specific needs of the resident. Supervisors assure well-rounded experiences by assigning cases to residents that reflect client diversity in terms of ethnicity, socio-economic status, and other individual differences. Supervision styles and preferred therapeutic modalities vary across supervisors.

To be considered for the Child/Adolescent Track, in addition to the core minimum requirements on pages 25-26, applicants must also have the following credentials by the time of application:

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

In order to facilitate our review of your application, we strongly encourage you to clarify how you have met these requirements in the contents of your cover letter.

Major Rotations available:

London Health Sciences Centre: Paediatric Health Psychology

London Health Sciences Centre: Child and Adolescent Mental Health Care Program

Child and Parent Resource Institute (CPRI)

Vanier Children's Mental Wellness

London Health Sciences Centre: Paediatric Health Psychology

Pediatric Health Psychology is a subspecialty of the field of Health Psychology. This training opportunity is available to residents from both the Child/Adolescent Track and Health/Rehabilitation Track who have a demonstrated interest and exposure to working with medical populations, as evidenced by:

- at least one therapy practicum in a health setting (or at least 35 hours of face-face therapy with clients who have a primary medical condition impacting their psychological functioning); and,
- coursework, workshop(s), or applied research in the area of health psychology.
- Discussion of your interest in the field of health psychology should be reflected in your essays and/or cover letter.

Psychologists in the Pediatric Health Psychology Department at the Children's Hospital, LHSC, provide both inpatient and outpatient services to children and families diagnosed with acute and chronic medical conditions through a number of health focused clinics and interprofessional teams. A 4-day major rotation is recommended for residents interested in achieving competency in the area of health psychology. This would facilitate gaining proficiency in inpatient consultation-liaison and treatment, as well as in outpatient assessment and treatment for a variety of medical populations. A 3-day major rotation is recommended for residents who are looking to increase their breadth of training in this area of practice; training during a 3-day major would include working with a variety of outpatient medical populations.

Inpatient Experiences:

Residents will become proficient in consultation-liaison and treatment services offered to a wide variety of inpatient medical services (e.g., critical care, oncology, general medicine). Services are provided for a number of different presenting problems such as treatment compliance, coping with prolonged hospitalization, and palliative care. Cognitive, emotional, and behavioral strategies are employed to assist in managing distressing physical (e.g., acute or chronic pain) and psychological (e.g., depression, anxiety, somatization) symptoms. The resident will attend relevant rounds and consult with medical team members.

Outpatient Experiences:

Work with outpatients will include assessment, therapy, as well as consultation within the hospital and occasionally with schools. Some flexibility in the amount and scope of outpatient work is possible. Residents may work with outpatient children, adolescents, and their families who have either a medical problem that affects their psychological adjustment, or psychological problems that affect their health or adjustment to a medical condition. Issues may include management of recurrent or chronic headache or abdominal pain, anxiety and/or depression contributing or related to living with a medical condition, adjustment to a diagnosis, or adherence to treatment regimes. Residents may see some of these patients in an interprofessional pediatric chronic pain clinic that focuses on a biopsychosocial model of pain assessment and treatment.

Supervisors: Dr. Danielle Cataudella
Dr. Jennifer Crotonino
Dr. Abirami Kandasamy
Ms. Ann Klinck
Dr. Cathy Maan

**London Health Sciences Centre:
Child and Adolescent Mental Health Care Program**

At the Victoria Hospital site of LHSC, the Child and Adolescent Mental Health Care Program provides integrated inpatient, day treatment, and outpatient services to children and their families with potential experiences for a resident with Outpatients, Inpatients, Day Treatment, and Eating Disorders services.

Residents who choose this Major Rotation will be asked to select one area within which to focus their training.

The Child and Adolescent Outpatient Services provide assessment and treatment to children and their families through an interprofessional team. Presenting problems are generally of an internalizing nature such as depression, anxiety, trauma, emerging personality disorders, etc. with significant comorbidity. A range of services is offered including diagnostic assessments, individual and group therapy (with family component), community liaison, and so on.

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

Supervisors: Dr. Julie Eichstedt
Dr. Jo-Ann Birt

Child and Adolescent Eating Disorders is an interprofessional team specializing in the assessment and treatment of eating disorders in children and adolescents until the age of 18. It has inpatient, day treatment, and outpatient follow-up components. Residents will have exposure to cognitive-behavioural and family-based treatment experiences for patients and their families. This rotation is only available as a Major rotation in the first six months. Theoretical orientation is cognitive-behavioural.

Supervisor: To be determined

The Child and Adolescent Inpatient Service specializes in assessment and stabilization of acute mental health crises spanning a wide range of presenting issues. Residents have exposure to daily interprofessional team care planning and consultation. The Inpatients treatment team has extensive expertise in child development, internalizing disorders, and crisis stabilization. The resident may gain exposure to group interventions and conduct clinical assessments, individual psychotherapy, and parental interventions with our patients who typically have very short admissions (i.e., under one week).

Supervisor: To be determined

Child and Parent Resource Institute (CPRI)

Residents at CPRI can choose to receive breadth and depth of training at this site during a Major Rotation by working on more than one clinical team, with more than one supervisor. Beyond the supervision from our Psychologists, psychology residents work with Psychiatrists, Developmental Paediatricians, Social Workers, Speech and Language Pathologists, Occupational Therapists, front-line Behaviour Therapists, and teachers.

Note that acceptance into this Major Rotation (any of the services below) is dependent on the successful completion of a police record check with vulnerable sector screen.

Residents should have interests in diagnosing complex, comorbid child and adolescent populations experiencing significant family dysfunction, understanding larger system issues in child and family wellness, and a desire to assist caregivers and teachers in reducing acting out behaviours including aggression. Residents at CPRI may negotiate experiences directly supervised by a psychologist in the following services:

The Mood Disorders Clinic provides opportunities to participate in a multi-step comprehensive assessment of children and adolescents aged 6 to 17.5 years of age with normal intellect. The first step in the assessment process when a child/youth is referred with a query of mood disorders involves a pre-screening evaluation to determine the likelihood of mood disorders. The next step is the completion of a comprehensive evidence based semi-structured instrument (WASHU-KSADS) with the child/adolescent and parents in their home for consideration of possible differential diagnosis. The final stage in this process is a psychiatric consultation with the youth and parents for further evaluation prior to rendering a diagnostic opinion. The opportunity is also available to conduct intellectual and socio-emotional assessments as needed. In addition, the clinic offers short term individual and/or group treatment with the focus on psychoeducation and cognitive behavioural strategies. As well, the clinic provides consultations to community agencies including schools across Ontario.

Supervisor: Dr. Gani Braimoh

The Brake Shop is an interdisciplinary clinic providing service to children and adolescents who present with complex combinations of neurodevelopmental disorders including Tourette Syndrome and Obsessive-Compulsive Disorder or other anxiety disorders, Attention-Deficit/Hyperactivity Disorder, sensory processing dysfunctions, body-focused repetitive behaviours (Trichotillomania or Excoriation Disorder) or significant behavioural issues including Intermittent Explosive Disorder ('rage'). A wide selection of services for Brake Shop patients, their families, and community teams translates into substantial opportunity for residents to tailor and vary their experiences. Options include semi-structured diagnostic assessment, co-facilitation of various treatment groups (primarily cognitive-behavioural and narrative in orientation), individual therapy, internet therapy (e.g., virtual Exposure and Response Prevention [ERP]), consultations (client or programming based), and knowledge translation/transfer activities such as community presentations or school assemblies. Attendance at interprofessional rounds, conducting literature reviews, student supervision, or program development/evaluation are additional opportunities. For detailed treatment videos, parent and child treatment handouts and other information please explore our many webpages at www.leakybrakes.ca

Supervisor: Dr. Dr. Magali Segers

The Dual Diagnosis: Behaviour and Anxiety Clinic (DD:BAC) is one of the outpatient programs for children and adolescents with developmental disabilities at CPRI. The DD:BAC team provides assessment, consultation, and treatment for children and youth with developmental disabilities and behaviour, anxiety or mood disorders. The resident could be involved with any aspect of service of the Dual Diagnosis Behaviour and Anxiety clinic, including interdisciplinary diagnostic assessments, psychological assessment (cognitive, academic and adaptive assessment; assessment for mental health and behaviour disorders), functional assessment of behaviour, co-therapist for parent groups, as well as providing consultation to families, schools and others supporting children/youth in the community. This clinic also offers residents the unique experience of providing modified cognitive behaviour therapy for anxiety on an individual basis with clients with intellectual disabilities.

Supervisor: Dr. Karin Gleason

One of the outpatient rotations available at CPRI that provides opportunities to work with clients with a neurodevelopmental disorder is the Interdisciplinary Autism Services (IAS). The clinic works with children and youth aged 3-to-18 for whom there is a question or diagnosis of Autism. Like the other outpatient services at CPRI, IAS provides three levels of service intensity, all of which may be appropriate for a resident. At the lowest level of intensity are agency-to-agency collaborations. Based primarily on file reviews, these collaborations involve interaction with community partners, usually via videoconference, about behavioural concerns. As part of the team, the resident could have opportunities to share information from the Psychologist-perspective, and/or to participate in meeting leadership. The next level of intensity in the clinic emphasizes diagnostic clarification and assessment. Typically, the resident would support the diagnostic review undertaken by a Physician through the completion of a standardized assessment of cognitive, adaptive, and/or academic domains. An emphasis on observation and assessment of social deficits associated with Autism is included. At the highest level of intensity, the resident would be part of an interdisciplinary team involving a Speech and Language Pathologist, Occupational Therapist, Board Certified Behaviour Analyst and Social Worker; a Psychiatrist may also be involved as needed. Referrals at this level of service begin with a team meeting with the community to develop an assessment and service plan. Assessments for Psychology are multi-faceted and provide opportunities to work with a population and tools that are not commonly encountered in traditional training (e.g., Stanford-Binet 5, ADOS-2). The culmination of this level of service is the development of an interdisciplinary report and sharing/discussion with the referring community. Through this process, the resident will have the opportunity to engage in (complex) differential diagnosis involving information from multiple clinical disciplines.

Supervisor: Dr. Craig Ross

Residential/Intensive Services are also provided to children and youth, aged 6 to 18 years, with a primary mental health condition. Youth are admitted due to severe psychiatric disturbance and family and school placement breakdown. Psychologists on our residences and in-house school provide cognitive/learning, social, and emotional assessment; behaviour programming, individual parenting interventions, consultation, individual cognitive behavioural therapy; and staff training and support. Interest in complex, comorbid child and youth populations with diverse family trauma is required. Evidence-based, trauma-informed care is offered in these services. As with the dual diagnosis intensive programs, residents will gain experience in working with multiple systems, matching strengths, needs and supports, and planning and implementation at a multi-agency team level.

Supervisors (various possible): Dr. Patricia Jordan (inpatient girls' unit)
Dr. Niki Rielly (inpatient young child unit)

Vanier Children's Mental Wellness

Vanier is a community-based children's mental health centre which accepts referrals for children and youth with emotional and behavioural problems up to their 14th birthday. Vanier clients typically present with complex needs, usually including a combination of behavioural problems and mood or anxiety problems, cognitive processing concerns, trauma, and family issues (such as parental mental health problems, abuse, neglect, domestic violence, and separation and divorce). A variety of services are currently provided by Vanier, including prevention/outreach, assessment, family and group therapy, day treatment, Intensive Family Services (IFS; in home), and out-of-home (group and foster) treatment. Services at Vanier focus on improving relationships, increasing regulation, and building resilience.

At Vanier, residents can expect to conduct assessments on some of the most complex clients in the children's mental health system, as well as provide staff consultation, treatment interventions, or both. Residents will gain experience in comprehensive assessment, diagnosis and clinical formulation, and consultation to interprofessional teams, as well as therapy. Residents will gain these experiences through participation in one or two specific programs at Vanier, depending on their training goals and supervisor availability. Depending on client needs, residents might have the opportunity to provide services for clients with complex special needs through the long-term residential treatment program for clients with complex trauma histories, or the long-term therapeutic foster care program. Other experiences might include group work, crisis work, or both. Program-level consultation to other agencies within London Middlesex might also be an option.

Psychological services to **Community-Based Services** clients (age birth to 14 years) focus on assessment of individual children who are receiving other services, and consultation to staff. Community-Based Services clients are referred to psychology while receiving other services, such as family therapy or IFS. Residents will also have opportunities to provide individual and/or family centered therapy. Residents might also gain experience in consultation regarding Early Years clients (age birth to six years) at other agencies.

Intensive Services include both live-in and IFS, as well as the therapeutic foster program. Residents typically provide assessment and consultation services within the live-in programs, primarily in the short-term (typically about 4 months in residence) and medium-term (typically 6-12 months in residence) programs. IFS is an alternative to residential treatment in which a Child and Youth Counselor works with the family in their own home. Psychology's primary role in IFS is to provide clinical support to the Child and Youth Counselor, including assessments with a view toward treatment recommendations.

Further information about Programs at Vanier can be found at www.vanier.com

Acceptance into this Major Rotation is dependent on the successful completion of a police record check with vulnerable sector screen and medical clearance. Same-day travel within the region may be required.

Supervisors: Dr. Sabrina Chiarella
Dr. Tomoko Arimura
Dr. Vanessa Huyder
Dr. Lara Genik

London Clinical Psychology Residency Consortium 2022-2023

TRACK	Child / Adolescent (see p. 39)		
ORGANIZATION and SITE	LHSC: Children's & Victoria Hospital (see p. 40-41)	Child and Parent Resource Institute (CPRI) (see p. 42)	Vanier Children's Mental Wellness (see p. 44)
MAJOR ROTATION/ SERVICE *See list of Minor Rotation options (p. 73-80) Note: Paediatric Health is 4 days a week in the first six months only. For others, residents normally work in a maximum of 2 Services within one Site.	<ul style="list-style-type: none"> - Paediatric Health Psychology <ul style="list-style-type: none"> • Inpatient • Outpatient - Child & Adolescent Mental Health Care Program <ul style="list-style-type: none"> • Outpatient • Inpatient • Eating Disorders Treatment (Inpatient, Day Treatment, Outpatient) 	<ul style="list-style-type: none"> - Mood Disorders Clinic - Brake Shop - Dual Diagnosis: Behaviour and Anxiety Clinic - Interdisciplinary Autism Services (IAS) - Residential/Intensive Services 	<ul style="list-style-type: none"> - Community – Based Services - Intensive Services

Sample Combination of Major and Minor Rotation Schedules:

Track	2nd Six Months		
	1st Six Months Major – 4 days/week	Major – 3 days/week	Minor – 1 day/week
Child / Adolescent	Residential/Intensive Services; Mood Disorders Clinic (2 days each service) (CPRI)	Child and Adolescent Mental Health Care Outpatient Services (LHSC)	Assessment and Treatment with a University Student Population (Western University)

ADULT MENTAL HEALTH TRACK

COORDINATOR: Dr. Bonnie Purcell

NMS Code Number: 181514

Three (3) Resident Positions are available

Number of applications in 2020: 65

The Adult Mental Health Track is designed to prepare residents for eventual autonomous practice in clinical psychology, through broad-based and intensive exposure to adult mental health. Several rotations serve a broad range of inpatient and outpatient populations and allow residents to focus on specific patient groups or on specific assessment or therapeutic modalities.

Residents create an individualized, broad-based training program by selecting relevant experiences within Major Rotations. To allow for an adequate breadth of training, clinical experiences within the rotations should include at least one experience focusing on assessment and consultation while another should focus on intervention. Intervention experiences should include individual and group psychotherapies, as well as inpatient and outpatient experiences. Exposure to research as a guiding principle, as well as a systematic method for evaluating clinical outcomes and programs, is emphasized. Using a professional developmental approach of clinical and scientific inquiry, residents apply skills in prior and current training to assess and treat patients according to best practices and sound clinical judgment.

Within each rotation, supervisors will provide opportunities for individualized training experiences that meet the specific needs of the resident. Supervisors assure well-rounded experience by assigning cases to residents that reflect patient diversity in terms of ethnicity, socio-economic status, age, and other individual differences, as much as possible.

Competence in assessment and intervention skills is emphasized, integrating theoretical, ethical, research, and professional perspectives. While psychologists provide the bulk of supervision, residents are encouraged to work with other professionals as well, including Psychiatrists, Social Workers, Nurses, Occupational Therapists, and Therapeutic Recreation Specialists. Supervision styles vary across supervisors. Several supervisors emphasize training in specific skills (e.g., empirically-supported treatments) while other supervisors emphasize the development of strong interpersonal and therapeutic process skills.

In addition to the core minimum requirements on pages 25-26 it is recommended that competitive applicants also have the following credentials by the time of application:

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

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

Major Rotations available:

London Health Sciences Centre: Victoria Hospital

St. Joseph's Health Care London: Parkwood Institute

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

London Health Sciences Centre: Victoria Hospital

Adult mental health at LHSC's Victoria Hospital provides a range of acute care mental health services for adult inpatients and outpatients in London. Along with 108 inpatient beds for acute crisis stabilization and treatment for adults 18 years of age and older, adult mental health at Victoria Hospital also provides general ambulatory mental health services as well as some specialized adult services. Residents working in this rotation will be able to select from a variety of potential experiences and work in one or two of the following programs.

Cognitive-Behavioural Therapy (CBT)

The cognitive-behavioural therapy team at LHSC Victoria Hospital provides CBT to adults who have a primary diagnosis of depression and/or anxiety. Personality factors and comorbid mental or physical health concerns may also be present. Within this interdisciplinary team residents will be responsible for providing comprehensive individual therapy to adult clients. Skills in CBT case formulation and treatment planning will be emphasized. Observation and/or direct involvement in a skills-based cognitive therapy group is a possibility, as is some accommodation of resident preference with respect to factors such as client diagnostic status, level of comorbidity, and presenting problems.

Supervisor: Dr. Brendan Guyitt

Dialectical Behaviour Therapy (DBT)

Within the General Adult Ambulatory Mental Health Service (GAAMHS) at LHSC Victoria Hospital, the Dialectical Behaviour Therapy (DBT) outpatient program serves adults (between the ages of 18 and 65) with multi-disordered mental health conditions who have impaired function in multiple life domains. The program offers specialized training in the delivery of Dialectical Behaviour Therapy. The standard DBT modes of therapy offered in the program includes individual therapy, group skills training, and therapist consultation. DBT patients usually have several comorbid diagnoses such as mood disorder, posttraumatic stress disorder, panic disorder, generalized anxiety disorder, somatic disorder, and personality disorder, as well as significant difficulties with affect management and interpersonal regulation. DBT interventions include mindfulness, emotion regulation, interpersonal effectiveness, and distress tolerance. These interventions are implemented in 25-week skills training groups and individual therapy. In this rotation, residents predominantly gain experience in delivering DBT individual and group skills training. Cultivating skills in diagnostic assessment, suicide risk assessments, DBT-based case formulation, and the provision of feedback to clients will also be encouraged. Residents will also be expected to participate in a weekly interdisciplinary DBT consultation team meeting. The DBT consultation treatment team currently includes psychology, occupational therapy, and social work. The minimum time commitment for residents in the DBT program is three days per week. Previous training or experience working with personality disorders, trauma-related conditions, or other complex mental illness, or experience working within a DBT framework, is considered beneficial, but not required.

Supervisor: Dr. Danielle Bedard

Geriatric Mental Health Program (GMHP)

The GMHP consists of an interprofessional team designed to provide outpatient geriatric psychiatry consultation, assessment and treatment to seniors, 65 years of age and older, and their families living in the London-Middlesex region. Our mandate includes providing 1) quality clinical care that recognizes the unique psychiatric and medical needs of older adults, 2) education for physicians and professionals training to care for the elderly, and 3) collaboration with community agencies and partners in specialized geriatric services. Both clinic and home visits in the community and in long-term care settings are provided in this service for senior individuals who experience mental disorders of late life, including dementia and related disorders, mood disorders, addictions, and psychotic disorders. Residents will work closely with a team consisting of Nurses, Psychiatrists, Social Workers, Occupational Therapists, and Therapeutic Recreation Specialists. The Psychologist provides psychosocial and diagnostic assessment, further cognitive/personality assessment, and psychotherapy (primarily cognitive-behavioural therapy) within the program. A cognitive-behavioural therapy group for depression is often offered yearly, which the resident may co-lead, if interested.

Psychology consultations are also provided as part of the Behavioural Response Team (BRT), which is a newer facet within GMHP, that provides consultations and short-term follow-up addressing urgent referrals for responsive behaviours related to mental health or addictions (although primarily dementia) in the community and long-term care. Teaching opportunities are also available to provide in-services to long-term care homes on topics such as addictions, senior mental health, and personality disorders. Residents may participate in assessment, psychotherapy (individual or group-based), consultations, and teaching during their rotation in this program.

Supervisor: Dr. Bonnie Purcell

St. Joseph's Health Care London: Parkwood Institute

Operational Stress Injury (OSI) Clinic

Adult Mental Health residents working at Parkwood Institute have the opportunity to work in the Operational Stress Injury (OSI) Clinic for Canadian Armed Forces and RCMP personnel and veterans. Opened in 2004, the St. Joseph's OSI Clinic is part of a national network of OSI clinics funded by Veterans Affairs Canada. These clinics are focused on assisting patients who suffer from a number of mental health conditions that can result from military or policing service. In addition, the network of OSI clinics is developing standards of OSI treatment through education and research. Psychology provides assessment and treatment, and common clinical issues include Posttraumatic Stress Disorder, Mood and Anxiety Disorders, relational difficulties, substance and alcohol misuse, and chronic pain resulting from, or aggravated by, military service. Educational programs as well as individual, couples, group, and family counseling are also provided at the Clinic.

Residents will work as part of an interdisciplinary team of health professionals that includes Psychiatrists, Nurse Practitioners, Nurses, and Clinical Social Workers who work together to develop treatment plans tailored to the individual needs of each client. Residents complete assessments for treatment planning, as well as for Veterans Affairs Canada Pension and Rehabilitation Program eligibility purposes, typically involving clinical interviews, structured diagnostic interviews (i.e., the SCID-IV, DART and the CAPS), cognitive screening and personality assessments, and include integration of self-report questionnaires. Intervention training experiences can be tailored to the interests of the resident. All residents are expected to conduct individual psychotherapy. Opportunities to cofacilitate a psychoeducation or treatment group (e.g., a Cognitive Behavioural Therapy for Depression group) are sometimes available. All residents are also expected to engage in consultation and collaboration with referral sources from the assessment through the treatment trajectory.

Supervisors: Dr. Rod Balsom
 Dr. Tracy Desjardins
 Dr. Nicole Elliott
 Dr. Tevya Hunter
 Dr. Steve Orenczuk

Assessment, Consultation and Education (ACE) Service

The ACE service focuses on providing psychological assessment for inpatients and outpatients in the context of a highly interdisciplinary team environment at Parkwood Institute – Mental Health. Patients presenting with severe and persistent mental illness can benefit from diagnostic, cognitive, and personality assessments resulting in strong case conceptualizations/formulations that are therapeutic and can inform treatment recommendations for the patient and their care team. Consultation to patients and their teams, along with education services offered to staff within mental health, can open up opportunities to aid in treatment and recovery. The resident will complete assessments, have opportunities to engage in consultation with patients and mental health care teams, and offer education to service providers as requested. Intervention opportunities may also be available on a limited basis. The resident will work closely with psychometrists in the service and may be able to supervise both students and psychometrists while in the rotation. Keeping up with new software platforms and test administrations in this ever-changing climate of assessments and technology is an exciting addition to this rotation.

Supervisor: Dr. Stephanie Dubois
Psychometrists: Julia Mackinley and Amanda Stirling

Adult Ambulatory Services

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

Supervisors: Dr. Farida Spencer
Dr. Jeremy Harrison

Concurrent Disorders Services

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

Supervisor: Dr. David LeMarquand

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

The Southwest Centre for Forensic Mental Health Care, located in St. Thomas, provides specialist inpatient and outpatient services to individuals who are in the forensic mental health system. Residents may have the opportunity to provide psychological assessment, diagnostic, consultation, and intervention services for individuals with mental illness while working with interprofessional teams in a unique clinical care setting.

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

Supervisor: Dr. Laura Fazakas-DeHoog

TRACK	Adult Mental Health (see p. 46)		
ORGANIZATION	London Health Sciences Centre	St. Joseph's Health Care London	
SITES	Victoria Hospital (see p. 47)	Parkwood Institute (see p. 49)	Southwest Centre for Forensic Mental Health Care (see p. 51)
MAJOR ROTATION/ SERVICE *See list of Minor Rotation options (p. 73-80)	<ul style="list-style-type: none"> - Cognitive- Behavioural Therapy (CBT) - Dialectical Behaviour Therapy (DBT) - Geriatric Mental Health Program (GMHP) 	<ul style="list-style-type: none"> - Operational Stress Injury (OSI) Clinic - Assessment, Consultation and Education (ACE) Service - Adult Ambulatory Services - Concurrent Disorders Services 	<ul style="list-style-type: none"> - Forensic Program

Sample Combinations of Major and Minor Rotation Schedules:

Track	1st Six Months		2nd Six Months	
	Major – 4 days/week		Major – 3 days/week	Minor – 1 day/week
Adult Mental Health	Assessment, Consultation and Education (ACE) Service (SJHC) - (4 days)		Dialectical Behavioural Therapy (DBT) (LHSC) - (3 days)	Child and Adolescent Assessment (CPRI) - (1 day)
Adult Mental Health	Geriatric Mental Health Program (GMHP) (LHSC) - (2 days)	Cognitive Behavioural Therapy (LHSC) - (2 days)	Southwest Centre for Forensic Mental Health (SJHC) - (3 days)	Cardiac Rehabilitation and Secondary Prevention Program: Research (SJHC) - (1 day)

HEALTH/REHABILITATION TRACK

COORDINATOR: Dr. Sarah Vernon-Scott

NMS Code Number: 181515

Two (2) Resident Positions are available

Number of applications in 2020: 6

The Health/Rehabilitation Track is designed to provide residents with broad-based clinical training combined with specialization in the integration of the knowledge and techniques of health, behavioural, and biomedical sciences. The Track also allows interested residents the opportunity to receive training across the lifespan.

The primary goals of the Health/Rehabilitation Track are twofold:

- To provide an understanding of the relationship among psychosocial issues, health, physical illness, and disability, and;
- To apply clinical and research skills and knowledge to the prevention, diagnosis, treatment, and rehabilitation of a wide variety of medical disorders and conditions.

Supervisors and clinical services are available in a number of rotations with different medical populations and presentations. There are opportunities to work with inpatients and outpatients, both in individual and group formats, and with a variety of assessment and intervention approaches.

To be considered for the Health/Rehabilitation Track, in addition to the core minimum requirements on pages 25-26, it is recommended that competitive applicants also have the following credentials by the time of application:

- At least 200 hours of assessment, intervention, consultation, and/or supervision experience involving health, physical illness, and disability
 - Applicants must explicitly identify the sources/sites, associated hours, and total of these hours in the application cover letter;
 - In general, it is expected that these hours were primarily clinical in nature (as opposed to, for example, dissertation research).
- For those seeking a lifespan approach to their training, practicum experience with a range of age groups (children, adults, and older adults) is an asset.
- For those wishing to complete a Major Rotation at Children's Hospital, Paediatric Health Psychology, resident applicants **must** have both of the following credentials:
 - 1) Coursework at the graduate and/or undergraduate level in child or lifespan development (or both) and in child psychopathology, assessment, and intervention;
 - 2) A minimum of 75 face-to-face hours of child and/or adolescent therapeutic experience.

*Note: The 75 face-to-face hours of child and/or adolescent therapeutic experience MAY be part of the 200 hours of experience involving health, physical illness, and disability described above (i.e., does not have to be in addition to), **if** they were also completed in those areas. Again, these specific experiences should be described in the application cover letter.*

Major Rotations available:

London Health Sciences Centre: Children's Hospital
London Health Sciences Centre: University Hospital
St. Joseph's Health Care London: Parkwood Institute
St. Joseph's Health Care London: St. Joseph's Hospital

London Health Sciences Centre: Children's Hospital

Psychologists in the Paediatric Health Psychology service of the Children's Hospital provide inpatient and outpatient services to children and families coping with acute and chronic medical conditions through a number of health focused clinics and interprofessional teams. Issues commonly addressed include coping with illness, medical compliance, and school adjustment.

Paediatric Health Psychology offers the following training experiences:

Inpatient:

Residents will become experienced in consultation-liaison and treatment services offered to a wide variety of inpatient medical services at the Children's Hospital (e.g., critical care, oncology, neurology, acquired brain injury, gastroenterology, and respiratory). Services are provided for both children and their families for a number of different presenting problems such as treatment compliance, coping with prolonged hospitalization, and palliative care. Cognitive, emotional, and behavioural strategies are employed to assist in managing distressing physical (e.g., acute or chronic pain) and psychological (e.g., depression, anxiety, somatization) symptoms. The resident will attend relevant rounds (e.g., Oncology, Critical Care, General Medicine) and consult with medical team members.

Outpatient:

Work with outpatients will include assessment, therapy, as well as consultation within the hospital and occasionally with schools. Some flexibility in the amount and scope of outpatient work is possible. There are a number of opportunities for outpatient work on this rotation including the following:

Residents may work with patients originally seen in the hospital (e.g., cancer patients in late effects clinic, school reintegration program for cancer patients) or with their family members (e.g., sibling bereavement group therapy).

Residents may work with outpatient children, adolescents, and their families who have either a medical problem that affects their psychological adjustment, or psychological problems that affect their health or adjustment to a medical condition. Issues may include management of recurrent or chronic pain such as headaches or abdominal pain, anxiety and/or depression contributing, or related to, living with a medical condition, adjustment to a diagnosis, or adherence to treatment regimes.

Supervisors: Dr. Danielle Cataudella
Dr. Jennifer Crotonino
Dr. Abirami Kandasamy
Ms. Ann Klinck
Dr. Cathy Maan

London Health Sciences Centre: Victoria Hospital

Behavioural Medicine Service

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

Supervisor: Dr. Heather Getty

London Health Sciences Centre: University Hospital

Epilepsy

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

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

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

Supervisor: Dr. Sarah Vernon-Scott

Consultation-Liaison Psychiatry

The resident may also work with the Consultation-Liaison Psychiatry Service at University Hospital. This service is an interprofessional team (psychiatry, psychology, and mental health nursing) that provides mental health services to the inpatient medical-surgical units of the hospital. Patients referred to this service often have complex medical and psychiatric symptom presentations. Common reasons for referrals include adjustment to illness and recovery from complex surgery (e.g. transplantation), depression, anxiety, delirium and suicidality. This rotation provides opportunities for the resident to further develop skills in the areas of assessment and diagnosis, treatment, and interprofessional consultation. Treatment provided is typically cognitive behavioural in orientation.

Supervisor: Dr. Sandra Ulch

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

At the St. Joseph's Hospital site of St. Joseph's Health Care London, Psychological Services are provided through the Comprehensive Pain Program and the Cardiac Rehabilitation and Secondary Prevention Program.

Pain Management Program

The Pain Management Program offers interprofessional services for outpatients diagnosed with a range of persisting pain conditions, including musculoskeletal and neuropathic pain. Psychological services include education sessions, consultation, assessment, group treatment and follow-up/relapse prevention sessions, and, to a more limited degree, individual treatment. Treatment services are based on cognitive behavioural and acceptance-based approaches, and include interprofessional chronic pain management groups, depression treatment groups, and ACT groups. Residents work collaboratively with physicians, Nurses, Occupational Therapists, Physiotherapists, Social Workers, and Pharmacists. Residents have the opportunity to participate in rounds, observe interprofessional treatment interventions, and facilitate access to community services. There may also be opportunities to be involved in program development and evaluation, or clinical research projects.

Supervisors: Dr. Marilyn Hill

Cardiac Rehabilitation and Secondary Prevention (CRSP) Program

Philosophy. This rotation includes both clinical and research/evaluation components, in keeping with the spirit of the scientist-practitioner model, structure of the CRSP Program, and career activities of psychologists in cardiac rehabilitation. While the balance of clinical and research activities will be adapted to coordinate with individual residents' goals and overall training requirements, some portion of both will occur over the rotation.

Program and population. Psychological services are integrated into the CRSP Program. Adult and senior patients have cardiovascular conditions such as coronary artery disease resulting in heart attack, cardiomyopathy, heart failure, congenital heart problems, valve dysfunction, or dysrhythmias; and may have undergone angioplasty/stenting, heart surgery, pacemaker/cardioverter-defibrillator implantation, or transplant. Patients may present with a range of mental health issues or need psychosocial and behavioural risk factor modification for chronic cardiovascular disease.

Resident experiences. Clinical work currently emphasizes formal interview-based assessment, ongoing case formulation and interventions with individuals, drawing upon behavioural, cognitive-behavioural and psychodynamic approaches. Subject to availability, other opportunities might involve group interventions or different chronic disease populations. Residents interact with the interdisciplinary team, including Cardiologists, a quality assurance specialist, Dietitians, Kinesiologists and Nurses; and use an advanced web-based clinical management system, *Cardiologica*, developed at the CRSP Program. Residents are encouraged to become familiar with the continuum of cardiac care through viewing (subject to availability) medical and surgical diagnostic testing and interventions, including exercise stress testing, angioplasty, and heart surgery. The CRSP Program includes an active research arm and maintains a comprehensive clinical database with >16,000 records. With an aspirational goal of producing an abstract for conference submission or a manuscript, residents will be expected to undertake one of: database mining, quality assurance or evaluation, joining an ongoing project (which typically do not require separate ethics approval); or subject to feasibility, initiating a project.

Supervisor: Dr. Peter Prior

London Clinical Psychology Residency Consortium 2022-2023

TRACK	Health/Rehabilitation (see p. 53)			
ORGANIZATION	London Health Sciences Centre			St. Joseph's Health Care London
SITES	Children's Hospital (see p. 54)	Victoria Hospital (see p. 55)	University Hospital (see p. 55)	St. Joseph's Hospital (see p. 57)
MAJOR ROTATION/SERVICE *See list of Minor Rotation options (p. 73-80)	- Paediatric Health Psychology • Inpatient • Outpatient	- General Behavioural Medicine Service	- Consultation-Liaison Psychiatry Service - Epilepsy	- Comprehensive Pain Program - Cardiac Rehabilitation and Secondary Prevention Program

Sample Combinations of Major and Minor Rotation Schedules:

Track	1st Six Months		2nd Six Months	
	Major – 4 days/week		Major – 3 days/week	Minor – 1 day/week
Health/Rehabilitation	Behavioural Medicine (4 days) (LHSC)		Cardiac Rehabilitation & Secondary Prevention (SJHC)	Child/Adolescent Mood and Anxiety Disorders (LHSC)

NEUROPSYCHOLOGY TRACK

COORDINATORS: Dr. Andrea Downie & Dr. Susan Hayman-Abello

Two (2) Resident Positions are available.

NMS Code Number: 181516

1 position with an Adult emphasis, which provides training for residents primarily interested in pursuing a career as an Adult Clinical Neuropsychologist, and

NMS Code Number: 181518

1 position with a Paediatric emphasis, which provides training for residents primarily interested in pursuing a career as a Paediatric Clinical Neuropsychologist, who may also be interested in developing competency with adults.

Number of applications in 2020: 27

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

- Experiences to advance their theoretical knowledge in neuropsychology and general clinical psychology, and;
- Training in assessment, diagnosis, and consultation with respect to neuropsychological and psychological disorders.

The general structure of the Neuropsychology Track includes the following experiences:

- A seminar series required of residents in all Tracks,
- Neuropsychology Rounds, as well as additional medical/hospital rounds,
- Two Major Rotations within the Neuropsychology Track, and,
- One Minor Rotation outside of the Neuropsychology Track

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

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

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

Residents in the ***Neuropsychology Track, Adult Emphasis*** position complete their two Major Rotations in settings that emphasize provision of neuropsychological services to adult populations. Specifically, the resident participates in the two following Major Rotations:

- LHSC: Victoria Hospital – Neuropsychology Consultation Liaison Service
- LHSC: University Hospital – Clinical Neurological Sciences

Residents in the ***Neuropsychology Track, Paediatric Emphasis*** position complete their two Major Rotations in settings that emphasize neuropsychological assessment and consultation; one Major Rotation will involve working with children and the other with adults. Specifically, the resident participates in two of the following Major Rotations:

- LHSC: Children’s Hospital, Neuropsychology (required)
- And one of:
 - LHSC: Victoria Hospital – Neuropsychology Consultation Liaison Service
 - LHSC: University Hospital – Clinical Neurological Sciences

Due to CPA requirements of training in more than one institution over the year, Neuropsychology Track residents must choose a Minor rotation outside of London Health Sciences Centre (i.e., at St. Joseph’s Health Care London, CPI, Vanier Children’s Wellness, or Mental Health Care, Health and Wellness at Western University).

Seminars, Rounds, and Other Training Experiences

Residents in the Neuropsychology Track participate in Neuropsychology Rounds approximately once a month on Wednesday mornings. These meetings encourage and provide the opportunity for discussion of the relevant neuropsychological literature pertaining to assessment issues and particular disorders within the context of case presentations or specific journal articles. Each resident can expect to present once at Neuropsychology Rounds during the course of the year. Attendance at these rounds is required of all residents in the Neuropsychology Track.

Residents in the Neuropsychology Track are expected to develop expertise in working with other health care professionals as independent consultants. Medical teaching rounds are conducted on an ongoing basis by various departments. Attendance at some teaching rounds/team meetings is required for virtually all of the Neuropsychology Major Rotations and varies depending on the specific rotation (e.g., Epilepsy Teaching Rounds are required of residents on the Adult Epilepsy Service in the LHSC: University Hospital Major Rotation). Examples of the numerous teaching rounds occurring on a regular basis include CNS Grand Rounds; SJHC Physical Medicine and Rehabilitation Grand Rounds; Lawson Health Research Institute’s Aging, Rehabilitation, and Geriatric Care Learning Luncheons; Movement Disorders Rounds; Neuroradiology Rounds; Paediatric Neurology Case Rounds; Paediatric Acquired Brain Injury Rounds; Epilepsy Teaching Rounds and Team Meetings; London Regional Cancer Program CNS Disease Site Team Rounds.

Special Requirements for Applicants for the Neuropsychology Track

Because of the specialized nature of the Neuropsychology Track positions, academic preparation and practicum experience within the area of neuropsychology are necessary. We strongly prefer that resident applicants meet the guidelines put forth at the Houston Conference on Specialty Education and Training in Clinical Neuropsychology. Specific requirements for applicants to this track are listed below.

PLEASE NOTE FOR APPLICANTS IN 2021: *As stated above, there are standard requirements and credentials for the Neuropsychology Track at LCPRC, which are set in order to ensure a successful training experience. In previous years, many applicants well exceed these criteria. Due to the unusual circumstances associated with the COVID-19 pandemic, we recognize that some applicants may have had interruptions in or modifications to their planned practicum training opportunities beginning in March 2020. If pandemic circumstances negatively affected your ability to meet your pre-residency training trajectory, please explain in detail in your cover letter and have your Director of Clinical Training verify the disruption, as well as any modifications, et cetera. We will take this information into consideration in reviewing your application. However, we must ensure that the residents with whom we match have enough clinical and neuropsychological experience and background at entry to benefit from and succeed in meeting the residency competencies and outcome expectations by the end of the residency year in order to continue to the next steps of professional registration. **Therefore, preference will be given to applicants whose backgrounds best match the standard requirements listed below.***

*In addition to the core minimum requirements on pages 25-26, applicants for positions in the **Neuropsychology Track: Adult Emphasis** must have the following credentials at the time of application:*

- 600 hours of formal neuropsychological practicum experience (with a minimum of 200 hours (300 hours preferred) spent in face-to-face neuropsychological activities) with adults;
- At least 8 comprehensive adult neuropsychological assessment reports completed in neuropsychology practica;
- Demonstrated proficiency in English as evidenced by writing reports or research articles, or pertinent coursework, and;
- Completion of a graduate-level course (or other equivalent documented formal didactic training) in neuropsychological theory or neuropsychological assessment.

*To be considered for the **Neuropsychology Track: Paediatric Emphasis** position, in addition to the core minimum requirements on pages 25-26 applicants must have the following credentials at the time of application:*

- 600 hours of formal neuropsychological practicum experiences (with a minimum of 200 hours [300 hours preferred] spent in face-to-face neuropsychological activities; at least 100 of these hours must involve contact with children, and 100 of these hours must involve contact with adult patients);
- At least 8 comprehensive neuropsychological assessment reports involving paediatric patients, plus at least 8 comprehensive neuropsychological assessment reports involving adult patients, completed in neuropsychology practica, and;
- Demonstrated proficiency in English as evidenced by writing reports or research articles, or pertinent coursework, and;
- Completion of graduate-level courses (or other documented formal didactic training) in (1) neuropsychological theory or neuropsychological assessment and (2) either child development (e.g., developmental psychology, paediatric psychology) or child neuropsychology.

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

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

Major Rotations available:

London Health Sciences Centre: Victoria Hospital – Neuropsychology Consultation Liaison Service
London Health Sciences Centre: University Hospital – Clinical Neurological Sciences
London Health Sciences Centre: Children’s Hospital, Neuropsychology

London Health Sciences Centre: Victoria Hospital - Neuropsychology Consultation Liaison Service

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

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

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

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

Supervisor: Dr. Lynn Rennison

London Health Sciences Centre: University Hospital - Clinical Neurological Sciences

To promote breadth of experience, residents who choose this rotation in the first six months (4 days per week) typically spend time on two available services, namely the Adult Neurology/Neurosurgery service and the Adult Epilepsy service. In the second six months (3 days per week) residents may choose to spend time on both services, or may concentrate their time on one of the two services. The Track Coordinator and rotation supervisors create a personalized training program for each resident based on the resident's particular background and interests, as well as supervisors' availability.

The **Adult Neurology/Neurosurgery** Service provides consultation to numerous neurologists and neurosurgeons in the Department of Clinical Neurological Sciences at University Hospital. Experiences within this primarily outpatient service will provide residents with exposure to a wide variety of adult age ranges and a wide variety of syndromes with unique behavioural disturbances. For example, patient populations include cerebrovascular disease (e.g., stroke, aneurysms), cortical and subcortical dementia (e.g., Alzheimer's disease, Parkinson's disease, Huntington's disease), multiple sclerosis, tumours, hydrocephalus, concussion (post-concussion syndrome), and patients seen for pre-operative assessments prior to deep brain stimulation surgery.

The major focus will be on neuropsychological assessment with the goal of diagnosis and/or description and documentation of neuropsychological functioning. More specifically, residents will acquire skills in interviewing, test administration, scoring, interpretation, report writing, and communication of results and recommendations to referring physicians, health professionals, and patients and their families. Opportunities are available to work with a psychometrist in the latter part of the rotation and opportunities to supervise a practicum student are also occasionally available.

Supervisors: Dr. Gloria Grace
 Dr. Michael Harnadek
 Dr. Ashley Miles

The **Adult Epilepsy** Service provides residents with experience in the neuropsychological assessment of adult and adolescent patients with intractable epilepsy. Most patients are surgical candidates or have had surgical treatment. Patients are seen on an outpatient basis or as inpatients admitted for continuous video EEG monitoring on the 11-bed epilepsy inpatient unit. The goals of a pre-surgical neuropsychological assessment typically include the identification of potential areas of cerebral dysfunction, assessment of hemispheric dominance for language, and communication to the team and the patient the results of the neuropsychological assessment including potential cognitive risks of a proposed resection. Post-surgical/follow-up issues are also addressed where relevant. Assessments include reviewing relevant medical information (including findings from neurological, EEG, and neuroimaging investigations), interviewing, neuropsychological testing, integration and interpretation of the findings, report preparation, communication of the results to the treatment team, and the provision of feedback to patients and families. In addition, the resident may gain experience in specialized test procedures and investigations, such as the etomidate Speech And Memory (eSAM) test, and/or have the opportunity to observe neurosurgical procedures and cortical mapping, as available. On this service, the resident will benefit from working on an interprofessional team (including neurology, neurosurgery, EEG, clinical psychology, social work and nursing) as well as have the opportunity to attend Epilepsy Teaching Rounds. Later in the rotation, opportunities will be provided to work with a psychometrist, if appropriate.

Supervisors: Dr. Brent Hayman-Abello
 Dr. Susan Hayman-Abello
 Dr. Ashley Miles

London Health Sciences Centre: Children's Hospital, Neuropsychology

The aim of this Major Rotation is to provide training for residents primarily interested in pursuing a career as a Paediatric Clinical Neuropsychologist. The resident may have opportunities to work with patients referred from several service areas at the LHSC: Children's Hospital.

The **Paediatric Acquired Brain Injury** service provides neuropsychological assessment and consultation predominantly to outpatients as well as inpatients with acquired injuries to the brain such as traumatic brain injury, stroke, anoxic injuries, and encephalitis. Children may be seen in the acute stage following injury, early in their recovery, or in longer term follow-up.

Supervisor: Dr. Sabrina Freund

Neuropsychology on the **Paediatric Oncology** service provides neuropsychological assessment and consultation to children treated within paediatric oncology (e.g., acute lymphoblastic leukemia, brain tumours). In addition to assessing children undergoing treatment for childhood cancer, long-term follow-up of children who have survived cancer is also a major focus of this service.

Supervisor: Dr. Andrea Downie

On the **Paediatric General Consultation** service, the resident will have opportunities to work with children with known or suspected central nervous system dysfunction referred from the Children's Hospital Neurologists, Neurosurgeons, or Geneticists. Diagnoses include epilepsy, hydrocephalus, congenital anomalies of the brain, and genetic or metabolic disorders.

Supervisors: Dr. Andrea Downie
Dr. Sabrina Freund

The resident will participate in similar activities across these service areas. The neuropsychological assessment focuses on the relationship between brain functioning and behaviour. Using a wide variety of psychometric tests, residents will gain experience assessing a number of cognitive, motor and academic functions, as well as behavioural and socio-emotional domains. The resident will be involved in interviewing children and family members; reviewing pertinent medical, educational, and rehabilitation information; and administering neuropsychological tests to the child. The resident will gain experience in case conceptualization as well as in identifying developmentally appropriate and concrete recommendations and interventions with an emphasis on the guidance of clinical practice through scientific research. The resident will prepare neuropsychological assessment reports and provide feedback to children and their families. Opportunities may also be available to provide consultation to interprofessional hospital teams, rehabilitation workers in the community, and school staff.

TRACK	Neuropsychology- Adult Emphasis (see p. 59)	
ORGANIZATION	London Health Sciences Centre	
SITES	University Hospital (see p. 63)	Victoria Hospital (see p. 62)
MAJOR ROTATION/ SERVICE *See list of Minor Rotation options (p. 73-80)	- Adult Neurology / Neurosurgery - Adult Epilepsy	- Neuropsychology Consultation Liaison Service

Sample Combinations of Major and Minor Rotation Schedules

Track	1st Six Months	2nd Six Months	
	Major – 4 days/week	Major – 3 days/week	Minor – 1 day/week
Neuropsychology: Adult Emphasis	Adult Neurology/ Neurosurgery; Adult Epilepsy (2 days each service) (LHSC)	Neuropsychology Consultation Liaison Service (LHSC)	Concurrent Disorders Service (SJHC)

TRACK	Neuropsychology- Paediatric Emphasis (see p. 59)		
ORGANIZATION	London Health Sciences Centre		
SITES	Children’s Hospital (see p. 64)	University Hospital (see p. 63)	Victoria Hospital (see p. 62)
MAJOR ROTATION/ SERVICE *See list of Minor Rotation options (p. 73-80) Note: Children’s Hospital, Neuropsychology rotation is 4 days a week for the first six months	Neuropsychology *REQUIRED ROTATION* - Paediatric Acquired Brain Injury - Paediatric Oncology - Paediatric General Consultation	Adult Neurology / Neurosurgery Adult Epilepsy Neuropsychology Consultation Liaison Service	Neuropsychology Consultation Liaison Service

Sample Combinations of Major and Minor Rotation Schedules:

Track	1st Six Months	2nd Six Months	
	Major – 4 days/week	Major – 3 days/week	Minor – 1 day/week
Neuropsychology: Paediatric Emphasis	Pediatric Oncology/ Pediatric General Consultation (2 days each service) (LHSC)	Adult Neurology / Neurosurgery (LHSC)	Child and Adolescent Assessment (CPRI)

COUNSELLING TRACK

COORDINATOR: *Dr. Terry McQuaid*

NMS Code Number: 181517

Two (2) Resident Positions are available

Number of applications in 2020: 13

The Counselling Track is designed to prepare residents for practice in clinical and/or counselling psychology. This track is offered at one site: Mental Health Care, Health and Wellness at Western University. Therefore, the client population is outpatient, primarily self-referred, undergraduate, graduate, part-time, mature and international students attending Western University. The typical age range is 17-22, although it is not unusual to see clients in their late 20s, 30s, and middle age. This track will assist residents in furthering the competencies associated with clinical and counselling psychology including knowledge of adjustment and lifespan development (with an emphasis on late adolescent and young adult development), knowledge of psychopathology, clinical interviewing, and interventions of varying durations (single sessions to longer-term). Training includes opportunities to work with clients with a range of problems including affect regulation difficulties, adjustment issues, grief and loss, self-esteem, eating problems, and body image concerns. Large numbers of clients meet diagnostic criteria for mood and anxiety disorders, and smaller portions of the population experience serious mental health concerns such as first episode psychosis. Therefore, skills in formulating and communicating a differential diagnosis for the purposes of developing an intervention or referring clients as needed may also be a focus of attention. It should be noted that comprehensive psychodiagnostic and psychoeducational assessments are not conducted in this setting.

The resident experience will reflect the activities undertaken by all psychologists in the setting. These activities (crisis work, intakes, single session, and shorter- and longer-term therapy) are divided into rotations that emphasize those experiences. There are three rotations, and residents usually complete all three, with an opportunity to work with different supervisors on site. There is one rotation focused on crisis intervention, and two on intervention; one highlighting integrative and CBT approaches, and another highlighting advanced and third wave interventions. Both individual and group psychotherapy are required for intervention rotations. *These rotations also include completing intakes to build up a therapy caseload.* As part of the intervention rotations, residents also provide psychoeducational workshops to the broader student population.

Each rotation is intended to be supervised by a different psychologist, providing exposure to a variety of styles and approaches. Supervisors within rotations will furnish opportunities for residents to focus on their areas of interest (e.g., grief, eating problems), and will assign cases to reflect the diversity of the student population (e.g., ethnicity, sexual orientation). Residents are given the opportunity to supervise at least one practicum student when possible. Residents may also be involved in the training of practicum students via the delivery of lectures or workshops on selected topics of interest.

To be considered for the Counselling Track, in addition to the core minimum requirements on pages 25-26, applicants must also have the following credentials by the time of application:

- A minimum of 600 hours of direct client contact including assessment, intervention, consultation, and supervision practicum experience as assessed by summing direct (face-to-face, video/virtual, and telephone) intervention and assessment hours (doctoral and master's level) and supervision hours stated in the AAPI, and;
- Experience with a range of intervention modalities.

Major Rotations:

Crisis and Urgent Intervention
Integrative/CBT Interventions
Third Wave/Advanced Rotation

Crisis and Urgent Intervention

Mental Health Care, Health and Wellness is committed to the provision of walk in/urgent and crisis appointments, both for self-referred clients and those referred by concerned members of the university community. Clients self-refer for crisis appointments for a wide variety of reasons including but not limited to loss of a relationship, family crisis, academic failure, sexual assault, and suicidal ideation. Clients are also referred by other sources when there is concern about their affect regulation, self-care, or their impact on others. Intensified risk assessments may be required. Residents will follow crisis clients over the short-term, until such time as the crisis is ameliorated. Residents will gain experience with creating safety plans for clients, liaising with the Campus Student Case Manager and community agencies as needed, understanding and dealing with confidentiality issues, and evaluating the impact of their interventions.

Residents in this stream will have an opportunity to encounter a diverse array of presenting problems and personality types, and will gain experience in case conceptualization. They will also make treatment recommendations and referrals as necessary.

Supervisors for this rotation can vary in their theoretical orientation, but all employ active strategies for managing client crisis, with an emphasis on ensuring the formation of a strong therapeutic alliance. This rotation is one day per week in the first six months, normally under the supervision of a psychologist who is not supervising an intervention rotation.

Supervisor: Dr. Terry McQuaid
Additional supervisor to be determined

Integrative / CBT Interventions

In this rotation, individual cognitive behavioural therapy is integrated with other approaches (e.g., mindfulness meditation, affect regulation, skills development) with the aim of responding flexibly to client concerns. Therapy is typically shorter-term but there are opportunities for longer-term therapy. Opportunities for developing and/or leading groups (e.g., Mindfulness Meditation, ACT for Procrastination, Anxiety and Stress, Managing Anxiety and Stress, DBT skills) will also be available. Residents are strongly encouraged to lead or co-lead at least one group during their residency.

Within this rotation, supervisors will provide opportunities for individualized training that meet the specific needs of the resident. Supervision styles vary across supervisors and may emphasize case conceptualization, training in specific skills (e.g., empirically-supported treatments) and the development of therapeutic process skills. Supervisors assure well-rounded experience by assigning cases that reflect client diversity in terms of ethnicity, sexual orientation, socio-economic status, and other individual differences.

Competence in intervention skill is emphasized, and various theoretical perspectives are integrated. Finally, this rotation includes the opportunity for residents to provide supervision to practicum students when possible.

Supervisor: Dr. Terry McQuaid
Additional supervisor to be determined

Third Wave / Advanced Rotation


This 3-day per week major rotation will build upon the CBT/Integrative rotation that the resident completes during the first six months of the Counselling Track. The aim of this rotation is to expand upon this training in a manner responsive to the resident's interests and experiences, ensuring both breadth and depth, while also taking into account their training needs and areas for further professional growth. Intervention and supervision both will be grounded in process-based and third-wave cognitive behavioural approaches (e.g., ACT). Training may focus on a combination of meaningful single session/crisis intervention; group development and leadership; provision of inservice education to staff and trainees; and supervision of junior trainees. Other opportunities may be available and will be agreed upon in discussion and planning between the resident and supervisor.

Supervisors: To be determined


TRACK	Counselling (see p. 67)		
ORGANIZATION and SITE	Western University Mental Health Care, Health and Wellness (see p. 67)		
MAJOR ROTATION/ SERVICE *See list of Minor Rotation options (p. 73-80)	Crisis and Urgent Intervention	Third Wave/Advanced Rotation	Integrative/CBT Interventions

Sample Combinations of Major and Minor Rotation Schedules:

Track	1st Six Months	2nd Six Months	
	Major – 4 days/week	Major – 3 days/week	Minor – 1 day/week
Counselling	Integrative/CBT Skills Rotation, Crisis and Urgent Intervention (Western’s Mental Health Care, Health and Wellness)	Third Wave/Advanced Rotation (Western’s Mental Health Care, Health and Wellness)	Community Children’s Mental Health (Vanier)



MINOR ROTATIONS



MINOR ROTATION DESCRIPTIONS

Adult Neurology/Neurosurgery Neuropsychology

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

London Health Sciences Centre: University Hospital

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

(Anti-requisite: Neuropsychology Track)

Assessment and Treatment with a University Student Population

Terry McQuaid, Psy.D., C. Psych., additional supervisor to be determined

Mental Health Care, Health and Wellness, Western University

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

(Anti-requisite: Counselling Track)

Cardiac Rehabilitation and Secondary Prevention Program: Research

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

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

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

(Anti-requisite: Health/Rehabilitation Track)

Child and Adolescent Assessment

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

Child and Parent Resource Institute (CPRI)

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

(Anti-requisite: Child/Adolescent Track)

Child/Adolescent Mood and Anxiety Disorders Program

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

London Health Sciences Centre: Children's Hospital

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

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

(Anti-requisite: Child/Adolescent Track)

Community Children's Mental Health

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

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

Vanier Children's Mental Wellness

Vanier is a community-based children's mental health centre which accepts referrals for children and youth with emotional and behavioural problems up to their 14th birthday. Vanier clients typically present with complex needs, usually including a combination of behavioural problems and mood or anxiety problems, cognitive processing concerns, and family issues (such as parental mental health problems, abuse, neglect, domestic violence, and separation and divorce). A variety of services are currently provided, including prevention/outreach, assessment, family and group therapy, day treatment, Intensive Family Services (IFS; in home), and out-of-home (group and foster) treatment. Services at Vanier focus on improving relationships, increasing regulation, and building resilience.

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

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

(Anti-requisite: Child/ Adolescent Track)

Concurrent Disorders Services

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

St. Joseph's Health Care London: Parkwood Institute

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

(Anti-requisite: Adult Mental Health Track)

Epilepsy

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

London Health Sciences Centre: University Hospital

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

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

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

Forensic Psychology

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

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

The Southwest Centre for Forensic Mental Health Care is a multilevel secure mental health facility that provides services to a diverse population of adult patients who are currently involved with the legal system. The forensic rotation has been designed to give residents experience with assessment, including comprehensive psychological assessment and assessment of current risk, as well as individual treatment with the goal of rehabilitation and community reintegration. On this rotation, residents will also have exposure to Ontario Review Board proceedings, consultation, treatment planning, and working on an interprofessional rehabilitation team.

(Anti-requisite: Adult Mental Health Track)

Geriatric Mental Health Program (GMHP)

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

London Health Sciences Centre: Victoria Hospital

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

(Anti-requisite: Adult Mental Health Track)

Mood and Anxiety Disorders: Cognitive-Behavioural Therapy

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

London Health Sciences Centre: Victoria Hospital

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

(Anti-requisite: Adult Mental Health Track)

Neuropsychology Consultation Liaison Service

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

London Health Sciences Centre: Victoria Hospital

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

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

(Anti-requisite: Neuropsychology Track)

Neuropsychology Adult Epilepsy Service

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

London Health Sciences Centre: University Hospital

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

(Anti-requisite: Neuropsychology Track)

Paediatric Neuropsychological Assessment

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

London Health Sciences Centre: Children's Hospital

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

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

(Anti-requisite: Neuropsychology Track)

Positive Psychology and Suicide Prevention Research Program

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

Western University, Victoria Hospital

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

(Anti-requisite: None)

Research – Child and Adolescent Mental Health Care Program

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

London Health Sciences Centre: Victoria Hospital

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

(Anti-requisite: Child/ Adolescent Track)

Trauma-Related Disorders Clinical Research Program

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

Western University, University Hospital

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

(Anti-requisite: None)

SUMMARY OF EACH TRACK'S POSSIBLE MAJOR ROTATIONS AND MINOR ROTATIONS

Child /Adolescent Track (181513)

<i>Possible Major Rotations</i>	<i>Possible Minor Rotations</i>
<ul style="list-style-type: none"> • London Health Sciences Centre: Paediatric Health Psychology • London Health Sciences Centre: Child and Adolescent Mental Health Care Program • Child and Parent Resource Institute (CPRI) • Vanier Children's Mental Wellness 	<ul style="list-style-type: none"> • Adult Neurology/Neurosurgery Neuropsychology • Assessment and Treatment with a University Student Population • Cardiac Rehabilitation and Secondary Prevention Program: Research • Concurrent Disorders Services • Epilepsy • Forensic Psychology • Geriatric Mental Health Program • Mood and Anxiety Disorders: Cognitive-Behavioural Therapy • Neuropsychology Consultation Liaison Service • Neuropsychology Adult Epilepsy Service • Paediatric Neuropsychological Assessment • Positive Psychology and Suicide Prevention Research Program • Trauma-Related Disorders Clinical Research Program

Adult Mental Health Track (181514)

<i>Possible Major Rotations</i>	<i>Possible Minor Rotations</i>
<ul style="list-style-type: none"> • London Health Sciences Centre: Victoria Hospital • St. Joseph's Health Care London: Parkwood Institute • St. Joseph's Health Care London: Southwest Centre for Forensic Mental Health Care 	<ul style="list-style-type: none"> • Adult Neurology/Neurosurgery Neuropsychology • Assessment and Treatment with a University Student Population • Cardiac Rehabilitation and Secondary Prevention Program: Research • Child and Adolescent Assessment • Child/Adolescent Mood and Anxiety Disorders Program • Community Children's Mental Health • Epilepsy • Neuropsychology Consultation Liaison Service • Neuropsychology Adult Epilepsy Service • Paediatric Neuropsychological Assessment • Positive Psychology and Suicide Prevention Research Program • Research – Child and Adolescent Mental Health Care Program • Trauma-Related Disorders Clinical Research Program

Health/Rehabilitation Track (181515)

<i>Possible Major Rotations</i>	<i>Possible Minor Rotations</i>
<ul style="list-style-type: none"> • London Health Sciences Centre: Children’s Hospital • London Health Sciences Centre: Victoria Hospital • London Health Sciences Centre: University Hospital • St. Joseph’s Health Care London: St. Joseph’s Hospital 	<ul style="list-style-type: none"> • Adult Neurology/Neurosurgery Neuropsychology • Assessment and Treatment with a University Student Population • Child and Adolescent Assessment • Child/Adolescent Mood and Anxiety Disorders Program • Community Children’s Mental Health • Concurrent Disorders Services • Forensic Psychology • Geriatric Mental Health Program • Mood and Anxiety Disorders: Cognitive-Behavioural Therapy • Neuropsychology Consultation Liaison Service • Neuropsychology Adult Epilepsy Service • Paediatric Neuropsychological Assessment • Positive Psychology and Suicide Prevention Research Program • Research – Child and Adolescent Mental Health Care Program • Trauma-Related Disorders Clinical Research Program

Neuropsychology Track

(Adult emphasis - 181516; Paediatric emphasis - 181518)

<i>Possible Major Rotations</i>	<i>Possible Minor Rotations</i>
<ul style="list-style-type: none">• London Health Sciences Centre: Children's Hospital (Paediatric emphasis only)• London Health Sciences Centre: Victoria Hospital• London Health Sciences Centre: University Hospital – Clinical Neurological Sciences	<ul style="list-style-type: none">• Assessment and Treatment with a University Student Population• Cardiac Rehabilitation and Secondary Prevention Program: Research• Child and Adolescent Assessment• Community Children's Mental Health• Concurrent Disorders Services• Forensic Psychology

Counselling Track (181517)

<i>Possible Major Rotations</i>	<i>Possible Minor Rotations</i>
<ul style="list-style-type: none"> • Crisis and Urgent Intervention • Integrative / CBT Interventions • Third Wave / Advanced 	<ul style="list-style-type: none"> • Adult Neurology/Neurosurgery Neuropsychology • Cardiac Rehabilitation and Secondary Prevention Program: Research • Child and Adolescent Assessment • Child/Adolescent Mood and Anxiety Disorders Program • Community Children’s Mental Health • Concurrent Disorders Services • Epilepsy • Forensic Psychology • Geriatric Mental Health Program • Mood and Anxiety Disorders: Cognitive-Behavioural Therapy • Neuropsychology Consultation Liaison Service • Neuropsychology Adult Epilepsy Service • Paediatric Neuropsychological Assessment • Positive Psychology and Suicide Prevention Research Program • Research – Child and Adolescent Mental Health Care Program • Trauma-Related Disorders Clinical Research Program

CONSORTIUM SETTING

London, Ontario, Canada

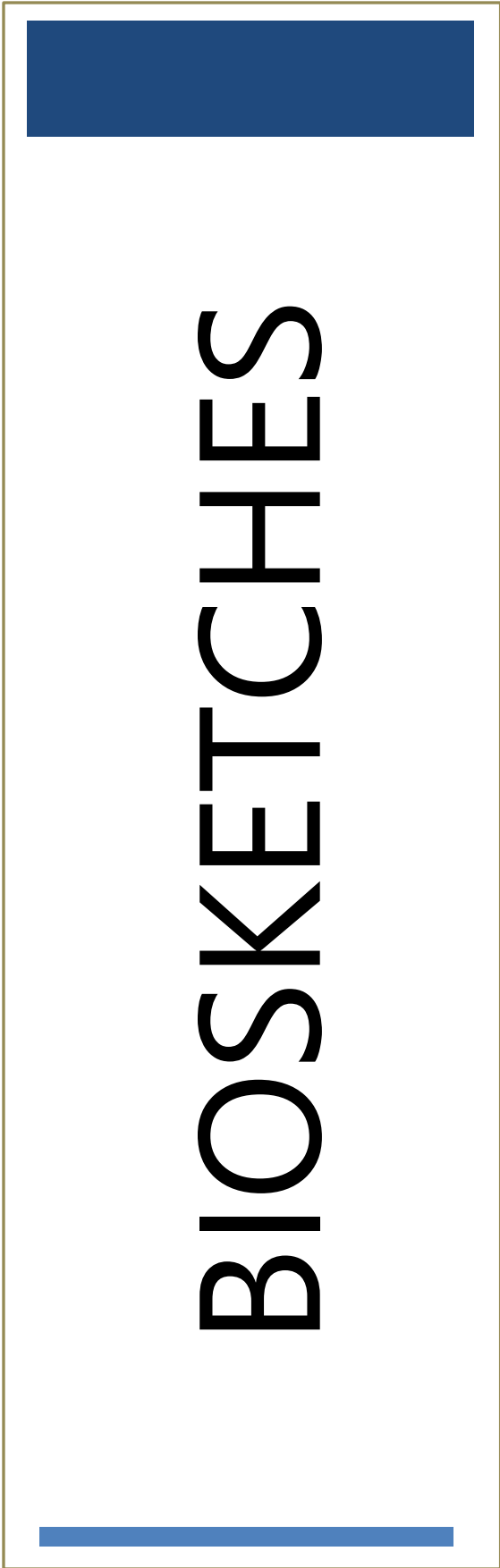
London sits on the traditional territory of the Anishinaabeg, Haudenosaunee, Attawandaron (Neutral), and Wendat peoples. This territory is covered by the Upper Canada Treaties. Canada's fifteenth largest city, London is a growing metropolitan area with a population of 392,279 people, situated between Lake Erie and Lake Huron, and a short two-hour drive from the major centres of Toronto and Detroit. It is also near other well-known cultural centres including Stratford (Shakespeare Festival) and Niagara-on-the-Lake (Shaw Festival) and hosts a number of very popular local festivals.

Well-known for its abundance of trees and pleasant surroundings, the "Forest City" offers relaxed and inexpensive living. The Thames River winds its way throughout the city, harbouring a number of large and small parks as well as miles of walkways and bicycle paths. London offers various cultural and community activities including theatre, museums, and several farmers' markets. It also is the home of various sports facilities including Budweiser Gardens (often described as North America's finest Junior Hockey venue), Labatt Memorial Park (the world's oldest continuously used baseball grounds), and TD Waterhouse Stadium.

In addition, London boasts numerous natural areas throughout the city that are open year-round including wetlands, meadows, forests, valleys, and other relatively undisturbed lands that are home to many different plants and wildlife. Some contain rare plants, wildlife or landforms, and are especially large or diverse in their habitat. Many of these areas are considered environmentally significant on a local, regional, provincial or even national scale.

London is also home to Western University with over 30,500 graduate and undergraduate students, approximately 3,800 full-time faculty and staff members, and over 309,800 alumni. Through its 13 faculties and schools and three Affiliated University Colleges, the University offers more than 400 different majors, minors and specializations. Research is an integral part of the University's mission and external support for research projects totals over \$250 million per year.

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



BIOSKETCHES

CONSORTIUM STAFF BIOSKETCHES

- Tomoko Arimura Psychologist, Child/Adolescent Track
Vanier Children’s Mental Wellness
Ph.D., Ontario Institute for Studies in Education, University of Toronto, 2015
Clinical Interests: Psychodiagnostic assessment and treatment with children, adolescents, and their families; Developmental trauma; Attachment; and Parents’ mental health
Research Interests: Parent involvement in early childhood/mental health services
- Rod Balsom Psychologist, Adult Mental Health Track
St. Joseph’s Health Care London – Parkwood Institute
Ph.D., Western University, 1999
Clinical Interests: Assessment and treatment of veterans and peacekeepers presenting with various psychiatric difficulties related to their military service
Research Interests: Program development and evaluation; Health promotion
- Danielle Bedard Psychologist, Adult Mental Health Track
London Health Sciences Centre - Victoria Hospital
Ph.D., University of Toronto, 2008
Clinical Interests: Assessment and treatment of depression and anxiety-spectrum disorders with a particular interest in PTSD, using CBT, DBT, and process-experiential approaches; occupational trauma and stress and post-traumatic stress disorder.
Research Interests: Client’s emotional processing; Psychotherapy process and outcome
- Kelly Bedek Psychometrist, Adult Mental Health Track
St. Joseph’s Health Care London – Southwest Centre for Forensic Mental Health Care
B.A. (Honours), University of Western Ontario, 2015
Clinical Interests: Assessment (e.g., risk, personality, cognitive) in a forensic setting; Clinical file reviews pertaining to risk and recidivism
Research Interests: Psychometric test measures; Program development and evaluation
- Jo-Ann Birt Psychologist, Child/Adolescent Track
London Health Sciences Centre - Children’s Hospital / Victoria Hospital
Ph.D., University of Windsor, 1996
Clinical Interests: Assessment and treatment of internalizing disorders with high-risk youth (CBT and DBT techniques); empirically supported treatments and program development; multisystemic treatment; trauma
Research Interests: effective inpatient treatments; factors affecting adjustment to trauma, suicide risk; mood and anxiety disorders

Gani Braimoh	Psychologist, Child/Adolescent Track Child and Parent Resource Institute (CPRI) Psy.D., Adler School of Professional Psychology, 2006 <u>Clinical Interests:</u> Mood Disorders clinic lead; Parents of children with bipolar disorder; Cognitive behavioural therapy; Adlerian psychology; Community psychology
Susan Bryant	Psychologist, Child/Adolescent Track Child and Parent Resource Institute (CPRI) Ph.D., University of Western Ontario, 1987 <u>Clinical Interests:</u> Infants and young children at risk for or identified with developmental and/or physical disabilities
Brittney Castrilli	Psychometrist, Adult Mental Health Track London Health Sciences Centre- 54 Riverview Ave. M.Sc. Clinical Neuroscience- Western University, 2018 <u>Clinical Interests:</u> Psychological assessment of clients with a diagnosed eating disorder; Program evaluation and outcomes; Program development <u>Research Interests:</u> Relapse prevention in clients with a diagnosed eating disorder
Danielle Cataudella	Psychologist, Child/Adolescent and Health/Rehabilitation Tracks London Health Sciences Centre - Children's Hospital / Victoria Hospital Psy.D., Nova Southeastern University, 2002 <u>Clinical Interests:</u> Evidence based treatments for mood and anxiety disorders in medically fragile children; Consultation-liaison for somatoform presentations in the acute medical setting; Psychological sequelae in childhood cancer survivors; Evidence based treatments (individual and group) for complex sibling and parental bereavement <u>Research Interests:</u> Paediatric palliative care; Psychological acute and late effects of childhood cancer
Brenda Chiang	Psychologist, Adult Mental Health Track St. Joseph's Health Care London – Parkwood institute, Greater Toronto Area site Ph.D., University of Waterloo, 2020 <u>Clinical Interests:</u> Assessment and treatment of military members and first responders (police officers, firefighters, etc.) presenting with psychological difficulties incurred during the course of their service. Individual and group therapy. <u>Research Interests:</u> posttraumatic sequelae and moral self-concept; obsessive-compulsive disorder; resiliency and protective factors

- Sabrina Chiarella Psychologist, Child/Adolescent Track; Track Co-Coordinator & Site Coordinator
Vanier Children's Mental Wellness
Ph.D., Concordia University, 2015
Clinical Interests: Clinical assessment and treatment with children, adolescents, and their families; childhood trauma; attachment; mood and anxiety disorders; behavioural struggles in the preschool and middle-childhood developmental periods
Research Interests: Mood and anxiety disorders in children and adolescents; resiliency among children in at-risk populations; development during the infancy period; language development
- Jennifer Crotagino Psychologist, Child/Adolescent & Health/Rehabilitation Tracks
London Health Sciences Centre, Children's Hospital / Victoria
Ph.D., McGill University, 2020
Clinical Interests: Biopsychosocial assessment and intervention of psychosocial factors in children and youth with paediatric illnesses/conditions and their families. Interdisciplinary/multidisciplinary, evidence-based approaches to managing paediatric health (e.g. diabetes, chronic headache, gastrointestinal conditions, etc.). Adherence to medical treatment. Parenting in the context of paediatric illness. Procedural anxiety in children and youth.
Research interests: Paediatric pain, program development/evaluation of psychological interventions in pediatric health, paediatric headache, group interventions for chronic pain
- Wendy den Dunnen Psychologist, Child/Adolescent Track
Child and Parent Resource Institute (CPRI)
Ph.D., University of Ottawa, 2017
Clinical Interests: Assessment and treatment of children and adolescents with complex mental health needs; assessment, consultation, and treatment for children and adolescents with attachment concerns; assessment and consultation regarding sexualized behaviour; developmental trauma
Research Interests: Children in the child welfare system, foster parenting, developmental trauma, residential treatment, program evaluation
- Tracy Desjardins Psychologist, Adult Mental Health Track
St. Joseph's Health Care London -Parkwood Institute
Ph.D., University of Victoria, 2014
Clinical Interests: Assessment (e.g., comprehensive diagnostic, violence risk, criminal responsibility, malingering) and treatment (e.g., CBT, DBT) in a forensic setting; Posttraumatic Stress Disorder; Substance Use Disorders
Research Interests: Program evaluation; emotional support; transition to adulthood

- Andrea Downie Clinical Neuropsychologist, Neuropsychology Track; Track Co-Coordinator
London Health Sciences Centre - Children's Hospital / Victoria Hospital
Ph.D., Queen's University, 2000
Clinical Interests: Neuropsychological assessment, diagnosis, and consultation of children treated for childhood cancer, as well as neurological, genetic, and metabolic disorders
Research Interests: Academic and cognitive sequelae of the treatments for Acute Lymphoblastic Leukemia (ALL); Social functioning in children treated for brain tumours and ALL.
- Stephanie Dubois Psychologist, Adult Mental Health Track
St. Joseph's Health Care London – Parkwood Institute
Ph.D., Ball State University, 2003
Clinical Interests: Psychological assessment and individual therapy for patients with persistent mental (affective, psychotic, personality) disorders in an inpatient setting. Theoretical approaches utilized: Integrative psychotherapy; Informed by counter-transference/transference issues, trauma informed care, working alliance and process of change. Supervision emphasis on professional identity, mentoring and advocacy
- Julie Eichstedt Psychologist, Child/Adolescent Track
London Health Sciences Centre - Children's Hospital / Victoria Hospital
Ph.D., Concordia University, 2002
Clinical Interests: Evidence-based psychological assessment and treatment of children, and adolescents with internalizing difficulties; Mood and Anxiety Disorders; Cognitive behavioural therapy; Collaborative Problem-Solving.
Research Interests: Program development and evaluation, mood and anxiety disorders in children and adolescents, models of service delivery in children's mental health
- Nicole Elliott Psychologist, Adult Mental Health Track
St. Joseph's Health Care London – Parkwood institute,
Ph.D., University of Toronto, 2018
Clinical Interests: Assessment and treatment of military-related and first responder PTSD; couples' therapy with PTSD; concurrent disorders and suicidality; Cognitive-Behavioural Therapy
Research Interests: suicidal behaviors and PTSD with Veterans and first responders; gender issues in the military; Intergenerational trauma and culturally based psychological treatment for Canadian Indigenous peoples.
- Carly Esipu Psychometrist, Adult Mental Health Track
London Health Sciences Centre
B.A, M.A. Psychology, Western University, 2019
Clinical Interests: intervention services and psycho-educational assessment practices for children, youth and adults with learning, behavioural, and social-emotional challenges.

Laura Fazakas-DeHoog	<p>Psychologist, Adult Mental Health Track St. Joseph's Health Care London: Southwest Centre for Forensic Mental Health Care Ph.D., University of Western Ontario, 2007 <u>Clinical Interests:</u> Psychological profiling; Assessment and treatment of trauma and complicated grief; Treatment of severe pathology and personality disorders <u>Research Interests:</u> Prediction of violent recidivism in the forensic population; Effective treatment of trauma and complicated grief; Psychotherapy for psychotic disorders; Prediction of violent and self-destructive behaviour; Design and test an integrative model of suicidal thinking and behaviour within a clinical population</p>
Paul Frewen	<p>Psychologist, Adult Mental Health Track London Health Sciences Centre - University Hospital Ph.D., University of Western Ontario, 2008 <u>Clinical Interests:</u> Trauma-focused psychotherapy, process-experiential psychotherapy, virtual reality therapy, meditation practices, neurofeedback, non-invasive brain stimulation <u>Research Interests:</u> Neuroimaging, sense of self, assessment and interventions for people with trauma- and stressor-related disorders</p>
Sabrina Freund	<p>Neuropsychologist, Neuropsychology Track London Health Sciences Centre - Children's Hospital / Victoria Hospital Ph.D., University of Windsor, 2017 <u>Clinical Interests:</u> Neuropsychological assessment, diagnosis, and consultation for children and adolescents with various neurological, genetic, and metabolic disorders. Pre-operative assessment for children and adolescents to establish candidacy for epilepsy surgery. Screening assessments for children and adolescents following an acquired brain injury.</p>
Lara Genik	<p>Psychologist (Supervised Practice), Child/Adolescent Track Vanier Children's Mental Wellness Ph.D., University of Guelph, 2020 <u>Clinical Interests:</u> Psychodiagnostic assessment and treatment with children, adolescents, and their families; Intellectual and developmental disorders; Learning disabilities; Developmental trauma and attachment; Mood and anxiety disorders; Behavioural difficulties in childhood <u>Research Interests:</u> Pain and children with intellectual and developmental disabilities; Evidence-based interventions for children and youth with a range of presenting difficulties; Program and resource development and evaluation</p>

- Heather Getty Psychologist, Health/Rehabilitation Track
London Health Sciences Centre - Victoria Hospital
Behavioural Medicine Service – Victoria Hospital, LHSC
Ph.D., University of Windsor, 2002
Clinical Interests: Individual and group psychotherapy; interventions based on the psychological flexibility model, attachment dynamics, and transdiagnostic approaches.
Research Interests: Relationships between psychological flexibility, attachment style and related capacities (e.g., emotion regulation, mentalization), and outcomes in the context of chronic illness; efficacy of transdiagnostic treatment approaches.
- Karin Gleason Psychologist, Child/Adolescent Track
Child and Parent Resource Institute (CPRI)
Ph.D., University of Western Ontario, 2000
Clinical Interests: Assessment and treatment of children and youth with complex developmental and mental health needs. Assessment and treatment of mental health problems (anxiety, mood, attachment and behaviour) in children and youth with intellectual disabilities. Adapted CBT. Support for parents of children with special needs; complex, multigeneration family systems. Community consultation and education.
- Gloria Grace Neuropsychologist, Neuropsychology Track
London Health Sciences Centre - University Hospital
Ph.D., University of Victoria, 1990
Clinical Interests: Neuropsychological assessment of adults with a broad range of neurological disorders. Specific interests: Pre-operative assessment for Deep Brain Stimulation Surgery; Differential diagnosis of dementia; Parkinson's disease and related disorders, Concussion/Traumatic Brain Injury
Research Interests: Cognitive impairment in ALS and other motor neuron diseases
- Brendan Guyitt Psychologist, Adult Mental Health Track; Site Coordinator
London Health Sciences Centre - Victoria Hospital
Ph.D., University of New Brunswick, 2011
Clinical Interests: CBT; Mood and anxiety disorders; Personality disorders; Case formulation; Program evaluation
Research Interests: Understanding beliefs and belief change; Cognitive processes in depression and anxiety
- Michael Harnadek Neuropsychologist, Neuropsychology Track
London Health Sciences Centre - University Hospital
Ph.D., University of Windsor, 1993
Clinical Interests: Neuropsychological assessment of adults following stroke, concussion (with post-concussion syndrome) or who have acquired degenerative cognitive disorders. Specific interests: Concussion, Post-concussion syndrome; Stroke; Evaluation of response bias
Research Interests: Cognitive impairment following transient ischemic attack and minor stroke; Response bias in psychological testing

Jeremy Harrison	<p>Psychologist, Adult Mental Health Track St. Joseph's Health Care London – Parkwood Institute Psy.D., Florida Institute of Technology, 2005 Board Certified in Clinical Psychology American Board of Professional Psychology (ABPP) <u>Clinical Interests:</u> Psychological assessment and treatment of adults with persistent mental illnesses; Cognitive behavioural therapy approaches; Integrative approaches to psychotherapy <u>Research Interests:</u> Applied research; Psychotherapy effectiveness</p>
Brent Hayman-Abello	<p>Neuropsychologist, Neuropsychology Track; Director of Clinical Training London Health Sciences Centre - University Hospital Ph.D., University of Windsor, 2003 <u>Clinical Interests:</u> Neuropsychological assessment of adults with neurological disorders, with specific interests in epilepsy, stroke, and dementia; Impact of epilepsy on cognitive and daily living abilities <u>Research Interests:</u> Cognitive change following epilepsy surgery; Compensatory strategy training for persons with cognitive impairments</p>
Susan Hayman-Abello	<p>Neuropsychologist, Neuropsychology Track; Track Co-Coordinator London Health Sciences Centre - University Hospital Ph.D., University of Windsor, 2006 <u>Clinical Interests:</u> Neuropsychological assessment of adults and adolescents with neurological disorders, with specific interests in epilepsy and pre-surgical evaluations <u>Research Interests:</u> Discrepancies in subjective and objective memory impairment; cerebral localization of cognitive dysfunction and prediction of post-surgical changes; Acute assessment of memory and language during seizures</p>
Marnin Heisel	<p>Psychologist, Adult Mental Health Track London Health Sciences Centre - Victoria Hospital Ph.D., York University, 2001 <u>Clinical Interests:</u> Assessment and treatment of adults and older adults with mood disorders and at elevated risk for suicide; Interpersonal/psychodynamic and humanistic/existential psychotherapy <u>Research Interests:</u> Study and prevention of suicide among older adults including improving the identification of older adults at-risk for suicide; Testing models of late-life suicide risk and resiliency and developing and evaluating suicide risk assessment measures and methods; Enhancing treatment provision by developing and testing interventions with depressed and/or suicidal older adults; Enhancing healthcare provider knowledge of late-life suicide prevention by developing clinical guidelines and knowledge translation tools and evaluating with respect to dissemination, training, and uptake</p>
Nicole Herrington	<p>Psychometrist, Neuropsychology Track London Health Sciences Centre – University Hospital B.A. (Honours), University of Western Ontario, 2014 <u>Clinical Interests:</u> Neuropsychological assessment of adults and elderly individuals with a broad range of cognitive, emotional and behavioural dysfunction resulting from brain impairment.</p>

Marilyn Hill	<p>Psychologist, Health/Rehabilitation Track St. Joseph's Health Care London - St. Joseph's Hospital Ph.D., University of British Columbia, 1996 <u>Clinical Interests:</u> Cognitive behavioural therapy (individual and group); Interprofessional chronic pain management groups for a wide variety of chronic pain conditions; Stress management; EMG biofeedback; Impact of chronic illness on sexual functioning; Assessment and treatment of depression associated with chronic illness; Relapse prevention <u>Research Interests:</u> Interprofessional chronic disease/chronic pain management; and variables predicting treatment outcome</p>
Tevya Hunter	<p>Psychologist, Adult Mental Health Track St. Joseph's Health Care London – Parkwood Institute Ph.D., University of Manitoba, 2017 <u>Clinical Interests:</u> Assessment and treatment of post-traumatic stress disorder and other psychological disorders related to workplace injuries & traumas; therapy focused on identity, self-acceptance, and adjustment to life transitions <u>Research Interests:</u> Women's experience of burn injury; resiliency; traumatic injury</p>
Vanessa Huyder	<p>Psychologist, Child/Adolescent Track; Track Co-Coordinator Vanier Children's Services Ph.D., University of Waterloo, 2015 <u>Clinical Interests:</u> Clinical assessment and treatment of children and youth presenting with developmental trauma and attachment issues, neurodevelopmental disorders, learning disabilities, anxiety and mood disorders, and behavioural difficulties. Working with children, youth, guardians, and community providers to better understand strengths and needs in order to inform treatment and supports. <u>Research Interests:</u> Exploring the role of executive functions, theory of mind and verbal skills in the development of children's social skills, particularly in those presenting with disruptive behaviours.</p>
Tony Iezzi	<p>Psychologist, Health/Rehabilitation Track London Health Sciences Centre – University Hospital Ph.D., University of Georgia, 1989 <u>Clinical Interests:</u> Assessment and management of bariatric surgery patients <u>Research Interests:</u> Psychological adjustment to medical conditions; Comorbidity of physical and psychological symptoms; Identification of early psychological risk factors in the development of medical conditions</p>
Patricia Jordan	<p>Psychologist, Child/Adolescent Track Child and Parent Resource Institute (CPRI) Ph.D., University of Western Ontario, 2012 <u>Clinical Interests:</u> Assessment and treatment of children and adolescents with complex mental health needs, including non-suicidal self-injury and Cluster B personality traits; Models of service delivery for residential treatment; developmental trauma and attachment; assessment and consultation regarding sexualized behaviour; Dialectical Behaviour Therapy, Cognitive Behaviour Therapy</p>

- Abirami Kandasamy Psychologist, Child/Adolescent & Health/Rehabilitation Tracks
London Health Sciences Centre - Children's Hospital
PhD, University of Windsor, 2019
Clinical Interests: Child development, pediatric pain; program evaluation, development of innovative/novel interventions and assessment tools (e.g., using eye-tracking, virtual reality, CBT).
Research Interest: designing, implementing, and validating innovative/novel interventions and assessment tools.
- Ann Klinck Psychological Associate, Child/Adolescent & Health/Rehabilitation Tracks
London Health Sciences Centre - Children's Hospital / Victoria Hospital
M.A.Sc., University of Waterloo, 1991
Clinical Interests: Counselling with families and consultation with schools regarding educational needs of paediatric cancer patients and siblings; Counselling, support and advocacy for childhood cancer survivors with treatment-related learning challenges
Research Interests: Long-term cognitive effects of paediatric cancer treatment; Long-term educational outcomes for childhood cancer survivors
- Andrea Lazosky Neuropsychologist, Neuropsychology Track
London Health Sciences Centre - Victoria Hospital
Ph.D., Rosalind Franklin University of Medicine and Science, 1990
Board Certified in Clinical Neuropsychology
American Board of Professional Psychology (ABPP)
Clinical Interests: Neuropsychological assessment and diagnosis of individuals with known or suspected brain impairment. Specific interests: Multiple trauma (including traumatic brain injury); Effects of systemic illness and infection on brain function; Brain tumours; Psychosocial rehabilitation
Research Interests: Neurological and emotional outcome following severe septic illness; Assessment of decision making capacity; disorders of consciousness in patients using brain-computer interface neuroimaging in the vegetative state
- David LeMarquand Psychologist, Adult Mental Health Track
Assistant Director of Clinical Training
St. Joseph's Health Care London – Parkwood Institute
Ph.D., McGill University, 1998
Board Certified in Clinical Psychology,
American Board of Professional Psychology (ABPP)
Clinical Interests: Psychological assessment, individual and group psychotherapy for individuals with concurrent severe and persistent mental (affective, psychotic, personality) and substance use disorders who are outpatients in a tertiary care hospital setting; Theoretical approaches utilized include interpersonal, cognitive-behavioural
Research Interests: Neurobiology of impulse control, aggression, psychotherapy outcome in personality-disordered individuals

- Sheila Linseman Psychometrist, Adult Mental Health Track
St. Joseph's Health Care London – Parkwood Institute
M.A., Counselling Psychology, University of Western Ontario, 2016, B.A. (Honours),
Wilfred Laurier University, 1993
Clinical Interests: Vocational, cognitive, and personality assessment
Research Interests: Help-seeking and workplace psychological safety, teacher
mental health
- Cathy Maan Psychologist, Child/Adolescent and Health/Rehabilitation Tracks
London Health Sciences Centre - Children's Hospital / Victoria Hospital
Ph.D., University of Saskatchewan, 1994
Clinical Interests: Paediatric oncology; Paediatric critical care; Paediatric
consultation-liaison; Family and child adjustment to acute and chronic illnesses
and developmental disorders
- Julia MacKinley Psychometrist, Adult Mental Health Track
St. Joseph's Health Care London – Parkwood Institute
M.Sc. University of Edinburgh, 2015
Clinical Interests: Cognitive and personality assessment; psychometric test
measures
- Nadia Maiolino Psychologist (Supervised Practice), Adult Mental Health Track
London Health Sciences Centre - Victoria Hospital
Ph.D., Western University, 2020
Clinical Interests: Assessment and treatment of adults with trauma and stress-
related disorders. Group/individual therapy and evidence-based treatment for
PTSD including cognitive processing therapy (CPT) and prolonged exposure (PE).
Clinical decision-making and biases in delivering empirically supported
treatments for PTSD. Program development and evaluation in acute mental
health care settings.
Research interests: PTSD; trauma-focused therapy; cognitive therapies and
theories of psychopathology
- Nicola McHale Psychologist, Adult Mental Health Track
London Health Sciences Centre- First Episode Mood and Anxiety Program
(FEMAP)
Ph.D., University of New Brunswick, 2015
Clinical Interests: Assessment and treatment of various mood and anxiety
disorders with an emerging adult population; Early Intervention; Cognitive
Behavioural Therapy (CBT); Acceptance and Commitment Therapy (ACT);
Dialectical Behaviour Therapy (DBT) skills; Mindfulness
Research Interests: Vulnerability and resiliency factors associated with Major
Depressive Disorder (MDD); Emotion Regulation
- Terry McQuaid Psychologist, Counselling Track; Track Coordinator & Site Coordinator
Mental Health Care, Health and Wellness - Western University
Psy.D., Adler School of Professional Psychology, Chicago, 1994

- Ashley Miles Neuropsychologist, Neuropsychology Track
London Health Sciences Centre – University Hospital
Ph.D., York University 2013
Clinical Interests: Adult and geriatric neuropsychological assessment, with a focus on pre- and post-surgical assessment of individuals with epilepsy and Parkinson’s disease; Differential diagnosis of neurodegenerative conditions
Research Interests: Identifying the profile and magnitude of subjective and objective change in neuropsychological functioning following surgical intervention for neurological conditions
- Ian Nicholson Manager, Departments of Psychology and Audiology
London Health Sciences Centre
Ph.D., University of Western Ontario, 1993
Clinical Interests: Ethics and standard of practice; Models of professional psychology training and licensure
Research Interests: Patterns of psychological funding and utilization; Competence development and assessment
- Steven Orenczuk Psychologist, Operational Stress Injury Clinic, Adult Mental Health Track,
St. Joseph’s Health Care London - Parkwood Institute
Psy.D., Illinois School of Professional Psychology, 1988
Clinical Interests: Assessment and intervention for clients admitted to an inpatient and outpatient rehabilitation program for individuals having sustained spinal cord injuries or other neurological disorders; Treatment of depression, anxiety, pain, adjustment to disability issues; Consultation to interprofessional rehabilitation team regarding patient and family education; Collaborative injury prevention initiatives
Research Interests: Evidence-based treatment planning and intervention; Knowledge transfer and health education initiatives for trauma prevention
- Daniel Peluso Psychologist, Adult Mental Health Track
St. Joseph’s Health Care London – Parkwood Institute, Greater Toronto Area Site
Ph.D., University of Regina, 2013
Clinical Interests: Assessment and treatment of PTSD, anxiety disorders, mood disorders, and somatic symptom disorders; Cognitive Behavioural Therapy for PTSD, mood and anxiety disorders.
Research Interests: Supervision; posttraumatic stress disorder, anxiety disorders, and chronic pain.
- Rhonda Peterson Psychometrist, Child/Adolescent Track
Child and Parent Resource Institute
M.A., University of Western Ontario, 2003

- Michelle Pogue Psychometrist, Neuropsychology Track
London Health Sciences Centre – University Hospital
B.Sc. (Honours), McMaster University, 2015
Clinical Interests: Neuropsychological assessment of adults with a suspected or confirmed neurological disorder, with specific interests in Alzheimer’s disease, epilepsy, stroke, and acquired brain injuries
Research Interests: Impact of treatment on daily functioning and factors that contribute to its success
- Peter Prior Psychologist, Health/Rehabilitation Track
St. Joseph’s Health Care London - St. Joseph’s Hospital Cardiac Rehabilitation & Secondary Prevention Program;
Associate Scientist, Lawson Health Research Institute
Ph.D., University of Western Ontario, 1991
Clinical Interests: Assessment and treatment of cardiovascular patients
Research Activities: Reliable measurement of individuals’ change over cardiac rehabilitation; cardiac rehabilitation for secondary prevention with cerebrovascular disease; psychological and neurocognitive factors in cardiovascular disease conditions.
- Bonnie Purcell Psychologist, Adult Mental Health Track; Track Coordinator
Geriatric Mental Health Program
London Health Sciences Centre - Victoria Hospital
Ph.D., Queen’s University, 2013
Clinical Interests: Clinical assessment and treatment with seniors and adults, mood disorders, addictions, neurocognitive disorders, consultation
Research Interests: Screening, assessment and intervention of alcohol-related problems in older adults
- V. Lynn Rennison Neuropsychologist, Neuropsychology Track
London Health Sciences Centre – Victoria Hospital
Psy.D., Adler School of Professional Psychology, 2004
American Board of Professional Psychology (ABPP)
Board Certified in Clinical Neuropsychology
Clinical Interests: Neuropsychological assessment of adults with known or suspected cognitive impairment secondary to medical or psychiatric illnesses.
Research Interests: Neuropsychological sequelae following mild traumatic brain injury
- Niki Rielly Psychologist, Child/Adolescent Track
Child and Parent Resource Institute (CPRI)
Ph.D., Queen’s University, 2003
Clinical Interests: Clinical assessment and treatment of children and adolescents with complex mental health problems; Cognitive behaviour therapies including the Collaborative Problem Solving Approach
Research Interests: Program evaluation; Intensive service delivery

Craig Ross	<p>Psychologist, Child/Adolescent Track Child and Parent Resource Institute (CPRI) Ph.D., University of Windsor, 2011 <u>Clinical Interests:</u> Outpatient assessment and treatment of children and adolescents with an intellectual disability and mental health and/or behavioural concerns (“dual diagnosis”); Outpatient assessment and treatment of children or adolescents with an Autism Spectrum diagnosis and co-morbid mental health concerns; Functional assessment of challenging behaviours and positive behaviour supports, and modified cognitive-behavioural approaches; Identification of resources and supports for individuals with complex special needs; Working with families, schools and community agencies to support clients; Interprofessional team-work within a biopsychosocial framework <u>Research Interests:</u> Use of social media and computer-mediated communication within a social-capital framework; Within clinical populations, use of social media and gaming as a replacement for more traditional forms of social interaction</p>
Maya Roth	<p>Psychologist, Adult Mental Health Track St. Joseph’s Health Care London – Parkwood institute, Greater Toronto Area site Ph.D., York University, 2009 <u>Clinical Interests:</u> Assessment and treatment of military-related PTSD and comorbid mood and anxiety disorders and chronic pain, Cognitive Behavioural Therapy interventions for mood and anxiety disorders, dissemination of evidence-based treatment for military-related PTSD <u>Research Interests:</u> Treatment outcome in posttraumatic stress disorder, mood disorders, and chronic pain among military and veteran personnel, pain and psychological distress at end of life</p>
Magali Segers	<p>Psychologist, Child/Adolescent Track Child and Parent Resource Institute (CPRI) Ph.D., York University, 2017 <u>Clinical Interests:</u> Psychological assessment and treatment of children, adolescents, and their families; Anxiety Disorders; Tourette Syndrome; Obsessive-Compulsive Disorder, Body Focused Repetitive Behaviours (Trichotillomania and Excoriation Disorder); Autism Spectrum Disorder; Cognitive behavioural therapy (CBT); Exposure and Response Prevention (ERP); Comprehensive Behavioural Intervention for Tics (CBIT); Brake Shop Clinic <u>Research Interests:</u> Cognitive and sensory processing in Autism Spectrum Disorder; Program Evaluation</p>

- Farida Spencer Psychologist, Adult Mental Health Track
St. Joseph's Health Care London – Parkwood Institute
Ph.D., University of Western Ontario, 1984
Clinical Interests: Therapy interventions and consultations with an adult psychiatric population with a variety of diagnoses: i.e., schizophrenia, paranoid/psychotic disorders, affective disorders (major depression, bipolar), eating disorders, substance abuse; Treatment of clients diagnosed with personality disorders
Research Interests: Demonstrating effectiveness in treatment outcomes of Interpersonal Reconstructive Therapy (IRT) approach with difficult to treat clients with diagnoses of personality disorders
- Nicole Tilley Psychometrist, Neuropsychology Track
London Health Sciences Centre - University Hospital
B.A. (Honours), University of Windsor, 2014
Clinical Interests: Neuropsychological assessment regarding a broad range of neurological disorders. Specific interests include: brain lesions, schizophrenia, mood disorders, and dementia.
Research Interests: Neuropsychological assessment of individuals with cognitive, emotional and behavioural dysfunction resulting from brain impairment and injury. As well as, basic and applied issues in memory and cognition, including distinguishing between appraisals of occurrence, accuracy, and recollection in autobiographical memory.
- Sandra Ulch Psychologist, Health/Rehabilitation Track
London Health Sciences Centre - University Hospital
Ph.D., Queen's University, 1992
Clinical Interests: Assessment and treatment of psychological disorders that occur in the context of complex medical problems; Psychological adjustment to organ transplantation; Adjustment to critical illness; Coping with chronic physical illness; Interprofessional health care in the inpatient medical setting
Research Interests: Mood symptoms associated with high dose corticosteroids used to treat relapses in MS; Psychological adjustment to transplantation; Women's mental health
- Sarah Psychologist, Health/Rehabilitation Track; Track Coordinator
Vernon-Scott London Health Sciences Centre- University Hospital
Ph.D., Lakehead University, 2007
Clinical Interests: Assessment, consultation, and treatment of functional neurological disorder, psychogenic non-epileptic seizures, mood disorders, posttraumatic stress disorder, adjustment to illness, etc.
Research Interests: Psychogenic non-epileptic seizures/functional neurological disorder

- Evelyn Vingilis Psychologist, Director, Population and Community Health Unit
Western University - Professor, Departments of Family Practice, and
Epidemiology and Biostatistics at the Schulich School of Medicine
Ph.D., York University, 1978
Research Interests: Population and community health and health services;
Specific Interests: Alcohol, drugs, and traffic safety; At-risk youth; Mental health
services; Knowledge diffusion and utilization; Survey, policy, and evaluative
research
- Sonya Wanklyn Psychologist, Adult Mental Health Track
St. Joseph's Health Care London – Parkwood Institute, Greater Toronto Area Site
Ph.D., Ryerson University, 2016
Clinical Interests: Assessment and treatment of PTSD and commonly co-occurring
conditions (e.g., substance use disorders, depression, relationship distress);
couple therapy for mental health disorders.
Research Interests: Etiology of co-occurring mental health disorders subsequent
to traumatic events, and the psychosocial risk and resilience factors for comorbid
psychopathology, with a particular focus on understanding and treating
comorbid PTSD and substance use disorders.
- Sandra Zirul Psychometrist, Neuropsychology Track
London Health Sciences Centre - Victoria Hospital
B.A. (Honours), University of Western Ontario, 1994
Clinical Interests: Neuropsychological assessment of individuals with cognitive,
emotional and behavioural dysfunction resulting from brain impairment



PUBLICATIONS

EXAMPLES OF RECENT CONSORTIUM STAFF PUBLICATIONS AND PRESENTATIONS

Ammari, N., Heinrichs, R., Pinnock, F., **Miles, A.A.**, & Muharib, E. (2014). Preserved, Deteriorated, and Premorbidly Impaired Patterns of Intellectual Ability in Schizophrenia. *Neuropsychology*, 28 (3), 353-358.

Arévalo-Astrada, M. A., McLachlan, R. A., Suller-Marti, A., Parrent, A.G., MacDougall, K. W., Mirsattari, S. M., Diosy, D., **Hayman-Abello, B.**, **Hayman-Abello, S.**, **Miles, A.**, Steven, D. A. (2021). Epilepsy surgery in drug-resistant stroke-related epilepsy. *Seizure: European Journal of Epilepsy*, 88, 116-124.

Barrera, M., Hancock, K., Rokeach, A., Atenafu, E., **Cataudella, D.**, Punnett, A., Johnston, D., Cassidy, M., Zelcer, S., Silva, M., Jansen, P., Bartels, U., Nathan, P.C., Shama, W., Greenberg, C. (2014). Does the use of the revised Psychosocial Assessment Tool (PATrev) result in improved quality of life and reduced psychosocial risk in Canadian families with a child newly diagnosed with cancer? *Psychooncology*, 23, 165-172. doi: 10.1002/pon.3386. Epub 2013 Sep 4.

Barrera, M., Atenafu, E.G., Sung, L., Bartels, U., Schulte, F., Chung, J., **Cataudella, D.**, Hancock, K., Janzen, L., Saleh, A., Strother, D., **Downie A.**, Zelcer, S., Hukin, J., & McConnell, D. (2017). A randomized control intervention trial to improve social skills and quality of life in pediatric brain tumor survivors. *Psycho-Oncology*. <https://doi.org/10.1002/pon.438>

Barrera, M., Atenafu, E.G., Schulte, F., Bartels, U., Sung, L., Janzen, L., Chung, J., **Cataudella, D.**, Hancock, K., Saleh, A., Strother, D., McConnell, D., **Downie, A.**, Hukin, J., & Zelcer, S. (2017). Determinants of social competence in pediatric brain tumor survivors who participated in an intervention study. *Support Care Cancer* (2017). doi:10.1007/s00520-017-3708-6

Barrera M., Atenafu E.G., Schulte F., Bartels, U., Sung, L., Janzen, L., Chung, J., **Cataudella, D.**, Hancock, K., Saleh, A., Strother, D., McConnell, D., **Downie, A.**, Hukin, J., & Zelcer, S. (2017). Determinants of quality of life outcomes for survivors of pediatric brain tumors. *Pediatric Blood & Cancer*. doi.org/10.1002/pbc.26481

Butt, P., White-Campbell, M., Canham, S., Dowsett Johnston, A., Indome, E.O., **Purcell, B.**, Tung, J., & Van Bussel, L. (2020). Canadian guidelines on alcohol use disorder among older adults. *Canadian Geriatric Journal*, 23(1), 143-148.

Castelli Dransart, D. A., Lapierre, S., Erlangsen, A., Canetto, S. S., **Heisel, M. J.**, et al. (2021). A systematic review of older adults' request for or attitude toward euthanasia or assisted suicide: Recommendations for future research. *Aging & Mental Health*, 25 (3), 420-430.

Cataudella, D., Morley, T.E., Nesin, A., Fernandez, C.V., Johnston, D.L., Sung, L., & Zelcer, S. (2014). Development of a quality of life instrument for children with advanced cancer: the pediatric advanced care quality of life scale (PAC-QoL). *Pediatric Blood & Cancer*, 61, 1840-1845. doi: 10.1002/pbc.25115.

Chen, S., Hahn, C., **Eichstedt, J. A.**, Collins, K. A., Singh, D., Cawthorpe, D., Sukhera, J., & Hall, P. (Nov. 2014). *Prioritizing Patients Waiting for Children's Mental Health Services*. Poster presentation at the Annual Child and Adolescent Psychiatry Research Half Day, Department of Psychiatry, Schulich School of Medicine, Western University, London, ON.

Chiarella, S. S., & Poulin-Dubois, D. (2018). "Are you really sad?" Infants show selectivity in their behaviours towards an unconventional emoter. *Infancy*, 23(3), DOI: 10.1111/infa.12230

Chovaz, C.J., **Rennison, V.L.A,** & Chorostecki, D.O. (2019). The validity of the test of memory malingering (TOMM) with deaf individuals, *The Clinical Neuropsychologist*, DOI: 10.1080/13854046.2019.1696408

Clark, D. A., & **Guyitt, B. D.** (2016). Schema theory in depression. In A. Wells & P. Fischer (Eds.), *Treating depression: MCT, CBT and third wave therapies* (pp. 117-143). Chichester, West Sussex: Wiley & Sons.

Cramer, K., **Ross, C.**, Orr, E. S. & Marcoccia, A. (2012). Evaluating the construct validity of MyPsychLab as a measure of psychology mastery. *Creative Education*, 3, 293-295.

deRibaupierre, S., Wang, A., & **Hayman-Abello, S.** (2012). Language mapping in temporal lobe epilepsy in children: Special considerations. *Epilepsy Research and Treatment*, Article ID 837036, 11 pages.

den Dunnen, W., Stewart, S. L., Currie, M., Willits, E., & Baiden, P. (2013). Predictors of out-of-home placement following residential treatment. *Children and Youth Services Review*, 35(3), 518-524.

Desjardins, L., Barrera, M., Chung, J., **Cataudella, D.**, Janzen, L., Bartels, U., **Downie, A.**, & Fairclough, D. (2019). Are We Friends? Best Friend Nominations in Pediatric Brain Tumor Survivors and Associated Factors. *Supportive Care in Cancer* <https://doi.org/10.1007/s00520-019-04706-3>.

Desjardins, L., Solomon, A., Janzen, L., Bartels, U., Schulte, F., Chung, J., **Cataudella, D.**, **Downie, A.**, & Barrera, M. (2018). Executive functions and social skills in pediatric brain tumor survivors. *Applied Neuropsychology: Child*, DOI: 10.1080/21622965.2018.1522589

Dozois, D. J. A., **Eichstedt, J.**, Collins, K. A., Phoenix, L., & Harris, K. (2012). Core beliefs, self-perception, and cognitive organization in depressed adolescents. *International Journal of Cognitive Therapy*, 5, 99-112.

Duckworth, M. P., & **lezzi, T.** (2018). Motor vehicle collisions and their consequences – Part II: Predictors of impairment and disability. *Psychological Injury and Law*, 11(3), 288-306. doi:10.1007/s12207-018-9344-x

Duckworth, M. P., **lezzi, T.**, & Carlson, G. (2018). Meeting the care needs of patients with multiple chronic conditions. In M. P. Duckworth & W. T. O'Donohue (Eds.), *Behavioral medicine and integrated care: Efficient delivery of the most effective treatments* (pp. 195-228). New York, NY: Springer Publishing.

Duckworth, M. P., **lezzi, T.**, & Carlson, G. C. (2018). Stepped care for chronic pain in integrated care settings. W. T. O'Donohue & A. Margakis (Eds.), *Principle-based stepped care and brief psychotherapy for integrated care settings* (pp. 129-142). New York, NY: Springer Press.

Eichstedt, J. A., Collins, K. A., Phoenix, E., Haensal, H., & Dozois, D. J. A. (2014). The management of childhood anxiety in Ontario's public mental health system. *Canadian Psychology*, 55(2), 90-100.

Eichstedt, J. A., & Collins, K. A. (2014). *Prioritizing Patients Waiting for Children's Mental Health Services: Implementation and Evaluation of a Standardized Triage Tool*. Presentation as part of the seminar series of the Children's Health Research Institute (CHRI).

Eynan, R., Shah, R., **Heisel, M.J.,** Eden, D., Jhirad, R., & Links, P.S. (2019). Last words: Are there differences in psychosocial and clinical antecedents among suicide decedents who leave e-notes, paper notes, or no note? *Suicide and Life-Threatening Behavior, 49(5)*, 1379-1394. doi: 10.1111/sltb.12514

Fazakas-DeHoog, L. L., Rnic, K., & Dozois, D. A. (2017). A cognitive distortions and deficits model of suicide ideation. *European Journal of Psychology, 13(2)*, 178-193. doi.org/10.5964/ejop.v13i2.1238

Fisman, S., **Eichstedt, J.,** Davidson, B., Collins, K., et al. (Sept. 2017). *The Development and Initial Validation of the Brief Adolescent Suicide Ideation Scale (BASIS)*. Poster presentation at the Annual conference of the Canadian Academy of Child and Adolescent Psychiatry (CACAP). Ottawa, Ontario.

Flett, G.L., & **Heisel, M.J.** (2020). Aging and feeling valued versus expendable during the COVID-19 pandemic and beyond: A review and commentary of why mattering is fundamental to the health and well-being of older adults. *International Journal of Mental Health and Addiction*. doi.org/10.1007/s11469-020-00339-4

Forchuk, C., Fisman, S., Reiss, J. P., Collins, K., **Eichstedt, J.,** Rudnick, A., Isaranuwachai, W., Hoch, J. S., Wang, X., Lizotte, D., Macpherson, S., & Booth, R. (2020). Improving Access and Mental Health for Youth Through Virtual Models of Care. *The Impact of Digital Technologies on Public Health in Developed and Developing Countries: 18th International Conference, ICOST 2020, Hammamet, Tunisia, June 24–26, 2020, Proceedings, 12157*, 210–220. https://doi.org/10.1007/978-3-030-51517-1_17

Forchuk, C., Reis, J., **Eichstedt, J.,** Singh, D., Collins, K., Rudnick, A., Walsh, J., Ethridge, P., Kutcher, S., & Fisman, S. (2016). The Youth-Mental Health Engagement Network: An exploratory pilot study of a smartphone and computer-based personal health record for youth experiencing depressive symptoms. *International Journal of Mental Health, 45 (3)*, 205-222.

Frewen, P. A., Hargraves, H., DePierro, J., D'Andrea, W., & Flodrowski, L. (2016). Meditation Breath Attention Scores (MBAS): Development and evaluation of an internet-based assessment of focused attention during meditation practice. *Psychological Assessment, 28 (7)*, 830-840.

Frewen, P., Hegadoren, K., Coupland, N., Rowe, B., Neufeld, R., Lanius, R. (2015). Trauma-related Altered States of Consciousness (TRASC) and Functional Impairment I: Prospective Study in Acutely Traumatized Persons. *Journal of Trauma and Dissociation, 16(5)*, 500-519.

Frewen, P., Rogers, N., Flodrowski, L., & Lanius, R. (2015). Mindfulness and Metta-based Trauma Therapy (MMTT): Initial development and proof-of-concept of an internet resource. *Mindfulness, 6 (6)*, 1322-1334.

Forchuk, C., Kutcher, S., Fisman, S., **Eichstedt, J.,** Capretz, M., Hoch, J., Rudnick, A., Collins, K., Singh, D., Reiss, J. (2014). *Youth-Mental Health Engagement Network*. Second Meeting on Patient Reported Outcomes and Person Centered Care in Mental Health - Diagnosis, prevention and treatment in mental health: effectiveness and comparative effectiveness, American Association for the Advancement of Science (AAAs). Washington, DC.

Getty, H. (2015). *The Challenge of Anxiety in the Treatment of Chronic Pain and Disability*. Presentation at Pain Management Program, St. Joseph's Health Care: London. London, ON.

Grace, G.M., Orange, J.B., Rowe, A., Findlater, K., Freedman, M., & Strong, M. J. (2011). Neuropsychological functioning in PLS: A comparison with ALS. *Canadian Journal of Neurological Sciences*, 38, 88-97.

Grace, S. L., **Prior, P. L.,** Mamataz, T., Hartley, T., Oh, P., & Suskin, N. (2021). Cardiac rehabilitation component attendance, and impact of intervening clinical events, as well as disease severity and risk factor burden. *Journal of Cardiopulmonary Rehabilitation and Prevention*. 41 (1), 40-45.

Heisel, M.J., and the Meaning-Centered Men's Group Project Team (Moore, S., Flett, G.L., Norman, R.M.G., Links, P.S., Eynan, R., O'Rourke, N., Sarma, S., Fairlie, P., Wilson, K., Farrell, B., Grunau, M., Olson, R., & Conn, D.; 2020). Meaning-Centered Men's Groups: Initial findings of an intervention to enhance resiliency and reduce suicide risk in men facing retirement. *Clinical Gerontologist*, 43, 76-94

Hop Wo, N. K., **Guyitt, B.,** & Owen, R. (2015). Cognitive behavioral therapy as a treatment for electroconvulsive therapy phobia: Case report and review of literature. *Journal of ECT*, 31(4), 273-276.

Hunter T.A., Medved, M.I., Hiebert-Murphy, D., Brockmeier, J., Sareen, J., Thakrar, S., & Logsetty, S. (2013). Putting on your face to face the world: Women's narratives of burn injury. *Burns*, 39 (8), 1588-1598.

Huyder, V., Nilsen, E. S., & Bacso, S. A. (2017). The relationship between children's executive functioning, theory of mind, and verbal skills with their own and others' behavior in a cooperative context: Changes in relations from early to middle school age. *Infant and Child Development*, 26.

Iezzi, T., & Duckworth, M. P. (Eds.). (2018). Motor vehicle collisions and their wide-ranging consequences [Special issue]. *Psychological Injury and Law*, 11(3), 199-306.

Iezzi, T., & Duckworth, M. P. (2018). Psycholegal assessment of co-occurring chronic pain and schizophrenia in the MVC context: An analysis of causation using two case examples. *Psychological Injury and Law*, 10(4), 330-340. doi: 10.1007/s12207-017-9306-6

Iezzi, T., Duckworth, M. P., & Turk, D. (2018). Behavioral health and chronic pain. In M. P. Duckworth & W. T. O'Donohue (Eds.), *Behavioral Medicine and Integrated care: Efficient delivery of the most effective treatments* (pp. 341-363). New York, NY: Springer Publishing.

Iverson, G. L., Brooks, B. L., & **Ashton Rennison, V.L.** (2014). Minimal gender differences on the CNS Vital Signs computerized neurocognitive battery. *Applied Neuropsychology: Adult*, 21 (1), 36-42.

Jordan, P. L. & Morton, J. B. (2012). Attention and the development of anxiety disorders: The importance of disentangling reactive and regulatory components of attention. In J. A. Burack & N. A. Fox (Eds.), *Cognitive neuroscience, development, and psychopathology* (pp. 71-97). Oxford University Press.

Jordan, P. L. & Morton, J. B. (2012). Perseveration and the status of 3-year-olds' knowledge in a card-sorting task: evidence from studies involving congruent flankers. *Journal of Experimental Child Psychology, 111*, 52-64.

Keilland, E., Rupa, C.A., Prasad, A.N., Tay, K.Y., **Downie, A.**, & Prasad, C. (2016). The expanding phenotype of MELAS caused by the m.3291T>C mutation in the MT-TL1 gene. *Molecular Genetics and Metabolism Reports, 6*: 64-69.

Khan, M., & Sharma, V. (2015). Post-partum depressive episodes and bipolar disorder. *The Lancet, 385*, 771-772.

Klinck, A.M. (2009, April). *Supporting the education of children with cancer*. Paper presented at the Annual Conference of the Canadian Association of Psychosocial Oncology: Survivorship: transitions and transformations. Vancouver, BC.

Kolla, N. J., vanderMaas, M., Toplak, M. E., Erickson, P. G., Mann, R. E., Seeley, J. and **Vingilis, E.** (2016) Adult Attention Deficit Hyperactivity Disorder symptom profiles and concurrent problems with alcohol and cannabis: Sex differences in a representative, population survey. *BMC Psychiatry 16*:50

Lazosky, A.J., Young, G.B., **Zirul, S.**, & Phillips, R. (2010) Quality of life following septic illness. *Journal of Critical Care. 25 (3)*, 406-412

Legros A., Modolo J., **Dubois S.**, Thomas A. W. (October 2012). Human exposure to power-line frequency magnetic fields of up to 50 milliTesla: where is the threshold for an acute neurophysiological effect? Invited presentation to the 7th International Workshop on Biological Effects of EMF, University of Malta.

LeMarquand, D.G., Hoaken, P.N.S., Benkelfat, C., & Pihl, R.O. (2008). Biochemical factors in aggression and violence. In L. Kurtz (Ed.), *Encyclopedia of violence, peace and conflict* (2nd ed., pp. 174-188). San Diego, CA: Elsevier Press.

Levis, B., Hudson, M., Knafo, R., Baron, M., Nielson, W.R., **Hill, M.L.**, & Thombs, B.D. (2012). Rates and correlates of sexual activity and impairment among women with systemic sclerosis. *Arthritis Care & Research, 64*, 340-350.

Limotai, C., McLachlan R. S., **Hayman-Abello, S., Hayman-Abello, B.**, Brown, S., Bihari, F., Mirsattari S. (2012). *Reorganization of memory circuits in temporal lobe epilepsy*. Poster presented at Canadian Neurological Sciences Federation Annual Meeting, June 6-8 2012, Ottawa.

Mackay-Lyons, M., Bilinger S., Eng J., Dromerick A., Giacomantonio N., Hafer-Macko C., Macko R., Nguyen E., **Prior P.**, Reid R., Suskin N., Ada T., Thornton M., & Unsworth, K. (2019). Aerobic Exercise Recommendations to Optimize Best Practices In Care after Stroke: AEROBICS 2019 Update. Clinical Practice Guideline. *Physical Therapy, 100*(1), 149-156. DOI: 10.1093/ptj/pzz153

Martin, C.B., Mirsattari, S.M., Pruessner, J.C., Burneo, J.G., **Hayman-Abello, B.A.**, & Köhler, S. (2019) Relationship between déjà vu experiences and recognition-memory impairments in temporal-lobe epilepsy, *Memory*, DOI: 10.1080/09658211.2019.1643891

Massot-Tarrus, A., Mousavi, S.R., Dove, C., **Hayman-Abello, S., Hayman-Abello, B.**, Derry, P. A., Diosy, D.C., McLachlan, R. S., Burneo, J.G., Steven, D.A., & Mirsattari, S.M. (2016). Coprolalia as a manifestation of epileptic seizures. *Epilepsy & Behavior*, 60, 99-106.

Massot-Tarrus, A., White, K. P., Mousavi, S. R., **Hayman-Abello, S., Hayman-Abello, B.**, Mirsattari, S. M. (2020). Concordance between fMRI and Wada test for memory lateralization in temporal lobe epilepsy: A meta-analysis and systemic review. *Epilepsy and Behavior*, 107. doi.org/10.1016/j.yebeh.2020.107065

McHale, N., Clark, D.A., & Tramonte, L. (2015). Does optimism moderate mood repair? A daily diary study. *Motivation and Emotion*, 49, 409-419.

Mehta, S., **Orenczuk, S.**, Hansen, K., Aubut, J., Hitzig, S., Legassic, M., Teasell, R., (2011). For the SCIRE Research Team. An evidence based review of the effectiveness of cognitive behavioral therapy for psychosocial issues post spinal cord injury. *Rehabilitation Psychology*, 56, 15-25.

Mehta, S., Rice, D., McIntyre, A., **Getty, H.**, Shapiro, A.P., Morley-Forster, P., Sequeira, K., & Teasell, R. W. (2016). Identification and characterization of unique subgroups of chronic pain patients with dispositional personality traits. *Pain Research and Management, Vol 2016*, <http://dx.doi.org/10.1155/2016/6954896>.

Mikail, S.F., & **Nicholson, I.R.** (2019). The National Summit on the Future of Professional Psychology Training: Overview and recommendations. *Canadian Psychology*, 60, 228-241.

Miller, J., Modolo, J., Robertson, J.R., Corbacio, M., **Dubois, S.**, Goulet, D., Lambrozo, J., Plante, M., Souques, M., Prato, F.S., Thomas, A.W., & Legros, A. (2010, June). *Effects of a 60 Hz magnetic field exposure on human brain activity during a mental rotation task as measured by fMRI*. Poster presented at the 32nd Annual Conference of the Bioelectromagnetics Society, Seoul, South Korea.

Mistry, D., Zhu, J., Tremblay, P., Wekerle, C., Lanius, R., Jetly, R., & **Frewen, P.** (2020). Meditating in virtual reality: Proof-of-concept intervention for posttraumatic stress. *Psychological trauma: theory, research, practice and policy*, 12(8), 847–858.

Montour-Proulx, I., **Downie, A.**, Guger, S., Cairney, E., Greenberg, M., & Mandel, K. (2012, February). *Effects of Triple Intrathecal Therapy on Working Memory Functioning in Survivors of Acute Lymphoblastic Leukemia: Preliminary Results from a Canadian Multi-Centre Study*. Final Program, 40th Annual Meeting International Neuropsychological Society, Montréal, PQ.

Moran, G., Bailey, H.N., **Gleason, K.**, DeOliveira, C.A., & Pederson, D.R. (2008). Exploring the mind behind unresolved attachment: Lessons from and for attachment-based interventions with infants and their traumatized mothers. In H. Steele and M. Steele (Eds.) *Clinical applications of the Adult Attachment Interview* (pp. 371-398). New York, NY: Guilford Press.

Morrow, S., Barr, J., Manara, M., & **Ulch, S.** (2014). Risk of mood changes with high dose corticosteroid treatment for demyelinating event in Multiple Sclerosis. Poster presented at the 66th Annual Convention of the American Academy of Neurology, Philadelphia, PA.

Morrow, S. A., Barr, J., Rosehart, H. & **Ulch, S.** (2015). Depression and hypomania symptoms are associated with high dose corticosteroids treatment for MS relapses. *Journal of Affective Disorders*, 187, 142-146.

Murphy, M.J., **Grace, G.M.**, Tartaglia, M.C., Orange, J.B., Chen, X., Rowe, A., Findlater, K., Kozak, R.I., Freedman, M., Lee, T-Y., & Strong, M.J. (2012). Widespread cerebral haemodynamics disturbances occur early in amyotrophic lateral sclerosis. *Amyotrophic Lateral Sclerosis*, 13, 202-209.

Nicholson, A.A., Harricharan, S., Densmore, M., Neufeld, R.W.J., Ros, T., McKinnon, M.C., **Frewen, P.A.**, Théberge, J., Jetly, R., Pedlar, D., Lanius, R.A. (2020). Classifying Heterogeneous Presentations of PTSD via the Default Mode, Central Executive, and Salience Networks with Machine Learning. *NeuroImage: Clinical*. 2020 Apr 22;27:102262 doi: 10.1016/j.nicl.2020.102262. PMID: 32446241

Orr, E. S., **Ross, C.** & Orr, R. R. (2012). Clinical differences between factions in online gaming: The vulnerable side of evil. *Computers and Human Behavior*, 28(2), 739-743.

Poulin-Dubois, D., Hastings, P., **Chiarella, S. S.**, Geangu, E., Hauf, P., Ruel, A., Johnson, A. (2018). The eyes know it: Toddlers' visual scanning of faces is predicted by their theory of mind skills. *PLOS ONE* 13 (12). <https://doi.org/10.1371/journal.pone.0208524>

Prior, P., Xue, Y., Ali, A., Suskin, N., & Skanes, A. (2017). Psychological factors associated with self-reported symptom burden, quality of life and health care usage among paroxysmal atrial fibrillation patients. *Canadian Journal of Cardiology*, 33 (10, supp), p. S58-59, abstract 100.

Prior, P. L., Hachinski, V., Chan, R., Unsworth, K., Mytka, S., Harnadek, M., O'Callaghan, C., & Suskin, N. (2017). Comprehensive cardiac rehabilitation for secondary prevention after transient ischemic attack or mild stroke. Psychological profile and outcomes. *Journal of Cardiopulmonary Rehabilitation*, 37 (6), 428-436.

Prior, P. L. & Suskin, N. (2018). Exercise for stroke prevention. *Stroke and Vascular Neurology* 2018;3:e000155.doi:10.1136/svn-2018-000155

Purcell, B., Heisel, M.J., Speice, J., Franus, N., Conwell, Y., & Duberstein, P.R. (2012). Family connectedness moderates the association between living alone and suicide ideation in a clinical sample of adults 50 years and older. *The American Journal of Geriatric Psychiatry*, 20, 717-723.

Reid, G.J., Stewart, S.L., Barwick, M., Carter, J., Leschied, A., Neufeld, R. W. J., St. Pierre, J., Tobon, J., **Vingilis, E.**, & Zaric, G. (2019). Predicting patterns of service utilization within children's mental health agencies. *BMC Health Services Research*, 19 (993), 1-14.

Reid, G. J., Stewart, S. L., Barwick, M., Cunningham, C., Carter, J., Evans, B., Leschied, A., Neufeld, R., St. Pierre, J., Tobon, J., **Vingilis, E.**, & Zaric, G. (2021) Exploring patterns of service utilization within children's mental health agencies. *Journal of Child and Family Studies*, 30, 556-574.
DOI 10.1007/s10826-020-01859-2

Rizek, P., Cheung, C., McLachlan, R.S., **Hayman-Abello, B.**, Lee, D.H., Hammod, R.R., & Mirsattari, S.M. (2014). Childhood-onset nonprogressive chronic encephalitis. *Epilepsy & Behavior*, 31, 85-90.

Roncadin, C., Hitzler, J., **Downie, A.**, Montour-Proulx, I., Alyman, C., Cairney, E., & Spiegler, B.J. (2015) Neuropsychological late effects of treatment for acute leukemia in children with Down syndrome. *Pediatric Blood and Cancer*, 62(5), 85-89.

Roth, M. (2020). Practice implications and clinical observations: Virtual care for a military/Veteran population during the COVID-19 pandemic. *Journal of Military, Veteran, and Family Health*, 6:S2, 91-94.

Roth, M. & McIntyre-Smith, A. (2015). *Evidence-based treatment and Special Considerations for Military-related PTSD*. Workshop presented at the Ontario Psychological Association's 68th Annual Conference, Toronto, ON.

Roth, M., St. Cyr, K., Levine, A., King, L., & Richardson, D. (2016). Do DSM-5 changes to PTSD symptom cluster criteria alter the frequency of probable PTSD when screening treatment-seeking Canadian Forces members and Veterans? *Journal of Military, Veteran, and Family Health*, 2(2), 37-42

Ruel, A., **Chiarella, S. S.**, Crivello, C., & Poulin-Dubois, D. (2019). Concurrent validity of the Modified Checklist for Autism in Toddlers (M-CHAT): Socio-cognitive and verbal skills in 18-month-old infants. *Journal of Autism and Developmental Disorders*. DOI: <https://doi.org/10.1007/s10803-020-04379-6>

Salisbury, T., Ruddell, M.E., **Balsom, R.**, & Hoaken, P. (2016). Adventure-Based counseling: Promoting positive interpersonal behaviour in a forensic psychiatric sample – a pilot study. *Research Insights*, 13, 2-9.

Salmon, A., **Hayman-Abello, B.**, Connolly, B., & McLachlan, R. (2014). Temporal lobectomy with delayed amnesia following a new lesion on the other side. *Canadian Journal of Neurological Science*. 41, 220-225.

Schraeder, K. E. Barwick, M. Cairney, J., Carter, J., Kurdyak, P., Neufeld, R. W. J., St. Pierre, J., Stewart, S. L., Tobon, J., **Vingilis, E.**, Zaric, G. & Reid, G. J. (2021) Re-accessing mental health care after age 18: A longitudinal cohort study of youth involved with community-based child and youth mental health agencies in Ontario. *Journal of the Canadian Academy of Child and Adolescent Psychiatry*, 30 (1): 12–24.

Sinyor, M., Kiss, A., Williams, M., Zaheer, R., Pirkis, J., **Heisel, M. J.**, et al. (2020). Changes in suicide reporting quality and deaths in Ontario following publication of national media guidelines. *Crisis: The Journal of Crisis Intervention and Suicide Prevention*, <http://dx.doi.org/10.1027/0227-5910/a000737>

Soros, P., **Harnadek, M.**, Blake, T., Hachinski, V., Chan, R. (2015). "Executive Dysfunction in Patients with Transient Ischemic Attack and Minor Stroke ." *Journal of the Neurological Sciences*, 354, 17-20.

Stevenson, R. A., **Segers, M.**, Ncube, B.L., Black, K. R., Bebeko, J. M., Ferber, S., Barense, M. D. (2018). The cascading influence of low-level multisensory processing on speech perception in Autism. *Autism*, 22(5), 609-624.

Suskin, N., Shariff, S., Garg, A., Reid, J., Unsworth, K., **Prior, P. L.**, & Alter, D. (2019). Importance of completing hybrid cardiac rehabilitation for long-term outcomes: A real-world evaluation. *Journal of Clinical Medicine*, 8(3), 290; <https://doi.org/10.3390/jcm8030290>

Thakrar, S., **Hunter, T. A.**, Medved, M. I., Logsetty, S., Hiebert-Murphy, D., Brockmeier, J., & Sareen, J. (2015). Men, Fire, and Burns: Stories of Fighting, Healing, and Emotions. *Burns*, *41*(8), 1664-1673.

Tomlinson, D., Robinson, P., Oberoi, S., **Cataudella, D.**, Culos-Reed, N., Davis, H., Duong, N., Gibson, F., Götte, M., Hinds, P., Nijhof, S. L., van der Torre, P., Cabral, S., Dupuis, L. L., & Sung, L. (2018). Pharmacologic interventions for fatigue in cancer and transplantation: a meta-analysis. *Current Oncology*. Apr 25(2): e152-e167.

Wadhwa, S., & **Heisel, M.J.** (2020). Enhancing the assessment of resiliency to suicide ideation among older adults: The development and initial validation of the Reasons for Living-Suicide Resiliency scale. *Clinical Gerontologist*, *43*, 61-75.

Wang, Y., Liu, Z., Chen, S., Ye, X., Xie, W., Hu, C., **lezzi, T.**, & Jackson, T. (2018). Pre-surgery beliefs about pain and surgery as predictors of acute and chronic post-surgical pain: A prospective cohort study. *International Journal of Surgery*, *52*, 50-55. doi: 10.1016/j.ijssu.2018.02.032

Zhang, K.M., **Prior, P.L.**, Swartzman, L.C., Suskin, N., Unsworth, K.L., & Minda, J.P. (2019). Can causal explanations about endothelial pathophysiology benefit patient education? A cluster randomized controlled trial in cardiac rehabilitation. *Patient Education and Counseling*, *102*(9), 1672-1679. doi.org/10.1016/j.pec.2019.04.019.

Zia, B., **Heisel, M.J.**, Peckham, S.B., & Rosen, S. (2020). A psychometric assessment of the Suicidal Behaviors Questionnaire (SBQ-5) and Geriatric Suicide Ideation Scale-Screen (GSIS-Screen) in middle-aged and older men. *Clinical Gerontologist*, *43*, 46-60.



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

Dr. Brent Hayman-Abello

Director of Clinical Training, Psychological Services
London Health Sciences Centre
339 Windermere Road
London, Ontario, Canada N6A 5A5

Email: brent.haymanabello@lhsc.on.ca
Telephone: **519-663-3466** Fax: **519-663-3176**

www.londoninternshipconsortium.ca