



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 2019: 59

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

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, chronic pain, 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 respirology). 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. Residents may see some of these patients in an interprofessional paediatric chronic pain clinic that focuses on a biopsychosocial model of pain assessment and treatment.

Supervisors: Dr. Danielle Cataudella
Dr. Jennifer Crotogino
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: Dr. Debbie Vanderheyden

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: Dr. Abirami Kandasamy

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 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 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

A Selective Mutism service is available where direct assessment and school consultation is provided by a psychologist and speech and language pathologist to support children who do not speak at school due to social anxiety.

Supervisor: Dr. Jeff St. Pierre

Residential/Intensive Services are also provided to children and youth, 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, 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)
Dr. Jeff St. Pierre (inpatient adolescent boys' 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, 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.

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, and may choose to assist with program development and evaluation. Residents will gain experience in comprehensive assessment, diagnosis and clinical formulation, and consultation to interprofessional teams, as well as individual therapy, family therapy, or both. Additional training opportunities may include ongoing research, program evaluation, and quality improvement initiatives. 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 therapy, family therapy, or both. 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

London Clinical Psychology Residency Consortium 2021-2022

TRACK	Child / Adolescent (see p. 39)		
ORGANIZATION and SITE	LHSC: Victoria & Children’s Hospital (see p. 40-41)	Child and Parent Resource Institute (CPRI) (see p. 42)	Vanier Children’s Mental Wellness (see p. 45)
MAJOR ROTATION/ SERVICE *See list of Minor Rotation options (p. 77- 86) 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 - Interdisciplinary Autism Services (IAS) - The Dual Diagnosis: Behaviour and Anxiety Clinic - Residential/Intensive Services - Selective Mutism 	<ul style="list-style-type: none"> - Community – Based Services - Intensive Services

Sample Combination 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
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 2019: 64

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, Riverview

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.

Adult Inpatient Mental Health and Addictions

The Inpatient program serves a mix of voluntary and involuntary patients over the age of 18 years who present with a wide range of issues, including: reality-testing problems (hallucinations, delusions, disorganized behaviour); suicidality; trauma; severe anxiety, depression, or both; mania or hypomania; substance use or abuse; and longstanding mood, behaviour, and relationship problems. Residents will work primarily on the four general mental health and addictions units and will also gain exposure to the two specialized units (the Psychiatric Intensive Care Unit and the Geriatric Behavioural Unit). Residents will gain experience in three areas: therapy, interdisciplinary collaboration, and program development. Therapy is offered in individual and family modalities using brief models (specifically, Solution Focused or Narrative therapies) or a Relational (contemporary psychodynamic) approach. Interdisciplinary teams include Psychiatrist, Hospitalists, Nurses, Orderlies, Occupational Therapists, Recreational Therapists, Social Workers, and a Psychologist. Residents will have opportunities to attend rounds, consult with staff and physicians, and gain exposure to group interventions. Program development activities include evaluating existing interventions, creating new program materials, or both. Supervision will address intervention skills, process issues, and a systemic perspective.

Supervisor: Dr. Jeff Carter

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 diagnostic assessment, case formulation, and treatment planning will also be emphasized. Observation and/or direct involvement in skills-based group therapy 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

Prevention and Early Intervention Program for Psychoses (PEPP)

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

Supervisor: Dr. Maya Gupta

London Health Sciences Centre: Riverview

Adult Eating Disorders Service

The Adult Eating Disorders Service (www.lhsc.on.ca/aeds) is a community-based program that provides comprehensive medical and psychosocial treatment along a full continuum of care to adults with anorexia nervosa, bulimia nervosa, binge eating disorder, and other specified feeding or eating disorders. Services provided include comprehensive assessments, psychoeducation, outpatient, day-hospital, and residential treatment as well as family education and support. The psychologist works within the multidisciplinary team to provide psychotherapy and program development and evaluation. Therapy is delivered both in group and individual formats. Residents will work towards developing a comprehensive knowledge of these complex disorders that involve both psychological and physiological sequelae. The focus for residents will be on the assessment and treatment of eating disorders; however, there will be opportunities for program development and assisting with ongoing program evaluation projects. The predominant theoretical modality utilized is eating disorder specific cognitive behavioural therapy.

Supervisor: Dr. Philip Masson

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. Brenda Chiang
 Dr. Tevya Hunter
 Dr. Steve Orenczuk

Adult Inpatient Psychiatry

Adult Inpatient Psychiatry is comprised of four inpatient units and provides inpatient assessment and treatment for adults (18 years of age or older). Patients present with various challenges such as severe and persistent mood and/or anxiety disturbances, psychosis, personality difficulties and co-morbid illnesses such as physical health disorders and substance use disorders. The interprofessional service also aims at relapse prevention, recovery from mental illness and transition back into community. 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 short-term intervention.

Supervisor: Dr. Stephanie Dubois

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, 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.

Supervisors: Dr. Laura Fazakas-DeHoog

TRACK	Adult Mental Health (see p. 47)			
ORGANIZATION	London Health Sciences Centre		St. Joseph's Health Care London	
SITES	Victoria Hospital (see p. 48)	Riverview (see p. 50)	Parkwood Institute (see p. 51)	Southwest Centre for Forensic Mental Health Care (see p. 53)
MAJOR ROTATION/ SERVICE *See list of Minor Rotation options (p. 77- 86)	<ul style="list-style-type: none"> - Cognitive-Behavioural Therapy (CBT) - Dialectical Behaviour Therapy (DBT) - Geriatric Mental Health Program (GMHP) - Prevention and Early Intervention Program for Psychoses (PEPP) 	<ul style="list-style-type: none"> - Adult Eating Disorders Service 	<ul style="list-style-type: none"> - Operational Stress Injury (OSI) Clinic - Adult Inpatient Psychiatry - Adult Ambulatory Services - Concurrent Disorders Services 	<ul style="list-style-type: none"> Inpatient and Outpatient Services, including assessment, treatment, rehabilitation units and Outreach Team

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	Adult Inpatient Psychiatry (SJHC) - (4 days)		Prevention and Early Intervention Program for Psychoses (PEPP) (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 2019: 10

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
Ms. Ann Klinck
Dr. Cathy Maan

London Health Sciences Centre: Victoria Hospital

General Behavioural Medicine

Residents may choose to work in the General 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 (structured treatment protocols and open-ended psychotherapy groups) on an outpatient basis. Residents also provide consultation services on a limited basis to hospital clinics (e.g., total parenteral nutrition clinic). When available, residents also have the opportunity to supervise practicum level students.

Supervisor: *To Be Determined*

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. Heather Getty
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, Dieticians, 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 2021-2022

TRACK	Health/Rehabilitation (see p.55)			
ORGANIZATION	London Health Sciences Centre			St. Joseph's Health Care London
SITES	Children's Hospital (see p. 56)	Victoria Hospital (see p. 57)	University Hospital (see p. 57)	St. Joseph's Hospital (see p. 59)
MAJOR ROTATION/ SERVICE *See list of Minor Rotation options (p. 77- 86)	- 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	Major – 3 days/week	Minor – 1 day/week
Health/Rehabilitation	Behavioural Medicine (4 days) (LHSC)	Cardiac Rehabilitation & Secondary Prevention (SJHC)	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

Number of applications in 2019: 29

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., capacity assessments, 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 two of the following Major Rotations:

- London Health Sciences Centre: Victoria Hospital – Core Services
- London Health Sciences Centre: University Hospital – Core Services or
Clinical Neurological Sciences
- St. Joseph's Health Care London: Parkwood Institute – Specialized Geriatric Services

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:

- London Health Sciences Centre: Children's Hospital, Neuropsychology (required)
- And one of:
 - London Health Sciences Centre: Victoria Hospital – Core Services
 - London Health Sciences Centre: University Hospital – Core Services or
Clinical Neurological Sciences
 - St. Joseph's Health Care London: Parkwood Institute – Specialized Geriatric Services

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; Specialized Geriatric Services Grand Rounds; 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 2020: *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. However, 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, etc. 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;
- Completion of graduate-level courses (or other documented formal didactic training) in 1) neuropsychological theory or neuropsychological assessment and 2) child development (e.g., developmental psychology, paediatric psychology).

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 – Core Services

London Health Sciences Centre: University Hospital – Core Services or Clinical Neurological Sciences

St. Joseph's Health Care London: Parkwood Institute – Specialized Geriatric Services

London Health Sciences Centre: Children's Hospital, Neuropsychology

London Health Sciences Centre: Victoria Hospital - Core Services

The **Neuropsychological Diagnostic Assessment** Service at Victoria Hospital 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, and psychiatry.

The aim of this Major Rotation is to prepare residents for professional practice in a hospital-based general neuropsychology service. Residents develop the consultation and assessment skills necessary to address the types of referral questions generally posed, including differential diagnosis; capacity to make decisions regarding health care and discharge to long term care; recommendations for current management, home supports, and rehabilitation (cognitive, educational, and/or vocational); and at times providing a better understanding of the neurological underpinnings of behaviour to enhance patient care. Skill development includes providing neuropsychological assessments within the parameters of inpatient medical units, such as tailoring assessments according to the acuity of the patient's medical status and conducting bedside assessments. Residents will also develop an appreciation of how different medical conditions may affect the integrity of the brain. Emphasis is placed on case conceptualization and formulation.

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.

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 and frequently have the opportunity to gain supervisory experience with practicum students during the second six-month rotation.

Supervisor: Dr. Andrea Lazosky

London Health Sciences Centre: University Hospital – Core Services

Adult Core Neuropsychology at University Hospital is primarily an outpatient service that involves comprehensive assessments for individuals 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 completed to gauge cognitive strengths and limitations, guide return to work or school programming, help direct rehabilitation services or for diagnostic assistance. Inpatient evaluations are occasionally available.

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 interview and medical chart review skills, ability to administer, score, and interpret neuropsychological tests and write clinically meaningful reports. 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. Overall, this service will provide residents with broad-based skills suitable for a general hospital-based neuropsychology practice.

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 the 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

St. Joseph's Health Care London: Parkwood Institute

Neuropsychology in **Specialized Geriatric Services** (SGS) at Parkwood Institute focuses on outpatient services to a wide range of individuals with memory and behavioural concerns aged 55 years and older.

Neuropsychology in SGS focuses on diagnostic assessment referrals in the Aging Brain and Memory Clinic. Diagnostic referrals include normal versus mild cognitive impairment, as well as differential dementia diagnosis, including Alzheimer's disease, Fronto-Temporal Dementia (subtypes of Behavioral Variant, Primary Progressive Aphasia, and Semantic Dementia), Posterior Cortical Atrophy, Herpes Simplex Encephalitis, Alcoholic Dementia and Lewy Body Dementia. Cognitive remediation opportunities may be available with individual patients during feedback sessions, and it may be possible for residents to observe a group cognitive remediation session. There are also opportunities for following patients at Geriatrician/Neurology/Nurse Practitioner clinics to further understand the interface between neuropsychology and other specialist geriatric practitioners.

Supervisor: Dr. Jennifer Fogarty

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.61)		
ORGANIZATION	London Health Sciences Centre		St. Joseph's Health Care London
SITES	University Hospital - Clinical Neurological Sciences / Core Services (see p. 66)	Victoria Hospital - Core Services (see p. 65)	Parkwood Institute (see p. 67)
MAJOR ROTATION/ SERVICE *See list of Minor Rotation options (p. 77-86)	- Adult Neurology / Neurosurgery - Adult Epilepsy - Adult Core Neuropsychology	- Neuropsychological Diagnostic Assessment	- Specialized Geriatric Services

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)	Neuropsychological Diagnostic Assessment (LHSC)	Concurrent Disorders Service (SJHC)

TRACK	Neuropsychology- Paediatric Emphasis (see p. 61)			
ORGANIZATION	London Health Sciences Centre			St. Joseph's Health Care London
SITES	Children's Hospital (see p. 68)	University Hospital (see p. 66)	Victoria Hospital (see p. 65)	Parkwood Institute (see p. 67)
MAJOR ROTATION/ SERVICE *See list of Minor Rotation options (p. 77 - 86) 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 - Adult Core Neuropsychology	Neuropsychological Diagnostic Assessment	-Specialized Geriatric Services

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: *To Be Determined*

NMS Code Number: 181517

Two (2) Resident Positions are available

Number of applications in 2019: 22

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 at least three 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 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 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, under the supervision of a psychologist who is not supervising an intervention rotation.

Supervisor: Dr. Susan Ruscher

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. Susan Ruscher

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 often are available and will be agreed upon in discussion and planning between the resident and supervisor.

Supervisors: To be determined

TRACK	Counselling (see p. 71)		
ORGANIZATION and SITE	Western University Mental Health Care, Health and Wellness (see p. 72)		
MAJOR ROTATION/ SERVICE *See list of Minor Rotation options (p. 77 - 86)	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)