

MINOR ROTATIONS

Adult Neurology/Neurosurgery Neuropsychology

Michael Harnadek, 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 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

Kathryn Dance, Ph.D., C.Psych., Elspeth Evans, Ph.D., C.Psych., Jared French, Ph.D., C. Psych.(Supervised Practice), Gail Hutchinson, Ph.D., C.Psych., Susan Ruscher, Ph.D., C.Psych., Beverly Ulak, Ph.D., C.Psych., Naomi Wiesenthal, Ph.D., C.Psych.

Student Development Centre, Western University

This rotation offers an opportunity to conduct initial assessment interviews, crisis intakes, and treatment with university students seen at Psychological Services at Western's Student Development Centre. 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 evaluation of effectiveness of interventions are components of the rotation. Residents will gain experience integrating a variety of treatment strategies including CBT.

(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 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 uses its own London Cardiovascular Information System (LCVIS), a sophisticated web-based facility for vascular chronic disease management. LCVIS sub-serves clinical, evaluation and research functions, and manages a database with comprehensive patient records spanning more than 15 years. Subject to feasibility considerations, residents may initiate or participate in research projects in CRSP.

(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., Richard Zayed, 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.

(Anti-requisite: Child/Adolescent Track)

Child & Adolescent Inpatient Service

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

London Health Sciences Centre: Children's Hospital

This rotation provides opportunities for residents to engage with high risk youth and their families on a crisis inpatient unit. Residents would have an opportunity to observe/participate in assessment, treatment and consultation from both an interdisciplinary perspective. Issues addressed relate to assessment of suicide risk, family functioning, development of effective coping strategies and behavioural management.

(Anti-requisites: Child & Adolescent Track)

Child/Adolescent Mood and Anxiety Disorders Program

*Kerry Collins, Ph.D., C. Psych., Julie Eichstedt, Ph.D., C.Psych.,
Devita Singh, 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, loss sequelae, etc. A range of therapeutic services is offered including individual, group and family therapy, community liaison, etc. Residents will gain experience in both assessment and treatment of internalizing disorders in this rotation. Cognitive behavioural therapy is the primary therapeutic approach. Supervision and consultation with other Mental Health Care Program staff is also encouraged.

(Anti-requisite: Child/Adolescent Track)

Community Children's Mental Health

*Jeff Carter, Ph.D., C.Psych., Sabrina Chiarella, Ph.D., C.Psych.,
Esther Goldberg Ph.D., C.Psych., Carla Smith, Ph.D., C.Psych.*

Vanier Children's Services

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 18th birthday. The primary focus currently at Vanier is on services to pre-school children to young adolescents. 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 (in home), and residential (group and foster) treatment. Several orientations inform clinical work, such as cognitive behavioural, solution-focused, emotion-focused, attachment, and psychodynamic theories.

Residents on the Community Children's Mental Health rotation provide services to one of the Early Years Team, Intensive Services Teams, or Community Services Team, depending on residents' interest and training needs and supervisor availability. Psychological services to Early Years clients (birth to age six 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. Intensive Services include residential 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 residential services. 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. The Community Services Team provides outpatient services in London and Middlesex. Specific programs include brief services (scheduled and walk-in), focused family therapy, Francophone services, and group interventions. On any team, residents completing a minor rotation at Vanier will gain experience in comprehensive assessment, diagnosis and clinical formulation. They also gain experience in one or more of consultation to staff, individual therapy, and family therapy.

Acceptance into this placement is dependent on the successful completion of a police record check 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

The resident may choose to work to provide psychological services within the Clinical Neurological Services department, mainly the Epilepsy Monitoring Unit. Patients with seizures are referred to this unit for diagnosis, medication adjustment, assessment for surgery etc. Clinical psychology referrals include consultation regarding diagnostic questions (e.g., psychogenic non-epileptic seizures/conversion disorder, depression, anxiety), and referrals for treatment including mood/anxiety problems, personality, adjustment, etc. In the consulting role, patients are assessed using clinical interviews and psychological testing, and through preparing consultation reports. The assessment may lead to short-term interventions while the patient is in hospital (e.g., stress management, brief therapy). Outpatient assessments and psychological intervention may also be part of the rotation. Therapy is conducted with individuals, and tends to be short-term and solution-focused informed by cognitive-behavioural strategies and skills.

(Anti-requisite: Health/Rehabilitation Track)

Forensic Psychology

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

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

The forensic unit at Southwest Centre for Forensic Mental Health Care is a multilevel security 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 some exposure to assessment including comprehensive psychological assessment, as well as assessment of criminal responsibility and current risk. Clinical opportunities also include individual treatment in both inpatient and outpatient populations with the goal of rehabilitation and community reintegration. On this rotation, residents may also have an opportunity to gain experience with 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. 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 typically consisting of nurses, psychiatrists, social workers, a psychologist, occupational therapists, and recreation specialists. Cognitive/personality assessment, psychotherapy (primarily cognitive-behavioural therapy for depression, anxiety, or addictions), cognitive-behavioural group therapy for seniors, and/or consultations (for responsive behaviours related to mental health or addictions) are offered in this rotation.

(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)

Neuropsychological Diagnostic Assessment Service

Andrea Lazosky, Ph.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., Sue 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 inter-professional 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)

Operational Stress Injury Clinic

Shannon Gifford, Ph.D., C.Psych., Charles Nelson, Ph.D., C.Psych.

St. Joseph's Health Care London: Parkwood Institute

The Operational Stress Injury Clinic provides assessment and treatment services on an outpatient basis to currently-serving and retired members of the Canadian Forces and the RCMP. Clients tend to present with a complex array of symptoms, most commonly trauma and depression-related. Issues involving substance abuse, relational difficulties, and the challenges of transitioning from military to civilian life are also common in this population. Residents selecting this Minor Rotation complete assessments for treatment planning and disability-award purposes, typically involving clinical interviews, semi-structured diagnostic interviews, and self-report symptom-focused and personality measures. Intervention training experiences can be tailored to the interests of the resident. Opportunities for individual psychotherapy are consistently available. Opportunities to co-facilitate a psycho-education or treatment group (e.g., a cognitive behavioural depression group, an acceptance and commitment therapy group) are sometimes available.

(Anti-requisite: Adult Mental Health Track)

Paediatric Medical Clinics

Erica Gold, Ph.D., C.Psych.

London Health Sciences Centre: Children's Hospital

This minor rotation provides opportunities for residents to work with children, adolescents, and their families who have a medical problem that affects their psychological adjustment or psychological problems that affect their health. Residents are involved in assessment, therapy, and consultation within the hospital and occasionally with schools. Issues addressed may include management of recurrent or chronic pain such as headaches or abdominal pain, anxiety contributing or related to physical symptoms or a medical condition, grief and support following diagnosis, and adherence to treatment regimes.

(Anti-requisites: Child/Adolescent Track, Health/Rehabilitation Track)

Paediatric Neuropsychological Assessment

Andrea Downie, Ph.D., C.Psych., Ellen Vriezen, Ph.D., C.Psych.

London Health Sciences Centre: Children's 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 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)

Population Health Psychology

Evelyn Vingilis, Ph.D., C.Psych.

Western University

In this minor rotation, residents will have the opportunity to enhance their research and statistical skill sets by either working with a large survey database or working on a component of a project that is in development or on-going in the areas of mental health services, at-risk youth, or traffic injury prevention. Specifically, in the first option, residents will identify a research question of interest, derived from the large survey database, such as the National Population Health Survey, the Centre for Addictions and Mental Health Monitor survey, or the Ontario Student Drug Use and Health Survey, identify an appropriate theory to test and statistical method or model to use, conduct the analyses and write a paper. In the second option, residents will identify a specific question of interest from current/ developing projects, conduct the work required (e.g., conduct a systematic literature review, conduct a component of a study, the analysis of a dataset) with the end point being the write-up of a paper. Residents will be encouraged to choose a project that allows them to have a draft paper for either conference presentation or publication, but will not be required to do so.

(Anti-requisites: None)

Psychology and Change Management

Jeff Carter, Ph.D., C.Psych.

Vanier Children's Services

Based out of Vanier Children's Services, the Ministry of Child and Youth Services Lead Agency for Children's Mental Health in London-Middlesex, the Psychology and Change Management rotation offers an opportunity to learn about psychology's role in both formal and informal leadership roles. Focusing on community-based children's mental health services, it includes involvement in systems and program planning, and project management and implementation. Working with the Director of Quality Improvement at Vanier, residents can be involved in a range of activities, including service design, change and quality initiatives, and research and evaluation, while learning principles and practices of leadership and management.

(Anti-requisite: None)

Research – Child and Adolescent Mental Health Care Program

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

Devita Singh, Ph.D., C. Psych.

London Health Sciences Centre: Victoria Hospital

This minor rotation offers the opportunity to participate in program evaluation and clinical research projects within the Child & Adolescent Mental Health Care Program. Current research interests include strategies to reduce wait times for children's mental health services, e-mental health or smart phone mental health applications, and the effectiveness of various therapies (e.g., modular, 5-day intensive treatments). Rotation activities may include conducting literature reviews, study design, scoring of outcome measures, data entry, analyses, and write up for either poster/oral presentation (e.g., Annual Psychiatry Research Day) or publication, as well as attendance at regular research meetings.

(Anti-requisite: Child/ Adolescent Track)

Residential Veterans Care Program

Maggie Gibson, Ph.D., C.Psych.

St. Joseph's Health Care London: Parkwood Institute

The Residential Veterans Care Program (VCP) provides inpatient long term care and chronic care for Canadian war veterans. Psychological service delivery in the residential program has evolved as the program itself has evolved, emphasizing different competencies at different times to bring added value to the care and service of aging veterans and related cohorts. The average age of eligible veterans is now 93 years and the current focus is on bringing a psychological and evidence-based perspective to organizational transition as the program takes the next steps in its mandate to provide quality care to an increasingly complex patient group that is rapidly declining in numbers. The program psychologist helps to conceptualize, analyze and synthesize systemic, clinical, policy, procedural and legacy issues at play in this transition process. Residents working in this program have the opportunity to engage in ongoing collaborative and consultative planning and change management initiatives. (Note that this rotation is only available as a Minor Rotation).

Spinal Cord Rehabilitation

Steven Orenczuk, Psy.D., C.Psych.

St. Joseph's Health Care London: Parkwood Institute

The Spinal Cord Injury Rehabilitation Service at Parkwood Institute is a regional 15 bed inpatient and outpatient program for adults who have sustained a spinal cord injury, either traumatic (e.g., from a motor vehicle accident or fall) or non-traumatic in etiology (e.g., spinal metastases) or other neurological disorder (e.g., Guillain-Barre Syndrome). The outpatient rehabilitation component of the program serves alumni of the inpatient setting, in addition to other members of the local community. There is a cognitive behavioural emphasis to the treatment interventions that focus on adjustment of the patient to his or her disability. Supportive counselling and psychoeducational groups are also available as experiences to the residents working on the spinal cord rehabilitation service. Psychology services frequently are consultative in nature. Psychometric assessments typically address cognitive and emotional functioning. Occasionally, vocational assessments are offered. Psychology is also involved in a monthly injury prevention program as well as in the ongoing compilation of evidence-based approaches to spinal cord injury rehabilitation. Participation as a member of an interprofessional treatment team is a key component of the rotation. (Anti-requisite: Health/Rehabilitation 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, and neuroimaging studies. Current topics include mindfulness-based therapy and the neurophenomenology of dissociative experiences. 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)