

**THE ROYAL OTTAWA HEALTH CARE GROUP**  
**PREDOCTORAL RESIDENCY PROGRAM**  
**IN**  
**CLINICAL PSYCHOLOGY**



[www.rohcg.on.ca](http://www.rohcg.on.ca)

**Version Date: September 28, 2009**

# THE ROYAL OTTAWA HEALTH CARE GROUP

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The Royal Ottawa Health Care Group (ROHCG) provides a full range of mental health services to the residents of Eastern Ontario and Western Quebec. The ROHCG Predoctoral Residency Program in Clinical Psychology is comprised of two separate sites with many joint training experiences. The two sites include the Royal Ottawa Mental Health Centre (ROMHC) Site and the Brockville Mental Health Centre (BMHC) Site. **Applicants may apply to one or both sites (separate applications are required).** The ROHCG has five full time Residency positions for the 2010-11 year. Three full time Resident positions are offered at the ROMHC site and two full time Resident positions are offered at the BMHC site. The ROHCG Predoctoral Residency Program has evolved from the ROHCG Internship Program and the Rehabilitation Centre – Royal Ottawa Hospital Consortium Internship Program. As such the ROHCG/ROH has been part of a long standing predoctoral training program in psychology accredited by both the Canadian Psychological Association (CPA) and the American Psychological Association (APA) until August 2005. As of September 2005, a revised residency program has been offered entitled the Royal Ottawa Health Care Group Predoctoral Residency Program in Clinical Psychology. Concurrent CPA and APA accreditation was granted from 2005 until 2013. Information regarding the ROHCG Residency Program is also available on our website at [www.rohcg.on.ca](http://www.rohcg.on.ca).

**The Royal Ottawa Mental Health Centre (ROMHC)** serves as the major provider of psychiatric services to the Champlain District of Eastern Ontario and Western Quebec. Psychiatric assessment and treatment services for adults and adolescents are provided, in English and French, on an inpatient, outpatient, and community basis. The ROMHC is a teaching hospital of the University of Ottawa. The inpatient capacity is approximately 200 beds. Treatment programs for both inpatients and outpatients include anxiety disorders, forensic psychiatry, geriatric psychiatry, mood disorders, schizophrenia and substance use and concurrent disorders. There is also a centralized neuropsychology unit and an intensive assessment and intervention program comprised of an evaluation unit, a dual diagnosis consultation outreach team and a psychiatric outreach team. A number of Assertive Community Treatment Teams are also affiliated with the ROMHC. The Youth Psychiatry Program serves individuals 15 - 19 years of age with inpatient, partial hospitalization, day treatment, outpatient and outreach services. The ROHCG is administered under a program management model with the discipline of Psychology headed by a Chief of Psychology for both the ROMHC and BMHC.

**The Brockville Mental Health Centre (BMHC)** has been providing mental health treatment since 1894. It is located in Brockville, a small city of 21,000 one hour south of Ottawa. The hospital has been part of the ROHCG since 2001, and is a teaching hospital of the University of Ottawa and Queen's University. It provides an integrated approach to the treatment of individuals with mental illness, as well as research, education and advocacy. The hospital has approximately 200 beds for care of those in acute crises and for specialized treatment. Programs include inpatient and outpatient care for schizophrenia, mood disorders, anxiety disorders and forensics. BMHC provides a continuum of care by having satellite clinics in several outlying communities, providing Assertive Community Treatment Teams, as well as Crisis/Outreach services. Because of its location, BMHC has expertise in rural mental health care.

# **ROHCG PREDOCTORAL RESIDENCY PROGRAM**

## **IN CLINICAL PSYCHOLOGY**

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Residents receive a stipend of \$30,000.00 per annum that includes 4 weeks paid vacation, 5 days education leave, sick leave, 5 days personal/emergency leave and statutory holidays. This stipend is subject to employment insurance and tax deductions. Canadian residents have health benefits under the Ontario Health Insurance Plan. Extended health care benefits covering prescription drugs, dental care, etc. are the responsibility of the Resident. Residents are required to obtain professional liability insurance. Please note: Successful Residents will be required to have a clear Criminal Reference Check (for the Vulnerable Sector) dated within three months prior to their start date.

In recognition of the importance of personal-professional balance, off-site appointments (with supervisors, for interviews, etc) and family issues, we provide one Friday per month as professional development time to be completed at the Residents discretion either on or off site. We also have initiated an optional condensed work week pilot such that the 37.5 hour work week can be condensed into a Tuesday – Friday work week of 37.5 hours. This optional condensed work week is contingent on being able to complete the core experiences within the 4 days and supervisor and training committee approval. To reinforce the personal-professional model of balance that our Residency aspires to, we provide compensation time for work conducted outside regular work hours (i.e. groups, meetings, appointments, etc.).

### **Philosophy and Goals of the Program**

The ROHCG Psychology Residency's mission, values, principles, goals and objectives are described below.

The ROHCG Psychology Residency Program provides generalist pre-doctoral training in Clinical Psychology within the context of a nationally recognized tertiary care setting (ROMHC and BMHC) and a Schedule I, Acute Care setting (Elmgrove, BMHC). The ROHCG is committed to being a Centre of Excellence in the areas of clinical service delivery, research and education.

- ❖ ***The vision for the ROHCG is: Mental health and well being for all.***
- ❖ ***The mission of the ROHCG is: Pursuing excellence in care, advocacy, research and education within integrated systems.***
- ❖ ***The values of the ROHCG are: We are guided by innovation and a passionate commitment to collaboration, honesty, integrity and respect.***

## **Philosophy, Mission and Model of the ROHCG Residency Program:**

The ROHCG Residency Program's mission is: Pursuing excellence in Clinical Psychology Predoctoral Residency Training.

### **The ROHCG Residency Program's philosophy, values and principles are:**

- 1) Excellence in training requires a training environment that is empowering, professionally enriching, respectful and supportive.
- 2) Psychology has multiple roles through which mental health and functioning can be enhanced. Training provides opportunities for experiential skill development in the multiple roles of the Psychologist including clinician, teacher/supervisor, researcher/evaluator, administrator and leader.
- 3) Training is conducted within a system that respects interdisciplinary team functioning and the unique role of Psychologists.
- 4) Training has a sound scientist-practitioner foundation that enhances professional skills to optimize positive outcomes for patients. This foundation includes training in competent practice of empirically-supported treatments and evaluative research.
- 5) Training involves exposure to diverse populations and clinical experiences that enhances professional development, professional competence and sensitivity to diversity.
- 6) Training in ethics and legislation creates ethically sound Psychologists.

### **The ROHCG Residency Program's Training Goals are:**

- 1. Goal:** To provide an empowering, professionally enriching, supportive and respectful training environment that fosters the Resident's professional competence and identity as a Psychologist.
- 2. Goal:** To train Residents to engage competently in the multiple roles of the clinical Psychologist including clinician, teacher/supervisor, evaluator/researcher, administrator and leader.
- 3. Goal:** To provide professional experience as an interdisciplinary team member to enhance experience in the multiple and often unique roles of the Psychologist.
- 4. Goal:** To provide Residents with exposure to a breadth of clinical populations and to provide a depth of training with these populations to become competent in at least one empirically supported treatment.
- 5. Goal:** To enhance the scientist-practitioner approach by training Residents in evaluation research and exposing them to other forms of clinical research within a hospital and community setting.
- 6. Goal:** To train Residents, through a breadth of diversity experiences, to be sensitive to diversity/individual differences and apply this sensitivity in their practice as a Psychologist.

**7. Goal:** To train Residents on ethical principles and practices and relevant legislation so that they practice in a professionally ethical manner as a Psychologist.

## **Core Curriculum:**

As previously stated, the training at the ROMHC and BMHC sites are united by a joint administration, training philosophy and core curriculum. Although Residents are affiliated with either the ROMHC or BMHC site, peer consultation, group supervision, seminars and other teaching activities are jointly conducted across sites. Residents at both sites meet at least 2 times/month, typically on Fridays, in person or by teleconference/video-conference for peer consultation, group supervision, and the ROHCG seminars series or the Ottawa city wide seminar series.

Teleconferencing/video-conferencing is also used to provide joint teaching opportunities. Residents will also be given the opportunity to do a secondary rotation at the other site based on the Resident's interests and training goals and supervisor availability. Residents are responsible for their own transportation and associated transportation costs if they choose to complete a rotation at the other site.

The Residency program provides generalist training to prepare the Resident for practice as a professional Psychologist. Residents will receive training in assessment, intervention/therapy, interdisciplinary consultation, teaching and program evaluation/evaluative research.

Successful completion of the program requires that Residents have mastered the fundamentals of psychological assessment, treatment planning, therapy and consultation and have completed the core experiences. As well, Residents are expected to develop a sound grasp of ethical issues and procedures as they relate to professional conduct in interdisciplinary health settings.

Residents will have the opportunity to undertake assessment and treatment of inpatients and outpatients with a variety of presenting problems. Assessments include: intellectual and cognitive functioning, personality and emotional functioning/adjustment, neuropsychological functioning, forensic assessment, and vocational aptitude and interest. Emphasis is placed on use of diagnostic interviewing in combination with a variety of objective psychometric instruments. The Residency program is characterized by three predominant empirically informed theoretical orientations, which include cognitive-behavioural, interpersonal and emotionally-focused. Patients are seen individually, in groups and for family-based intervention.

## **Core Experiences:**

**The following experiences are completed by all Residents. These experiences will also expose Residents to the multiple roles assumed by Psychologists.**

- 1) Residents will complete a minimum of nine assessments. It is expected that six of these assessments will be comprehensive, psychometrically-based assessments or diagnostic workups, which include treatment planning or a consultative component. The other three assessments should also be psychometrically-based but need not be as comprehensive.
- 2) In addition to the nine assessments above, Residents will complete at least two cognitive or neuropsychology assessments, one of which will be within the context of a community-based team or service.
- 3) Residents will carry at least two long-term therapy cases over the course of the residency (more long-term therapy cases may be arranged). In addition, a case-load of shorter term intervention cases will be carried for the duration of each rotation that entails therapy experience. Residents gain experience in two modalities of therapy (individual and group) and are encouraged to gain experience in more than one theoretical approach to intervention.
- 4) Residents will gain experience in at least one psychotherapy group.
- 5) Residents will attend two seminar series: 1) The ROHCG seminar series and 2) The Ottawa City-Wide Seminar Series. Attendance of seminars and group supervision is mandatory. Residents must attend at least 80% of the seminars.
- 6) Residents will discuss clinical cases, professional and ethical issues, supervision and the program evaluation project as part of weekly group supervision.
- 7) Every effort will be made to give Residents the opportunity to supervise a practicum student.
- 8) Residents will be responsible for making a grand rounds presentation to the ROMHC or BMHC staff.
- 9) Residents will gain experience in program development and evaluation by completing a project in this area.
- 10) Residents will be required to demonstrate competence in at least one empirically supported treatment.
- 11) Residents will conduct a psychological assessment or psychotherapy with at least one patient from an ethnic minority group.
- 12) Residents will sit on at least one hospital committee. (One Resident from each site (ROMHC and BMHC) will sit as a Resident representative on the ROHCG Training Committee).

## **Supervision:**

At minimum, Residents receive four hours of individual supervision per week with an autonomously registered Psychologist. On some rotations, individual supervision may also be complemented with group supervision. Residents are assigned primary and secondary rotations based on their expression of interest and availability of the supervisor(s). Rotations can not be guaranteed due to limits on supervisor availability. However, we will make every attempt to accommodate Residents' expressed rotation interests. Both primary and secondary supervisors meet weekly with the Resident. The frequency and length of contact is dependent on the Resident's needs and level of development.

The style and focus of supervision will largely be dependent on the theoretical orientation of the supervisor, as well as the Resident's past experience and current needs. Rotations will begin with an acknowledgement of the skills the Resident brings to the program. The actual training experience will be negotiated based on this starting point through completion of a supervision agreement form and a Residency Training Contract. Group supervision of Residents is provided by the Director or Assistant Director of Training three times per month. Residents present suitable material from their ongoing caseload for discussion. One group supervision session per month is focused on the Program Evaluation Project.

Primary and secondary supervisors meet with the Director and Assistant Director of Training and the BMHC Training Co-ordinator on a quarterly basis to discuss Residents' progress, areas of focus, planning of rotations and educational experiences, and continued professional development.

## **Research and Program Evaluation:**

The ROHCG continues to expand its research and education capabilities to improve treatment and promote prevention. These initiatives are advanced by the Institute for Mental Health and Research, and close working relationships with the University of Ottawa, School of Psychology, Faculty of Medicine, and Faculty of Health Sciences. Many of the Psychology staff are involved in ongoing clinical research programs in their areas of interest. Opportunities exist for Residents to become involved in research projects.

A key goal of the Residency program is exposure of Residents to all aspects of the scientist-practitioner model. Increasingly, the role of Psychologist is evolving to include program evaluation of services provided by both Psychology staff and other health care professionals in hospital and community settings. Therefore, a project in program evaluation is required by each Resident. The design of this project is flexible to accommodate the Resident's interests, but will consist of involvement in, or design of, an ongoing program evaluation initiative. This is typically done within the primary clinical rotation. However, the opportunity to design and implement an evaluation project on another program is possible. Supervision will be provided for each project. As needed, up to one half day per week can be allotted to the Resident's program evaluation project.

## **Due Process:**

Due process guidelines have been established and are provided, in writing, to all Residents at the commencement of the Residency.

## **Psychology Seminar Series:**

ROHCG Residents participate in a number of educational opportunities including two seminar series.

The ROHCG is a teaching facility of the University of Ottawa, thereby providing numerous educational opportunities within the School of Psychology, Faculty of Medicine, and other local teaching facilities.

The clinically based seminars include a discussion of relevant ethical issues. Additionally, regular in-services are held, during which lectures on topics of interest and current research are given. Residents also attend Psychology discipline meetings.

### **A) ROHCG Seminar Series:**

This seminar series is provided by ROHCG faculty/staff and invited guest lecturers on two or three Fridays per month. The modules include:

- ❖ Professional Practice
- ❖ Assessment
- ❖ Consultation
- ❖ Cognitive-Behavioural Therapy
- ❖ Emotion-Focused Therapy
- ❖ Interpersonal Therapy
- ❖ Community-Based Consultation
- ❖ Group Therapy
- ❖ Program Evaluation
- ❖ Supervision

### **B) City Wide Seminar Series and Professional Practice Seminar Series:**

This series of seminars is conducted in collaboration with other Residency/Internship sites in the Ottawa area (The University of Ottawa, The Ottawa Hospital and the Children's Hospital of Eastern Ontario). Seminars are held once per month on Fridays. Topics have included:

- ❖ Issues in Working with People with Disabilities
- ❖ Cross-cultural Psychology
- ❖ Preparing for Registration Exams
- ❖ Feminist Approaches to Clinical Practice
- ❖ Working with Gay Male and Lesbian Patients
- ❖ Psychology in Private Practice

# THE ROYAL OTTAWA MENTAL HEALTH CENTRE SITE

## DESCRIPTION OF PROGRAMS/SERVICES AND ROTATIONS

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**Three residency positions are available at the ROMHC site.** Clinical services at the ROMHC are organized under programs. Each program is typically comprised of several service units. Following the restructuring that has been ongoing in Ontario hospitals, the nature of the programs at the ROMHC has been evolving. The programs listed below reflect the structure that will likely be in place as of September 2010.

Residents complete one full year primary rotation (typically 2-2.5 days/week) and either a one year secondary or two six month secondary rotations (typically 1-1.5 days/week). One half day per week is for program evaluation/evaluation research and Fridays are professional development days (seminars, peer consultation and group supervision)

Please see below an example of a Resident's schedule. Rotation days are arranged collaboratively with all supervisors involved. Rotations are not scheduled for Fridays due to Professional Development days.

### Example Schedule:

Monday	Tuesday	Wednesday	Thursday	Friday
<b>Primary Rotation</b> ↓	<b>Primary Rotation</b> ↓	<b>Primary Rotation</b> ↓	<b>Secondary Rotation</b> ↓	<b>Professional Development Day</b>
		<b>Program Evaluation</b> ↓		<ul style="list-style-type: none"> <li>-Program Admin Issues</li> <li>-Group Supervision</li> <li>-Peer Consultation</li> <li>-ROHCG Seminars</li> <li>-City-wide Seminars</li> <li>-One Friday/month for on or off-site Professional Development</li> <li>-Some Fridays reserved for invited speakers</li> </ul>

## **Anxiety Disorders Program, ROMHC**

### **Psychology Staff:**

Dave Davies, Ph.D., C.Psych.  
Amy Moustgaard, Ph.D., C.Psych.  
Robin Hargadon, Ph.D., C. Psych.

### **Rotation Options:**

Primary or Secondary

### **Description of Program:**

The Anxiety Disorders Program provides interdisciplinary assessment and treatment to individuals with complex anxiety disorders including: Panic Disorder with/without Agoraphobia, Social Anxiety Disorder, Generalized Anxiety Disorder (GAD), Obsessive-Compulsive Disorder (OCD), Post-Traumatic Stress Disorder, and select chronic specific phobias. Services are provided on an outpatient basis. Patients frequently present with comorbid diagnoses from within the anxiety disorders spectrum, as well as difficulties with mood, substance use, and personality. The role of Psychology includes: provision of individual and group-based cognitive-behavioural therapy, assessments for treatment, diagnostic assessments, and program development and evaluation research. Psychology also consults to other members of the Anxiety Disorders Program team, as well as other programs within the ROMHC.

### **Resident Opportunities:**

- Clinical assessment (including interviewing, assessment for treatment, psychodiagnostic assessment)
- Group cognitive behavioural therapy. Current groups include CBT for: Panic Disorder and Agoraphobia, Social Anxiety Disorder, OCD, and GAD.
- Individual cognitive behavioural therapy for patients with complex symptom presentations.
- Consultation with interdisciplinary staff at weekly rounds.
- Program development and evaluation projects are available.
- Supervision of a practicum student may be possible.

## **Operational Stress Injury Clinic, ROMHC**

**Psychology Staff:** Sarah Bertrim, Ph.D., C.Psych. (Supervised Practice)  
Luis Oliver, Ph.D., C.Psych.  
Psychologist (TBA)

**Rotation Options:** Primary or Secondary

### **Description of Clinic:**

The Operational Stress Injury (OSI) Clinic is a specialized outpatient program at the Royal Ottawa Mental Health Centre (ROMHC) that serves veterans of the Canadian Forces (CF), current CF members who are releasing from the CF, and eligible members of the RCMP. We are also able to provide services to the families of these individuals. The clinic represents a partnership between the ROMHC and Veterans Affairs Canada (VAC) and is also a part of a national network of OSI clinics across Canada. An operational stress injury (OSI) is defined by VAC as "any persistent psychological trauma resulting from operational duties performed while serving in the Canadian military." OSIs can include posttraumatic stress disorder, depression, various anxiety disorders, and adjustment disorders. Other problem areas that may be addressed include anger-related problems, substance use disorders, paranoid thinking, chronic pain or adjustment to physical injuries and limitations, sleep disturbances, marital or family relationship difficulties, and challenges associated with transitioning to civilian life.

Clinical services are provided on an outpatient basis and are coordinated and delivered by an interdisciplinary team. Psychology staff provide assessment for diagnosis and treatment planning, consultation, and intervention (primarily individual and group, with some couples and family interventions). Empirically informed treatments form the basis for intervention, with Cognitive Behavioural Therapies as the predominant framework. Prolonged Exposure and EMDR will be used when appropriate, and Emotion-Focused, Experiential, Dialectical Behaviour Therapy, or Acceptance and Commitment Therapy techniques may be integrated to individualize treatment. Clinical services are provided on-site at the OSI Clinic, and outreach services are provided in locations throughout a broader catchment area (including Pembroke/Petawawa, Gatineau, Kingston, Cornwall, North Bay, and Nunavut). Telemental health will also be used to provide services and education. In addition, psychology staff are actively involved in research, educational outreach, program development and evaluation.

### **Resident Opportunities:**

- Clinical assessment (including structured and semi-structured interviewing, assessment for pension, assessment for treatment planning, psychodiagnostic assessment).
- Individual and group intervention.
- Consultation with interdisciplinary staff and external agencies.
- Outreach education for external agencies and community providers.
- Research and/or program development and evaluation projects.
- Possible provision of educational or clinical services via outreach or telehealth.
- Supervision of a practicum student may be possible.

## **Integrated Forensic Program – Champlain, ROMHC**

**Psychology Staff:** Diane Hoffman-Lacombe, M.Ps., C. Psych. Assoc.  
Jemeen Horton, Ph.D., C. Psych. (Supervised Practice)

**Rotation Options:** Primary or Secondary

### **Description of Program:**

In partnership with the judicial system, community agencies and stakeholders, the **Integrated Forensic Program - Champlain** offers services aimed at addressing psycho-legal needs for patients with varied diagnoses who have come into contact with the law.

The **Assessment and Stabilization Service for Inpatients**, a 21 bed secure unit, provides assessments for fitness to stand trial and criminal responsibility. Services are provided to adults who are detained under a court order. The goals of the service are to complete a specialized comprehensive interdisciplinary assessment in order to provide recommendations to the Court and to stabilize the patient under assessment as required.

The **Rehabilitation Service for Inpatients**, a 22 bed minimum security unit, provides specialized comprehensive interdisciplinary assessment, treatment and psychosocial rehabilitation within a mental health recovery framework. Services are provided to adults who have been found unfit to stand trial or not criminally responsible by the judicial system. The goals of the program are to reduce symptom distress, increase psychosocial skills and coping strategies, and to improve overall well-being. Longer-term desired outcomes include successful community re-integration, reduced recidivism and decreased hospital re-admissions.

The **Assessment and Rehabilitation Service for Outpatients** provides assessment, treatment and psychosocial rehabilitation within a community mental health recovery framework. Services are provided to adults who have been in conflict with the law and whose functioning and legal status allows them to live in the community. The goals of the service are to provide specialized comprehensive interdisciplinary assessment and recommendations to the Court, provide treatment and rehabilitation to reduce symptom distress, increase psychosocial skills and coping strategies, and to improve overall well-being to maintain successful community living. Longer-term desired outcomes include reduced recidivism, decreased hospital re-admissions and eventual discharge from the Integrated Forensic Program (IFP).

The **Sexual Behaviours Clinic** provides specialized comprehensive interdisciplinary assessment and treatment within a community mental health recovery framework. Services are provided to individuals who have been, or are at risk of being, in conflict with the law because of their sexual behaviour. The goals of the clinic are to provide assessment and treatment to manage the sexual behaviour-related problems, reduce symptom distress, increase psychosocial skills and coping strategies, and to improve overall well-being to maintain successful community living. Longer-term desired outcomes include reduced recidivism, prevention of hospital admissions and eventual discharge from the Integrated Forensic Program.

The **Anger Disorders Clinic** provides specialized comprehensive interdisciplinary assessment and treatment within a community mental health recovery framework. Services are provided to adults who have been or are at risk of being, in conflict with the law because of their anger-related

problems. The goals of the clinic are to provide assessment and treatment in order to manage the anger-related problems, reduce symptom distress, increase psychosocial skills and coping strategies, and to improve overall well-being in order to maintain successful community living. Longer-term desired outcomes include reduced recidivism, prevention of hospital admissions and eventual discharge from the Integrated Forensic Program.

The **Family Court Clinic** provides court-mandated specialized comprehensive interdisciplinary assessment of families, children and adolescents. The goal of the clinic is to provide the Court with recommendations that promote the mental health and well-being of the families, children and adolescents seen at the clinic (a rotation is not offered at the Family Court Clinic).

Within the **Integrated Forensic Program**, the role of psychology includes the provision of services in the areas of psychological/neuropsychological assessment, individual and group psychotherapy, consultation and interdisciplinary team work. Empirically supported treatments are used but often must be individualized to address the patients' needs and goals. Psychology also contributes in the areas of program evaluation, research and education.

### **Resident Opportunities:**

Specific activities will be discussed and arranged based on supervisor availability and Resident's goals for training. Residents may have the opportunity to participate in the following activities:

- Neuropsychological assessment
- Consultation with interdisciplinary staff
- Interdisciplinary team involvement (eg. clinical team meetings and case conferences)
- Program evaluation projects
- When possible, Residents may supervise psychology practicum students

### **With a focus in the following areas:**

- Issues in forensic (fitness to stand trial & criminal responsibility)
- The forensic mental health system in Ontario

## **Geriatric Psychiatry Program, ROMHC**

**Psychology Staff:** Hans P. de Groot, Ph.D., C. Psych.  
Jemeen Horton, Ph.D., C. Psych. (Supervised Practice)

**Rotation Options:** Primary or Secondary

### **Description of Program:**

The Geriatric Psychiatry Program offers comprehensive services to meet the mental health needs of people 65 years of age and over. Patients typically have complex mental and physical health needs. Services are provided in inpatient, day program, and outpatient settings. There is also an Outreach Service which provides consultation service to selected long-term care facilities in and around the Ottawa area. Clinical work involves a substantial degree of interdisciplinary team work and consultation with other disciplines including psychiatry, nursing, social work, occupational therapy and recreational therapy. The role of psychology includes the provision of services in the areas of cognitive and personality assessment, individual psychotherapy, consultation, program evaluation and interdisciplinary team work. Empirically supported treatments are used but often must be individualized to address the patient's needs and treatment goals.

### **Resident Opportunities:**

Specific activities will be discussed and arranged based on availability and resident's goals for training. Opportunities in the day program and outpatient program are most common, but inpatient work can be arranged to a more limited degree based on Resident interest.

Residents may have the opportunity to participate in the following activities:

- Clinical assessment (including interviewing, cognitive and personality assessment)
- Individual psychotherapy (acceptance- and mindfulness-augmented cognitive behavioural therapy)
- Consultation with interdisciplinary staff
- Interdisciplinary team involvement (for inpatient and day program)
- Program evaluation projects are available
- When possible, Residents may supervise psychology practicum students

## **Intensive Assessment and Intervention Program (IAIP), ROMHC**

The IAIP is an umbrella program that encompasses the Assertive Community Treatment and ACT Step-Down Team, the Dual Diagnosis Consultation Outreach Team, the Evaluation Unit and the Psychiatric Outreach Team. These are detailed below. Opportunities also exist for Residents, who are meeting all the requirements of their primary and secondary rotations, to broaden their experience beyond a specific service rotation to include exposure to other services (by arrangement) within the Intensive Assessment and Intervention Program. For example, a Resident with a primary rotation on the Evaluation Unit might want exposure to the community-based assessment process conducted by the Dual Diagnosis Consultation Outreach Team or the Psychiatric Outreach Team.

### **Assertive Community Treatment (ACT) and ACT Step-Down Teams, ROMHC**

**Psychology Staff:** Susan Farrell, Ph.D., C. Psych.

**Rotation Options:** No rotations offered in 2010-11

#### **Description of Program:**

The Bank Street Assertive Community Treatment Team (ACT) Team is an interdisciplinary team of mental health professionals working in partnership with patients living with serious and persistent mental illness (with a range of Axis I and II diagnoses). The ACT Team helps people with complex, long-term and serious psychiatric illness involving multiple hospitalizations. The ACT team promotes recovery, improved quality of life and helps patients to achieve goals through supportive treatment and rehabilitation. Individualized treatment and rehabilitation plans are developed with each patient. The team offers after-hours emergency services for patients in the service. Services include; assessment, supportive counselling, concurrent disorder services, medication prescription, education, monitoring and advocacy.

The Assertive Community Treatment Step-Down team is similar to the ACT team model, but provides services for ACT patients who are managing at a stable level in the community but still require support. The objective of the ACT Step-Down program is to provide treatment, support and rehabilitation services to patients in the community, and prevent (or shorten) re-admissions to hospital. The program is interdisciplinary and aims to help patients improve their quality of life in the community and reach their optimum level of independent functioning.

Clinical work on both teams involves a substantial degree of interdisciplinary team work and consultation with other disciplines including psychiatry, nursing, social work, occupational therapy, recreation therapy, community mental health workers and peer specialists. The role of psychology includes the provision of services in diverse areas of assessment, differential diagnosis, consultation, treatment planning, education to care provider networks, advocacy, interdisciplinary team work and the direction of clinical evaluation research.

### **Resident Opportunities:**

Specific activities will be discussed and arranged based on availability and Resident's goals for training.

Residents may have the opportunity to participate in the following activities:

- Clinical Assessment (including diagnostic interviewing, cognitive and personality assessment) within a community setting
- Clinical Consultation
- Individual or group psychotherapy (cognitive behavioural, interpersonal, systemic therapy)
- Consultation with interdisciplinary staff and range of community service providers
- Interdisciplinary team involvement
- Education and treatment plan development
- Involvement in ongoing research and/or program evaluation projects
- When possible, Residents may supervise psychology practicum students

## **Dual Diagnosis Consultation Outreach Team, ROMHC**

**Psychology Staff:** Susan Farrell, Ph.D., C. Psych.  
Janna Willison, MA (Psychometrist)

**Rotation Options:** Primary or Secondary

### **Description of Program:**

The Dual Diagnosis Consultation Outreach Team offers services to older adolescents and adults with both an intellectual disability, below the borderline level, and mental illness. The team is a specialized community outreach team based in Ottawa that provides interdisciplinary clinical assessments, consultation, education and treatment recommendations for the persons with a dual diagnosis. The team serves the Residents of the Champlain Local Health Integration Network that includes both urban and rural catchment areas.

Services are provided mainly in the community in which the patient resides, using an outreach consultation model. Clinical work involves a substantial degree of interdisciplinary team work and consultation with other disciplines including psychiatry, nursing, social work, occupational therapy and speech language pathology. The role of psychology includes the provision of services in diverse areas of assessment, differential diagnosis, consultation, treatment planning, education to care provider networks, advocacy, interdisciplinary team work and the direction of clinical evaluation research.

### **Resident Opportunities:**

Specific activities will be discussed and arranged based on availability and resident's goals for training.

Residents may have the opportunity to participate in the following activities:

- Clinical Assessment (including diagnostic interviewing, cognitive and personality assessment) within a community setting
- Clinical Consultation (within an inpatient setting)
- Consultation with interdisciplinary staff and a range of community service providers
- Interdisciplinary team involvement
- Education and treatment plan development
- Involvement in ongoing research and/or program evaluation projects
- When possible, Residents may supervise psychology practicum students

## **Evaluation Unit, ROMHC**

**Psychology Staff:** Robert J. Bialik, Ph.D., C. Psych.

**Rotation Options:** Primary or Secondary

### **Description of Program:**

The Intensive Assessment Program's Evaluation Unit is a small (10-bed) inpatient unit [facilities are shared with an 8-bed Crisis Unit]. The primary focus of the Evaluation Unit is to assess difficult-to-diagnose and treat patients coming from a variety of referral sources. Patients on the unit are expected to be voluntary admissions, not currently using drugs or alcohol, and not in acute distress. In addition, patients are expected to have stable housing and to be discharged back to the referring source for follow up after discharge. Patients will have any Axis I or Axis II disorder. The most common presentation is one of multiple suspected diagnoses and complicating psychosocial/family issues. All services are provided in an inpatient setting and within the context of an assessment process that typically lasts from 3 to 6 weeks. Clinical work involves a substantial degree of interdisciplinary team work and consultation with other disciplines including psychiatry, nursing, and social work. In the future, occupational therapy and recreational therapy may be incorporated into the program. Some involvement with community agencies may be available as part of discharge planning and transition from the unit back to the community.

The role of psychology includes the provision of services in the areas of psychometric assessment instruments, guided interviews, individual and group psychoeducation (focused on emotional awareness and understanding the steps in the processing of emotional energy), trial psychotherapeutic interventions, and interdisciplinary team work. Knowledge of empirically supported treatments is used to guide recommendations to address an individual's specific needs and future goals. No treatment "per se" is provided, rather trial interventions are utilized to assist with developing an understanding of the person's illness, obstacles to recovery (e.g., schemas), and ability to engage in therapeutic work.

### **Resident Opportunities:**

A standard core set of assessment and trial intervention activities are required. Additional specific activities will be discussed and arranged based on the resident's goals for training and the availability of suitable patients.

Residents are expected to have the opportunity to participate in the following activities:

- Clinical assessment (including unstructured and guided interviewing, utilization of standardized psychometric instruments covering Axis I and Axis II disorders, stress, coping and schema assessment, and trial interventions)
- Facilitating psychoeducation in a number of areas [e.g., re: emotional awareness and processing; strongly held views of the world (schemas)] in individual and/or group sessions;
- Weekly clinical team meetings discussing patients on the unit – attended by staff from multiple disciplines
- Residents may be able to supervise a psychology practicum student in the winter term if this is organized in the fall semester

## **Psychiatric Outreach Team, ROMHC**

**Psychology Staff:** Susan Farrell, Ph.D., C. Psych.  
Janna Willison, MA (Psychometrist)

**Rotation Options:** Primary or Secondary

### **Description of Program:**

The Psychiatric Outreach Team offers services to adolescents and adults who are homeless or at risk of homelessness who have a severe and persistent mental illness including a concurrent disorder (addictions and mental illness). The team provides direct patient service and consultation and education to its broad range of community partners. Community partners include emergency shelters, rooming houses, residential care facilities, drop-in centers and community health centers in Ottawa and Renfrew County. Clinical work involves a substantial degree of interdisciplinary team work and consultation with other disciplines including addiction specialists, psychiatry, nursing, social work, occupational therapy and recreation therapy. The team uses an outreach consultation model to provide assessment, short-term treatment and limited emergency intervention services within the partner agency locations. The role of psychology includes the provision of services in diverse areas of assessment, differential diagnosis, consultation, treatment planning, education to care provider networks, advocacy, interdisciplinary team work and the direction of clinical evaluation research.

### **Resident Opportunities:**

Specific activities will be discussed and arranged based on availability and Resident's goals for training.

Residents may have the opportunity to participate in the following activities:

- Clinical Assessment (including diagnostic interviewing, cognitive and personality assessment) within a community setting
- Clinical Consultation
- Consultation with interdisciplinary staff and range of community service providers
- Interdisciplinary team involvement
- Education and treatment plan development
- Involvement in ongoing research and/or program evaluation projects
- When possible, Residents may supervise psychology practicum students

## **Mood Disorders Program, ROMHC**

**Psychology Staff:** Irit Sterner, Ph.D., C.Psych.  
François Rousseau, Ph.D., C.Psych (Supervised Practice)  
Psychologist (TBA)

**Rotation Options:** Primary or Secondary

### **Description of Program:**

The Mood Disorders Program offers services primarily to patients with diagnoses of major depression and bipolar disorder. Patients present with high rates of comorbidity (e.g., anxiety disorders, substance use disorders) and psychosocial/family issues to consider in the context of service delivery. Services are provided in the inpatient and outpatient settings. Residents have the opportunity to be actively involved with the interdisciplinary team, as consultation with other disciplines including psychiatry, nursing, social work, occupational therapy and recreational therapy, is emphasized. Psychology takes an active leadership role in the program and is involved in program development and evaluation, diagnostic assessment (within the context of an interdisciplinary assessment clinic), individual and group CBT, consultation, and interdisciplinary team work. Focus in the program is on the delivery of empirically supported treatments, and psychology is actively involved in collecting evidence to highlight the outcomes of our specific interventions.

### **Resident Opportunities and Rotations:**

Residents have the opportunity to participate in the following activities:

- Gain experience in assessment and differential diagnosis with complex, tertiary care patients with mood disorders (through inpatient and outpatient programs)
- Gain experience with group and individual CBT for unipolar depression and bipolar disorder in the inpatient and outpatient programs
- Interdisciplinary team work
- Contribute to, or be involved in, evaluation of mood disorders inpatient and outpatient programming
- Supervise practicum students in the context of group and individual treatment, and/or the assessment clinic

**Examples of Rotation Experiences on the Mood Disorders Program**

**a) Primary 12 Month Rotation (2.5 days for one year)**

<b>Time</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>
9 to 12:00	Unipolar group (first) and 2 <sup>nd</sup> group supervising (Sept to April)	Assessment clinic with interdisciplinary team	Inpatient individual or group CBT
1 to 2	Team meeting	Supervision	
2 to 5	Individual and supplemental group therapy sessions	Bipolar Disorder second three months (January to April)	Individual and supplemental sessions **Program Evaluation

**b) Secondary 6 Month Rotation (One day for 6 months)**

9 to 12:00	Assessment clinic and inpatient or outpatient treatment group for 3 month intervals
1 to 2	Team meeting and Kardex
2 to 3	Supervision

## **Neuropsychology Unit, ROMHC**

**Psychology Staff:** Angela Stewart, Ph.D., C. Psych  
Eva Hill, B.A.  
Christine Walter, M.A.

**Rotation Options:** Secondary Rotation

### **Description of Program:**

Following a centralized service model, The Neuropsychology Unit provides comprehensive neuropsychological assessments to adult inpatients and outpatients across a variety of hospital programs. Inpatient referrals are prioritized.

### **Resident Opportunities:**

A secondary rotation in Neuropsychology offers residents exposure to the comprehensive neuropsychological assessment of psychiatric disorders. The resident will gain comfort with all aspects of the evaluation including interview, feedback to the patient and team, and report-writing. Residents will also gain experience in test selection and differential diagnosis. Typical referral questions include: 1) is the etiology of cognitive deficits associated with psychiatric illness or a neurodegenerative process, 2) support with diagnostic clarification, treatment, and rehabilitation recommendations, and 3) return to work/school issues in the context of a mental illness. Didactic training in the form of short readings related to the ethical considerations in the delivery of neuropsychology services and attendance at some Psychiatry Rounds may also form a part of the rotation. Since consultations are requested from throughout the hospital, the Resident would play an important role in selecting the cases that best suit his or her training needs.

## **Schizophrenia Program, ROMHC**

**Psychology Staff:** Nicola Wright, Ph.D., C. Psych.  
Matthew Kerr, M.Sc.

**Rotation Options:** Primary or Secondary

### **Description of Program:**

The Schizophrenia Program offers services to patients with schizophrenia spectrum disorders. Patients typically have multiple diagnoses and psychosocial/family issues to consider in the context of service delivery. Services are provided in the inpatient, day program, outpatient and Assertive Community Treatment Team settings. Clinical psychology work involves a substantial degree of interdisciplinary team work and consultation with other disciplines including psychiatry, nursing, social work, occupational therapy, recreational therapy, dietary and spiritual. Some involvement with the Assertive Community Treatment Teams is also possible, which includes community outreach and service delivery. The role of psychology includes the provision of services in the areas of assessment, individual and group psychotherapy, consultation, interdisciplinary team work, research, program evaluation and teaching. Residents also have the opportunity to supervise a practicum student. Empirically supported treatments are used but often must be individualized to address the patient's needs and treatment goals. Exciting opportunities are available in individual and group cognitive behavioural therapy for psychosis.

### **Resident Opportunities:**

Specific activities will be discussed and arranged based on availability and resident's goals for training. Opportunities in the day program and outpatient program are most common, but inpatient work can be arranged to a more limited degree based on Resident interest and the appropriateness of patients for psychological intervention/assessment.

Residents may have the opportunity to participate in the following activities:

- Clinical Assessment (including interviewing, cognitive and personality assessment)
- Individual psychotherapy (cognitive behavioural, interpersonal therapy)
- Group psychotherapy (with options in cognitive behavioural therapy, psychoeducational, process-focused therapy groups and supportive psychotherapy)
- Consultation with interdisciplinary staff
- Interdisciplinary team involvement (for inpatient, day program, and/or outpatient program)
- Involvement in research and program development and program evaluation projects are available
- When possible, Residents may supervise psychology practicum students

## **Youth Psychiatry Program, ROMHC**

**Psychology Staff:** Margaret DeCorte, Ph.D., C. Psych.  
Judy Makinen, Ph.D., C. Psych.  
Nicole Varshney, Ph.D., C. Psych.

**Rotation Options:** Primary and Secondary

### **Description of Program:**

The Youth Psychiatry Program is a newly-reorganized, specialized mental health program offering consultation, assessment and multi-modal treatment to youth (16 to 18 years of age), and their families. The program focuses on youth with complex mental health needs and/or treatment-resistant conditions. Youth with conduct disorders, primary problems with addictions, or pervasive developmental disorders are not typically treated in this program.

The Youth Psychiatry Program offers a full continuum of care: Outreach services, Outpatient assessment and treatment, Partial Hospitalization (day hospital), Inpatient Services, and Day Treatment (Section 23 school). The Youth Program integrates assessment, evidence-informed treatment (individual and group), program evaluation and research into our clinical service delivery.

### **Youth Outreach Services:**

This interdisciplinary team provides consultation and short-term intervention to youth and to community agencies in the counties surrounding Ottawa. Services for each county vary depending upon the identified needs and the scope of support required, but capacity-building within communities is the focus of Outreach services. The goal is to provide essential knowledge and consultation for youth to receive services in their local communities with support from a specialized mental health team. Interventions by the Outreach team may include assessment, consultation, and short-term treatment.

### **Youth Outpatient Unit:**

Located on the main campus of the ROMHC, services are provided to youth and their families including consultation, assessment, and treatment. The Outpatient unit is the largest unit, providing services for those youth who can function in the community with clinical support from the Outpatient team. Individual, family, and group treatments are offered as part of Outpatient services. Specialized clinics are being formed within the Youth Outpatient unit, including an Anxiety clinic, a Mood program, and a Psychosis clinic. Treatment may be delivered in collaboration/partnership with local health practitioners, schools and/or community mental health providers.

### **Youth Partial Hospitalization Unit:**

This is a daytime intensive treatment program at the ROMHC, serving up to 8 youth who attend several days per week. The program provides comprehensive treatment by an interdisciplinary team for youth with serious psychiatric difficulties; YPHU participants are able to live outside the

hospital, but typically attend 4 days per week. Tutoring is also offered on the unit, where youth can obtain up to 2 high school credits. While treatment in YPHU is primarily delivered in a group format, some individual assessment and treatment experience may be available for residents.

### **Inpatient Unit:**

This is an eight-bed unit for youth who have a serious mental health concerns, and who are unable to function in less-intensive environments or with their families. Inpatient youth are served by a multi-disciplinary treatment team on a 24-hour basis. Psychology staff on the unit provide assessment, stabilization, group treatment and brief individual treatment as part of the interdisciplinary team. Residents may run groups, conduct assessments, and/or provide short-term treatment/stabilization to youth on the inpatient unit.

### **Day Treatment (Section 23 school):**

Located in Brookfield High School, the Day Treatment program is delivered within a regular high school setting in a self-contained unit consisting of two classrooms and clinical space. The unit serves a population of adolescents 13 to 18 years of age who have psychiatric and/or serious emotional/behavioural problems that interfere with their ability to attend the regular school system. While all units refer to Day Treatment, rotations are not normally available in this off-site unit.

### **Resident Opportunities:**

- Primary and secondary rotations are available in the Youth Outpatient/Outreach unit, the Partial Hospital Unit, and the Inpatient unit.
- Residents function as members of an interdisciplinary team including psychology, psychiatry, social work, nursing, occupational therapy, recreation therapy, addiction and youth counselling.
- Residents will have an opportunity to gain experience in assessment, individual and group psychotherapy, family therapy, community-based interventions, and program evaluation.
- Opportunities for Residents will be tailored, as much as possible, to their expressed interests and clinical background, as well as planning with the supervisor regarding the nature of possible referrals.

# THE BROCKVILLE MENTAL HEALTH CENTRE SITE

## DESCRIPTION OF PROGRAMS/SERVICES AND ROTATIONS

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**Two Residency positions are available at the BMHC site.** Clinical services at the Brockville site of ROHCG are organized by programs. Since restructuring in the Ontario hospital system, the nature of the programs at BMHC has been evolving. *The programs listed reflect the situation that will likely be in place in September 2010.*

### **Elmgrove Service, BMHC**

**Psychology Staff:** Johnny Yap, Ph.D., C.Psych  
Terrance Wapshall, Ph.D., C.Psych.  
Beverly Wirsching, Ph.D., C.Psych.

**Rotation Options:** Primary or Secondary

### **Description of Program:**

The Elmgrove Service consists of inpatient and outpatient programs, as well as the 24/7 crisis/outreach team. Collectively, these programs serve the psychiatric needs of residents, 16 years of age and above, of Leeds, Grenville, and parts of Lanark counties. Clients present with a variety of clinical problems including depression, anxiety, posttraumatic stress disorder, psychosis, bipolar disorder, personality disorders, dissociative disorders, substance abuse, and dementia. Comorbidity is the norm rather than the exception. Clinical work involves a substantial degree of interdisciplinary and multi-agency team work and consultation with other disciplines including psychiatry, nursing, social work, vocational therapy, and recreational therapy. Some involvement with the Assertive Community Treatment Teams is also possible, which includes community outreach and service delivery. The role of psychology includes the provision of services in the areas of diagnostic assessment, individual and group psychotherapy, consultation, and interdisciplinary team work. Empirically supported treatments, together with other complementary therapies, are tailored to address the client's individual needs, situation, and treatment goals.

The **Inpatient Program** is a 24-bed acute care facility. Following a nursing screen and psychiatric assessment, patients for whom hospitalization is the best treatment option will be admitted. While in hospital, a variety of assessments and services are available to clients including psychiatric, medical, nursing, social work, psychology, recreation, vocational, chaplaincy, and other community resources. Inpatient treatments may include medications as well as individual, group, and/or family interventions. Discharge planning and referrals to other services and resources are arranged. Typically, these include the involvement of several agencies, such as Elmgrove's Outpatient program.

The **Outpatient Program** receives referrals for psychological treatment from various sources including the Inpatient Program, Urgent Care Clinic, family physicians, and community agencies. Following a client's initial assessment, assignment is made to a clinician (e.g., registered nurse, psychiatrist, psychologist, social worker) who is a member of a multidisciplinary mental health care

team. All outpatient services are provided in collaboration with hospital and community partners and are offered in satellite offices, as close as possible to a client's residence. Also, services are provided using a shared mental health-care model, with family physicians participating in providing ongoing care for clients and their families. Approaches to care include individual therapy, group therapy, home support visits, medications, vocational assessment and counseling, recreational referral, addictions counseling and service coordination.

### **Resident Opportunities:**

Rotations at the Elmgrove Service offer the unique and exciting opportunity to practice within a rural community setting where issues around boundaries, access, and multi-agency involvement (family doctors, Assault Response and Care Centre, Interval House, Children's Aid Society, police liaison, insurance companies, etc.) take on a particular tone.

Given the range of clinical problems presenting in varying degrees of complexity in Elmgrove, there are rich and diverse opportunities to learn about distinctive client experiences and the acute and chronic presentations of psychiatric symptomatology. A range of treatment modalities are available, given the diversity amongst psychology staff. Thus, residents are exposed to a variety of case conceptualizations and process issues in therapy (i.e., attunement, choice points within the therapy session, and the interplay of personal and interpersonal factors within the client-therapist relationship).

Specifically, Residents have the opportunity to participate in the following activities:

- Clinical assessment (including interviewing, psychodiagnostic, neuropsychological screens, cognitive, and personality).
- Individual psychotherapy (Cognitive Behavior Therapy, Eye Movement Desensitization and Reprocessing, emotion-focused, solution-focused, interpersonal, integrative approaches involving narrative, experiential, humanistic, and psychodynamic elements).
- Group psychotherapy (Dialectical Behavior Therapy offered through the Outpatient Program, and Process-Focused Group Therapy offered through the Inpatient Program).
- Consultation with interdisciplinary staff and interdisciplinary team involvement.
- Program evaluation projects may be available.
- When possible, Residents may obtain experience in the supervision of psychology practicum students.

Overall, the Elmgrove Program offers generalist training to work with a wide range of clientele engaging different assessment tools and therapy strategies in a supportive and nurturing learning environment with supervisors adopting different clinical orientations. Please note that specific activities will be discussed and arranged based on availability and the Resident's training objectives.

**\* Please note that the Elmgrove Service will be transferring governance to the Brockville General Hospital at the earliest in 2011 or 2012. The ROHCG has committed to the completion of the Residency year if governance changes part way through the 2010/11 Residency year. A consortium model will likely be developed with the Brockville General Hospital to continue offering the same breadth and depth of training.**

## **Forensic Treatment Unit, BMHC**

**Psychology Staff:** Michael Seto, Ph.D., C.Psych.  
Ken Laprade M.A.

**Rotation Options:** Primary or Secondary

### **Description of Program:**

The Forensic Treatment Unit (FTU) in Brockville is part of the Integrated Forensic Program, which also includes the Forensic Treatment Unit (Champlain) in Ottawa and the Secure Treatment Unit in Brockville. Collectively, the Integrated Forensic Program provides specialized interdisciplinary assessment, treatment, rehabilitation, and community reintegration to adults with severe psychiatric illness who have come into conflict with the criminal justice system. Mental health services include: violence prevention; court diversion; fitness and criminal responsibility assessments; inpatient services; mental health court; and outpatient and consultation services.

FTU patients fall under the auspices of the Ontario Review Board (ORB). The ORB is the judicial body under the MOHLTC recognized under Section 672 of the Criminal Code of Canada to review dispositions in Ontario. The purpose of the ORB is to hear evidence and submissions to assist in decisions about an individual's placement and security levels. The ORB conducts annual reviews of patients' status of Not Criminally Responsible (NCR) or fitness to stand trial.

The FTU program in Brockville has four secure units. These are the assessment and stabilization unit, the forensic rehabilitation unit and two transition units. The **Assessment and Stabilization Unit** is a secure 13-bed unit (3 assessment beds and 10 stabilization beds). The stabilization beds provide acute and long term care to adult offenders diagnosed with a severe psychiatric disorder. The **Transition II Unit** is a secure 13 bed unit that houses transitional rehabilitation clients whose length of stay is greater than two years who are in the process of being stabilized by treatment. The **Forensic Rehabilitation Unit** is a 20 bed unit that provides in-patient rehabilitation programs to stable forensic clients who have been stabilized by treatment. The **Transition I Unit** is a secure 13 bed unit that houses stable transitional rehabilitation clients whose length of stay is less than two years who are participating in treatment which prepares them for a return to community living.

For all units, clinical work is carried out within an interdisciplinary framework and we work closely with psychiatry, nursing, social work, vocational and occupational therapy. An outreach team also manages out-patient programming/treatment. The role of psychology includes the provision of services in the areas of cognitive, personality and risk assessment, individual and group psychotherapy, consultation, and interdisciplinary team work. Evidence-based treatment conferences happen on a monthly basis, which provides a regular forum for interdisciplinary collaboration.

Finally, we are actively engaged in research on the development of a dynamic risk assessment tool.

### **Resident Opportunities:**

A psychology rotation within the Forensic Treatment Unit would provide the Resident with a well-rounded experience in forensic assessment and rehabilitation. Specific activities can be negotiated based on the congruence that exists between Residents' interests, goals, availability and the individual needs of the patient. Conceivably, in-patient assessment and treatment can be conducted with a specific patient being followed from assessment to completion of the targeted objective.

Residents may have the opportunity to participate in the following activities:

- Clinical Assessment (including interviewing, cognitive, personality and risk assessment)
- Individual psychotherapy (cognitive behavioural orientation)
- Group psychotherapy with either a psychoeducational or cognitive behavioural orientation; anger management, relapse prevention, men's issues and sexuality/social skills.
- Ongoing research on the development of a dynamic risk assessment tool and evaluation of psycho-educational relapse prevention programs also provides opportunities for Residents with interest in those areas.

## **Geriatric Mental Health Community Team (BMHC)**

**Psychology Staff:** Chris Prince, Ph. D. C. Psych.

**Rotation Options:** Primary or Secondary

### **Description of Program:**

The Geriatric Mental Health Community Team at the Brockville Mental Health Center serves the counties of Lanark, Leeds and Grenville. The primary goal is to maintain the elderly in the community for as long as possible. Populations served include older persons with behavioural disturbances and or mental health problems associated with neurodegenerative disorders, older persons with mental health problems complicated by age related medical illness or functional decline, older persons with late onset severe mental illness, older persons with substance misuse problems and mental illness, and persons under 65 years who have neurodegenerative disorders. Clinical work involves interdisciplinary team work and consultation with other disciplines including psychiatry, social work, occupational therapy, and nursing.

Also possible is consultation and collaboration with community partners including Family Physicians, community clinics, placement coordination services, retirement homes, and Long Term Care homes. Services are often delivered in the patient's home or place of residence (e.g., retirement home or Long Term Care Facility).

### **Resident Opportunities:**

- Opportunities are available to engage in individual treatment from a cognitive-behavioural framework and family counselling.
- Psychology staff provide psychodiagnostic, neuropsychological, and behavioural assessment.
- Psychology staff are directly involved in program evaluation and research projects.
- When possible, Residents may supervise psychology practicum students.

## **Secure Treatment Unit (STU), BMHC**

**Psychology staff:** William Marshall, O.C., Ph.D., F.R.S.C., C. Psych.(Supervising Psychologist)  
Geris Serran, Ph.D. C.Psych.  
Liam Marshall, M.A.  
Alison Davis, M.A.  
Melanie Gates, M.A.  
Jeffrey Robinson, M.A

**Rotation Options:** Secondary

### **Description of Program:**

The STU is a 100 bed facility for mentally disordered offenders including four 25 bed units (assessment and stabilization program, sexual behaviours program, aggressive behaviour modulation program and trauma disorders program). Patients typically have multiple diagnoses and all services are inpatient. The services provided include assessments of the various problems presented by our patients and the provision of group treatments targeting sexual offenses, anger management, substance abuse, antisocial thinking, family violence, PTSD, effective relationships, and self-esteem. Some individual therapy is also done. Other programs are in development.

Clinical work involves an interdisciplinary team (psychology, psychiatry, social work, family medicine, nursing, addictions counseling, recreational therapy, vocational therapy and pastoral care). The provision of all services is empirically-based and ongoing research continues to evaluate many aspects of the tasks at the STU. Interdisciplinary case conferences are held weekly.

### **Resident Opportunities:**

Specific activities will be discussed and arranged based on availability and Resident's goals for training.

Residents may have the opportunity to participate in the following activities:

- Clinical Assessment (cognitive, ADHD, and risk assessments)
- Individual psychotherapy (cognitive behavioural, interpersonal, motivational or trauma focused)
- Group psychotherapy (psychoeducation, cognitive behavioural therapy, dialectical behaviour therapy or process-focused therapy)
- Consultation with interdisciplinary staff
- Interdisciplinary team involvement
- Program evaluation projects are available

# PROGRAM SUPERVISORY FACULTY AND ADDITIONAL PSYCHOLOGY STAFF

## ROHCG - ROYAL OTTAWA MENTAL HEALTH CENTRE SITE

**Dr. Sarah Bertrim**

Ph.D. University of Windsor, 2008

C. Psych (Supervised Practice)

**Program:**

Operational Stress Injury (OSI) Clinic

**Clinical Orientation:**

Integrative approach with emphasis on cognitive behavioural, emotion focused, and experiential therapy components. Special interest in clinical assessment, differential diagnosis, individual and group intervention, operational stress injuries and trauma, and rehabilitation psychology.

**Dr. Robert Bialik**

Ph.D., C. Psych., Carleton University, 1987

**Program:**

Evaluation Unit

**Clinical Orientation:**

Cognitive-behavioural, interpersonal and emotionally focused therapy, assessment and special interest in trauma.

**Dr. Dave Davies**

Ph.D., C. Psych., Queen's University, 2006

**Program:**

Anxiety Disorders Program

**Clinical Orientation:**

Cognitive-behavioural therapy (group and individual), assessments for treatment, psycho-diagnostic assessment, program development and evaluation.

**Dr. Margaret DeCorte**

Ph.D., C. Psych., Ohio University, 1980

**Program:**

Youth Psychiatry Program

**Clinical Orientation:**

Individual, group and family therapy, cognitive-behavioural, interpersonal, and emotion-focused therapy, special interest in lifespan attachment patterns, clinical ethology, neurobiology, anxiety disorders, affect regulation, and trauma.

**Dr. Hans de Groot**

Ph.D., C. Psych., Carleton University, 1992

**Program:**

Geriatric Psychiatry Program

**Clinical Orientation:**

Cognitive assessment, differential diagnosis, individual and group therapy, focus is a cognitive-behavioural-emotional model.

<p><b>Dr. Susan Farrell</b>  <b>Program:</b>  <b>Clinical Orientation:</b></p>	<p>Ph.D., C. Psych., University of Ottawa, 2001  Dual Diagnosis Consultation Outreach Team and  Psychiatric Outreach Team  Assessment, differential diagnosis, treatment planning,  consultation and evaluation, behaviour modification, cognitive  behavioural therapy.</p>
<p><b>Ms. Eva Hill</b>  <b>Program:</b>  <b>Clinical Orientation:</b></p>	<p>Psychometrist, B.A. Carleton University, 1978  Neuropsychology Unit  Neuropsychological, psychogeriatric, forensic, and family  court clinic assessments.</p>
<p><b>Ms. Diane Hoffman-Lacombe</b>  <b>Program:</b>  <b>Clinical Orientation:</b></p>	<p>M.Ps, C. Psych. Associate, University of Ottawa, 1980  Integrated Forensic Program - Champlain District  Forensic assessment (cognitive &amp; personality), individual &amp;  group therapy (cognitive-behavioural therapy, psycho-  education) and program evaluation.</p>
<p><b>Dr. Judy Makinen</b>  <b>Program:</b>  <b>Clinical Orientation:</b></p>	<p>Ph.D., C. Psych., University of Ottawa, 2004  Youth Psychiatry Program; ROMHC Practicum Coordinator  Individual, group, marital/family therapy, emotion-focused,  interpersonal, &amp; cognitive-behavioural therapy, Psycho-  education and Psycho-diagnostic assessments, special  interest in attachment and trauma.</p>
<p><b>Dr. Amy Moustgaard</b>  <b>Program:</b>  <b>Clinical Orientation:</b></p>	<p>Ph.D., C. Psych, Lakehead University, 2004  Anxiety Disorders Program  Cognitive behavioural therapy with mindfulness and  acceptance concepts for range of anxiety and mood  disorders, adults, individual and group. Other areas of  practice interest include neuropsychological assessment and  interventions, and neurorehabilitation.</p>
<p><b>Dr. Luis Oliver</b>  <b>Program:</b>  <b>Clinical Orientation:</b></p>	<p>Ph.D., C. Psych., University of Ottawa, 2000  Operational Stress Injury (OSI) Clinic  Cognitive behavioural therapy, with integration of  experiential/EFT and interpersonal components. Special  interest in trauma, mood and anxiety.</p>
<p><b>Dr. François Rousseau</b>  <b>Program:</b>  <b>Clinical Orientation:</b></p>	<p>Ph.D., C.Psych. (Supervised Practice), Université du Québec à  Montréal, 2003  Mood Disorders Program  Cognitive-behavioral therapy (group and individual),  acceptance and commitment therapy, psycho-diagnostic  assessment.</p>

<b>Dr. Irit Sterner</b>	Ph.D., C. Psych., University of Ottawa, 1990
<b>Program:</b>	Mood Disorders Program
<b>Clinical Orientation:</b>	Integrative perspective that includes cognitive-behavioural therapy, dialectical behaviour therapy, eye movement desensitization retraining and experiential approaches. Individual and group therapy. Assessment. Special interest in mood disorders, post traumatic stress disorder and borderline personality disorder.
<b>Dr. Angela Stewart</b>	Ph.D , C. Psych, University of Ottawa, 2007
<b>Program:</b>	Neuropsychology Unit
<b>Clinical Orientation:</b>	Neuropsychological assessment.
<b>Dr. Nicole Varshney</b>	Ph.D., C. Psych., University of Ottawa, 2003
<b>Program:</b>	Youth Psychiatry Program
<b>Clinical Orientation:</b>	Assessment, cognitive-behavioural therapy.
<b>Ms. Christine Walter</b>	Psychometrist II, M.A. Psychology, Carleton University
<b>Program:</b>	Neuropsychology Unit
<b>Clinical Orientation:</b>	Neuropsychology Assessment, Research, Clinical Trials Rater.
<b>Ms. Janna Willison</b>	Psychometrist, MA, Carleton University, 2004
<b>Program:</b>	Dual Diagnosis Consultation Outreach Team and Psychiatric Outreach Team
<b>Clinical Orientation:</b>	Assessment/Consultation
<b>Dr. Nicola Wright</b>	Ph.D., C. Psych., Queen's University, 1997
<b>Program:</b>	Schizophrenia Program
<b>Clinical Orientation:</b>	Assessment and cognitive-behavioural & interpersonal individual and group therapy with a special interest in cognitive behavioural therapy for psychosis.

## **PROGRAM SUPERVISORY FACULTY AND ADDITIONAL PSYCHOLOGY STAFF**

### **ROHCG - BROCKVILLE MENTAL HEALTH CENTRE SITE**

**Ms. Alison Davis**

**Program:**

**Clinical Orientation:**

MA, Psychology, Carleton University, 1997

Psychometrist with the St. Lawrence Valley Correctional and Treatment Centre, Secure Treatment Unit, Brockville, Ontario  
Cognitive-behavioural. Group therapy for sexual offending and assessment of adult attention-deficit/hyperactivity disorder.

**Ms. Melanie Gates**

**Program:**

**Clinical Orientation:**

MA, Psychology, Carleton University, 2002

Psychometrist with the St. Lawrence Valley Correctional and Treatment Centre, Secure Treatment Unit, Brockville, Ontario  
Group treatment for domestic violence and anger management, phallometric assessments and other psychological assessments as required (e.g. attention-deficit/hyperactivity disorder, intelligence quotient).

**Mr. Ken Laprade**

**Program:**

**Clinical Orientation:**

Psychometrist, M.A., Carleton University, 1983

Integrated Forensic Program, Southeast  
Strategic/systemic. Relapse prevention groups and dynamic risk assessment research.

**Dr. William Marshall**

**Program:**

**Clinical Orientation:**

O.C, F.R.S.C., Ph.D., C. Psych., 1972

Head, Sexual Offenders' Unit and Director, Core Programs, Secure Treatment Unit, St. Lawrence Corrections and Treatment Centre  
Cognitive/Behavioural

**Dr. Christopher Prince**

**Program:**

**Clinical Orientation:**

Ph.D., C. Psych., Carleton University, 1990

Geriatric Psychiatry Outreach Service  
Neuropsychological and psychological assessment of the elderly. Cognitive-behavioural and group therapy. Research and program evaluation.

**Mr. Jeff Robinson**

**Program:**

**Clinical Orientation:**

M. Psych (Forensic), Bond University 2007

Psychometrist with the St. Lawrence Valley Correctional and Treatment Centre, Secure Treatment Unit, Brockville, Ontario.

Integrative approach with interests in group anger management treatment and various types of assessments.

**Dr. Michael Seto**

**Program:**

**Clinical Orientation:**

Ph.D., C.Psych., Queen's University, Psychology, 1997.  
Forensic Treatment Unit  
Multi-systemic, cognitive-behavioral, risk/need/responsivity principles of intervention.

**Dr. Terry Wapshall**

**Program:**

**Clinical Orientation:**

Ph.D, C. Psych., University of New Hampshire, 1977  
Elmgrove Inpatient Service and Kemptville Outpatient Clinic  
Integrative approach; Anthony recovery model; outcome oriented.

**Dr. Beverly Wirsching**

**Program:**

**Clinical Orientation:**

Ph.D., C. Psych., Queen's University, 1989  
Elmgrove, Acute Care, Outpatients, and Community Outreach Program  
Individual cognitive-behavioural and solution-focused therapy. Special interest in depression and anxiety disorders and Psychological assessment.

**Dr. Johnny Yap**

**Program:**

**Clinical Orientation:**

Ph.D., C. Psych., Queen's University, 1987  
Elmgrove, Acute Care, Outpatients.  
Integrative model involving narrative, cognitive-behavioural, experiential, solution-focused, and feminist approaches, dialectical behaviour therapy and eye movement desensitization and reprocessing. Individual and group psychotherapy. Special interest in trauma, dissociative disorders, personality disorders, gender issues and assessment.

## AVAILABLE RESOURCES

The Residency program has available dedicated office space, internet access, a facility wide computer network, a computerized workload measurement tracking system, automated voice mail, and stand-alone PC's for Residents' use. Access to internal and external e-mail is also provided. Dictation and Word-processing facilities are available. A number of statistical and data base packages can be accessed including SPSS-PC and EQS. The program also has access to a broad range of assessment instruments and audio-visual equipment.

The ROHCG has two professional libraries (one at the ROMHC and one at BMHC) housing a selection of Clinical Psychology publications. Interlibrary loans are available through the libraries. The library also has Psych Lit and MedLine on CD-ROM. The National Research Council Library and the Health Canada Library are also located in Ottawa. The ROHCG has an Administrative Assistant who works 25 hours a week to support the Training Program including the Director of Training, Assistant Director of Training and the Residents.

## TRANSPORTATION

Ideally, Residents at the BMHC site can come to Ottawa 2-3 Fridays per month for professional development days at the ROMHC and for the City-Wide Seminar Series. The professional development day includes the seminar series, group supervision and peer consultation. Currently, vehicles are available on a limited basis at the BMHC site for Residents. Therefore, BMHC site Residents may have access to ROHCG corporate vehicles (booked in advance) for transportation for professional development days. Should a vehicle not be available, video-conferencing is available and will be arranged for the professional development days (2-3 Fridays per month). **Residents are responsible for transportation (and costs) when selecting a secondary rotation at the opposite site.**

## OTTAWA AND ITS VICINITY

The Ottawa Region has a population of approximately 1,000,000. The city is located on the border of Quebec, across the Ottawa River and has the Rideau River and the Rideau Canal flowing through it. Many small towns, within an hour of the city, offer historical and recreational interests. On the Quebec side, about 20 minutes drive from downtown; there are the Gatineau Hills with ski resorts and an abundance of lakes and wilderness experiences. There are bike paths throughout Ottawa and the Rideau Canal offers boating in the summer and skating in the winter. Ottawa is famous for the number of parks within the city, outdoor activities and concerts such as the Jazz festival, Bluesfest and Folk Festival in July, Winterlude in February, the Tulip Festival in May, and the Busker festival in the summer. It also hosts the largest Chamber Music festival in the world. The downtown core is rich with diverse eating establishments. There are three local universities (University of Ottawa, Carleton University and St. Paul's) and two community colleges.

The city also houses several outstanding museums (Science and Technology, Canadian Museum of Civilization, the Canadian Museum of Nature, the Canadian War Museum and the National Museum of Aviation), the National Gallery of Canada and the National Arts Centre.

## **BROCKVILLE AND ITS VICINITY**

Brockville is a small historic city of 21,000 in the Thousand Island Region of the St. Lawrence River. It is located between Kingston and Montreal on the 401 highway, and is about 1 hour commuting time from Ottawa. Brockville is a popular tourist centre during the summer, particularly for those who enjoy boating, sailing, golf and outdoor activities of all kinds. During the summer it is home to festivals and summer theatre with an open air Farmers Market. St Lawrence College campus is located in Brockville offering a variety of diploma courses, an active Summer School of Art, and the new Bachelor of Nursing program. The city is friendly, safe and easily accessible by car and rail. The cost of living is reasonable when compared to larger centres. Brockville is one hour away from Kingston and Queens University, and forty-five minutes from Gananoque, another popular summer resort town.

## **INFORMATION FOR APPLICANTS**

### **Requirements:**

Applicants must have completed core requirements for the Doctoral degree such as required courses, comprehensive exams, approval of the dissertation proposal by the time of application, and permission from their Director of Training to begin a residency program. Ideally, applicants should also have completed data collection before commencing the Residency.

To be considered, candidates must be enrolled in a recognized CPA accredited doctoral Clinical Psychology program or equivalent. All applicants must have completed a minimum of 600 hours of supervised practicum training and course work in basic assessment, interviewing, and psychotherapy. Applications from visible minorities and candidates with a disability are particularly encouraged. The program subscribes to the APPIC principles regarding preparation for internship in terms of the number and nature of practicum hours completed. Specifically, although a minimum of 600 practicum hours is needed to apply, please note that applicants are not rated based on the "raw number of practicum hours" reported on APPIC applications forms; quality and depth of practicum training is more relevant than total quantity of hours.

### **The Application Procedure:**

#### **Applications will be considered complete when they include:**

- ❖ APPIC application
- ❖ Graduate transcripts
- ❖ Curriculum vitae
- ❖ Three letters of reference
- ❖ Cover letter clearly stating clinical training interests and career goals
- ❖ ROHCG application

Letters of recommendation should abide by the recommendations of the Canadian Council of Professional Psychology Programs (CCPPP). Please refer to "CCPPP Form/Guidelines for Letters of recommendation to Canadian Pre-Doctoral Internship Settings" which follow the ROHCG application form (Note: Website address is [www.ccppp.ca](http://www.ccppp.ca))

This Residency program is participating in the APPIC Internship Matching Program, which places applicants into Psychology Residency positions. Our program adheres to APPIC guidelines. This Residency site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept or use any ranking-related information from any Resident applicant. All applicants must register with the National Matching Services at [www.natmatch.com/psychint](http://www.natmatch.com/psychint) and/or APPIC to be considered for this Residency.

**Please note: Separate applications are required for each of the ROMHC and BMHC sites.**

**Our APPIC program code number is:**

- ❖ **183911 for the 3 ROMHC Site positions** and
- ❖ **183912 for the 2 BMHC Site positions.**

The APPIC Application for Psychology Residency (AAPI) is available online at the APPIC website at [www.appic.org](http://www.appic.org). News and information about the AAPI Online, along with instructions about how to access the service, can be found at [www.appic.org](http://www.appic.org), click on "AAPI ONLINE." **Please note:** We require all applicants to submit the ROHCG Application (see Page 40) as a "supplementary material" document.

- ❖ **Completed applications must be received no later than November 15, 2009.**
- ❖ **All interview notifications are made by December 15, 2009.**

Interviews of potential candidates for the **ROMHC site** will be held across *five* set days: **January 11, 13, 19, 20 and 22, 2010.**

Interviews of potential candidates for the **BMHC site** will be held across *four* set days on: **January 12, 14, 18 and 21, 2010.**

Arrangements for either on-site or telephone interviews will be made for January 2010.

***Those applicants chosen for an interview will be able to sign up for an interview date/time. Details of this process will be forwarded upon notification of an interview for selected applicants.***

After placements have been finalized in February 2010, Residents will be contacted regarding their specific interests in rotations and supervisors. Every effort will be made to accommodate Residents' stated preferences and training needs however due to changes in services and faculty, rotations and supervisors cannot be guaranteed.

**Application material should be submitted via AAPI Online by November 15, 2009.**

**Questions regarding our program and application requirements can be addressed to:**

**Dave Davies, Ph.D., C. Psych., Acting Director of Training**

c/o Cathie Massel, Psychology Residency Administrative Assistant/Coordinator  
Royal Ottawa Health Care Group  
Royal Ottawa Mental Health Centre  
1145 Carling Ave, Room 3364  
Ottawa, Ontario, K1Z 7K4

<b>TEL:</b>	613-722-6521 ext. 7135	(Cathie Massel, Administrative Assistant, Psychology Residency Program)
<b>TEL:</b>	613-722-6521 ext. 6714	(Dr. Dave Davies, Acting Director of Training)
<b>FAX:</b>	613-761-3628	
<b>E-mail:</b>	<a href="mailto:david.davies@rohcg.on.ca">david.davies@rohcg.on.ca</a>	
	<a href="mailto:cathie.massel@rohcg.on.ca">cathie.massel@rohcg.on.ca</a>	

Please forward this ROHCG application with your AAPI Online Application as "Supplementary Material"

**THE ROYAL OTTAWA HEALTH CARE GROUP**  
**PREDOCTORAL RESIDENCY PROGRAM IN PSYCHOLOGY**

**APPLICATION**

**Name:** \_\_\_\_\_ **SIN:** \_\_\_\_\_

**APPIC Match #** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Telephone: Home:** \_\_\_\_\_ **Office:** \_\_\_\_\_

**University you are now attending:** \_\_\_\_\_

**Program in which you are enrolled:** \_\_\_\_\_  
(i.e. Clinical, Neuropsychology, etc.)

**Is the program CPA or APA accredited?**    **CPA**     **APA**

**Year Started:** \_\_\_\_\_

**Degrees already obtained:**

**Degree:** \_\_\_\_\_ **University:** \_\_\_\_\_ **Year:** \_\_\_\_\_ **Major:** \_\_\_\_\_

**Degree:** \_\_\_\_\_ **University:** \_\_\_\_\_ **Year:** \_\_\_\_\_ **Major:** \_\_\_\_\_

**Sites:**

**Check the Site(s) to which you are applying.** You may apply to both sites:  
(ROMHC Site -APPIC #183911 and BMHC Site APPIC # 183912).

**ROMHC Site**

**BMHC Site**

For **each** site rank order your preference for specific rotations you wish exposure to. Please indicate P1 as first choice for a primary rotation, P2 as second choice for a primary rotation and P3 as third choice for a primary rotation. Similarly, please indicate S1 as a first choice for a secondary rotation, S2 as a second choice for a secondary rotation, S3 as a third choice for a secondary rotation. Please place a **(!)** beside those rotations that are of particular interest for you. We will make every attempt to provide the successful applicant with his/her preferred rotations but cannot guarantee rotations due to supervisor availability. **Please note:** Rotation interest indicated here may be revised post match day by the successful applicant based on the applicant's interests and supervisor availability.

**ROMHC Site:**

- Anxiety Disorders
- Operational Stress Injury Clinic
- Forensic Psychiatry (ROMHC site)
- Geriatric Psychiatry
- Assertive Community Treatment (ACT) and ACT Step-Down Team (*not available in 2010-11*)
- Dual Diagnosis Consultation Outreach
- Evaluation Unit
- Psychiatric Outreach
- Mood Disorders
- Neuropsychology (*secondary rotation only*)
- Schizophrenia Program
- Youth Psychiatry

**Are you interested in a BMHC secondary rotation? Yes**  **No**

If Yes, please write the name(s) of the rotations at BMHC and rank it/them S1, S2 or S3.

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**BMHC Site:**

- Elmgrove Service
- Forensic Psychiatry Program
- Geriatric Mental Health Community Team
- Secure Treatment Unit

**Are you interested in a ROMHC secondary rotation? Yes  No .**

If Yes, please write the name(s) of the rotations at ROMHC and rank it/them S1, S2 or S3.

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**Names, addresses and telephone numbers of three (3) persons familiar with your work that will be submitting letters of recommendation.**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Director of Clinical Training in Your Program.**

4. \_\_\_\_\_

**The following is a list of interview dates at both the ROMHC Site and BMHC site:**

<b>ROMHC Site</b>	<b>BMHC Site</b>
<b>January 11 (Monday)</b>	<b>January 12 (Tuesday)</b>
<b>January 13 (Wednesday)</b>	<b>January 14 (Thursday)</b>
<b>January 19 (Tuesday)</b>	<b>January 18 (Monday)</b>
<b>January 20 (Wednesday)</b>	<b>January 21 (Thursday)</b>
<b>January 22 (Friday)</b>	

### **APPLICATION CHECKLIST**

**One copy** of the following are required for *each* site applied to:

Please follow the APPIC guidelines for online submission:

- ROHCG Application (*please forward with your AAPI online application as "supplementary material"*)**
- APPIC application**
- Three letters of reference**
- Curriculum Vitae**
- Cover Letter that includes a statement of clinical training interests (as pertinent to ROHCG) and career goals**
- Graduate transcripts**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## CCPPP Form/Guidelines for Letters of Recommendation to Canadian Pre-Doctoral Internship Settings

**A. Section to be completed by the student:** *Please complete the following items about the factual nature of your supervisory relationship with this particular supervisor. Please give the "Introduction and Instructions" page, along with this completed form to your supervisor when requesting a recommendation.*

### Nature of student-supervisor contact

1. Student's name: \_\_\_\_\_
  2. Supervisor's name: \_\_\_\_\_
  3. The student's work with this supervisor was: \_\_\_Clinical \_\_\_Research \_\_\_Both \_\_\_Other  
(please specify):  
\_\_\_\_\_
  4. Starting and ending dates of supervision:  
\_\_\_\_\_
  5. Activities performed by student (assessment, therapy, consultation, data collection, analysis, etc.):  
\_\_\_\_\_
- For clinical supervision only:*
6. Total hours of "client contact" (i.e., total of assessment, intervention, etc. as defined by APPIC) supervised **by this supervisor**:  
\_\_\_\_\_
  7. Total hours of supervision by this supervisor:  
\_\_\_\_\_
  8. Nature of supervision by this supervisor: \_\_\_live \_\_\_audiotape \_\_\_videotape \_\_\_discussion  
other (e.g., clinical seminar leader; please specify): \_\_\_\_\_
  9. Population seen with this supervisor (e.g., child, adolescent, adult, geriatric, couple, family):  
\_\_\_\_\_
  10. Theoretical approach(es) taken with this supervisor:  
\_\_\_\_\_

**B. Section to be completed by supervisor:** *After you have received this form from your student, with Section A complete, please prepare your recommendation EITHER on this form OR in letter format.*

**If using this form**, please address each of the following areas to the greatest extent possible.

- You may wish to download the Word document from the website of the Canadian Council of Professional Psychology Programs, [www.ccppp.ca](http://www.ccppp.ca), on which you may work directly.
- Please endeavour not to omit any section. However, if any areas are omitted, please indicate your reason (e.g., insufficient information).
- There should be ample room available in each section, but you need not feel obliged to fill them.
- Please attach the student's responses for Section A when posting your reference.

**If you prefer to prepare a written letter**, please consider the following:

- Please attach the student's responses for Section A when posting your reference.
- Please follow the content areas in the order provided.
- Please endeavour not to omit any section. However, if any areas are omitted, please indicate your reason (e.g., insufficient information).
- Insert the following quote before your name and signature: *"This letter was prepared in conformity with the CCppP guidelines for letters of reference to a Canadian pre-doctoral internship."*

### **Supervisor's recommendation**

**Basis of your evaluation:** \_\_\_\_\_ Personal experience with student \_\_\_\_\_ Others' reports  
\_\_\_\_\_ Both

**Description of training experience & setting:** (Supervisors are invited to describe the training experience offered to this practicum student, if so desired)

## **Area 1: Current professional & personal skills of the student**

Amongst the many qualities on which one can comment, please consider:

- Professional knowledge and skills for assessment, diagnosis, intervention, consultation, provision of supervision, program development & evaluation, research, teaching, administration, etc.

- Work skills: judgment, critical thinking, organizational ability, motivation, initiative, determination, timeliness, dependability, independence, interest in discovery, etc.

- Communication skills: quality of written & oral communications with colleagues, other professionals, clients, etc. (e.g., report-writing, feedback)

- Other interpersonal skills & personal resources: ability to establish and maintain rapport, trust and respect in professional relationships; self-awareness, self-reflectiveness, openness to supervision, resiliency and capacity to cope with the internship experience, etc.

- Professional conduct: knowledge of ethics, ability to act proactively and consistently for resolution regarding ethics & professional standards, readiness to seek and use supervision, awareness of limitations, respect and knowledge with regard to diversity and individual differences, etc.

**Area 2: Areas for growth and development**

Recognizing that all psychologists continue to develop throughout their careers, please comment on areas where you believe the student will most benefit *next* (i.e., during the internship year) from supervisory guidance. How can the internship continue to contribute to the course of learning and development of this student? This information is requested for the purposes of determining the internship's ability to meet the intern applicant's training needs. Therefore, please provide *detailed comments* (i.e., more specific than "more experience" or "the training you have to offer").

**Area 3: Summary recommendation**

In summary, please note your overall level of knowledge of student and his/her skills. You may wish to note the strength of your recommendation. Any comparison made to other students (supervised in the past) may be included here.

***“This letter was prepared in conformity with the CCPPP guidelines for letters of reference to a Canadian pre-doctoral internship.”***

**Supervisor’s name:** \_\_\_\_\_

**Address:**

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Supervisor’s signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_