

Practicum Program in Psychology

2019 - 2020 Academic Year



Ontario Shores
Centre for Mental Health Sciences

Discovery. Recovery. Hope.

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I Introduction

About Ontario Shores

Ontario Shores Centre for Mental Health Sciences (Ontario Shores) is a leader in mental health care, providing a spectrum of specialized assessment and treatment services for people living with complex and serious mental illness. Exemplary patient care is delivered through safe and evidenced-based approaches where successful outcomes are achieved using best clinical practices and the latest advances in research. Patients benefit from a recovery-oriented environment of care, built on compassion, inspiration and hope.

The organization shares its expertise, knowledge and experiences through research, education and advocacy initiatives and provides leadership to healthcare providers, community partners, policy makers and social sectors to strengthen and advance the mental health care system. Ontario Shores embraces the opportunity to raise awareness of mental illness, educate healthcare practitioners and train the next generation of mental health care specialists. As advocates, Ontario Shores champions and supports the efforts of patients, professionals and policy makers to ensure individuals with mental illness have access to care and the opportunity to fully participate in society.

Employing almost 1,200 staff, Ontario Shores offers specialized recovery-focused interprofessional programs and services designed to provide successful treatment. Ontario Shores staff are committed to providing excellent patient care, ongoing learning and maintaining a safe, respectful and positive environment.

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

Ontario Shores is accredited by Accreditation Canada and operates with the support of Ministry of Health and Long-Term Care and Local Health

Integration Networks (LHINs), and is regulated by the Public Hospitals Act, the Mental Health Act and other provincial and federal legislation.

Mission, Vision and Values

<https://www.ontarioshores.ca/cms/one.aspx?portalId=169&pageId=664>

Historical Background

<https://www.ontarioshores.ca/cms/One.aspx?portalId=169&pageId=509>



The Town of Whitby

Ontario Shores' main location is situated on the shoreline of Lake Ontario in Whitby, Ontario. Services are also located in York Region, Scarborough, Toronto, Haliburton, Northumberland, Peterborough Counties and the City of Kawartha Lakes.

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

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

Interesting Historical Facts about Whitby:

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

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

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

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

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

Map and Directions to Ontario Shores

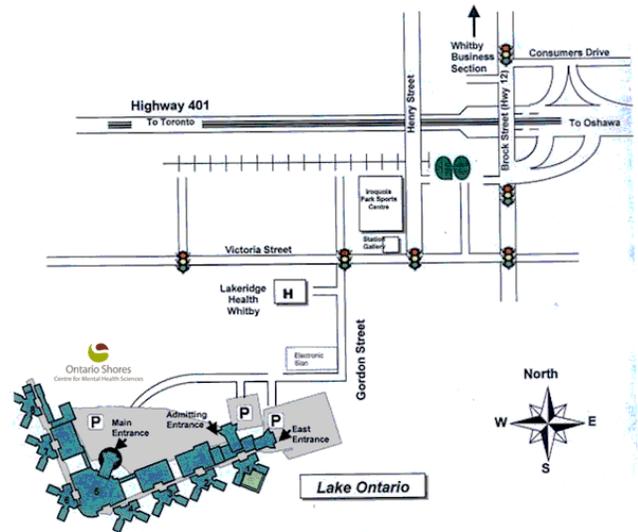
Directions from Highway 401:

- Exit at Brock Street/Hwy 12 (exit no. 410) in Whitby (Note: If coming from Toronto, do not exit at Brock Road in Pickering)
- Turn south (left) onto Brock Street.
- Turn west (right) at the next signal lights onto Victoria Street and travel west to the second set of lights. You will pass the Station Art Gallery and the Iroquois Sports Park Centre.
- Turn south (left) on Gordon Street at the Hospital (Lakeridge & Ontario Shores) signs - continue past Lakeridge Health Whitby.

- Turn west (right) at the Ontario Shores sign. Continue on this road and turn into one of three parking lots.

Directions from Whitby GO Station:

- Via Town of Whitby bus: Take Route #2 bus
- Via Car: Turn south onto Brock Street, Henry Street or Victoria Street and follow the instructions above.



Parking

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

II Overview of Program

Training Philosophy and Goals

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

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

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

3. Intervention - To ensure that students are competent in planning and providing a range of psychological treatments through individual, group, and family-based interventions. Students will understand the basis of treatment formulation including empirically supported interventions, development of treatment goals,

and psychotherapeutic strategies. Students will demonstrate an understanding of the process issues related to intervention.

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

5. Cultural Diversity – Practicum students are exposed to patients and staff from diverse cultural backgrounds. Training focuses on becoming aware and sensitive to cultural and individual differences in the context of their work as psychologists.

6. Professional Development - Educational events at Ontario Shores are held on a regular basis and practicum students are invited to attend. Listings of educational opportunities include psychology seminars, grand rounds, forensic topics, and research seminars are distributed through Ontario Shores' E-weekly updates. Students are expected to participate in active learning by conducting and attending presentations and seminars, as well as keeping abreast of current literature. Practicum students are required to present one to two case studies and/or present their own research findings at psychology seminar meetings.

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

8. Supervision and Evaluation - Supervision is provided by staff who are licensed to provide psychology services in the province of Ontario. Supervision is structured in order to meet the student's level of competence. Supervision activities are individualized to each student's specific training needs and entry-level skills. As competence increases, supervision becomes more consultative

and collaborative in nature. Students are evaluated on their progress three months into the practicum as well as at the completion of their placement.

Structure of the Program

Our practicum program incorporates one rotation over the course of the academic year of roughly two days per week, or a four-month full-time rotation. The total number of practicum hours required at Ontario Shores (e.g., 600 hours) is flexible based on academic requirements of the home university. At the time of application, practicum students are expected to indicate their area of interests. Every reasonable effort is made to assign students to a rotation of choice. However, this is not always possible due to student's interest and/or the need to ensure a broad-based clinical experience, and supervisor availability.

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

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

- Students may develop competence in conducting comprehensive intake/diagnostic interviews. This includes obtaining comprehensive developmental histories, including both structured (e.g., SCID, PANSS), semi-structured, and unstructured clinical interviews, and may include conducting family/parental interviews/assessments where appropriate.
- Students may develop competence in administering, scoring, and interpreting psychometric measures to assess behaviour, personality and social-emotional (e.g., MMPI-2-RF, PAI, MCMI-IV) functioning.
- Students may develop competence in the administration and interpretation of standardized psychometric measures of cognitive/executive (e.g., WAIS-IV, WISC-5, D-KEFS) functioning and academic achievement (e.g., WIAT-III and WRAT-4). For students selecting a neuropsychological rotation, more specified exposure to a range of neuropsychological measures will be provided.
- Students may develop competence in providing feedback, both oral and written, to patients, families, referring agents, community agencies, and members of interdisciplinary treatment teams.
- Students may develop competence in independently planning and implementing comprehensive psychological/neuropsychological assessments that take into consideration relevant medical, developmental and social-contextual factors.
- For those selecting a forensic rotation, students can be expected to demonstrate proficiency in conducting, scoring and interpreting empirically supported risk assessment measures as well as those based on structured clinical judgement (e.g., HCR-20). Students will develop a solid understanding of static and dynamic risk factors, and be able to develop comprehensive treatment recommendations based upon assessment outcome.

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

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

- Students may develop competence in conducting individual therapy with the patient population

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

- Students may gain experience in conducting group based psychotherapeutic interventions with the patient population consistent with their chosen rotation. This may include process-oriented groups, structured behaviour and/or cognitive-behavioural interventions and skills-training groups.
- Students may develop competence in conducting family-based interventions. This may take the form of psychotherapy or consultation, depending on the training track.
- Students may develop competence in planning, implementing and monitoring interventions that take into developmental, medical and socio-contextual factors. Students may develop competence in evaluating treatment needs, therapeutic effectiveness and treatment process.
- Students will develop an awareness of client and therapist factors that affect treatment effectiveness.

Didactic Educational Experiences

Practicum students spend at least one hour per week in didactic activities. There are many educational opportunities for students at Ontario Shores, both psychologically focused and interdisciplinary in nature. Aside from weekly supervision, students participate in monthly didactic seminars designed specifically for psychologists, case presentations, and professional development. Students are supported in their participation of professional development activities including professional lectures, workshops, seminars, as well as internal and external conferences.

Seminar Series

Monthly seminars are provided by psychology staff at Ontario Shores. Through these seminars, practicum students can gain familiarity with the various areas psychologists work in at Ontario

Shores, even if they are not in contact with them during their ordinary rotations. These seminars are structured to provide information relevant to assessment and treatment issues as well as to enhance the professional functioning of students. The Seminar Series includes topics such as professional development, ethics, assessing for risk, evidence-based treatment interventions, neuropsychology and licensure reflecting the range of interests by psychologists at Ontario Shores.

Clinical Case Presentations

These seminars provide an opportunity for practicum students to consolidate their psychotherapy and assessment skills and to interact with licensed psychologists. Over the course of the year, practicum students are expected to present one to two cases (therapy/assessment), with the goal of examining specific clinical phenomena related to the practice of psychotherapy. These case conferences serve as a continuing forum for the discussion and exploration of personal issues relevant to psychotherapy process and outcome as well as serving to model for the student a variety of approaches to conceptualization and amelioration of emotional disorders. The psychology staff members participating in the case conference represent diverse perspectives and provide an important atmosphere relevant

Grand Rounds

Grand Rounds occur on a weekly basis from September through to June and focuses on a variety of clinical and research topics related to mental health. Grand Rounds is considered to be one of the high points of learning and engagement within an academic health science setting that should be able to influence every health care professional and student in our organization. It also serves as a venue for leveraging and promoting our own internal leaders in clinical education, research and knowledge translation.

Supervision and Evaluation

Each practicum student is assigned to one supervisor, who is a registered psychologist with the College of Psychologists of Ontario. At the beginning of the practicum, the student and their advisor set individualized written goals and objectives. Supervision for practicum students is

generally two hours total per week. Practicum students are assigned a supervisor based on their expression of interest and availability of the supervisor. Supervision can include discussion of clinical cases, professional development, observing and being observed while providing clinical services, and formal case presentations. Styles of supervision may vary and students can expect to learn from modeling, observation, feedback, directed readings, ethical training, and professional mentorship. Supervision may be provided in individual and/or group formats, in addition to attending weekly interdisciplinary team meetings and case conferences.

Practicum students receive formal written evaluations on their progress three months into the practicum as well as at the completion of their placement. Input from practicum students is valued highly in our training program, students are asked to formally evaluate their supervisor and evaluate the training program as well. Supervisors also meet with the Practicum Coordinator at these periods of evaluation to discuss the student's progress, educational experience, caseload, ongoing professional development, and to review student's evaluation. All supervisors attend supervision committee meetings to discuss supervision related issues.

Due Process

Due Process ensures that decisions made by programs about practicum students and/or supervisors are not arbitrary or personally-based. Due process requires that programs identify specific evaluative procedures which are applied to both students and their supervisors, and have appropriate appeal procedures available to each party. The student and supervisor may challenge the program's action.

General guidelines include:

1. Presenting practicum students with written documentation of the program's expectations related to professional functioning (code of conduct, behaviour, other).
2. Stipulating the procedure for evaluation, including when and how evaluations will be conducted

(such evaluations should occur at meaningful intervals – at least one month following imposed sanctions).

3. Articulating the various procedures and actions involved in making decisions regarding problem, communication, early and often with graduate programs about how to address such difficulties.
4. Instituting, with the input and knowledge of the graduate program, a remediation plan for identified inadequacies, including a time frame for expected remediation and consequences of not rectifying the inadequacies.
5. Providing a written procedure to the student which describes how the student may appeal the program's action.
6. Ensure that the student has sufficient time to respond to any action taken by the program.
7. Supervisor to document, in writing, and to all relevant parties, the action taken by the program and its rationale.

Work Environment

Practicum students are provided office space, phone extensions, computers with internet access, and various hospital and library resources.

Accessibility

Ontario Shores Centre for Mental Health Sciences has a tradition of providing mental health care that is based on the principles of acceptance and inclusion. We apply those same principles towards accessibility to ensure patients, staff, students, families and guests with disabilities feel accepted and included.

You are encouraged to contact the Practicum Coordinator early in the application process to address any questions you may have about the accessibility of our programs, services and facilities.

III Overview of Clinical Rotations

The following clinical rotations are offered to practicum students:

1. General Adult Track

The general adult track encompasses working on all three inpatient units (as listed below) and offers a unique training opportunity for students who are interested in gaining experience working with individuals with severe and persistent mental illness. Practicum students receive intensive training administering, interpreting and writing comprehensive psychological reports along with the opportunity to provide feedback to clients, family members and staff. Assessments primarily address questions related to diagnostic clarification, co-morbidity, intellectual functioning and how such may impact community living. Additionally, students carry an individual therapy caseload and have the opportunity to co-facilitate groups. Students attend interprofessional clinical rounds on the units and attend weekly individual and group supervision. The three main General Adult Track inpatient units include:

Young Adults Transitional Service (YATS)

The Young Adult Transitional Service (YATS) unit offers integrated inpatient programming for adults aged 18-64 years with severe and persistent mental illness. Staff provide a safe and recovery-focused environment where patients, families, staff and community organizations work together to provide short-term crisis intervention, stabilization and treatment. Individualized treatment plans are developed in partnership with patients, the treatment team, families and other organizations. There are 27 inpatient beds including a high-level Psychiatric Intensive Care Area (PICA). YATS accepts outpatients of Ontario Shores as well as patients transferred from other facilities who require specialized care. YATS provides comprehensive assessment and specialized psychiatric care with the aim of achieving rapid stabilization of mental health symptoms and promotes successful and timely transition back to community living and care.

Assessment Stabilization Unit (ASU)

The Assessment and Stabilization Unit (ASU) provides a broad range of general and specialized care for adults aged 18-64. Staff on ASU provide a safe and recovery-focused environment

where patients, families, staff and community organizations work together to provide short-term crisis intervention, stabilization and treatment. Individualized treatment plans are developed in partnership with patients, the treatment team, families and other organizations. ASU offers 27 inpatient beds including a high-level observation unit. ASU accepts outpatients of Ontario Shores as well as patients transferred from other facilities who require specialized care. ASU provides comprehensive assessment and specialized psychiatric care with the aim of achieving rapid stabilization of mental health symptoms and promotes successful and timely transition back to community living and care.

Psychiatric Rehabilitation A (PRA)

Psychiatric Rehabilitation Unit A (PRA) is the main admitting, assessment and treatment unit of the Psychiatric Rehabilitation Program at Ontario Shores. PRA specializes in providing care to adults aged 18-64 years with serious and persistent mental illness, many of which are considered treatment resistant. Patients work with the Interprofessional treatment team in developing a goal-oriented recovery plan based on their values, strengths and goals. PRA offers 27 beds.

2. The Forensic Program

The Forensic Program at Ontario Shores provides assessment, treatment, rehabilitation and community reintegration services to patients who have come in contact with the law. With individual recovery plans, patients can progress to a less restrictive environment and return to the community, consistent with public safety and within the limits of their defined Ontario Review Board (ORB) Dispositions. The Forensic Program provides a General and Secure Forensic Service and follow up care for individuals living in the community. It is comprised of six in-patient minimum and medium secure units and Forensic Outpatient Service. In addition, the Forensic Program provides consultation, education and research services to Ontario Shores, its community partners and the broader mental health community on request.

The Medium Forensic Units are:

Forensic Assessment Unit (FAU)

The Forensic Assessment Unit is a 22-bed unit for patients referred by the court system who require a secure setting. An interprofessional healthcare team provides assessment of criminal responsibility and court-ordered treatment to determine if individuals are fit to stand trial.

Forensic Assessment and Rehabilitation Unit (FARU)

The Forensic Assessment and Rehabilitation Unit is a 20-bed unit for patients on Disposition Orders from the Ontario Review Board (ORB) who require a secure setting and for patients referred by the court system who require a secure setting. An interprofessional healthcare team provides assessment of criminal responsibility and court-ordered treatment to determine if individuals are fit to stand trial.

Forensic Rehabilitation Unit (FRU)

The Forensic Assessment and Rehabilitation Unit is a 20-bed unit for patients on Disposition Orders from the Ontario Review Board (ORB) who require a secure setting and for patients referred by the court system who require a secure setting. Members of an interprofessional healthcare team provide recover-focused treatment, and work with patients to develop and implement individual care plans. The team provides support and assistance in a safe and therapeutic environment as patients move towards a less restrictive environment and ultimately return to the community.

The Minimum Forensic Units are:

Forensic Psychiatric Rehabilitation Unit (FPRU)

The Forensic Psychiatric Rehabilitation Unit (FPRU) is a 26-bed unit for patients, with or without Disposition Orders from the Ontario Review Board (ORB) who require a secure setting. . Members of an interprofessional healthcare team provide recover-focused treatment, and work with patients to develop and implement individual care plans. The team provides support and assistance in a safe and therapeutic environment as patients move towards a less restrictive environment and ultimately return to the community.

Forensic Transitional Unit (FTU)

The Forensic Transitional Unit is a 25-bed unit for patients on Disposition Orders from the Ontario Review Board (ORB) who require a general forensic environment.

Forensic Community Reintegration Unit (FCRU)

The Forensic Community Reintegration Unit (FCRU) is a 25-bed unit for patients on Disposition Orders from the Ontario Review Board (ORB) who require a general forensic environment.

3. Geriatric and Neuropsychiatry Program

The Geriatric and Neuropsychiatry Program (GNP) provides specialized geriatric, psychiatric and neuropsychiatry services including assessment, diagnosis and treatment in an environment that is least disruptive to patients to help them achieve their optimal recovery. Practicum students receive training in neuropsychological assessment, neurocognitive intervention, and neurobehavioural consultation of neuropsychological disorders. Additionally, they have the opportunity to be involved in neuropsychological consultations for adults and seniors across the hospital. Please note that the Geriatric Outpatient Service is located off-site and is approximately a three minute drive from the hospital.

Geriatric and Neuropsychiatry Outpatient Services:

Memory Clinic

The Geriatric Memory Clinic is a multispecialty assessment service dedicated to the early diagnosis and treatment of dementia. The clinic provides: Comprehensive multispecialty assessment of dementia; Diagnosis information for the patients and their caregivers; early psychosocial intervention; and, Links to appropriate community support services.

Geriatric Mental Health Clinic

The Geriatric Mental Health Clinic is for seniors aged 65 and older with a psychiatric concern that is either treatment resistant or complex in nature presenting with one or more of the following: cognitive changes, behavioural changes, mood changes, anxiety or psychotic symptoms.

Neuropsychiatry Clinic

The Neuropsychiatry Clinic is a multispecialty clinic dedicated to the assessment, diagnosis and stabilization of individuals who are diagnosed with an acquired brain injury or neurological disorder presenting with mental health concerns. The clinic provides neuropsychiatric consultation for individuals who reside in the community, including long-term care homes.

Geriatric Neuropsychiatry (GNP) Inpatient Services:

Geriatric Dementia Unit (GDU)

The Geriatric Dementia Unit provides specialized services to meet the mental health needs of individuals 65 years of age and older with dementia who have challenging behaviours. An interprofessional healthcare team utilizes behavior management strategies and pharmacotherapy to achieve reintegration into the community or long-term care homes.

Geriatric Psychiatric Unit (GPU)

The Geriatric Psychiatric Unit provides specialized services to meet the complex mental health needs of seniors 65 years of age and older with serious mental illness. GPU uses a blended approach of behaviour therapy and pharmacotherapy to address the assessment, diagnostic, treatment and transitional care needs of patients to reintegrate them into community or long-term care.

Neuropsychiatry Service (NPS)

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

4. Outpatient Services

Teams within the outpatient department are concurrent capable and are comprised of members such as: Psychiatrists, Psychologists, Registered Nurses, Social Workers, Rehabilitation (Behaviour) Therapists, an Addictions Specialist, Transitional Case Managers, and a Nurse Practitioner. Please note that within our outpatient services there are four potential rotations and if you are interested in any of these rotations please indicate your specific

preference(s) in your cover letter.

Outpatient General Adult Track:

Clinical work within this track incorporates the four services stated below.

Shoppers Love You Women's Clinic

A multidisciplinary team provides focused consultations and time limited service (up to one year) to women requiring support with one of the following: Family planning, Pregnancy, Child rearing, Post-Partum Psychosis, Post-Partum Depression, PMS, Menopause, Medication induced hormonal changes. Psychology offers individual and/or group psychotherapy, psychological consultations, program evaluation, and psychological assessments (psychodiagnostic, cognitive, personality, trauma).

Complex Anxiety and Mood Disorders

A multidisciplinary team provides a flexible outpatient service tailored to the individual needs of persons 25-65 years of age diagnosed with a mood or anxiety disorder. Individuals must demonstrate evidence of treatment-refractory illness and persistence of illness (present greater than six months) as well as evidence of impaired functional ability. Consultation and shared care services are also available. Psychology serves an important role within this team by providing psychological consultations, assessments (psychodiagnostic, cognitive, personality, trauma) and individual and/or group psychotherapy when appropriate.

Complex General Psychiatry Service

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

Complex Psychosis Service

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

Borderline Personality Self-Regulation Clinic

Using Dialectical Behavior Therapy (DBT) this program serves individuals, 25 years of age and older, who have been diagnosed with Borderline Personality Disorder and are experiencing difficulties managing their symptoms. The goals of this 1 year, twice weekly program includes: reducing symptomatology, maladaptive behaviours, and current psychological distress associated with BPD, decreasing frequency of admissions to in-patient units and ER visits, decreasing length of stay in in-patient services, increasing coping skills, and improving quality of life for individuals who have been diagnosed with having BPD. Psychology offers individual and group psychotherapy (DBT), psychological consultations and assessments (psychodiagnostic, cognitive, personality, trauma), and program evaluation/ research opportunities.

The Traumatic Stress Clinic

The Traumatic Stress Clinic provides specialized treatment and medication support, to individual 25 years of age or older who have experienced or witnessed trauma and are experiencing lasting symptoms with significant impairment in emotional, physical, social, vocational and relational functioning. The clinic seeks to provide a safe and respectful environment where the treatment team works in partnership with the client to teach the skills and process emotions to regain control of their life. Services include: an initial assessment to determine suitability for the clinic; trauma focused therapy (Cognitive Processing Therapy); psychiatric consults and medication management. Psychology practicum students working within the clinic provide trauma-focused assessments and triage clients; conduct a manualized treatment protocol; as well as work within a multidisciplinary team.

Transitional Aged Youth Clinic

The Transitional Aged Youth (TAY) Program bridges across several outpatient programs, serving the 18-24 year old age range. The program primarily serves youth with anxiety and mood disorders; however, there may also be opportunities to work with clients with PTSD and Borderline Personality Disorder. Psychology offers individual and group therapy services, as well as psychological assessment to teens and young adults. A multidisciplinary team including nursing, social work, occupational therapy and addiction services works together to provide care to clients with a range of presenting concerns.

Adolescents

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

Adolescent Outpatient Service (AOP)

The AOP service provides both direct service to youth with mental illness and consultation to community agencies, schools, group homes and other community resources. When working with youth, staff meet with patients onsite and/or in the community according to the treatment plan objectives. Services provided include psychiatric assessment and follow-up, psychological assessment and individual and family therapy and group interventions (DBT and CBT). Services are provided to adolescents 12 to 17.

Adolescent Inpatient

This unit offers adolescents both individual and group psychotherapy as well as psycho-diagnostic assessments to clarify their diagnosis. Students will have the opportunity to co-facilitate CBT and DBT groups for mood, anxiety, psychosis, and emerging personality disorders. Students will also have the opportunity to gain assessment experience on a wide battery of clinical and cognitive assessments.

Interns will have the opportunity to provide consultation to the interdisciplinary team.

5. Eating Disorder Unit

The Eating Disorder Unit (EDU) is a 12 bed residential unit. This program provides specialized treatment for teens with an eating disorder in a safe and therapeutic environment. Patients admitted to the EDU are between the ages of 12 and 17.5 years at the time of the referral, enrolled in school, and medically stable. They must have been previously treated in specialized eating disorder programs in their community with no continued abatement of symptoms. EDU is committed to a biopsychosocial, holistic approach to recovery and functions with a specialized interprofessional treatment team. Psychology offers comprehensive psychological assessments, group therapy targeting cognitions and behaviours associated with eating disorders, consultation, and research involvement.

IV Application Process

Prerequisites

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

Application Procedure

Applications for Ontario Shores Practicum Program in Psychology must include:

- [] Ontario Shores-specific application form
- [] Cover letter stating areas of interest and goals
- [] Curriculum Vitae
- [] Graduate transcript (unofficial transcripts are acceptable)
- [] Two Letters of Reference (originals received in signed/sealed envelope)
- [] CPR Level HCP (Health Care Provider) course and provide a certificate of completion.

Please direct completed applications or inquiries to:

Vanessa Shier, Coordinator, Student Affairs
Ontario Shores Centre for Mental Health Sciences
700 Gordon Street (7-2078)
Whitby, ON L1N 5S9
Phone: 905-430-4055 Ext. 6704 or 800-341-6321 Ext. 6704
Fax: 905-665-2458
Email: shierv@ontarioshores.ca

Please direct any psychology practicum specific questions to:

Dr. Rosa Ip, Psychology Practicum Coordinator
Phone: 800-341-6321 Ext. 6274
Email: ipr@ontarioshores.ca

Please note: We abide by the GTA practicum match-day notification procedures. Dates vary year-to-year but generally, completed applications should be received no later than February 1st. Notification day has generally fallen around mid-to-late March. Please contact your Director of Training with respect to the established dates for this year. For out of province applicants, please contact Dr. Rosa Ip for this year's dates at ipr@ontarioshores.ca. Late applications may be considered if spots are still available.

Interview and Selection Procedures

Candidates who have been selected for an interview will be notified within four weeks of application deadline. The applicant will meet with a potential supervisor. Details of the interview day will be distributed to individuals selected to attend. While an onsite interview is preferable, it is not required. In cases where an onsite interview is not feasible, a telephone interview will be scheduled in advance.

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

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

Privacy and Application Materials

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

Acceptance and Practicum Checklist

Acceptance

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

Checklist of Items Required Once Accepted Into the Program

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

- [] Original copy of the Criminal Record Check (CPIC) including vulnerable sector screening. The CPIC must be no older than six months prior to placement. Failure to present your CPIC could result in a delay in the start date of your practicum placement. Please note: It can take anywhere from 4-12 weeks to obtain the CPIC from your local police department.
- [] Applicant must be up-to-date with their immunizations (Hep B, measles, mumps, rubella, varicella immune status. TB results (2-step and yearly); if positive, a chest xray result within the last two years and an actual measurement of positive TB skin test recorded. The university keeps record of your immunizations.
- [] WEA form (Workplace Education Agreement; available from your university).
- [] Affiliation agreement between university and Ontario Shores, and Certificate of Insurance must be in place prior to placement.
- [] Matched practicum students who will be working in any of the following areas: Adolescent Outpatients, Integrated Community Access Program, Forensic Outpatient Service, Geriatric Outpatient Service are required to complete CPR Level HCP (Health Care Provider) training prior to placement. Practicum students in these rotations will be required to provide certificates of successful training.
- [] Matched practicum students are recommended to obtain liability insurance which can be purchased through BMS Group (www.psychologybmsgroup.com)

V Accreditation

The Clinical Psychology Predoctoral *Internship Program* at Ontario Shores Centre for Mental Health Sciences is fully accredited by the Canadian Psychological Association (through to the 2021-2022 training year). The program is also a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and the Canadian Council of Professional Psychology Programs (CCPPP).

For more information on our accreditation status:

The Canadian Psychological Association
141 Laurier Avenue West, Suite 702
Ottawa ON K1P 5J3

Tel: 1-888-472-0657

Web: www.cpa.ca/accreditation

VI Psychology Faculty and Supervisors

COUTTS, Dr. Joanne

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

At Ontario Shores Dr. Coutts is actively involved in research about the importance of social intelligence in effective problem solving in social situations.

D'IUSO, Dr. Nadia

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

De Stefano, J., **D'Iuso, N.T.**, & Blake, E., Drapeau, M. (2007). Trainees' experiences of impasses in counselling and the impact of group supervision on their resolution: A pilot study. *Counseling and Psychotherapy Research*, 7, 42-47.

Ellis, M. V., **D'Iuso, N.**, & Ladany, N. (2008). State of the art in the assessment, measurement, and evaluation of clinical supervision. In A. K. Hess, (Ed.), *Psychotherapy supervision: Theory, research, and practice* (2nd Ed.). New York: Wiley

Hardy, J., Weatherford, R., Locke, B., Depalma, **N.**, **D'Iuso, N. T.** (2011). Meeting the Demand for College Student Concerns in College Counselling Centers: Evaluating a Clinical Triage System. *Journal of College Student Psychotherapy*, 25 (3), 220-240.

ELLIOTT, Dr. Nicole

Dr. Nicole Elliott received her Ph.D. in Counselling and Clinical Psychology from the University of Toronto in 2018. She is a Clinical Psychologist (supervised practice), registered with the College of Psychologists of Ontario. Dr. Elliott completed her pre-doctoral residency at the Centre of Addiction and Mental Health in the Psychological Trauma Program and the Schizophrenia Program. She specializes in treatment and assessment of complex mood, anxiety and trauma disorders and practices primarily in Cognitive-Behavioural and Trauma-Informed therapies. Prior to joining Ontario Shores, Dr. Elliott conducted diagnostic/psychoeducational assessments and worked clinically in private and community practice for adults implementing individual, couple and group therapies. She is a sessional instructor in the Department of Psychology at the University of Guelph-Humber, teaching courses in Qualitative Research Methods and Mental Health Among Cree Communities in Northern Ontario. She is also a sessional instructor in the Department of Continuing and Professional Learning at the University of Toronto, where she facilitated Cognitive-Behaviour Therapy and Dialectical-Behaviour Therapy trainings to the Government of Nunavut mental health employees. Her clinical and research interests include Indigenous mental health and trauma treatment, assessment and training; rural community mental health; and suicide.

Elliott, N. (2013). Catching dreams: Applying gestalt dream work to Canadian Aboriginal peoples. *The First Peoples Child and Family Review*, 8(2), 1-16.

Elliott, N. (2012). Can spiritual ecograms be used with Indigenous families and children to promote cultural competence in family therapy? A critique of the research. *The First Peoples Child and Family Review*, 7(1), 118-126.

GIBAS, Dr. Andrea

Dr. Andrea Gibas received her Ph.D. in Clinical and Forensic Psychology from Simon Fraser University in 2011. She completed her Master's in Clinical Psychology at York University. Prior to joining Ontario Shores, Dr. Gibas worked within the Forensic Consultation Services in the Law and Mental Health Program at the Centre for Addiction and Mental Health, providing risk assessments, group and individual therapy to forensic clientele. Dr. Gibas previously worked in federal correctional jails, through Correctional Services Canada, providing crisis support, suicide and risk assessments, and individual therapy. Additional experiences include working as a victim support worker through Ottawa Police Services, working within forensic and clinical contexts as an intern through Alberta Health Services, conducting assessments with youth involved in the forensic system, and providing assessment and individual therapy to non-forensic adult populations. Dr. Gibas recently began at Ontario Shores working within the inpatient Forensic Program conducting risk assessments, general psychological assessments (e.g., cognitive), and individual therapy. Her current research interests include risk assessment, with specific interests in intimate partner violence, stalking/harassment, and inpatient bullying and aggression.

Blanchard, A. J. E., Reeves, K. A., & **Gibas, A. L.** (2016). Canadian contributions to violence risk assessment: Policy, practice, and future directions. In J. P. Singh, S. Bjorkly, & S. Fazel (Eds.), *International Perspectives on Violence Risk Assessment*. New York: Oxford University Press.

Belfrage, H., Strand, S., Storey, J., **Gibas, A. L.**, Kropp, P. R., & Hart, S. D. (2012). Assessment and management of risk for intimate partner violence by police: Association between risk ratings, management strategies, and recidivism. *Law & Human Behavior*, 36: 60 - 67.

Storey, J., **Gibas, A. L.**, Keeves, K. A., & Hart, S. D. (2011). Now that it has been built can people be trained? The evaluation of a training program on violence risk assessment. *Criminal Justice & Behavior*, 38(6): 554-564.

Kropp, P. R., & **Gibas, A. L.** (October 2009). The Spousal Assault Risk Assessment Guide (SARA). In R. Otto & K. Douglas (Eds.), *Handbook of violence*

risk assessment tools. New York: Taylor & Francis Group, LLC.

Desmarais, S. L., **Gibas, A. L.**, & Nicholls, T. L. (March 2009). Beyond violence against women: Gender inclusiveness in domestic violence research, policy, and practice. In C. Ferguson (Ed.) *Violent crime: Clinical and social implications*. California: Sage Publications.

IP, Dr. Rosa

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

Srivastava, A., McNeil, **D., Ip, R.Y.** (2013). *The Importance of Thalamic Connections: Cognition, Arousal and Behaviour in Thalamic Stroke*. *Journal of Neuropsychiatry and Clinical Neurosciences*, Vol. 25: No. 3, E63-E64.

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

Ip, R.Y., Dornan, J., Brandys, C., & Hesch, P. (2000). *Traumatic brain injury: Causes, severity, and outcome*. *Brain and Cognition*, 44 (1), 42-44.

Ip, R. (1998-2000) *Long-Term Outcome after Traumatic Brain Injury*. Research funded by the Ontario Neurotrauma Foundation.

Ip, R.Y., Dornan, J., & Schentag, C. (1995). *Traumatic Brain Injury: Factors Predicting Return to Work or School*. *Brain Injury*, Vol. 9, No. 5, 517-532.

LEONG, Dr. Laura

Dr. Laura Leong is a licensed clinical and forensic psychologist, registered with the College of Psychologists of Ontario. She received her Ph.D. from Wayne State University in 2013 and she completed her pre-doctoral internship at Saint Elizabeths Hospital in Washington, DC. She completed her year of supervised practice at Ontario Shores, primarily working as the staff psychologist for two minimum security forensic units. Currently, she is the unit psychologist for the medium security Forensic Assessment & Rehabilitation Unit (FARU). Her research interests include chronic pain, emotions, and relationships, for example, the importance of communicating empathy and validation in response to someone's pain and distress.

Leong, L. E., Cano, A., Wurm, L. H, Lumley, M. A., Corley, A. M. (2015). A Perspective-Taking Manipulation Leads to Greater Empathy and Less Pain During the Cold Pressor Task. *Journal of Pain*, 16(11), 1176-85.

Cano, A., Leonard, M. T., **Leong, L.,** Castorena, A. M. (2013). Interpersonal communication research in the context of pain: Commentary on Couple perceptions of fibromyalgia symptoms: The role of communication. *Pain*, 154, 2245-2246.

Cano, A., **Leong, L.,** Williams, A., May, D. K., & Lutz, J. R. (2012). Correlates and consequences of the disclosure of pain-related distress to one's spouse. *Pain*, 153, 2441-2447.

Cano, A, & **Leong, L.** (2012). Significant others in the chronicity of pain and disability, in I. Hasenbring, A. Rusu, and D. Turk (eds.) *From Acute to Chronic Back Pain: Risk Factors, Mechanisms, and Clinical Implications*. Oxford: Oxford University Press.

Leong, L., Cano, A., & Johansen, A. B. (2011). Sequential and base rate analysis of emotional validation and invalidation in chronic pain couples: Patient gender matters. *Journal of Pain*, 12, 1140-1148. *Featured in Bottom Line/Health Newsletter, March 2012, 26 (3).

LEVI, Dr. Marc

Dr. Levi received his Ph.D. in Clinical Psychology from York University in 2004. He is a licensed psychologist registered with the College of Psychologists of Ontario with a focus on clinical and forensic/correctional psychology. Prior to joining Ontario Shores, Dr. Levi was employed at the Ontario Correctional Institute from 2000 to 2004 where he provided group and individual psychotherapy as well as completed pre-parole risk assessments for the Ontario Parole Board. At present, Dr. Levi works in the Forensic Outpatient Service where he conducts risk assessments utilizing actuarial methods, structured clinical judgment, and an appraisal of dynamic risk factors. His clinical interests include cognitive behaviour therapy for psychosis, treatment for concurrent disorders, and dialectic behaviour therapy for forensic populations. Dr. Levi's research has focused on neuropsychological and personality differences within subtypes of aggression as well as investigating the potential contribution of psychological testing in the assessment of risk for violence. Recently, he completed a pilot study investigating neuroplasticity and brain fitness training within the forensic program at Ontario Shores.

Martin, E., **Levi, M. D.,** & Marshall, L. (2013). *Cognitive Behavior Therapy for Psychosis – Inpatient Treatment Manual*. (unpublished manuscript). Ontario Shores Centre for Mental Health Sciences, Whitby ON.

Levi, M. D., Nussbaum, D., Rich, J. B. (2010). Neuropsychological and personality characteristics of predatory, irritable, and nonviolent offenders: Support for a typology of criminal human aggression. *Criminal Justice and Behavior*, 37(6), 633-655.

Nussbaum, D., Wright, P., Melodick, S., **Levi, M.,** & Reixach, D. (1997). Computerized neuropsychological screening of forensic psychiatric inpatients using Microcog & the IVA. *Canadian Psychology*, 38(2a), 63.

MARSHALL, Dr. Lisa

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

At Ontario Shores, Dr. Marshall has active research projects in the areas of violence risk prediction, institutional violence, staff and patient perceptions of violence, psychopathy, and, the utility of the SAPROF.

Marshall, L.A. & Adams, E.A. (2018). *Building from the ground up: Exploring forensic mental health staff's relationships with patients*. *Journal of Forensic Psychiatry & Psychology*, 29(5), 744-761.

Kipping, S., DeSouza, J. & **Marshall, L.A.** (in press). *Co-creation of the Safewards model in a forensic mental health care facility*. *Issues in Mental Health Nursing*.

Penney, S.R., **Marshall, L.A.** & Simpson, A. (2018). A Prospective study of Pathways to Hospital Readmission in Canadian Forensic Psychiatric Patients. *Journal of Forensic Psychiatry and Psychology*, 29(3), 368-386.

Penney, S.R., **Marshall, L.A.** & Simpson, A. (2016). The Assessment of Dynamic Risk among Forensic Psychiatric Patients Transitioning to the Community. *Law and Human Behavior*, Online First Publication, February 25, 2016. <http://dx.doi.org/10.1037/lhb0000183>

Vojt, G, **Marshall, L.A.** & Thomson L.D.G. (2014). *Violence Risk Assessment and Management*. In *Mental Health and Scots Law in Practice*; Thomson, L. & Cherry J. (2014). 2nd edition. Thomson Reuters, UK.

Vojt, G. Thomson, L. & **Marshall, L.** (2013) *The predictive validity of the HCR-20 following clinical implementation: Does it work in practice?* *Journal of Forensic Psychiatry and Psychology*, 24(3), 371-385.

Vojt, G., **Marshall, L.A.** & Thomson, L.D.G. (2012). *Researching violence risk at the State Hospital*. The British Psychological Society: Division of Clinical Psychology, 6, 28-32.

Vojt, G, Slessor, M., **Marshall, LA.** & Thomson, L. (2011) *"The clinical reality of implementing formal risk assessment and management measures within high secure forensic care"*, *Medicine, Science and the Law*, 51: 220-227

Vojt, G., **Marshall, LA**, Thomson, L.D.G. (2010). *"The Assessment of Imminent Inpatient Aggression: A Validation Study of the DASA- IV in Scotland"*. *The Journal of Forensic Psychiatry & Psychology*, 21(5), 789-800

MIZEVICH, Dr. Jane

Dr. Jane Mizevich is a psychologist registered with the College of Psychologists of Ontario with declared areas of competency in clinical and counselling psychology. Dr. Mizevich completed her Ph.D. in 2012 at the Ontario Institute for Studies in Education of the University of Toronto (OISE/UT). Dr. Mizevich both trained and worked at the Centre for Addiction and Mental Health and at the Centre for Student Development and Counselling at Ryerson University. Prior to her current position covering the Anxiety and Mood Disorders clinic (AMD), Complex General Psychiatry clinic (CGP), Shoppers Love. You. Women's Clinic, and Complex Psychosis Service (PCD), Dr. Mizevich worked at the Borderline Personality Self Regulation Clinic at Ontario Shores. While in her current work Dr. Mizevich mainly uses Cognitive Behavioural Therapy, she is also trained in Dialectical Behavior Therapy, Emotion Focused Therapy, and Solution Focused Brief Therapy. Dr. Mizevich is currently involved in two research projects at Ontario Shores: a study comparing the effects of Internet-based strategies to support mental health clinicians' use of an effective

psychotherapy for Posttraumatic Stress Disorder, and a study evaluating the effectiveness of an outpatient manualized CBT group on reducing symptoms of mood and anxiety disorders.

Mizevich, J. (2018, February 6). Dialectical Worldview: Integrating the Opposites [Blog post]. Retrieved from <https://cbtpsychology.com/dialectical-worldview-integrating-opposites/>

Mizevich, J. (2017, June 21). Working with what you've (always) got: Focusing on the senses to get through an emotional crisis [Blog post]. Retrieved from <https://www.cbtpsychology.com/focusing-senses-get-emotional-crisis/>

R Corbière, M., Lanctôt, N., Lecomte, T., Latimer, E., Goering, P., Kirsh, B., Goldner, E.M., Reinhartz, D., Meneer, M., **Mizevich, J.**, Kamagiannis, T. (2010). A Pan-Canadian evaluation of supported employment programs dedicated to people with severe mental disorders. *Community Mental Health Journal*, 46(1), 44-55.

Mizevich, J. (2009). Adolescent girls' struggle with the disruptive effect of body weight as a determinant of their social worth. In O. Oulanova, I. Stein, A. Rai, M. Hammer, & P. A. Poulin (Eds.), *Within and Beyond Borders: Critical Multicultural Counselling in Practice* (Critical Multicultural Counselling Series). Toronto, ON: Ontario Institute for Studies in Education of the University of Toronto (pp. 93-101). Available at <http://www.oise.utoronto.ca/cdcp/Publications.html>.

Piran, N., Antoniou, M., Legge, R., McCance, N., **Mizevich, J.**, Peasley, E., & Ross, E. (2006). On girls' disembodiment: The complex tyranny of the 'ideal girl'. In D.L. Gustafson & L. Goodyear (Eds.), *Women, health, and education: CASWE 6th bi-annual international institute proceedings*. St. John's, NL: Memorial University [ISBN 0-0780928] (pp. 224-229). Available at www.csse.ca/CASWE/Institute/Institute.htm

PATTERSON, Dr. Lorraine

Dr. Lorraine Patterson completed her Ph.D. at the University of Saskatchewan in 2005. She has been licensed as a clinical psychologist with the College of Psychologists of Ontario since 2007. In 2016 she joined Ontario Shores' Outpatient Traumatic Stress

Clinic, where her primary responsibilities include conducting assessments for diagnostic clarification and the evaluation of patients' suitability for trauma-focused treatment, as well as providing individual and group therapy for treating posttraumatic stress disorder, depression and other problems associated with trauma. As well, in 2018 she joined the Borderline Personality Self-Regulation clinic, where her primary responsibilities include the provision of Dialectical Behaviour Therapy for individuals diagnosed with Borderline Personality Disorder. Prior to her employment at Ontario Shores she worked at CFB Trenton providing mental health services to members of the Canadian Armed Forces. She also worked in private practice for several years conducting assessments, providing treatment to adults, adolescents, and children, and providing consultation to residential treatment facilities that service children and youth in care.

REGIS, Dr. Chantal

Dr. Chantal Regis is a psychologist registered with the College of Psychologists of Ontario with declared areas of competency in clinical psychology, for children and adolescents. She completed her Ph.D. in Clinical Psychology (Applied Developmental Emphasis) at the University of Guelph in 2016. Dr. Regis completed her pre-doctoral internship at Eastern Health Regional Health Authority in St. John's NL with rotations in child and adolescent outpatient therapy, pediatric assessment, and trauma. Dr. Regis has worked in community mental health, Hospital outpatient, and private practice. Therapeutic approaches have included CBT, DBT, ACT, and Psychodynamic play therapy. Dr. Regis joined the Adolescent Outpatient Service in 2017 as the staff psychologist. She conducts psychological assessments individual and group therapy.

VETTOR, Dr. Susan

Dr. Susan Vettor received her Ph.D. in Counseling Psychology from Andrews University in 2002. She is a licensed psychologist registered with the College of Psychologists of Ontario with a focus on clinical and counseling psychology. Prior to joining Ontario Shores, Dr. Vettor was employed at Mohave Mental Health Centre from 2001 to 2003 where she provided both group and individual psychotherapy for patients deemed as having a serious mental illness. At present, Dr. Vettor works

in the Assessment and Reintegration Program which encompasses three inpatient units (ASU, PRA and YATS) where she provides individual therapy and conducts assessments for diagnostic clarification and cognitive functioning. Her clinical interests include conversion disorder, the recovery model and cognitive behavioural treatment approaches. Dr. Vettor is the Internship Coordinator and is also a site visitor for CPA.

Vettor, S. M., & Kosinski, F. A.(2000). Work-Stress Burnout in Emergency Medical Technicians and the Use of Early Recollections. *Journal of Employment Counseling, 37*, 216-227.

YOUNG, Cheryl

Cheryl Young received her Master's in Applied Psychology Degree from Laurentian University in 2014. From 2014 to 2017, she worked in Geriatric and Neuropsychiatry Outpatient Services (GNOS), conducting memory-based assessments and co-facilitating a memory intervention group under the supervision of a registered psychologist. At present, she works as a psychometrist on the Forensic Assessment Unit (FAU), conducting psychological assessments under the supervision of a registered psychologist.

Roy-Charland, A., Perron, M., **Young, C.**, Boulard, J., & Chamberland, J. (2015). The Confusion of Fear and Surprise: A developmental study of the perceptual-attentional limitation hypothesis using eye movements. *The Journal of Genetic Psychology, 176*.

How to Connect with Us

Ontario Shores has a number of ways for our communities to connect with us, learn more about who we are and what we do and gain knowledge about mental illness. There are a number of online platforms people can use to connect with us:

 **#MindVine**
mindvine.ontarioshores.ca

 **Facebook**
facebook.com/ontarioshores

 **Twitter**
twitter.com/OntarioShores

 **LinkedIn**
linkedin.com/company/ontario-shores-centre-for-mental-health-sciences

 **YouTube**
youtube.com/user/ontarioshores

 **Website**
ontarioshores.ca