



**Ontario Shores**  
Centre for Mental Health Sciences

# **Predoctoral Internship Program in Psychology**

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**2019 - 2020**

# Predocrotal Internship Program in Psychology 2019 - 2020 Academic Year

## Table of Contents

<b>I Introduction</b> .....	4
About Ontario Shores .....	4
Mission .....	4
Vision .....	4
Core Values.....	5
Historical Background.....	5
The Town of Whitby .....	8
Map and Directions to Ontario Shores .....	9
<b>II Overview the Program</b> .....	10
Training Philosophy and Goals.....	10
Structure of Program .....	11
Didactic Educational Experiences.....	13
Supervision and Evaluation.....	14
Research and Program Evaluation .....	14
Sample of a Typical Week.....	15
Minimal Standards for the Successful Completion of the Internship .....	16
Due Process .....	16
<b>III Stipend and Benefits</b> .....	17
Stipend.....	17
Benefits .....	17
Parking.....	17
Work Environment .....	17
Accessibility .....	17
<b>IV Overview of Clinical Rotations</b> .....	18
1) General Adult Track.....	18
2) The Forensic Program .....	18
3) Geriatric and Neuropsychiatry Program.....	19

Geriatric and Neuropsychiatry Outpatient Services.....	19
GNP Inpatient Service.....	20
4) Outpatient Services .....	20
Outpatient General Adult Track .....	20
Borderline Personality Self-Regulation Clinic.....	21
Traumatic Stress Clinic .....	22
Transitional Aged Youth .....	22
5) Adolescents .....	22
Adolescent Out-Patient Service (AOP) .....	22
Adolescent Inpatient .....	23
6) Eating Disorder Unit .....	23
<b>V Application Process</b> .....	24
Prerequisites.....	24
Application Procedure .....	24
Interview and Selection Procedures .....	26
APPIC Policies .....	26
Privacy and Application Materials.....	27
Acceptance and Internship Checklist .....	28
<b>VI Accreditation</b> .....	29
<b>VII Psychology Faculty and Supervisors</b> .....	30

# I INTRODUCTION

## About Ontario Shores

The Psychology Pre-Doctoral Internship Program at Ontario Shores Centre for Mental Health Sciences (Ontario Shores) received accreditation by the Canadian Psychological Association in 2011. Ontario Shores is a leader in mental health care, providing a spectrum of specialized assessment and treatment services for people living with mental illness. Patients benefit from a recovery-oriented environment of care, built on compassion, inspiration and hope. Ontario Shores engages in research, education and advocacy initiatives to advance the mental health care system.

Employing over 1,100 staff, Ontario Shores Centre for Mental Health Sciences is accredited by Accreditation Canada; 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.

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

## Mission

We provide leadership and exemplary mental health care through specialized treatment, research, education and advocacy.

## Vision

Our vision is bold and transforming. Ontario Shores is recognized by many as having an approach to mental health care and unique services that are focused on recovery, hope and inspiration through discovery.

**Recovering Best Health:** Our specialized care is focused on individual paths to recovery and mental wellness. Our highly skilled staff members are leaders in promoting optimum well-being. Our comprehensive services and innovative practices are integrated with our community partners.

**Nurturing Hope:** Our advocacy with the community eliminates the stigma of mental illness. Our commitment to care extends beyond the scope of client recovery to educating and informing our families and communities. We proudly embrace diversity and offer individualized care.

**Inspiring Discovery:** We are avidly leading new developments and research in collaboration with other organizations. We lead the international mental health care community in safety and innovative practices. Our relationships with the private sector provide unique opportunities to be innovative.

## Core Values

We aim for **Excellence** - through leadership and learning, we achieve exceptional performance in all we do, while fostering an environment of optimism, hope and recovery.

We encourage **Innovation** - through research and creative approaches, we support the advancement of mental health care.

We value **Safety** - we provide a safe and healing environment for our clients and a sense of security for our patients' families, our employees and the community at large.

We **Respect** all individuals - encouraging diversity and treating everyone with dignity, while embracing the rights, beliefs, opinions and contributions of others.

We are a **Community** - we work together as one team and with families, providers and the public as our partners, while maintaining mutual trust, transparency and shared purpose to enhance our patients' quality of life.

## Historical Background

### The Beginning

In 1911, the architect, James Govan, working with a team of advisory psychiatrists, physicians and government officials, presented his design for the Whitby Hospital. Govan's design called for a series of 16 cottages, each housing approximately 70 patients, situated in a village-like setting amongst winding treed avenues. While the exterior design of the cottages was strongly influenced by German architecture, any other similarity stopped there. Canadian physicians worked closely with their architect to make sure the Whitby Hospital would offer a calmer and more humane atmosphere for patients than other institutions they had seen in their travels. The buildings must be situated in such a way, said the physicians, that all wards in all cottages receive some form of direct sunlight, even during the shortest days. An overhead view of the site plan indicates that Govan did exactly that. The main group of cottages faced south west, slightly back from the shore of Lake Ontario. To the east were views of Whitby Harbour; to the west, farmland and orchards; to the north east, the railroad station and further north, the Town of Whitby itself.

### Breaking Ground

In the initial building stages, prisoners from nearby Central Prison supplied much of the labour. During later stages of construction, paid labourers and mechanics worked for wages ranging from \$0.55 to \$1.00 per hour. To ease the transfer of building materials from the local railway station a mile to the north east, workers built a narrow gauge trunk-line across several fields of pasture into the construction site. As it turned out, this trunk-line became an invaluable aid in Whitby's first construction. From the outset, builders recognized the fact that enormous amounts of sand and gravel would be necessary to make the concrete needed for the foundations of buildings. During the initial stages of construction they discovered a method of mechanically scooping this sand and gravel out of the Whitby Harbour and, by using the rail system, they were able to transport it easily from the shore to the sand-sifter where it was drained, sifted and mixed with cement to make concrete. Many of the

necessities needed for building were taken care of right on the grounds. For instance, an on-site lumber mill turned out hundreds of windows and doors needed to meet the hospital's wood-work requirements, and an on-site farm, operated by government workers, provided all the meat, vegetables and milk necessary to feed construction workers. Later on, this same farm was operated by staff and patients, and provided supplies for the hospital population - a practice that continued well into the 1960s.

### **The Building Continues**

By October 1913, workers had completed foundations and erected walls to the second level for four cottages. Excavation of the dining hall was also well underway. At the end of 1913, seven months after construction had begun - approximately 220 workers were engaged on the site - over half of them prisoners. In 1914, war broke out. While construction continued on the hospital, progress was definitely slower. Over the next two years, however, as more and more buildings were completed, doctors transferred psychiatric patients from Toronto facilities to the space and fresh air that Whitby offered. By February 1917, large numbers of soldiers were returning from overseas. Many were badly wounded and needed intense, long-term treatment. Since general hospitals were not equipped to meet such needs, the Military Hospitals Commission made arrangements to lease patient cottages for the purpose of treating wounded soldiers. Between 1917 and 1919, an estimated 3,000 recuperating soldiers received care at what was temporarily renamed "The Ontario Military Hospital". By July 4, 1919, all had returned to civilian life.

### **Time Passes**

After the soldiers had left, the hospital was reopened in October 1919, as a psychiatric facility. From opening day, every available bed space was occupied. Work continued on various buildings until 1926. By 1927, administrators and other staff listed the official capacity of Whitby Psychiatric at 1,542 beds. In the years that followed, Whitby Psychiatric served a primary service area that at one time encompassed seven counties. Throughout the decades, tens of thousands of patients found solace, peace, refuge and healing at Whitby Psychiatric Hospital. And all things considered, the buildings held up very well. By the mid 1980s however, the writing was on the wall. Many of the cottages were deteriorating rapidly - a few, cited as unsafe and beyond repair, were permanently closed and secured. After almost 75 years of constant use, Govan's design no longer reflected the most up-to-date attitudes in the treatment of the seriously mentally ill within our society. The time had come to build a new hospital. On October 23, 1994, the hospital celebrated 75 years of service to consumers, their families and the communities with a rapidly growing primary service area of over 2.2 million people.

### **A New Building**

Construction of the new facility began in 1993 and was completed three years later. The initiatives included not only a new 483,000 sq. ft. state-of-the-art mental health facility but also significant investments in new acute care mental health beds in general hospitals and community mental health services throughout the hospital's primary service area. The new facility was the first new mental health facility built in Canada in over twenty-five years. Designed by a consortium of three architectural firms, Crang and Boake/Cannon/Moffat Kinoshita, and built by Ellis-Don Construction, the new hospital reflected a residential style building concept and a philosophy of providing mental health services in a humane, safe and therapeutic environment. The project was managed by the Ontario Realty Corporation. The facility has received three international design awards from: 1) Modern Healthcare and the American Institute of Architects (1995), 2) American Institute of Architects New

England (1994) and 3) The Boston Society of Architects (1994).

The facility was designed with eight interconnected buildings, separated by easily accessible landscaped courtyards and linked by a 1,400 foot long interior corridor. The use of skylights, windows and glass allows direct sunlight exposure to a multitude of areas. Eleven large artwork commissions, displayed throughout the facility, provide beauty and assist with patient orientation.

### **A New Era**

In 1997 the Ministry of Health and Long-term Care Hospital Services Restructuring Commission recommended that Ontario Shores (along with eight other provincial psychiatric hospitals) be divested and begin to operate under the Public Hospital Act. In these recommendations, Ontario Shores was slated to divest to a new, stand alone corporation and the other eight hospitals were to be divested to existing hospital corporations. Through the following years, Ontario Shores continued to develop, adding new clinical programs (Forensic Psychiatric Rehabilitation Unit, Neuropsychiatry Rehabilitation and Beacon House), improving those that we had, and continued to develop the skills and expertise of the staff. In 2004, the decision to divest Ontario Shores to a stand alone hospital governed under the Public Hospital Act was reaffirmed and work began on this ambitious project – resulting in a change in governance of Ontario Shores to a new, community Board of Directors as of March 27, 2006. A new era in mental health care in Ontario had begun.

### **New Era of Discovery, Recovery and Hope**

On June 11, 2009, before an audience of community stakeholders, partners, patients, staff and volunteers, The Board of Directors unveiled the current name and brand identity, along with a new mission statement at its annual general meeting.

The name was created to better reflect the hospital's expanded mandate, role and future directions.

### **Meaning of the Ontario Shores Brand**

**Ontario Shores** reflects the geographic scope of services and the spectacular location of the main campus that overlooks Lake Ontario. On a symbolic level, *shores* implies a safe place at the intersection of land and water, expressing the hospital's role in treating patients with serious mental illness and helping individuals on their journey to recovery.

**Centre for Mental Health Sciences** represents the organization's focus on scientific research and education to improve patient care. As a teaching hospital, it demonstrates the organization's role as a specialized mental health care provider using evidence-based best practices.

The new circular symbol subtly reflects the letter O and S within an image of a shoreline to demonstrate a path to symbolic recovery. The bright colours convey healing, optimism and hope. The use of earth tones reflects the natural environment and the warmth and compassion the organization has always been known for.

The tagline, *Discovery. Recovery. Hope.* encapsulates the organization's vision. The term 'discovery' expresses the important role self-discovery plays in the patient's journey to recovery, the organization's commitment to research and ongoing learning for its health professionals. Discovery, and the opportunity for recovery, is the basis of hope for patients, families and communities.

## The Town of Whitby



Our main facility is located in Whitby, Ontario. We also provide services in York Region, Scarborough, Toronto, Haliburton, Northumberland, Peterborough Counties and the City of Kawartha Lakes.

public transportation system, including bus and accessible to everyone.

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 GO transit systems makes leisure and activities

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<sup>1</sup>:

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 [www.whitby.ca](http://www.whitby.ca).

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<sup>1</sup> Please note that the information on the town of Whitby was taken from Wikipedia.

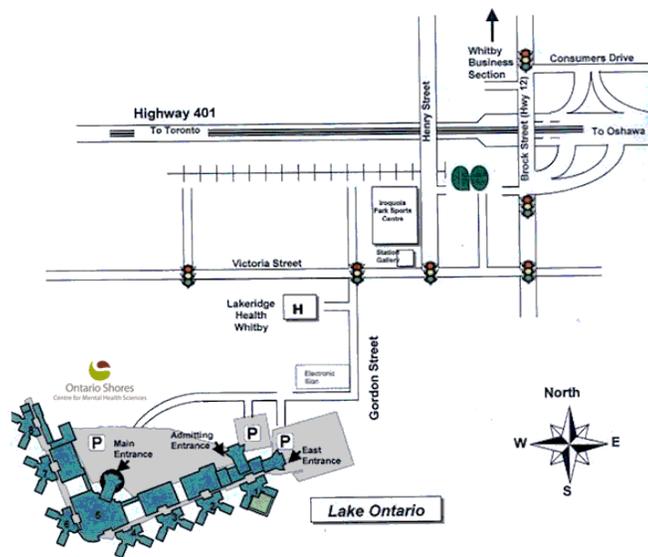
## Map and Directions to Ontario Shores

### 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.



## II Overview of Program

### Training Philosophy and Goals

The primary aim of the Ontario Shores' Predoctoral Internship Program is to prepare interns to become competent and autonomous clinical psychologists. Interns will develop skills and knowledge in the areas of diagnosis, assessment, consultation, treatment, as well as professional and ethical issues. Interns 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, interns are expected to develop core competencies in the following areas:

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

2. **Consultation and Interprofessional Collaboration** - Interns are expected to develop the personal skills and attitudes necessary for practice as a psychologist within a interdisciplinary framework, including oral and written communication skills, consultation skills, and the ability to work competently with other healthcare professionals. Interns participate in 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 interns with an opportunity to engage in the multiple roles of a psychologist including clinician, teacher/supervisor, consultant, researcher, administrator, and leader.

3. **Intervention** - To ensure that interns are competent in planning and providing a range of psychological treatments through individual, group, and family-based interventions. Interns will understand the basis of treatment formulation including empirically supported interventions, development of treatment goals, and psychotherapeutic strategies. Interns will demonstrate an understanding of the process issues related to intervention.

4. **Professional Ethics and Standards** - Training aims to ensure that interns 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. Interns 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 interns for registration with the College of Psychologists of Ontario.

5. **Cultural Diversity** - Interns 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 interns 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. Interns are expected to participate in active learning by conducting and attending presentations and seminars, as well as keeping abreast of current literature. Interns are required to present two case studies, in addition to presenting their own research findings or another relevant topic at grand rounds. Interns are also invited and encouraged to attend the GTA joint intern seminar series which are held across the GTA; these are listed in the psychology seminar series.

7. **Research** - To enhance the scientist-practitioner approach by training interns in evaluation research and 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. As indicated in the CPA guidelines, a minimum of four hours of individual supervision per week is provided to interns by licensed staff psychologists. Supervision is structured in order to meet the intern's level of competence. Supervision activities are individualized to each intern's specific training needs and entry-level skills. As intern's competence increases, supervision becomes more consultative and collaborative in nature. Interns are evaluated on their progress at intervals of three months, six months and twelve months.

9. **Development of Supervisory Skills** - Interns have the opportunity to provide supervision to psychology practicum students within Ontario Shores. Interns receive supervision of supervision from their supervisor. Additionally, interns gain knowledge of the literature that is available on supervision through readings.

## Structure of the Program

Our internship program incorporates a combination of two concurrent rotations over the course of the year for a total of 1800 hours. These year-long rotations allow interns to follow patients over the course of the year affording them the opportunity to become more immersed in within the interdisciplinary team as well as with patient treatment. At the time of application interns are expected to indicate their interest in a maximum of three to four specific rotations from distinct services in order to provide for depth of training. It is noted that some programs (the Outpatient department, Forensics & Adolescents) do offer the option of working in concurrent rotations within the same program, with different supervisors. Every reasonable effort is made to assign interns to one of their top two rotation choices. However, this is not always possible due to intern interest and/or the need to ensure a broad-based clinical experience and supervisor availability. **Unfortunately, we are unable to guarantee that all of the services listed in the brochure will be available during the internship year.** We strongly suggest that interested applicants subscribe to the APPIC MATCH NEWS for any updates/changes to available rotations.

The Psychology Internship Program at Ontario Shores is committed to the scientist-practitioner model. Interns 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, interns 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 interns to develop both a sense of professional identity and the ability to work collaboratively in interdisciplinary treatment

teams.

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

- Interns 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.
- Interns 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.
- Interns may develop competence in the administration and interpretation of standardized psychometric measures of cognitive/executive functioning (e.g., WAIS-IV, WISC-5, D-KEFS) and academic achievement (e.g., WIAT-III and WRAT4). For interns selecting a neuropsychological rotation, more specified exposure to a range of neuropsychological measures will be provided.
- Interns may develop competence in providing feedback, both oral and written, to patients, families, referring agents, community agencies, and members of interdisciplinary treatment teams.
- Interns 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, interns 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). Interns must demonstrate a solid understanding of static and dynamic risk factors, and be able to develop comprehensive treatment recommendations based upon assessment outcome.

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

- Interns may develop competence in conducting individual therapy with the patient population consistent with their chosen rotation. Depending upon the theoretical orientation of both intern and supervisor, this may include development of skills in behavioural or cognitive/behavioural interventions, emotion focused therapy, psychodynamic therapy, or interpersonal approaches.
- Interns 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.
- Interns may develop competence in conducting family-based interventions. This may take the form of psychotherapy or consultation, depending on the training track.
- Interns may develop competence in planning, implementing and monitoring interventions that take into developmental, medical and socio-contextual factors. Interns may develop competence in

- evaluating treatment needs, therapeutic effectiveness and treatment process.
- Interns will develop an awareness of client and therapist factors that affect treatment effectiveness.

## **Didactic Educational Experiences**

Interns spend at least two hours per week in didactic activities. There are many educational opportunities for interns at Ontario Shores, both psychologically focused and interdisciplinary in nature. Aside from weekly supervision, interns participate in monthly didactic seminars designed specifically for psychologists, case presentations, and professional development. Interns are supported in their participation of professional development activities including professional lectures, workshops, seminars, as well as internal and external conferences. Interns are afforded five days to attend workshops/conferences and receive \$200 toward educational expenses.

### **Seminar Series**

Monthly seminars are provided by psychology staff at Ontario Shores. Through these seminars, interns 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 interns. 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.

### **GTA Joint Intern Seminar Series**

Interns across the GTA are invited to jointly attend five seminars. Past topics have included Tricky Ethical Issues, Early Careers in Psychology, Supervision and the Registration Process. The seminars occur across different internship sites in the GTA.

### **Clinical Case Presentations**

These seminars provide an opportunity for interns to consolidate their psychotherapy and assessment skills and to interact with licensed psychologists. Over the course of the year, interns are expected to present two cases, with the goal of examining specific clinical phenomena related to the practice of psychotherapy. These case conferences serve as a forum for the discussion and exploration of personal issues relevant to psychotherapy process and outcome as well as serving to model for the interns a variety of approaches to conceptualization and amelioration of emotional disorders.

### **Grand Rounds**

Grand Rounds occur on a weekly basis from September through to June and focus 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

Full-time interns are expected to work 37.5 hours per week. Each intern is assigned to two supervisors that are rotation specific. Each supervisor is a registered psychologist with the College of Psychologists of Ontario. At the beginning of the internship the intern and their supervisor set individualized written goals and objectives. Interns are to meet with each supervisor for a minimum of two hours of supervision per week for a total minimum of four hours per student.

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 interns 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.

Interns receive formal written evaluations over the course of the year at three, six and twelve month intervals. Feedback about intern progress is also communicated to the intern's respective university Director of Training twice over the course of the year through a summative evaluation report at the six and twelve month mark. Input from interns is valued highly in our training program; interns are asked to formally evaluate their supervisor at the three, six and twelve month marks and evaluate the training program at the six and twelve month marks.

In order to facilitate clear communication with residents about their training, supervisors often will discuss a resident's progress with one another on a formal and informal basis. All supervisors attend supervision committee meetings to discuss supervision related issues.

## Research and Program Evaluation

There is an expectation that interns will participate in either program evaluation or research during the internship year. Successful applicants will be required to inform the internship coordinator of their choice prior to starting internship.

### Research

Active research is ongoing in the areas of forensics, adolescence and neuropsychology. The expectation is that the intern will link with an experienced psychology researcher at the start of internship and identify a suitable project they can become involved in. Involvement may include project development, data collection, analysis and/or preparation for publication. The time commitment is four hours per month and runs from October to July.

### Program Evaluation

For interns who are interested in learning about and/or participating in program evaluation, there is a program evaluation course offered at Ontario Shores. The course provides an overview of program evaluation science and practice, equips participants in the basic competencies and skills, and guides them through the process of conducting a program or project evaluation. Required attendance is once per month for three hours, and runs from October to July.

## Sample of a Typical Week

As stated previously, over the course of the internship year, interns complete two year-long rotations under the supervision of two different supervisors. These two rotations may involve working in two separate programs (See “Intern A” example below) or on two different units within the same program (See “Intern B” example below). An intern’s weekly schedule will vary based on their assigned units/rotations. Please see below for examples of an intern’s schedule please note that there is considerable flexibility in terms of scheduling to meet the needs/requirements of any particular rotation. Rotations are determined based on supervisor availability and considering an applicant’s expressed interests.

### Intern A – Rotation within the Forensic Program and General Adult Track

Monday	Tuesday	Wednesday	Thursday	Friday
Forensic Program	Forensic Program	General Adult Track	General Adult Track	General Adult Track
			Grand Rounds	
			Forensic Program	

### Intern B – Two Rotations within the Forensic Program

Monday	Tuesday	Wednesday	Thursday	Friday
Forensic Unit A	Forensic Unit A	Forensic Unit B	Forensic Unit A	Forensic Unit B
			Grand Rounds	
			Forensic Unit B	

## Minimal Standards for the Successful Completion of the Internship

Successful completion of the internship requires that interns complete two concurrent rotations to the satisfaction of their supervisors over 1800 hours. Specific requirements of each rotation are reviewed with the intern at the beginning of the internship year, both verbally and in writing. Although the specific requirements vary from rotation to rotation, by the end of their training, interns are expected to be able to competently and independently provide a variety of professional services, including psychological assessment, diagnosis, and proficiency in empirically supported treatments. Interns are also expected to have advanced their knowledge of ethics and professional standards and further developed in their roles as professionals. With regards to research interns are expected to either participate in an ongoing clinical research activity or attend the program evaluation course.

Specifically, an intern's direct contact includes managing a caseload of approximately five individual therapy cases per rotation, as well as completing a minimum of four assessments per rotation. Opportunities to co-facilitate psychotherapy groups are also available. Individuals selecting a neuropsychology rotation can expect to complete a minimum of one to two comprehensive neuropsychological assessments per week. The expectation is that students will spend at least 25% of their time in direct client contact. Interns are also required to present at the hospital Grand Rounds, present two clinical cases to the psychology council. Interns are required to either participate in the program evaluation course or participate in a research project. When possible interns will provide supervision to a practicum student.

## Due Process

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

General guidelines include:

1. Presenting interns 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 intern which describes how the intern may appeal the program's action
6. Ensure that the intern 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

## III Stipend and Benefits

### Stipend

Psychology Interns of Ontario Shores are paid a stipend of \$16.41 per hour (\$32,000 per annum). They work approximately 1800 hours a year.

### Benefits

In lieu of benefits, psychology interns receive an additional 18% of their salary for a total of \$37,760. They are entitled to two weeks of unpaid vacation per year and five unpaid sick days. Interns are supported in their participation of professional development activities including professional lectures, workshops, seminars, and conferences internal and external to Ontario Shores. Psychology interns are afforded five days to attend educational activities and receive at least \$200 toward educational expenses. Interns do contribute to Canada Pension and Employment Insurance, and Union Dues. Psychology interns do not receive supplemental health benefits.

### Parking

If desired, parking is available at Ontario Shores. Various payment options are noted on the website [http://www.ontarioshores.ca/contact\\_us/parking/](http://www.ontarioshores.ca/contact_us/parking/)

### Work Environment

Interns are provided office space, phone extensions, laptops 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 staff, patients, families and guests with disabilities feel accepted and included.

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

## IV Overview of Clinical Rotations

The following clinical rotations are offered to interns:

### I. General Adult Track

Primary Supervisor: Dr. Susan Vettor

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. Interns receive intensive training with 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, interns carry an individual therapy caseload and have the opportunity to co-facilitate groups. Interns attend interprofessional clinical rounds on the units and attend weekly individual and group supervision.

- Young Adults Transitional Service (YATS)

YATS provides specialized programs to meet the unique emotional, physical and developmental needs of young adults experiencing psychosis. The recovery-focused program provides integrated treatment, improves understanding of psychosis and promotes wellness. YATS offers continued care for young adults as they transition into the adult healthcare system and the community. Family, school and peer involvement is balanced with a desire for independence and autonomy. Substance use is not a barrier to admission.

- Assessment Stabilization Unit (ASU)

ASU provides patients with short-term assessment and treatment, a high-level observation unit is included. Treatment is provided by an inter-professional team and includes psychiatry, general medicine, nursing, social work, occupational therapy, psychology and therapeutic recreation.

- Psychiatric Rehabilitation A (PRA)

PRA provides longer term stabilization and treatment. Staff assists in developing goal-oriented recovery plans that allow patients to reintegrate into the community.

### 2. The Forensic Program:

Primary Supervisors: Dr. Joanne Coutts, Dr. Andrea Gibas, Dr. Laura Leong, Dr. Marc Levi, and Dr. Lisa Marshall

Other psychology Staff: Cheryl Young

The Forensic Program at Ontario Shores offers both clinical and forensic rotations. A variety of forensic services include medium and minimum secure inpatient units, forensic outpatient services, as well as forensic assessment. Applicants are encouraged to identify their interest in the forensic program in their cover letter. Attempts will be made to accommodate specific interests regarding service and either clinical or forensic assessment/treatment.

Our forensic program provides interdisciplinary assessment, treatment, rehabilitation and community reintegration services to patients with complex mental illness who have come into

contact with the criminal justice system. With individual recovery plans, patients can progress to a less restrictive environment and return to the community at the most independent level possible given public safety considerations and the limits of their defined Ontario Review Board (ORB) dispositions. 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.

Psychology interns in the Forensic Program work with an interdisciplinary team to assist in the rehabilitation and management of a diverse group of forensic patients with a range of clinical concerns and criminogenic needs. Interns are involved in conducting assessments of risk for reoffending, cognitive functioning, personality functioning, as well as other psychological assessments that support treatment, management, and recovery planning. Additionally, interns provide individual psychotherapy and facilitate group treatment programs with forensic clientele. Throughout the course of the internship year, psychology interns partake in clinical and professional educational opportunities pertinent to practicing in the law and mental health setting.

### **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. Psychology interns 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. Please note that within the Geriatric and Neuropsychiatry program there are two potential rotations, if you are interested in any of these rotations please indicate your interest in the Geriatric and Neuropsychiatry program in your cover letter.

#### **a) Geriatric and Neuropsychiatry Outpatient Services**

Supervisor: TBD

Other Psychology Staff: Jan Lobban

- Memory Clinic

The Memory Clinic is a multispecialty assessment service for individuals usually 50 years and older with suspected dementia, or with new onset of cognitive impairment where the diagnosis is unclear, presentations are unusual or cognitive difficulties may co-exist with a psychiatric disorder, complex medical problems or drug interactions. The clinic provides: Comprehensive multispecialty assessment of age-related cognitive impairment; diagnosis information for the patients and their caregivers; and links to appropriate community support services.

- Geriatric Mental Health Clinic

The Geriatric Mental Health Clinic is an interprofessional clinic dedicated to the assessment, diagnosis and treatment of individuals 65 years of age and older with treatment resistant or complex mental illness. Services include comprehensive interprofessional assessment of

geriatric mental health, cognitive behavioural therapy groups, ongoing support and education for patients and families, and referral to appropriate community support services.

- 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.

## **b) GNP Inpatient Service**

Supervisor: Dr. Rosa Ip

- 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 Psychotherapists, 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.

### **a) Outpatient General Adult Track**

Supervisor: Dr. Jane Mizevich

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, program evaluation, 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, program evaluation, 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, program evaluation, psychological assessments (psychodiagnostic, cognitive, personality, trauma), and individual and/or group psychotherapy when appropriate.

## **b) Borderline Personality Self-Regulation Clinic**

Supervisor: Dr. Lorraine Patterson

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.

**c) The Traumatic Stress Clinic**

Supervisor: Dr. Lorraine Patterson

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 Interns working within the clinic provide trauma-focused assessments and triage clients; conduct a manualized treatment protocol; as well as work within a multidisciplinary team.

**d) Transitional Aged Youth Clinic**

Supervisor: TBD

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.

**5. 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.

**a) Adolescent Outpatient Service (AOP):**

Staff: Dr. Chantal Regis

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.

**b) Adolescent Inpatient**

Supervisor: Dr. Nadia D'luso

This unit offers adolescents both individual and group psychotherapy as well as psychodiagnostic 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.

**6. Eating Disorders Unit**

Psychology Staff: Dr. Shaina Rosenrot

The Eating Disorders 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.

## V Application Process

### Prerequisites

Internship positions are open to students who are formally enrolled in CPA clinical or counseling psychology programs, although applicants from the APA and non-accredited programs that are CPA eligible will also be considered. Applicants must have received formal approval from their Director of Training to apply for internship.

As per CPA guidelines, eligibility for internship requires that applicants must have completed the following prior to the start of internship:

1. All requisite coursework.
2. A minimum of 600 hours of practicum experience (direct and indirect).
3. Completion and approval of the doctoral thesis proposal prior to application for internship.
4. Completion of data collection and analysis prior to the beginning of the internship year.

### Application Procedure

To apply for an internship position, please include the following along with your APPIC application:

1. APPI online application [www.appic.org](http://www.appic.org) (Ontario Shores APPIC Matching Number: **1859**)
2. Cover letter, including information about the applicant's internship training goals. The cover letter should also clearly indicate the applicant's top two or three rotation preferences (see below). The following rotations may be available for the 2019-2020 academic year. Please refer to the APPIC Match News for any changes in available rotations.

General Adult Track  
Forensics  
Geriatric and Neuropsychiatry Program  
Outpatient General Adult Track  
Borderline Self-Regulation Clinic  
Traumatic Stress Clinic  
Transitional Aged Youth Clinic  
Adolescents  
Eating Disorders Unit

3. Curriculum Vitae
4. Official Graduate Transcripts
5. Three Letters of Reference. The letters of reference should abide by standardized reference form as per the Association of Psychology Postdoctoral Internship Centers (APPIC) <http://appic.org/AAP-PPA>

Please note that we require no additional supplemental materials be uploaded to APPIC.

**Please direct any questions to:**

Vanessa Shier, Leader, Education & Student Affairs ([shierv@ontarioshores.ca](mailto:shierv@ontarioshores.ca))

Or Dr. Susan Vettor, Internship Coordinator ([vectors@ontarioshores.ca](mailto:vectors@ontarioshores.ca))

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 (Ontario Residents only)

Fax: 905-665-2458

**Completed applications must be received by November 1<sup>st</sup>.**

## Interview and Selection Procedures

Candidates who have been selected for an interview will be notified on **December 7**. Interviews are typically conducted over the second and third week of January. Applicants should expect to be onsite for half a day and will include interviews with the internship coordinator, potential supervisors, and a manager. Candidates will also be provided with a tour of the facility and will meet over the noon hour with a current intern. 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. Those who participate in a telephone interview will also speak with the panel and one current intern.

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 internship 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. Progress towards completion of the doctoral degree (i.e., dissertation);
4. Reference letters from clinical supervisors;
5. Impressions of the applicant's suitability and match with our internship based on the interview;
6. The applicant's clinical research experience and/or interests.

The Predoctoral Internship at Ontario Shores Centre for Mental Health Sciences follows the Association of Psychology Postdoctoral and Internship Centers (APPIC) Match Policies in the selection of interns, which can be found on the APPIC web site at [www.appic.org](http://www.appic.org). This internship 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 applicant. Our Program Code Number for the APPIC Match is **1859**.

## APPIC Policies

All selection procedures follow the Association of Psychology Postdoctoral and Internship Centers (APPIC) guidelines. Ontario Shores Centre for Mental Health Sciences agrees to abide by the APPIC policy that no person at these training facilities will solicit, accept, or use any ranking-related information from any applicant. The two positions will be offered to applicants in order of their ranking within the Tracks through the National Matching Service.

All ranking and offers will be in accordance with APPIC Match policies.

APPIC regulations make it clear that acceptance of a position is binding. We therefore ask that applicants and their Directors of Training or Department Heads carefully review their program's requirements before releasing the student to go on internship, to ensure that students who are applying for positions at our site will indeed be allowed to begin their training experiences in September 2019.

The deadline for submissions by both residents and by programs of their Rank Order Lists to the National Matching Service for Phase I will be set by APPIC, typically in early February.

APPIC Phase I Match Day will be on a date to be determined by APPIC (usually late February).

If any of our internship positions remain unfilled after Phase I of the match, we will follow APPIC guidelines for participation in Match Phase II. Because of the reduced timeline of Phase II, any interviews during that time will be by telephone only.

### **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 internship application. If you are matched with our internship program, your application and CV will be available only to those involved in your supervision and training, including your rotation supervisors, the Internship Coordinator, and relevant administrative support staff and Human Resources staff at Ontario Shores Centre for Mental Health Sciences.

## Acceptance and Internship Checklist

### Acceptance

Matched interns will receive a Letter of Offer from Ontario Shores' Human Resources Department within one to two months of match day.

### Checklist of Items Required Once Accepted Into the Program

The intern is responsible for providing the following information for review by the Student Placement Coordinator on their first day of internship:

- 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 on the first day of orientation could result in a delay in the start date of your internship. Please note: It can take anywhere from 1 day to 12 weeks to obtain the CPIC depending on your local police department.  
\*Toronto Residents: Toronto Police Service only accepts CPIC/Vulnerable Sector Screening requests via mail. Please be aware that obtaining your CPIC in Toronto can take up to 16 weeks. <https://www.torontopolice.on.ca/prcp/>  
**\*Please note that your ability to do an internship at Ontario Shores will be contingent on a cleared CPIC/Vulnerable Sector Screening.** If you anticipate any problems please contact the internship coordinator for clarification.
- As a pre-condition to employment, you must submit a completed **Employee Health Review: Immunization Record** form to Ontario Shores Occupational Health Department **no later than one week prior to your orientation date**. The intern must be up-to-date with their immunizations including hepatitis B, measles, mumps, rubella, chicken pox (varicella). Tuberculosis skin test (TST) completed (mm induration documented) and most recent TST completed within 8 weeks of starting. Individuals with a documented positive TST must provide the results of a chest x-ray. The university keeps a record of your immunizations.
- WEA form (Workplace Education Agreement; available from your university).
- Affiliation agreement between your university and Ontario Shores, and Certificate of Insurance must be in place prior to placement.
- Matched interns are required to provide proof of liability insurance which can be purchased through BMS Group ([www.psychology.bmsgroup.com](http://www.psychology.bmsgroup.com))
- Matched interns 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 starting internship. Interns in these rotations will be required to provide certificates of successful training.

## VI 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](http://www.cpa.ca/accreditation)

## VII 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 Unit.

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* (2<sup>nd</sup> 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.

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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.

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### **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.**

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.

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### **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.

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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](http://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.

### **ROSENROT, Dr. Shaina**

Dr. Shaina Rosenrot is a psychologist registered with the College of Psychologists of Ontario with emphasis in children and adolescents. She completed her Ph.D. in Clinical Psychology (Applied Developmental Emphasis) at the University of Guelph in 2015. Dr. Rosenrot completed her pre-doctoral internship at BC Children's Hospital in Vancouver, BC, with rotations in pediatric psychology, mental health, and developmental disabilities. Prior to completing her doctorate, she gained experience working in community mental health and private practice. Dr. Rosenrot joined the Eating Disorders Residential Program as their staff psychologist in 2015, where she conducts psychological assessments and provides group therapy. In addition to her work at Ontario Shores, Dr. Rosenrot also works for the Toronto District School Board as a psychoeducational consultant.

Lewis, S.P., **Rosenrot, S.A.**, & Messner, M. (2012). Seeking support in unlikely places: What people ask about non-suicidal self-injury online. *Archives of Suicide Research*, 16, 263-272.

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### **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.