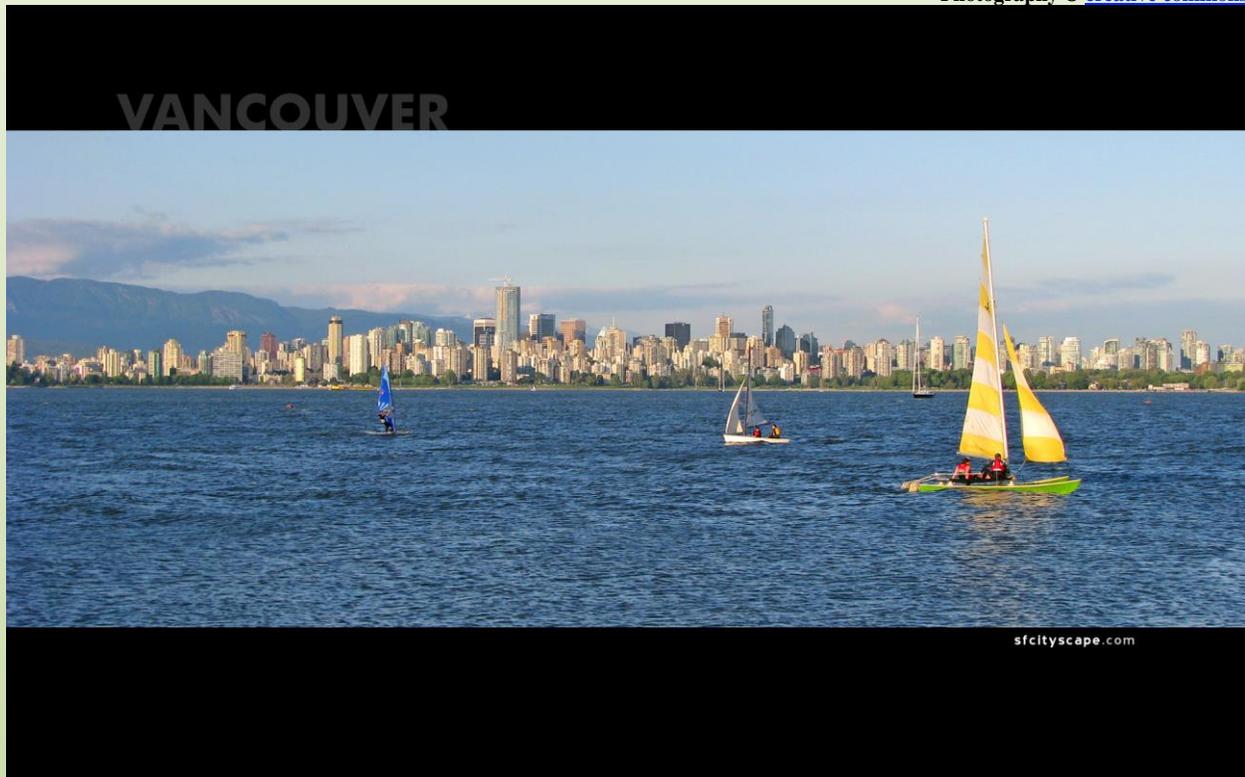


Predoctoral Residency in Clinical Psychology

2020-2021

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Featuring Two APPIC Tracks

Adult Mental Health
APPIC # 180714

Neuropsychology
APPIC #180713

*Accredited by the Canadian Psychological Association
2017/18 – 2021/22*



VCH PSYCHOLOGY
The right solution when life gets complicated

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INTRODUCTION

What do we stand for?

- We are a community of hospital-based psychologists who believe that everyone should have access to free, quality mental health care.
- We innovate and adapt our service based on what works best for the client.
- We connect. We love teamwork and make use of the strengths of other professionals.
- We translate research into practice (and use practice to inform our research...we're flexible that way).

Why come here?

- If you believe that everyone deserves good care, regardless of their physical ability, how much money they earn or cultural background, come learn with us.
- If you'd like to stretch yourself, see some difficult cases, develop new ways to help people, and practice to your full scope, come learn with us.
- If you like having colleagues that you can trust and with whom you can work to solve complex problems, come learn with us.
- If you want to (finally) figure out how to integrate your expertise in research and practice in real world situations, come learn with us.
- If you want to leave Residency as a competent and confident professional, come learn with us.
- Truly, the beach is just a bonus.

VANCOUVER, BRITISH COLUMBIA

Vancouver is recognized as one of the most livable cities in the world. It is a vibrant metropolitan city bordered by the Pacific Ocean and nestled in the Coast Mountain Range, with the Vancouver metropolitan area being home to a multiculturally diverse population of more than 2.39 million residents. It is home to one of the mildest climates in Canada. As host to the 2010 Olympic and Paralympic Games there is no shortage of cultural and recreational activities to enhance the work life balance that Vancouverites enjoy. Vancouver is a short distance (125 km) to Whistler, a world-class alpine skiing resort, and even shorter to Cypress Mountain (31 km) and Mount Seymour (15 km). On your doorstep you will find accessible recreational activities that include sailing, kayaking, hiking the Grouse Mountain Grind, skiing, a plethora of yoga studios, the Granville Island Market, Vancouver Aquarium, interesting and diverse neighbourhoods (e.g., upbeat and urban neighborhoods of Historic Gastown, Chinatown, Main Street, Commercial Drive, Yaletown), the Vancouver Art Gallery and numerous beaches and parks. There is considerable access to excellent and affordable community centres across the city.

Historically, people of English, Scottish, and Irish origins represented the largest ethnic groups in the city. Following a dramatic rise in immigration since 1980, Vancouver is now the second-most popular destination for persons establishing their new permanent residence in Canada, making it culturally and linguistically diverse. Metro Vancouver comprises the third largest metropolitan area in Canada. Census data available from 2006, indicate significant cultural diversity in the Vancouver region, with 49.1% of the population presenting with English as their first language, followed by Chinese (25.6%); Tagalog (2.9%); Punjabi (2.8%); and Vietnamese (1.9%).

To learn more about Vancouver access the visitor's link
www.vancouver.ca/visitors.htm or <http://www.tourismvancouver.com/>
<http://www.hellobc.com/vancouver.aspx>

University Affiliations and Research

There are two major universities in the Vancouver Metropolitan Area affiliated with our program: University of British Columbia and Simon Fraser University. Most psychologists at the five training sites have appointments in the Departments of Psychiatry or Psychology at the University of British Columbia (UBC) or Simon Fraser University, two major universities located in Greater Vancouver. Some psychologists also have appointments in the UBC Department of Medicine and/or Department of Psychiatry. Psychologists in the region participate in research programs and teaching responsibilities within the hospital, the medical school, and the universities at large. Hospital psychologists work closely with physicians and other health professionals in Psychiatry, Rehabilitation, Neurology, Medicine, Surgery, Geriatric Medicine, with research colleagues in the Faculty of Medicine and Department of Psychology at UBC, as well as, the Mental Health Law and Policy Institute at Simon Fraser University.

PREDOCTORAL RESIDENCY SETTING: SITES

The Vancouver Coastal Health Authority (VCHA) is responsible for the health care of approximately one million residents of B.C. and serves the cities of Vancouver, North Vancouver, West Vancouver, Richmond, and many rural communities on British Columbia's southwestern coast. The VCHA receives \$2.8 billion in annual funding, which supports approximately 22,000 staff and 5,000 volunteers. Research Centres of Excellence include the Brain Research Centre, Centre for Clinical Epidemiology & Evaluation, Centre for Hip Health & Mobility, Centre for Respiratory & Critical Care Medicine, ICORD: International Collaboration on (spinal cord) Repair Discoveries, Immunity & Infection Research Centre, and Vancouver Prostate Centre.

The Predoctoral Residency in Clinical Psychology offers four full-time predoctoral residency positions. Psychology Residents are placed at the primary site of Vancouver General Hospital, which provides administrative support to the residents. Five training sites facilitate the residency experience; Vancouver General Hospital, University of British Columbia Hospital, St. Paul's Hospital, GF Strong Rehabilitation Centre, and The BC Operational Stress Injury Clinic. All three hospitals offer a number of specialty and tertiary care clinics that serve the entire province. Most psychology residents will select training modules in several sites and every effort is made to coordinate their schedule to minimize travel time. Interhospital shuttles depart frequently to facilitate easy movement to and from each site (with exception to OSI and Burnaby Centre). Details regarding the selection of rotations are provided in subsequent pages.

Vancouver General Hospital (VGH) is a 1000-bed acute care hospital and is British Columbia's major teaching hospital. VGH maintains active research programs in five areas: neurosciences, cancer, lung, immunology, and clinical epidemiology and evaluation. The Joseph & Rosalie Segal Family & Health Centre (Outpatient Psychiatry, Inpatient Psychiatry & Online Psychotherapy Service <https://www.keltyskey.com/>); Adult Metabolic Disease Clinic, Neuroscience Program, Solid Organ Transplant Clinic, Sexual Health, Short Term Assessment and Treatment Centre and the Epilepsy Clinic are some of the clinical rotations available at VGH.

UBC Hospital (UBCH) is located on the campus of the University of British Columbia and provides sub-acute medical and surgical care. The primary residency training rotation at UBCH is the B.C. Psychosis Clinic.

St. Paul's Hospital (SPH) is located in downtown Vancouver and has over 500 acute care beds. The Eating Disorders Program, Immunodeficiency Clinic, The Chronic Pain Centre, The Heart Centre and a Neuropsychology Service are found at St. Paul's Hospital.

GF Strong Rehabilitation Centre serves the rehabilitation needs of persons referred throughout the province. The facility offers both inpatient and outpatient services in a number of programs, including Acquired Brain Injury, Spinal Cord Injury, Neuromusculoskeletal Injury, and Adolescent & Young Adult (Brain Injury & Spinal Cord Injury). Psychology Resident placements in Health Psychology and Neuropsychological Intervention and Assessment are available at the GF Strong site.

Burnaby Centre For Mental Health & Addictions (BCMHA) is a provincial program for the assessment, stabilization, and treatment of clients with complex mental health and substance use issues (concurrent disorders). BCMHA is a designated 100-bed facility offering specialized, evidence-based services for up to nine months. Based on availability, we are sometimes able to offer a rotation at this site. This rotation is offered as it becomes available.

The BC Operational Stress Injury Clinic (OSI) offers client-centred, collaborative care, with the mandate to assess and treat veterans, active military personnel and RCMP members who have service-related mental health difficulties that can include post-traumatic stress disorder, anxiety, depression and/or addiction. Services are also provided to family members living with service related operational stress injuries.

PHILOSOPHY AND GOALS OF THE PROGRAM

The VCHA Residency Program provides broad-based training in clinical psychology with a strong scientist-practitioner orientation. The program emphasizes both breadth and depth of clinical training experiences during the residency year within the purview of promoting the ongoing development of autonomous professional psychologists.

This is accomplished through the articulation of the following goals:

1. To further promote competency of practice based on the acquisition and implementation of evidence-based psychological principles in concert with breadth and depth of clinical training in both assessment and intervention.
2. To promote ethical behaviour and increase appreciation of the role of individual and cultural differences and diversity in psychological phenomena.
3. To encourage personal growth and professional identity.
4. To provide training in consultation in interdisciplinary settings and opportunities to work with treatment teams.
5. To facilitate the integration of research into clinical experiences (and visa versa).
6. When possible, to provide opportunities to supervise junior clinicians.

CANDIDATE ELIGIBILITY

Qualified applicants will have completed all requirements, other than the thesis, from a CPA or APA accredited doctoral program in clinical psychology (Ph.D. or Psy.D.) and have received approval from their Directors of Training to apply for the residency. Applicants should be fluent in the English Language.

Applicants for the Adult Mental Health Track with at least 600 hours of supervised practicum training with at least 300 direct patient contact hours directly relevant to one or more of our training rotations will be given preference in the selection process.

Applicants for the Neuropsychology Track need to have a minimum of 600 hours of supervised practicum training with at least 300 direct patient contact hours. In addition, they are required to have at least 2 graduate level courses in neuropsychology-related topics and written at minimum 10 adult integrated neuropsychology reports.

Our program adheres to Canadian immigration policy requiring eligible Canadian citizens and landed immigrant applicants be offered available residency positions before offering a position to a non-Canadian citizen. However, in the past, we have matched with U.S. citizens, and accordingly, we encourage foreign applicants to apply.

CLINICAL TRAINING

Tracks and Rotations

The Vancouver Coastal Health Predoctoral Residency Program offers four full-time residency positions. Residents apply and are accepted for a position in one of the two tracks offered – Adult Mental Health or Neuropsychology. Rotations with primarily a health psychology focus are listed in the Adult Mental Health Track listing, but can be integrated into the neuropsychology track as a breadth rotation as appropriate..

- Adult Mental Health Track (2 full-time positions available) APPIC #180714
- Neuropsychology Track (2 full-time positions available) APPIC #180713

Structurally, the residency year is divided into two six-month blocks. Within each block the resident will typically select 2 clinical rotations. Typically, a resident will be in emphasis track rotations (Adult Mental Health or Neuropsychology) two or three days per week, and will spend one or two days per week in rotations from the other tracks (i.e., breadth rotations). We encourage breadth and depth in the selection of rotations and require both assessment and treatment interventions to comprise rotation selection. Each resident is required to meet a minimum goal of 375 hours of direct patient contact during the year of the residency.

Once per week, residents come together for didactic seminars, a group program development and evaluation project, and research. There are approximately 13 didactic seminars per year, typically 120 minutes in length. There are also opportunities to attend patient rounds and other presentations within various rotations. The group program development and evaluation project is chosen by the residents at the beginning of the program. The purpose of the project is to provide residents with training in program development and evaluation in a hospital setting and to make a positive contribution to patient care at a program-service or regional level. Residents also have an optional research project or can elect to use this time for additional clinical experiences. At the end of the year, residents present their research and program development projects during our graduation ceremony.

Health Care in B.C. has experienced a great deal of change for a number of years. As a result, more recently developed training opportunities may not be listed in this brochure. Relatedly, we cannot guarantee that all rotations will be available for each training year.

Sample Training Program

First Block: September – February	Second Block: March – August
<p style="text-align: center;"><u>Monday to Friday:</u></p> <ul style="list-style-type: none"> • 2 days/week in emphasis track rotation • 2 days/week in breadth rotation • 1 day week – didactics, program development/evaluation projects & research 	<p style="text-align: center;"><u>Monday to Friday:</u></p> <ul style="list-style-type: none"> • 2 days/week in emphasis track rotation • 2 days/week in breadth rotation • 1 day week – didactics, program development/evaluation projects & research

Selection of specific rotations will occur in consultation with the Training Director and relevant supervisors, in consideration of the resident’s training needs, interests, and the availability of

rotations. Each resident develops a training program by the end of September of each year that is formalized in a Learning Contract. For residents participating in a research project, an outline of the proposed research project will also be included in the Learning Contract.

SUPERVISION - EVALUATION - EDUCATION

Consistent with CPA accreditation criteria, residents will receive a minimum of four hours per week in direct, individual supervision. All supervising psychologists are Registered Psychologists with the College of Psychologists of British Columbia. Given the broad range of clinical services provided within VCHA Psychology Services, residents may expect supervision to reflect a wide variety of theoretical and clinical orientations.

Psychology residents are evaluated four times during the training year, at the middle and end of each rotation, within each training block. Our program uses a competency-based Resident Evaluation Form. This consists of 38 specific competencies within eleven broad areas including ethics, general clinical skills, assessment and psychotherapeutic skills, crisis management, team functioning, and sensitivity to diversity. In addition, supervisors comment on a resident's strengths and areas for growth and development. To successfully pass a rotation, a resident must achieve a minimum level of competency (rated as either 'Advanced' or 'Proficient', depending on whether it is a specified track or an elective rotation). Supervisors meet with the Director of Training and respective resident to share information about progress in each rotation.

To successfully pass the residency, the resident must have completed a minimum of 1600 hours of supervised training, successfully passed all rotations, have no outstanding problematic behaviors by the end of the training year, and be deemed ready and able to perform at the level required of an entry-level Psychologist. If an optional research or program evaluation project is undertaken, the resident must successfully complete this project and present their findings at our graduation ceremony at the end of the year.

Psychology residents can expect that the majority of their time will be spent in direct clinical services; however, no more than 70% of their time will be devoted to direct and indirect clinical service delivery, in order to have time for formal education, administrative responsibilities and the pursuit of optional research interests. We provide opportunities for residents to obtain excellent clinical experience and develop efficient work skills, while still having opportunities to benefit from reading, supervision, lectures, and in-house research. Formal didactic seminars take place monthly. The resident is required to attend these seminars. Residents also participate in meeting new candidates applying for residency positions each year; however, they do not contribute to the evaluation and selection process.

CULTURAL DIVERSITY

Identity develops with time and context and is shaped by influences including culture, ethnicity, gender identity, sexual orientation, ability/disability status, socioeconomic status, spirituality, and experiences of marginalization. Through supervision and didactic experiences, residents are encouraged to attend to and explore aspects of identity in order to recognize their own biases and world views and become more aware of the world views of others, in order to aid case conceptualization and further understanding of diversity.

SEMINAR SERIES

A wide range of scheduled seminars are provided during the residency year. Additionally, a number of optional psychology seminars are presented by the track faculty each year. Residents are expected to attend all of the scheduled seminars and are encouraged to attend hospital rounds, as well as UBC Departments of Psychiatry and Psychology colloquia. Previous topics have included:

- Ethics and Legislation
- Consumer Perspectives on Living with Bipolar Disorder
- The Role of Peer Support Workers in Mental Health & Substance Use Program
- Building Your Private Practice
- Treatment of Sexual Dysfunction
- Transition From Student to Early Career Psychologist
- OCD: CBT Group Treatment Guidelines
- Treatment of Gay, Lesbian and Bisexual Patients
- Neuropsychology in Neurodegenerative Disorders
- Neuropsychology's Role in Neuropsychiatry
- The Use of Interpreters For Effective Practice
- Transgender Health and Psychology
- Eating Disorders

STIPENDS AND BENEFITS

The residency is 12 months in duration, commencing at the beginning of September to the last day in August. The current stipend for a full-time residency position in the training year is \$32,651. Benefits include:

- Basic health care insurance –requires 3 months of residence within the province prior to taking effect.
- UBC library card, which allows for online access to an extensive number of research journals and access to computer facilities.
- Up to \$500 education and training fund (upon application).
- Up to 5 days research or education leave (may be used for conference attendance, dealing with dissertation requirement at home university, working on a manuscript unrelated to the residency).
- Vacation 15 days.
- Sick leave.

Diversity and Non-Discrimination Policy

Mutual respect is a value of Vancouver Coastal Health Authority (VCHA) that we commit to live by. A respectful and discrimination-free workplace is a priority for VCHA. The member sites of the Vancouver Coastal Health Authority are committed to employment equity, welcome diversity in the workplace, and encourage applications from all qualified individuals including members of visible minorities, aboriginal persons, and persons with disabilities.

The Vancouver Coastal Health Authority Predoctoral Residency in Clinical Psychology endeavors to provide an accessible workplace for residents with disabilities. Applicants who have specific questions about access and accommodations available at our setting are encouraged to contact the Director of Clinical Training early in the application process in order that their concerns or needs may be fully addressed.

APPLICATION AND SELECTION PROCEDURES

Applications must be received by midnight on November 1st. Late or incomplete applications will not be considered. All application materials must be submitted via the APPIC online system. Application materials sent as e-mail attachments or in the mail will not be considered.

Foreign applicants. Our program adheres to Canadian immigration policy requiring eligible Canadian citizens and landed immigrant applicants be offered available residency positions before offering a position to a non-Canadian citizen. Foreign residents matched with our program will require successful completion of a Labor Market Opinion report that is undertaken

through the Vancouver Coastal Health Employee Engagement Recruitment Department and Service Canada. A visa permit is also required to allow the resident to stay in Canada for the duration of the residency. Upon receiving a letter of offer to the residency program, the prospective resident must contact the nearest Canadian Consulate enclosing a copy of our letter of acceptance to the residency program. The Consulate will aid the resident in the application process. This process will likely require a medical exam and clearance. The VCH recruitment Office and the Director of Clinical Training facilitate documentation requirements. It takes up to 3 months after arrival for foreign students to become eligible for B.C. Health Insurance, so it is wise for incoming foreign students to make other health insurance arrangements for that 'bridge time'.

A complete residency application includes copies of the following:

1. APPIC online Application for Psychology Residency (AAPI) Form available at <http://www.appic.org/> Please do not submit any supplemental material.
2. Curriculum Vitae.
3. Three letters of reference from three referees, one of whom is the Director of Graduate Clinical Training (or thesis supervisor) and two who are **supervisors of your clinical work** (we prefer compliance with CCPPP guidelines). Further information on CCPPP guidelines is available at <http://ccppp.ca/reference-letter-guidelines> APPIC <http://www.appic.org/AAPI-APPA#REF>
4. Transcripts of **graduate** courses (undergraduate transcripts are not required).
5. Cover letter that describes **which track you are interested** in and why you believe you are a good fit for training within that track. **You should clearly state any specific rotation or interest in a particular area** (e.g., rehabilitation, neuropsychology, health psychology, eating disorders, etc.).

Selection is based on many factors with consideration of the following factors (in no particular order):

- Diversity, breadth and depth of assessment and intervention experience
- Goodness of fit related to applicant's training and interest and the training available at our sites
- Academic excellence, progress in coursework and status of dissertation research
- Research productivity
- Application materials including the clarity and organization of the letter of interest

Interviews are offered to the applicants whom we feel are the best matches for our program alongside the goals stated by the applicant. We utilize a vignette based interview format. Each applicant is scheduled to meet with the Training Director, two or more faculty, and at least one current resident. For those applicants who are unable to travel to Vancouver for an interview, a telephone interview will be arranged.

Interview notification will be conducted in accordance with the voluntary 2-step interview notification and booking system recommended by the Canadian Council of Professional Psychology Programs:

Friday, December 6, 2019 - Universal *NOTIFICATION* Date. That is, all applicants applying at Canadian Internship Sites will be informed of their interview status on this day but no interviews will be booked until the following Monday.

Monday, December 9, 2019 - Universal *RESPONSE/BOOKING* date. This is the date applicants can begin contacting sites who have offered them interviews. Specifically, that means

students can start booking their interviews with their internship sites at 11:00 am EST on Monday, December 9, 2019.

Interviews will take place between January 7 & 8, 2020.

APPIC POLICY

The program agrees to abide by the APPIC policy that no person at the training facility will solicit, accept, or use any ranking-related information from any applicant. All ranking and offers will be in accordance with APPIC Match policies.

Dates to Remember

- Application due date is November 1, 2019
- Interview notification date is December 6, 2019 (date you will be notified)
- Interview response/booking date is December 9, 2019 (date you contact us to schedule interviews)
- Interviews will take place on January 7 & 8, 2020
- Start date of the residency is Tuesday September 1, 2020
- End date of the residency is August 31, 2021

PERSONAL INFORMATION POLICY

In accordance with federal privacy legislation (Personal Information Protection and Electronics Documents Act - <http://laws-lois.justice.gc.ca/eng/acts/P-8.6/>) you should be aware that we are committed to only collecting the information in your application that is required to process your application. This information is secured within our psychology residency administrative offices at the Vancouver General Hospital and is shared only with those individuals involved in the evaluation of your residency application. If you are not matched with our program, your personal information is destroyed within one year of Match Day. If you are matched with our residency program, your application materials will be available only to those involved in your supervision and training including your rotation supervisors, the Director of Clinical Training, The Psychology Professional Practice Leader, and relevant administrative support staff. We will place an electronic copy of this material on a secured section of the program network that will only be made available to those individuals directly involved in your supervision and training.

INFORMATION ON ACCREDITATION

The VCHA Clinical Psychology Residency program was originally accredited by the American Psychological Association in 1988, and the Canadian Psychological Association since 2006. We chose not to re-apply for APA re-accreditation for the 2012-13 year. Residents will no longer be deemed as having completed an APA accredited residency. Our program was re-accredited by the Canadian Psychological Association for another 4 year period: **2017/18 – 2021/22**.

Please note: In February 2007, the Council of Representatives of the APA voted to discontinue accrediting doctoral and internship programmes in Canada. Concurrent CPA/APA accreditation for all programs discontinued as of September 2015. For further information please refer to the Accreditation sections of both the CPA and APA websites. <http://www.cpa.ca/accreditation/>

Information on accreditation by the Canadian Psychological Association is available by contacting the following office:

Stewart Madon, Ph.D., C. Psych., Registrar of Accreditation
Canadian Psychological Association
141 Laurier Avenue West, Suite 702
Ottawa, ON K1P 5J3

Phone: 613-237-2144 or 1-888-472-0657
Extension 333 (Registrar) or
Extension 328 (Madeleine Sheppard-Perkins, Accreditation Assistant)
Fax: 613-237-1674
E-mail: accreditation@cpa.ca
Page website: <http://www.cpa.ca/accreditation/>

TRAINING TRACKS AND ROTATIONS

ADULT MENTAL HEALTH TRACK

APPIC # 180714

2 Full – Time Residency Positions are available

The Adult Mental Health Track offers 2 full-time residency positions. Residents gain intensive experience in psychological assessment and treatment in psychiatric inpatient and outpatient settings. Treatment experiences include both individual therapy and group therapy using a wide range of approaches including cognitive behavioral (CBT), dialectical behavioral (DBT) interpersonal and mindfulness therapies. The resident will gain experience working on interdisciplinary health teams made up of a variety of professionals, depending on the unit. These may include: Physicians, nurses, psychiatrists, social workers, physical therapists, occupational therapists, dieticians, and psychiatric nurses.

Adult Metabolic Diseases

The Adult Metabolic Diseases Outpatient Clinic is located at VGH and serves all adults in British Columbia diagnosed with inborn errors of metabolism (e.g., Adrenoleukodystrophy, Fabry Disease, Galactosemia, Maple Syrup Urine Disease, Phenylketonuria (PKU), Mitochondrial Disease). Approximately half of the patient population face significant dietary treatment adherence challenges which further increases risk to physical, medical and cognitive decline. The other half of this population suffer progressive/degenerative medical conditions without any known effective cure

Assessment Experience

Assessment type is varied and may include baseline and repeated cognitive evaluations, diagnostic clarification of psychiatric or personality co-morbidity, health behaviour evaluation and treatment readiness. Residents will acquire skills in clinical interviews, test administration, interpretation, and report writing for adults with varying levels of cognitive compromise. Structured assessment protocols may include measures as the WAIS-4, WMS-4, ACS, WRAT-4, Adaptive Behaviour Rating Scale, Repeatable Battery for the Assessment of Neuropsychological Status (RBANS), D-KEFS, etc., as well as structured interview and formal measures of psychological functioning.

Treatment Experience

As part of the ongoing development and implementation of our individualized comprehensive motivation strategy (ICMS), residents will learn to apply a combination of individualized protocols for motivational interviewing, mindfulness, health behavioural activation and CBT to promote adaptive health behavior change (e.g., improved compliance with medical and treatment protocols such as weekly blood work, dietary control and formula intake).

Consultation Experience

Interprofessional teamwork is integral to AMDC clinic functioning. The resident will routinely collaborate with other disciplines (Endocrinology, Dieticians, Nursing, Social Work).

Diversity Experience

Residents area expected to increase cultural competency through formal learning and experience within a variety of ethno-cultural, age, sexual orientation and minority group members typical to our referral base (e.g., South/East Asian, First Nations, LGBT2Q, etc).

Supervisor: To Be Determined

Duration: 1 Day a week, Wednesdays, 6 months

Location: VGH

Population: Adults

Burnaby Centre for Mental Health and Addiction Rotation ([Based on Availability](#))

The Burnaby Centre for Mental Health and Addiction (BCMHA) is a provincial program for the assessment, stabilization, and treatment of clients with complex mental health and substance use issues (concurrent disorders). We are a designated 100-bed facility offering specialized, evidence-based services for up to nine months. The program is divided into three phases: Assessment and Stabilization in a secure unit (ASU; 2-5 weeks), followed by either a) Treatment and Psychosocial Rehabilitation in an open unit (6-9months) or b) further assessment, stabilization and treatment in a second, secure unit: Assessment and Stabilization Unit 2 (ASU2; up to 3 months). Clients proceed to an open treatment unit if they are relatively stable in their mental health and are abstaining from substances while at BCMHA. Clients proceed to ASU2 if they have been observed to have significant impairment in activities in daily living, ongoing acute mental health issues and/or ongoing difficulties with substance use. In addition to substance use disorders, all clients have complex co-occurring conditions such as: major depression, bipolar disorder, schizophrenia, post-traumatic stress disorder, generalized anxiety, cognitive impairment, chronic pain, and Axis II traits. All clients have histories of homelessness/housing instability and have exhausted all treatment resources in their area of the province.

The psychologist's primary roles include conducting assessments, facilitating group therapy, conducting time-limited individual therapy, conducting outcome research, and developing programming with an interdisciplinary team. Through a strength-based approach, residents will work with clients and interdisciplinary teams to collaboratively assess and intervene with the following areas: substance withdrawal and cravings, concurrent psychiatric issues, stable daily routines, independent community living skills and healthy living habits. In particular, we collaborate with clients to identify individualized profiles of needs and strengths, and support development of strengths through evidence-based best practices (e.g., cognitive behavioural techniques, relapse prevention, mindfulness, emotion regulation, communication skills).

Assessment Experience

Residents will develop their assessment skills through administration and interpretation of personality, psychiatric and cognitive assessment measures. Measurement batteries will be selected based on the referral question and the clinical interview.

Treatment Experience

Residents will develop and lead groups with an interdisciplinary team, conduct 1:1 counseling, behavioural interventions, and contribute to program development and refinement through evaluation. Residents will have the opportunity to train in a variety of approaches including cognitive behavioural therapy, mindfulness, and motivational interviewing.

Consultation Experience

Residents work within an interdisciplinary team and attend Care Planning Rounds to provide feedback about assessments and interventions. Residents will also have the opportunity to work with teams to translate evidence based best practices into every day frontline care (e.g. working with interdisciplinary teams to create and modify contingency management protocols;

helping busy staff to understand and modify responses to delusions, aggressive behavior, smoking, etc.)

Research

Depending on resident interest and experience, residents will have the opportunity to conduct group therapy effectiveness studies, program evaluations, and directed studies in the area of concurrent disorders. The benefits and strategies to apply the unique research skills of psychologists to direct clinical practice are emphasized throughout the rotation.

Diversity Experience

The clients of Burnaby Centre for Mental Health and Addiction present with diverse backgrounds. Almost all clients present with low socioeconomic histories that include homelessness. Cultural competency training and responsiveness is integrated throughout experiences a resident may have during a rotation at Burnaby Centre. Aboriginal health and wellness initiatives are particularly emphasized.

Supervisors:

To Be Determined

Duration: 2-3 Days a week / 6 months

Location: Burnaby Centre for Mental Health and Addiction

Population: Adults

Eating Disorders Program (EDP)

The Eating Disorders Program (EDP) is located at St. Paul's Hospital. The EDP is a provincial, tertiary care centre that provides assessment and treatment services for individuals with anorexia nervosa and/or bulimia nervosa, as well as other Axis 1 and Axis 2 diagnoses, who have not been able to reach their goals through primary and secondary services. Clients 17 years and older are seen. The EDP has a multidisciplinary team. Psychologists in the program use an integrated treatment approach (incorporating emotionally-focused and interpersonal therapies, DBT, CBT, motivation enhancement) to address the complex psychological issues that arise for individuals with eating disorders. This elective rotation is offered two days per week (Tuesdays and Thursdays) for 6 months during the residency year. Experience is gained primarily in the Discovery Day Program. Dr. Josie Geller also offers supervision to residents who are interested in eating disorders research.

Assessment experience

Residents are expected to acquire experience and skills in case formulation, which includes reviewing psychological symptoms, obtaining relevant personal history, and making treatment recommendations.

Treatment experience

Residents will participate in groups offered in the Discovery Day Program. The resident will sit in and observe a process group, and have the opportunity to participate and/or to co-facilitate this group dependent on the resident's experience with this group format. The resident will also have the opportunity to observe and eventually lead various didactic/experiential groups, including Assertiveness, CBT/Thought Attacks, Mindfulness & Emotions, and Body Image. The resident is also expected to provide a lunch meal support once weekly, and to participate in weekly multidisciplinary Rounds. Opportunities to gain some individual psychotherapy experience are usually available, dependent on resident skill level. Residents will have multiple supervisors on this rotation.

Diversity experience

Residents are encouraged, within the limits of our referral patterns, to gain experience with ethno-cultural minority groups members. Most typically, we have clients of South Asian, East Asian, and Southeast Asian backgrounds, among others. Clients also present at times with

diversity of sexual orientation, age, gender, body size, religion, and mental and physical challenges.

Research experience

An elective research rotation is also available. The EDP has an active, grant-funded research program, directed by Dr. Josie Geller. Areas of research interest include readiness and motivation, self-compassion, and the role of social support in the eating disorders. The research team is also involved in continuous quality assurance that has helped establish the efficacy of the programs delivered by the EDP.

Supervisors:

Theo Elfers, Ph.D.

Suja Srikameswaran, Ph.D.

Lori Taylor, Ph.D. (Primary Supervisor)

Jelica Todosijevic, Ph.D

Location: St. Paul's Hospital

Duration: 2 or 3 Days a week / 6 months

Tuesdays and Thursdays Required

Population: Adults

Health Psychology at GF Strong Rehabilitation Centre

The primary focus of this rotation at GF Strong is on health psychology and rehabilitation psychology.

Assessment Experience

Residents conduct psychological evaluations based on a detailed interview, clinical observations, psychometric measures, and other data. The goals of the evaluation are to provide information germane to clients' psychosocial adjustment to disability, including coping and personality styles, illness attribution, locus of control, hope, and perceived social supports. Assessments may also include diagnoses of depression, posttraumatic stress disorder, and other psychological disorders or health conditions i.e. phantom limb pain. Brief neuro-cognitive screening may also be provided. Psychological treatment recommendations are offered.

Treatment Experience

Individual psychotherapy is provided for clients with cognitive and/or physical disabilities who present with depression, anxiety, and adjustment disorders or post traumatic stress conditions. Interventions may also target pain, sleep, cognitive remediation, behavioral problems (e.g., aggression, impulsivity), or health behavior change (e.g., medication, pacing and exercise regimen adherence for pain management and neuromuscular diseases).

Consultation Experience

Residents and their supervising psychologists work in an interdisciplinary team. There are collaborative opportunities with psychiatry, social work, recreation therapy, drug and alcohol counseling, physiotherapists and other providers who may be directly involved in rehabilitation interventions. Residents will report on assessment findings and therapeutic progress in team and family meetings.

Supervisors:

Jennifer MacDonald, Ph.D

Brad Hallam, Ph.D., ABPP-CN

Location: GF Strong Rehabilitation Centre

Duration: 2 or 3 Days a week/ 6 months.

Population: Adults

Inner City Youth Program

The Inner City Youth Program rotation is one of the few opportunities to work with youth and adolescent patient populations (ages 12-24) at VCH (other than GF Strong). The rotation is based in the community at Foundry Vancouver Granville (<https://foundrybc.ca/>).

Location: Foundry Vancouver Granville

Population: Youth & Young Adult

Assessment & Treatment Experience

Located in heart of downtown Vancouver, our community clinic provides young people from ages 12 to 24 with easy access to primary care, mental health and substance use services, psychosocial rehab supports, peer support, supported employment and recreational activities all housed under one roof. We provide services within a multidisciplinary, stepped-care model, whereby youth are offered services of varying intensity, from signposting, psychoeducation and drop-in counselling to individual/group therapy and intensive case management (ICM), dependent on clinical need. Psychological services within the clinic adopt a strong evidence-based treatment approach, predominantly CBT-oriented, but also incorporating elements of ACT, CAT, Motivational Interviewing, Solution Focused Therapy and DBT. It is anticipated that the resident would gain most of their experience offering psychological assessments (making treatment recommendations), and offering individual/group based psychological interventions to non-ICM youth.

Supervision Experience

In the later part of the rotation, residents with experience may choose to be involved with the supervision of graduate level practicum students (depending on availability).

Research Experience

Research opportunities to participate in program development and treatment outcome.

Diversity Experience

Experience with sources of diversity like gender, age, socioeconomic status and disability are an integral part of training. Residents also gain experience with persons from minority groups within the limits of the source population and referral patterns.

Supervisor: Jenni Clark, Ph.D., R. Psych.

Location: Foundry Vancouver Granville

Duration: 1-2 Days a week / 6 mth

Population: Youth & Young Adults

Inpatient Psychiatry at Vancouver General Hospital

This rotation includes working on two inpatient units at Vancouver General Hospital at the new Segal Mental Health Centre as well as potential experiences in the Kelty Online Therapy Service if available. The Brief Intervention Unit (BIU) and the Concurrent Disorders Intervention Unit (CDIU) provide inpatient services for patients who experience a range of severe mental health concerns and often substance use problems. Residents will have the opportunity to work on both inpatient Units.

The Brief Intervention Unit is a brief-stay, inpatient psychiatric unit for patients in acute states requiring assessment, diagnosis, stabilization, medication or medication review, brief interventions, and comprehensive discharge planning. The typical length of stay is seven to ten days. A full range of psychiatric disorders are evident on the unit, although the predominant disorders include: mood disorders, personality disorders in crisis, psychotic disorders, anxiety disorders, and concurrent disorders. The psychologist's primary role on the unit is to assist psychiatrists in clarifying diagnoses, particularly distinguishing between Axis I and Axis II features, and making recommendations for discharge planning. Assessments involve chart review, clinical interviewing, psychological testing, report writing, feedback to the patient, and consultation with the interdisciplinary team. In addition to assessments, psychotherapy groups are provided to the inpatients and include CBT and DBT groups.

Assessment Experience

Residents are expected to acquire experience and skills in general psychological assessments, which includes clinical interview, chart review, testing and report writing. Tests administered include: Intelligence tests, psychodiagnostic assessments/ personality assessments, and

symptom inventories. Residents are expected to be familiar with the American Psychiatric Association's, *Diagnostic and Statistical Manual of Mental Disorder, Fifth Edition 2014*).

Treatment Experience

Residents are expected to read appropriate manuals and background literature related to the treatment modality or diagnostic area in which they wish to specialize. Residents will be required to demonstrate that they can administer these treatments flexibly for complicated cases. Residents will be expected to demonstrate both individual and group therapy skills.

Consultation Experience

Residents will be expected to consult to a multidisciplinary teams that consist of registered nurses, social workers, occupational therapists, and psychiatrists, either in daily rounds, or as needed for individual patients. Residents will also be expected to have knowledge of community resources available to facilitate discharge planning.

Diversity Experience

Residents are encouraged, within the limits of our referral patterns, to gain experience with people of diversity, either ethno-cultural minority group members, or people with sexual or gender orientation differences, as well as homeless people.

Supervisors: Reena Sandhu, Ph.D.

Duration: 2 or 3 Days a week / 6 mths

Location: VGH, Joseph & Rosalie Segal Family Health Centre

Population: Adults

Kelty's Key - Online Therapy Service at Vancouver Coastal Health

This rotation will take place in the Kelty's Key offices at Vancouver General Hospital at the new Segal Mental Health Centre. Kelty's Key provides online cognitive therapy for depression, anxiety, pain, addictions and more presenting concerns. Patients are able to access psychoeducational materials from an online library of courses. Therapists communicate with their patients via secure email, providing feedback and encouragement throughout the program. Therapist-Assisted Internet CBT (TAI-CBT) has been found to be as effective as face to face therapy and is often preferred by patients who can receive treatment when it is convenient for them.

Assessment Experience

Residents will learn the importance of tailoring treatment to individual patients using various screening tools. They will also acquire experience in case conceptualization, matching patient needs to resources, assessment of outcomes and program evaluation.

Treatment Experience

Residents will provide TAI-CBT to patients with a variety of presenting concerns (e.g., depression, addictions, chronic pain, etc). All residents will become well-versed in a variety of standard CBT treatment protocols, with the potential to help develop new units in the program.

Consultation Experience

Residents may have the opportunity to provide online therapy in various service areas – such as the inpatient units at VGH and outpatient psychiatry department. Here they would have the opportunity to provide a hybrid of CBT where there would be a combination of face-to-face and email communication. Availability of these experiences may vary and subject to the interests of each resident.

Supervision Experience

Residents may choose to supervise graduate level practicum students in the second half of their rotation. Supervision could involve leading the introductory training workshops, providing feedback on email responses and assisting with case conceptualization.

Research

An option to participate in ongoing research and program evaluations is available to interested residents.

Diversity Experience

The clients seeking online therapy services present with diverse backgrounds and could be located throughout the Vancouver Coastal Health Authority.

Supervisors: Francois Botha, Ph.D.

Duration: 2 or 3 Days a week / 6 mths

Location: VGH, Joseph & Rosalie Segal Family Health Centre **Population:** Adults

Operational Stress Injury (OSI) Clinic

This rotation takes place at the Operational Stress Injury (OSI) Clinic located off campus in a private 11,000 square foot facility. The clinic offers client-centred, collaborative care, with the mandate to assess and treat veterans, active military personnel and RCMP members who have service-related mental health difficulties. We also provide services to family members with OSI-related issues. The clinic is one of nine such clinics located throughout the country that are funded by Veterans Affairs Canada.

Assessment Experience

Psychological assessments are requested for the purposes of treatment planning, Veterans Affairs pension applications, readiness for vocational rehabilitation, reassessments related to pension decisions, and occupational health decisions. In this rotation, residents will acquire skills in clinical interview, test administration, test interpretation, and report writing.

Psychodiagnostic assessments often include the differential diagnosis of PTSD, other anxiety disorders, depressive disorders, substance use disorders, and personality disorders. Residents will gain experience with the Personality Assessment Inventory (PAI), the Clinician Administered PTSD Scale (CAPS), in addition to other objective measures of psychopathology.

Treatment Experience

All treatment offered at the OSI Clinic is evidence-based. Treatment is tailored to the individual's needs and may include any of the following: stabilization interventions such as relaxation training, emotion-regulation skills training and anger management skills training; prolonged exposure if PTSD is a treatment focus; acceptance-based interventions (ACT, mindfulness). There may be opportunities to offer brief interventions to family members. Treatment experiences will vary according to the types of referrals received during the resident's time at the OSI Clinic.

Consultation Experience

Interdisciplinary team meetings take place every Tuesday afternoon. Residents will be expected to attend this meeting and meet with other members of the team (psychiatry, social work, nursing, psychology) when needed.

Supervisors:
Julia Ting, Ph.D.

Duration: 2 Days a week / 6 months - Tuesday Required
Population: Adults

Location: New 11,000 Square Foot Facility, opened in 2017 in Vancouver.

Mental Health and Substance Use – Outpatient Services

The OPT rotation operates as a community mental health centre and offers psychiatric assessment and group treatment therapy experiences working with adult outpatient with a variety of psychological disorders. Limited individual therapy may also be available. The rotation will be based at the new Joseph & Rosalie Segal Family Health Centre (JRSFHC) scheduled to open in 2017 on the Vancouver General Hospital Campus.

Assessment Experience

Residents have the opportunity to acquire experience and skills in psychiatric assessment and with a range of anxiety, mood, and other psychological disorders. The psychiatric assessments are focused on diagnosis and treatment recommendations.

Treatment Experience

Residents will be primarily involved with the delivery of group treatments (e.g., CBT, DBT, and IPT) for a variety of psychological disorders psychosis and mood disorders (including specialized groups for PTSD, Borderline Personality Disorder, depression, and anxiety). They will also have the opportunity to be involved in interdisciplinary team meetings.

Supervision Experience

In the later part of the rotation, residents with experience may choose to be involved with the supervision of graduate level practicum students (depending on availability).

Research Experience

Research opportunities to participate in treatment outcome studies may be available to students.

Diversity Experience

Experience with sources of diversity like gender, age, socioeconomic status and disability are an integral part of training. Residents also gain experience with persons from minority groups within the limits of the source population and referral patterns.

Supervisor: Colleen J. Allison, Ph.D.

Duration: 2 or 3 Days a week / 6 mths

Location: VGH Joseph & Rosalie Segal Family Health Centre **Population:** Adults

Severe Mental Illness Rotation (SMI) (AMH or Neurotrack Rotation)

The SMI rotation offers assessment and treatment experiences working with adult inpatients with psychosis and mood disorders. The rotation will be based at the BC Psychosis Program at the UBC Hospital. This rotation can comprise either an adult mental health stream, neuropsychology track stream, or a combination of these.

Location: UBC Hospital (BC Psychosis)

Population: Adults

Assessment Experience

Residents have the opportunity to acquire experience and skills in psychodiagnostic and neuropsychological assessment of psychiatric patients with a range of mood and schizophrenia spectrum disorders. The psychodiagnostic assessments are focused on evaluating axis II disorders, and cognitive disorders that might be influencing the clinical presentation. The neuropsychological assessments will range from cognitive screeners for new admissions to comprehensive assessments to address a range of questions around discharge planning and recommendations.

Treatment Experience

Residents will be involved with the delivery of individual and group CBT for psychosis and mood disorders (including specialized groups for hallucinations, bipolar disorder and depression), as well as being involved with interdisciplinary treatment planning for clients on the units.

Supervision Experience

In the later part of the rotation, residents with experience may choose to be involved with the supervision of a psychometrist and graduate level practicum students (depending on availability).

Research Experience

Research opportunities to participate in treatment outcome studies, as well as studies of cognitive functioning in SMI may be available to students.

Diversity Experience

Experience with sources of diversity like gender, age, socioeconomic status and disability are an integral part of training. Residents also gain experience with persons from minority groups within the limits of the source population and referral patterns.

Supervisor: Mahesh Menon, Ph.D.
Ivan Torres, Ph.D.
Location: UBC Hospital (BC Psychosis)

Duration: 2- 3 Days a week / 6 mths

Population: Adults

Sexual Health

The Sexual Health Rotation takes place in the Department of Obstetrics and Gynaecology at Vancouver Hospital. Patients are referred to Dr. Brotto as a participant in either a grant-funded treatment outcome study (for women with low sexual desire or genital pain), or referred directly to Dr. Brotto by one of the gynaecologists in the Department of Gynaecology. In addition, there is an opportunity to see patients and co-lead groups as part of a Multidisciplinary Vulvodynia Program, where the resident will also work closely with other professions (gynaecologists and pelvic floor physiotherapists). Infertility due to unconsummated relationships is frequently addressed.

The centre is not equipped to see patients/couples on a long-term basis, therefore, primary complaints of couple/marital discord are usually referred to community therapists. The Sexual Health rotation experience will be two days possibly 3 days a week (**Tuesdays required**), from 7 a.m. to 4 p.m. Supervision will take place on this day depending on the rest of the resident's schedule. *Rounds takes place from 12:15-1:15, weekly.*

Assessment Experience

Given that a large part of this rotation will involve leading mindfulness based groups for sexual dysfunction and genital pain, it is expected that residents have prior experience in one of these domains prior to beginning the rotation (i.e., either have lead MBCT or MBSR groups, or had prior experience assessing and treating sexual dysfunctions or genital pain). The goal of this rotation is to provide more specialized skills in diagnostic assessment of sexual dysfunction in both men and women, using a comprehensive biopsychosocial format. Although the resident is not expected to have significant knowledge about the medical contributors to sexual dysfunction, experience in knowing when to refer for medical evaluation and/or a physical examination of the presenting sexual complaint will be a component the resident will be expected to learn. After some co-therapy experience with the supervisor, the resident will be expected to conduct at least one comprehensive assessment per week of an individual or couple, with a case formulation and suggested treatment approach.

Treatment Experience

Prior experience co-leading groups is desired. The resident will be involved with co-facilitating mindfulness-based groups for both women with sexual desire and arousal disorders as well as women with provoked vestibulodynia (provoked genital pain). Both groups would be led by the resident in conjunction with the supervisor. Both group treatments are being administered in the context of grant-funded outcome research, thus, there would be opportunities for the resident to participate in this research as well. Cognitive behavioral therapy, with significant elements of mindfulness meditation, is the primary orientation to individual therapy. If scheduling permits, there may be the opportunity for some longer-term therapy cases that are carried for a large portion of the training year.

Supervision

Supervision will involve a combination of case discussion and listening to audiotaped excerpts of sessions. As part of the resident's experience will include co-therapy with the supervisor and/or other members of the team, the resident will have a first-hand opportunity to learn about the treatment of sexual issues from an experienced clinician.

Research Experience

Research is an integral component of practice. The resident will be strongly encouraged to take part in any of a number of ongoing research studies with Dr. Brotto, or time permitting, to initiate new research. The resident will also be encouraged to give presentations at rounds on two occasions during the rotation.

Diversity Experience

The resident can expect patients from diverse ethnocultural, socioeconomic, and sexual orientation groups.

Supervisor: Lori Brotto, Ph.D., R.Psych. **Duration:** 2-3 Days a week / 6 months. **Tuesday** required
Location: VGH **Population:** Adults

Solid Organ Transplant Program (SOTP)

The transplant psychology rotation takes place at the Solid Organ Transplant (SOT) clinic at VGH. Patients diagnosed with end-stage liver, lung and kidney disease are seen throughout the various stages of transplantation. The primary mandate of psychologists within the multidisciplinary liver, lung, and kidney transplant teams is to focus on pre-transplant assessments, for both outpatients and inpatients. In addition, inpatients and outpatients, in both the pre-transplant and post-transplant phases, are seen for intervention and consultation.

Assessment Experience

Residents are expected to acquire experience and skills in conducting a semi-structured clinical interview to help determine patients' psychological suitability and readiness for organ transplantation. Psychometric evaluation is also integrated. The psychologist and resident provide consultation regarding the assessments during multidisciplinary rounds, regarding issues such as medical adherence, potential for relapse in substance use, psychological resiliency, ability to provide informed consent, attitude towards transplantation. The multidisciplinary team involves physicians, nurses, pharmacists, social workers, chaplain, and dietician. The majority of assessments are conducted with potential transplant recipients, with about 10% of assessments being conducted with potential live liver and kidney donors.

Treatment Experience

Intervention is offered to inpatients and outpatients. The duration of intervention tends to be brief, and focuses on maximizing patients' psychological adjustment from the pre-transplant waiting period, through the post-operative, in-hospital phase, and on through to long-term adjustment. Residents will rely on cognitive-behavioral approaches, mindfulness-based

approaches, as well as interpersonal/attachment-focused approaches. If feasible, a medium-term or long-term therapy case can be arranged.

Consultation Experience

As psychology is an integral part of the assessment and treatment of transplant patients, consultation to the multi-disciplinary team is an on-going process. Formal consultation occurs during multidisciplinary rounds.

Research Experience

Psychosocial aspects of transplantation provide fruitful areas of clinical research. An applied area of research could focus on the predictive validity of psychometric instruments administered pre-transplant with respect to post-transplant medical adherence, psychological adjustment, and quality of life.

Diversity Experience

Residents are encouraged, within the limits of our referral patterns, to gain experience with ethno-cultural minority group members. There are diverse cultural implications for organ transplantation that make for a challenging clinical situation and may provide research and program development components.

Supervisor: TBA

Duration: 2 Days a week/ 6 months

Location: VGH

Population: Adults

The Chronic Pain Centre

St. Paul's Chronic Pain Centre at St. Paul's Hospital is comprised of three programs: the Inpatient Program, the Day Program and the Neuromodulation Program. The Chronic Pain Centre offers an integrated comprehensive approach to the treatment of persons suffering from chronic pain. The interdisciplinary team utilizes a combination of medical intervention, physical therapy, psychotherapy, occupational therapy and education on pain management strategies.

The Inpatient Program specializes in the treatment and management of complex regional pain syndrome (CRPS), cervicogenic headaches, migraine headaches and the diagnosis, treatment and management of other chronic pain disorders

The Chronic Pain Day Program provides an interdisciplinary focus for both group and individual psychoeducation for pain self-management. The psychology role is to provide cognitive behavioral strategies for the management of chronic pain. Typical pain conditions seen in this setting include, fibromyalgia, myofascial pain, and headaches.

The Neuromodulation Program involves the implantation of either the spinal cord stimulator or the intrathecal pump for pain management. These therapies are considered when more conservative therapies have failed to manage the pain. The psychology role is to assess for psychological suitability and then to liaise with the medical team to provide recommendations for treatment.

In this rotation, residents will gain experience working on a multi-disciplinary health care team made up of a broad array of disciplines including: psychology, psychiatry, nursing, social work, physiotherapy, and occupational therapy.

Assessment Experience

Residents will have the opportunity to gain experience conducting two types of psychological assessments -- comprehensive psychological assessments for patients being considered for neuromodulation and brief assessments for psychological treatment planning purposes. Psychology is actively involved in the decision process to consider someone for

neuromodulation. Residents will also conduct assessments of conditions that commonly occur with chronic pain such as depression, anxiety disorders, including post-traumatic stress disorder, health anxiety, grief and loss, anger, and marital/family stress. There will be a focus on treatment planning for psychological disorders and identifying barriers to self-management of chronic pain.

Treatment Experience

Residents will provide cognitive-behavioral treatment of mood disorders secondary to chronic pain, most commonly anxiety and depressive disorders. This will be done primarily on an individual basis. However, groups for depression, and communication strategies are also offered.

Consultation Experience

Residents will gain experience in providing consultation with physicians and other health care staff for all arms of the program. Residents will play an active role in multi-disciplinary rounds.

Research Experience

An important part of the mandate of the Chronic Pain Centre is to engage in research to improve treatment practices and further understand the role of psychological factors in chronic pain. The staff is involved in ongoing research projects and residents are encouraged to become involved.

Diversity Experience

Residents are encouraged, within the limits of our referral patterns, to gain experience with ethno-cultural minority group members. The Chronic Pain Centre takes referrals from the provinces of BC and the Yukon, thus our referral base tends to be quite diverse.

Supervisor: Janani Sankar, Ph.D., R.Psych.

Duration: 2 or 3 Days a week / 6 months

Location: St. Paul's Hospital

Population: Adults

The Heart Centre

The Heart Centre rotation takes place at St. Paul's Hospital, and potentially involves three primary clinics: the Heart Transplant Program (pre and post), the Ventricular Assist Device (VAD) program, and the Pacific Adult Congenital Heart (PACH) Program. There are also training experiences available in the Heart Rhythm, Cardiac Rehab and Heart Function Programs, but to a lesser degree. These clinics are all tertiary care centers servicing the entire province of BC. Patients are referred by their family doctor or physician specialist. In this rotation, residents gain experience working on multi-disciplinary health care teams of cardiologists, surgeons, nurses, psychologists, psychiatrists, social workers, and dieticians. Residents have the opportunity to request which patient populations they would like to work with, and efforts will be made to accommodate.

Assessment Experience

Residents are not necessarily expected to have previous experience in health psychology or cardiac populations specifically. However, some experience with health psychology (e.g., adjustment to diagnosis, lifestyle change, living with chronic illness) is helpful. The goal of this rotation is to provide specialized skills in assessment of psychological problems that occur in combination with cardiac problems, using a biopsychosocial format.

Residents will have the opportunity to gain experience conducting two types of psychological assessments -- comprehensive psychological assessments for patients being considered for heart transplant and brief assessments for psychological treatment planning purposes. Psychology is actively involved in the decision process to list someone for transplant, and residents who are interested in this training experience will have the

opportunity to participate in Transplant multidisciplinary rounds. Residents will also conduct assessments of conditions that commonly occur with heart conditions such as depression, the full range of anxiety disorders, sleep disorders, substance use disorders, binge eating disorder, and all types of interpersonal problems. There will be a focus on treatment planning for psychological disorders and factors inhibiting the adoption of healthy lifestyle behaviors.

Treatment Experience

The Heart Center offers individual therapy experiences, both in the inpatient and the outpatient setting. Cognitive-behavioral treatment, Motivational Enhancement Therapy, and Mindfulness Skills are the primary orientation to individual therapy. Residents are expected to have experience with CBT, and be open to other modalities as well. In order to maximize breadth of training, most residents carry a case load of 6 to 10 patients.

Consultation Experience

Residents will gain experience in providing consultation with physicians and other health care staff both on inpatient wards and for outpatients attending clinics. Residents will play an active role in multi-disciplinary rounds.

Research Experience

Research is an important component of practice in the Heart Centre. Staff are involved in ongoing research projects and residents are strongly encouraged to participate or to develop a small project of their own.

Diversity Experience

Residents are encouraged, within the limits of our referral patterns, to gain experience with ethno-cultural minority group members. The Heart Centre is the only hospital in the province providing heart transplants, thus the referral base tends to be quite diverse.

Supervisors:

Sarah Cockell, Ph.D. (PACH).

Quincy Young Ph.D. (Transplant and VAD)

Duration: 2 Days a week / 6 months (Wednesdays and Thursdays)

Location: St. Paul's Hospital

Population: Adults

NEUROPSYCHOLOGY TRACK

APPIC # 180713

2 Full – Time Residency Positions are available

The neuropsychology track offers 2 full-time residency positions. Residents gain intensive experience in the theory and practice of clinical neuropsychology. The neuropsychology rotations are offered at four hospital sites and cover very diverse adult patient populations within the areas of neurology, neurosurgery, epilepsy, psychiatry, geriatrics, and rehabilitation. Residents function as part of multidisciplinary teams and provide neuropsychology services to patients in inpatient, outpatient and community settings. Some of these programs are tertiary provincial programs (e.g., neuropsychiatry and epilepsy) and thus residents have the opportunity to assess patients with rare as well as complex disorders. Residents will have the opportunity to participate in neuropsychology didactics as well as grand rounds and lectures that are typically available within each rotation. Depending on availability, residents can observe neurological and neurosurgical procedures. There are also opportunities to observe and participate in ward rounds and other consultative situations.

Applicants for this track are required to have course work and clinical experience in neuropsychology prior to beginning the residency. This track is designed for residents who intend to pursue neuropsychology as a focus of their professional work. The Neuropsychology Track adheres to the training guidelines outlined at the Houston Conference on Specialty Education and Training in Neuropsychology (APA Division of Clinical Neuropsychology, Newsletter 40, Winter/Spring 1998).

Geriatric Psychiatry Outreach Team

The Geriatric Psychiatry Outreach Team, located at VGH, serves patient populations with neurodegenerative conditions and/or psychiatric conditions. The Clinic is composed of a multidisciplinary team, including psychiatry, social work, nursing, and neuropsychology. The role of neuropsychology within the clinic is to provide information regarding a patient's cognitive and emotional status to assist in the diagnosis of a wide range of neurodegenerative diseases.

Assessment Experience

All residents are encouraged to acquire experience and skills in structured neuropsychological assessment, complex neuropsychological diagnostic formulation, interdisciplinary team work and psychoeducational/therapeutic techniques when communicating cognitive results/diagnoses to patients and their families. The neuropsychological test battery is a flexible battery that may include comprehensive battery or a shorter battery, tailored to the referral question and tolerance of the patient. Within this test battery, a wide range of cognitive measures as well as mood/personality instruments are included. Semi-structured interviews are also conducted with each patient and their collateral (i.e., family member) as an important component of this evaluation. Capacity evaluations are frequently requested by the team and used to inform patient care.

Treatment Experience

Residents will be required to provide brief therapeutic interventions for patients during the neuropsychology feedback sessions, in which the results of the neuropsychological evaluation are discussed. On occasion, multiple sessions are necessary to address complex emotional, cognitive, vocational and/or interpersonal issues related to the presenting cognitive/behavioral complaints.

Consultation Experience

Residents are expected to work within the structure of the clinic's multidisciplinary team, including regular consultation with various team members regarding the neuropsychological test

results. This may occur informally within the clinic and/or within the weekly team meetings where select patients are discussed amongst the relevant team members.

Diversity Experience

Residents are encouraged, within the limits of our referral patterns, to gain experience with ethno-cultural minority group members.

Supervisor: Amy Zwicker, Ph.D.

Duration: 2 or 3 Days a week / 6 months.

Location: VGH

Population: Adults

Epilepsy Program

The Epilepsy rotation takes place in the Epilepsy Program at VGH. Patient populations served include patients with epilepsy and psychogenic non-epileptic seizures.

Assessment Experience

Residents will acquire experience and skills in neuropsychological evaluation of patients with seizure disorders stemming from a variety of etiologies (i.e., mesial temporal sclerosis, head injury, tumor, dysgenesis and migration disorders, autoimmune disorders). The comprehensive neuropsychological assessment protocols are based on a flexible battery approach depending on individual patient characteristics and referral question. Assessment is provided primarily for pre-surgical evaluations, including Wada testing, and/or extraoperative language mapping or in awake craniotomy, as well as follow-up consultations. High priority is given to assessment of patients being considered for neurosurgery; however, residents will also gain exposure to other issues related to patients with seizure disorder who are not undergoing pre-surgical investigations, including those with psychogenic non-epileptic seizures. Occasionally, residents will evaluate non-English-speaking patients with the assistance of interpreters.

Treatment Experience

Residents observe and provide assessment feedback to patients and their families. This rotation is strictly a neuropsychological assessment rotation.

Supervision Experience

Supervision of the psychometrist on the service is available for residents with extensive neuropsychological assessment experience. Supervision of graduate-level practica students, depending on availability of those students in any given year, may also be available.

Consultation Experience

The neuropsychology service within the Epilepsy Program is a consultation service for the program. Consultation is provided to the multidisciplinary Epilepsy team and presentations are made at weekly rounds to neurologists, neurosurgeons, neuroradiologists, medical residents and students, technicians, and nurses. Residents will be expected to take an active role in these presentations.

Research Experience

Research opportunities in neuropsychological issues relevant to epilepsy may be available to the interested resident.

Diversity Experience

A commitment to and respect for individual and cultural diversity is maintained in this rotation. Interpreter services are used with individuals who are not fluent in English. We engage in clinical training that promotes an understanding of issues of individual and cultural diversity. Residents are encouraged to work with patients with diverse individual, cultural, and socio-economic backgrounds depending on available referrals.

Supervisor: Jing Ee Tan, Ph.D.

Duration: 2 or 3 Days a week / 6 months.

Location: VGH

Population: Adults

Neuroscience Rotation

The Neuroscience rotation takes place in the Neuroscience Program at VGH, which serves adult inpatient and outpatient neurological and neurosurgical populations on a consultation basis.

Assessment Experience

Residents have the opportunity to acquire experience and skills in neuropsychological assessment of patients with a variety of neurological diseases and disorders. Persons referred often have complex presentations that might include those with encephalitis, vasculitis, lupus, Multiple Sclerosis, Parkinson's disease, stroke, Alzheimer's disease and other dementias, and brain tumor plus more rare conditions (e.g., mitochondrial diseases, Creutzfeldt-Jakob disease). Referral questions can be diagnostic or prognostic. The neuropsychological assessment procedure involves comprehensive evaluation using a flexible battery approach with the tests chosen to reflect the referral question and the status of the patient.

Treatment Experience

Residents observe and provide feedback to patients and often also to their families about the assessment outcome and recommendations. There may also be some limited opportunity to provide consultation to the inpatient Neurosciences team around patients with behavioral issues. Other treatment experiences are not available on this rotation.

Consultation Experience

The Neuropsychology service provides consultation to the Neurosciences program including neurology and neurosurgery. Residents may participate in consultation with the Neurosciences interdisciplinary team and have the opportunity to attend a variety of Neurosciences teaching rounds throughout the year.

Research Experience

Research experience may be available with persons undergoing neurosurgery to implant a device to treat intractable mood disorders with deep brain stimulation.

Diversity Experience

Experience with sources of diversity like gender, age, socioeconomic status and disability are an integral part of training. Residents also gain experience with persons from minority groups within the limits of the source population and referral patterns. Some persons assessed come from a variety of ethno-cultural backgrounds including those from Asia, India, and Europe. Assessment experiences are available with persons where English is a second language, and where appropriate using professional translation services.

Supervisor: Nicholas Bogod, Ph.D.

Duration: 2 or 3 Days a week / 6 months.

Location: VGH

Population: Adults

Severe Mental Illness Rotation (SMI) (AMH or Neurotrack Rotation)

The SMI rotation offers assessment and treatment experiences working with adult inpatients with psychosis and mood disorders. The rotation will be based at the BC Psychosis Program at the UBC Hospital. This rotation can comprise either an adult mental health stream, neuropsychology track stream, or a combination of these.

Assessment Experience

Residents have the opportunity to acquire experience and skills in psychodiagnostic and neuropsychological assessment of psychiatric patients with a range of mood and schizophrenia spectrum disorders. The psychodiagnostic assessments are focused on evaluating Axis I disorders and cognitive disorders that might be influencing the clinical presentation. The

neuropsychological assessments will range from cognitive screeners for new admissions to comprehensive assessments to address a range of questions around discharge planning and recommendations.

Treatment Experience

Residents will be involved with the delivery of individual and group CBT for psychosis and mood disorders (including specialized groups for hallucinations, bipolar disorder and depression), as well as being involved with interdisciplinary treatment planning for clients on the units.

Supervision Experience

In the later part of the rotation, residents with experience may choose to be involved with the supervision of a psychometrist and graduate level practicum students (depending on availability).

Research Experience

Research opportunities to participate in treatment outcome studies, as well as studies of cognitive functioning in SMI may be available to students.

Diversity Experience

Experience with sources of diversity like gender, age, socioeconomic status and disability are an integral part of training. Residents also gain experience with persons from minority groups within the limits of the source population and referral patterns.

Supervisor: Mahesh Menon, Ph.D.
Ivan Torres, Ph.D.

Duration: 2- 3 Days a week / 6 mths

Location: UBC Hospital (BC Psychosis)

Population: Adults

Short Term Assessment and Treatment (STAT) Centre

This geriatric neuropsychological assessment rotation takes place at the Short Term Assessment and Treatment (STAT) Centre at Vancouver General Hospital. The centre is comprised of a 20-bed geriatric inpatient unit and a day hospital program that accommodates about 40 patients per week. The patient population is comprised of elderly clients with multiple cognitive, medical, psychiatric, and functional co-morbidities.

The training emphasizes development of targeted assessment skills including effective diagnostic interviewing, diagnostic formulation, integrating neuropsychological test results with medical and psychiatric status, formulation of treatment recommendations, and communication of results. This rotation will be ideal for those considering working in a multidisciplinary medical setting in the future, especially with a geriatric focus.

Assessment Experience

Residents will gain experience in neuropsychological assessment, treatment, and discharge planning for older adults in the context of a multidisciplinary team. The often complicated and challenging nature of our clients allows the resident to gain experience into the diverse nature of several aspects of aging and cognitive degeneration. One of the benefits of this rotation is not only the diversity of disorders seen, but the interaction of these disorders with multiple other medical, psychiatric, and psychosocial comorbidities. Issues of capacity of finances and person are often raised in our clients, and the assessment of and ethics involved in this decision-making is a unique experience in this rotation. The other unique benefit of this rotation is the respected role of psychology amongst a diverse, but close team, including medicine, psychiatry, neurology, nursing, occupational therapy, and physiotherapy. Residents will regularly interact as part of the team, and also in family meetings in which the results and implications of neuropsychological evaluations are discussed.

Treatment Experience

Although assessment is the primary emphasis of this rotation, there is opportunity for individual psychotherapy with clients, and also a potential for participation in group therapy.

Consultation Experience

Consultation is an integral and regular part of this rotation. As noted above, the resident will be expected to function as part of the STAT Centre team, and regularly consult with specialists from different disciplines. This will occur through individual consultation, but also regularly in team rounds.

Diversity Experience

The STAT Centre program is utilized by patients from a wide spectrum of ethnic, socioeconomic, and educational backgrounds. Residents will have the opportunity to participate in assessments utilizing translators, and to gain exposure to multi-generation families from diverse cultural backgrounds. The diversity in terms of age range is also wide; although all geriatric, we see clients who are as young as 65 and as old as 97.

Supervisor: Rishi Bhalla, Ph.D.

Duration: 2 Days a week / 6 months.

Location: VGH

Population: Adults and Elderly

Neuropsychology Service Rotation

The neuropsychology service at St. Paul's Hospital provides neuropsychological assessments to a diverse range of patient populations, which allows for breadth training as well as depth training in areas of increased interest. Referrals come from various programs including four inpatient psychiatry units, the Mental Health Wellness Outpatient Clinic, the Inner City Youth Mental Health Team, Consultation-Liaison Psychiatry and Geriatric Psychiatry (covering all of the medical inpatient units), the Elder Care Outpatient Clinic, the Immunodeficiency Clinic (for individuals with HIV infection), the Eating Disorder Program, and more rarely, other programs such as Chronic Pain and the Heart Centre. Our clients are typically very complex, with multiple co-morbid conditions and several have significant situational stressors, such as a lack of stable housing and/or no social support network. Past residents have observed brain imaging (CT, MRI) readings with a neuroradiologist and this is expected to remain an option in the future.

Assessment Experience

Residents will gain experience and skills in clinical interviewing and neuropsychological assessment for a range of patient populations using a flexible battery approach. Cognitive testing ranges from brief screening measures to more comprehensive cognitive evaluations, with tests selected based on the referral questions and the status of the patient. Mood and personality measures may also be used when required.

Treatment Experience

Residents will have the opportunity to provide feedback about neuropsychological evaluations to patients and their families. They are also encouraged to develop and run a brief series of inpatient mental health groups covering topics of their own interest.

Consultation Experience

The neuropsychology program at St. Paul's Hospital acts as a consultation service within the hospital. As such, you may have the opportunity to discuss neuropsychological results with referring physicians, medical residents, medical students, and/or nursing staff on an informal basis.

Research

Research opportunities include examinations of neuropsychological functioning for any of the populations served by this service.

Diversity Experience

Residents will work with the multicultural community served by St. Paul's Hospital. Several of our referrals have English as a second language and the use of medical translators is sometimes required. Most referrals live within Greater Vancouver but some may come from more remote areas within British Columbia. They have a wide age range (from 19-95) and are from very diverse socioeconomic backgrounds.

Supervisor: Aiko Yamamoto, Ph.D.

Duration: 2 or 3 Days a week / 6 months.

Location: St. Paul's Hospital

Population: Adults

Neuropsychology at GF Strong Rehabilitation Centre

G.F. Strong Rehabilitation Centre serves the rehabilitation needs of persons referred from throughout the Province. The facility serves both inpatients and outpatients and is organized according to major programs: Acquired Brain Injury, Spinal Cord, Neuromuscular, Arthritis and Adolescent & Young Adult. Psychologists are members of interdisciplinary rehabilitation teams and the client and their family maintain important roles within each team. Psychologists work closely with other health professionals on these teams such as occupational therapists, physical therapists, speech/language pathologists, vocational counselors, social workers, and many others.

Psychological services help the client and family move smoothly through the rehabilitation process. Services are designed to help the client adapt and adjust to changes in themselves, including physical disability, cognitive impairment, and alterations in their self-concept. Psychologists do this through knowledge of brain-behavior relationships, personality, and organizational and system functions. Psychologists provide direct service to clients and families, and direct consultation and support to team colleagues.

Assessment Experience

Residents will conduct neuropsychological assessments in the context of interdisciplinary rehabilitation for clients with traumatic brain injury, stroke, and other acquired neurological conditions. Comprehensive outpatient assessments aim to address capacity to return to work/school, referral questions, and other community reintegration issues. Assessment of inpatients is typically focused on facilitating differential diagnosis, discharge planning, and determination of decision-making capacity. In addition to cognitive testing, assessments require integrating the clinical impressions of colleagues in allied health, translating neuropsychological findings to real-world functional performance, recognition of cognitive and psychological barriers to rehabilitation goals, and identification of appropriate interventions. Following each neuropsychological assessment, residents provide comprehensive feedback to clients and their families, assisting them to better understand their strengths and weaknesses in the context of their rehabilitation goals and providing practical management strategies/treatment recommendations to maximize their self-efficacy and rehabilitation progress.

While most of the opportunities at GF Strong are adult-focused, the Adolescent and Young Adult (AYA) Acquired Brain Injury program offers a unique opportunity to gain experience conducting neuropsychological assessments, consultations, and intervention with the adolescent outpatients and inpatients. Adolescent clients present with a variety of acquired neurological conditions as well as genetic conditions. There is also a strong base of referrals of adolescents with a history of multiple concussions with persisting symptoms from the Adolescent Complex Concussion Clinic.

Treatment Experience

Resident will have opportunity to provide individual and/or group psychological interventions to acquired brain injury clients with co-morbid psychological disorders. Treatment opportunities

may stem from direct referrals for intervention or stem from treatment needs identified as part of a comprehensive neuropsychological assessment. Common diagnoses include Anxiety disorders, Trauma and Stressor-Related Disorders (including Adjustment Disorders, Posttraumatic Stress Disorder), and Major Depressive Disorder. Participation in group psychotherapy is available in the Adjustment Support Group, which addresses the emotional changes and adjustment issues which are commonly experienced after brain injury, with the aims of reducing isolation and increasing understanding of the complex interplay of emotion with neuropsychological effects and the disability adjustments that occur.

Residents will also have the opportunity to participate in cognitive remediation with clients. Interventions for cognitive problems are frequently identified from the neuropsychological assessment (e.g., training a client to use a memory aid) and treatment is typically conducted in collaboration with other professions such as occupational and speech-language therapy. Residents may also participate in the Memory Strategies Group, Attention Process Training Group and the Self-Management Service, which is a community-based rehab program designed to assist people with mild traumatic brain injuries in “self-managing” their symptoms. Education to clients and their families about the brain, its functions, and recovery from brain injury is another central role of the neuropsychologist.

Consultation Experience

Residents interact with their interdisciplinary team colleagues to clarify referral questions, gain perspective on clients’ therapy progress and functional status, as well as communicate neuropsychological assessment findings and facilitate their application to guide treatment.

Research Experience

Psychologists at GF Strong Rehab Centre are involved in brain injury rehabilitation research. Depending on professional training needs, residents may have the opportunity to participate in some or all of the following research processes: literature review, grant writing, ethics/institutional review, methodological design, data collection (e.g., clinical assessment or treatment of patients with traumatic brain injury or stroke in the context of a research study), data entry and analysis, manuscript writing and submission, journal editorial functions, and knowledge translation. Residents can contribute to ongoing long-term projects (e.g., randomized controlled trials) or initiate a small project of their own. To learn more about current research projects at GF Strong, residents should contact Dr. Noah Silverberg (noah.silverberg@vch.ca).

Supervisors:

Treena Blake, Ph.D.

Brad Hallam, Ph.D.

Sylvia Nay, Ph.D.

Jennifer Macdonald, Ph.D.

Sarah-Jane Meachen, Ph.D.

Noah Silverberg, Ph.D.

Duration: 2 to 3 Days a week / 6 months

Location: GF Strong Rehabilitation Centre

Population: Adults

CLINICAL RESEARCH ELECTIVE

All residents will participate in a group Program Development and Evaluation project. Additionally, residents can choose to engage in a clinical research project with one faculty supervisor during their residency year. This is typically integrated into an existing rotation. Acceptable projects include: analysis of existing data set; program outcome evaluation; review paper; empirical paper; case study; annotated bibliography; or treatment manual based on empirically-validated treatments. Interested residents are encouraged to discuss potential program evaluation or research projects with supervisors at the beginning of the year. The research proposal will be included in the resident’s learning contract. Residents conducting research are required to write a manuscript or research report by the end of the residency and to briefly present the results at our year end graduation celebration.

SUPERVISING REGISTERED PSYCHOLOGISTS

NOTE:

- AAMFT denotes clinical supervisor status by the American Association of Marital and Family Therapy
- ABPP denotes certification with the American Board of Professional Psychology
- ACT denotes certification with the Academy of Cognitive Therapy.
- AGPA denotes a full member of the American Group Psychotherapy Association.
- CGPA denotes a full member of the Canadian Group Psychotherapy Association.
- CACBT denotes certification with the Canadian Association of Cognitive and Behavioural Therapies
- CRHSPP denotes listing with the Canadian Register of Health Services Providers in Psychology.

ALLISON, COLLEEN. Ph.D.

1.0 FTE. Psychologist Psychotherapy Lead, Outpatient Psychiatry Department. Vancouver General Hospital. Tel: 604-875-4111, extension 63056. Email: Colleen.Allison@vch.ca.

Interests: Attachment, trauma, psychosis, anxiety (particularly GAD and OCD), and concurrent disorders. Her approach to working with clients is client-centred. Dr. Allison has extensive training in CBT and Psychodynamic/Interpersonal/Experiential Group Psychotherapy, and more recently in Compassion Focused Therapy. AGPA Certified Group Therapist. CACBT Member, ABCT, ISPS-US, AGPA, and the Compassionate Mind Foundation.

BHALLA, RISHI. Ph.D.

0.6 FTE Psychologist in the Short Term Assessment and Treatment Centre (STAT Centre) at VGH. Tel: 604.875.5888, email: rishi.bhalla@vch.ca Ph.D. 2004, Illinois Institute of Technology. Postdoctoral Fellow in dementia research at Brown University, 2005; Postdoctoral Fellow in Geriatric Psychiatry at the University of Pittsburgh 2006/07. Interests: the interface of late-life mood disorders and dementia; mild cognitive impairment.

BLAKE, TREENA. Ph.D.

1.0 FTE Psychologist at GF Strong Rehabilitation Centre. Tel: 604.734-1313, email: treena.blake@vch.ca Ph.D. 2011, University of Windsor. Interests: neuropsychological functioning; brain injury rehabilitation; behavioral management; individual therapy; family and staff education.

BOGOD, NICHOLAS. Ph.D.

1.0 FTE Psychologist in the Neuroscience Program at VGH. Tel: 604.875.5527, email: nicholas.bogod@vch.ca Ph.D. 2005, University of Victoria. Postdoctoral Fellow, Neuroscience Program, VGH, 2004-06. Interests: Neuropsychopharmacology; program evaluation; goal setting and outcome measurement; brain injury rehabilitation; management of severe aggression and sexually intrusive behaviors.

LORI BROTTTO. Ph.D.

1.0 FTE Psychologist in Department of Obstetrics and Gynaecology at VGH. Tel. 1 (604)875-4111 x 68898, email: lori.brotto@vch.ca. Ph.D. in Clinical Psychology 2003, University of British Columbia. Associate Professor in the UBC Department of Obstetrics and Gynaecology and Registered Psychologist in private practice. Interests: treatment of sexual dysfunction and couples therapy; acculturation and reproductive health; hormones and sexual response; mindfulness meditation and cognitive behavioural therapy for genital pain and all sexual difficulties.

BCCSM website: <http://www.vch.ca/psychiatry/bccsm.htm>

Lab website: <http://www.obgyn.ubc.ca/SexualHealth>

JENNIFER CLARK, Ph.D.

0.6 FTE Psychologist in Inner City Youth Program at Foundry Vancouver Granville (community). email: jclark@providencehealth.bc.ca. Ph.D. in Clinical Psychology 2001, St. Andrews,

England. Interests: youth and young adults, stepped care models, acceptance and commitment therapy, emotion focused family therapy, brief solution focused therapy.

COCKELL, SARAH. Ph.D.

0.8 FTE Psychologist at the Heart Centre (Pacific Adult Congenital Heart Program), St. Paul's Hospital. Tel: 604.682-2344, ext. 63391, email: scockell@providencehealth.bc.ca Ph.D. 2001, University of British Columbia. Interests: congenital heart disease; chronic disease; depression, anxiety disorders, eating disorders, readiness and motivation; integrative approach to therapy (i.e., MICBT, CBT, DBT, EFT).

ELFERS, THEO, Ph.D.

0.9 FTE, St. Paul's Hospital; tel: 604-682-2344 local 62406; e-mail: telfers@providencehealth.bc.ca, Coordinator of the Readiness Treatment Program, Eating Disorders Program. Ph.D. 2015, Simon Fraser University. Interests: Autism in adolescence and adulthood, psychotherapy with groups and individuals, integration of evidence based treatments

GELLER, JOSIE. Ph.D.

1.0 FTE Psychologist and Research Director of Eating Disorders Program, St. Paul's Hospital. Tel: 604.682.2344, ext. 62472, email: jgeller@providencehealth.bc.ca Ph.D. 1996, University of British Columbia. Senior Scholar, Michael Smith Foundation for Health Research. Interests: eating disorders; readiness and motivation; social support in the eating disorders.

HALLAM, BRADLEY. Ph.D., ABPP-CN

1.0 FTE Psychologist at GF Strong Rehabilitation Centre. Tel: 604.737.6223, email: brad.hallam@vch.ca Ph.D. 2002, Fuller Graduate School of Psychology. Clinical Neuropsychology Postdoctoral Fellow at the University of California at San Francisco Medical Center, Memory and Aging Clinic, 2002/03. Interests: neuropsychological functioning; rehabilitation; spinal cord injury; insomnia; attention training; individual therapy; family and staff education.

MACDONALD, JENNIFER. Ph.D.

0.4FTE Psychologist at GF Strong Rehabilitation Centre. Tel: 604.737.6222, e-mail: jennifer.macdonald2@vch.ca Ph.D. 2002, University of Alberta. Interests: Neuropsychological functioning, acquired brain injury, burns, amputations, community integration, behavioural management, post traumatic stress disorder, adjustment to illness for clients and families.

MEACHEN, SARAH-JANE. Ph.D.

0.8 FTE Psychologist at GF Strong Rehabilitation Centre. Tel: 604.737.6222, e-mail: Sarah.Meachen@vch.ca Ph.D. 2011, Wayne State University, Michigan. Interests: Acquired brain injury and neurodegenerative conditions across the lifespan, neuropsychological evaluation, education, treatment, Adolescent and Young Adult Acquired Brain Injury, psychological vocational assessments and disability management for individuals with complex mental health barriers to employment.

MENON, MAHESH. Ph.D.

1.0 FTE Psychologist at the UBC Hospital. Tel: 604.827.1076, email: Mahesh.Menon@vch.ca Ph.D. 2005, University of Cambridge. Postdoctoral Fellowship at the Centre for Addiction & Mental Health/University of Toronto 2005-2009. Interests: Cognitive and neural correlates of delusions and hallucinations, fMRI, CBT for psychosis and severe mental illness.

SANDHU, REENA, Psy.D

0.5 FTE Psychologist with Brief Intervention Inpatient Psychiatric Unit at VGH. Tel: 604-875-4111 x23549, Email: Reena.Sandhu@vch.ca. Psy.D in Clinical Psychology 2014, Antioch University Seattle. Interest: Trauma, Personality Disorders, Psychosis and the delivery of Patient and Family Centered Care.

NAY, SYLVIA. Ph.D.

0.6 FTE Psychologist at GF Strong Rehabilitation Centre. Tel: 604.737.6429, e-mail: Sylvia.Nay@vch.ca. Ph.D. 2015, Queen's University. Interests: Acquired brain injury and neurodegenerative disorders in adolescents and adults; neuropsychological evaluation and neurorehabilitation; assessment and psychotherapy in the context of health conditions; interdisciplinary collaboration and consultation.

SILVERBERG, NOAH. Ph.D., ABPP-CN

0.5 FTE Psychologist at GF Strong Rehabilitation Centre. Tel: 604.737.6249, email: noah.silverberg@vch.ca Ph.D. 2007, University of Windsor. Interests: neuropsychological assessment, traumatic brain injury, somatoform disorders, psychotherapy. Dr. Silverberg is a clinician-scientist who studies mild traumatic brain injury rehabilitation, supported by the Michael Smith Foundation for Health Research and Vancouver Coastal Health Research Institute. Board Certified in Clinical Neuropsychology, ABPP.

SRIKAMESWARAN, SUJA. Ph.D.

0.7 FTE Psychologist in the Eating Disorders Program at St. Paul's Hospital, and Psychology Professional Practice Leader, Providence Health Care. Tel: 604.682.2344, ext. 62410, email: ssrikameswaran@providencehealth.bc.ca Ph.D. 1990, University of Manitoba. Interests: eating disorders; readiness and motivation; pregnancy and post-partum issues for women with eating disorders.

TAN, JING EE. Ph.D., ABPP-CN

1.0 FTE Psychologist in the Epilepsy Program, Vancouver General Hospital. Tel: (604) 875-4861, email: Jing.Tan@vch.ca. Ph.D. 2010, University of Victoria. Postdoctoral Fellowship in Clinical Neuropsychology, Alpert Medical School of Brown University/Rhode Island Hospital. Interests: neuropsychological functioning, assessment issues, neuropsychiatric aspect of epilepsy and dementia. Board Certified in Clinical Neuropsychology, ABPP.

TAYLOR, LORI. Ph.D.

1.0 FTE Psychologist at St. Paul's Hospital; tel: 604-682-2344 local 62405; e-mail: lotaylor@providencehealth.bc.ca Ph.D. 1992, University of British Columbia. Coordinator, Discovery Day Treatment Program, Eating Disorders Program. Interests: Individual and group psychotherapy; integrative approach to therapy (interpersonal and emotionally-focused, CBT, DBT, ACT, mindfulness, motivational interviewing); developing clinical tools to assist clients in psychotherapeutic work; ongoing program evaluation and development; team leadership; supervision.

TING, JULIA. Ph.D.

0.2 FTE Psychologist in the Operational Stress Injury Clinic at UBC Hospital. Tel: 604.872.0575, email: julia.ting@vch.ca) Ph.D. 2010, University of Utah. Interests: Anxiety disorders; cross-cultural psychology; help-seeking attitudes and behaviors; stigma.

TODOSIJEVIC, JELICA, Ph.D.

1.0 FTE Psychologist and Coordinator of the Readiness Treatment Program; Eating Disorders Program, St. Paul's Hospital. Tel: 604.682.2344, ext. 62457, email: jtodosijevic@providencehealth.bc.ca Ph.D. 2005, University of Vermont. Interests: individual and group psychotherapy, integrative approach to treatment.

TORRES, IVAN. Ph.D.

0.3 FTE Psychologist in the UBC Hospital BC Psychosis Program. Tel: 604.822.7769, email: Ivan.Torres@ubc.ca Ph.D. 1993, University of Memphis. Postdoctoral Fellow in Department of Psychiatry, University of Iowa 1993/94; Interests: Neuropsychological functioning in severe mental illness; Executive functioning and metacognition in psychiatric and neurological illnesses

YAMAMOTO, AIKO. Ph.D.

1.0 FTE Psychologist in the Neuropsychology Service (Mental Health and Geriatric Service), St. Paul's Hospital. Tel: 604.806.8160, email: ayamamoto@providencehealth.bc.ca Ph.D. 2003, University of Windsor. Postdoctoral Fellowship in Clinical Neuropsychology, West Virginia University School of

Medicine, 2003-2005. Interests: neuropsychological function in psychiatric and neurological populations; quality of life.

YOUNG, QUINCY. Ph.D.

0.4 FTE Psychologist in the Heart Centre (Heart Transplant & VAD programs), St. Paul's Hospital. Tel: 604.806.9026, email: gyoung@providencehealth.bc.ca . Ph.D. 1998, University of Montana. Interests: psychocardiology; screening for psychological conditions in cardiac patients; outcomes for cardiac patients experiencing psychological distress; readiness and motivation for health behavior change.

ZWICKER, AMY. Ph.D.

0.8 FTE Psychologist in the Geriatric Psychiatry Outreach Team, VGH. Tel: 604.875.4111 x66043, email: amy.zwicker@vch.ca . Ph.D. 2013, University of British Columbia. Interests: geriatric neuropsychology, caregiver well-being, gentler persuasive approaches to care.

Predoctoral Residency in Clinical Psychology 2019-2020

FOR MORE INFORMATION

For further information regarding applications and the Psychology Residency Program, please contact:

Dr. Brad Hallam, R.Psych., ABPP-CN
Director of Clinical Training, Psychological Services
Vancouver General Hospital
Doctors Residence, 2775 Heather Street, Room 422
Vancouver, B.C. V5Z 1M9
Telephone: 604-737-6223
Fax: 604-875-5740
E-mail: brad.hallam@vch.ca

The Residency Training Committee is composed of one resident representative and the following psychologists:

Dr. Rishi Bhalla, R.Psych. (Vancouver General Hospital)
Dr. Nick Bogod, R.Psych. (Vancouver General Hospital)
Dr. Sarah Cockell, R.Psych. (St. Paul's Hospital)
Dr. Brad Hallam (Director of Clinical Training, GF Strong Rehab Centre)
Dr. Jennifer Macdonald (GF Strong Rehab Centre)
Dr. Brandy McGee (Psychology Practice Leader, VCH)
Dr. Mahesh Menon, R.Psych. (UBC Hospital)
Dr. Suja Srikameswaran, R.Psych. (St. Paul's Hospital)
Dr. Aiko Yamamoto, R.Psych. (St. Paul's Hospital)
Dr. Quincy Young, R.Psych. (St. Paul's Hospital)

Administrative Assistant: Ms. Cely Ortega

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