

CLINICAL PRACTICUM TRAINING PROGRAM IN PSYCHOLOGY

https://www.camh.ca/en/science-and-research/clinicaldivisions/psychology-division

2024-2025

Director-of-Training: Dr. Longena Ng, Ph.D., C.Psych. Psychology Division Chief: Dr. Sean Kidd, Ph.D., C.Psych.

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OVERVIEW OF CAMH

Working for Better Understanding, Prevention and Care

CAMH is the largest mental health and addiction facility in Canada and is recognized for its excellence. It was founded in early 1998 through the merger of the Addiction Research Foundation, Clark Institute of Psychiatry, Donwood Institute, and Queen Street Mental Health Centre. Since the merger, CAMH has focused on a seamless integration of addiction and mental health services in a functional and flexible environment. CAMH is affiliated with the University of Toronto and is a Pan American Health Organization / World Health Organization Collaborating Centre. Through accessible treatment, community services, research, education and prevention, CAMH works to improve the quality of life for people who are struggling with mental illness or addiction and to support their family and friends.

"For me it was the courage, and I guess the courage comes from saying 'hey, let's make a change.' And the courage to continue to do that. It's so great now ... it is so good for me now. I love my life."

Susan E. Gapka, Courage to Come Back Award Recipient

Care

"One of the things about working with people who suffer from mental illness or people who struggle with addictions is that, to the public, this may seem like a discouraging environment – a place that's not filed with hope. But for those of us who work clinically, just the opposite is true. I find a great deal of professional fulfillment in this environment because many, many people get better."

Dr. David Goldbloom, former Physician-in-Chief

CAMH is committed to providing comprehensive, well-coordinated, accessible care for people with addictions and severe mental illness. We have created a continuum of clinical programs, support and rehabilitation to meet the diverse needs of people who are at risk and at different stages of their lives and illnesses. Our services include assessment, brief early interventions, inpatient programs, continuing care, and family support. We also address the larger issues relating to the four major factors affecting health: housing, employment, social support and income support. Our client-centered philosophy of care recognizes that the client has individual social, physical, emotional, spiritual and psychological needs.

Mental Health & Addictions

CAMH provides a wide range of inpatient, outpatient, and community-based treatment programs including: Child, Youth, and Emerging Adult; Borderline Personality; Forensics; Mood and Anxiety; Gender Identity; Work, Stress & Health; Addictions; and others.

Prevention

"Prevention involves a host of things. It's not just about preventing substance abuse or mental health problems. It's about supporting health and well-being and having environments that really are healthy environments."

Akwatu Khenti, former Director of Education and Training Services

CAMH is committed to working with communities throughout Ontario to create environments that support health and prevent illness. CAMH consultants work with individuals, local service providers and community groups to apply initiatives in the community and design evidence-based systems and approaches. Consultation, support, and training focuses on preventing problems, promoting health and planning, and delivering treatment. By providing information to the general public, we empower people with the knowledge to reduce the likelihood, recurrence and/or intensity of addiction or mental health problems for themselves or others.

Understanding

"Only through education can we hope to improve the understanding of mental health and addiction problems and thus foster support for people who struggle with these challenges."

Dr. Paul Garfinkel, former President and CEO

One of CAMH's goals is to be a leader in creating, applying and disseminating knowledge. Each year, the Centre receives many research grants, fellowships and awards, resulting in the publication of hundreds of scientific articles and studies. Our research guides our public policy priorities and is transformed into practical resource materials and training programs, which inform the practice of professionals and help educate the general public. Advancing our understanding of mental illness and addiction is key to future improvements in prevention and clinical care. Working with communities, we aim to foster understanding and reduce the stigma associated with these illnesses.

OVERVIEW OF THE APPLICATION PROCEDURE

Clinical placements are available across a large number of specialty clinics, to be described below. All placements are for a minimum duration of **500 hours** and are offered either on a part-time or full-time basis. Traditionally, placements are either 2-3 days per week from September to May, or 4-5 days a week from May to August. Other combinations are possible and at the student and supervisor's discretion.

The deadline for applications is **THURSDAY FEBRUARY 1**st, **2024** for Spring-Summer 2024 and Fall-Winter 2024-2025 placements. Applications submitted after this deadline will be reviewed after the Common Notification Day pending the availability of practicum spots (no exception and no phone calls or emails about exceptions please).

Applications are to include:

- 1) The completed application form (on the last 2 pages of this brochure)
- 2) A one-page statement of training goals and objectives
- 3) An up-to-date curriculum vitae
- 4) Undergraduate and graduate transcripts (can be unofficial)
- 5) Two letters of reference (ideally from an academic professor and a clinical supervisor) <u>sent as a word or PDF attachment</u>. Please advise referees <u>NOT</u> to send reference letters in the body of an email.

If you are from a CPA and/or APA accredited university program (or if your program is in the process of accreditation), please assemble all materials (except reference letters) prior to submission, and **email** them to Dr. Longena Ng at Psychology.PracticumApplications@camh.ca. Please ask referees to **email** reference letters with the name of the applicant in the subject line.

Students from non-accredited programs are asked to apply to potential supervisors directly (please review below which rotations are accepting non-accredited students).

Once your completed application is received, your submission will be reviewed. If deemed appropriate, your application will be sent to potential supervisors who may contact you for an interview. Most interviews take place within 6 weeks of the application deadline.

CAMH participates in **Common Notification Day** (March 27, 2023) with other GTA sites. You will be notified that day if we are offering you a placement. **If your university does not have an affiliation agreement with CAMH, this will need to be obtained before your placement can begin.**

OVERVIEW OF CLINICAL ROTATIONS

— CHILD and YOUTH TRACK —

The CHILD, YOUTH, and EMERGING ADULT Program (CYEAP) is newly organized, incorporating the former Child Psychiatry Program and the Youth Addictions Service, both long-standing services at the Centre for Addiction and Mental Health.

Assessment and psychological testing includes objective tests, observational techniques, psychoeducational assessment, and structured diagnostic interviews. Such training includes development of integrated psychological report writing and the process of providing clinically sensitive feedback to parents and children. Therapeutic approaches rely on empirically-validated and best-practice models of intervention. These include individual psychotherapy, group therapy, family therapy, and parent counseling in various modalities (e.g., cognitive-behavioral, behavioral, solution-focused and strength-focused, and core conflictual relationship theme therapy). Services within the CYEAP often work within a multidisciplinary team of psychologists, psychiatrists, social workers, nurses, and child and youth workers. Thus, practicum students are able to enhance their understanding of the roles of multiple disciplines and develop skills in working together constructively.

Practicum students will receive intensive training in clinical assessment and diagnosis, psychological testing, consultation, and therapeutic intervention; however, these vary by rotation. Such training includes experience in clinical interviewing of children, youth, and their families, and diagnostic formulation, which includes a strong focus on the use of the DSM-5. The program also serves a diverse and multicultural population, giving the practicum student an awareness of their own personal and professional strengths, limitations, and areas of growth as a clinician, while developing the knowledge, sensitivity, and skills needed to work with diverse populations.

Training staff have a variety of theoretical interests, including attachment theory, the interface between developmental psychology and psychopathology, and evolutionary psychology.

Youth Justice Assessment Clinic

Supervisor: Julia Vinik, Ph.D., C.Psych.

Teresa Grimbos, Ph.D., C.Psych. Tracey A. Skilling, Ph.D., C.Psych.

The Youth Justice Assessment Clinic provides comprehensive assessment-only services to youth aged 12 and older. These youth are actively involved in the youth justice system or have other legal issues and are referred to the clinic because of their complex needs. Psychodiagnostic, psychoeducational, and risk/need assessments related to antisocial behaviour are completed with the youth, and recommendations offered to the courts, families, and other involved agencies on how best to meet the needs identified. Comprehensive treatment plans are developed as part of the assessment process, and treatment referrals to community agencies are recommended. Practicum students will have the

^{*} accepts applicants from non-accredited programs for both Fall/Winter and Summer placements

rare opportunity to conduct comprehensive psychodiagnostic and psychoeducational assessments for third parties within a youth justice context. Students will complete these assessments utilizing structured and semi-structured interviews, well-validated cognitive and academic assessment measures, as well as self-report psychometrics. Students will also provide feedback to clients, families and referral agents, when possible. Assessments are often completed as a multidisciplinary team and students will have opportunities to work closely with professionals from other disciplines, including psychiatry and social work. The service delivery model in our clinic is hybrid, involving both virtual and in-person clinical work.

Students will also have the opportunity to observe court proceedings as well as visit youth detention facilities. Students may also have the opportunity to be involved in clinical research projects underway in the Clinic.

Experience with forensic assessments is not required. However, training and some experience with cognitive and academic testing are required. Both fall/winter and summer practicum placements are available.

Better Behaviours Service

Supervisor: Brendan Andrade, Ph.D., C.Psych.

The Better Behaviours Service (BBS) provides therapeutic services for children, youth and their families who have challenges with disruptive behaviour, aggression, emotional difficulties, social skills difficulties, inattention and non-compliance at home and/or at school. Through semi-structured assessment, factors contributing to behavioural difficulties are identified. Individual, family and group-based treatments are offered to help children build skills, reduce emotional and behavioural difficulties and help caregivers develop more effective parenting strategies to reduce family conflict.

This is a clinical-research practicum. Students will be involved in assessment, detailed clinical formulation, intervention and consultation in the context of one or more clinical-research projects operating within the BBS. Students complete brief assessments and participate in delivery of structured group, individual and parent-child treatment. Training and supervision of implementation of Cognitive-Behavioural treatment and other evidence-informed approaches will be provided. Students will also have the opportunity to use existing clinical-research data to complete an applied research study, with the goal of manuscript submission.

Note: This is an intervention practicum. Only students who have completed an assessment practicum will be considered for this rotation.

Psychological Assessment Team for Children and Youth Service

Supervisors: Liora Keshet, M.A., C.Psych.Assoc.

Pushpinder Saini, M.A., C.Psych.Assoc.

^{*} only available for Fall-Winter Practicum

Psychometry service offers students opportunities for conducting comprehensive psychological assessments for children and youth (age 4-17) who are referred internally within the Child, Youth and Family Program. Assessments are typically requested for psycho-educational, socio-emotional, and psycho-diagnostic considerations.

Practicum students will gain experience with regard to clinical and diagnostic interviewing, administering and interpreting standardized psychological assessment measures and tests, integrating clinical information with psychological test data, and provision of written and verbal feedback to clients, families, and referring agents.

Assessment tools include cognitive measurement, academic testing, assessment of learning, memory, and language, as well as socio-emotional, personality, and projective measures. Practicum students are trained via individual supervision and group supervision.

Mood and Anxiety Service

* not available for 2024-2025

The Mood and Anxiety Service provides outpatient assessment and treatment to children, youth, and their parents, focused on primary presenting concerns involving anxiety and/or depression. Common clinical presentations include low mood, social anxiety, and generalized anxiety, as well as co-occurring concerns such as parent-child/adolescent relational difficulties, learning disabilities, ADHD, and externalizing behaviour. Students will be part of an inter-professional team, consisting of a psychologist, psychiatrists, social workers, an occupational therapist, and a nurse. Treatment is primarily cognitive behavioural (CBT), with other approaches integrated as appropriate based on case formulation and application of evidence-based practices. Practicum students will participate in delivering group and individual intervention for children, adolescents, and parents. Individual treatment will include assessments for treatment planning, and the development of a clinical formulation and a related treatment plan. In addition, students have the opportunity to be involved in clinical research projects currently happening in the clinic.

Note: This is a Fall-Winter intervention practicum. Only Ph.D. students who have completed an assessment practicum will be considered for this rotation.

— ADULT TRACK —

ACUTE CARE PROGRAM

Addictions and Concurrent Disorders

Supervisors: Julianne Vandervoort, Psy.D., C.Psych.

Julie Irving, Ph.D., C.Psych.

* Fall/Winter 2024-2025 placements are available. This is an onsite placement available to Ph.D. and Psy.D. level candidates with familiarity with cognitive behavioural therapy.

The Addictions and Concurrent Disorders rotation offers assessment and intervention experience with clients presenting with substance use disorders, often in the context of co-occurring mental health concerns. This rotation is based in the Concurrent Outpatient Medical & Psychosocial Addiction Support Service (COMPASS) within the CAMH Acute Care program. Students will gain experience working in a specialty psychiatric hospital alongside a multi-disciplinary team (psychologists, physicians, nurses, pharmacists, occupational therapists, social workers) under the supervision of a licensed psychologist.

Potential experiences include assessment and intervention opportunities in a multi-disciplinary addiction medicine clinic (which primarily serves clients with alcohol, cannabis, or opioid dependence) and co-facilitating group treatments for specific populations (e.g., cannabis use disorder; concurrent alcohol use disorder and mood disorder). Efforts are made to tailor clinic placements to students' skills and areas of interests.

This rotation includes primarily intervention experiences. Intervention approaches emphasize a biopsychosocial approach (i.e., behavioral and pharmacological interventions). Psychosocial interventions are guided by cognitive-behavioral (e.g., relapse prevention) and motivational enhancement principles and incorporate a harm reduction philosophy. Group treatment is the primary modality for psychosocial interventions. Students will receive weekly individual supervision, in addition to team meetings specific to individual clinics. Students will also have opportunities to attend a wide range of training and didactic seminars at CAMH.

Because this placement emphasizes a scientist-practitioner model, the ideal candidates for this rotation are those with strong motivation for pursuing both clinical and research experiences in the area of addiction and concurrent disorders.

BORDERLINE PERSONALITY DISORDER CLINIC

Supervisors: Michelle Leybman, Ph.D., C.Psych

Shelley McMain, Ph.D., C.Psych. Molly Robertson, Ph.D., C.Psych.

* This is placement is available to Ph.D. and Psy.D. level candidates with clinical or research experience in dialectical behaviour therapy and/or BPD. The placement is available as a part-time placement for Fall/Winter (summer-only placements are not currently available). This will be a hybrid placement with an expectation of at least one day per week on site. The location of the clinic is 60 White Squirrel Way.

The Borderline Personality Disorder (BPD) Clinic is an outpatient program serving multi-disordered individuals with borderline personality disorder between the ages of 18 and 65. The BPD Clinic offers specialized training in the delivery of Dialectical Behaviour Therapy (DBT) and DBT adapted for the treatment of complex trauma. The standard DBT modes of therapy offered in the Clinic include weekly individual, group skills training, after-hours telephone consultation and therapist consultation. Trainees may also have the opportunity to participate in adaptations of standard DBT (e.g., prolonged exposure, DBT-PTSD). In this rotation, trainees will primarily gain experience in delivering DBT individual and group skills training. Trainees may be involved in conducting diagnostic and suicide risk assessments, and will be expected to participate in phone coaching offered to clients between sessions. Trainees are expected to attend a weekly consultation team meeting on Thursdays for all BPD Clinic staff and trainees. Trainees are expected to become familiar with the relevant research on BPD and DBT. The BPD Clinic is an active clinical, research, and training centre.

Ideal candidates for this rotation will have prior training or experience assessing and or conducting psychotherapy with individuals with personality disorders, trauma, or other complex mental illness. Previous training or experience working within a DBT model is an asset.

Integrated Day Treatment (IDT)

Supervisor: Judith Levy-Ajzenkopf, Ph.D., C.Psych.

* Psychology trainees at the Doctoral level are welcome to apply; familiarity with DBT is preferred. Preference will be given to applications for Spring Summer 2024. Fall Winter (2024-2025) availability as well. All placements will be hybrid with the expectation that clinician is onsite at least 1 day a week.

The Integrated Day Treatment (IDT) is an intensive day-based service focused on improving access to care for clients (18 years and older) who would benefit from intensive programming for mood and anxiety, trauma and addictions. Trainees would engage in the DBT arm of the IDT program. Clients have a primary diagnosis of mood or anxiety disorder and may also experience secondary comorbid conditions including personality disorders, substance use disorders and trauma related conditions.

There are 3 DBT intensity levels that span 6 to 12 weeks. Hi Intensity DBT is twice a week in addition to individual therapy and psychiatric consultation. This 12-session curriculum can be completed in 6 weeks with the option to extend to 12 weeks if clinician and client feel there is clinical utility. Medium Intensity DBT is run for 12 weeks, one group a week and one individual therapy session a week. Low Intensity DBT is run for 12 weeks with just group therapy. We have collected data on all 3 streams and have empirical support for the effectiveness of this protocol.

Mood and Anxiety Ambulatory Services (MAAS)

Supervisor: Judith Laposa, Ph.D., C.Psych.

* Placements for 2024-2025 fall/winter and summer 2024 is dependent on the residency match

The Mood and Anxiety Ambulatory Services is a clinical and research unit staffed by individuals from a wide range of disciplines including psychology, psychiatry, social work, nursing, and occupational therapy. Our service is a high demand out-patient treatment service that offers specialized training in empirically supported treatments, namely in short-term cognitive behavioural therapy for depression, GAD, OCD, social anxiety disorder, panic disorder, and agoraphobia. Clients receive treatment lasting for 13-16 weeks.

A main focus of the practicum rotation involves collaborating with clinical practicum students in order to further develop their ability to provide a comprehensive diagnostic assessment, while considering optimal treatment suitability (e.g., considering the client's level of functioning, treatment modality, treatment format, acute phase treatment vs. relapse prevention treatment). Practicum students will gain proficiency in the administration of the Structured Clinical Interview for the DSM-5 (SCID-5) and they will also learn to administer the treatment suitability interview for determination of suitability for short-term cognitive-behavioural treatment.

Practicum students have the opportunity to co-lead CBT treatment groups and/or offer individual CBT for depression, panic disorder, agoraphobia, generalized anxiety disorder, social anxiety disorder, and obsessive-compulsive disorder during the rotation. Supervision includes direct individual supervision. Practicum students may have additional opportunities to work with other disorders that interface with mood, obsessive compulsive related, and anxiety disorders, as opportunities arise.

Practicum students will develop clinical decision making skills, learn how to effectively communicate/collaborate with other health professionals, and train in empirically supported treatments. Practicum students are valued members of the treatment team, and they become familiar with the relevant clinical and research literature. Related training goals involve understanding the role of cognitive vulnerability factors in the psychological treatment of the disorder.

In addition to offering clinical services, the Mood and Anxiety Ambulatory Services is an active research centre. Depending on the practicum student's interests and experience, opportunities to participate in clinical research projects may be available as time permits.

The placement will likely be hybrid of in person and virtual, and is for PhD level practicum placements.

Work, Stress and Health (WSH)

Supervisors: Niki Fitzgerald, Ph.D., C. Psych.

^{*} Both Summer 2024 and Fall/Winter 2024-2025 placements are available. Placements will likely be hybrid with a combination of virtual and in person.

The Work, Stress and Health Program (WSH) is a large multidisciplinary outpatient clinic that provides comprehensive independent assessment and group treatment. The WSH program sees a wide range of diagnostic presentations, but the majority of those assessed suffer PTSD. Common comorbidities include mood disorders, anxiety disorders, and substance use disorders. WSH clients are of diverse ethno racial and cultural backgrounds.

Summer placements will be 3 to 4 days per week and provides students with the opportunity to conduct comprehensive psychodiagnostic assessments for third parties within a civil-legal context. These assessments involve an evaluation of Axis I psychopathology utilizing semi-structured interviews (e.g. SCID, CAPS) and response style (i.e., MMPI-3). Each week, students will conduct one full assessment (including interviewing and reporting writing) with the supervising psychologist as well as conduct and write up the CAPS and MMPI interpretations for at least two other psychology resident led assessments. The assessment service functions within a multidisciplinary team approach and students work closely with the professionals from other mental health disciplines (e.g. psychiatry) in the provision of services.

Fall/Winter placements will be 2 days a week and will provide students with the opportunity to co-lead a Cognitive Processing Therapy group with a psychologist. Group clients are those who have been assessed at WSH and referred internally. The CPT group is 16 weeks at 2 hours per week and all treatment is conducted virtually. Clients also receive an hour with an Occupational Therapist per week to focus on behavioural activation. Students will participate in team meetings with the psychologist and the OT prior to and after the group. Opportunities for biweekly assessments may be available.

Students will receive both individual and group supervision. Psychology trainees at the Doctoral level are welcome to apply, with preference to those with experience in semi-structured interviews, self-report psychometrics, and trauma.

CLINICAL RESEARCH

Supervisor: Lena C. Quilty, Ph.D., C.Psych.

This rotation is conducted in-person in the Mood and Addiction Research Laboratory at the 1025 Queen Street site. The Mood and Addiction Research Laboratory is a dynamic, integrated clinical, research and training setting, conducting a variety of basic clinical research and treatment outcome studies each year. The laboratory provides specialized training in the provision of psychological services as part of applied research protocols, including psychodiagnostic and cognitive assessment, as well as manualized individual psychotherapy. The laboratory conducts several treatment trials every year, frequently involving pharmacotherapy and psychotherapy, such as manualized cognitive behavioural therapy, motivational enhancement, and behavioural activation, for depression and/or substance use disorders. Computer-based cognitive interventions are also frequently a focus of investigation. The laboratory also provides consultation and training to other mental health professionals. Practicum students may be involved in assessment and/or therapy, as determined by student training, experience and interests, as well as current research initiatives and opportunities.

Assessment practicum students receive in-depth training, supervision and experience in psychodiagnostic assessment, such as the *Structured Clinical Interview for DSM-5* (SCID-5). Students also receive training in structured interview, self-report, and performance-based measures of psychopathology, bias and cognition, and in writing integrated reports. Supervision is provided on an individual basis. Training and supervision experience may be available for advanced students. Therapy practicum students receive in-depth training, supervision and experience in the provision of cognitive behavioural therapy or behavioural activation. Supervision is provided on an individual basis. Practicum students will develop specific skills in empirically validated instruments and techniques, as well as general skills in clinical interviewing and decision making and effective communication with other health professionals. Opportunities to participate in research projects are available, based on trainee interest and availability. Practicum placements are primarily in-person.

^{*} Part-time Fall/Winter 2024-2024 placements are available. Practicum placements are in person, with a primary focus on assessment; some therapy, supervision, and research experience is also possible.

COMPLEX CARE AND RECOVERY PROGRAM

Cognitive Behaviour Therapy Service of the Complex Care and Recovery Program

Supervisors: Michael Grossman, Ph.D., C.Psych. Melissa Milanovic, Ph.D., C.Psych.

* Available for Fall/Winter 2024-2025 with placements involving a hybrid of in-person and remote work. Summer only placements are not currently available. Preference for Ph.D. level applicants with familiarity in CBT, although previous training in psychosis is not required.

The primary focus of our service is to facilitate recovery from psychotic disorders by aiding clients in their efforts to gain or regain the valued roles, skills, and supports needed to have fulfilling lives in the community. We offer individual psychotherapy (typically 6 - 9 months in duration) for outpatient clients experiencing psychosis and related comorbidities. We also offer brief individual therapy through the Partial Hospitalization (day hospital) Program and Inpatient Services. There are also numerous opportunities for group therapy with inpatient, day hospital and outpatient populations. Students will receive both individual and group supervision.

Training opportunities in intervention include specialized training in the application of CBT techniques to psychosis (targeting positive symptoms such as delusions and hallucinations, as well as negative symptoms and comorbid symptoms of mood and anxiety) in both individual and group therapy formats. Clients often also suffer from cognitive deficits, low self-esteem and self-stigma related to having a serious and chronic mental illness, all of which may also be addressed in therapy. Therapy will typically integrate elements of metacognitive, DBT, compassion-focused and mindfulness-based approaches. Our portfolio of group therapy interventions includes CBT for psychosis, as well as compassion-focused therapy, DBT skills and CBT treatments for social anxiety and other comorbid disorders of high prevalence amongst individuals with psychosis.

Neuropsychological Assessments & Cognitive Intervention for the Geriatric Mental Health Services
Supervisors: Nina Dopslaff, Neuropsychologist, Dipl. Psych., C. Psych
Sara Pishdadian, Ph.D., C. Psych. (Supervised Practice)

* Available for 2024-2025 Fall/Winter Practicum. This placement is largely in-person. Preference for Ph.D. level applicants with prior neuropsychology testing experience.

Neuropsychological assessment referrals come from CAMH's General Geriatrics Clinic, Memory Clinic and Neuropsychiatry Clinic. In this service, practicum students will gain experience in clinical interviewing, administering and interpreting neuropsychological assessment measures, writing comprehensive assessment reports, and providing feedback to clients, family members, and service providers.

Neuropsychological assessments in this service address referral questions related to differential diagnostic work-ups for neurodegenerative disorders (e.g., mild vs major neurocognitive disorders; neurocognitive vs psychiatric disorder) and establish a detailed cognitive profile to inform treatment

planning. There will also be opportunities to observe or co-facilitate cognitive rehabilitation groups, depending on trainee interest and skill level. Weekly individual supervision meetings will be held with students and there are opportunities to attend a range of clinical rounds and interdisciplinary team meetings.

ADULT NEURODEVELOPMENTAL SERVICES (ANS)

Supervisors: Yona Lunsky, PhD, C. Psych

Alex Porthukaran, PhD, C. Psych (Supervised Practice)

Andjelka Palikucin, MA, C. Psych

The ANS at CAMH works with people (16+) who have a confirmed diagnosis of intellectual disability and/or Autism with mental health concerns.

The role of psychology within Adult Neurodevelopmental Services includes both assessment and therapy. The student would be involved primarily in conducting group and individual therapy, with some opportunity to conduct assessments if required. Our psychodiagnostic assessments are focused on the diagnosis of autism, as well as co-occurring mental health conditions. The groups offered in the program include Cognitive Behavioural Therapy (CBT) groups for autistic adults without ID, with symptoms of anxiety and depression, and group based interventions for parents of adolescents and adults with disabilities (ACT and mindfulness groups). Practicum students will have the opportunity to co-lead the group with staff from psychology and an allied health staff (e.g., occupational therapist, social worker, etc.). Individual therapy clients are often people with intellectual disability or autistic adults referred for a variety of presenting concerns including more severe anxiety or depression, OCD, trauma, anger issues, concerns specific to autism, etc. The primary treatment modality is CBT, but the student will gain exposure to skills from other modalities including ACT and possibly mindfulness-based approaches. The practicum student will work closely with an interdisciplinary team including psychiatrists, social workers, occupational therapists, behavior therapists and others. A successful candidate will have exposure to CBT work through their course work and individual therapy experiences. Although this is primarily an intervention practicum, there are also opportunities to be involved in assessments (including autism assessments using the ADOS).

Supervision includes weekly individual and group supervision, in addition to direct weekly clinical rounds with the larger ANS team.

^{*} Available for 2024-2025 hybrid Fall/Winter Practicum and we may offer a Summer practicum.

FORENSIC PSYCHIATRY DIVISION

The **Forensic Psychiatry Division** was one of the first forensic centres established in Canada and continues to be at the forefront of research and treatment innovations. The **Forensic Psychiatry Division** specializes in the assessment and treatment of individuals who have ongoing involvement with the legal system. There are two forensic rotations available, (1) the Forensic Consultation and Assessment Team (FORCAT), and (2) the Sexual Behaviours Clinic.

Forensic Consultation and Assessment Team (FORCAT)

Supervisor: Emily Cripps, Ph.D., C.Psych.

* Not available for 2024-2025 placements

FORCAT is part of the CAMH Forensic Division of the Complex Care and Recovery Program. Staff at FORCAT are involved in providing specialized forensic assessments and intervention to patients found Not Criminally Responsible on Account of Mental Disorder who are before the Ontario Review Board. Students will have opportunities for group facilitation and individual psychotherapy. Students will be exposed to a range of assessment techniques and measures as well as specific interventions targeting risk, will gain experience in forensic report writing, and will become familiar with standards of forensic practice. Students will have the opportunity to work on in-patient units as well with outpatient clients who are quite diverse ranging from those with extensive criminal histories, intellectual challenges and women to individuals who are of Aboriginal descent or cultural or visible minorities. Additionally, students may have opportunities for providing consultations on risk management to clinical teams across the hospital. Supervision is provided on an individual basis as well as in team meetings and case conferences. The ideal candidate for the Adult Forensic rotation is one with a strong interest in assessment and treatment of clients within a forensic setting and some prior experience with assessment and/or therapy. A FORCAT practicum placement would likely be in person, but could also involve a hybrid of in person and virtual work.

Sexual Behaviours Clinic (SBC)

Supervisors: Ainslie Heasman, Ph.D., C.Psych Sandra Oziel, Ph.D., C.Psych

The Sexual Behaviours Clinic (SBC) is part of the CAMH Forensic Division of the Complex Care & Recovery Program. The SBC outpatient unit specializes in the assessment and treatment of individuals with sexual behaviour problems. Most individuals have engaged in sexual offences and have involvement with the legal system which results in their referral to the SBC, while others have self-identified concerns over sexual behaviour and/or interests that could result in legal involvement if acted upon. An increasing number of non-justice involved individuals with pedophilia and/or hebephilia present to the clinic for treatment through the Talking for Change program.

^{*} Summer and Fall/Winter placements are accepted. Applicants for a Summer rotation should have more training and experience in forensic environments.

Students typically engage in risk, sexological and diagnostic assessments of individuals in an outpatient context, and may also have the opportunity to assess individuals on an inpatient unit for sexual behaviour concerns. While psychological testing is not routinely conducted in these assessments, there is an opportunity for students to incorporate assessment tools on occasion, or assist in a more structured psychological assessment of clients referred by another SBC discipline. Students will learn to become proficient in the scoring of the Static-99R, Stable-2007 and developing case formulations in the context of assessment and treatment. Treatment groups for sexual behaviour problems are provided to outpatient groups and students can participate in co-facilitation. There is an opportunity for individual therapy cases as well, addressing the same presenting sexual behaviour problems. Students will become familiar with the psychological standards involved in forensic assessment and how to work with key stakeholders in the system (i.e. probation).

There may be opportunities to assist in the Talking for Change program (https://TalkingForChange.ca) through provision of anonymous helpline services and/or assessment and psychotherapy with Dr. Heasman. This program is for non-justice involved individuals with a sexual interest in children and/or who are concerned about their risk to offend sexually with children, online or offline.

Supervision is provided on an individual basis, as well as in team meetings and weekly case conferences. Students will also have the opportunity to participate in various departmental and hospital wide seminars.

** Applicants should clearly indicate in their letter whether they are interested in a practicum with Talking for Change specifically and/or the larger SBC service only.

CLINICAL PRACTICUM FACULTY SUPERVISORS

Brendan Andrade, Ph.D., C.Psych., Dalhousie University, 2006. <u>Clinical Interests</u>: assessment and treatment of children and adolescents with disruptive behaviour and associated mental health concerns. Individual, family, and group based cognitive-behavioural intervention. <u>Research Interests</u>: social-cognitive and familial contributions to childhood disruptive and aggressive behaviour, ADHD, peer relationships, and clinic- and community-based prevention and intervention programs for disruptive children.

Michael Grossman, Ph.D., C.Psych., Queen's University, 2018. <u>Clinical and Research Interests</u>: assessment and treatment of individuals with schizophrenia spectrum disorders, with an emphasis on mechanisms of change in Cognitive Behavioural Therapy for psychosis.

Niki Fitzgerald, Ph.D., C. Psych., University of Windsor, 2006. <u>Clinical Interests</u>: assessment and treatment of depression and anxiety-spectrum disorders with a particular interest in PTSD. <u>Research Interests</u>: the role of psychosocial factors on the presentation of depressive, anxiety, and pain disorders.

Teresa Grimbos, Ph.D., C.Psych. University of Toronto, 2014. <u>Research and Clinical Interests</u>: development and treatment of psychopathology in children and adolescents in the context of parent-child dynamics and parent mental health issues; risk factors associated with sexual offending and sexual re-offending in adolescents.

Ainslie Heasman, Ph.D., C.Psych., California School of Professional Psychology, 2005. <u>Clinical Interests:</u> sexological and diagnostic assessment and treatment of adults with atypical sexual interests, sexual behaviour problems, assessment of violence and sexual risk. Individual and group treatment for atypical sexual interests and/or sexually problematic behaviours employing cognitive-behavioural strategies and the Good Lives Model. <u>Research Interests:</u> mandatory reporting, secondary prevention of child sexual abuse.

Yarissa Herman, D.Psych., C.Psych. University of Western Australia, 2010. <u>Clinical and research interests:</u> psychosocial interventions for people with psychosis, with a particular emphasis on motivational interviewing and concurrent disorders.

Liora Keshet, M.A., C.Psych. Assoc., Hebrew University of Jerusalem, 1995. <u>Clinical Interests</u>: assessment and consultation of developmental and learning disabilities in children and adolescents.

Sean Kidd, Ph.D., C.Psych., <u>Clinical Interests</u>: complex trauma, mindfulness, and emotion-focused therapy. <u>Research Interests</u>: examining mechanisms of resilience among marginalized persons and the effectiveness of psychiatric rehabilitation interventions.

Judith M. Laposa, Ph.D., C.Psych., University of British Columbia, 2005. <u>Clinical Interests</u>: assessment; individual and group cognitive therapy for anxiety disorders. <u>Research Interests</u>: measurement and

evaluation of cognitive models of anxiety disorders, and mechanisms in treatment response to cognitive behaviour therapy, with particular interests in PTSD, social phobia, and obsessive-compulsive disorder.

Judith Levy-Ajzenkopf, Ph.D., C.Psych., Concordia University, 2006. <u>Clinical Interests</u>: assessment, individual and group therapy for personality disorders. <u>Research Interests</u>: Program development and evaluation.

Longena Ng, Ph.D., C.Psych., York University, 2010. <u>Clinical and Research Interests:</u> Psychological assessment and cognitive behavioural treatment of PTSD, anxiety disorders, and depression. Program development and evaluation.

Sandra Oziel, Ph.D., C.Psych, Ryerson University, 2016. <u>Clinical Interests:</u> Risk assessments for violent and sexual offending, empathy in sexual offending, and cognitive and behavioural strategies for managing deviant sexual interests. <u>Research Interests: Program evaluation and the use of protective</u> factors in risk assessment.

Sara Pishdadian, Ph.D., C.Psych (Supervised Practice), York University, 2023. <u>Clinical and Research Interests:</u> neuropsychological assessment in psychosis spectrum and neurodegenerative illness, cognitive-behavioural therapy for individuals with psychosis spectrum illness, and cognitive rehabilitation interventions.

Lena C. Quilty, Ph.D. University of Waterloo, <u>Clinical and research interests</u>: include psychological assessment and treatment of mood and anxiety disorders. Research interests include the role of personality and cognition as mediators and moderators of treatment outcome in depression, the hierarchical structure of personality and psychopathology, and the psychometric evaluation of measures of psychopathology and other individual difference variables.

Pushpinder Saini, M.A., C.Psych. Assoc., Delhi University, New Delhi, India, 1998. Clinical Intrests: Clinical Psychology and Clinical Neuropsychology- evaluation and assessment of neurological basis of behavioral, social, emotional difficulties affecting learning in children and adolescents.

Tracey A. Skilling, Ph.D., C.Psych. Queen's University, 2000. Research and Clinical Interests: causes and correlates of serious antisocial behaviour in children and adolescents; treatment program development and evaluation.

Julianne Vandervoort, Psy.D., C.Psych. Université du Québec en Outaouais, 2015. Clinical and research interests: psychological assessment and cognitive behavioural treatment of depression, anxiety, and substance use disorders in adults.

Julia Vinik, Ph.D., C.Psych. University of Toronto, 2014. <u>Clinical and Research Interests</u>: justice involved youth, sexual offending, trauma-informed care, parenting and socialization, value acquisition.

Centre for Addiction and Mental Health

2024-2025 Psychology Practicum Application Form

(Applications are due on or before February 1, 2024)

Name:			
Address			
Telephone			
Date of Birth			
E-Mail Address			
Educational Backgro	ound		
University	Dates of Attendance	Major	Degree Granted or Expected Completion Year
Director of Clinical	Training:		
Address			
Telephone			
E-Mail Address			
Fall-Winter Practicu	m □ Spring-Sumr	ner Practicum \square	

Rankings:

Based on the aforementioned descriptions provided, please rank order of the following rotations you would be interested in participating in (e.g., $1=1^{st}$ choice [most preferred rotation], $2=2^{nd}$ choice, $3=3^{rd}$ choice, etc.).

Please note that there are:

- (1) Child and Youth Track and
- (2) Adult Track

It is possible, but unusual for candidates to have in-depth training in both child and adult work. If you have both, you may rank across Child and Adult tracks. Otherwise, you should rank within one track only.

You do not have to rank as many as 3 services (only rank those in which you are interested), but please do not rank more than 3 choices in total.

CHILD and YOUTH TRACK

Better Behaviours Service

Mood and Anxiety Service – n/a

Psychological Assessment Team for Children and Youth

Youth Justice Assessment Clinic

ADULT TRACK

Addictions and Concurrent Disorders

Adult Neurodevelopmental Service

Borderline Personality Disorder Clinic

Clinical Research

Complex Care and Recovery Program - Cognitive Behaviour Therapy Service

Complex Care and Recovery Program – Neuropsychology Assessments & Cognitive Intervention for the Geriatric Mental Health Services

Forensic Division - Adult Inpatient Service - n/a

Forensic Division - Consultation and Assessment Team - n/a

Forensic Division - Sexual Behaviours Clinic

Integrated Day Treatment Program

Mood and Anxiety Ambulatory Services

Work, Stress, and Health Program