Practicum Program in Psychology

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2015 - 2016
# Practicum Program in Psychology
## 2015-2016 Academic Year

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I INTRODUCTION

About Ontario Shores

Ontario Shores is a leader in mental health care, providing a spectrum of specialized assessment and treatment services for people living with complex mental illness. Patients benefit from a recovery-oriented environment of care, built on compassion, inspiration and hope. Ontario Shores engages in research, education and advocacy initiatives to advance the mental health care system.

Employing over 1,100 staff, Ontario Shores Centre for Mental Health Sciences is accredited by Accreditation Canada; operates with the support of Ministry of Health and Long-Term Care and Local Health Integration Networks (LHINs), and is regulated by the Public Hospitals Act, the Mental Health Act and other provincial and federal legislation.

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

Mission

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

Vision

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

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

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

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

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

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

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

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

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

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

**Breaking Ground**
In the initial building stages, prisoners from nearby Central Prison supplied much of the labour. During later stages of construction, paid labourers and mechanics worked for wages ranging from $0.55 to $1.00 per hour. To ease the transfer of building materials from the local railway station a mile to the north east, workers built a narrow gauge trunk-line across several fields of pasture into the construction site. As it turned out, this trunk-line became an invaluable aid in Whitby’s first construction. From the outset, builders recognized the fact that enormous amounts of sand and gravel would be necessary to make the concrete needed for the foundations of buildings. During the initial stages of construction they discovered a method of mechanically scooping this sand and gravel out of the Whitby Harbour and, by using the rail system, they were able to transport it easily from the shore to the sand-sifter where it was drained, sifted and mixed with cement to make concrete. Many of the necessities needed for building were taken care of right on the grounds. For instance, an on-site lumber mill turned out hundreds of windows and doors needed to meet the hospital’s wood-work requirements, and an on-site farm, operated by government workers, provided all the meat, vegetables and milk necessary to feed construction workers. Later on, this same farm was operated by staff and patients, and provided supplies for the hospital population - a practice that continued well into the 1960s.

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

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

**A New Building**
Construction of the new facility began in 1993 and was completed three years later. The initiatives included not only a new 483,000 sq. ft. state-of-the-art mental health facility but also significant investments in new acute care mental health beds in general hospitals and community mental health services throughout the hospital's primary service area. The new facility was the first new mental health facility built in Canada in over twenty-five years. Designed by a consortium of three architectural firms, Crang and Boake/Cannon/Moffat Kinoshita, and built by Ellis-Don Construction, the new hospital reflected a residential style building concept and a philosophy of providing mental health services in a humane, safe and therapeutic environment. The project was managed by the Ontario Realty Corporation. The facility has received three international design awards from: 1) Modern Healthcare and the American Institute of Architects (1995), 2) American Institute of Architects New England (1994) and 3) The Boston Society of Architects (1994).

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

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

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

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

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

**Meaning of the Ontario Shores Brand**

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

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

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

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

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

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

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

Interesting Historical Facts about Whitby¹:

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

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

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

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

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

¹¹ Please note that the information on the town of Whitby was taken from Wikipedia.
Map and Directions to Ontario Shores

Directions from Highway 401:
- Exit at Brock Street/Hwy 12 (exit no. 410) in Whitby (Note: If coming from Toronto, do not exit at Brock Road in Pickering)
- Turn south (left) onto Brock Street.
- Turn west (right) at the next signal lights onto Victoria Street and travel west to the second set of lights. You will go past the Station Art Gallery and the Iroquois Sports Park Centre.
- Turn south (left) on Gordon Street at the Hospital (Lakeridge & Ontario Shores) signs – continue past Lakeridge Health Whitby.
- Turn west (right) at the Ontario Shores sign. Continue on this road and turn into one of the three parking lots shown below.

Directions from Whitby GO Station:
- Via Town of Whitby bus: Take Route #2 bus
- Via Car: Turn south onto Brock Street, Henry Street or Victoria Street and follow the instructions above.
II Overview of the Program

Training Philosophy and Goals

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

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

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

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

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

5. **Cultural Diversity** - Practicum students are exposed to patients and staff from diverse cultural backgrounds. Training focuses on becoming aware and sensitive to cultural and individual differences in the context of their work as psychologists.
6. **Professional Development** - Educational events at Ontario Shores are held on a regular basis and practicum students are invited to attend. Listings of educational opportunities include psychology seminars, grand rounds, forensic topics, and research seminars are distributed through Ontario Shores’ E-weekly updates. Practicum students are expected to participate in active learning by conducting and attending presentations and seminars, as well as keeping abreast of current literature. Practicum students are to present a case study, prepare a journal for the journal club, and/or present their own research findings at psychology seminar meetings.

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

8. **Supervision and Evaluation** - Supervision is provided by staff who are licensed to provide psychology services in the province of Ontario. Supervision is structured in order to meet the practicum student’s level of competence. Supervision activities are individualized to each practicum student’s specific training needs and entry-level skills. As practicum students’ competence increases, supervision becomes more consultative and collaborative in nature. Practicum students are evaluated on their progress at intervals of three months, six months and twelve months.

**Structure of the Program**

The practicum program at Ontario Shores includes either one rotation over the course of the academic year of roughly two days a week or a four-month full-time rotation, for a minimum of 600 hours.

At the time of application practicum students are expected to indicate their interest in rotations. Every reasonable effort is made to assign students to a rotation of choice. However, this is not always possible due to student’s interest and/or the need to ensure a broad-based clinical experience, and supervisor availability.

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

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

- Students may develop competence in conducting comprehensive intake/diagnostic interviews. This includes obtaining comprehensive developmental histories, including both structured (e.g., SCID), semi-structured, and unstructured clinical interviews, and may include conducting family/parental
interviews/assessments where appropriate.

- Students may develop competence in administering, scoring, and interpreting psychometric measures to assess behaviour, personality and social-emotional (e.g., MMPI-2-RF, PAI, MCMI-III) functioning. This may also include developing skills in using both objective and projective (e.g., Rorschach, TAT) assessment instruments.

- Students may develop competence in the administration and interpretation of standardized psychometric measures of cognitive/executive (e.g., WAIS-IV, WISC, D-KEFS) functioning and academic achievement (e.g., WIAT and WRAT). For students selecting a neuropsychological rotation, more specified exposure to a range of neuropsychological measures will be provided.

- Students may develop competence in providing feedback, both oral and written, to patients, families, referring agents, community agencies, and members of interdisciplinry treatment teams.

- Students may develop competence in independently planning and implementing comprehensive psychological/neuropsychological assessments that take into consideration relevant medical, developmental and social-contextual factors.

- For those selecting a forensic rotation, students can be expected to demonstrate proficiency in conducting, scoring and interpreting empirically supported risk assessment measures as well as those based on structured clinical judgement (e.g., HCR-20). Students must demonstrate a solid understanding of static and dynamic risk factors, and be able to develop comprehensive treatment recommendations based upon assessment outcome.

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

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

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

- Students may gain experience in conducting group based psychotherapeutic interventions with the patient population consistent with their chosen rotation. This may include process-oriented groups, structured behaviour and/or cognitive-behavioural interventions and skills-training groups.

- Students may develop competence in conducting family-based interventions. This may take the form of psychotherapy or consultation, depending on the training track.

- Students may develop competence in planning, implementing and monitoring interventions that take into consideration developmental, medical and socio-contextual factors. Practicum students may develop competence in evaluating treatment needs, therapeutic effectiveness and treatment process.

- Students will develop an awareness of client and therapist factors that affect treatment effectiveness.
Didactic Educational Experiences

Practicum students spend at least one hour per week in didactic activities. There are many educational opportunities for students at Ontario Shores, both psychologically focused and interdisciplinary in nature. Aside from weekly supervision, students participate in weekly didactic seminars designed for psychologists, including journal club discussions, case presentations, and professional development. The topics are founded in current clinical and research driven material related to professional issues, ethical dilemmas, psychodiagnostics, psychotherapy, and rehabilitation. Each student is expected to give one clinical and one research related presentation. Additionally, grand rounds occur on a weekly basis focusing on a variety of clinical and research topics related to mental health. Practicum students are supported in their participation of professional development activities including professional lectures, workshops, seminars, as well as internal and external conferences.

Supervision and Evaluation

Each practicum student is assigned to at least one supervisor, who is a registered psychologist with the College of Psychologists of Ontario. At the beginning of the practicum, the student and their advisor set individualized written goals and objectives. Students are to meet with their supervisor for a minimum of one hour of supervision per week. Supervision can include discussion of clinical cases, professional development, observing and being observed while providing clinical services, and formal case presentations. Styles of supervision may vary and the practicum student can expect to learn from modeling, observation, feedback, directed readings, ethical training, and professional mentorship. Practicum students are assigned a supervisor based on their expression of interest and availability of the supervisor. Supervision may be provided in individual and/or group formats, in addition to attending weekly interdisciplinary team meetings and case conferences.

Practicum students receive formal written evaluations three times during their practicum. Supervisors also meet with the Practicum Coordinator at these periods of evaluation to discuss the student’s progress, educational experience, caseload, ongoing professional development, and to review student’s evaluation.
Due Process

Due Process ensures that decisions made by programs about practicum students are not arbitrary or personally-based, requires that programs identify specific evaluative procedures which are applied to all practicum students, and have appropriate appeal procedures available to the practicum student so he/she may challenge the program's action.

General guidelines include:

1. Presenting practicum students with written documentation of the program’s expectations related to professional functioning (code of conduct, behaviour, other)
2. Stipulating the procedure for evaluation, including when and how evaluations will be conducted (such evaluations should occur at meaningful intervals – at least one month following imposed sanctions)
3. Articulating the various procedures and actions involved in making decisions regarding problem, communication, early and often with graduate programs about how to address such difficulties
4. Instituting, with the input and knowledge of the graduate program, a remediation plan for identified inadequacies, including a time frame for expected remediation and consequences of not rectifying the inadequacies
5. Providing a written procedure to the practicum student which describes how the student may appeal the program’s action
6. Ensure that the student has sufficient time to respond to any action taken by the program.
7. Supervisor to document, in writing, and to all relevant parties, the action taken by the program and its rationale

Parking

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

Work Environment

Practicum students are provided office space, phone extensions, computers with internet access, and various hospital and library resources.
III Overview of Clinical Rotations

The following clinical rotations are offered to students:

1. **General Adult Track**
   Primary Supervisor: Dr. Susan Vettor

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

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

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

   (c) **Psychiatric Rehabilitation A (PRA)**
   PRA provides longer term stabilization and treatment. Staff assists in developing goal-oriented recovery plans that allow patients to reintegrate into the community.

   (d) **Psychiatric Rehabilitation B (PRB)**
   PRB is a unit that provides longer term stabilization for patients who face major barriers to community living and who require ongoing support and rehabilitation services. Interventions are aimed at improving the social and personal skills needed for adaptive community living.

2. **The Forensic Program:**
   Primary Supervisors: Dr. Joanne Coutts, Dr. Justine Joseph, Dr. Marc Levi, Dr. Lisa Marshall, Dr. Erica Martin, Dr. Krystle Martin, Dr. Andrea Gibas

   Other Psychology Staff: Shelley McAllister

   The Forensic Program at Ontario Shores provides interdisciplinary assessment, treatment, rehabilitation and community reintegration services to patients with complex mental illness who have come into contact with the criminal justice system. With individual recovery plans, patients
can progress to a less restrictive environment and return to the community at the most independent level possible given public safety considerations and the limits of their defined Ontario Review Board (ORB) dispositions. In addition, the Forensic Program provides consultation, education and research services to Ontario Shores, its community partners and the broader mental health community on request.

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

The Forensic Program offers a Forensic Outpatient Service (FOS) as well as a General and Secure forensic service comprised of six Patient Care Units:

**Secure Forensic Service Units:**
- Forensic Assessment Unit (FAU)
- Forensic Assessment and Rehabilitation Unit (FARU)
- Forensic Rehabilitation Unit (FRU)

**General Forensic Service Units:**
- Forensic Psychiatric Rehabilitation Unit (FPRU)
- Forensic Transitional Unit (FTU)
- Forensic Community Reintegration Unit (FCRU)

3. **Geriatric and Neuropsychiatry Program:**
   Primary Supervisor: Dr. Rosa Ip (Neuropsychiatry)
   Other Psychology Staff: Cheryl Young

   (a) **Geriatric Dementia Unit (GDU)**
   The GDU provides specialized services to meet the mental health needs of individuals 65 years of age and older with dementia who have challenging behaviours. Behaviour management strategies and pharmacotherapy are used to achieve reintegration into the community or long-term care.

   (b) **Geriatric Psychiatry Unit (GPU)**
   The GPU provides specialized services to meet the complex mental health needs of seniors 65 years of age and older with serious mental illness, including those who have been resistant to treatment. GPU uses a blended approach of behaviour therapy and pharmacotherapy to address the assessment, diagnostic, treatment and transitional care needs of the patient into the community or long-term care.

   (c) **Geriatric Memory Clinic**
   The Memory Clinic in partnership with the University Health Network is a multispecialty assessment service dedicated to the early diagnosis and treatment of dementia. The clinic
provides: Comprehensive multispecialty assessment of dementia; Diagnosis information for the patients and their caregivers; early psychosocial intervention; and, Links to appropriate community support services.

(d) Geriatric Mood Clinic
The Geriatric Mood Clinic at Ontario Shores Centre for Mental Health Sciences (Ontario Shores) is dedicated to the assessment, diagnosis and treatment of individuals with depression and anxiety, especially those who suffer from severe mood disorders and show resistance to treatment. An interprofessional healthcare team provides expertise in the field of memory and mood disorders. Services include comprehensive interprofessional assessment of depression and/or memory disorders, neuropsychological assessment, cognitive-behavioural group therapy (provided by psychiatrist), ongoing support and education for patients and families, and referral to appropriate community support services. There are currently no opportunities for psychotherapy on this rotation.

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

(f) Neuropsychiatry Outpatient Services
The program provides specialized assessment, consultation, treatment, rehabilitation and behavioural programming for individuals 18 to 65 years of age who have a mental health concern, a brain injury or disorder (including Huntington Disease) and who have a cognitive and/or behavioural challenge.

4. Integrated Community Access Program (ICAP – Outpatient Services):
Primary Supervisor: Dr. Shannon Robinson

Teams within ICAP are concurrent capable and are comprised of members such as: Psychiatrists, Psychologists, Registered Nurses, Social Workers, Rehabilitation (Behaviour) Therapists, an Addictions Specialist, Transitional Case Managers, and a Nurse Practitioner. There are two primary rotations within ICAP: The Borderline Personality Self-Regulation Clinic and the Traumatic Stress Clinic. A rotation within the Borderline Personality Self-Regulation may also include additional training through assessments in Women’s Service, Mood & Anxiety Service, Complex General Psychiatry Service and Psychosis Service.

A) Borderline Personality Self-Regulation Clinic
Using Dialectical Behavior Therapy (DBT) this program serves individuals, 18 years of age and older, who have been diagnosed with Borderline Personality Disorder and are experiencing difficulties managing their symptoms. The goals of this 1 year, twice weekly program includes: reducing symptomatology, maladaptive behaviours, and current psychological distress associated with BPD, decreasing frequency of admissions to in-patient units and ER visits, decreasing length of stay in in-patient services, increasing coping skills, and improving quality of life for individuals who have been diagnosed with having BPD. Psychology offers individual and group psychotherapy (DBT), psychological consultations and assessments (psychodiagnostic, cognitive, personality, trauma), and program evaluation/ research opportunities.
(i) **Women’s Service**
A multidisciplinary team provides focused consultations and time limited service (up to six months) to women, diagnosed with an axis I diagnosis and requiring support with one of the following: Family planning, Pregnancy, Child rearing, Post-Partum Psychosis, Post-Partum Depression, PMS, Menopause, Medication induced hormonal changes. Psychology offers individual and/or group psychotherapy, psychological consultations, and psychological assessments (psychodiagnostic, cognitive, personality, trauma).

(ii) **Mood and Anxiety Service**
A multidisciplinary team provides a flexible out-patient service tailored to the individual needs of persons 18-65 years of age diagnosed with a mood or anxiety disorder. Individuals may demonstrate evidence of refractory to treatment illness and persistence of illness (present greater than six months) as well as evidence of impaired functional ability. Consultation and shared care services are also available. Psychology serves an important role within this team by providing psychological consultations, assessments (psychodiagnostic, cognitive, personality, trauma) and individual and/or group psychotherapy when appropriate.

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

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

**B) The Traumatic Stress Clinic**
The Traumatic Stress Clinic provides specialized treatment and medication support, to individual 18 years of age or older who have experienced or witnessed trauma and are experiencing lasting symptoms with significant impairment in emotional, physical, social, vocational and relational functioning. The clinic seeks to provide a safe and respectful environment where the treatment team works in partnership with the client to teach the skills and process emotions to regain control of their life. Services include: an initial assessment to determine suitability for the clinic; trauma focused therapy (Cognitive Processing Therapy); psychiatric consults and medication management. Psychology Interns working within the clinic
provide trauma-focused assessments and triage clients; conduct a manualized treatment protocol; work within a multidisciplinary team; as well as, co-facilitate psychoeducation and skills training groups.

5. **Adolescents**  
Primary Supervisor: Dr. Nadia T. D'Iuso, Dr. Kofi Belfon

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

(a) **Adolescent Out-Patient Service (AOP):**  
The AOP service provides both direct service to youth with mental illness and consultation to community agencies, schools, group homes and other community resources. When working with youth, staff meet with patients onsite and/or in the community according the treatment plan objectives. Services provided include psychiatric assessment and follow-up, psychological assessment and individual and family therapy and group interventions. Services are provided to adolescents 12 to 18 with bridge services to adult programs.

(b) **Adolescent Inpatient**  
This unit offers adolescents both individual and group psychotherapy as well as psycho-diagnostic assessments to clarify their diagnosis. Students will have the opportunity to co-facilitate CBT and DBT groups for mood and anxiety, as well as groups that focus on assertiveness and social skills training. Students will also have the opportunity to gain assessment experience on a wide battery of clinical and cognitive assessments.
IV Application Process

Prerequisites

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

Application Procedure Checklist

Applications for Ontario Shores Practicum Program in Psychology must include:

- Ontario Shores-specific application form
- Cover letter stating areas of interest and goals
- Curriculum Vitae
- Graduate transcript (unofficial transcripts are acceptable)
- Two Letters of Reference (originals received in signed/sealed envelope)

Please direct completed applications or inquiries to:
Tina Powers, Leader, Education & Student Affairs
Ontario Shores Centre for Mental Health Sciences
700 Gordon Street (7-2078)
Whitby, ON L1N 5S9
Phone: 905-430-4055 Ext. 6704 or 800-341-6321 Ext. 6704 Fax: 905-665-2458
Email: powerst@ontarioshores.ca

Completed applications should be received no later than February 1. However, late applications may be accepted if spots are still available. We abide by the GTA/Ontario-wide practicum notification procedures.

Interview and Selection Procedures

Candidates who have been selected for an interview will be notified within four weeks of application deadline. The applicant will meet with a potential supervisor. Details of the interview day will be distributed to individuals selected to attend.

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

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

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

Acceptance and Practicum Checklist

Acceptance

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

Checklist of Items Required Once Accepted Into the Program

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

- Original copy of the Criminal Record Check (CPIC) including vulnerable sector screening. The CPIC must be no older than six months prior to placement. Failure to present your CPIC could result in a delay in the start date of your practicum placement. Please note: It can take anywhere from 4-12 weeks to obtain the CPIC from your local police department.

- Applicant must be up-to-date with their immunizations (Hep B, measles, mumps, rubella, varicella immune status. TB results (2-step and yearly); if positive, a chest xray result within the last two years and an actual measurement of positive TB skin test recorded. The university keeps record of your immunizations.

- WEA form (Workplace Education Agreement; available from your university).

- Affiliation agreement between university and Ontario Shores, and Certificate of Insurance must be in place prior to placement.
The Clinical Psychology Internship Program at Ontario Shores Centre for Mental Health Sciences is fully accredited by the Canadian Psychological Association (through to the 2015 – 2016 training year). The program is also a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and the Canadian Council of Professional Psychology Programs (CCPPP).

For more information on our accreditation status:
The Canadian Psychological Association
141 Laurier Avenue West, Suite 702
Ottawa ON K1P 5J3

Tel: 1-888-472-0657
Web: www.cpa.ca/accreditation
VI Psychology Faculty and Supervisors

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

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

**IP, Dr. Rosa**

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


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


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**JOSEPH, Dr. Justine**

Dr. Justine Joseph completed her Ph.D. in Clinical Psychology at the University of Windsor and is a licensed clinical psychologist with the College of Psychologists of Ontario. Dr. Joseph is currently a psychologist with the Forensic Program at the Ontario Shores Centre for Mental Health Sciences, specializing in conducting assessments for the purpose of diagnostic clarification, the detection of malingering, and the evaluation of personality functioning as well as providing individual treatment for a range of clinical issues including mood disorders, anxiety disorders, and criminogenic concerns (e.g., anger, substance abuse) using cognitive behavioural and experiential therapy interventions. Prior to joining Ontario Shores, Dr. Joseph worked in private practice primarily conducting independent psycholegal and personal injury assessments, individual therapy for adult clientele, and consultation for capacity-building initiatives in local and global mental health contexts. Her research interests include: multicultural issues in assessment and treatment; pathways to mental health care for immigrant, refugee, and ethnoracial communities in Canada; and the assessment of personality functioning in forensic populations.


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


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


**MARTIN, Dr. Erica**

Dr. Erica Martin is a licensed Psychologist, registered with the College of Psychologists of Ontario. She received her Ph.D. in Clinical Psychology from York University in 2012. She came to Ontario Shores in 2010 as a psychology intern, working in both on forensic and neuropsychiatry units. Currently, Dr. Martin works in the Forensic Program, on a medium security rehabilitation and forensic assessment unit, conducting risk assessments, cognitive/personality/diagnostic assessments, and individual and group therapy. Prior to joining Ontario Shores, Dr. Martin worked in private practice and at CAMH in the Workplace Stress and Mental Health Program. Through her graduate school career, she also gained experience in neuropsychology clinics at Toronto East General Hospital and Sunnybrook, and also worked in the Sexual Behaviors Clinic at CAMH in the Law and Mental Health Program. Her current research interests include the effectiveness of group CBT for Psychosis in an inpatient setting, and differences across disciplines in decision-making regarding patient movement through the forensic mental health system.

MARTIN, Dr. Krystle
Dr. Krystle Martin is a licensed psychologist with the College of Psychologists of Ontario. She obtained her Ph.D. in Counseling Psychology from the Ontario Institute for Studies in Education at the University of Toronto (OISE/UT) in 2012. She completed her pre-doctoral internship at the Centre for Addiction and Mental Health (CAMH) in the Sexual Behaviours Clinic and the Borderline Personality Disorder Clinic. Currently, Dr. Martin works in the Forensic Program at Ontario Shores on the Forensic Psychological Rehabilitation Unit (FPRU). Her research interests include dynamic risk assessment, psychopathy, and how beliefs about the future among criminal offenders and forensic patients are related to risk for reoffending.


McALISTER, Shelley
Shelley McAlister received a Master of Arts in Counselling Psychology from Yorkville University in 2014. She was employed at Kingston Psychiatric Hospital from 1983 to 1997 following the completion of a B.Sc. in Psychology at the University of Toronto. As a Psychometrist on the Rehabilitation and Assessment Units she provided assessment as well as individual and group therapy services under the supervision of a registered psychologist. She was also involved in the development of a new program for long-term inpatients. As a member of an Assertive Community Treatment Team, she later provided support services to these patients as they transitioned from an inpatient unit to community living. Ms. McAlister joined the staff on the Forensic Assessment Unit at Ontario Shores when it opened in 1997. She conducts psychological assessments for patients referred by the Courts for fitness and criminal responsibility assessments, risk assessments for patients under the Ontario Review Board and individual and group therapy under the supervision of a registered psychologist.

ROBINSON, Dr. Shannon
Dr. Shannon Robinson earned her Ph.D. in Counseling Psychology from Psychology Specialists from OISE (University of Toronto) in 2007. She is a licensed Psychologist registered with the College of Psychologists of Ontario, with a focus on Clinical and Counseling Psychology. Before joining Ontario Shores, Dr. Robinson gained many years of experience providing assessment and treatment in both clinical and counseling settings. Currently, Dr. Robinson provides diagnostic clarification and treatment (individual and group therapy) to patients in the Outpatient Program at Ontario Shores. Dr. Robinson’s research
interests have included exploring the comorbidity between eating and substance use disorders. Her current clinical focus is on both the development of standardized assessment protocols and the design and implementation of evidenced-based treatment programs (including CBT, DBT and MI) for individuals with severe Axis I disorders and/or personality disorders.


**VETTOR, Dr. Susan**

Dr. Susan Vettor received her Ph.D. in Counseling Psychology from Andrews University in 2002. She is a licensed psychologist registered with the College of Psychologists of Ontario with a focus on clinical and counseling psychology. Prior to joining Ontario Shores, Dr. Vettor was employed at Mohave Mental Health Centre from 2001 to 2003 where she provided both group and individual psychotherapy for patients deemed as having a serious mental illness. At present, Dr. Vettor works in the Assessment and Reintegration Program which encompasses four inpatient units (ASU, PRA, PRB and YATS) where she provides individual therapy and conducts assessments for diagnostic clarification and cognitive functioning. Her clinical interests include conversion disorder, the recovery model and cognitive behavioural treatment approaches. Dr. Vettor is the Internship Coordinator.


**Young, Cheryl**

Cheryl Young received her Master’s in Applied Psychology Degree from Laurentian University in 2014. She completed an Honour’s Bachelor of Arts degree in Psychology, graduating from York University in 2011. During that time, she has worked as a psychometrist on several research projects. She was involved in a joint research study with the Baycrest Rotman Research Institute and York University in 2010-2011. She worked as a psychometrist on another project in 2012, examining the impact of shared book reading on children. In her current position at Ontario Shores, she works in the outpatient Memory Clinic, conducting memory-based assessments under the supervision of a registered psychologist.