Predoctoral Internship Program in Psychology

Internship Coordinator: Susan Vettor, Ph.D., C.Psych.

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I INTRODUCTION

About Ontario Shores

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

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

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

Mission

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

Vision

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

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

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

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

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

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

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

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

We are a **Community** - we work together as a team in partnership with families, providers and the public, 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 leased 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 Whitby:

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

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

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

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

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

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

Training Philosophy and Goals

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

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

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

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

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

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

6. **Professional Development** - Educational events at Ontario Shores are held on a regular basis and interns are invited required to attend. Listings of educational opportunities include psychology
seminars, grand rounds, and research seminars are distributed through Ontario Shores’ E-weekly updates. Interns are expected to participate in active learning by conducting and attending presentations and seminars, as well as keeping abreast of current literature. Interns are required to present two case studies, in addition to presenting their own research findings or another relevant topic at grand rounds. Interns also attend the GTA joint intern seminar series, which are held at different internship sites across the GTA.

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

8. **Supervision and Evaluation** - Supervision is provided by staff who are licensed to provide psychology services in the province of Ontario. As indicated in the CPA guidelines, a minimum of four hours of individual supervision per week is provided to interns by licensed staff psychologists. Supervision is structured in order to meet the intern’s level of competence. Supervision activities are individualized to each intern’s specific training needs and entry-level skills. As each intern’s competence increases, supervision becomes more consultative and collaborative in nature. Interns are evaluated on their progress at intervals of three, six and 12 months.

9. **Development of Supervisory Skills** - Interns may have the opportunity to provide supervision to psychology practicum students within Ontario Shores. Internship supervisors provide supervision to interns who supervise practicum students. Additionally, interns gain knowledge of the literature that is available on supervision through readings.

**Structure of the Program**

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

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

- Interns may develop competence in conducting comprehensive intake/diagnostic interviews. This includes obtaining comprehensive developmental histories, including both structured (e.g., SCID, PANSS), and semi-structured clinical interviews, and may include conducting family/parental interviews/assessments where appropriate.
- Interns may develop competence in administering, scoring, and interpreting psychometric measures to assess behaviour, personality, and social-emotional (e.g., MMPI-2-RF, PAI, MCMI-IV) functioning.
- Interns may develop competence in the administration and interpretation of standardized psychometric measures of cognitive/executive functioning (e.g., WAIS-IV, WISC-5, D-KEFS) and academic achievement (e.g., WIAT-III and WRAT5). For interns selecting a neuropsychological rotation, more specified exposure to a range of neuropsychological measures will be provided.
- Interns may develop competence in providing feedback, both oral and written, to patients, families, referring agents, community agencies, and members of interdisciplinary treatment teams.
- Interns may develop competence in independently planning and implementing comprehensive psychological/neuropsychological assessments that take into consideration relevant medical, developmental, and social-contextual factors.
- For those selecting a forensic rotation, interns can be expected to demonstrate proficiency in conducting, scoring, and interpreting empirically-based risk assessment measures as well as those based on structured clinical judgement (e.g., HCR-20). Interns must demonstrate a solid understanding of static and dynamic risk factors, and be able to develop comprehensive treatment recommendations based upon assessment outcome.

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

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

- Interns may develop competence in conducting individual therapy with the patient population consistent with their chosen rotation. Depending upon the theoretical orientation of both intern and supervisor, this may include development of skills in behavioural or cognitive/behavioural interventions, emotion-focused therapy, psychodynamic therapy, or interpersonal approaches.
- Interns may gain experience in conducting group-based psychotherapeutic interventions with the patient population consistent with their chosen rotation. This may include process-oriented groups, structured behaviour and/or cognitive-behavioural interventions, and skills-training groups.
- Interns may develop competence in conducting family-based interventions. This may take the form of psychotherapy or consultation, depending on the training track.
- Interns may develop competence in planning, implementing, and monitoring interventions that take into developmental, medical, and socio-contextual factors. Interns may develop competence in evaluating treatment needs, therapeutic effectiveness, and treatment process.
- Interns will develop an awareness of client and therapist factors that affect treatment effectiveness.
Didactic Educational Experiences

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

Seminar Series

Monthly seminars are provided by psychology staff at Ontario Shores. Through these seminars, interns gain familiarity with the various areas psychologists work in at Ontario Shores, even if they are not in contact with them during their assigned rotations. These seminars are structured to provide information relevant to assessment and treatment issues as well as to enhance the professional functioning of interns. The Seminar Series includes topics such as professional development, ethics, assessing for risk, evidence-based treatment interventions, neuropsychology, and a range of interests by psychologists at Ontario Shores.

GTA Joint Intern Seminar Series

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

Clinical Case Presentations

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

Grand Rounds

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

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

Supervision can include discussion of clinical cases, professional development, observing and being observed while providing clinical services, and formal case presentations. Styles of supervision may vary and interns can expect to learn from modeling, observation, feedback, directed readings, ethical training, and professional mentorship. Supervision may be provided in individual and/or group formats, in addition to attending weekly interdisciplinary team meetings and case conferences.

Interns receive formal written evaluations over the course of the year at three, six, and 12-month intervals. Feedback about intern progress is also communicated to the intern’s respective university Director of Training twice over the course of the year through a summative evaluation report at the six- and 12-month mark. Input from interns is highly valued in our training program; interns are asked to formally evaluate their supervisor at the three, six- and 12-month marks and evaluate the training program at the six- and 12-month marks.

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

Research and Program Evaluation

There is an expectation that interns will participate in both program evaluation and research during their internship year.

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

Program Evaluation
Interns are expected to conduct a program evaluation over the course of the year.
**Sample of a Typical Week**

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

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

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<td>Forensic Program</td>
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**Intern B – Two Rotations within the Forensic Program**

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Minimal Standards for the Successful Completion of the Internship

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

In order to successfully complete an internship at Ontario Shores interns are expected to:

1. Manage a caseload of approximately five individual therapy cases per rotation, and co-facilitate psychotherapy groups. The expectation is that interns will spend at least 25% of their time in direct client contact.

2. Complete a minimum of four comprehensive assessments per rotation.

3. Present at hospital Grand Rounds.

4. Present two clinical cases to the psychology council.

5. Conduct a program evaluation.

6. Participate in a research project.

7. When possible, interns will provide supervision to a practicum student and/or engage in a consultation group.

Due Process

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

General guidelines include:

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

III Stipend and Benefits

Stipend

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

Benefits

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

Parking

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

Work Environment

Interns will share an office space, have their own phone extensions, laptops with internet access, and access to various hospital and library resources.
Accessibility

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

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

IV Overview of Clinical Rotations

The following clinical rotations are offered to interns:

1. General Adult Track
   Primary Supervisors: Dr. Susan Vettor
   Other Psychology Staff: Dr. Jane Mizevich

   The general adult track offers a unique training opportunity for students who are interested in gaining experience working with individuals with severe and persistent mental illness. Units within this program provide a safe and recovery-focused environment in which patients, family, staff, and community organizations work together to provide short-term crisis intervention, stabilization, and treatment. Individualized treatment plans are developed in partnership with patients, the treatment team, families, and other organizations. The aim is to achieve rapid stabilization of mental health symptoms and to promote successful and timely transition back to community living.

   Interns will work across three units which are comprised of 81 inpatient beds, including 10 psychiatric intensive care beds. Interns receive intensive training with administering, interpreting, and writing comprehensive psychological reports along with the opportunity to provide feedback to clients, family members, and staff. Assessments primarily address questions related to diagnostic clarification, co-morbidity, intellectual functioning, and how such may impact community living. Additionally, interns carry an individual therapy caseload and may have the opportunity to co-facilitate groups. Interns are expected to attend interprofessional clinical rounds on the various units.

2. The Forensic Program:
   Primary Supervisors: Dr. Andrea Gibas, Dr. Laura Leong, Dr. Marc Levi, & Dr. Nicole Marshall
   Other Psychology Staff: Dr. Jeanine Lane & Cheryl Young

   The Forensic Program at Ontario Shores offers both clinical and forensic rotations. While interns will primarily work on the service of their supervisor, they will also work with patients across medium and minimum secure inpatient units along with the forensic outpatient services. Applicants are encouraged to identify their interest in the forensic program in their cover letter. Attempts
will be made to accommodate specific interests regarding service and either clinical or forensic
assessment/treatment.

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

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

3. **Outpatient Services:**

Teams within the outpatient department are concurrent capable and are comprised of members
such as: Psychiatrists, Psychologists, Registered Psychotherapists, Registered Nurses, Social
Workers, Rehabilitation (Behaviour) Therapists, an Addictions Specialist, Transitional Case
Managers, and a Nurse Practitioner. Please note that within our outpatient services there are two
potential rotations: (A) Outpatient General Adult Track and (B) Borderline Self-Regulation &
Traumatic Stress Clinic. If you are interested in any of these rotations please indicate your specific
preference(s) in your cover letter.

A. **Outpatient General Adult Track**
   Supervisor: Dr. Natalie Vilhena-Churchill

The majority of clinical work within this track will focus primarily within the Complex Anxiety
Mood Disorders Service, and Complex Psychosis Service. However, interns at some point may
work on any of the services listed below:

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

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

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

- **Shoppers Love. You. Women’s Clinic**
  A multidisciplinary team provides focused consultations and time limited service (up to one year) to women requiring support with peri-natal and post-partum mood disturbances. Psychology offers individual psychotherapy, psychological consultations, program evaluation, and psychological assessments (psychodiagnostic, cognitive, personality, trauma).

**B. Borderline Personality Self-Regulation Clinic & Traumatic Stress Clinic Track**

**Supervisor:** Dr. Lorraine Patterson

Clinical work within this track encompasses two services. Interns working on this track will be given referrals from both services.

- **Borderline Personality Self-Regulation Clinic**
  The Borderline Personality Self-Regulation Clinic (BPSRC) is intended for individuals 18 years of age and older who have been diagnosed with Borderline Personality Disorder (BPD) and who are experiencing significant difficulties managing the symptoms associated with BPD. Our clinic uses Dialectical Behavior Therapy (DBT) as the primary mode of intervention, and service delivery is adherent to the main practices and principles of DBT, as defined by Dr. Marsha Linehan.

  Similar to other outpatient clinics at Ontario Shores, the BPSRC employs an intra-professional
team approach, and the clinic is staffed by a range of disciplines including psychology, psychiatry, social work, nursing, psychotherapy, and occupational therapy. Programming within our clinic focuses primarily on Stage 1 DBT treatment. As such, stabilization is the main objective and DBT is used to decrease patients' severe dyscontrolled behaviors and increase their use of DBT skills. Throughout the course of the rotation, interns can expect to participate in various clinical and professional opportunities relevant to a psychologist-in-training, including: conducting clinical assessments to evaluate and facilitate patients' readiness for treatment; providing DBT (in both 1:1 and group formats); participating in weekly DBT Consultation meetings, and; providing consultation services to other BPSRC clinicians and the wider Ontario Shores community, as needed. Opportunities to complete diagnostic assessments also may be available. However, applications interested in this rotation should keep in mind that this a treatment-focused rotation, meaning that about 80% of clinical contact hours will be devoted to tasks relevant to the delivery of DBT. Over the course of this rotation interns can expect to develop: (i) skills in the delivery of DBT, and; (ii) an understanding of the biosocial theory and its relevance to the development, maintenance, and treatment of symptoms of BPD in particular and problem with emotion dysregulation more generally.

- **The Traumatic Stress Clinic**
  The Traumatic Stress Clinic (TSC) offers specialized services to individuals ages 18 and older who have experienced or witnessed trauma and who present with serious symptoms of post-traumatic distress as a result of their trauma exposure(s). In particular, our clinic uses evidence-based, best practice measures to provide comprehensive clinical assessments as well as short-term, trauma-focused treatment. Some of the patient we serve have experienced a single incident traumatic event, such as a rape or a fire. However, the vast majority of our patients have sustained multiple trauma exposures resulting from, for example, spousal violence, childhood physical and/or sexual abuse, sex trafficking, and/or first-responder employment. Using an intra-professional team approach, our clinic is staffed by a range of disciplines including psychology, psychiatry, social work, nursing, psychotherapy, and occupational therapy. Cognitive Processing Therapy (CPT) is the main form of therapy provided; this therapy is delivered in a group format or individually, depending on patient need.

Interns can expect to participate in all aspects of the TSC relevant to a psychologist-in-training, including: conducting comprehensive clinical assessments to determine patient suitability for trauma-focused treatment; providing CPT (in both individual and group formats); completing post-treatment assessments; co-leading weekly Peer Consultation meetings, and; providing consultation services to other TSC clinicians and the wider Ontario Shores community, as needed. Opportunities to complete diagnostic assessments also may be available. However, applicants interested in this rotation should keep in mind that this a treatment-focused rotation, meaning that about 80% of clinical contact hours will be devoted to tasks relevant to treatment. In this rotation interns gain the skills needed to: (i) think critically about trauma and it’s complex biopsychosocial sequelae, and (ii) deliver a specific manualized approach to trauma treatment (namely, CPT) in a way the meets patients’ specific needs.
V Application Process

Prerequisites

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

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

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

*** If you had placements and/or requirements that were negatively impacted by the COVID-19 pandemic, please request that your Director of Clinical Training highlight the nature of this impact in their portion of the APPIC application. If you had placements that were cancelled or prematurely terminated, please describe the training and hours that were anticipated in your cover letter. In the event that your hours fall short of the minimal requirements due to COVID-19, this shortfall will not be held against you.

Application Procedure

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

1. APPI online application [www.appic.org](http://www.appic.org) (Ontario Shores APPIC Matching Number: 1859)
2. Cover letter, including information about the applicant’s internship training goals. The cover letter should also clearly indicate the applicant’s top two or three rotation preferences (see below). The following rotations may be available for the 2021-2022 academic year. Please refer to the APPIC Match News for any changes in available rotations.
   - Forensics Track
   - Outpatient General Adult Track
   - Borderline Self-Regulation Clinic & Traumatic Stress Clinic Track
   - General Adult Track
3. Curriculum Vitae
4. Official Graduate Transcripts
5. Three Letters of Reference. The letters of reference should abide by standardized reference form as per the Association of Psychology Postdoctoral Internship Centers (APPIC) [http://appic.org/AAPI-APPA](http://appic.org/AAPI-APPA)

Please note that we require no additional supplemental materials be uploaded to APPIC.
Please direct any questions to:
Erica Francis, Co-Ordinator, Student Affairs (franciser@ontarioshores.ca)
Or Dr. Susan Vettor, Internship Coordinator (vettors@ontarioshores.ca)
Ontario Shores Centre for Mental Health Sciences
700 Gordon Street (7-2078)
Whitby, ON L1N 5S9
Phone: 905-430-4055 Ext. 6704 or 800-341-6321 Ext. 6704 (Ontario Residents only)
Fax: 905-665-2458

Completed applications must be received by November 1st.

Interview and Selection Procedures

Candidates who have been selected for an interview will be notified on December 4. Interviews are typically conducted over the second and third week of January. Due to COVID-19 precautions, we have decided that all interviews will be conducted via videoconference. Applicants should expect that interviews will take at least two to three hours and will include the internship coordinator, potential supervisors, and a manager. Candidates will also have the opportunity to speak with a current intern. 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 internship program;
2. Breadth and depth of an applicant's assessment and treatment experience (particularly in areas related to the rotations offered in our program);
3. Progress towards completion of the doctoral degree (i.e., dissertation);
4. Reference letters from clinical supervisors;
5. Impressions of the applicant's suitability and match with our internship based on the interview;
6. The applicant's clinical research experience and/or interests.

The Predoctoral Internship at Ontario Shores Centre for Mental Health Sciences follows the Association of Psychology Postdoctoral and Internship Centers (APPIC) Match Policies in the selection of interns, which can be found on the APPIC web site at www.appic.org. This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any applicant. Our Program Code Number for the APPIC Match is 1859.
**APPIC Policies**

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

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

APPIC regulations make it clear that acceptance of a position is binding. We therefore ask that applicants and their Directors of Training or Department Heads carefully review their program’s requirements before releasing the student to go on internship, to ensure that students who are applying for positions at our site will indeed be allowed to begin their training experiences in September 2020.

The deadline for submissions by both residents and by programs of their Rank Order Lists to the National Matching Service for Phase I will be set by APPIC, typically in early February. APPIC Phase I Match Day will be on a date to be determined by APPIC (usually late February).

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

**Privacy and Application Materials**

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

On match day interns will receive a telephone call from the internship coordinator. An email will also be sent to you and to your Director of Clinical Training. Matched interns will receive a Letter of Offer from Ontario Shores’ Human Resources Department within two to three months of match day.

Checklist of Items Required Once Accepted into the Program

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

☐ Original copy of a Criminal Record Check (CPIC) including a vulnerable sector screening. The CPIC must be no older than six months prior to placement. Failure to present your CPIC on the first day of orientation could result in a delay in the start date of your internship. Please note: It can take anywhere from 1 day to 12 weeks to obtain the CPIC depending on your local police department.  
*Toronto Residents: Toronto Police Service only accepts CPIC/Vulnerable Sector Screening requests via mail. Please be aware that obtaining your CPIC in Toronto can take up to 16 weeks. [https://www.torontopolice.on.ca/prcp/](https://www.torontopolice.on.ca/prcp/)
*Please note that your ability to do an internship at Ontario Shores will be contingent on a cleared CPIC/Vulnerable Sector Screening. If you anticipate any problems please contact the internship coordinator for clarification.

☐ As a pre-condition to employment, you must submit a completed Employee Health Review: Immunization Record form to Ontario Shores’ Occupational Health Department no later than one week prior to your orientation date. The intern must be up-to-date with their immunizations including hepatitis B, measles, mumps, rubella, chicken pox (varicella). Tuberculosis skin test (TST) completed (mm induration documented) and most recent TST completed within 8 weeks of starting. Individuals with a documented positive TST must provide the results of a chest x-ray. The university keeps a record of your immunizations.

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

☐ Affiliation agreement between your university and Ontario Shores, and Certificate of Insurance must be in place prior to placement.

☐ Matched interns are required to provide proof of liability insurance which can be purchased through BMS Group ([www.psychology.bmsgroup.com](http://www.psychology.bmsgroup.com)).  
Matched interns who will be working in any of the following outpatient areas: Outpatient General Adult Track, Borderline Personality Self-Regulation Clinic, Traumatic Stress Clinic, and Forensic Outpatient Service will be required to complete CPR Level HCP (Health Care Provider) training prior to the start of internship, and will be required to provide certificates of successful training.
VI Accreditation

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

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

Tel: 1-888-472-0657
Web: www.cpa.ca/accreditation
DAVID, Dr. Lauren
Dr. Lauren David received her Ph.D. in Psychology from Ryerson University in 2018. She is a licensed Clinical and Health Psychologist with the College of Psychologists of Ontario. Dr. David completed her pre-doctoral residency and post-doctoral fellowship training at St. Joseph’s Healthcare Hamilton, with specializations in the treatment of eating disorders, physical health concerns (weight management, insomnia, and women’s health), and anxiety disorders. She provides assessment and treatment of mood, anxiety, and eating disorders, particularly in individuals with co-occurring medical conditions. She has been the recipient of a number of grants and awards, including the Beck Student Scholarship and the CIHR Doctoral Research Award for her research on compassion-based approaches for body image in women with higher body weight. She primarily practices in Cognitive Behavioural Therapy (CBT) and also has experience incorporating other empirically-supported approaches, including mindfulness, emotion regulation skills, self-compassion, and Motivational Interviewing. In her position at Ontario Shores, Dr. David works within the Ontario Structured Psychotherapy (OSP) Program, which is a provincially-funded initiative that offers evidence-supported treatment to individuals with mild to moderate anxiety and depression through community health agencies (e.g., family health teams, universities and colleges, indigenous wellness centers, etc.). In this role, she trains and consults with mental health professionals in the provision of CBT for anxiety and depression. She works out of the Centre for Complex Diabetes Care at North York General Hospital, where she provides CBT to individuals.


D’USO, Dr. Nadia
Dr. Nadia D’USO 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’USO 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’USO has published research articles and a book chapter devoted to improving clinical supervision for trainees during the different phases of their training (e.g., practicum and internship). She has worked in hospital settings in Albany NY, Montreal, and now at Ontario Shores (April 2013) where she is presently the psychologist for the Adolescent Inpatient Unit.


**GIBAS, Dr. Andrea**

Dr. Andrea Gibas received her Ph.D. in Clinical and Forensic Psychology from Simon Fraser University in 2011. She completed her Master's in Clinical Psychology at York University. Prior to joining Ontario Shores, Dr. Gibas worked within the Forensic Consultation Services in the Law and Mental Health Program at the Centre for Addiction and Mental Health, providing risk assessments, group and individual therapy to forensic clientele. Dr. Gibas previously worked in federal correctional jails, through Correctional Services Canada, providing crisis support, suicide and risk assessments, and individual therapy. Additional experiences include working as a victim support worker through Ottawa Police Services, working within forensic and clinical contexts as an intern through Alberta Health Services, conducting assessments with youth involved in the forensic system, and providing assessment and individual therapy to non-forensic adult populations. Dr. Gibas began at Ontario Shores in 2014 and works within the inpatient Forensic Program conducting risk assessments, general psychological assessments (e.g., cognitive), and individual therapy. Her current research interests include risk assessment, with specific interests in intimate partner violence, stalking/harassment, and inpatient bullying and aggression.


**LANE, Dr. Jeanine**

Jeanine Lane completed her PhD in Clinical Psychology at Ryerson University and her pre-doctoral internship at Ontario Shores Centre for Mental Health Sciences in both the Forensic Program and Traumatic Stress Clinic tracks in 2020. She is currently completing her post-doctoral supervised practice year at Ontario Shores in the Forensic Program, with specialization in assessing, treating and evaluating traumatic sequelae. Jeanine is pursuing registration with the College of Psychologists of Ontario in the areas of Clinical and Forensic Psychology. She has been extensively involved in the dissemination and evaluation of evidence-based treatment for posttraumatic stress disorder throughout her graduate training, specifically using Cognitive Processing Therapy (CPT), in a number of clinical and research capacities. Her CIHR Doctoral Research Awarded dissertation involved examining clinician’s fidelity to CPT in a nation-wide study, with a focus on the clinical implications of adherence to a manualized therapy when providing treatment across disciplines and with those learning to deliver CPT, and on patient outcomes. Jeanine is also currently a lead therapist for a clinical trial examining the use of MDMA-assisted psychotherapy in the context of treating PTSD with CPT. She additionally completed her Master’s in clinical neuropsychology at Ryerson University with a focus on decision-making and executive functioning in obsessive-compulsive disorder. Jeanine currently assesses and treats patients with a ride range of severe mental health disorders from a Cognitive-behavioural framework, but also incorporates other evidence-based approaches into care, including mindfulness, emotion regulation/distress tolerance skills, and motivational interviewing. She also has a passion for consulting and training others in the use of evidence-based practice.


**LEONG, Dr. Laura**

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


*Featured in Bottom Line/Health Newsletter, March 2012, 26 (3).*
LEVI, Dr. Marc
Dr. Levi received his Ph.D. in Clinical Psychology from York University in 2004. He is a licensed psychologist registered with the College of Psychologists of Ontario with a focus on clinical and forensic/correctional psychology. Prior to joining Ontario Shores, Dr. Levi was employed at the Ontario Correctional Institute from 2000 to 2004 where he provided group and individual psychotherapy as well as completed pre-parole risk assessments for the Ontario Parole Board. At present, Dr. Levi works in the Forensic Outpatient Service where he conducts risk assessments utilizing actuarial methods, structured clinical judgment, and an appraisal of dynamic risk factors. His clinical interests include cognitive behaviour therapy for psychosis, treatment for concurrent disorders, and dialectic behaviour therapy for forensic populations. Dr. Levi’s research has focused on neuropsychological and personality differences within subtypes of aggression as well as investigating the potential contribution of psychological testing in the assessment of risk for violence. Recently, he completed a pilot study investigating neuroplasticity and brain fitness training within the forensic program at Ontario Shores.


MARRSHALL, Dr. Nicole
Dr. Nicole Marshall received her Ph.D. in Clinical Psychology from Lakehead University in Thunder Bay in 2019 and is currently registered as a Clinical and Forensic Psychologist (supervised practice) with the College of Psychologists of Ontario. She is on track to complete her final licensing exam in December 2020. She completed her pre-doctoral residency here at Ontario Shores Centre for Mental Health Sciences in the Forensics and Assessment and Reintegration Programs (ARP) in August 2019, after which, she became employed as a member of psychology in the Forensics Program conducting criminal responsibility, risk, and general psychological assessments (e.g., diagnostic, cognitive) and individual and group therapy. Her primary research interests include Indigenous mental health and substance use and addictions.


MARTIN, Dr. Krystle
Dr. Krystle Martin is a clinical and forensic psychologist registered with the College of Psychologists of Ontario. She obtained her Ph.D. from the Ontario Institute for Studies in Education at the University of Toronto (OISE/UT) in 2012. Dr. Martin works in the Research and Academics Department as a Research Scientist. Her research interests are divided into two streams: (1) Forensic mental health, including projects exploring risk assessment, bias, and recovery in forensics; and, (2) First responders, including projects examining resilience, mental wellness, and training. Dr. Martin holds adjunct faculty status at York University and the University of Ontario Institute of Technology where she teaches in their forensic psychology graduate program.


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


PATTERSON, Dr. Lorraine
Dr. Lorraine Patterson completed her Ph.D. at the University of Saskatchewan in 2005. She has been licensed as a clinical psychologist with the College of Psychologists of Ontario since 2007. In 2016 she joined Ontario Shores’ Outpatient Traumatic Stress Clinic, where her primary responsibilities include conducting assessments for diagnostic clarification and the evaluation of patients’ suitability for trauma-focused treatment, as well as providing individual and group therapy for treating posttraumatic stress disorder, depression and other problems associated with trauma. As well, in 2018 she joined the Borderline Personality Self-Regulation clinic, where her primary responsibilities include the provision of Dialectical Behaviour Therapy for individuals diagnosed with Borderline Personality Disorder. Prior to her employment at Ontario Shores she worked at CFB Trenton providing mental health services to members of the Canadian Armed Forces. She also worked in private practice for several years conducting assessments, providing treatment to adults, adolescents, and children, and providing consultation to residential treatment facilities that service children and youth in Care.
**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 with adults and the elderly. Dr. Vettor works in the Assessment and Reintegration Program which encompasses three inpatient units (CGP-A, CGP-B, and CGP-C) where she provides individual therapy and conducts assessments for diagnostic clarification and cognitive functioning. Her clinical interests include conversion disorder, the recovery model and cognitive behavioural treatment approaches. Dr. Vettor is the Internship Coordinator and is also a site visitor for CPA.


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**VILHENA-CHURCHILL, Dr. Natalie**

Dr. Natalie Vilhena–Churchill is a registered clinical and counselling psychologist. She completed her Ph.D. at OISE at the University of Toronto in 2015. She completed a postdoctoral Fellowship at the Gambling Knowledge Hub at the Centre for Addiction and Mental Health. Her clinical work has focused on Cognitive Behavioural Therapy, Motivational Interviewing, working with individuals with severe mental illness and workplace injuries. She has taught at the graduate level and co-facilitated various clinical training workshops. Dr. Vilhena-Churchill's research interests involved examining the motivational mechanisms of addictive behaviours, including both substance use and gambling. At Ontario Shores, Dr. Vilhena-Churchill works in the outpatient program providing assessment and treatment to individuals with complex mood, anxiety and psychotic disorders.


Understanding the Effects of Social Desirability on Self-Reports of Gambling Among Emerging Adults. International Journal of Mental Health and Addictions

Mood, Motives and Money: An Examination of Factors that Differentiate Online and Non-Online Young Adult Gamblers. Journal of Behavioral Addictions, 5, 68-76
doi: 10.1556/2006.5.2016.003

YOUNG, Cheryl
Cheryl Young received her Master’s in Applied Psychology Degree from Laurentian University in 2014. From 2014 to 2017, she worked in Geriatric and Neuropsychiatry Outpatient Services (GNOS), conducting memory-based assessments and co-facilitating a memory intervention group under the supervision of a registered psychologist. At present, she works as a psychometrist in the Forensic Program. She is presently in supervised practice, fulfilling the requirements for registration as a Psychological Associate.