



Ontario Shores
Centre for Mental Health Sciences

Practicum Program in Psychology

2023-2024 Academic Year

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Introduction

About Ontario Shores

Ontario Shores Centre for Mental Health Sciences (Ontario Shores) is a leader in mental health care, providing a spectrum of specialized assessment and treatment services for people living with complex and serious mental illness. Exemplary patient care is delivered through safe and evidenced-based approaches where successful outcomes are achieved using best clinical practices and the latest advances in research. Patients benefit from a recovery-oriented environment of care, built on compassion, inspiration and hope.

The organization shares its expertise, knowledge and experiences through research, education and advocacy initiatives and provides leadership to healthcare providers, community partners, policy makers and social sectors to strengthen and advance the mental health care system. Ontario Shores embraces the opportunity to raise awareness of mental illness, educate healthcare practitioners and train the next generation of mental health care specialists. As advocates, Ontario Shores champions and supports the efforts of patients, professionals and policy makers to ensure individuals with mental illness have access to care and the opportunity to fully participate in society.

Employing almost 1,200 staff, Ontario Shores offers specialized recovery-focused interprofessional programs and services designed to provide successful treatment. Ontario Shores staff are committed to providing excellent patient care, ongoing learning and maintaining a safe, respectful and positive environment.

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.

Ontario Shores is accredited by Accreditation Canada and 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.



The Town of Whitby

Ontario Shores' main location is situated on the shoreline of Lake Ontario in Whitby, Ontario. Services are also located 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 postsecondary 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:

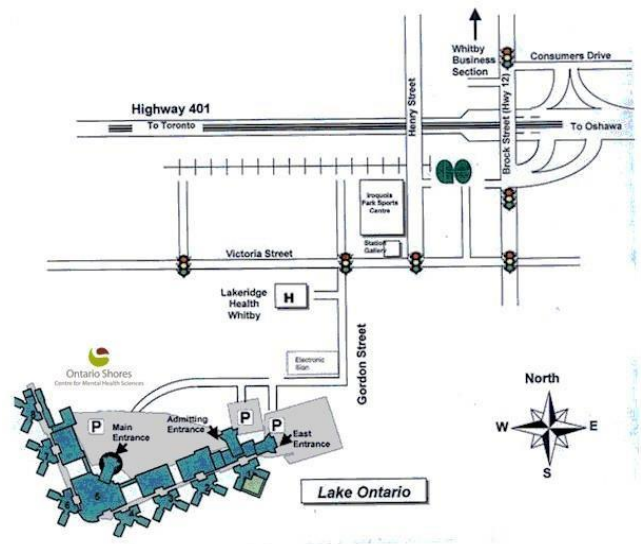
Whitby is a town situated on Lake Ontario, 50 km east of Toronto in the Southern region of Ontario. The southern part of Whitby is urban while the northern section is more rural in nature. It was settled in the 1800's and a downtown business centre was founded by Peter Perry in 1836.

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, 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 whitby.ca.



Parking

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

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.

Overview of 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 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 supported 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: 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. Students participate on 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 students are competent in planning and providing a range of psychological treatments through individual, group, and family-based interventions. 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. 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 students for future 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. 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 required to present one to two case studies 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/or 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 student's level of competence. Supervision activities are individualized to each student's specific training needs and entry-level skills. As competence increases, supervision becomes more consultative and collaborative in nature. Students are evaluated on their progress three months into the practicum as well as at the completion of their placement.

Structure of the Program

Our practicum program incorporates one rotation over the course of the academic year of roughly two days per week, or a four-month full-time rotation. The total number of practicum hours required at Ontario Shores (e.g., 600 hours) is flexible based on academic requirements of the home university. At the time of application, practicum students are expected to indicate their area of interests. 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 Psychology Practicum Program at Ontario Shores is committed to the scientist-practitioner model. 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, 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 students to develop both a sense of professional identity and the ability to work collaboratively in interdisciplinary treatment teams.

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 (e.g., SCID). This includes obtaining developmental histories, 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-IV) functioning.
- Students may develop competence in the administration and interpretation of standardized psychometric measures of cognitive/executive (e.g., WAIS-IV, 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 interdisciplinary 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 will develop 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 cognitive-behavioural interventions, emotion focused therapy, dialectical behaviour therapy, motivational interviewing, cognitive processing 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 developmental, cultural, medical and socio-contextual factors. 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 monthly didactic seminars designed specifically for psychologists, case presentations, and professional

development. Students are supported in their participation of professional development activities including professional lectures, workshops, seminars, as well as internal and external conferences.

Seminar Series

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

Clinical Case Presentations These seminars provide an opportunity for practicum students to consolidate their psychotherapy and assessment skills and to interact with licensed psychologists. Over the course of the year, practicum students are expected to present one to two cases (therapy/assessment), with the goal of examining specific clinical phenomena related to the practice of psychotherapy. These case conferences serve as a continuing forum for the discussion and exploration of personal issues relevant to psychotherapy process and outcome as well as serving to model for the student a variety of approaches to conceptualization and amelioration of emotional disorders. The psychology staff members participating in the case conference represent diverse perspectives and provide an important atmosphere relevant

Grand Rounds

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

Supervision and Evaluation

Each practicum student is assigned to 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. Supervision for practicum students is generally two hours total per week. Practicum students are assigned a supervisor based on their expression of interest and availability of the supervisor. 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 students 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.

Practicum students receive formal written evaluations on their progress three months into the practicum as well as at the completion of their placement. Input from practicum students is valued highly in our training program, students are asked to formally evaluate their supervisor and evaluate the training program as well. 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. All supervisors attend supervision committee meetings to discuss supervision related issues.

Due Process

Due Process ensures that decisions made by programs about practicum students and/or supervisors are not arbitrary or personally-based. Due process requires that programs identify specific evaluative procedures which are applied to both students and their supervisors, and have appropriate appeal procedures available to each party. The student and supervisor 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 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.

Work Environment

Practicum students are provided office space, phone extensions, computers with internet access, and various hospital and library resources.

Accessibility

Ontario Shores Centre for Mental Health Sciences has a tradition of providing mental health care that is based on the principles of acceptance and inclusion. We apply those same principles towards accessibility to ensure patients, staff, students, families and guests with disabilities feel accepted and included. You are encouraged to contact the Practicum Coordinator early in the application process to address any questions you may have about the accessibility of our programs, services and facilities.

III Overview of Clinical Placements

The following clinical placements are offered to practicum students:

1. General Adult Track

The general adult track encompasses working on all three inpatient units (as listed below) and offers a unique training opportunity for students who are interested in gaining experience working with individuals with severe and persistent mental illness. Practicum students receive intensive training 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, comorbidity, 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. The three main General Adult Track inpatient units include:

Young Adults Transitional Service (YATS) The Young Adult Transitional Service (YATS) unit offers integrated inpatient programming for adults aged 18-64 years with severe and persistent mental illness. Staff provide a safe and recovery-focused environment where patients, families, 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. There are 27 inpatient beds including a high-level Psychiatric Intensive Care Area (PICA). YATS accepts outpatients

of Ontario Shores as well as patients transferred from other facilities who require specialized care. YATS provides comprehensive assessment and specialized psychiatric care with the aim of achieving rapid stabilization of mental health symptoms and promotes successful and timely transition back to community living and care.

Assessment Stabilization Unit (ASU)

The Assessment and Stabilization Unit (ASU) provides a broad range of general and specialized care for adults aged 18-64. Staff on ASU provide a safe and recovery-focused environment where patients, families, 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. ASU offers 27 inpatient beds including a high-level observation unit. ASU accepts outpatients of Ontario Shores as well as patients transferred from other facilities who require specialized care. ASU provides comprehensive assessment and specialized psychiatric care with the aim of achieving rapid stabilization of mental health symptoms and promotes successful and timely transition back to community living and care.

Psychiatric Rehabilitation A (PRA) Psychiatric Rehabilitation Unit A (PRA) is the main admitting, assessment and treatment unit of the Psychiatric Rehabilitation Program at Ontario Shores. PRA specializes in providing care to adults aged 18-64 years with serious and persistent mental illness, many of which are considered treatment resistant. Patients work with the Interprofessional treatment team in developing a goal-oriented recovery plan based on their values, strengths and goals. PRA offers 27 beds.

2. The Forensic Program (*Accepting applications for clinical OR forensic rotations)

The Forensic Program at Ontario Shores provides assessment, treatment, rehabilitation and community reintegration services to patients who have come in contact with the law. With individual recovery plans, patients can progress to a less restrictive environment and return to the community, consistent with public safety and within the limits of their defined Ontario Review Board (ORB) Dispositions. The Forensic Program provides a General and Secure Forensic Service and follow up care for individuals living in the community. It is comprised of six in-patient minimum and medium secure units and Forensic Outpatient Service. In addition, the Forensic Program provides consultation, education and research services. Please note, this can be either a clinical rotation (focused on assessments and therapy more generally) or a forensics rotation.

The Secure (Medium) Forensic Units are:

Forensic Assessment Unit (FAU)

The Forensic Assessment Unit is a 22-bed unit for patients referred by the court system who require a secure setting. An interprofessional healthcare team provides assessment of criminal responsibility and court-ordered treatment to determine if individuals are fit to stand trial.

Forensic Assessment and Rehabilitation Unit (FARU)

The Forensic Assessment and Rehabilitation Unit is a 20-bed unit for patients on Disposition Orders from the Ontario Review Board (ORB) who require a secure setting and for patients referred by the court system who require a secure setting. An interprofessional healthcare team provides assessment of criminal responsibility and court ordered treatment to determine if individuals are fit to stand trial.

Forensic Rehabilitation Unit (FRU) The Forensic Assessment and Rehabilitation Unit is a 20-bed unit for patients on Disposition Orders from the ORB who require a secure setting and for patients referred by the court system who require a secure setting. Members of an interprofessional healthcare team provide recover-focused treatment, and work with patients to develop and implement individual care plans. The team provides support and

assistance in a safe and therapeutic environment as patients move towards a less restrictive environment and ultimately return to the community.

The Minimum (General) Forensic Units are:

Forensic Psychiatric Rehabilitation Unit (FPRU) The Forensic Psychiatric Rehabilitation Unit (FPRU) is a 26-bed unit for patients, with or without Disposition Orders from the Ontario Review Board (ORB) who require a secure setting. Members of an interprofessional healthcare team provide recover-focused treatment, and work with patients to develop and implement individual care plans. The team provides support and assistance in a safe and therapeutic environment as patients move towards a less restrictive environment and ultimately return to the community.

Forensic Transitional Unit (FTU) The Forensic Transitional Unit is a 25-bed unit for patients on Disposition Orders from the Ontario Review Board (ORB) who require a general forensic environment.

Forensic Community Reintegration Unit (FCRU) The Forensic Community Reintegration Unit (FCRU) is a 25-bed unit for patients on Disposition Orders from the Ontario Review Board (ORB) who require a general forensic environment.

3. Geriatric and Neuropsychiatry Program

The Geriatric and Neuropsychiatry Program (GNP) provides specialized geriatric, psychiatric and neuropsychiatry services including assessment, diagnosis and treatment in an environment that is least disruptive to patients to help them achieve their optimal recovery. Practicum students receive training in neuropsychological assessment, neurocognitive intervention, and neurobehavioural consultation of neuropsychological disorders. Additionally, they have the opportunity to be involved in neuropsychological consultations for adults and seniors across the hospital. Please note that the Geriatric Outpatient Service is located offsite and is approximately a three-minute drive from the hospital.

Geriatric and Neuropsychiatry Outpatient Services:

Memory Clinic

The Geriatric Memory Clinic 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.

Geriatric Mental Health Clinic

The Geriatric Mental Health Clinic is for seniors aged 65 and older with a psychiatric concern that is either treatment resistant or complex in nature presenting with one or more of the following: cognitive changes, behavioural changes, mood changes, anxiety or psychotic symptoms.

Neuropsychiatry Clinic

The Neuropsychiatry Clinic is a multispecialty clinic dedicated to the assessment, diagnosis and stabilization of individuals who are diagnosed with an acquired brain injury or neurological disorder presenting with mental health concerns. The clinic provides neuropsychiatric consultation for individuals who reside in the community, including long-term care homes.

Geriatric Neuropsychiatry (GNP) Inpatient Services:

Geriatric Dementia Unit (GDU)

The Geriatric Dementia Unit provides specialized services to meet the mental health needs of individuals 65 years of age and older with dementia who have challenging behaviours. An interprofessional healthcare team utilizes behavior management strategies and pharmacotherapy to achieve reintegration into the community or long term care homes.

Geriatric Psychiatric Unit (GPU)

The Geriatric Psychiatric Unit provides specialized services to meet the complex mental health needs of seniors 65 years of age and older with serious mental illness. GPU uses a blended approach of behaviour therapy and pharmacotherapy to address the assessment, diagnostic, treatment and transitional

care needs of patients to reintegrate them into community or long-term care.

Neuropsychiatry Service (NPS)

The Neuropsychiatry Service provides specialized consultation, assessment and treatment services for patients. NPS provides specialized services to meet the mental health needs of individuals with neurocognitive impairment and associated behavioural challenges.

4. Outpatient Services

Teams within the outpatient department are concurrent capable and are comprised of members such as: Psychiatrists, Psychologists, Registered Nurses, Social Workers, Rehabilitation (Behaviour) Therapists, an Addictions Specialist, Transitional Case Managers, and a Nurse Practitioner. Please note that within our outpatient services there are four potential rotations and if you are interested in any of these rotations please indicate your specific preference(s) in your cover letter.

Outpatient General Adult Track:

Clinical work within this track incorporates the four services stated below.

Please note: A practicum in Outpatient Services would most likely focus on working with clients from the Anxiety and Mood Disorder Clinic and/or in the Psychosis Service; however, there may be opportunities to do work in the other clinics as well.

Shoppers Love You Women's Clinic A multidisciplinary team provides focused consultations and time limited service (up to one year) to women requiring support with one of the following: Family planning, Pregnancy, Child rearing, Post-Partum Psychosis, Post-Partum Depression, PMS, Menopause, Medication induced hormonal changes. Psychology offers individual and/or group psychotherapy, psychological consultations, program evaluation, and psychological assessments (psychodiagnostic, cognitive, personality, trauma).

Complex Anxiety and Mood Disorders A multidisciplinary team provides a flexible outpatient service tailored to the individual needs of persons 25-

65 years of age diagnosed with a mood or anxiety disorder. Individuals must demonstrate evidence of treatment-refractory illness and persistence of illness (present greater than six months) as well as evidence of impaired functional ability. Consultation and shared care services are also available. Psychology serves an important role within this team by providing psychological consultations, 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, psychological assessments (psychodiagnostic, cognitive, personality, trauma) and individual and/or group psychotherapy when appropriate.

Complex Psychosis Service

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

Borderline Personality Self-Regulation Clinic Using Dialectical Behavior Therapy (DBT) this program serves individuals, 25 years of age and older, who have been diagnosed with Borderline Personality Disorder and are experiencing difficulties managing their symptoms. The goals of this 1 year, twice weekly program includes: reducing symptomatology, maladaptive behaviours, and current psychological distress associated with BPD, decreasing frequency of

admissions to in-patient units and ER visits, decreasing length of stay in in-patient services, increasing coping skills, and improving quality of life for individuals who have been diagnosed with having BPD. Psychology offers individual and group psychotherapy (DBT), psychological consultations and assessments (psychodiagnostic, cognitive, personality, trauma), and program evaluation/ research opportunities.

The Traumatic Stress Clinic

The Traumatic Stress Clinic provides specialized treatment and medication support, to individual 25 years of age or older who have experienced or witnessed trauma and are experiencing lasting symptoms with significant impairment in emotional, physical, social, vocational and relational functioning. The clinic seeks to provide a safe and respectful environment where the treatment team works in partnership with the client to teach the skills and process emotions to regain control of their life. Services include: an initial assessment to determine suitability for the clinic; trauma focused therapy (Cognitive Processing Therapy); psychiatric consults and medication management. Psychology practicum students working within the clinic provide trauma-focused assessments and triage clients; conduct a manualized treatment protocol; as well as work within a multidisciplinary team.

Transitional Aged Youth Clinic

The Transitional Aged Youth (TAY) Program bridges across several outpatient programs, serving the 18-24-year-old age range. The program primarily serves youth with anxiety and mood disorders; however, there may also be opportunities to work with clients with PTSD and Borderline Personality Disorder. Psychology offers individual and group therapy services, as well as psychological assessment to teens and young adults. A multidisciplinary team including nursing, social work, occupational therapy and addiction services works together to provide care to clients with a range of presenting concerns.

Adolescents

The Adolescent Program provides a variety of services for youth from the ages of 12 to 18. Interdisciplinary teams work together to help the patients to address their difficulties through life skills assessment and instruction, goal-oriented planning, education and

psychiatric stabilization. We provide assessment, consultation, treatment, rehabilitation and transition services for individuals experiencing serious mental illness allowing them to achieve the earliest successful community reintegration at the most independent level.

Adolescent Outpatient 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 to the treatment plan objectives. Services provided include psychiatric assessment and follow-up, psychological assessment and individual and family therapy and group interventions (DBT and CBT). Services are provided to adolescents 12 to 17.

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, anxiety, psychosis, and emerging personality disorders. Students will also have the opportunity to gain assessment experience on a wide battery of clinical and cognitive assessments.

Interns will have the opportunity to provide consultation to the interdisciplinary team.

5. Eating Disorder Unit

The Eating Disorder Unit (EDU) is a 12-bed residential unit. This program provides specialized treatment for teens with an eating disorder in a safe and therapeutic environment. Patients admitted to the EDU are between the ages of 12 and 17.5 years at the time of the referral, enrolled in school, and medically stable. They must have been previously treated in specialized eating disorder programs in their community with no continued abatement of symptoms. EDU is committed to a biopsychosocial, holistic approach to recovery and functions with a specialized interprofessional treatment team. Psychology offers comprehensive psychological assessments, group therapy targeting cognitions and behaviours associated with eating disorders, consultation, and research involvement.

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

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
- CPR Level HCP (Health Care Provider) course and provide a certificate of completion (to be completed by the start of the practicum for some rotations and is NOT required at the time of application)

<https://www.ontarioshores.ca/education/academics/psychology-practicum-and-internship>

Applications are submitted electronically. Reference Letters must be submitted by the writer to Dayna Porco from an institutional/ organizational email address.

Please direct completed applications or inquiries to:

Dayna Porco, Student Affairs Coordinator

Phone: 905-430-4055 Ext. 6704 or

800-341-6321 Ext. 6704

Fax: 905-665-2458 Email: porcod@ontarioshores.ca

Please direct any psychology practicum specific questions to:

Dr. Jeanine Lane, Psychology Practicum Coordinator

Phone: 905-430-4055 Ext. 3383 or

800-341-6321 Ext. 3833

Email: lanej@ontarioshores.ca

Please note: We abide by the GTA practicum match- day notification procedures. Completed applications should be received no later than February 1st.

Notification/Match day has generally fallen around mid-to-late March (This year it is March 22, 2023). Please contact your Director of Training for more information on practicum Match Day. For out of province applicants, the deadline will also be February 1st.

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. While an onsite interview is preferable, it is not required. In cases where an onsite interview is not feasible, a telephone interview will be scheduled in advance.

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 from clinical supervisors
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 email of their acceptance on the GTA match day (March 22, 2023).

Checklist of Items Required Once Accepted into the Program

The successful 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.
- Matched practicum students who will be working in any of the following areas: Adolescent Outpatients, Integrated Community Access Program, Forensic Outpatient Service, Geriatric Outpatient Service are required to complete CPR Level HCP (Health Care Provider) training prior to placement. Practicum students in these rotations will be required to provide certificates of successful training.
- Matched practicum students are recommended to obtain liability insurance which can be purchased through BMS Group. (www.psychologybmsgroup.com)

COVID-19 Vaccination

Within Ontario Shores, the current mandate is that all new hires- including students - are required to be double vaccinated for COVID-19 prior to start of placement. A COVID Vaccination Self Declaration Form, including vaccination dates, will be completed during orientation.

If there are any questions or concerns regarding this, please contact the Student Affairs Coordinator in advance of your application submission.

V Accreditation

The Clinical Psychology Predoctoral *Internship Program* at Ontario Shores Centre for Mental Health Sciences is fully accredited by the Canadian Psychological Association. 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

VI Psychology Faculty and Supervisors

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 (diabetes, 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-related and depressive symptoms through community health agencies (e.g., family health teams, universities and colleges, Indigenous health centers, etc.). In this role, she trains and consults with mental health professionals in the provision of CBT for anxiety and depression.

David, L., Sijercic, I., Cassin, S.E. (2020) Preoperative and post-operative psychosocial interventions for bariatric surgery patients: A systematic review. *Obesity Reviews*, 1-23.

Macdonald, D.E., McFarlane, T.L., Dionne, M.M., **David, L.,** & Olmsted, M.P. (2017) Rapid response to intensive treatment for bulimia nervosa and purging disorder: A randomized controlled trial of a CBT intervention to facilitate early behavior change. *Journal of Consulting and Clinical Psychology*, 85, 896-908.

David, L., Sockalingam, S., Wnuk, S., & Cassin, S.E. (2016). A pilot randomized controlled trial examining feasibility, acceptability, and efficacy of adapted motivational interviewing for post-operative bariatric surgery patients. *Eating Behaviors*, 22, 87-92.

FISHMAN, Dr. Keera

Dr. Keera Fishman is a Clinical Neuropsychologist (Supervised Practice) from Baycrest Health Sciences who provides neuropsychological consultation services at Ontario Shores in the Geriatric Psychiatry Unit, the Geriatric Transitional Unit, and the Geriatric Dementia Unit. Dr. Fishman completed her doctoral training at the University of Ottawa and completed her residency in Clinical Neuropsychology at Baycrest Health Sciences from 2020-2021. She conducts neuropsychological assessments to differentiate between neurodegenerative/neurological conditions and primary psychiatric disorders, and delivers interventions to support cognitive performance in individuals with age-typical cognition, mild cognitive impairment, and dementia. Dr. Fishman is also completing a postdoctoral fellowship as the Neuropsychology Lead at the Ontario Neurodegenerative Disease Research Initiative (ONDRI). Her research interests are focused on exploring the impact of neuropsychiatric symptoms on memory and executive function, as well as further understanding how neurodegenerative diseases evolve over time.

- Fishman, K. N.,** Ashbaugh, A. R., & Swartz, R. H. (2021). Goal Setting Improves Cognitive Performance in a Randomized Trial of Chronic Stroke Survivors. *Stroke*, 52, 458- 470.
- Fishman, K. N.,** Roberts, A. C., Orange, J. B., Sunderland, K. M., Marras, C., Tan, B., ... Troyer, A. K. (2021). Bilingualism in Parkinson's disease: Relationship to cognition and quality of life. *Journal of Clinical and Experimental Neuropsychology*, 43, 199-212.
- Fishman, K. N. &** Ashbaugh, A. R. (2021). Mind the age gap: A comprehensive examination of apathy, depression, and cognition in young adults. *Canadian Journal of Behavioural Science. OnlineFirst*. doi: 10.1037/cbs0000198.
- Ashbaugh, A. R., **Fishman, K. N.,** & Houle-Johnson, S. (2019). Intrusive social images in individuals with high and low social anxiety: A multi-method analysis. *Behavioural and Cognitive Psychotherapy*, 1-17. doi:10.1017/S1352465819000043
- Fishman K. N.,** Ashbaugh, A. R., Lanctôt, K. L., Cayley, M. L., Herrmann, N., Murray, B. J., Sicard, M., Lien, K., Sahlas, D. J., & Swartz, R. H. (2018). The role of apathy and depression on verbal learning and memory performance after stroke. *Archives of Clinical Neuropsychology*, 34, 327-336. doi:10.1093/arclin/acy044
- Fishman K. N.,** Ashbaugh, A. R., Lanctôt, K. L., Cayley, M. L., Herrmann, N., Murray, B. J., Sicard, M., Lien, K., Sahlas, D. J., & Swartz, R. H. (2017). Apathy, not depressive symptoms, as a predictor of semantic and phonemic fluency task performance in stroke and transient ischemic attack. *Journal of Clinical and Experimental Neuropsychology*, 40, 449-461. doi:10.1080/12803395.2017.1371282
- Fishman K. N.,** Levitt, A. J., Markoulakis, R., & Weingust, S. (2017). Satisfaction with Mental Health Navigation Services: Piloting an Evaluation with a New Scale. *Community Mental Health Journal*, 54, 521-532. doi:10.1007/s10597-017-0201-0

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.

Blanchard, A. J. E., Reeves, K. A., & **Gibas, A. L.** (2016). Canadian contributions to violence risk assessment: Policy, practice, and future directions. In J. P. Singh, S. Bjorkly, & S. Fazel (Eds.), *International Perspectives on Violence Risk Assessment*. New York: Oxford University Press.

- Belfrage, H., Strand, S., Storey, J., **Gibas, A. L.**, Kropp, P. R., & Hart, S. D. (2012). Assessment and management of risk for intimate partner violence by police: Association between risk ratings, management strategies, and recidivism. *Law & Human Behavior*, 36, 60 - 67.
- Storey, J., **Gibas, A. L.**, Keeves, K. A., & Hart, S. D. (2011). Now that it has been built can people be trained? The evaluation of a training program on violence risk assessment. *Criminal Justice & Behavior*, 38(6): 554-564.
- Kropp, P. R., & **Gibas, A. L.** (October 2009). The Spousal Assault Risk Assessment Guide (SARA). In R. Otto & K. Douglas (Eds.), *Handbook of violence risk assessment tools*. New York: Taylor & Francis Group, LLC.
- Desmarais, S. L., **Gibas, A. L.**, & Nicholls, T. L. (March 2009). Beyond violence against women: Gender inclusiveness in domestic violence research, policy, and practice. In C. Ferguson (Ed.) *Violent crime: Clinical and social implications*. California: Sage Publications.

LANE, Dr. Jeanine

Dr. Jeanine Lane is licensed with the College of Psychologists of Ontario as a Clinical & Forensic Psychologist. She currently works as a team lead in the First Responder Mental Health Speciality Program, doing comprehensive assessments and evidence-based treatment for first responders. She completed her post-doctoral supervised practice training at Ontario Shores Centre for Mental Health Sciences (OS) in the Forensic Program, specializing in assessing, treating and evaluating traumatic sequelae. Dr. Lane also completed her pre-doctoral Residency at OS in both the Forensic Program and Traumatic Stress Clinic, and finished her Ph.D. in Clinical Psychology at Ryerson University in 2020. She has been extensively involved in the dissemination and evaluation of evidence-based treatment for PTSD 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 patient outcomes and multidisciplinary clinicians' ability to evaluate their own treatment delivery while learning to deliver CPT and adhere to a manualized therapy. 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. In addition to her work at OS, Dr. Lane is a lead therapist for a clinical trial examining the use of MDMA-assisted psychotherapy in the context of treating PTSD with CPT. Dr. Lane assesses and treats patients with a wide 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 has a passion for consulting and training others in the use of evidence-based practice. Selected recent publications listed.

- Lane, J.E.M.**, Le, M., Martin, K., Bickle, K., Campbell, E., & Ricciardelli, R. (2022). Police attitudes toward seeking professional mental health treatment. *Journal of Police and Criminal Psychology*.
- Keefe, J. R., Hernandez, S., Johaneck, C., Landy, M., Sijercic, I., Shnaider, P., Wagner, A.C., **Lane, J.E.M.**, Monson, C.M., & Stirman, S.W. (2021). Competence in delivering Cognitive Processing Therapy and the therapeutic alliance both predict PTSD symptom outcomes. *Journal of Consulting and Clinical Psychology*.
- Johnson, C.M., Holmes, S.C., Suvak, M.K., Song, J., Shields, N., **Lane, J.E.M.**, Sijercic, I., Cohen, Z.D., Stirman, S.W., & Monson, C.M. (2021). The effect of PTSD symptom change on suicidal ideation in a combined military and civilian sample engaged in Cognitive Processing Therapy. *Behaviour Therapy*, 52, 774-784. doi: 10.1016/j.beth.2020.10.001.

Song, J., Johnson, C., Suvak, M., Shields, N., **Lane, J.E.M.**, Monson, C.M., & Stirman, S.W. (2020). Patterns of change in physical functioning and posttraumatic stress disorder with Cognitive Processing Therapy in a randomized controlled implementation trial. *European Journal of Psychotraumatology*, 11. doi: 10.1080/20008198.2020.1801166.

Larsen, S.E., Mackintosh, M., La Bash, H., Evans, W.R., Suvak, M., Shields, N., **Lane, J.E.M.**, Sijercic, I., Monson, C.M., & Stirman, S.W. (2020). Predictors of temporary PTSD symptom increases and association with overall symptom change trajectory among individuals receiving CPT in a hybrid effectiveness-implementation trial. *Psychological Trauma: Theory, Research, Practice, and Policy*, advance online publication. doi: 10.1037/tra0000545

LEUNG, Dr. Pauline

Dr. Pauline Leung received her PhD in Clinical Psychology from Queen's University in 2021, following completion of a predoctoral residency at St. Joseph's Healthcare Hamilton (Forensic Psychology Stream). Currently, she is completing her post-doctoral supervised practice year with the Forensic Program at Ontario Shores. Dr. Leung's research interests are broad and have to date included relational and health outcomes associated with attachment orientation, psychopathy, and the treatment of eating disorders. As a clinician, Dr. Leung primarily works from a cognitive-behavioural framework, but readily integrates other approaches where indicated.

Leung, P. C., & MacDonald, T. K. (2021). Please stop rubbing your relationship in my Face(book): An investigation of online romantic social comparison. *Canadian Journal of Behavioural Science*. Advance online publication. doi: 10.1037/cbs0000307

Leung, P. C., Looman, J., & Abracen, J. (2021). To reoffend or not to reoffend? An investigation of recidivism among individuals with sexual offense histories and psychopathy. *Sexual Abuse*, 33, 88-113. doi: 10.1177/1079063219877173

Best, M., Milanovic, M., Tran, T., **Leung, P.**, Jackowich, R., Gauvin, S., ... Bowie, C. (2020). Motivation and engagement during cognitive training for schizophrenia spectrum disorders. *Schizophrenia Research: Cognition*, 19, 100151. doi: 10.1016/j.scog.2019.100151.

Leung, P. C., & MacDonald, T. K. (2019). Attitudes toward condom carriers: The role of gender. *Canadian Journal of Human Sexuality*, 27, 215-225. doi: 10.3138/cjhs.2018-0003

Mac Neil, B. A., Hudson, C. C., & **Leung, P.** (2018). It's raining men: Descriptive results for engaging men with eating disorders in a specialized male assessment and treatment track (MATT). *Eating and Weight Disorders*, 23, 817-824. doi: 10.1007/s40519-018-0586-y

LEVI, Dr. Marc

Dr. Levi received his Ph.D. in Clinical Psychology from York University in 2004. He is a licensed psychologist registered with the College of Psychologists of Ontario with a focus on clinical and forensic/correctional psychology. Prior to joining Ontario Shores, Dr. Levi was employed at the Ontario Correctional Institute from 2000 to 2004 where he provided group and individual psychotherapy as well as completed pre-parole risk assessments for the Ontario Parole Board. At present, Dr. Levi works in the Forensic Outpatient Service where he conducts risk assessments utilizing actuarial methods, structured clinical judgment, and an appraisal of dynamic risk factors. His clinical interests include cognitive behaviour therapy for psychosis, treatment for concurrent disorders, and dialectic behaviour therapy for

forensic populations. Dr. Levi's research has focused on neuropsychological and personality differences within subtypes of aggression as well as investigating the potential contribution of psychological testing in the assessment of risk for violence. Recently, he completed a pilot study investigating neuroplasticity and brain fitness training within the forensic program at Ontario Shores.

Martin, E., **Levi, M. D.**, & Marshall, L. (2013). Cognitive Behavior Therapy for Psychosis – Inpatient Treatment Manual. (unpublished manuscript). Ontario Shores Centre for Mental Health Sciences, Whitby ON.

Levi, M. D., Nussbaum, D., Rich, J. B. (2010). Neuropsychological and personality characteristics of predatory, irritable, and nonviolent offenders: Support for a typology of criminal human aggression. *Criminal Justice and Behavior*, 37(6), 633-655.

Nussbaum, D., Wright, P., Melodick, S., **Levi, M.**, & Reixach, D. (1997). Computerized neuropsychological screening of forensic psychiatric inpatients using Microcog & the IVA. *Canadian Psychology*, 38(2a), 63.

MARSHALL, 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.

Marshall, N., Mushquash, A., Mushquash, C., Mazmanian, D., & McGrath, D. S. (2019). Marijuana use in undergraduate students: The short-term longitudinal relationship between motives and frequency of use. *Journal of Substance Use*, 1-6.

Toombs, E., **Marshall, N.**, & Mushquash, C. (2019). Residential and nonresidential substance use treatment within Indigenous populations: A systematic review. *Journal of Ethnicity in Substance Abuse*, 1-26.

Mushquash, C. J., Hill, M. E., Minore, J. B., Graham, K., Kruse, A. S., & **Poirier, N. B.** (2014). Being strong again: An evaluation of prescription drug abuse programs in ten northern Ontario First Nations. Thunder Bay, Ontario: Centre for Rural and Northern Health Research, Lakehead University.

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.

Vettor, S. M., & Kosinski, F. A. (2000). Work-Stress burnout in emergency medical technicians and the use of early recollections. *Journal of Employment Counseling, 37*, 216-227.

YOUNG, Cheryl

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

Roy-Charland, A., Perron, M., **Young, C.**, Boulard, J., & Chamberland, J. (2015). The Confusion of Fear and Surprise: A developmental study of the perceptual-attentional limitation hypothesis using eye movements. *The Journal of Genetic Psychology, 176*.

How to Connect with Us

Ontario Shores has a number of ways for our communities to connect with us, learn more about who we are and what we do and gain knowledge about mental illness. There are a number of online platforms people can use to connect with us:



#MindVine

mindvine.ontarioshores.ca



Facebook

facebook.com/ontarioshores



Twitter

twitter.com/OntarioShores



LinkedIn

linkedin.com/company/ontario-shores-centre-for-mental-healthsciences



YouTube

youtube.com/user/ontarioshores



Website

ontarioshores.ca

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