

CLINICAL PRACTICUM TRAINING PROGRAM IN PSYCHOLOGY

2013-2014

Director-of-Training: Nicola R. Brown, Ph.D., C.Psych. Psychologist-in-Chief: Kenneth J. Zucker, Ph.D., C.Psych.

TABLE OF CONTENTS

Overview of CAMH	3
Overview of the Application Procedure	5
Overview of Clinical Rotations	6
Child Rotations	6
Adult Rotations	10
Clinical Practicum Faculty Supervisors	20
Practicum Application Form	24

OVERVIEW OF CAMH

Working for Better Understanding, Prevention and Care

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

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

Susan E. Gapka, Courage to Come Back Award Recipient

Care

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

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

Mental Health

CAMH provides a wide range of inpatient, outpatient, and community-based treatment programs including: Child, Youth, and Family; Dual Diagnosis; General Psychiatry; Law and Mental Health; Mood and Anxiety; Schizophrenia; Work, Stress & Health, and others.

Addiction

CAMH's addiction treatment is based on a harm reduction philosophy, an approach that focuses on decreasing adverse health, social, and economic consequences of alcohol or drug use. Clients' goals range from reduced use to total abstinence. Concurrent Disorders programs offer an integrated treatment approach for people facing concurrent addiction and mental health problems.

Prevention

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

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

Understanding

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

Dr. Paul Garfinkel, former President and CEO

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

OVERVIEW OF THE APPLICATION PROCEDURE

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

THE DEADLINE FOR APPLICATIONS IS FEBRUARY 1, 2013 FOR SPRING-SUMMER 2013 AND FALL-WINTER 2013-14 PLACEMENTS. Applications submitted after this deadline will be reviewed on May 1, 2013, and September 1, 2013 (no exception and no phone call or email about exception please). If applicants wish to receive confirmation of their application, please send me an email.

Applications are to include:

- 1) The completed application form (on the last 2 pages of this brochure)
- 2) A one page statement of training goals and objectives
- 3) An up-to-date curriculum vitae
- 4) Undergraduate and graduate transcripts (can be unofficial print outs)
- 5) Two letters of reference (at least one from a professor; other can be work or volunteer supervisor)

Applicants are required to assemble all materials prior to submission. E-mailed applications, reference letters etc. will <u>not</u> be accepted.

Please direct applications via post mail to:

Nicola Brown, PhD, C.Psych. Psychology Clinical Training Coordinator Centre for Addiction and Mental Health 250 College Street, 6th floor Toronto, Ontario M5T 1R8 Phone: (416) 535-8501 Ext. 4077 Email: <u>nicola.brown@camh.ca</u>

Once your completed application is received, the Practicum Committee will review the submission. If deemed appropriate, your application will be sent to potential supervisors who may contact you for an interview. Most interviews take place within 4 weeks of the application deadline.

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

OVERVIEW OF CLINICAL ROTATIONS

---CHILD, YOUTH AND FAMILY TRACK—

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

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

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

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

ADOLESCENT SERVICE

Supervisor: Tracey A. Skilling, Ph.D, C.Psych.

The Adolescent Service works with youth aged 12 to 19 years old. These youth are often actively involved in the juvenile justice system or have other legal issues. Mental health, psycho-educational, and risk-to-reoffend assessments are completed with recommendations offered to the courts, families, and other involved agencies. The clinic also, on occasion, provides similar assessment

services to youth not involved in the juvenile justice system who have problems with behaviour such as anger, aggression, or sexual misconduct.

This rotation exclusively provides assessment services; comprehensive treatment plans are developed but not offered by the Service, instead treatment referrals to community agencies are suggested. Practicum students have the opportunity to be involved in psycho-diagnostic assessments, psycho-educational assessments, and feedback to clients, families and referral agents. Assessments are often completed as a multidisciplinary team and students will have opportunities to work closely with professional from other disciplines including psychiatry and social work.

Students may also have the opportunity to be involved in clinical research projects underway in the Service.

BETTER BEHAVIOURS SERVICE

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

The Better Behaviours Service (BBS) provides help for children, youth and their families who have challenges with disruptive behaviour, aggression, social skills difficulties, inattention and non-compliance at home and/or at school. Through semi-structured assessment, factors contributing to behavioural difficulties are identified. Individual, family and group based treatments are offered to help children build skills, reduce behavioural difficulties and help caregivers develop more effective parenting strategies to reduce family conflict. The BBS also offers a 10-month (i.e., an academic year) day treatment program for children aged 6-8 with severe behavioural challenges. Day treatment occurs in conjunction with family and group based therapy.

This is a clinical-research practicum. Students will be involved in assessment, intervention and consultation in the context of one or more clinical-research projects operating within the BBS. Students will also provide treatment for children in the day treatment program. Students complete brief assessments and participate in delivery of structured group and individual treatment. Training and supervision of implementation of Cognitive-Behavioural treatment approaches will be provided.

GENDER IDENTITY SERVICE

Supervisors: Kenneth J. Zucker, Ph.D., C.Psych. Hayley Wood, Ph.D., C.Psych.

The Gender Identity Service helps children, adolescents, and families better understand a young person's struggle with gender identity development and related behavioural or emotional problems. Many children and youth seen in this clinic are confused about their gender identity or are unhappy about being a boy or a girl. The clinic also assesses children and youth exhibiting inappropriate and/or highly sexualized behaviour, as well as adolescents who are concerned about being sexually aroused by cross-dressing.

Treatment modalities are informed by models of developmental function and psychopathology. Diagnostic case formulations tailor the therapeutic modality and approach, which include supportive psychotherapy, psychodynamic therapy, attachment-based therapy, and parent counselling. We typically provide weekly long-term treatment to our clients. A key element in the training experience of the practicum student is to develop empathic skills and to understand better the internal representational world of their clients. Practicum students will have the diagnostic opportunity to be involved in assessments. psychological assessments, feedback to clients, families and referral agents, and as well in individual, family and parent therapy. Students may also have the opportunity to be involved in clinical research projects underway in the Service. Assessment and treatment initiatives are undertaken within the framework of a multidisciplinary team approach, and students work closely with the professionals from other disciplines (e.g., psychiatry, social work, and endocrinology) in the provision of services.

MOOD AND ANXIETY SERVICE

Supervisor: Allison-Owen Anderson, Ph.D., C.Psych.

The Mood and Anxiety Disorders Service helps children and adolescents aged 5-18 who have anxiety and/or depression, as well as their families. Through the course of the assessment, we help the child and family better understand the problem. Where appropriate, treatment is recommended and can be provided within the service. Treatment goals are to reduce the client's anxiety or improve their mood so that he or she is better able to cope at home, school, and with friends.

Treatment is provided in the form of individual, family, or group therapy, as well as parent counseling or individual therapy to parents. Treatment modalities include cognitive behavioural therapy, play therapy, and psychodynamic therapy.

PSYCHOLOGICAL ASSESSMENT TEAM FOR CHILDREN AND YOUTH

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

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

Practicum students will gain experience with regard to clinical and diagnostic interviewing, administering and interpreting standardized psychological assessment measures and tests, integrating clinical information with

psychological test data, and provision of written and verbal feedback to clients, families, and referring agents.

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

YOUTH ADDICTION AND CONCURRENT DISORDERS SERVICE

Supervisor: Allison Owen-Anderson, Ph. D., C.Psych.

The Youth Addiction and Concurrent Disorders Service is a harm reduction service that helps adolescents and young adults aged 15-24 who have substance use problems, with or without mental health concerns, such as problems with mood and anxiety, disruptive behaviour, attention difficulties, eating disorders, psychotic disorders, learning disorders, adjustment disorders, and personality disorders. Psychology practicum students become involved in diagnostic assessments, psychoeducational assessments, feedback to clients, families, and referral agents, as well as individual and group therapy [First Contact, a brief group with a motivational interviewing focus; C-Smart for youth struggling with substance use and mood and/or anxiety difficulties; Seeking Safety to address concurrent substance use and PTSD]. Treatment modalities include cognitive behaviour therapy, dialectical behaviour therapy, motivational interviewing, supportive, and psychodynamic.

-- ADULT TRACK --

MOOD AND ANXIETY PROGRAM

Anxiety Disorders Service

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

This rotation is conducted in the Anxiety Disorders Clinic (ADC), located in the Mood and Anxiety Program at the CAMH College Street site. The ADC is a clinical and research unit staffed by individuals from a wide range of disciplines including psychology, psychiatry, social work, and occupational therapy. The clinic sees about 1000 new referrals per year, many of which are treated via cognitive-behavioral and/or pharmacological treatment programs. The principal disorders seen in the clinic by the psychology students include panic disorder with and without agoraphobia, social phobia, obsessive compulsive disorder, and generalized anxiety disorder. Psychological treatment consists of short-term cognitive behaviour therapy (CBT), where clients are typically seen weekly over 12 weeks.

Training of psychology practicum students includes administering structured clinical interviews for diagnostic assessment of Axis I disorders, learning to discern suitability for short-term CBT, developing clinical decision making skills, learning how to effectively communicate/collaborate with other health professionals, and training in empirically supported treatments.

Also, practicum students are expected to become a valued part of the treatment team, and to become familiar with the relevant clinical and research literature. Depending on the practicum students' interests and experience, opportunities to participate in clinical research projects or to develop new projects are available as time permits.

CBT Clinic - Depression

Supervisor: Lance Hawley, Ph.D., C. Psych. Isabelle Bauer, Ph.D., C. Psych.

This rotation is conducted in the Cognitive Behaviour Therapy (CBT) Unit of the Mood and Anxiety Program at the Queen Street Site. The CBT Unit is a high demand clinical/research out-patient treatment clinic that offers specialized training in short-term cognitive behaviour therapy for mood disorders (patients are seen over 15-20 weeks) as well as therapies which target depressive relapse (wellness based CBT, mindfulness-based cognitive therapy (MBCT)). Our goal is to provide efficacious, empirically based clinical services to our clients in order to optimize treatment response. During the intake process, all clients complete a comprehensive, multi-axial diagnostic intake assessment, and suitability for cognitive therapy is also assessed as part of the initial evaluation procedure. Ongoing research investigations are conducted to evaluate treatment methods

and to investigate vulnerability to psychological disorders. Given the clinical research role of this unit, clients are often concurrently participating in research trials which have a focus on the investigation of relapse and recovery following treatment. A current orientation of this unit involves the study of vulnerability to major depressive disorder and the identification of cognitive markers as related to treatment efficacy. This unit also serves an important academic and teaching function for continued training of psychiatric residents and other mental health professionals who are interested in learning about the cognitive model of emotional disorders.

Training opportunities in the Cognitive Behaviour Therapy Unit involve developing skills in clinical assessment, diagnostic interviewing, and provision of cognitive-behavioral treatment (in both individual and group format) for clients experiencing Major Depressive Disorder. Practicum students will gain proficiency in the administration of the Structured Clinical Interview for DSM-IV Disorders (SCID-IV) and they will also learn to administer the treatment suitability interview for determination of suitability for short-term cognitive behavioral treatment. In addition, there is a strong emphasis on the importance of case formulation, using a comprehensive model of emotional disorders. Supervision includes a minimum of two hours per week of individual supervision, group supervision, as well as weekly clinical and assessment rounds that include all clinic staff.

The main focus of this rotation involves collaborating with clinical students in order to further develop their ability to provide a comprehensive multi-axial diagnosis, while considering optimal treatment suitability (e.g., considering treatment format: individual vs. group, acute phase treatment vs. relapse prevention treatment). During the practicum, clinicians develop strong case formulation skills, in order to optimally apply CBT principles to complex diagnostic presentations. Related training goals involve understanding the role of cognitive vulnerability factors, while considering the interaction between pharmacotherapy and psychological treatment of the disorder. Opportunities for participation in research are also available; however, this is determined on a case-by-case basis, in consideration of the students' overall caseload as well as considering additional clinical opportunities offered in this clinical service that the student may choose to be involved in.

CENTRALIZED ASSESSMENT, TRIAGE & SUPPORT (CATS)

Borderline Personality Disorder Clinic

Supervisors: Shelley McMain, PhD., C.Psych. Andrew Ekblad, PhD., C.Psych

The Borderline Personality Disorder (BPD) Clinic is an outpatient program serving multi-disordered individuals with borderline personality disorder who are 18 years or older. The clinic offers specialized training in the delivery of

Dialectical Behaviour Therapy (DBT). The standard DBT modes of therapy offered in the clinic include weekly individual, group skills training, after-hours telephone consultation and therapist consultation. Trainees may also have the opportunity to participate in adaptations of traditional DBT. These adaptations include a DBT skills group which is offered as an adjunct to individual therapy conducted outside the clinic as well as a DBT component of an Intensive Day Treatment program. Family skills groups are also offered.

In this rotation, trainees primarily gain experience in delivering DBT individual and group skills training as well as crisis management. Trainees are also involved in conducting diagnostic and suicide assessments. Additionally, trainees participate in a weekly therapist consultation team meeting. Trainees are expected to become familiar with the relevant research. The BPD Clinic is an active clinical, research, and training centre. Research interests of the team include the evaluation of treatment outcome, the relation of psychotherapy process to outcome, and the role of emotion in psychotherapy. Participation in research activities is available as time permits.

Gender Identity Clinic

Supervisor: Nicola Brown, Ph.D., C.Psych

The Gender Identity Clinic (GIC) is an outpatient clinic that evaluates adults (18 and over) who are referred because of gender dysphoria. The GIC sees individuals who are considering or pursuing a social and/or medical transition, as well as individuals who elect to manage and/or express feelings of dysphoria while remaining in their original gender role. CAMH's Adult Gender Identity Clinic is currently the only Clinic in the province empowered to carry out the Ministry of Health's approval process for individuals in Ontario seeking an OHIP-funded sex reassignment surgery (SRS).

The Clinic offers students specialized training in diagnostic and life history interviewing that emphasizes a holistic understanding of a person. The results of these assessments enumerate relevant diagnoses and for those seeking medical interventions, evaluate a person's eligibility and readiness using the principles articulated in the current World Professional Association for Transgender Health (WPATH) Standards of Care (SOC 7). Trainees will conduct initial clinical assessments, as well as follow-up and surgery approval appointments. Trainees will also have the opportunity to provide time-limited individual psychotherapy and other relevant support where indicated. Trainees will become familiar with the literature, receive weekly individual supervision, and participate in weekly case conferences that include all clinic staff. Participation in research activities is available when there are active projects and as time permits.

Psychology students at the Doctoral level are welcome to apply; familiarity with LGBT communities is preferred.

DUAL DIAGNOSIS PROGRAM

Supervisors: Anna M. Palucka, Ph.D., C. Psych. Margaret Reid, Clin.Psy.D., C. Psych.

Practicum opportunities exist in the Dual Diagnosis Program for students interested in working with adolescents and adults with developmental disabilities (intellectual disability, autism spectrum disorders) and mental health issues. The program comprises of two outpatient community-based services, a 10-bed inpatient unit and the Day Treatment Program (both located at the Queen Street Site). The placement allows for participation in all the components of the program.

The treatment model is based on an interdisciplinary biopsychosocial approach to client care. The clinical teams have a wide representation of mental health disciplines including psychiatry, psychology, OT, behavior therapy, recreational therapy, social work and nursing. The placement offers a rich interprofessional experience (IPE) as well as opportunities for engagement in formal IPE activities.

Referrals to program involve a wide spectrum of clinical conditions such as mood and psychotic disorders, anxiety disorders, personality and impulse control disorders, autism spectrum disorders as well as a range of intellectual disability. Clinical opportunities for students include individual therapy (only some clients are able to participate in individual therapy, however), group therapy in the Day Treatment Program (e.g., outpatient group, relaxation training, women's/men's group), assessment (cognitive, behavioral, diagnostic, and personality) as well as consultations to service providers (e.g., other programs at CAMH, hospitals, forensic services, group homes) and families, and crisis planning. Supervision is provided on an individual basis, as well as through observation at team meetings/case conferences.

SCHIZOPHRENIA PROGRAM

Through its 200+ inpatient beds and 15 ambulatory services, the Schizophrenia Program provides care at all stages of the illness. Services include prevention, treatment for first episode psychosis, Medication Assessment Program for Schizophrenia (MAPS), monitoring and management of co-occurring metabolic problems, rehabilitation, and care for adults with severe and persistent mental illness.

Assessment Service

Supervisors: Sean Kidd, Ph.D., C.Psych.

Practicum students will have the opportunity to participate in the Schizophrenia Program psychological assessment service. In this service they will gain experience in clinical interviewing, administering and interpreting psychological and neuropsychological assessment tools, writing comprehensive assessment reports, and providing feedback to clients, family members, and service providers. Assessments address questions related to community functioning (e.g., psycho-educational and psycho-vocational assessments) and issues of diagnosis and comorbidity among persons with psychosis. Weekly supervision meetings will be held with students and there are opportunities to attend a range of clinical rounds and interdisciplinary team meetings.

Cognitive Behaviour Therapy Service

Supervisors: Faye Doell, Ph.D., C.Psych. Sean Kidd, Ph.D., C.Psych.

The rotation in the Cognitive Behaviour Therapy Service of the Schizophrenia Program offers a unique training opportunity for students who are interested in gaining experience working therapeutically with individuals with severe and persistent mental illness. Practicum students will receive intensive training in CBT for Psychosis, and will have the opportunity to participate in weekly individual supervision as well as group supervision with a multidisciplinary team of clinicians. Students will carry a small caseload of individual clients, and will also have the opportunity to participate as co-facilitator of CBT for psychosis therapy groups offered through both our outpatient services and Partial Hospital Program.

LAW AND MENTAL HEALTH PROGRAM

The Law and Mental Health Program was one of the first forensic centers established in Canada and continues to be at the forefront of research and treatment innovations. The Law and Mental Health Program specializes in the assessment and treatment of individuals who have ongoing involvement with the legal system.

Adult Forensic Outpatient Service

Supervisor: John Arrowood, Ph.D., C.Psych.

The Adult Forensic Outpatient Service is part of the CAMH Law and Mental Health Program, which was one of the first forensic centers established in Canada (as part of the Clarke Institute of Psychiatry) and continues to be at the forefront of research and treatment innovations. The Adult Forensic Outpatient Service is a clinical and research outpatient unit which specializes in the assessment and treatment of individuals involved in criminal and civil legal proceedings as well as occupational discipline procedures.

Clinical activities in which interns are involved include sexological and diagnostic assessments of sexual offenders as well as the diagnostic assessment of Posttraumatic Stress Disorder, assessment of psychopathic personality, clinical and actuarial assessment of risk for reoffense, and assessment of risk for violence in the workplace. These assessments can include evaluation of police officers for fitness for duty as well as evaluation of physicians and attorneys for fitness for practice. Interns will become familiar with the psycholegal standards in forensic practice and in reporting to attorneys and the courts. Interns also take on individual psychotherapy clients and run treatment groups in the sexual offender treatment program.

Supervision is provided on an individual basis as well as in team meetings and case conferences. Additionally, interns will have the opportunity to attend the Law and Mental Health Program seminar series. Possibilities also exist for participation in clinical research as time permits.

Adult Forensic Inpatient Service

Supervisor: Percy Wright, Ph.D., C.Psych.

The Law and Mental Health Program is comprised of several assessment and rehabilitative inpatient units that serve mentally ill individuals who are involved with the legal system. Relevant legal issues include clients' fitness (competency) to stand trial and/or their criminal responsibility (legal defense) for their crimes.

Specialized clinical activities in which practicum students are involved include the assessment of intellectual, cognitive, and neuropsychological functioning, personality, and malingering. In addition, practicum students would have the opportunity to learn necessary skills for the assessment of psychopathy and risk for future offending.

Students will become familiar with the psycholegal standards involved in forensic assessment and reporting to the courts; in addition, he or she will be preparing clinical reports for relevant legal bodies, such as the Ontario Review Board, that guide and monitor the supervision and clinical care of our rehabilitation clients. Opportunities for individual and group therapy are available on a variety of topics (e.g., substance abuse, anger management, risk management, symptom management) according to students' interests. Supervision is provided on an individual basis.

Adult Sexual Behaviours Outpatient and Inpatient Service

Supervisor: Ainslie Heasman, Ph.D., C.Psych

The Sexual Behaviours Clinic (SBC) is part of the CAMH Complex Mental Illness Program (formerly the Law and Mental Health Program). The SBC Outpatient unit specializes in the assessment and treatment of individuals with sexual behaviour problems. Some individuals will have had previous contact with the legal system which results in their referral to the SBC, while others have selfidentified concerns over sexual behaviour and/or interests. The Inpatient Forensic Service provides a secure setting for individuals found unfit to stand trial or not criminally responsible as a result of significant mental health issues. As a result, these individuals are under the auspices of the Ontario Reviews Board (ORB). Some of these individuals have engaged in sexually problematic behaviour.

Students typically engage in sexological and diagnostic assessments of individuals in both the inpatient and outpatient context. Treatment groups for sexual behaviour problems are provided to both inpatient and outpatient groups and students can participate in co-facilitation. There is the opportunity for individual therapy cases as well, addressing the same presenting sexual behaviour problems. Students will become familiar with the psycholegal standards involved in forensic assessment.

Supervision is provided on an individual basis, as well as in team meetings and case conferences. Students will also have the opportunity to participate in various departmental and hospital wide seminars. Both Summer and Fall/Winter placements will be considered.

Hypersexuality Assessment and Treatment

Supervisors: James Cantor, PhD, C.Psych; Katherine Sutton, PhD

This placement is ideal for students seeking training in clinical work with persons (primarily men) with hypersexuality (or "sex addiction," "sexual compulsivity," etc.) These clients are typically self-referred for sexual behaviours or interests they feel they cannot control. Trainees will be exposed to a wide range of clinical situations in that context, conducting semi-structured assessments focusing on sexual history taking. Clinical experiences will include report-writing, differential diagnosis, and treatment recommendations. Students will also participate in providing group treatment using Motivational Interviewing techniques for individuals with hypersexuality.

Later in the placement, students will have the opportunity to expand their training to include forensic or advanced clinical sexology clinical experience, according to student interests. In addition to the opportunity for some neuropsychological training, opportunities are available for the students to observe or lead therapy groups for those convicted of sexual offenses or to receive additional training in topics such as gender identity concerns and transsexualism through arrangements with the CAMH Gender Identity Clinic.

Other training opportunities include case conferences and seminars in forensics, sexology, and neuropsychology.

For more information, contact Kate Sutton at katherine.sutton@camh.ca

Neuropsychology of Problematic Sexual Behaviours

Supervisors: James Cantor, Ph.D., C.Psych, and Rachel Fazio, Psy.D.

This placement is ideal for students who need an introductory-level practicum relating to neuropsychological and cognitive testing. At the beginning of the students focus assessment, placement, on using standardized neuropsychological tests with patients undergoing assessment in the Kurt Freund Laboratory. These patients may have been self-referred for problematic sexual behaviors, or have been referred by a probation officer or lawyer. This testing is scored and written up as a brief neuropsychological consultation which will help the primary evaluator for the case to make decisions regarding the validity of other components of the evaluation and appropriate placement in treatment programs. Students typically assess approximately 75 patients over the course of this placement; the usual schedule is two patients per day, providing a steady stream of patient contact hours. Prior students have reported this amount of hands-on experience has been useful for subsequent clinical placements.

Later in the practicum, students may expand their practicum to include more forensic or sexological experience if they so wish. In addition to the availability of more in-depth neuropsychological training, opportunities are available for the students to observe or lead therapy groups for those convicted of sexual offenses or to receive additional training in topics such as gender identity concerns and transsexualism through arrangements with the Gender Identity Clinic.

A wide variety of didactics is available, including case conferences, forensic seminars, and didactics on neuropsychological topics and neuroimaging.

For more information, e-mail Rachel Fazio at <u>rachel.fazio@camh.ca</u>.

WOMEN'S PROGRAM

Supervisor: Donna Akman, Ph.D., C. Psych.

The Women's Program offers services for women with complex mood and anxiety disorders who often have a history of trauma and/or addictions. The program provides both inpatient and outpatient treatment. The approach is trauma-informed and integrates psychotherapeutic, psychopharmacological, and psycho-educational modalities of care. The Women's Program is staffed by an interdisciplinary team from psychiatry, psychology, nursing, occupational therapy, therapeutic recreation, and social work.

Clinical activities in which students are involved include providing time-limited individual outpatient therapy, co-facilitating inpatient and outpatient groups, and conducting psychodiagnostic assessments. Students are expected to participate in clinical rounds, team meetings, and educational events.

WORK, STRESS AND HEALTH PROGRAM

Supervisors: Jason Bacciochi, Ph.D., C. Psych. Hester Dunlap, Ph.D., C. Psych. Donna Ferguson, Ph.D., C. Psych. Niki Fitzgerald, Ph.D., C. Psych. Katy Kamkar, Ph.D., C. Psych.

This rotation is conducted in the Work, Stress and Health Program (WSH) of the Mood and Anxiety Program. The WSH is a large multidisciplinary outpatient clinic that provides comprehensive independent assessment and treatment for individuals who develop primary anxiety or mood disorders in response to workplace related traumatic events.

The program provides students with the rare training opportunity to conduct independent comprehensive psychodiagnistic assessments for third parties within a civil-legal context. These assessments involve the thorough evaluation of Axis I psychopathology, Axis II personality pathology, normal personality, and response style distortion (i.e. malingering or defensive responding) utilizing structures and semi-structures interviews (e.g. SCID-I, CAPS, SIPD, M-FAST, SIRS), as well as self-report psychometrics (e.g. MMPI-2, PAI, NEO PI-R). The WSH assessment service sees a wide range of diagnostic presentations, but the majority of those assessed suffer from anxiety (e.g. PTSD, Panic Disorder), mood, and somatoform disorders. The WSH treatment service specializes in the treatment of primary anxiety and mood disorders (PTSD, depression and a range of other anxiety disorders) utilizing CBT. In addition to receiving supervision in the provision of individual evidence based CBT protocols for anxiety and mood disorders, students will have the opportunity to actively participate in our group program as well.

Both the assessment and treatment services function within a multidisciplinary team approach and students work closely with the professionals from other mental health disciplines (e.g. psychiatry, occupational therapy) in the provision of services. WSH clients are of diverse ethno racial and cultural backgrounds. Students will participate in the clinic's regular clinical and educational rounds.

CLINICAL TRAINING PROGRAM IN PSYCHOLOGY

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

This rotation is conducted in the Clinical Research Laboratory (CRL) at the College Street site. The CRL is a dynamic clinical, research and training setting, conducting a variety of basic clinical research and treatment outcome studies. Over the past 5 years, the CRL has received an average of 240 referrals for basic clinical research studies per year, principally involving psychological assessments of mood, anxiety, substance use, impulse control and personality disorders. Over the past 5 years, the CRL has received an average of 290

referrals for treatment outcome studies per year, principally involving the treatment of depression via brief interpersonal therapy, cognitive behavioural therapy, or antidepressant medication. The CRL also provides consultation and training to other mental health professionals. Practicum students may be involved in assessment and/or therapy, as determined by student training, experience and interests, as well as current research initiatives.

Assessment practicum students receive in-depth training, supervision and experience in psychodiagnostic assessment of both Axis I and II disorders, including the Structured Clinical Interview for DSM-IV, Axis I Disorders, Patient Form (SCID-I/P; First et al., 1995). Students also receive training in structured interview, self-report, informant-rated, and performance-based measures of personality, cognition, motivation, impairment, and response bias. Supervision is provided on an individual and group basis, as well as through clinical team meetings. Training and supervision experience may be available for advanced students. Therapy practicum students receive in-depth training, supervision and experience in the provision of cognitive behavioural therapy for depression. Opportunities also exist for time-limited supportive therapy. Supervision is provided on an individual basis. Peer observation and educational events may also be available. Practicum students will develop specific skills in empirically validated instruments and techniques, as well as general skills in clinical interviewing and decision making and effective communication with other health professionals.

CLINICAL PRACTICUM FACULTY SUPERVISORS

Donna Akman, Ph.D., C.Psych., University of Toronto, 2003. <u>Clinical and</u> <u>Research Interests</u>: women's mental health, feminist psychotherapy, social determinants of mental health, program development and evaluation.

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

John S. Arrowood, Ph.D., C.Psych., State University of New York at Binghamton, 1994. <u>Clinical Interests</u>: forensic assessment including the assessment of dangerousness and psychopathic personality, assessment of fitness for duty or special assignment in police officers, and assessment and cognitive/behavioral treatment of Posttraumatic Stress Disorder (PTSD). <u>Research Interests</u>: historical antecedents of antisocial behavior and the behavioral and pharmacological treatment outcome in PTSD.

Jason Bacchiochi, Ph.D., C.Psych., University of Toronto, 2005. <u>Clinical interests</u>: psychological assessment and treatment of mood and anxiety disorders. <u>Research interests</u>: assessment and identification of malingered psychopathology; use of structured psychometric instruments in differential diagnosis, and the relationship between individual differences a vulnerability to psychopathology.

Nicola Brown, Ph.D., C.Psych., York University, 2006. <u>Clinical interests:</u> psychological assessment of gender dysphoria and transition support. <u>Research interests:</u> complex trauma; significant others of trans people; trans people's experiences with systems from a social determinants of health perspective.

James M. Cantor, Ph.D., C.Psych., McGill University, 1999. Dr. Cantor's clinical activities focus primarily on the assessment of persons dealing with illegal or clinically significant sexual behaviours and interests such as pedophilia and other paraphilias, (so called) sexual addictions, and persons with sexual orientation or gender identity concerns. His program of research investigates the biological contributors to sexual orientation, gender identity, and paraphilic sexual interests, using a variety of brain imaging, neuropsychological, and psychophysiological techniques. He also founded and manages the *NewPsychList,* an internet discussion list for over 4,500 recent and soon-to-be doctorates in psychology. More information available at <u>http://individual.utoronto.ca/james_cantor</u>.

Emily Cripps, Ph.D., C.Psych., University of Waterloo, 2004. <u>Clinical Interests</u>: Assessment and treatment of male and female forensic inpatients; assessment and treatment of co-morbid anger and substance abuse problems using Dialectical Behaviour Therapy; sexual "addiction." <u>Research Interests</u>: Assessment and treatment of pathological gambling; assessment and treatment of female forensic inpatients; sexual "addiction."

Faye Doell, Ph.D., C.Psych.), York University, 2010. Clinical and Research

<u>Interests</u>: assessment and treatment of individuals with Schizophrenia-spectrum disorders, with an emphasis on Cognitive Behavioural Therapy and Motivational Interviewing.

Hester Dunlap, Ph.D., C. Psych., University of Toronto, 2005. <u>Clinical Interests</u>: Psychological assessment and treatment of PTSD, anxiety disorders, and depression with Cognitive Behavioural Therapy. <u>Research Interests</u>: Risk and protective factors associated with chronic posttraumatic stress.

Adele Efendov, Ph.D., C. Psych., University of Toronto (OISE), 2006. Clinical and Research Interests: Assessment and treatment of mood and anxiety disorders with Cognitive Behavioural and Interpersonal Therapy (individual and group format), objective personality assessment, assessment of PTSD and malingering.

Andrew Ekblad, Ph.D., C.Psych., Duke University, 2009. <u>Clinical Interests</u>: the treatment of borderline personality disorder, and suicidal behaviour. Special interest in working in Emergency Department settings. <u>Research Interests</u>: Adaptations of Dialectical Behavior Therapy; the treatment of suicidal behaviour in Emergency Departments; Mindfulness.

Rachel Fazio, Psy.D., Forest Institute, 2012. <u>Clinical Interests</u>: neuropsychological assessment in both the forensic and medical realms. <u>Research Interests</u>: efficacy of freestanding and embedded symptom validity measures; detection of malingered neurocognitive dysfunction; psychometric properties of assessment instruments; anthropometric, neurobiological, and neuropsychological correlates of pedophilia and other paraphilias.

Donna Ferguson, Psy.D., C.Psych., Adler School of Professional Psychology, 2003. <u>Clinical Interests</u>: assessment and treatment of depressive and anxiety spectrum disorders. Individual and group cognitive behavioural treatment of depressive and anxiety disorders. <u>Research Interests</u>: assessment and treatment of concurrent disorders, particularly anxiety disorders and/or co-morbid depressive disorders with gambling pathology.

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

Lance Hawley, Ph.D., C. Psych., McGill University, 2006. <u>Clinical Interests:</u> Diagnostic assessment and empirically informed treatment of adolescents and adults experiencing Axis I mood or anxiety symptomatology. <u>Research Interests</u>: Clarifying process and outcome elements of empirically informed treatment interventions for mood and anxiety disorders; information processing and cognitive vulnerability models; examining non-specific (e.g., therapeutic alliance, personality) and specific (therapeutic skills) factors influencing treatment response; utilizing novel applications of statistical methodology to clinical practice (e.g., modeling longitudinal data).

Ainslie Heasman, Ph.D., C.Psych., California School of Professional Psychology, 2005. <u>Clinical Interests:</u> sexological and diagnostic assessment and treatment of adults with sexual behaviour problems, assessment of violence and sexual risk. Individual and group treatment for sexually problematic behaviours

employing cognitive-behavioural strategies and the Good Lives Model. <u>Research</u> <u>Interests:</u> therapist characteristics and influence on treatment outcome, treatment efficacy for those with sexual behaviour problems.

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

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

Susan L. Lambert, Ph.D., C. Psych., York University, 2009. <u>Clinical and Research Interests</u>: Comprehensive assessment of children and adolescents with fire setting behaviour and associated mental health concerns. Treatment with children, adolescents, and caregivers using a CBT approach. Program development and evaluation of risk factors contributing to fire setting.

Judith M. Laposa, Ph.D., C.Psych., University of British Columbia, 2005. <u>Clinical Interests</u>: assessment; individual and group cognitive therapy for anxiety disorders. <u>Research Interests</u>: measurement and evaluation of cognitive models of anxiety disorders, and mechanisms in treatment response to cognitive behaviour therapy, with particular interests in PTSD, social phobia, and obsessive-compulsive disorder.

Sherri A. MacKay, Ph.D., C.Psych., University of Toronto, 1985. <u>Clinical Interests:</u> Assessment and treatment of antisocial children, adolescents, and their families. <u>Research Interests:</u> Program development, risk assessment and brief intervention for child and adolescent fire setters.

Shelley McMain, Ph.D., C.Psych., York University, 1995. <u>Clinical Interests</u>: the treatment of borderline personality disorder, suicidal behaviour, concurrent mental health and addiction problems. <u>Research Interests</u>: relationship of psychotherapy process to outcome, the efficacy of Dialectical Behavior Therapy, treatments for chronically suicidal patients and substance using patients with borderline personality disorder.

Allison Owen-Anderson, Ph.D., C.Psych., OISE/University of Toronto, 2006. Clinical interests: psychological assessment and treatment of gender identity disorders and transvestic fetishism, child psychotherapy, parent psychotherapy. Research interests: empathy in boys with gender dysphoria, expressed emotion in families of children with gender dysphoria. Internet use and how adolescents dysphoria negotiate with gender their gender identities online. Anna M. Palucka, Ph.D., C.Psych., University of Toronto (OISE), 1997. Clinical and Research Interests: assessment of developmental disabilities, diagnostic assessment of psychopathology in developmentally disabled individuals, treatment interventions in autism spectrum disorders, forensic issues and intellectual disability.

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

personality and psychopathology, and the psychometric evaluation of measures of psychopathology and other individual difference variables.

Margaret Reid, Clin. Psy.D., University of Birmingham, UK, 1999. <u>Clinical and research interests</u>: The assessment and treatment of individuals with intellectual disabilities (ID) and mental health problems, in particular, anger management, and the treatment of clients with ID diagnosed with personality disorders. Other interests include treatment of addictive behaviours: harm reduction, motivational interviewing, and relapse prevention.

Tracey A. Skilling, Ph.D., C.Psych. Queen's University, 2000. <u>Clinical and research interests</u>: causes and correlates of serious antisocial behaviour in children and adolescents; treatment program development and evaluation.

Katherine Sutton, PhD. Queen's University, <u>Clinical and research Interests</u>: Assessment and treatment of sexual offenders, paraphilias, and sexual dysfunction; relationship/couple therapy; gender identity disorder. Research Interests: Neuroimaging; the interaction between psychophysical and psychological variables in the maintenance of vulvodynia; classification of hypersexuality.

Hayley Wood, Ph.D., C.Psych., OISE/University of Toronto, 2009. <u>Clinical and research interests</u>: psychological assessment of gender identity disorder (GID), child and parent psychotherapy in GID, childhood temperament, and the expression of comorbid GID in individuals with autism spectrum disorders.

Percy N. Wright, Ph.D., C. Psych., York University, 1991. <u>Clinical and Research</u> <u>Interests</u>: intellectual and personality assessment with adult and adolescent offenders, assessment of malingering and deception, assessment of violence risk and the relationship between psychopathology and violence.

Kenneth J. Zucker, Ph.D., C.Psych., University of Toronto, 1982. <u>Clinical and Research Interests</u>: gender identity disorders in children and adolescents; attachment and child psychopathology; individual child psychotherapy; parental counseling.

Centre for Addiction and Mental Health

Psychology Practicum Application Form For 2013-2014 Academic Term

(Applications are due on or before February 1, 2013)

1. Name:

Address:

Telephone:

Date of Birth: E-Mail Address:

2. Educational Background

University Completion Dates of Attendance

Degree Granted/ Major Expected

3. Name, Address, Telephone Number, and E-mail of your Director of Clinical Training

- 4. Fall-Winter Practicum Spring-Summer Practicum Anticipated start of practicum:
- Based on the aforementioned descriptions provided, please rank order of the following rotations you would be interested in participating in (e.g., 1= 1st choice [most preferred rotation], 2= 2nd choice, 3= 3rd choice, etc.).

Please note that there are:

- (1) Child, Youth and Family, and
- (2) Adult rotations

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

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

CHILD, YOUTH AND FAMILY TRACK

Adolescent Service Better Behaviours Service Gender Identity Service Mood and Anxiety Disorders Service Psychological Assessment Team for Children and Youth Youth Addiction (in Concurrent Disorders Service)

ADULT TRACK

Adult Forensic Inpatient Services Adult Forensic Outpatient Service Adult Sexual Behaviours Outpatient and Inpatient Service Anxiety Disorders Program Borderline Personality Disorder Clinic Clinical Training Program in Psychology Dual Diagnosis Gender Identity Clinic Hypersexuality Assessment and Treatment Mood Disorders Program Neuropsychology of Problematic Sexual Behaviours Schizophrenia Program Women's Program Work, Stress and Health Program