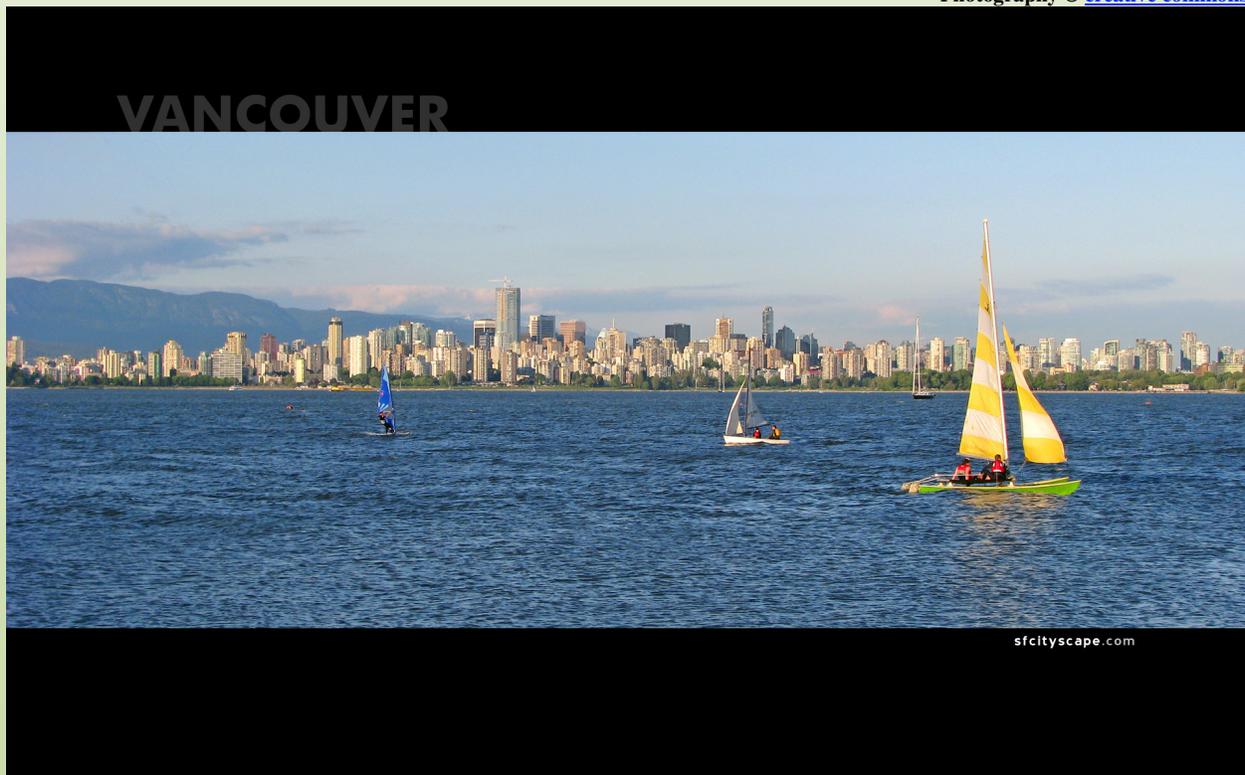


*Predoctoral Residency in Clinical Psychology 2013-2014

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Featuring Two APPIC Tracks

Adult Mental Health
APPIC # 180714

Neuropsychology
APPIC # 180713

*Formerly the Predoctoral Internship in Clinical Psychology

Accredited by the Canadian Psychological Association

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INTRODUCTION

VANCOUVER, BRITISH COLUMBIA

Vancouver is recognized as one of the most livable cities in the world. It is a vibrant metropolitan city bordered by the Pacific Ocean and nestled in the Coast Mountain Range, with the Vancouver metropolitan area being home to a multiculturally diverse population of more than 2.39 million residents. It is home to one of the mildest climates in Canada. As host to the 2010 Olympic and Paralympic Games, there is no shortage of cultural and recreational activities to enhance the work life balance that Vancouverites enjoy. Vancouver is a short distance (125 km) to Whistler, a world-class alpine skiing resort, and even shorter to Cypress Mountain (31 km) and Mount Seymour (15 km). On your doorstep you will find accessible recreational activities that include sailing, kayaking, hiking the Grouse Mountain Grind, skiing, a plethora of yoga studios, the Granville Island Market, Vancouver Aquarium, Historic Gastown, the upbeat and urban neighborhood of Yaletown, the Vancouver Art Gallery and numerous beaches and parks. There is considerable access to excellent and affordable community centres across the city.

Historically, people of English, Scottish, and Irish origins represented the largest ethnic groups in the city. Following a dramatic rise in immigration since 1980, Vancouver is now the second-most popular destination for persons establishing their new permanent residence in Canada, making it culturally and linguistically diverse. Metro Vancouver comprises the third largest metropolitan area in Canada. Census data available from 2006, indicate significant cultural diversity in the Vancouver region, with 49.1% of the population presenting with English as their first language, followed by Chinese (25.6%); Taglog (2.9%); Punjabi (2.8%); and Vietnamese (1.9%).

To learn more about Vancouver access the visitor's link
www.vancouver.ca/visitors.htm or www.eyeseavancouver.com/vancouver.htm

There are two major universities in the Vancouver Metropolitan Area: University of British Columbia and Simon Fraser University.

The University of British Columbia was established in 1908 and is one of the largest universities in Canada, with 1,740 faculty, over 7,000 non-faculty employees and home to more than 37,000 undergraduate and 9,000 graduate students. UBC consistently ranks as one of the top three Canadian universities by Research InfoSource and ranks thirtieth in the world (second in Canada) in the 2010 Times Higher Education World University Rankings. Researchers at UBC are members of 18 of the 19 networks in the federal government's Networks of Centres of Excellence program, which receives an annual allocation from the federal government in excess of \$77.4 million. UBC attracts \$550 million per year in research funding from government, non-profit organizations and industry through more than 7,000 projects. The UBC Faculty of Medicine is one of the largest medical schools in Canada and offers a wide variety of clinical training programs throughout the teaching hospital system in the Vancouver metropolitan area. The UBC library is the second largest research library in Canada and operates more than 13 specialized on- and off-campus divisions and branches including the UBC Biomedical Branch at the Vancouver General Hospital site. The library has more than 261,000 e-books, the largest biomedical collection in Western Canada, and the largest Asian-language collection in Canada. Psychology residents have access to these library resources.

Simon Fraser University (SFU) has approximately 32,000 students, approximately 2,500 faculty and staff and more than 100,000 alumni.(cf www.sfu.ca/report2008) SFU opened its

doors to 2,500 students on September 9, 1965. SFU also has been ranked as one of Canada's top three comprehensive universities for almost 20 years.

PREDOCTORAL RESIDENCY SETTING: VANCOUVER

The Vancouver Coastal Health Authority (VCHA) serves the cities of Vancouver, North Vancouver, West Vancouver, Richmond, and many rural communities on British Columbia's southwestern coast. The VCHA is responsible for the health care of approximately one million residents of B.C. and receives \$2.8 billion in annual funding, which supports approximately 22,000 staff and 5,000 volunteers. Research Centres of Excellence include the Brain Research Centre, Centre for Clinical Epidemiology & Evaluation, Centre for Hip Health & Mobility, Centre for Respiratory & Critical Care Medicine, ICORD: International Collaboration on (spinal cord) Repair Discoveries, Immunity & Infection Research Centre, and Vancouver Prostate Centre.

The Predoctoral Residency in Clinical Psychology offers four full-time predoctoral residency positions. Psychology Residents are placed at the primary site of Vancouver General Hospital, which provides administrative support to the residents. Four training sites facilitate the residency experience; Vancouver General Hospital, St. Paul's Hospital, University of British Columbia Hospital, and GF Strong Rehabilitation Centre. All three hospitals offer a number of specialty and tertiary care clinics that serve the entire province. Most psychology residents will select training modules in several sites and every effort is made to coordinate their schedule to minimize travel time. Interhospital shuttles depart frequently to facilitate easy movement to and from each site. Details regarding the selection of rotations are provided in subsequent pages.

Vancouver General Hospital (VGH) is a 1000-bed acute care hospital and is British Columbia's major teaching hospital. VGH maintains active research programs in five areas: neurosciences, cancer, lung, immunology, and clinical epidemiology and evaluation. The Adult Metabolic Disease Clinic, Neuroscience Program, Solid Organ Transplant Clinic, Sexual Health, Short Term Assessment and Treatment Centre, Brief Intervention Unit, Concurrent Disorders Unit, and the Epilepsy Clinic are some of the clinical rotations available at VGH.

UBC Hospital (UBCH) is located on the campus of the University of British Columbia and provides sub-acute medical and surgical care. A number of clinics are located there including the Occupational Stress Injury Clinic, the Alzheimers Clinic, Mood Disorders, B.C. Psychosis Clinic, and the Provincial Neuropsychiatry Program.

St. Paul's Hospital (SPH) is located in downtown Vancouver and has over 500 acute care beds. The Eating Disorders Program, Immunodeficiency Clinic, The Chronic Pain Centre, The Heart Centre and a Neuropsychology Service are found at St. Paul's Hospital.

GF Strong Rehabilitation Centre serves the rehabilitation needs of persons referred throughout the province. The facility offers both inpatient and outpatient services in a number of programs, including Acquired Brain Injury, Spinal Cord, Neuromuscular, Arthritis, and Adolescent & Young Adult. Psychology Resident placements in Health Psychology and Neuropsychological Intervention and Assessment are available at the GF Strong site.

Cultural Diversity

Psychology residents are exposed to diverse ethnic/cultural presentations in mental health and well-being through the training rotations. Additionally, psychology residents attend seminars on relevant cross-cultural mental health topics that include trauma and immigration, and best practices when working with Asian, First Nations, Lesbian Gay Bisexual Transgender and Queer communities.

University Affiliations and Research

Most Psychologists at the four training sites have appointments in the Departments of Psychiatry or Psychology, University of British Columbia, and/or the Department of Psychology at Simon Fraser University. Some Psychologists also have appointments in the UBC Department of Medicine, Division of Neurology. Psychologists in the region enjoy active research programs and teaching responsibilities within the hospital, the medical school, and the universities at large. Hospital psychologists work closely with physicians and other health professionals in Psychiatry, Neurology, Medicine, Surgery, and Geriatric Medicine, and with research colleagues in the Faculty of Medicine and Department of Psychology at UBC, as well as the Mental Health Law and Policy Institute at Simon Fraser University.

VANCOUVER COASTAL HEALTH PREDOCTORAL RESIDENCY PROGRAM

PHILOSOPHY AND GOALS OF THE PROGRAM

The VCHA Residency Program (formerly the VCHA Internship Program) provides broad-based training in clinical psychology with a strong scientist-practitioner orientation. We changed our name to better reflect changes in an evolving health care system. The program emphasizes both breadth and depth of clinical training experiences during the residency year within the purview of promoting the ongoing development of autonomous professional psychologists. This is accomplished through the articulation of the following goals:

1. Assist the resident in acquiring and interpreting professional knowledge, skills and to function in an ethical manner.
2. To gain competence in both assessment and intervention across a variety of modalities
3. To further promote competency of practice based on the acquisition and implementation of evidence-based psychological principles in concert with breadth and depth of clinical training.
4. To appreciate the role of individual and cultural differences and diversity in psychological phenomena.
5. To encourage personal growth and professional identity.
6. Training in provision of consultation in interdisciplinary settings.
7. To facilitate the integration of research in their professional role.
8. When possible, to provide opportunities to supervise junior clinicians.

CANDIDATE ELIGIBILITY

Qualified applicants will have completed all requirements, other than the thesis, from a CPA or APA accredited doctoral program in clinical psychology (Ph.D. or Psy.D) and have received approval from their Directors of Training to apply for the residency. Applicants should be fluent in the English language. Additionally, applicants with at least 1000 hours of supervised practicum training directly relevant to one or more of our training rotations (consisting of at least 600 direct patient contact hours) will be given preference in the selection process. Applications will only be accepted from Canadian citizens and landed immigrants.

CLINICAL TRAINING

Tracks and Rotations

The Vancouver Coastal Health Predoctoral Residency Program offers four full-time residency positions. Residents apply and are accepted for a position in one of the two tracks offered. There are also rotations offered in health psychology that can be integrated into either of the two primary tracks as appropriate.

- Adult Mental Health Track (2 full-time positions available) APPIC #180714
- Neuropsychology Track (2 full-time positions available) APPIC #180713

The following sections describe training rotations available at each site. The rotations are grouped in two separate training tracks – The Adult Mental Health Track and the Neuropsychology Track. There are also rotations available within the Health Psychology area. The description of each rotation includes names of supervisors, location of training and time commitment associated with each rotation. All rotations are 6 months in length; however, most are designed to provide training two days a week. Applicants indicate their interest on their cover letter and later on the training rotation request form (see Appendix).

At the time of application residents select an emphasis track in one of two areas—Adult Mental Health or Neuropsychology. Structurally, the residency year is divided into two six-month blocks. Within each block the resident will take two or three clinical rotations. Typically, a resident will be in emphasis track rotations two or three days per week, and will spend one or two days per week in rotations from the other tracks (i.e., elective rotations). We encourage breadth and depth in the selection of rotations and require both assessment and treatment interventions to comprise rotation selection. Each resident is required to meet a minimum goal of 375 hours of direct patient contact during the year of the residency. In addition, all residents will attend and participate in a seminar or dyadic presentation one half-day per week, throughout most of the residency year. The remaining half-day per week is protected research time, to allow residents to work on their research project. These two half days comprise approximately 200 hours throughout the training year.

Health Care in B.C. has experienced a great deal of change for a number of years. As a result, more recently developed training opportunities may not be listed in this brochure. Relatedly, we cannot guarantee that all rotations will be available for each training year.

SAMPLE TRAINING PROGRAM

First Block: September – February	Second Block: March – August
<p><u>Mondays to Thursdays:</u></p> <ul style="list-style-type: none"> •2 or 3 days/week in emphasis track rotation(s); and •1 or 2 days week in elective rotation(s) 	<p><u>Mondays to Thursdays:</u></p> <ul style="list-style-type: none"> •2 or 3 days/week in emphasis track rotation(s); and •1 or 2 days/week in elective rotation(s)
<p><u>Fridays:</u></p> <p>Morning--seminar Afternoon--research rotation</p>	<p><u>Fridays:</u></p> <p>Morning--seminar Afternoon--research rotation</p>

Selection of specific rotations will occur in consultation with the Training Director and relevant supervisors, in consideration of the student’s training needs, interests, and the availability of rotations. Each resident develops a training program by the end of September of each year that is formalized in a Learning Contract. An outline of the research project is also included on the Learning Contract.

SUPERVISION – EVALUATION – EDUCATION

Consistent with CPA accreditation criteria, residents will receive a minimum of four hours per week in direct, individual supervision. All supervising psychologists are Registered Psychologists with the College of Psychologists of British Columbia. Given the broad range of clinical services provided within VCHA Psychology Services, residents may expect supervision to reflect a wide variety of theoretical and clinical orientations.

Psychology residents are evaluated four times during the training year, at the middle and end of each rotation, within each training block. Our program uses a competency-based Resident Evaluation Form. This consists of 38 specific competencies within eleven broad areas including ethics, general clinical skills, assessment and psychotherapeutic skills, crisis management, team functioning, and sensitivity to diversity. In addition, supervisors comment on a resident's strengths and areas for growth and development. To successfully pass a rotation, a resident must achieve a minimum level of competency (rated as either 'Advanced' or 'Proficient', depending on whether it is a specified track or an elective rotation). Supervisors meet with the Director of Training and respective resident to share information about progress in each rotation.

To successfully pass the residency, the resident must have completed a minimum of 1800 hours of supervised training, successfully passed all rotations, successfully completed a clinical research project, have no outstanding problematic behaviors by the end of the training year, and be deemed ready and able to perform at the level required of an entry-level Psychologist.

Psychology residents can expect that the majority of their time will be spent in direct clinical services; however, no more than 70% of their time will be devoted to direct and indirect clinical service delivery, in order to have time for formal education, administrative responsibilities and the pursuit of research interests. We provide opportunities for residents to obtain excellent clinical experience and develop efficient work skills, while still having opportunities to benefit from reading, supervision, lectures, and in-house research. Formal didactic seminars take place most Fridays. The resident is required to attend these seminars. Residents also participate in meeting new candidates applying for residency positions each year; however, they do not contribute to the evaluation and selection process.

STIPENDS AND BENEFITS

The residency is 12 months in duration, commencing at the beginning of September to the last day in August. The current stipend for a full-time residency position in the training year is \$33,590. Benefits include:

- Basic health care insurance –requires 3 months of residence within the province prior to taking effect.
- UBC library card and access to computer facilities.
- Up to \$500 education and training fund (upon application).
- Up to 3 days research or education leave (may be used for conference attendance, dealing with dissertation requirement at home university, working on a manuscript unrelated to the residency).
- Vacation 15 days.
- Sick leave.

Diversity and Non-Discrimination Policy

Mutual respect is a value of Vancouver Coastal Health Authority (VCHA) that we commit to live by. A respectful and discrimination-free workplace is a priority for VCHA. The member sites of the Vancouver Coastal Health Authority are committed to employment equity, welcome diversity in the workplace, and encourage applications from all qualified individuals including members of visible minorities, aboriginal persons, and persons with disabilities.

The Vancouver Coastal Health Authority Predoctoral Residency in Clinical Psychology endeavors to provide an accessible workplace for residents with disabilities. Applicants who may have specific questions about access and accommodations available at our setting are encouraged to contact the Director of Clinical Training early in the application process in order that their concerns or needs may be fully addressed, including during the application process.

APPLICATION AND SELECTION PROCEDURES

Applications must be received by November 16th. Late or incomplete applications will not be considered. All application materials must be submitted via the APPIC online system. Application materials sent as e-mail attachments or in the mail will not be considered. Applications will only be accepted from Canadian citizens and landed immigrants. Selected applicants will be contacted by the APPIC notification date to arrange for in-person or telephone interviews. **Interviews will take place during the week of January 28, 2013.** A complete residency application includes copies of the following:

1. APPIC online Application for Psychology Residency (AAPI) Form available at <http://www.appic.org/> Please do not submit any supplemental material.
2. Curriculum Vitae.
3. Three letters of reference from three referees, one of whom is the Director of Graduate Clinical Training (or thesis supervisor) and two who are clinical supervisors of your work (we prefer compliance with CCPPP guidelines). Further information on CCPPP guidelines is available at <http://ccppp.ca/index.php/en/reference-letter-guidelines>.
4. Transcripts of graduate courses (undergraduate transcripts are not required).
5. Cover letter that describes which track you are interested in and why you believe you are a good fit for training within that track. You should clearly state any specific interest in a particular area (e.g., neuropsychology, health psychology, eating disorders, etc.).

Selection is based on many factors with consideration of the following factors (in no particular order):

- Academic excellence and accomplishments
- Breadth and depth of assessment and intervention experience
- Clarity and organization of letter of interest
- Diversity, breadth and depth of practicum experience
- Goodness of fit related to applicant's training and interest and the training available at our sites
- Progress in coursework; status of dissertation research
- Research productivity
- Related application materials

Interviews are offered to the applicants whom we feel are the best matches for our program alongside the goals stated by the applicant. Each applicant is scheduled to meet with the Training Director, two or more faculty, and at least one current resident. For those applicants who are unable to travel to Vancouver for an interview, a telephone interview will be arranged.

- If you are selected for an interview, we will ask that you complete a Rotation Request Form following the interview process in January ([see Appendix](#)). This form is due by **Friday February 1st**, following the interview process.
- Successful completion of a criminal police record check by start of residency is required due to work with vulnerable populations at the various sites.

APPIC POLICY

The program agrees to abide by the APPIC policy that no person at the training facility will solicit, accept, or use any ranking-related information from any applicant. All ranking and offers will be in accordance with APPIC Match policies.

Dates to Remember

- Application due date is November 16, 2012
- Interview notification date is December 14th, 2012 (final date you will be notified)
- Interviews will take place in the last week of January 2013 (Jan. 28, 29, and 30th)
- Start date of the residency is September 4, 2013
- End date of the residency is August 31, 2014

PERSONAL INFORMATION POLICY

In accordance with federal privacy legislation (Personal Information Protection and Electronics Documents Act - <http://laws.justice.gc.ca/en/P-8.6/>) you should be aware that we are committed to only collecting the information in your application that is required to process your application. This information is secured within our psychology residency administrative offices at the Vancouver General Hospital and is shared only with those individuals involved in the evaluation of your residency application. If you are not matched with our program, your personal information is destroyed within one year of Match Day. If you are matched with our residency program, your application materials will be available only to those involved in your supervision and training including your rotation supervisors, the Director of Clinical Training, and relevant administrative support staff. We will place an electronic copy of this material on a secured section of the program network that will only be made available to those individuals directly involved in your supervision and training.

INFORMATION ON ACCREDITATION

The VCHA Clinical Psychology Residency program has been accredited by the American Psychological Association since 1988, and the Canadian Psychological Association since 2006. We chose not to re-apply for APA re-accreditation for the 2012-13 year. Residents will not be deemed as having completed an APA accredited residency in the 2012-13 cycle. Residents will be deemed as completing a CPA accredited residency during that cycle. We also will have our CPA site visit sometime in 2013 for renewal of our CPA accreditation status.

Please note: In February 2007, the Council of Representatives of the APA voted to discontinue accrediting doctoral and internship programmes in Canada. Concurrent CPA/APA accreditation for all programs will discontinue as of September 2015. For further information please refer to the Accreditation sections of both the CPA and APA websites.

<http://www.cpa.ca/education/accreditation/cpaaccreditation/>

Information on accreditation by the Canadian Psychological Association is available by contacting the following office:

Melissa Tiessen, Ph.D., C.Psych. –Director, Education Directorate & Registrar, Accreditation
Ann Marie Plante - Accreditation Assistant
Accreditation Panel for Doctoral Programs and Internships in Professional Psychology
Canadian Psychological Association
141 Laurier Street - Suite 702
Ottawa, ON
Canada K1P 5J3
Telephone: 1- 888-472-0657
e-mail: accreditation@cpa.ca; aplante@cpa.ca
website: <http://www.cpa.ca/accreditation/>

TRAINING TRACKS AND ROTATIONS

ADULT MENTAL HEALTH TRACK

APPIC # 180714

2 Full – Time Residency Positions are available

The Adult Mental Health Track offers 2 full-time residency positions. Residents gain intensive experience in psychological assessment and treatment in psychiatric inpatient and outpatient settings. Treatment experiences include both individual therapy and group therapy using a wide range of approaches from CBT to interpersonal therapy. The resident will gain experience working on interdisciplinary mental health teams made up of psychiatrists, social workers, physical therapists, occupational therapists, and psychiatric nurses.

Brief Intervention Unit (BIU)

The Brief Intervention Unit at VGH is a brief-stay, inpatient psychiatric unit for people in acute states requiring assessment, diagnosis, stabilization, medication or medication review, brief interventions, and comprehensive discharge planning. The typical length of stay is seven to ten days. A full range of psychiatric disorders are seen on the unit, although the predominant disorders are: mood disorders, personality disorders in crisis, psychotic disorders, anxiety disorders, and concurrent disorders. The psychologist's primary role on the unit is to assist psychiatrists in clarifying diagnoses, particularly distinguishing between Axis I and Axis II features, and making recommendations for discharge planning. Assessments involve chart review, interviewing patient and collaterals, psychological testing, report writing, consulting to the team, and feedback to the patient, often using motivational enhancement techniques. Because of the rapid turnover, assessments are typically brief.

Assessment Experience

Residents are expected to acquire experience and skills in general psychological assessments, which includes interview, chart review, testing and report writing. Tests administered include: Intelligence tests, personality assessments and projective tests. Residents are expected to be familiar with the American Psychiatric Association's, *Diagnostic and Statistical Manual of Mental Disorder, Fourth Edition (DSM-IV-TR)*.

Treatment Experience

Residents are expected to read appropriate manuals and background literature related to the treatment modality or diagnostic area in which they wish to specialize. Residents will be required to demonstrate that they can administer these treatments flexibly for complicated cases.

Consultation Experience

Residents will be expected to consult to a multidisciplinary team made up of registered nurses, social worker, occupational therapist, and psychiatrists, either in daily ward rounds, or as needed for individual patients. Residents will also be expected to have knowledge of community resources available for discharge planning.

Diversity Experience

Residents are encouraged, within the limits of our referral patterns, to gain experience with people of diversity, either ethno-cultural minority group members, or people with sexual or gender orientation differences, as well as homeless people.

Supervisor: TBA
Location: VGH

Duration: 2 Days a week for 6 months
Population: Adults

Concurrent Disorders Intervention Unit

This rotation takes place at the Concurrent Disorders Intervention Unit at VGH Hospital. The average length of stay on this unit is 2 weeks. Seventy-five percent of beds are dedicated to treating individuals with concurrent addiction and mental health challenges, and the other 25% of beds are for stabilization of acute psychiatric crisis.

Assessment Experience

Types of assessment: 1) Psychodiagnostic, to determine relative contributions of Axis I and Axis II disorders based on chart review, clinical interview, the Personality Assessment Inventory (PAI), and consultation with the interdisciplinary treatment team; 2) Cognitive assessment to inform treatment and discharge planning. Residents will acquire skills in clinical interview, test administration, interpretation, and report writing for a variety of psychiatric presentations. Structured assessment protocols include: Repeatable Battery for the Assessment of Neuropsychological Status (RBANS), Wechsler Test of Adult Reading (WTAR), Trail Making Test, WAIS-IV, BAI and BDI-II.

Treatment Experience

Current psychological interventions for CDIU patients are typically brief, skills-based applications of cognitive behavioral, mindfulness-based, and motivational interviewing therapeutic strategies.

The resident will gain experience in both individual and group treatment protocols for a variety of presenting problems associated with the following co-occurring conditions: psychotic, affective, anxiety disorders, substance abuse and substance dependence.

Consultation Experience

The resident will attend daily, interdisciplinary ward rounds and consult with members of the treatment team as needed.

Diversity Experience

Residents will be expected to gain experience with ethno-cultural and LGBTQ minority group members, within the limits of our referral patterns.

Supervisor: TBA.

Duration: 2 Days a week / 6 months

Location: VGH

Population: Adults

Eating Disorders Program (EDP)

The Eating Disorders Program (EDP) is located at St. Paul's Hospital. The EDP is a provincial, tertiary care centre that provides assessment and treatment services for individuals, primarily women, with anorexia nervosa and severe bulimia nervosa. Clients range in age from 17 to 50 years. The EDP has a multidisciplinary team that uses an integrated treatment approach (incorporating motivational enhancement, CBT, DBT, interpersonal therapy and emotionally-focused therapy) to address the complex psychological issues that arise for individuals with eating disorders (Anorexia Nervosa and Bulimia Nervosa). This elective rotation is offered two days per week (Tuesdays and Thursdays) for 6 months during the residency year. Dr. Josie Geller offers supervision to residents interested in eating disorders research.

Assessment experience

Residents are expected to acquire experience and skills in semi-structured clinical assessment and case formulation for the two primary conditions (AN and BN). The assessment would include review of other psychological symptoms and obtaining personal history, and making treatment recommendations.

Treatment experience

Residents are expected to participate in the groups offered on Tuesdays in the Discovery Day Program. In terms of group treatment, the resident would observe a process group in the

Discovery Day program; the resident would have the opportunity to co-facilitate the process group, dependent on resident experience with this group format. Also, the resident would have the opportunity to observe and then lead a time-limited assertiveness group and/or CBT group for the clients in the Day program. The resident would also be expected to provide meal support (i.e., one lunch) for these clients. Another optional experience would be the delivery of a time-limited psycho-education group for clients in the Outpatient program. It may be possible for the resident to gain experience with individual psychotherapy on this rotation.

Research experience

An elective research rotation is also available. The Eating Disorders Program has an active, grant funded research program, directed by Dr. Josie Geller. Areas of research interest include readiness and motivation, and the role of social support in the eating disorders. The research team is also involved in continuous quality assurance that has helped established the efficacy of the programs delivered by the EDP.

Diversity experience

Residents are encouraged, within the limits of our referral patterns, to gain experience with ethno-cultural minority group members. Most typically, we have clients of South Asian, East Asian and Southeast Asian backgrounds, among others.

Supervisors:

Suja Srikameswaran, Ph.D.

Lori Taylor, Ph.D.

Jelica Todosijevic, Ph.D.

Hilary Edington Ph.D.

Duration: 2 Days a week / 6 months

Tuesdays and Thursdays

Population: Adults

Location: St. Paul's Hospital

Operational Stress Injury (OSI) Clinic

This rotation takes place at the Operational Stress Injury (OSI) Clinic located in the Purdy Pavilion at UBC Hospital. The clinic offers client-centred, collaborative care, with the mandate to assess and treat veterans, active military personnel and RCMP members who have service-related mental health difficulties. We also provide services to family members with OSI-related issues. The clinic is one of nine such clinics located throughout the country that are funded by Veterans Affairs Canada.

Assessment Experience

Psychological assessments are requested for the purposes of treatment planning, Veterans Affairs pension applications, readiness for vocational rehabilitation, reassessments related to pension decisions, and occupational health decisions. In this rotation, residents will acquire skills in clinical interview, test administration, test interpretation, and report writing.

Psychodiagnostic assessments often include the differential diagnosis of PTSD, other anxiety disorders, depressive disorders, substance use disorders, and personality disorders. Residents will gain experience with the Personality Assessment Inventory (PAI), the Clinician Administered PTSD Scale (CAPS), in addition to other objective measures of psychopathology.

Treatment Experience

All treatment offered at the OSI Clinic is evidence-based. Treatment is tailored to the individual's needs and may include any of the following: stabilization interventions such as relaxation training, emotion-regulation skills training and anger management skills training; prolonged exposure if PTSD is a treatment focus; acceptance-based interventions (ACT, mindfulness). There may be opportunities to offer brief interventions to family members. Treatment experiences will vary according to the types of referrals received during the resident's time at the OSI Clinic.

Consultation Experience

Interdisciplinary team meetings take place every Tuesday afternoon. Residents will be expected to attend this meeting and meet with other members of the team (psychiatry, social work, nursing, psychology) when needed.

Supervisor: Julia Ting, Ph.D.

Duration: 2 Days a week / 6 months. Tuesday required

Location: UBC Hospital

Population: Adults

Severe Mental Illness Rotation (SMI) (AMH or Neurotrack Rotation)

The SMI rotation offers assessment and treatment experiences working with adult inpatients with psychosis and mood disorders. The rotation will be based in the Mood Disorders Inpatient Unit and the BC Psychosis Program Inpatient Unit at the UBC Hospital. This rotation can comprise either an adult mental health stream, neuropsychology track stream, or a combination of these.

Assessment Experience

Residents have the opportunity to acquire experience and skills in psychodiagnostic and neuropsychological assessment of psychiatric patients with a range of mood and schizophrenia spectrum disorders. The psychodiagnostic assessments are focused on evaluating axis II disorders, and cognitive disorders that might be influencing the clinical presentation. The neuropsychological assessments will range from cognitive screeners for new admissions to comprehensive assessments to address a range of questions around discharge planning and recommendations.

Treatment Experience

Residents will be involved with the delivery of individual and group CBT for psychosis and mood disorders (including specialized groups for hallucinations, bipolar disorder and depression), as well as being involved with interdisciplinary treatment planning for clients on the units.

Supervision Experience

In the later part of the rotation, residents with experience may choose to be involved with the supervision of a psychometrist and graduate level practicum students (depending on availability).

Research Experience

Research opportunities to participate in treatment outcome studies, as well as studies of cognitive functioning in SMI may be available to students.

Diversity Experience

Experience with sources of diversity like gender, age, socioeconomic status and disability are an integral part of training. Residents also gain experience with persons from minority groups within the limits of the source population and referral patterns.

Supervisor: Mahesh Menon, Ph.D.

Duration: 2- 3 Days a week / 6 mths

Location: UBCH

Population: Adults

Sexual Health

The Sexual Health Rotation takes place in the BC Centre for Sexual Medicine (BCCSM) located in the Echelon Building of Vancouver Hospital. The BCCSM has a multi-disciplinary team of four psychiatrists, two general physicians with specialized expertise in sexual medicine, one psychologist, and two sexual health nurse clinicians. In addition, physicians receive training in Sexual Medicine as Fellows and Residents, and there are student and other trainees participating in various research projects affiliated with the BCCSM. It is a tertiary care centre servicing the entire province of BC, and is affiliated with the Sexual Health Rehabilitation Service at GF Strong Rehab Center, Urology (Prostate Center), and Gynecology at VGH. Patients are referred to the BCCSM by their family doctor or physician specialist who has conducted a variable amount of preliminary assessment and treatment of the sexual concerns. Referrals for sexual desire, sexual arousal, orgasm, dyspareunia, and vaginismus disorders are accepted in women. Referrals for sexual desire, erectile dysfunction, premature and delayed

ejaculation, and paraphilias are accepted in men. Infertility due to unconsummated relationships is frequently addressed. A subclinic of BCCSM, The Vancouver Sperm Retrieval Clinic, assesses and manages male infertility secondary to erection or ejaculatory disorders, with the couple's infertility being treated with or without the assistance of local IVF clinics. BCCSM website: <http://www.vch.ca/psychiatry/bccsm.htm>

A typical format of the clinical sessions at the BCCSM is to conduct at least part of the therapeutic intervention with both members of the couple. The centre is not equipped to see patients/couples on a long-term basis, therefore, primary complaints of couple/marital discord are usually referred to community therapists. The Sexual Health rotation experience will be one day a week (Tuesdays), from 7 a.m. to 4 p.m. Supervision will take place from 7-8 a.m., co-therapy with another of the BCCSM staff (physician specialist or psychiatrist) or therapy on his/her own will take place from 10 a.m.-noon, rounds takes place from 12:15-1:15, weekly psychoeducational groups run from 1:30-3 p.m., and dictations and record keeping will take place from 3-4 p.m.

Assessment Experience

Residents are expected to have some previous training in sex and couple therapy. The goal of this rotation is to provide more specialized skills in diagnostic assessment of sexual dysfunction in both men and women, using a comprehensive biopsychosocial format. Although the resident is not expected to have significant knowledge about the medical contributors to sexual dysfunction, experience in knowing when to refer for medical evaluation and/or a physical examination of the presenting sexual complaint will be a component the resident will be expected to learn. After some co-therapy experience with the supervisor, the resident will be expected to conduct at least one comprehensive assessment per week of an individual or couple, with a case formulation and suggested treatment approach.

Treatment Experience

The BCCSM offers individual, couple, and group therapy experience. One group is a manualized psychoeducational intervention for women with sexual desire and arousal disorders. The second group is a manualized mindfulness-based psychoeducational intervention for women with vestibulodynia (provoked genital pain). Both groups would be led by the resident in conjunction with the supervisor or one of the BCCSM physicians. Both group treatments are being administered in the context of grant-funded outcome research, thus, there would be opportunities for the resident to participate in this research as well. Cognitive behavioral therapy, with significant elements of mindfulness meditation, is the primary orientation to individual therapy. If scheduling permits, there may be the opportunity for some longer-term therapy cases that are carried for a large portion of the training year.

Supervision

Supervision will involve a combination of case discussion and listening to audiotaped excerpts of sessions. As part of the resident's experience will include co-therapy with the supervisor and/or other members of the BCCSM team, the resident will have a first-hand opportunity to learn about the treatment of sexual issues from an experienced clinician.

Research Experience

Research is an integral component of practice at the BCCSM. The resident will be strongly encouraged to take part in any of a number of ongoing research studies, or time permitting, to initiate new research. The resident will also be encouraged to give presentations at rounds on two occasions during the rotation.

Diversity Experience

Given that the BCCSM is a tertiary care program serving the province of BC, the resident can expect patients from diverse ethnocultural, socioeconomic, and sexual orientation groups.

Supervisor: Lori Brotto, Ph.D.

Duration: 1 Day a week / 6 months. Tuesday required

Location: VGH

Population: Adults

NEUROPSYCHOLOGY TRACK

APPIC # 180713

2 Full – Time Residency Positions are available

The neuropsychology track offers 2 full-time residency positions. Residents gain intensive experience in the theory and practice of clinical neuropsychology. The neuropsychology rotations are offered through the neuroscience, psychiatry, and rehabilitation departments and include Neuroscience, Neuropsychiatry, Severe Mental Illness Rotation at BC Psychosis and Mood Disorders Program, Epilepsy Program, Clinic for Alzheimer's Disease and Related Disorders, the Short Term Assessment and Treatment Centre, and GF Strong Rehabilitation Centre. Therefore, residents have the opportunity to work with diverse adult patient populations including neurological, neurosurgical, neuropsychiatric, and geriatric populations. Residents function as part of multidisciplinary teams and provide neuropsychology services to patients in inpatient, outpatient and community settings. All programs are hospital-based. Some of these programs are tertiary provincial programs (e.g., neuropsychiatry and epilepsy) and thus residents have the opportunity to assess patients with rare as well as complex disorders.

Emphasis is placed on providing in-depth knowledge in neuropsychological theory as well as extensive clinical training that includes assessment, diagnosis, and consultation. Residents participate in neuropsychology and other medical Grand Rounds, and depending on availability residents can observe neurological and neurosurgical procedures. There are also opportunities to observe and participate in ward rounds and other consultative situations.

Applicants for this track are expected to have completed some course work and clinical experience in neuropsychology prior to beginning the residency. This track is designed for residents who intend to pursue neuropsychology as a major focus of their professional work. The Neuropsychology Track adheres to the training guidelines outlined at the Houston Conference on Specialty Education and Training in Neuropsychology (APA Division of Clinical Neuropsychology, Newsletter 40, Winter/Spring 1998).

Clinic for Alzheimer's Disease and Related Disorders

The Clinic for Alzheimer's Disease and Related Disorders, located at UBC Hospital, serves patient populations from throughout the Province of British Columbia. The Clinic is composed of a multidisciplinary team, including geriatric medicine, behavioral neurology, psychiatry, social work, genetics and neuropsychology. The role of neuropsychology within the clinic is to provide information regarding a patient's cognitive and emotional status to assist in the diagnosis of a wide range of neurodegenerative diseases. The greatest portion of patients seen by the neuropsychologist are relatively high functioning individuals who are often working and who do not meet diagnostic criteria for any dementia at their first visit. These patients most often fall within the Mild Cognitively Impaired (MCI) category and require longitudinal neuropsychological follow-up (usually every 12 to 18 months) to examine the course of their presenting cognitive symptoms. The age range of patients typically seen for neuropsychological assessment ranges from 40 to 90 years old, with the largest number of patients seen falling within the 50 to 60 year age span. Consequently, the evaluations and feedback to patients often involves addressing vocational, emotional (particularly anxiety and fear of dementia) and interpersonal issues that may be related to their cognitive issues.

Assessment Experience

All residents are encouraged to acquire experience and skills in structured neuropsychological assessment, complex neuropsychological diagnostic formulation, interdisciplinary team work and psychoeducational/therapeutic techniques when communicating cognitive results/diagnoses

to patients and their families. The neuropsychological test battery administered within the Clinic is very comprehensive, involving 4 to 6 hours of testing for most patients. Within this test battery, a wide range of cognitive measures as well as comprehensive mood/personality instruments are included. Semi-structured interviews are also conducted with each patient and their collateral (i.e., family member) as an important component of this evaluation.

Treatment Experience

Residents will be required to provide brief therapeutic interventions for patients during the neuropsychology feedback sessions, in which the results of the neuropsychological evaluation are discussed. On occasion, multiple sessions are necessary to address complex emotional, cognitive, vocational and/or interpersonal issues related to the presenting cognitive/behavioral complaints. In some cases, psychological treatment (psychoeducation, cognitive behavioral treatment) is offered to patients and their families. In recent years, Dr. Hayden has provided support/education to young children (typically aged 6 to 18 years) of dementia patients from throughout the province of BC. As anxiety is a very common co-existing symptom in this patient population, experience with anxiety/mood disorders is certainly an asset.

Consultation Experience

Residents are expected to work within the structure of the clinic's multidisciplinary team, including regular consultation with various team members regarding the neuropsychological test results. This may occur informally within the clinic and/or within the weekly team meetings where select patients are discussed amongst the relevant team members.

Research Experience

Extensive data bases for the clinic population, including their neuropsychological and mood data is available for research purposes. Dr. Hayden is involved in various national and local research projects involving neuropsychological testing, cognition in anxiety, as well as service needs for families with prodromal or early onset neurodegenerative diseases.

Diversity Experience

Residents are encouraged, within the limits of our referral patterns, to gain experience with ethno-cultural minority group members.

Supervisor: Sherri Hayden, Ph.D.

Duration: 2 Days a week / 6 months.

Location: UBC Hospital

Population: Adults

Epilepsy Program

The Epilepsy rotation takes place at the Provincial Epilepsy Program at VGH. Patient populations served include patients with epilepsy and psychogenic non-epileptic seizures.

Assessment Experience

Residents will acquire experience and skills in neuropsychological evaluation of patients with seizure disorders stemming from a variety of etiologies (i.e., mesial temporal sclerosis, head injury, tumor, dysgenesis and migration disorders). The comprehensive neuropsychological assessment protocols are based on a flexible battery approach depending on individual patient characteristics. Assessment is provided primarily for pre-surgical evaluations, follow-up consultation, and post-surgical evaluations. High priority is given to assessment of patients being considered for neurosurgery; however, non-surgical patients including patients with psychogenic non-epileptic seizures and memory disorders are also seen. Occasionally, residents will evaluate non-English-speaking patients with the assistance of interpreters.

Treatment Experience

Residents observe and provide assessment feedback to patients. This rotation is strictly a neuropsychological assessment rotation; however, opportunity to carry a small caseload of patients for psychotherapy may also be available to interested residents.

Supervision Experience

Supervision of the psychometrist on the service is available for residents with extensive neuropsychological assessment experience. Supervision of graduate-level practica students, depending on availability of those students in any given year, may also be available.

Consultation Experience

The neuropsychology service within the Epilepsy Program is a consultation service for the program. Consultation is provided to the multidisciplinary Epilepsy team and presentations are made at weekly rounds to neurologists, neurosurgeons, medical residents and students, technicians, and nurses. Residents will be expected to take an active role in these presentations.

Research Experience

Research opportunities in neuropsychological issues relevant to epilepsy are available. A database is maintained and may be used for research purposes.

Diversity Experience

A commitment to and respect for individual and cultural diversity is maintained in this rotation. Interpreter services are used with individuals who are not fluent in English. We engage in clinical training that promotes an understanding of issues of individual and cultural diversity. Residents are encouraged to work with patients with diverse individual, cultural, and socio-economic backgrounds depending on available referrals.

Supervisor: Jing Ee Tan, Ph.D.

Duration: 2 Days a week / 6 months.

Location: VGH

Population: Adults

Neuroscience Rotation

The Neuroscience rotation takes place in the Neuroscience Program at VGH, which serves adult inpatient and outpatient neurological and neurosurgical populations on a consultation basis.

Assessment Experience

Residents have the opportunity to acquire experience and skills in neuropsychological assessment of patients with a variety of neurological diseases and disorders. Persons referred often have complex presentations that might include those with encephalitis, vasculitis, lupus, Multiple Sclerosis, Parkinson's disease, stroke, Alzheimer's disease and other dementias, and brain tumor plus more rare conditions (e.g., mitochondrial diseases, Creutzfeldt-Jakob disease). Referral questions can be diagnostic or prognostic. The neuropsychological assessment procedure involves comprehensive evaluation using a flexible battery approach with the tests chosen to reflect the referral question and the status of the patient.

Treatment Experience

Residents observe and provide feedback to patients and often also to their families about the assessment outcome and recommendations. There may also be some limited opportunity to provide consultation to the inpatient Neurosciences team around patients with behavioral issues. Other treatment experiences are not available on this rotation.

Consultation Experience

The Neuropsychology service provides consultation to the Neurosciences program including neurology and neurosurgery. Residents may participate in consultation with the Neurosciences interdisciplinary team and have the opportunity to attend a variety of Neurosciences teaching rounds throughout the year.

Research Experience

Research experience may be available with persons undergoing neurosurgery to implant a device to treat intractable mood disorders with deep brain stimulation.

Diversity Experience

Experience with sources of diversity like gender, age, socioeconomic status and disability are an integral part of training. Residents also gain experience with persons from minority groups within the limits of the source population and referral patterns. Some persons assessed come from a variety of ethno-cultural backgrounds including those from Asia, India, and Europe. Assessment experiences are available with persons where English is a second language, and where appropriate using professional translation services.

Supervisor: Nicholas Bogod, Ph.D.

Duration: 2 Days a week / 6 months.

Location: VGH

Population: Adults

Severe Mental Illness Rotation (SMI) (AMH or Neurotrack Rotation)

The SMI rotation offers assessment and treatment experiences working with adult inpatients with psychosis and mood disorders. The rotation will be based in the Mood Disorders Inpatient Unit and the BC Psychosis Program Inpatient Unit at the UBC Hospital. This rotation can comprise either an adult mental health stream, neuropsychology track stream, or a combination of these.

Assessment Experience

Residents have the opportunity to acquire experience and skills in psychodiagnostic and neuropsychological assessment of psychiatric patients with a range of mood and schizophrenia spectrum disorders. The psychodiagnostic assessments are focused on evaluating axis II disorders, and cognitive disorders that might be influencing the clinical presentation. The neuropsychological assessments will range from cognitive screeners for new admissions to comprehensive assessments to address a range of questions around discharge planning and recommendations.

Treatment Experience

Residents will be involved with the delivery of individual and group CBT for psychosis and mood disorders (including specialized groups for hallucinations, bipolar disorder and depression), as well as being involved with interdisciplinary treatment planning for clients on the units.

Supervision Experience

In the later part of the rotation, residents with experience may choose to be involved with the supervision of a psychometrist and graduate level practicum students (depending on availability).

Research Experience

Research opportunities to participate in treatment outcome studies, as well as studies of cognitive functioning in SMI may be available to students.

Diversity Experience

Experience with sources of diversity like gender, age, socioeconomic status and disability are an integral part of training. Residents also gain experience with persons from minority groups within the limits of the source population and referral patterns.

Supervisor: Mahesh Menon, Ph.D.

Duration: 2- 3 Days a week / 6 mths

Location: UBCH

Population: Adults

Short Term Assessment and Treatment (STAT) Centre

This geriatric neuropsychological assessment rotation takes place at the Short Term Assessment and Treatment (STAT) Centre at Vancouver General Hospital. The centre is comprised of a 20-bed geriatric inpatient unit and a day hospital program that accommodates

about 40 patients per week. The patient population is comprised of elderly clients with multiple cognitive, medical, psychiatric, and functional co-morbidities.

The training emphasizes development of targeted assessment skills including effective diagnostic interviewing, diagnostic formulation, integrating neuropsychological test results with medical and psychiatric status, formulation of treatment recommendations, and communication of results. This rotation will be ideal for those considering working in a multidisciplinary medical setting in the future, especially with a geriatric focus.

Assessment Experience

Residents will gain experience in neuropsychological assessment, treatment, and discharge planning for older adults in the context of a multidisciplinary team. The often complicated and challenging nature of our clients allows the resident to gain experience into the diverse nature of several aspects of aging and cognitive degeneration. One of the benefits of this rotation is not only the diversity of disorders seen, but the interaction of these disorders with multiple other medical, psychiatric, and psychosocial comorbidities. Issues of capacity of finances and person are often raised in our clients, and the assessment of and ethics involved in this decision-making is a unique experience in this rotation. The other unique benefit of this rotation is the respected role of psychology amongst a diverse, but close team, including medicine, psychiatry, neurology, nursing, occupational therapy, and physiotherapy. Residents will regularly interact as part of the team, and also in family meetings in which the results and implications of neuropsychological evaluations are discussed.

Treatment Experience

Although assessment is the primary emphasis of this rotation, there is opportunity for individual psychotherapy with clients, and also a potential for participation in group therapy.

Consultation Experience

Consultation is an integral and regular part of this rotation. As noted above, the resident will be expected to function as part of the STAT Centre team, and regularly consult with specialists from different disciplines. This will occur through individual consultation, but also regularly in team rounds.

Diversity Experience

The STAT Centre program is utilized by patients from a wide spectrum of ethnic, socioeconomic, and educational backgrounds. Residents will have the opportunity to participate in assessments utilizing translators, and to gain exposure to multi-generation families from diverse cultural backgrounds. The diversity in terms of age range is also wide; although all geriatric, we see clients who are as young as 65 and as old as 97.

Supervisor: Rishi Bhalla, Ph.D.

Duration: 2 Days a week / 6 months.

Location: VGH

Population: Adults and Elderly

Neuropsychology Service Rotation

The neuropsychology service at St. Paul's Hospital primarily serves the Mental Health and Geriatric programs. Mental health referrals may include psychiatric inpatients with co-occurring polysubstance abuse and/or neurological conditions (including degenerative conditions) and homeless youth outpatients with poor adaptive functioning who often have developmental issues (e.g., fetal alcohol exposure, learning disabilities), psychiatric illness and/or substance abuse. Geriatric clinic outpatients are typically referred to differentiate between age-related cognitive changes, mild cognitive impairment and mild dementia. Another large source of referrals is the Immunodeficiency Clinic, serving individuals with HIV who often have co-occurring medical and/or psychiatric conditions. Other referral sources include the Eating Disorders Program, Chronic Pain Centre, Renal Program, Heart Centre and Psychiatry

Consultation-Liaison Service (covering medical inpatient units). Residents on this rotation on Wednesdays are expected to attend weekly videobroadcasts of the UBC Neuropsychiatric Rounds that occur from September to June.

Assessment Experience

Residents will be expected to acquire experience and skills in clinical interviewing and neuropsychological assessment using a flexible battery approach. Cognitive testing ranges from brief screening measures to more comprehensive cognitive evaluations, with tests selected based on the referral questions and the status of the patient. Mood and personality measures may also be used when required.

Treatment Experience

Residents will have the opportunity to provide feedback about neuropsychological evaluations to patients and their families. They will also have the opportunity to develop and run a series of inpatient mental health groups based on topics of their own interest.

Consultation Experience

The neuropsychology service works as a consultation service within the hospital. As such, you may have the opportunity to discuss neuropsychological results with referring physicians, medical residents, medical students, and/or nursing staff on an informal basis.

Research

Research opportunities are possible, with a focus on neuropsychological issues within psychiatric and geriatric populations.

Diversity Experience

Residents will work with the multicultural community served by St. Paul's Hospital. Several of our referrals have English as a second language and the infrequent use of medical translators may be required. Most referrals live within Greater Vancouver but some may come from more remote areas within British Columbia. They have a wide age range (from 19-95) and are from diverse socioeconomic backgrounds.

Supervisor: Aiko Yamamoto, Ph.D.

Duration: 2 Days a week / 6 months.

Location: St. Paul's Hospital

Population: Adults

Neuropsychology at GF Strong Rehabilitation Centre

G.F. Strong Rehabilitation Centre serves the rehabilitation needs of persons referred from throughout the Province. The facility serves both inpatients and outpatients and is organized according to major programs: Acquired Brain Injury, Spinal Cord, Neuromuscular, Arthritis and Adolescent & Young Adult. Psychologists are members of interdisciplinary rehabilitation teams and the client and their family maintain important roles within each team. Psychologists work closely with other health professionals on these teams such as occupational therapists, physical therapists, speech/language pathologists, vocational counselors, social workers, and many others.

Psychological services help the client and family move smoothly through the rehabilitation process. Services are designed to help the client adapt and adjust to changes in themselves, including physical disability, cognitive impairment, and alterations in their self-concept. Psychologists do this through knowledge of brain-behavior relationships, personality, and organizational and system functions. Psychologists provide direct service to clients and families, and direct consultation and support to team colleagues.

Assessment Experience

Residents will conduct neuropsychological assessments in the context of interdisciplinary rehabilitation for clients with traumatic brain injury, stroke, and other acquired neurological

conditions. Comprehensive outpatient assessments aim to address capacity to return to work/school, referral questions, and other community reintegration issues. Assessment of inpatients is typically focused on facilitating differential diagnosis, discharge planning, and determination of decision-making capacity. In addition to cognitive testing, assessments require integrating the clinical impressions of colleagues in allied health, translating neuropsychological findings to real-world functional performance, recognition of cognitive and psychological barriers to rehabilitation goals, and identification of appropriate interventions. Following each neuropsychological assessment, residents provide comprehensive feedback to clients and their families, assisting them to better understand their strengths and weaknesses in the context of their rehabilitation goals and providing practical management strategies/treatment recommendations to maximize their self-efficacy and rehabilitation progress.

Treatment Experience

Residents will have the opportunity to provide individual or group psychological interventions to acquired brain injury clients with co-morbid psychological disorders. Treatment opportunities may stem from direct referrals for intervention or stem from treatment needs identified as part of a comprehensive neuropsychological assessment. Common diagnoses include Adjustment Disorder, anxiety disorders (including Posttraumatic Stress Disorder), and Major Depressive Disorder. Participation in group psychotherapy is available in the Emotional Support Group, which addresses the emotional changes and adjustment issues which are commonly experienced after brain injury, with the aims of reducing isolation and increasing understanding of the complex interplay of emotion with neuropsychological effects and the disability adjustments that occur.

Residents will also have the opportunity to participate in cognitive remediation with clients. Interventions for cognitive problems are frequently identified from the neuropsychological assessment (e.g., training a client to use a memory aid) and treatment is typically conducted in collaboration with other professions such as occupational and speech-language therapy. Residents may also participate in the Attention Process Training Group and the Self-Management Service, which is a community-based rehab program designed to assist people with mild traumatic brain injuries in “self-managing” their symptoms. Education to clients and their families about the brain, its functions, and recovery from brain injury is another central role of the neuropsychologist.

Consultation Experience

Residents interact with their interdisciplinary team colleagues to clarify referral questions, gain perspective on clients’ therapy progress and functional status, as well as communicate neuropsychological assessment findings and facilitate their application to guide treatment.

Research Experience

Psychologists at GF Strong Rehab Centre are involved in brain injury rehabilitation research. Depending on professional training needs, residents may have the opportunity to participate in some or all of the following research processes: literature review, grant writing, ethics/institutional review, methodological design, data collection (e.g., clinical assessment or treatment of patients with traumatic brain injury or stroke in the context of a research study), data entry and analysis, manuscript writing and submission, journal editorial functions, and knowledge translation. Residents can contribute to ongoing long-term projects (e.g., randomized controlled trials) or initiate a small project of their own. To learn more about current research projects at GF Strong, residents should contact Dr. Noah Silverberg (noah.silverberg@vch.ca).

Supervisors:

Verna Amell, Ph.D.

Brad Hallam, Ph.D.

Noah Silverberg, Ph.D.

Larissa Mead-Wescott, Ph.D.

Jennifer Macdonald Ph.D.

Duration: 2 Days a week / 6 months

Population: Adults

Location: GF Strong Rehabilitation Centre

HEALTH PSYCHOLOGY ROTATIONS

A formal Health Psychology residency position is not offered. However, residents in the Adult Mental Health and Neuropsychology tracks are expected to select elective rotations in health psychology for breadth of training.

The Chronic Pain Centre

St. Paul's Chronic Pain Centre at St. Paul's Hospital is comprised of three programs: the Inpatient Program, the Day Program and the Neuromodulation Program. The Chronic Pain Centre offers an integrated comprehensive approach to the treatment of persons suffering from chronic pain. The interdisciplinary team utilizes a combination of medical intervention, physical therapy, psychotherapy, occupational therapy and education on pain management strategies.

The Inpatient Program specializes in the treatment and management of complex regional pain syndrome (CRPS), cervicogenic headaches, migraine headaches and the diagnosis, treatment and management of other chronic pain disorders

The Chronic Pain Day Program provides an interdisciplinary focus for both group and individual psychoeducation for pain self-management. The psychology role is to provide cognitive behavioral strategies for the management of chronic pain. Typical pain conditions seen in this setting include, fibromyalgia, myofascial pain, and headaches.

The Neuromodulation Program involves the implantation of either the spinal cord stimulator or the intrathecal pump for pain management. These therapies are considered when more conservative therapies have failed to manage the pain. The psychology role is to assess for psychological suitability and then to liaise with the medical team to provide recommendations for treatment.

In this rotation, residents will gain experience working on a multi-disciplinary health care team made up of a broad array of disciplines including: psychology, psychiatry, nursing, social work, physiotherapy, and occupational therapy.

Assessment Experience

Residents will have the opportunity to gain experience conducting two types of psychological assessments -- comprehensive psychological assessments for patients being considered for neuromodulation and brief assessments for psychological treatment planning purposes. Psychology is actively involved in the decision process to consider someone for neuromodulation. Residents will also conduct assessments of conditions that commonly occur with chronic pain such as depression, anxiety disorders, including post-traumatic stress disorder, health anxiety, grief and loss, anger, and marital/family stress. There will be a focus on treatment planning for psychological disorders and identifying barriers to self-management of chronic pain.

Treatment Experience

Residents will provide cognitive-behavioral treatment of mood disorders secondary to chronic pain, most commonly anxiety and depressive disorders. This will be done primarily on an individual basis. However, groups for depression, and communication strategies are also offered.

Consultation Experience

Residents will gain experience in providing consultation with physicians and other health care staff for all arms of the program. Residents will play an active role in multi-disciplinary rounds.

Research Experience

An important part of the mandate of the Chronic Pain Centre is to engage in research to improve treatment practices and further understand the role of psychological factors in chronic pain. The staff is involved in ongoing research projects and residents are encouraged to become involved.

Diversity Experience

Residents are encouraged, within the limits of our referral patterns, to gain experience with ethno-cultural minority group members. The Chronic Pain Centre takes referrals from the provinces of BC and the Yukon, thus our referral base tends to be quite diverse.

Supervisor: Ingrid Fedoroff, Ph.D.

Duration: 2 Days a week / 6 months

Location: St. Paul's Hospital

Population: Adults

The Heart Centre

The Heart Centre rotation takes place at St. Paul's Hospital, and potentially involves three different heart clinics: the Heart Transplant Program (pre and post), the Cardiac Rehabilitation Program, and the Pacific Adult Congenital Heart (PACH) Program. These clinics are all tertiary care centers servicing the entire province of BC. Patients are referred by their family doctor or physician specialist. In this rotation, residents gain experience working on multi-disciplinary health care teams of cardiologists, surgeons, nurses, psychologists, psychiatrists, social workers, and dieticians. Residents have the opportunity to request which patient populations they would like to work with, and efforts will be made to accommodate.

Assessment Experience

Residents are expected to have some previous experience in health psychology (e.g., adjustment to diagnosis, lifestyle change, living with chronic illness) but they are not expected to have significant knowledge about cardiac problems specifically. The goal of this rotation is to provide more specialized skills in assessment of psychological problems that occur in combination with cardiac problems, using a biopsychosocial format.

Residents will have the opportunity to gain experience conducting two types of psychological assessments -- comprehensive psychological assessments for patients being considered for heart transplant and brief assessments for psychological treatment planning purposes. Psychology is actively involved in the decision process to list someone for transplant, and residents who are interested in this training experience will have the opportunity to participate in Transplant rounds. Residents will also conduct assessments of conditions that commonly occur with heart conditions such as depression, the full range of anxiety disorders, sleep disorders, substance use disorders, binge eating disorder, and all types of interpersonal problems. There will be a focus on treatment planning for psychological disorders and factors inhibiting the adoption of healthy lifestyle behaviors.

Treatment Experience

The Heart Center offers individual and group therapy experiences. Cognitive-behavioral treatment (CBT), with elements of mindfulness and attention to interpersonal styles, is the primary orientation to individual therapy. Residents are expected to have some experience with CBT, and be open to other modalities as well. In order to maximize breadth of training, most residents carry a case load of 6 to 10 patients. Four psychology groups are offered at least twice per year, to all patients in the Heart Center (this includes patients in clinics that are not serviced by psychology). One group is a 6-week manualized cognitive-behavioural treatment for individuals with low mood and major depression. A second group is a 4-week cognitive-behavioural therapy group for anxiety and panic. We also run a 4-week mindfulness group, based on Marsha Linehan's Dialectical Behavior Therapy skills. Finally, we offer an 8-week Motivation Enhancement Therapy for lifestyle change. All groups are led by the resident in conjunction with the supervisor, with time set aside to briefly prepare and debrief each session.

Consultation Experience

Residents will gain experience in providing consultation with physicians and other health care staff both on inpatient wards and for outpatients attending clinics. Residents will play an active role in multi-disciplinary rounds.

Research Experience

Research is an important component of practice in the Heart Centre. Staff are involved in ongoing research projects and residents are strongly encouraged to participate or to develop a small project of their own.

Diversity Experience

Residents are encouraged, within the limits of our referral patterns, to gain experience with ethno-cultural minority group members. The Heart Centre is the only hospital in the province providing heart transplants, thus the referral base tends to be quite diverse.

Supervisors:

Quincy Young Ph.D. (Pre-Transplant)

Sarah Cockell, Ph.D. (PACH).

Colleen Cannon, Ph.D. (Post-Transplant, Cardiac Rehabilitation)

Location: St. Paul's Hospital

Duration: 2 Days a week / 6 months

Wednesdays and Thursdays

Population: Adults

Immunodeficiency Clinic (IDC)

The resident will likely predominantly engage in therapy for depression, anxiety, trauma, adjustment disorder and substance abuse. Many other problems are also seen and, depending upon the resident's interests and abilities, suitable referrals can be made. Residents will be expected to accept primary therapist responsibilities in consultation with the rotation supervisor, Dr. Tom Ehmann.

The Immunodeficiency Clinic rotation takes place at St. Paul's Hospital. This is a multidisciplinary clinic that operates under a primary care model. Clients consist of individuals living with HIV. Approximately 1500 persons are registered with the clinic. The clientele is diverse in terms of immigration status, sexual orientation, drug use and lifestyle orientations. The Mental Health Team consists of three social workers, an addictions counselor, two consulting psychiatrists and a clinical psychologist. A referral process to the Mental Health Team allows triaging to the appropriate mental health professional at a weekly intake rounds (Tuesdays at 1 pm). The team also provides crisis interventions and sees drop-ins. The rotation is one day per week (Mondays or Tuesdays), allowing for approximately 1 hour of supervision weekly that is commensurate with anticipated direct client contact hours.

Assessment Experience

Assessment is usually limited to psychotherapy assessment, ongoing monitoring and occasional cognitive assessment. If the resident wishes to engage in more comprehensive intake assessments to determine diagnoses, problem definition and treatment suitability, this can be arranged.

Consultation Experience

The resident will routinely consult with other disciplines that include addictions counselors, family physicians, psychiatrists, social workers, and other medical specialists that include Nephrology and Dermatology. Formal consultation occurs during weekly rounds. Consultation Opportunities exist for those wishing to conduct program evaluation.

Diversity Experience

The team embraces diversity, seeks to promote social justice for this stigmatized clientele and

tries to adopt an ecological perspective. The resident must be sensitive to working with minorities, open to working within a multidisciplinary team and possess working experience in psychotherapy.

Supervisor: Tom Ehmann, Ph.D.

Duration: 1 Day a week Monday or Tuesday

Location: St. Paul's Hospital

Population: Adults

Adult Metabolic Diseases

The Adult Metabolic Diseases Outpatient Clinic is located at VGH and serves all adults in British Columbia diagnosed with inborn errors of metabolism (e.g., Adrenoleukodystrophy, Fabry Disease, Galactosemia, Maple Syrup Urine Disease, Phenylketonuria (PKU), Mitochondrial Disease). Approximately half of the patient population face significant dietary treatment adherence challenges which further increases risk to physical, medical and cognitive decline. The other half of this population suffer progressive/degenerative medical conditions without any known effective cure

Assessment Experience

Assessment type is varied and may include baseline and repeated cognitive evaluations, diagnostic clarification of psychiatric or personality co-morbidity, health behaviour evaluation and treatment readiness. Residents will acquire skills in clinical interviews, test administration, interpretation, and report writing for adults with varying levels of cognitive compromise. Structured assessment protocols may include measures as the WAIS-4, WMS-4, ACS, WRAT-4, Adaptive Behaviour Rating Scale, Repeatable Battery for the Assessment of Neuropsychological Status (RBANS), D-KEFS, etc., as well as structured interview and formal measures of psychological functioning.

Treatment Experience

As part of the ongoing development and implementation of our individualized comprehensive motivation strategy (ICMS), residents will learn to apply a combination of individualized protocols for motivational interviewing, mindfulness, health behavioural activation and CBT to promote adaptive health behavior change (e.g., improved compliance with medical and treatment protocols such as weekly blood work, dietary control and formula intake).

Consultation Experience

Interprofessional teamwork is integral to AMDC clinic functioning. The resident will routinely collaborate with other disciplines (Endocrinology, Dieticians, Nursing, Social Work).

Diversity Experience

Residents are expected to increase cultural competency through formal learning and experience with ethno-cultural minority group members typical to our referral base (e.g., South/East Asian, First Nations).

Supervisor: Carole Bishop, Ph.D., ABPP (Rp)

Duration: 1 Day a week, Wednesdays, 6 months

Location: VGH

Population: Adults

Solid Organ Transplant Program (SOTP)

The transplant psychology rotation takes place at the Solid Organ Transplant (SOT) clinic at VGH. Patients diagnosed with end-stage liver, lung and kidney disease are seen throughout the various stages of transplantation. The primary mandate of psychologists within the multidisciplinary liver, lung, and kidney transplant teams is to focus on pre-transplant assessments, for both outpatients and inpatients. In addition, inpatients and outpatients, in both the pre-transplant and post-transplant phases, are seen for intervention and consultation.

Assessment Experience

Residents are expected to acquire experience and skills in conducting a semi-structured clinical interview to help determine patients' psychological suitability and readiness for organ transplantation. Psychometric evaluation is also integrated. The psychologist and resident provide consultation regarding the assessments during multidisciplinary rounds, regarding issues such as medical adherence, potential for relapse in substance use, psychological resiliency, ability to provide informed consent, attitude towards transplantation. The multidisciplinary team involves physicians, nurses, pharmacists, social workers, chaplain, and dietician. The majority of assessments are conducted with potential transplant recipients, with about 10% of assessments being conducted with potential live liver and kidney donors.

Treatment Experience

Intervention is offered to inpatients and outpatients. The duration of intervention tends to be brief, and focuses on maximizing patients' psychological adjustment from the pre-transplant waiting period, through the post-operative, in-hospital phase, and on through to long-term adjustment. Residents will rely on cognitive-behavioral approaches, mindfulness-based approaches, as well as interpersonal/attachment-focused approaches. If feasible, a medium-term or long-term therapy case can be arranged.

Consultation Experience

As psychology is an integral part of the assessment and treatment of transplant patients, consultation to the multi-disciplinary team is an on-going process. Formal consultation occurs during multidisciplinary rounds.

Research Experience

Psychosocial aspects of transplantation provide fruitful areas of clinical research. An applied area of research could focus on the predictive validity of psychometric instruments administered pre-transplant with respect to post-transplant medical adherence, psychological adjustment, and quality of life.

Diversity Experience

Residents are encouraged, within the limits of our referral patterns, to gain experience with ethno-cultural minority group members. There are diverse cultural implications for organ transplantation that make for a challenging clinical situation and may provide research and program development components.

Supervisor: Melady Preece, Ph.D.

Duration: 2 Days a week/ 6 months

Location: VGH

Population: Adults

Health Psychology at GF Strong Rehabilitation Centre

The primary focus of this rotation at GF Strong is on health psychology and rehabilitation psychology.

Assessment Experience

Residents conduct psychological evaluations based on a detailed interview, clinical observations, psychometric measures, and other data. The goals of the evaluation are to diagnose depression, posttraumatic stress disorder, and other psychological disorders, as well as provide information germane to clients' psychosocial adjustment to disability, including coping styles, illness attribution, locus of control, hope, and perceived social support. Psychological treatment recommendations are offered. Assessments may also include brief neuro-cognitive screening.

Treatment Experience

Individual psychotherapy is provided for clients with cognitive and/or physical disabilities who present with depressive, anxiety, and adjustment disorders. Interventions may also target pain,

sleep, cognitive remediation, behavioral problems (e.g., aggression, impulsivity), or health behavior change (e.g., medication, diet, and exercise regimen adherence for stroke prevention).

Consultation Experience

Residents and their supervising psychologists work in an interdisciplinary team. There are collaborative opportunities with psychiatry, social work, recreation therapy, drug and alcohol counseling, and other providers who may be directly involved in rehabilitation interventions.. Residents will report on assessment findings and therapeutic progress in team and family meetings.

Supervisor: Verna Amell, Ph.D. **Duration:** 2 Days a week/ 6 months
Location: GF Strong Rehabilitation **Population:** Adults

CLINICAL RESEARCH ROTATION

Residents are expected to engage in clinical research with one faculty supervisor during their residency year. One half-day per week for 12 months is protected for research activity. Acceptable projects include: analysis of existing data set; program outcome evaluation; review paper; empirical paper; case study; annotated bibliography; or treatment manual based on empirically-validated treatments. Each resident chooses a research supervisor and project at the beginning of the year. This is included in the Learning Contract. Most residents choose to collaborate on existing projects with their research supervisors or engage in a program evaluation project. A manuscript or research report is required by the end of the residency and results are presented in a brief presentation at our year end graduation celebration.

SEMINAR SERIES

A wide range of seminars are provided during the residency year and typically occur on Friday mornings. Residents are expected to attend all of the seminars and are encouraged to attend hospital rounds, as well as UBC Departments of Psychiatry and Psychology colloquia. Previous topics have included:

- Careers in Psychology
- CBT for Psychosis
- Consumers' Perspectives on Living with Bipolar Disorder
- Ethics and Legislation
- Mindfulness Based CBT
- Neuropsychology
- OCD: CBT Group Treatment Guidelines
- Psychopharmacology
- Supervision
- The Use of Interpreters For Effective Practice
- Transgender Health and Psychology

SUPERVISING REGISTERED PSYCHOLOGISTS

AMELL, VERNA. Ph.D.

1.0 FTE Psychologist at GF Strong Rehabilitation Centre. Tel: 604.737.6249, email: verna.amell@vch.ca Ph.D., 1980 University of Ottawa. Interests: neuropsychological functioning; individual and group therapy; pain management; behavioral management; family and staff education.

BHALLA, RISHI. Ph.D.

.7 FTE Psychologist in the Short Term Assessment and Treatment Centre (STAT Centre) at VGH. Tel: 604.875.5888, email: rishi.bhalla@vch.ca Ph.D. 2004, Illinois Institute of Technology. Postdoctoral Fellow in dementia research at Brown University, 2005; Postdoctoral Fellow in Geriatric Psychiatry at the University of Pittsburgh 2006/07. Interests: the interface of late-life mood disorders and dementia; mild cognitive impairment.

BISHOP, CAROLE. Ph.D., ABPP (Rp)

.2 FTE Psychologist in the Adult Metabolic Diseases Clinic at VGH. Tel: 604.875.4111, ext. 68971, email: carole.bishop@vch.ca Ph.D. 1993, University of Saskatchewan. Interests: Rehabilitation, Neuropsychology, Health Psychology; acute/chronic pain; trauma, health promotion, women's health; minority/diversity issues.

BOGOD, NICHOLAS. Ph.D.

1.0 FTE Psychologist in the Neuroscience Program at VGH. Tel: 604.875.5527, email: nicholas.bogod@vch.ca Ph.D. 2005, University of Victoria. Postdoctoral Fellow, Neuroscience Program, VGH, 2004-06. Interests: Neuropsychopharmacology; program evaluation; goal setting and outcome measurement; brain injury rehabilitation; management of severe aggression and sexually intrusive behaviors.

BROTTO, LORI. Ph.D.

1.0 FTE Psychologist in Department of Obstetrics and Gynaecology at VGH. Tel. 1 (604)875-4111 x 68898, email: lori.brotto@vch.ca. Ph.D. in Clinical Psychology 2003, University of British Columbia. Associate Professor in the UBC Department of Obstetrics and Gynaecology and Registered Psychologist in private practice. Interests: treatment of sexual dysfunction and couples therapy; acculturation and reproductive health; hormones and sexual response; mindfulness meditation and cognitive behavioural therapy for genital pain and all sexual difficulties.

BCCSM website: <http://www.vch.ca/psychiatry/bccsm.htm>

Lab website: <http://www.obgyn.ubc.ca/SexualHealth>

CANNON, COLLEEN. Ph.D.

0.4 FTE Psychologist in the Heart Centre (Heart Transplant, VAD program, Healthy Heart Cardiac Rehabilitation Program), St. Paul's Hospital. Tel: 604-806-9026 Email: ccannon@providencehealth.bc.ca PhD 1998, Queen's University. Interests: psychological distress in cardiac medicine, psychosocial screening and decision-making in heart transplant, health behaviour change, disordered eating, and chronic disease management

COCKELL, SARAH. Ph.D.

0.8 FTE Psychologist at the Heart Centre (Pacific Adult Congenital Heart Program), St. Paul's Hospital. Tel: 604.682-2344, ext. 63391, email: scockell@providencehealth.bc.ca Ph.D. 2001, University of British Columbia. Interests: adjustment to living with chronic disease, especially cardiac conditions; readiness and motivation for health behavior change; mindfulness; assessment and treatment of eating disorders.

EHMANN, TOM. Ph.D.

0.5 FTE Psychologist in the Immunodeficiency Clinic, St. Paul's Hospital. Consulting Psychologist, Fraser Health, Sessional Instructor, Dept. of Psychology, UBC. Tel: 682-2344, ext. 62643, email: thomas.ehmann@vch.ca Ph.D. 1989, Queen's University. Interests: HIV/HCV, psychosis; early intervention; scale development; CBT.

FEDOROFF, INGRID. Ph.D.

1.0 FTE Psychologist in the Chronic Pain Centre, St. Paul's Hospital. Tel: 604.682.2344, ext. 63197, email: ifedoroff@providencehealth.bc.ca). Ph.D. 1997, University of Toronto. Postdoctoral Fellow at the Traumatic Stress Clinic, UBCH. Interests: chronic pain; depression; anxiety; posttraumatic stress disorder; eating disorders.

GELLER, JOSIE. Ph.D.

1.0 FTE Psychologist and Research Director of Eating Disorders Program, St. Paul's Hospital. Tel: 604.682.2344, ext. 62472, email: jgeller@providencehealth.bc.ca Ph.D. 1996, University of British Columbia. Senior Scholar, Michael Smith Foundation for Health Research. Interests: eating disorders; readiness and motivation; social support in the eating disorders.

HALLAM, BRADLEY. Ph.D.

1.0 FTE Psychologist at GF Strong Rehabilitation Centre. Tel: 604.737.6223, email: brad.hallam@vch.ca Ph.D. 2002, Fuller Graduate School of Psychology. Clinical Neuropsychology Postdoctoral Fellow at the University of California at San Francisco Medical Center, Memory and Aging Clinic, 2002/03. Interests: neuropsychological functioning; rehabilitation; attention training; individual therapy; family and staff education; frontotemporal dementia.

HAYDEN, SHERRI. Ph.D.

1.0 FTE Psychologist in the Clinic for Alzheimer's Disease and Related Disorders, UBCH. Tel: 604.822.7926, ext. 27926, email: sherri.hayden@vch.ca Ph.D. 1992, Miami Institute of Psychology, University of CCAS. Interests: clinical neuropsychology in neurodegenerative diseases; acquired brain injury and geriatric populations; Mild Cognitive Impairment; mood/personality factors and psychological interventions in neurological populations.

KHAYLIS, ANNA. Ph.D.

1.0 FTE Psychologist, Operational Stress Injury Clinic, UBC Hospital. Tel: 604-827-0529, email: Anna.Khaylis@vch.ca Ph.D. 2009, Palo Alto University, Pacific Graduate School of Psychology. Residency: Minneapolis VA Medical Center. Postdoctoral Fellowship: Stanford University Department of Psychiatry. Interests: Assessment and treatment of trauma-related stress symptoms and associated disorders, relationship between traumatic stress and family adjustment, working with women.

MACDONALD, JENNIFER. Ph.D.

0.6FTE Psychologist at GF Strong Rehabilitation Centre. Tel: 604.737.6222, e-mail: jennifer.macdonald2@vch.ca. Ph.D. 2002, University of Alberta. Interests: Neuropsychological functioning, community integration, behavioural management, family and individual therapy following brain injury

MEAD-WESCOTT, LARISSA. Ph.D., ABPP-CN

0.5 FTE Psychologist in the Adolescent/Young Adult (AYA) Program at GF Strong. Tel: 604-737-6429, email: Larissa.meadwescott@vch.ca Ph.D. 1996, University of Western Ontario; Post-doctoral training at the Medical College of Wisconsin. Interests: neuropsychological assessment (adolescents through geriatrics), concussion management, family and staff education.

MENON, MAHESH. Ph.D.

1.0 FTE Psychologist at the UBC Hospital. Tel: 604.827.1076, email: Mahesh.Menon@vch.ca Ph.D. 2005, University of Cambridge. Postdoctoral Fellow, Centre for Addiction & Mental Health/ University of Toronto 2005-2009. Interests: Cognitive and neural correlates of delusions and hallucinations, fMRI, CBT for psychosis.

PREECE, MELADY. Ph.D.

1.0 FTE Psychologist in the Solid Organ Transplant Clinic, Vancouver General Hospital. Tel: 604-875-4111, ext. 63868, email: Melady.Preece@vch.ca. Ph.D. 2000, University of British Columbia. Interests: health psychology, psychological assessment, mindfulness-based techniques for managing addiction and chronic health concerns.

SILVERBERG, NOAH. Ph.D.

1.0 FTE Psychologist at GF Strong Rehabilitation Centre. Tel: 604.737.2203, email: noah.silverberg@vch.ca Ph.D. 2007, University of Windsor. Interests: neuropsychological functioning; individual therapy; behavioral management; family and staff education.

SRIKAMESWARAN, SUJA. Ph.D.

0.7 FTE Psychologist in the Eating Disorders Program at St. Paul's Hospital, and Psychology Professional Practice Leader, Providence Health Care. Tel: 604.682.2344, ext. 62410, email: ssrikameswaran@providencehealth.bc.ca Ph.D. 1990, University of Manitoba. Interests: eating disorders; readiness and motivation; pregnancy and post-partum issues for women with eating disorders.

Tan, Jing Ee. Ph.D.

1.0 FTE Psychologist in the Epilepsy Program, Vancouver General Hospital. Tel: (604) 875-4861, email: Jing.Tan@vch.ca. Ph.D. 2010, University of Victoria. Postdoctoral Fellowship in Clinical Neuropsychology, Alpert Medical School of Brown University/Rhode Island Hospital. Interests: neuropsychological functioning, assessment issues, neuropsychiatric aspect of epilepsy and dementia.

TAYLOR, LORI. Ph.D.

1.0 FTE Psychologist and Coordinator of the Discovery Day Treatment Program, Eating Disorders Program, St. Paul's Hospital. Tel: 604.682.2344, ext. 62405, email: lotaylor@providencehealth.bc.ca Ph.D. 1992, University of British Columbia. Interests: individual and group psychotherapy, integrative approach (CBT, DBT, interpersonal, emotionally- focused therapy, motivational, mindfulness); developing clinical tools to assist clients in psychotherapeutic work; program evaluation and development.

TING, JULIA. Ph.D.

1.0 FTE Psychologist in the Operational Stress Injury Clinic at UBC Hospital. Tel: 604.872.0575, email: julia.ting@vch.ca Ph.D. 2010, University of Utah. Interests: Anxiety disorders; cross-cultural psychology; help-seeking attitudes and behaviors; stigma.

JELICA TODOSIJEVIC, Ph.D.

1.0 FTE Psychologist and Coordinator of the Readiness Treatment Program; Eating Disorders Program, St. Paul's Hospital. Tel: 604.682.2344, ext. 62457, email: jtodosijevic@providencehealth.bc.ca Ph.D. 2005, University of Vermont. Interests: individual and group psychotherapy, integrative approach to treatment.

YAMAMOTO, AIKO. Ph.D.

1.0 FTE Psychologist in the Neuropsychology Service (Mental Health and Geriatric Service), St. Paul's Hospital. Tel: 604.806.8160, email: ayamamoto@providencehealth.bc.ca Ph.D. 2003, University of Windsor. Postdoctoral Fellow, West Virginia University School of Medicine, 2003-

2005. Interests: neuropsychological function in psychiatric and neurological populations; quality of life.

YOUNG, QUINCY. Ph.D.

0.4 FTE Psychologist in the Heart Centre (Heart Transplant & VAD programs), St. Paul's Hospital. Tel: 604.806.9026, email: gyoung@providencehealth.bc.ca . Ph.D. 1998, University of Montana. Interests: psychocardiology; screening for psychological conditions in cardiac patients; outcomes for cardiac patients experiencing psychological distress; readiness and motivation for health behavior change.

APPENDIX
TRAINING ROTATION REQUEST FORM
TO BE COMPLETED FOLLOWING YOUR INTERVIEW

Vancouver Predoctoral Residency in Clinical Psychology
2013-2014

Your Name: _____ **University:** _____
Telephone: _____ **APPIC Match #:** _____
e-mail: _____

The purpose of this form is to assist in the identification of training rotations that you are most interested in. This is to be filled out following your interview at our site.

Following release of the APPIC match results in **February 2013**, each applicant who is matched to our residency will be advised of the training rotations that will be available during the residency year. The specific rotations offered will be based on the applicant's responses on this form. We will do our best to accommodate residents' requests for their most preferred rotations, but will not guarantee that a specific rotation will be available.

In the space below, please list in order of preference, up to 6 rotations. Do not list rotations that would not be acceptable to you. If you have a rotation that you **'must have'** please indicate as such in the space provided.

1st Choice _____
2nd Choice _____
3rd Choice _____
4th Choice _____
5th Choice _____
6th Choice _____

Signature: _____ **Date:** _____

Please return this form as soon as possible following your interview. The deadline date for receipt of this form is **Friday, February 1, 2013**. Forward this form to Dr. Theo De Gagné by email Theo.DeGagne@vch.ca or FAX 604-875-5740.

Predoctoral Residency in Clinical Psychology 2013-2014

FOR MORE INFORMATION

For further information regarding applications and the Psychology Residency Program, please contact:

Dr. Theo De Gagné, R.Psych.
Director of Clinical Training, Psychological Services
Vancouver General Hospital
Doctors Residence, 2775 Heather Street, Room 421
Vancouver, B.C. V5Z 1M9
Telephone: 604-875-4111 ext 21436
Fax: 604-875-5740
E-mail: Theo.DeGagne@vch.ca

The following psychologists are also currently on the Residency Training Committee:

Dr. Brad Hallam, R.Psych. (GF Strong Rehabilitation Centre)
Dr. Mahesh Menon, R.Psych. (UBC Hospital)
Dr. Anne Howson, R.Psych. (Vancouver General Hospital)
Dr. Sarah Cockell, R.Psych. (St. Paul's Hospital)
Dr. Suja Srikameswaran, R.Psych. (St. Paul's Hospital)
One Resident Representative

CPA Accredited

Member of APPIC & CCPPP

Residency Website:

http://careers.vch.ca/who_we_hire/students_and_interns/psychology_interns/psychology_residents/