



PREDOCTORAL

# RESIDENCY IN CLINICAL PSYCHOLOGY 2022-2023

FEATURING:

ADULT MENTAL HEALTH    APPIC #180714

NEUROPSYCHOLOGY        APPIC #180713

ACCREDITED BY THE CANADIAN PSYCHOLOGICAL ASSOCIATION  
2017/18 - 2021/22 (Next CPA site visit in 2022)

**Vancouver Coastal Health Authority (VCHA)**  
**Pre-Doctoral, Clinical Psychology Residency Program**  
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## OUR VALUES

What do we stand for?

- We are a community of hospital-based psychologists who believe that everyone should have access to free, quality mental health care.
- We innovate and adapt our service based on what works best for the client.
- We connect. We love teamwork and make use of the strengths of other professionals.
- We translate research into practice (and use practice to inform our research...we're flexible that way).

Why come here?

- If you believe that everyone deserves good care, regardless of their physical ability, how much money they earn or cultural background, come learn with us.
- If you'd like to stretch yourself, see some difficult cases, develop new ways to help people, and practice to your full scope, come learn with us.
- If you like having colleagues that you can trust and with whom you can work to solve complex problems, come learn with us.
- If you want to (finally) figure out how to integrate your expertise in research and practice in real world situations, come learn with us.
- If you want to leave Residency as a competent and confident professional, come learn with us.
- Truly, the beach is just a bonus.

## PHILOSOPHY AND GOALS OF THE PROGRAM

The VCHA Residency Program has a strong scientist-practitioner orientation and provides broad-based training in clinical psychology in order to promote the ongoing development of autonomous professional psychologists. The goal is to get you from “here to there” and by “there”, we mean entry-level practice as a psychologist. Though some of our residents pursue post-doctoral fellowships, the philosophy of the program is that you are ready to apply for College registration at the conclusion of residency. We help you get “there” with the following goals in mind:

- To further promote competency of clinical practice. This is based on the acquisition and implementation of evidence-based psychological principles in concert with breadth and depth of clinical training in both assessment and intervention.
- To promote ethical behaviour and competence in equity, diversity and inclusion across all psychological functions.
- To promote Indigenous Inter-culturalism in our commitment to Reconciliation
- To encourage personal growth and develop professional identity.

- To provide training in consultation in interdisciplinary settings and opportunities to work with treatment teams.
- To facilitate the integration of research into clinical experiences (and visa versa).
- To provide theoretical training and practical opportunities to supervise junior clinicians.
- To provide knowledge and experiences in program development and evaluation.

## ABOUT VANCOUVER, BRITISH COLUMBIA

The city of Vancouver is located on the traditional, ancestral and unceded territories of the Coast Salish peoples – the xʷməθkʷəy̓əm (Musqueam), Skwxwú7mesh (Squamish), and Səlílwətał (Tsleil-Waututh) Nations. We thank the Coast Salish People for allowing us to live, work and play on their lands.

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 multicultural population of more than 2.39 million residents. 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 closer to 3 local ski mountains (Cypress, Grouse, and Mount Seymour) on the North Shore. On your doorstep you will find accessible recreational activities that include cycling, kayaking, hiking, skiing, sailing, and going to yoga studios. Attractions also include Granville Island Market, the Vancouver Aquarium, the Vancouver Art Gallery, interesting and diverse neighbourhoods (e.g., upbeat and urban neighborhoods of historic Gastown, Chinatown, Main Street, Kitsilano, Commercial Drive, Yaletown), and numerous beaches and parks. There is also easy access to the excellent and affordable community centres across the city.

Vancouver is 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 2016, indicated 52% of residents identify as a visible minority and 44% have a non-official mother tongue. Common languages known aside from English include Mandarin (10%), Cantonese (9%), Punjabi (8%), French (7%), Tagalog (4%), Hindi (3%), and Spanish (3%).

To learn more about Vancouver, you may access the following links:

[www.vancouver.ca/visitors.htm](http://www.vancouver.ca/visitors.htm)

<http://www.hellobc.com/vancouver.aspx>

<http://www.tourismvancouver.com/>

## EQUITY, DIVERSITY, AND INCLUSION

Our program has a strong commitment to Equity, Diversity & Inclusion (EDI) in all aspects of patient care and resident training. Identity develops with time and context and is shaped by influences including culture, ethnicity, gender identity, sexual orientation, ability/disability status, socioeconomic status, spirituality, and experiences of marginalization. Through supervision and didactic experiences, residents are encouraged to attend to and explore aspects of identity in order to recognize their own biases and

world views and become more aware of the world views of others, in order to aid case conceptualization and further understanding of diversity. The residency has adopted the Hays' ADDRESSING model (Hays, 2001) as a conceptual framework for residents and supervisors to examine EDI issues in both case conceptualization and the supervisory relationship.

## RECONCILIATION PROMOTION

Our program has an explicit commitment to reconciliation between psychology training and Indigenous people. We acknowledge accountability for the harms done to Indigenous People, particularly in the BC hospital system and the profession of psychology. Residents participate in San'yas Indigenous Cultural Safety Training, and discuss their personal readings/reflections of the Truth & Reconciliation Report and In Plain Sight Report. Where possible, we try to include our Indigenous partners in lectures and discussions, while also recognizing that it is our responsibility to self-direct our education without unduly burdening our Indigenous partners.

Our program is also dedicated to examining how our ways of knowing are inherently biased toward empiricism, which has limitations in both its epistemology and study of under-represented groups. We strive for humility in considering alternate ways of knowing, such as Indigenous wisdom, science and scholarship. Residents are encouraged to actively engage with Elders and the Aboriginal Navigators that are important to some of our Indigenous clients' journeys during their inpatient and outpatient care.

## RESIDENCY TRACKS AND ROTATION STRUCTURE

Four full-time residency positions are available:

- 2 Adult Mental Health Track positions APPIC #180714
- 2 Neuropsychology Track positions APPIC #180713

According to APA taxonomy (<https://www.apa.org/ed/graduate/specialize/understanding-taxonomy>), our program offers Neuropsychology Track residents training in neuropsychology as a Major Area of Study with 50% or more of rotations occurring in neuropsychology rotations with opportunities for assessment, complex case conceptualization, report writing, team consultation and intervention. We also offer Experience training with 50% or less of rotations occurring within neuropsychology rotations or adult mental health rotations. Typically, Experience training in this track is focused on developed intervention skills such as psychotherapy and cognitive remediation that is important to developing well-rounded neuropsychologists.

Adult Mental Health Track residents train in clinical psychology as a Major Area of Study with 50% or more of rotations occurring in rotations where mental health is the primary referral question for the hospital program. There are opportunities for a broad range of training opportunities such as psychodiagnostic assessment, intervention, and team consultation. Residents are expected to train in more than one psychotherapy orientation during their residency year. Our supervisors offer training in cognitive behavioural therapy, dialectical behavioural therapy/skills, acceptance and commitment therapy, compassion focused psychotherapy, emotion focused psychotherapy, cognitive processing therapy and prolonged exposure therapy. We also offer Experience training with 50% or less of

rotations occurring within adult mental health rotations where physical health (e.g., Heart, Pain, Rehab, etc.) is the primary referral question for the hospital program.

The residency year is divided into two six-month blocks. Throughout the year, the resident will complete 4 clinical rotations (each rotation is for 2 days per week, with 2 rotations taken per block). We encourage breadth and depth and require both assessment and treatment interventions to comprise rotation selections. Assignment of specific rotations will occur in consultation with the Training Director and relevant supervisors, in consideration of the resident’s training needs, interests, and the availability of rotations.

In addition to the 4 days of clinical rotations per week, there is 1 day per week for residents to come together for seminars and to work on a group program development and evaluation project. For residents doing a residency based research project, this day can be used to complete research tasks.

Sample Block Adult Mental Health Track	Sample Block Neuropsychology Track
<ul style="list-style-type: none"> <li>• 2 days/week: Eating Disorders (Major Area of Study)</li> <li>• 2 days/week: GF Strong Health Rotation (Experience Training)</li> <li>• 1 day/week: resident seminars, program development/evaluation project &amp; residency based research if applicable</li> </ul>	<ul style="list-style-type: none"> <li>• 2 days/week: Epilepsy (Major Area of Study)</li> <li>• 2 days/week: Heart Program (Experience Training)</li> <li>• 1 day/week: resident seminars, program development/evaluation project &amp; residency based research if applicable</li> </ul>

Psychology residents can expect that the majority of their time will be spent in direct clinical services; however, no more than 66% 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 optional research interests.

## RESIDENT SEMINARS AND OTHER DIDACTICS

A wide range of scheduled resident seminars are provided during the residency year (about 13 per year) and residents are expected to attend all of them. Previous topics have included:

- Ethics and Legislation
- Cognitive Behavioural Therapy for Psychosis
- Competency-based Supervision
- Treatment of Sexual Dysfunction
- Hospital-based Research
- Transition from Student to Early Career Psychologist
- OCD: CBT Group Treatment Guidelines
- Treatment of Gay, Lesbian and Bisexual Patients
- Indigenous Cultural Safety
- Neuropsychology in Neurodegenerative Disorders
- The Use of Interpreters for Effective Practice
- Advocacy in Psychology
- Eating Disorders

Additionally, other didactics occur throughout the year (e.g., psychology rounds, program based hospital and/or team care rounds) and residents are encouraged to attend those that are relevant to their clinical training.

## **GROUP PROGRAM DEVELOPMENT AND EVALUATION PROJECT**

The group program development and evaluation project is determined by residents in conjunction with the training director and relevant supervisors at the beginning of the residency year and is completed over the course of the residency. The purpose of the project is to provide residents with training in program development and evaluation in a hospital setting and to make a positive contribution to patient care at a program-service or regional level. The residents will present their project findings with relevant hospital stakeholders (e.g., patient services managers, multidisciplinary teams, etc.) and during the graduation ceremony at the end of the residency year.

## **RESEARCH PROJECT**

Residents have the option to complete a research project. There are VCHA psychologists with protected time for research, and residents are encouraged to work with these established research programs as part of their research training. Examples of existing research programs include (but are not limited to) Mild Traumatic Brain Injury, Treatment Refractory Psychosis, Eating Disorders, Heart Transplant and Sexual Health. At the end of the year, residents will present their research project during our graduation ceremony.

## **SUPERVISION**

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. The predominant model is Developmental Supervision. However, 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.

## **EVALUATION**

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. Supervisors meet with the Director of Training and respective resident to share information about progress in each rotation.

## RESIDENCY COMPLETION

To successfully pass the residency, the resident must have completed a minimum of 1600 hours of supervised training including 400 hours of direct patient contact, successfully passed all rotations, completed and presented the group program evaluation 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. If an optional research project is undertaken, the resident must successfully complete this project and present their findings at our graduation ceremony at the end of the year.

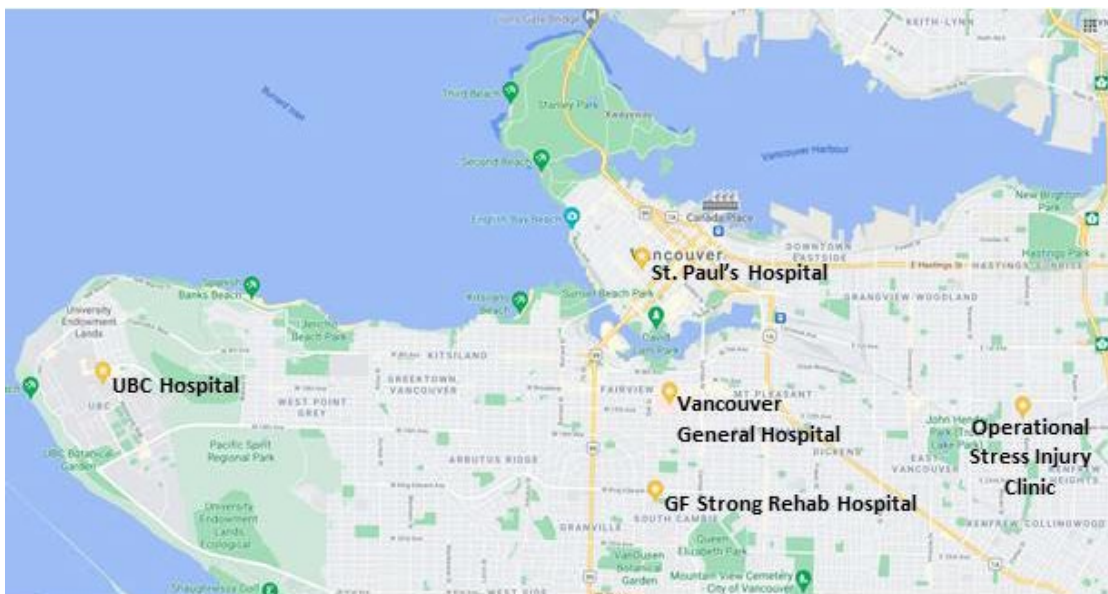
## RESIDENCY SITES

The Vancouver Coastal Health Authority (VCHA) is responsible for the health care of approximately one million residents of B.C. and serves the cities of Vancouver, North Vancouver, West Vancouver, Richmond, and many rural communities on British Columbia's southwestern coast.

Psychology Residents are placed at the primary site of Vancouver General Hospital, which provides administrative support to the residents. The residency experience encompasses six training sites:

- Vancouver General Hospital
- University of British Columbia (UBC) Hospital
- St. Paul's Hospital
- GF Strong Rehabilitation Centre
- The BC Operational Stress Injury Clinic (OSI)
- Vancouver Coastal Health Community (at various locations)

Most psychology residents will select clinical rotations across multiple sites and every effort is made to coordinate their schedule to minimize travel time. Inter-hospital shuttles depart frequently to facilitate easy movement to and from hospital sites but does not connect to OSI and some community sites.





## UNIVERSITY AFFILIATIONS AND RESEARCH

Most psychology supervisors have appointments with the Departments of Psychiatry, Psychology or Medicine at UBC or SFU. Residents are provided UBC library cards and granted access to online journals available through the UBC library. Psychologists in the region participate in research programs and clinical and academic teaching responsibilities within the hospital, the medical school, and the universities at large.

## STIPENDS AND BENEFITS

The residency is 12 months in duration, commencing at the beginning of September to the last day of August. The current stipend for a full-time residency position in the training year is \$32,651. Benefits include:

- Basic health care insurance – requires 3 months of residence within the province prior to taking effect
- A UBC library card, which allows for online access to an extensive number of research journals
- Up to \$500 education and training fund (upon application)
- Up to 5 days research or education leave (e.g., may be used for conference attendance, dealing with dissertation requirements at home university, working on a manuscript unrelated to the residency)
- 15 days of vacation
- Up to 10 days of Sick leave

## DIVERSITY AND NON-DISCRIMINATION HIRING 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 VCHA are committed to employment equity, welcome diversity in the workplace, and encourage applications from all qualified individuals.

The VCHA Predoctoral Residency in Clinical Psychology endeavors to provide an accessible workplace for residents with disabilities. Applicants who 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.

## COVID-19 IMPACT ON TRAINING

Psychology Residents are considered essential employees of VCHA and will be expected to continue to provide psychological services in the midst of natural disasters and pandemics, such as COVID-19. If you have health conditions that would limit your ability to provide psychological services in a medical setting, it is highly recommended that you discuss these concerns with the Director of Training to explore accommodations which may be available to you at our site. The VCH Psychology Residency Program complies with Health Orders from the Provincial Health Officer and with the Infection Prevention and Control Guidelines at VCHA. At the time of publishing this brochure, COVID-19 vaccines

were not mandated for VCHA healthcare workers. The Director of Training will provide updates during interviews regarding VCHA's policy on vaccinations as this evolves.

One of the strengths of our program is the large number of rotation offerings, including inpatient rotations, which allow our residents to still obtain direct service hours even in the midst of a pandemic. Some rotations have transitioned to telehealth or a hybrid of telehealth and in-person services with personal protective equipment. Any concerns about adjustments in services due to COVID-19 can be discussed with rotation supervisors and the Director of Training.

## PERSONAL INFORMATION POLICY

In accordance with federal privacy legislation (Personal Information Protection and Electronics Documents Act - <http://laws-lois.justice.gc.ca/eng/acts/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, The Psychology Professional Practice Leader, 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 was originally accredited by the American Psychological Association in 1988, and the Canadian Psychological Association since 2006. Note that APA accreditation was discontinued for Canadian programs as of September 2015. For further information please refer to the Accreditation sections of both the CPA and APA websites: <http://www.cpa.ca/accreditation/>.

Our program was most recently reaccredited by the Canadian Psychological Association for another 4-year period: 2017/18 – 2021/22. Our next accreditation self-study is due on December 15, 2021 and we expect to have an accreditation site visit in early 2022.

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

Stewart Madon, Ph.D., C. Psych., Registrar of Accreditation  
Canadian Psychological Association  
141 Laurier Avenue West, Suite 702  
Ottawa, ON K1P 5J3

Phone: 613-237-2144 or 1-888-472-0657  
Extension 333 (Registrar) or Extension 328 (Samantha Stranc, Accreditation Assistant)

Fax: 613-237-1674

E-mail: [accreditation@cpa.ca](mailto:accreditation@cpa.ca)

Page website: <http://www.cpa.ca/accreditation/>

## TRAINING TRACKS AND ROTATIONS

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.

### ADULT MENTAL HEALTH TRACK ROTATIONS

#### ***Vancouver General Hospital Rotations***

##### **1. Transitional Pain Clinic at Vancouver General Hospital**

**Supervisor:** Angie Ji, Psy.D., R.Psych.

The Transitional Pain Clinic (TPC) offers the resident an opportunity to work in a multidisciplinary, short-term outpatient clinic to help patients in BC better manage their pain both pre- and post-surgery.

The goals of the clinic are to:

- a) Decrease the risks associated with long-term use of prescription opioids
- b) Enhance post-surgical functioning
- c) Enhance patients existing pain management knowledge
- d) Prevent the transition from acute to chronic post-surgical pain (CPSP)

**Assessment Experience:** This is a treatment-focused rotation that includes brief intake assessments.

**Treatment Modality:** CBT- and ACT-based intervention for pain management, Mindfulness.

**Treatment Delivery:** Telehealth via Zoom or phone; in-person (determined case by case)

**Unique Aspects of this Rotation:**

- a) Psychology services at the TPC entails: assessment and individual treatment, psychoeducation, group co-facilitation, clinical consultation, and program evaluation
- b) Residents will become familiar with psychological interventions for pain management, community resources and partners, and scientific pain literature

##### **2. Solid Organ Transplant Program at Vancouver General Hospital**

**Supervisors:** Monica Orendain, Ph.D., R. Psych. (Lung & Kidney Transplant Team)  
Nicole Reynolds, Psy.D., R. Psych. (Liver Transplant Team)

The transplant psychology rotation takes place at the Solid Organ Transplant (SOT) clinic at Gordon and Leslie Diamond Health Care Center and Vancouver General Hospital (VGH). Patients diagnosed with end-stage liver, lung and kidney disease are seen throughout the various stages of transplantation. Patients are often medically, socially, and psychiatrically complex. The primary mandate of psychologists within the multidisciplinary liver, lung, and kidney transplant teams is to

focus on pre-transplant assessments, for both outpatient and inpatient patients. In addition to pre-transplant assessment, there are opportunities to provide brief intervention to pre- and post-transplant patients as well as psychological consultation to members of the multidisciplinary team. The SOT multidisciplinary team includes: surgeons, physicians, nurses, pharmacists, social workers, transplant coordinators, and dieticians.

**Assessment Experience:** Residents are expected to acquire experience and skills in pre-transplant assessment, which includes conducting semi-structured clinical interviews and utilizing brief screening instruments to help determine patients' psychological suitability and readiness for organ transplantation. Psychometric evaluation is also integrated as appropriate. The psychology resident will learn how to present pre-transplant assessment findings during multidisciplinary rounds, which includes a discussion of medical adherence, potential for relapse in substance use, psychological resiliency, ability to provide informed consent, attitude towards transplantation, psychological functioning, etc. All assessments for the liver transplant team will be with potential transplant recipients. However, there is the occasional opportunity to conduct live donor assessments within the kidney transplant team.

**Treatment Experience:** CBT, ACT, MI, CBT-I, solution-focused, mindfulness-based approaches, as well as interpersonal/attachment-focused approaches. A brief psychotherapy case can be arranged if a resident shows specific interest in this experience.

**Unique Aspects of this Rotation:**

- a) Residents learn how to effectively communicate and work within a medical team through participation in multidisciplinary team rounds
- b) Psychology is an active participant in the decision making process to list someone for transplant.
- c) Residents gain skills in identifying and teasing apart intersection between medical and psychiatric symptom presentation
- d) Opportunity to work with diverse patient population, and become effective with language-interpreter services for delivery of psychological care
- e) There are diverse cultural implications for organ transplantation that make for a challenging clinical situation and may provide research and program development components
- f) 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

**3. Women's Sexual Health at Vancouver General Hospital**

**Supervisor: Lori Brotto, Ph.D., R.Psych.**

The Sexual Health Rotation takes place in the Department of Obstetrics and Gynaecology at Vancouver Hospital. Patients are referred by gynecologists or are participants in a grant-funded treatment outcome study (for women with low sexual desire or genital pain). There is an opportunity to see patients and co-lead groups as part of a Multidisciplinary Vulvodynia Program, where the resident will also work closely with other professions (gynaecologists and pelvic floor physiotherapists). Infertility due to unconsummated relationships is frequently addressed. Although referrals are primarily for women, there are also likely opportunities to see women's partners (of any gender) and couples.

Given that a large part of this rotation will involve leading mindfulness based groups for sexual dysfunction and genital pain, it is expected that residents have prior experience in one of these domains prior to beginning the rotation. Prior experience co-leading groups is preferred. Preference will also be given for residents who wish to pursue research experiences as part of this rotation.

**Assessment Experience:** Comprehensive assessment of sexual dysfunction for individuals and couples using a comprehensive biopsychosocial format, including a case formulation and suggested treatment approach.

**Treatment Experience:** Co-facilitation of mindfulness-based groups for women with sexual desire and arousal disorders or provoked genital pain. Individual therapy is also available.

**Treatment Modality or Assessment Modality:** Mindfulness based therapy, cognitive behavioural therapy

**Treatment Delivery:** Group and individual therapy

**Unique Aspects of this rotation:**

- a) Opportunity to conduct intakes and therapy with women in a specialized sexual health program
- b) Most group treatment experiences are administered in the context of grant-funded outcome research and research participation is strongly encouraged

#### 4. Outpatient Mental Health and Substance Use

**Supervisor:** Brandy McGee, Ph.D., R. Psych.

Residents will provide structured group therapy to adult outpatients with moderate mental health difficulties including depression, anxiety, and personality disorders. Available theoretical orientations include cognitive behavior therapy, compassion-focused therapy, and dialectical behavior therapy. Depending on readiness, residents may also provide individual therapy to clients in a suicide intervention context using a standardized approach to suicide risk assessment and stabilization.

**Assessment Experience:** Opportunities for stand-alone psychodiagnostic assessments.

**Treatment Delivery:** A mixture of group therapy for adult outpatients and individual treatment for patients of the SAFER suicide intervention program.

**Unique Aspects of this Rotation:**

- a) Opportunities to learn a structured, evidence-based approach to suicide intervention.
- b) Multiple group experiences including approaches such as CBT, DBT, and CFT. Likely opportunities for both virtual and in-person groups.
- c) Frequent co-morbid conditions.
- d) Ability to craft the balance of assessment and treatment work.
- e) Large interdisciplinary team with close connections to other services such as the community-based Access and Assessment Centre and inpatient units at VGH.

## ***St. Paul's Hospital Rotations***

### **5. Eating Disorders Program at St. Paul's Hospital**

**Supervisors:** Jelica Todosijevic, Ph.D., R.Psych.  
Theo Elfers, Ph.D., R.Psych.  
Josie Geller, Ph.D., R.Psych.  
Rachelle Pullmer, Ph.D., R.Psych.

Residents provide primarily group-based therapy to clients in the Discovery Day Hospital Program at the province's tertiary care-level Eating Disorders Program. Depending on skill level, the resident will also provide individual psychotherapy to one client, including case formulation and treatment planning.

**Assessment Experience:** 4 intake assessments under supervision or at minimum, psychological assessment at beginning of individual psychotherapy, for the purposes of case formulation and treatment planning.

**Treatment Modality:** emotionally-focused, psychodynamic, interpersonal; integrated with acceptance and commitment therapy (ACT), cognitive behavioural therapy (CBT), dialectical behavioural therapy (DBT), and motivational interviewing (MI).

**Treatment Delivery:** Mostly group format with some opportunities for individual treatment.

**Unique Aspects of this Rotation:**

- a) Tertiary care-level complex eating disorders population, within a residential day hospital program
- b) Strong multidisciplinary team-based experience
- c) Frequent co-morbid conditions of trauma, substance use, personality disorders, anxiety disorders, and depression
- d) Diversity experience may include age, gender, ethnicity, sexual orientation, body size, mental and physical challenges
- e) Multiple group experiences: participating in Process group, Body Image group, or Follow-Up group; leading DBT interpersonal effectiveness & CBT/ACT groups; developing & facilitating a 3-group module for Mindfulness & Emotions group
- f) A focus on countertransference and using one's own emotional reactions to inform psychotherapy, working with body image distress, management of group treatment interfering behaviors, and addressing ambivalence in treatment
- g) Providing weekly meal support (exposure to eating) in the residential program
- h) Optional experience of delivering meal support to our inpatient unit
- h) Dr. Josie Geller also offers an optional Eating Disorder Program research experience

### **6. Health Psychology in the Heart Centre at St Paul's Hospital**

**Supervisors:** Sarah Cockell, Ph.D., R.Psych.  
Madelaine Gierc, Ph.D.

Psychology residents conduct psychological assessments and provide therapy to clients in the Heart Transplant and the Pacific Adult Congenital Heart (PACH) programs, which are both tertiary care programs servicing the province of British Columbia. Opportunities to provide psychological services in Heart Rhythm, Cardiac Rehabilitation, and Heart Function programs are also available,

but to a lesser degree. The work in Heart Transplant is more acute, with a focus on organ candidacy assessments and the initial adjustment to end-stage heart failure. The focus in PACH is adjustment to chronic illness and supporting clients in learning to live with symptoms and cope with ongoing treatments.

**Assessment Experience:** Psychological suitability for heart transplant (e.g., general mental health, addictions, adherence to medical recommendations, commitment to post transplant rehabilitation), and assessment of psychological functioning and how this occurs within the context of cardiac wellness.

**Treatment Modality:** CBT, ACT, MI, DBT, and Mindfulness

**Treatment Delivery:** Primarily individual. Group therapy may be sometimes available.

**Unique Aspects of this Rotation:**

- a) Residents are given the opportunity to choose from a variety of experiences to individualize and maximize their training
- b) Residents will learn how to provide a comprehensive assessment of suitability for organ transplant
- c) Psychology is actively involved in the decision process to list someone for transplant and residents will participate in Heart Transplant multidisciplinary rounds
- d) Opportunity to develop skills unique to cardiac psychology (e.g., teasing apart anxiety and cardiac symptoms, providing therapy for panic attacks in the context of living with a defibrillator, supporting the transition from parent led medical care to youth led medical care for PACH patients, coping with open heart surgery)
- e) Exposure to a wide range of presenting problems (e.g., anxiety, trauma, mood, sleep disorders, substance use, personality disorders)
- f) Short and longer (up to 6 months) therapy
- g) Diversity with Asian and East Asian clients.
- h) Staff are involved in ongoing research projects and residents are welcome to develop a small project of their own, or to join an existing project

***GF Strong Rehabilitation Centre Rotations***

**7. Health Psychology at GF Strong Rehabilitation Centre**

**Supervisors:** Jennifer MacDonald, Ph.D., R.Psych. (Neuromusculoskeletal Unit)

Rachael Neal, Ph.D., R.Psych. (Spinal Cord Injury Unit)

Devon Andersen, Ph.D., R.Psych. (Spinal Cord Injury Unit)

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

**Assessment Experience:** Psychological assessment at beginning of individual psychotherapy, for the purposes of case formulation and treatment planning. When differential diagnosis is requested, psychological assessment may also include objective test measures (e.g., PAI, MMPI-2-RF). Dr. Anderson provides supervision of brief neuropsychological assessments for patients with co-morbid acquired brain injuries.

**Treatment Modality:** CBT, ACT and MI.

**Treatment Delivery:** Opportunities for both individual psychotherapy and group psychotherapy.

Unique Aspects of this Rotation:

- a) Tertiary program for Spinal Cord Injury
- b) Strong multidisciplinary team-based experience with frequent consultation provided to multidisciplinary team members
- c) Complex patient populations that are both medically complex and psychologically complex with comorbid trauma, substance use, and personality disorders
- d) The musculoskeletal program has a diverse patient population including polytrauma injuries, burns, transplant, neurodegenerative conditions (e.g., multiple sclerosis) and patients with post-COVID-19 symptoms requiring rehabilitation
- e) Opportunities for behavioural analysis and leading multidisciplinary teams that are facing challenging patient behaviours on the unit
- f) Opportunities to work with clients with co-morbid acquired brain injuries (e.g., >25% of Spinal Cord Injury inpatients have co-morbid acquired brain injuries)
- g) Opportunities to work with clients who are pursuing/questioning Medical Assistance in Dying
- h) Multiple group experiences: CBT for insomnia, Emotion Skills Group, Attention Process Training Group, and Memory Skills Group
- i) Centralized Psychology Service with 7 psychologists and a psychometrist
- j) Dr. Noah Silverberg (UBC faculty) runs a mild traumatic brain injury research laboratory at GF Strong, and residents may have the option to work with Dr. Silverberg on a research project or be a treatment provider in a clinical trial

### ***UBC Hospital Rotation***

#### **8. Severe Mental Illness Adult Mental Health Rotation at UBC Hospital**

**Supervisors:** Mahesh Menon, Ph.D., R. Psych. (primary supervisor)  
Ivan Torres, Ph.D., R. Psych.

The BC Psychosis Program is a specialized tertiary inpatient program consisting of a large multidisciplinary team. Residents carry out individualized formulation driven CBT based therapy for psychosis and comorbid difficulties, and co-facilitate CBT based groups for hallucinations and delusions.

**Assessment Experience:** Psychological assessment related to treatment formulation

**Treatment Modality:** CBT, ACT and DBT

**Treatment Delivery:** Group and individual therapy

**Unique Aspects of this rotation:**

- a) Strong multidisciplinary team-based experience- the residents work closely with psychiatrists, nursing staff, OT and other psychology staff and students
- b) Students get exposure to working with patients presenting with acute psychosis and other psychiatric symptoms (mania, depression, anxiety, etc.)
- c) The therapy component involves assessment and treatment formulation, integrating treatment for psychosis (primarily using CBT along with ACT and DBT skills) with other comorbid difficulties (commonly including mood, various anxiety and OCD symptoms, as well as substance use)
- d) Given the diversity of presenting issues, residents can often choose cases
- e) Multiple groups co-lead by residents
- f) Diverse population (multi-ethnic and First Nations) from across BC



- g) Opportunity to present the assessment results and/or treatment progress at weekly case conference rounds and aid in treatment and discharge planning
- h) Participation in didactics such as BC Psychosis Education Rounds
- i) Supervision opportunities (of practicum students) are also available
- j) Research opportunities available for full rotation or portion of rotation (prior projects have included a systemic review of cognitive functioning in treatment schizophrenia and examining the validity of the NIH toolbox in treatment-resistant psychosis)

## **BC Operational Stress Injury Clinic Rotation**

### **9. BC Occupational Stress Injury Clinic (primary location at Vancouver Clinic)**

**Supervisors:** Eleanor Donegan, Ph.D., R. Psych.  
 Margaret Drewlo, Ph.D., R. Psych.  
 Samantha Fashler, Ph.D.  
 Brad Hallam, Ph.D., R.Psych., ABPP-CN  
 Julia Ting, Ph.D., R. Psych.

The BC Operational Stress Injury Clinic (BC OSI Clinic) is one of nine clinics across Canada fully funded by Veterans Affairs Canada. The BC OSI Clinic is managed by Vancouver Coastal Health Authority and staffed by psychologists and other mental health care professionals who work collaboratively to provide specialized care.

Opened in February 2009, the Clinic is an outpatient program where clients who live with mental health conditions related to an operational stress injury (OSI) and their families can find comprehensive clinical assessment and treatment services under one roof.

Services are provided to British Columbia residents who are veterans, members of the Canadian Forces (Regular and Reserve) and members of the RCMP who have an operational stress injury (OSI) as well as their families.

**Assessment Experience/Modality:** Psychodiagnostic assessments that integrate structured or semi-structured interviews and objective psychological self-report measures (e.g., PAI). In addition to psychodiagnostic issues, assessments address issues of causation, treatment recommendations, substance use, risk of harm to self/others, and safety planning (as needed).

**Treatment Modality:** Primarily individual psychotherapy with the needs of the patient determining the treatment modality. Cognitive Behavioural Therapy and Acceptance and Commitment Therapy are provided for clients with anxiety and depression. Residents may have the opportunity to deliver trauma-specific psychotherapy such as Prolonged Exposure Therapy and Cognitive Processing Therapy.

**Treatment Delivery:** Both virtual and in-person.

**Unique Aspects of this Rotation:**

- a) Complex referrals for assessments and therapy often including a significant trauma history to refine psychodiagnostic skills for Trauma and Related Disorders.

- b) Provincial service for BC and Yukon for service members of the Canadian Armed Forces, RCMP and Veterans.
- c) Training and intervention opportunities with trauma-specific modalities.
- d) Experiences will improve understanding of trauma and other mental health conditions for service members, the impact of systems on clients' well-being (e.g. military, deployments, legal systems), the impact on family, and ultimately how to support service members in psychological wellness.

## **Vancouver Community Rotations**

### **10. Youth and Young Adult Mental Health at Foundry, Vancouver Granville Site**

**Supervisor:** Sheena Miao, Ph.D., R.Psych.

Located in heart of downtown Vancouver, our community clinic provides young people from ages 12 to 24 with easy access to primary care, mental health and substance use services, psychosocial rehab supports, peer support, supported employment and recreational activities all housed under one roof. We provide services within a multidisciplinary, stepped-care model, whereby youth are offered services of varying intensity, from signposting, psychoeducation and drop-in counselling to individual/group therapy and intensive case management (ICM), dependent on clinical need.

**Assessment Experience:** Psychological assessment in the context of therapy planning.

**Treatment Modality or Assessment Modality:** CBT, DBT, MI, and EFT.

**Treatment Delivery:** Individual/Group

**Unique Aspects of this Rotation:**

- a) Strong multidisciplinary team focus
- b) Opportunity to work with youth and young people
- c) Opportunity to work across a wide range of presenting clinical need
- d) Opportunity to participate in program development
- e) Difference and diversity experience includes working with indigenous youth, gender diverse and transgender youth, as well as youth who are precariously housed and/or otherwise homeless

### **11. Child and Youth Mental Health in the Vancouver Coastal Health Community (primary location at Raven Song Community Health Centre)**

**Supervisor:** Chiara Perico, Ph.D., R.Psych.

Child and Youth Mental Health (CYMH) supports children and adolescents from 5-19 years of age, dealing with moderate to severe mental health concerns. These include anxiety, depression, post-traumatic stress disorder, adjustment disorders, attachment disruptions, and/or a combination of several conditions. As part of this rotation, you will receive training in psychoeducational and psychodiagnostic assessments, different treatment modalities and parenting support strategies, with the client's age being at the forefront of the diagnostic and treatment decisions.

**Assessment Experience:** Treatment modality is flexible and likely will include several therapeutic approaches based on the clients' needs. Play therapy will be the primary approach for children, and training in this area can be provided.

**Assessment Modality:** Psychoeducational and psychodiagnostics. This will include cognitive, academic, executive functioning, attention, memory, and psychosocial assessments. Assessment batteries will vary based on clients' needs and reason for referral.

**Treatment Delivery:** Primarily in person. Virtual therapy is possible, if needed.

**Unique Aspects of this Rotation:**

- a) Complex referrals for assessments and therapy often including a significant trauma history and significant attachment disruptions which can make diagnostic conclusions challenging to reach but allow for a more in-depth understanding of complex mental health presentations
- b) Many assessments come with a layer of systemic issues (e.g. ministry involvement, shared custody, etc.) which, despite their challenges, make for valuable learning experiences.
- b) Intervention opportunities are quite varied and can be geared to the interest of the student and can include individual therapy and groups on various topics (e.g., anxiety, depression and social skills) across different ages.
- c) Experiences will improve understanding of developmental psychopathology, the impact of systems on clients' well-being (e.g. schools, legal systems, foster care), the role of family dynamics, and ultimately how to support children, youth and families.

## NEUROPSYCHOLOGY TRACK ROTATIONS

### *Vancouver General Hospital Rotations*

#### 1. Epilepsy Program at Vancouver General Hospital

**Supervisor:** Jing Ee Tan, Ph.D., R.Psych., ABPP-CN

Residents acquire skills to conduct neuropsychological evaluation for individuals with seizure disorders due to a variety of etiologies including mesial temporal sclerosis, dysgenesis and migration disorders, autoimmune disorders, and tumors.

**Assessment Experience:**

- a) Primarily pre-surgical neuropsychological evaluation
- b) Postsurgical neuropsychological evaluation
- c) Differential diagnosis (e.g., dementia, limbic encephalitis, psychogenic non-epileptic seizures)

**Assessment Modality:** Fixed-Flexible Battery

**Treatment Delivery:** This is strictly an assessment-only rotation

**Unique Aspects of this Rotation:**

- a) In-depth exposure to epilepsy syndromes
- b) Multidisciplinary case discussion during Seizure Rounds with neurologists, neurosurgeons, and neuroradiologists
- c) Skills in localization and lateralization of brain functions
- d) Observation of Wada testing and/or language mapping in awake craniotomy (based on availability)

#### 2. Neuroscience Rotation

**Supervisor:** Nicholas Bogod, Ph.D., R.Psych.

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:** This is a neuropsychological assessment rotation

**Assessment Modality:** Fixed-Flexible Battery

**Treatment Experience:** 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.

**Unique Aspects of this Rotation:**

- a) 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 rare conditions (e.g., mitochondrial diseases, Creutzfeldt-Jakob disease).
- b) 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.
- c) Research experience may be available with persons undergoing neurosurgery to implant a device to treat intractable mood disorders with deep brain stimulation.

3. **Older Adult Mental Health & Substance Use Program (OAMHSU) at the Cambie Older Adult Mental Health Team (COAMHT)**

**Supervisor:** Amy Zwicker, Ph.D., R. Psych.

Residents provide neuropsychological assessments for geriatric patients who are being cared for in the OAMHSU Program. The OAMHSU program is a multidisciplinary program (e.g., psychiatrists, family physicians, nurses, social workers, occupational therapists, rehab assists, counselors) comprised of three teams of clinicians that are situated across the city of Vancouver and provide outpatient and outreach care.

**Assessment Experience:** Diagnostic neuropsychological assessments to address typical referral issues such as differential diagnosis of neurodegenerative vs. psychiatric conditions vs. medical comorbidities.

**Assessment Modality:** Interviews with patients and collateral sources, consultation with team members, flexible neuropsychological batteries selected to address the referral question and accommodate patient factors (e.g., sensory and motor deficits).

**Treatment Experience:** Provision of feedback and care recommendations to patients, families, and care teams (e.g., referring psychiatrist and case manager).

**Unique Aspects of this rotation:**

- a) In depth exposure to geriatric health and social factors that affect daily functioning, assessment procedures, and care planning (e.g., cognitive, psychological, and medical comorbidities; mobility and sensory deficits; social isolation).
- b) Experience with patients from diverse cultural and language backgrounds and opportunity to adapt assessment procedures (e.g., work with interpreters).
- c) Outpatient (e.g., office visits) and outreach (e.g., home visits) services.

- d) Opportunity to learn about healthcare systems and resources that support the geriatric population (e.g., home care, long-term care, Alzheimer’s Society, Caregiver resources).
- e) Capacity assessments to inform care planning.

**4. Tertiary Mental Health and Substance Use**

**Supervisor:** Chantelle Giesbrecht, Ph.D., R.Psych.

This rotation, located within the Willow Pavilion at VGH, offers primarily neuropsychological assessment experiences and potential opportunities for group treatment. Willow Pavilion provides interdisciplinary-based assessment, treatment, and psychosocial rehabilitation to inpatients with complex and serious mental illness. Inpatients at Willow Pavilion often require long-term care with stays within the program ranging from 6 weeks to 24 months, depending on individual needs.

**Assessment Experience:** Residents will have the opportunity to complete neuropsychological assessments of psychiatric inpatients with a range of schizophrenia- and mood-related disorders, often in the context of concurrent substance use disorders. Assessments range from brief cognitive screens to comprehensive neuropsychological assessments. Residents will be involved in the entire assessment process, including chart review, consultation with team members, clinical interviews, test administration, scoring, interpretation, report writing, and feedback.

**Assessment Modality:** A flexible battery approach is taken depending on the referral questions (e.g., diagnostic clarification, treatment and discharge planning) and patient characteristics.

**Treatment Delivery:** Residents will have the opportunity to observe and provide feedback to interdisciplinary team members, as well as to patients and their families. Although this is primarily an assessment rotation, there may be opportunities for residents to be involved in facilitating treatment groups including an Introductory CBT Skills group.

**Unique Aspects of this Rotation:**

- a) Opportunity to consult with various interdisciplinary teams across all units at Willow Pavilion (Adult Assessment and Treatment, Adult Tertiary Rehabilitation, and Older Adult Assessment and Treatment)
- b) Assessment experience with adult and older adult populations
- c) Diverse ethnic, cultural, and educational backgrounds
- d) Residents may have the opportunity to conduct assessments with inpatients where English is a second language with the assistance of professional language translation services
- e) Depending on level of experience with conducting neuropsychological assessments (i.e., extensive experience with test selection, administration, scoring, and interpretation) there may be the opportunity to supervise the psychometrist attached to the program

***St. Paul’s Hospital Rotations***

**5. Neuropsychology Service at St. Paul’s Hospital**

**Supervisor:** Aiko Yamamoto, Ph.D., R.Psych.

Residents complete neuropsychological assessments and provide feedback to a diverse range of inpatients and outpatients. Referrals are primarily mental health inpatients as well as outpatients from clinics for older adults, street-involved youth (Foundry), and individuals living with HIV.

**Assessment Experience:** Neuropsychological evaluations are used to answer various questions (e.g., identifying cognitive decline, assessing intellectual ability, determining if someone is able to live independently). Feedback sessions are frequently provided.

**Treatment Experience:** No formal intervention experience is provided although many residents with limited mental health experiences have had the opportunity to lead a brief series of groups with mental health inpatients on topics of their choice.

**Unique Aspects of this Rotation:**

- a) This is typically a breadth rotation as we are a consultation service that provides care to many different hospital programs (although residents can ask to focus more on experiences with one subgroup)
- b) Cases are typically very complex, with multiple co-morbid conditions and frequent situational stressors (e.g., trauma, lack of stable housing, and/or no social supports)
- c) Patient populations are very diverse in terms of cultural background, languages spoken, gender, sexual orientation, educational levels achieved, socioeconomic status, and age (ranges from 19 to 95)
- d) Past interested residents have run a brief series of groups with mental health patients on various topics (e.g., progressive muscle relaxation, compensatory strategies for attention and memory difficulties, basic concepts of CBT) in order to have some additional experience with mental health populations
- e) Past interested residents have observed a brain imaging reading with a neuroradiologist

***GF Strong Rehabilitation Centre Rotations***

**6. Neuropsychology at GF Strong Rehabilitation Centre**

**Supervisors:** Treena Blake, Ph.D., R.Psych.  
Sylvia Nay, Ph.D., R.Psych.  
Sarah-Jane Meachen, Ph.D., R.Psych.  
Briana Cassetta, Ph.D., R.Psych.

Residents provide assessments and treatment to clients with acquired neurological conditions on the Acquired Brain Injury, Spinal Cord, Neuromuscular, and Adolescent & Young Adult programs at British Columbia's largest rehabilitation hospital. Psychology residents work closely with other health professionals on multidisciplinary teams. Services are designed to help clients adapt and adjust to changes in themselves, including physical disability, cognitive impairment, and alterations in their self-concept.

**Assessment Experience:** Comprehensive neuropsychological assessments for clients with traumatic brain injury, stroke, and other acquired neurological conditions. Outpatient assessments aim to address rehabilitation planning, capacity to return to work/school, and other community reintegration issues. Inpatient assessments focus on facilitating differential diagnosis, discharge planning, and determination of decision-making capacity.

**Treatment Experience:** Residents provide education to clients and families about the brain, its functions, and recovery from brain injury. Interventions for cognitive problems are frequently identified from the neuropsychological assessment (e.g., training a client to use a memory aid) and cognitive remediation is typically conducted in collaboration with other professions such as occupational and speech-language therapy. Residents will also have the opportunity to provide

individual and/or group psychological interventions to acquired brain injury clients with comorbid psychological disorders.

**Adolescent/Young Adult Experience:** While most of the opportunities at GF Strong are adult focused, the Adolescent and Young Adult (AYA) Acquired Brain Injury (Inpatient and Outpatient) Program and Adolescent Complex Concussion Clinic (ACCC) offer a unique opportunity to gain experience conducting neuropsychological assessments, consultations, and limited intervention with clients between the ages of 14-18. Clients in the AYA program present with a variety of acquired neurological conditions as well as congenital conditions and developmental disabilities. The ACCC serves clients with mild traumatic brain injuries and co-occurring challenges related to learning and mental health.

**Treatment Modality:** CBT, ACT, MI, Cognitive Rehabilitation

**Treatment Delivery:** Individual and Group

**Unique Aspects of this Rotation:**

- a) Cognitive assessments integrate clinical impressions of allied health colleagues, translate neuropsychological findings to real-world functional performance, and identify barriers to rehabilitation goals & appropriate interventions
- b) Centralized Psychology Service with 7 psychologists and a psychometrist
- c) Strong consultations experience with interdisciplinary team
- d) Multiple groups run by Psychology: Memory Strategies Group, Emotional Skills Group, Attention Process Training, CBT for Insomnia
- e) There are opportunities for residents to participate in brain injury rehabilitation research (e.g., contributing to ongoing long-term projects or initiate small project of their own) – please contact Dr. Noah Silverberg to learn more about current research projects at GF Strong (noah.silverberg@ubc.ca)

### ***UBC Hospital Rotations***

#### **7. Severe Mental Illness Neuropsychology Rotation at UBC Hospital**

**Supervisors:** Ivan Torres, Ph.D., R. Psych. (primary supervisor)  
Mahesh Menon, Ph.D., R. Psych.

The BC Psychosis Program is a specialized tertiary inpatient program consisting of a large multidisciplinary team. Residents carry out comprehensive assessments to address a range of questions around diagnosis, discharge planning, and recommendations, and assist with a cognitive remediation training program.

**Assessment Experience:** Neuropsychological assessments of patients with schizophrenia spectrum and other psychotic disorders

**Treatment Modality or Assessment Modality:** Fixed-Flexible Neuropsychological Assessment Batteries

**Unique Aspects of this rotation:**

- a) Strong multidisciplinary team-based experience- the residents work closely with psychiatrists, nursing staff, OT and other psychology staff and students
- b) Students get exposure to working with patients presenting with acute psychosis and other psychiatric symptoms (mania, depression, anxiety, etc.)

- c) Opportunity to present understanding of severe mental illness and the impact on cognition and function
- d) Given the diversity of presenting issues, residents can often choose cases
- e) Multiple groups co-lead by residents
- f) Diverse population (multi-ethnic and First Nations) from across BC
- g) Opportunity to present the assessment results and/or treatment progress at weekly case conference rounds and aid in treatment and discharge planning
- h) Participation in didactics such as BC Psychosis Education Rounds
- i) Supervision opportunities (of practicum students) are also available
- j) Research opportunities available for full rotation or portion of rotation (prior projects have included a systemic review of cognitive functioning in treatment schizophrenia and examining the validity of the NIH toolbox in treatment-resistant psychosis)

## SUPERVISING REGISTERED PSYCHOLOGISTS

### **ANDERSEN, DEVON, Ph.D.**

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### **BHALLA, RISHI. Ph.D.**

0.6 FTE Psychologist in the Short Term Assessment and Treatment Centre (STAT Centre) at VGH. Tel: 604.875.5888, email: [rishi.bhalla@vch.ca](mailto: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.

### **BLAKE, TREENA. Ph.D.**

1.0 FTE Psychologist at GF Strong Rehabilitation Centre. Tel: 604.734-1313, email: [treena.blake@vch.ca](mailto:treena.blake@vch.ca) Ph.D. 2011, University of Windsor. Interests: neuropsychological functioning; brain injury rehabilitation; behavioral management; individual therapy; family and staff education.

### **BOGOD, NICHOLAS. Ph.D.**

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reproductive health; hormones and sexual response; mindfulness meditation and cognitive behavioural therapy for genital pain and all sexual difficulties. BCCSM website:  
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**HALLAM, BRADLEY. Ph.D., ABPP-CN**

0.6 FTE Psychologist at OSI Clinic (Victoria site). Tel: 250.893.2546 email: [brad.hallam@vch.ca](mailto: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; spinal cord injury; insomnia; attention training; individual therapy; family and staff education; prolonged exposure psychotherapy; cognitive processing therapy.

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**JJ, ANGIE. Psy.D.**

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**MACDONALD, JENNIFER. Ph.D.**

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**MCGEE, BRANDY, Ph.D., R.Psych.**

0.4 FTE Psychologist in Mental Health and Substance Use Outpatient Services at VGH. Tel: 604.675-3710, email: [brandy.mcgee@vch.ca](mailto:brandy.mcgee@vch.ca) Ph.D. 2007, University of British Columbia. Interests: Suicide intervention, group therapy, compassion-focused therapy

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**MENON, MAHESH. Ph.D.**

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**REYNOLDS, NICOLE. Psy.D.**

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**TAYLOR, LORI. Ph.D.**

1.0 FTE Psychologist at St. Paul's Hospital; tel: 604-682-2344 local 62405; e-mail: [lotaylor@providencehealth.bc.ca](mailto:lotaylor@providencehealth.bc.ca) Ph.D. 1992, University of British Columbia. Coordinator, Discovery Day Treatment Program, Eating Disorders Program. Interests: Individual and group psychotherapy; integrative approach to therapy (interpersonal and emotionally-focused, CBT, DBT, ACT, mindfulness, motivational interviewing); developing clinical tools to assist clients in psychotherapeutic work; ongoing program evaluation and development; team leadership; supervision.

**TING, JULIA. Ph.D.**

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

**TODOSIJEVIC, JELICA, 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](mailto:jtodosijevic@providencehealth.bc.ca) Ph.D. 2005, University of Vermont. Interests: individual and group psychotherapy, integrative approach to treatment.

**TORRES, IVAN. Ph.D.**

0.3 FTE Psychologist in the UBC Hospital BC Psychosis Program. Tel: 604.822.7769, email: [Ivan.Torres@ubc.ca](mailto:Ivan.Torres@ubc.ca) Ph.D. 1993, University of Memphis. Postdoctoral Fellow in Department of Psychiatry, University of Iowa 1993/94; Interests: Neuropsychological functioning in severe mental illness; Executive functioning and metacognition in psychiatric and neurological illnesses

**YAMAMOTO, AIKO. Ph.D.**

1.0 FTE Psychologist in the Neuropsychology Service (Mental Health and Healthy Aging Programs), St. Paul's Hospital. Tel: 604.806.8160, email: [ayamamoto@providencehealth.bc.ca](mailto:ayamamoto@providencehealth.bc.ca) Ph.D. 2003, University of Windsor. Postdoctoral Fellowship in Clinical Neuropsychology, West Virginia University School of Medicine, 2003-2005. Interests: neuropsychological function in mental health and neurological populations; quality of life.

**ZWICKER, AMY. Ph.D.**

0.77 FTE Psychologist for the Older Adult Mental Health & Substance Use Program, located at the Cambie Older Adult Mental Health Team. Tel: 604.873.6733, email: [amy.zwicker@vch.ca](mailto:amy.zwicker@vch.ca) Ph.D. 2013, University of British Columbia. Interests: Neurodegenerative Diseases; Behavioural and Psychological Symptoms of Dementia (BPSD); Caregiver Distress; TBI; Functional Cognitive Disorders.

## CANDIDATE ELIGIBILITY

All applicants must:

- Come from a CPA or APA accredited doctoral program in clinical psychology, counseling psychology or education psychology
- Received approval from their Directors of Training to apply for residency
- Complete all doctoral program requirements aside from their dissertation
- Be fluent in English
- **Provide proof of COVID-19 vaccination**

Adult Mental Health Track Applicants (APPIC #180714) must have:

- At least 600 hours of supervised practicum training
- At least 300 direct patient contact hours directly relevant to one or more of our training rotations

Neuropsychology Track Applicants (APPIC #180713) must have:

- At least 600 hours of supervised practice training
- At least 300 direct patient contact hours
- At least 2 graduate level courses in neuropsychology related topics
- At least 10 adult integrated neuropsychology reports - **please include the total number of integrated adult neuropsychology reports you have completed in your cover letter**

## Foreign Applicants

Our program adheres to Canadian immigration policy requiring eligible Canadian citizens and landed immigrant applicants be offered available residency positions before offering a position to a non-Canadian citizen. However, we have matched with U.S. citizens in the past, and we accordingly encourage foreign applicants to apply.

Foreign residents matched with our program will require successful completion of a Labor Market Opinion or a Labor Market Opinion exemption from Service Canada. A visa permit is also required to allow the resident to stay in Canada for the duration of the residency upon receiving a letter of offer to the residency program, the prospective resident must contact the nearest Canadian Consulate enclosing a copy of our letter of acceptance to the residency program. The Consulate will aid the resident in the application process. This process will likely require a medical exam and clearance. The VCH recruitment Office and the Director of Clinical Training facilitate documentation requirements.

***In recent years, there has been increased risk with cross-border training, in part due to COVID-19, with some US applicants being refused entry to Canada. Though this has not happened with VCHA specifically, applicants should still be aware of the inherent risks of cross-border training and that even with proper documentation, border entry is still at the discretion of the border guard and immigration.*** It takes up to 3 months after arrival for foreign students to become eligible for B.C. Health Insurance, so it is wise for incoming foreign students to make other health insurance arrangements for that 'bridge term'.

## 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.

## APPLICATION AND SELECTION PROCESS

A complete residency application includes 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 dissertation supervisor and **two who are supervisors of your clinical work**. We prefer compliance with CCPPP guidelines (<http://ccppp.ca/reference-letterguidelines>). A link to the APPIC reference writer portal is at <http://www.appic.org/A-API-APPA#REF>.
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 **specific rotations of interest**.

6. **For neuropsychology track applicants, please indicate in your cover letter how many integrated adult neuropsychology reports you have written** as this information is not provided in the APPI.

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

- Diversity, breadth and depth of assessment and intervention experience
- Goodness of fit related to applicant's training and interest and the training available at our sites
- Trainees interested in hospital-based psychology careers
- Academic excellence, progress in coursework and status of dissertation research
- Research productivity
- Application materials including the clarity and organization of the letter of interest

Interviews are offered to applicants whom we feel are the best matches for our program, with consideration of their goals for residency. In compliance with the recommendations of CPA and Canadian Council of Professional Psychology Programs, interviews will exclusively be offered via videoconference, even for local applicants. We utilize a vignette based interview format. Applicants will still have the opportunity to meet by video with the Training Director, two or more faculty, and at least one current resident. Because applicants will not be able to visit the campus and see the facilities as part of the interview, we have posted a video to our website (<https://careers.vch.ca/work-here/students-and-residents/psychology-residency/>) that allows applicants to see the various training sites and facilities. Interview notification will be conducted in accordance with the voluntary 2-step interview notification and booking system recommended by the Canadian Council of Professional Psychology Programs.

## IMPORTANT DATES

- **Wednesday, November 3, 2021, 9 PM PST** – application due date. All applications must be received through the APPIC portal.
- **Friday, December 3, 2021** - Universal *NOTIFICATION* Date. That is, all applicants applying at Canadian Internship Sites will be informed of their interview status on this day but no interviews will be booked until the following Monday.
- **Monday, December 6, 2021** - Universal *RESPONSE/BOOKING* date. This is the date applicants can begin contacting sites who have offered them interviews. Specifically, that means students can start booking their interviews with their internship sites at 8:00 am PST on Monday, December 6, 2021.
- **January 11 & 12, 2022** – Interviews conducted via teleconference only (even for local applicants)
- **September 1, 2022** - Start date of the residency
- **August 31, 2023** - End date of the residency

Residency website: <https://careers.vch.ca/work-here/students-and-residents/psychology-residency/>

# PREDOCTORAL RESIDENCY IN CLINICAL PSYCHOLOGY 2022-2023

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## FOR MORE INFORMATION

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

Dr. Brad Hallam, R.Psych., ABPP-CN  
Director of Clinical Training, Psychological Services Vancouver  
General Hospital  
Doctors Residence, 2775 Heather Street, Room 422  
Vancouver, B.C. V5Z 1M9  
Telephone: 604-737-6223  
Fax: 604-875-5740  
E-mail: [brad.hallam@vch.ca](mailto:brad.hallam@vch.ca)

The Residency Training Committee is composed of one resident representative and the following psychologists:

Dr. Rishi Bhalla, R.Psych. (Vancouver General Hospital)  
Dr. Nick Bogod, R.Psych. (Vancouver General Hospital)  
Dr. Eleanor Donegan, R.Psych. (OSI Clinic)  
Dr. Theo Elfers, R.Psych. (St. Paul's Hospital)  
Dr. Brad Hallam, R.Psych. (DOT, OSI Clinic)  
Dr. Angie Ji (Vancouver General Hospital)  
Dr. Amanda Lamarre, R.Psych. (Richmond Hospital)  
Dr. Jennifer Macdonald, R.Psych. (GF Strong)  
Dr. Mahesh Menon, R.Psych. (UBC Hospital)  
Dr. Sheena Miao, R.Psych. (Inner City Youth)  
Dr. Jing Tan, R.Psych. (Vancouver General Hospital)  
Dr. Aiko Yamamoto, R.Psych. (St. Paul's Hospital)

Administrative Assistant: Ms. Eugene Wai

Accredited by the Canadian Psychological Association 2017/18 –  
2021/22 (Next CPA site visit in 2022)

Member of APPIC & CCPPP



Residency Website

<https://careers.vch.ca/psychology-residency>