



Vancouver
CoastalHealth



PREDOCTORAL

RESIDENCY IN CLINICAL PSYCHOLOGY 2023-2024

FEATURING:

ADULT MENTAL HEALTH APPIC #180714

NEUROPSYCHOLOGY APPIC #180713

ACCREDITED BY THE CANADIAN PSYCHOLOGICAL ASSOCIATION
(Site Visit March 2022; Re-accreditation decision expected Fall 2022)

Vancouver Coastal Health (VCH)
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 VCH 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 x^wməθk^wəyəm (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.

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.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 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

The VCH Predoctoral Residency Program in Clinical Psychology is organized into a two-track training model comprised of an Adult Mental Health Track and a Neuropsychology Track. Depending on the preference of the resident and their training goals, the Adult Mental Health Track provides a Major Area of Study (3 rotations) or Emphasis Training (2 rotations) in Clinical Psychology in programs in which mental health concerns are the primary referral question (e.g., Eating Disorders Program). The Neuropsychology Track provides a Major Area of Study (3 rotations) or Emphasis Training (2 rotations) in programs in which neurologic concerns are the primary referral question (e.g., Epilepsy). Residents from both tracks are provided with Experience or Exposure training in either cross-track rotations or health psychology rotations in which health is the primary referral question but psychological function has been found to be an important indicator of patient outcome (e.g., Solid Organ Transplant). 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. We have updated the language in the program brochure to be consistent with the APA taxonomy for Training in Professional Psychology Health Service Specialties and Subspecialties (<https://www.apa.org/ed/graduate/specialize/taxonomy.pdf>).

Sample Rotation Schedule– Adult Mental Health Major Area of Study

- 60% of time spent in mental health rotations
 - 20% of time spent in health rotations
- 20% of time spent in didactics, program development/evaluation, research

1 st Block: September - February	2 nd Block: March – August
<ul style="list-style-type: none"> • 2 days/week: BC OSI Clinic • 2 days/week: Eating Disorders Program • 1 day/week: resident seminars, program development/evaluation project & residency based research project 	<ul style="list-style-type: none"> • 2 days/week: BC Psychosis • 2 days/week: Complex Pain (health) • 1 day/week: resident seminars, program development/evaluation project & residency based research project

Sample Rotation Schedule– Adult Mental Health Emphasis Training

- 40% of time spent in mental health rotations
 - 40% of time spent in health rotations
- 20% of time spent in didactics, program development/evaluation, research

1 st Block: September - February	2 nd Block: March – August
<ul style="list-style-type: none"> • 2 days/week: Outpatient Mental Health & Substance Use Program • 2 days/week: Heart (health) • 1 day/week: resident seminars, program development/evaluation project & residency based research project 	<ul style="list-style-type: none"> • 2 days/week: Foundry • 2 days/week: Sexual Health (health) • 1 day/week: resident seminars, program development/evaluation project & residency based research project

Sample Rotation Schedule– Neuropsychology Major Area of Study

- 60% of time spent in neuropsychological assessment rotations
 - 20% of time spent in intervention rotations
- 20% of time spent in didactics, program development/evaluation, research

1 st Block: September - February	2 nd Block: March – August
<ul style="list-style-type: none"> • 2 days/week: Epilepsy • 2 days/week: Neuroscience • 1 day/week: resident seminars, program development/evaluation project & residency based research project 	<ul style="list-style-type: none"> • 2 days/week: Geriatric Neuropsychology • 2 days/week: GF Strong Rehab (intervention only) • 1 day/week: resident seminars, program development/evaluation project & residency based research project

Sample Rotation Schedule– Neuropsychology Emphasis Training

- **40% of time spent in neuropsychological assessment rotations**
 - **40% of time spent in intervention rotations**
- **20% of time spent in didactics, program development/evaluation, research**

1 st Block: September - February	2 nd Block: March – August
<ul style="list-style-type: none"> • 2 days/week: Epilepsy • 2 days/week: Neuroscience • 1 day/week: resident seminars, program development/evaluation project & residency based research project 	<ul style="list-style-type: none"> • 2 days/week: Geriatric Neuropsychology • 2 days/week: GF Strong Rehab (intervention only) • 1 day/week: resident seminars, program development/evaluation project & residency based research project

There are opportunities for a broad range of training opportunities such as psychodiagnostic assessment, complex case conceptualization, report writing, feedback, 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.

ROTATION SELECTION

The program employs a developmental model of training such that residents have sufficient knowledge and skill in psychological assessment, intervention, consultation, program development and evaluation, interpersonal relationships, professional standards and ethics, and supervision to render them eligible for registration in any jurisdiction in Canada.

Rotations are chosen collaboratively between resident and Training Director based on an overall training plan toward the following aims:

- Residents’ interests
- Residents’ training needs
- Training that prepares the resident for autonomous practice in an area of specialization
- Training opportunities that “round out” gaps with certain populations and settings
- Mixture of inpatient, outpatient and community settings
- Training in both assessment and treatment
- Training in more than one therapeutic orientation
- Mixture of individual and group intervention
- Team Consultation

Rotation availability is subject to several factors such as supervisor/program availability from year-to-year and ensuring that residents have a well-rounded training experience.

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 clinical service delivery, in order to have time for 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. The VCH Psychology Residency Program encourages residents to attend the CCPPP National Seminar Training Series to join the national dialogue amongst psychology residents.

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 VCH 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 projects 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 VCH 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

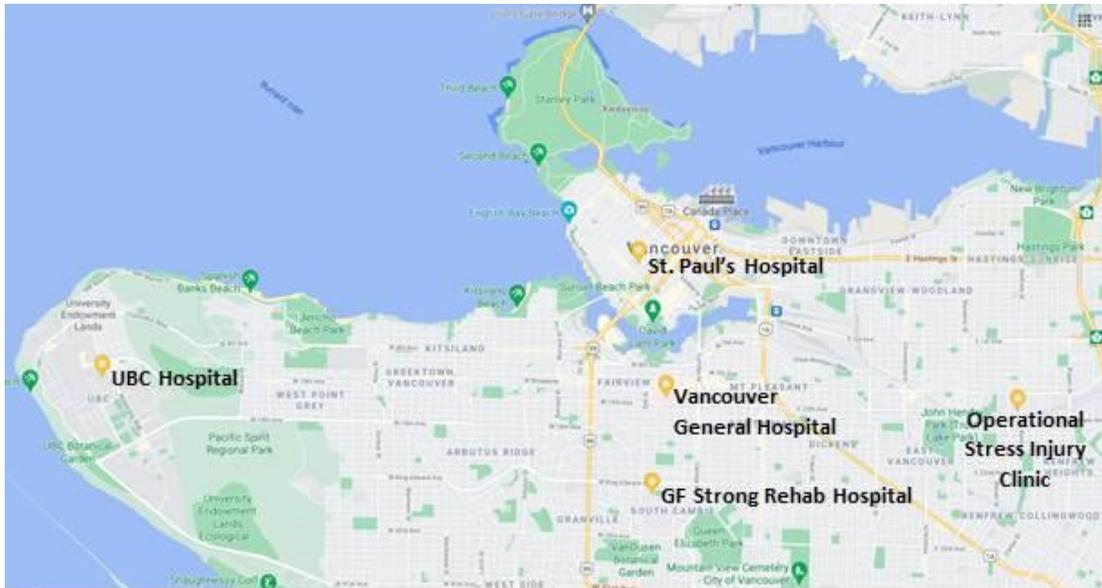
Vancouver Coastal Health (VCH) is responsible for the health care of approximately one million residents of B.C. and serves the cities of Vancouver, North Vancouver, West Vancouver, Richmond, and many rural communities on British Columbia's southwestern coast.

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 (VCH) that we commit to live by. A respectful and discrimination-free workplace is a priority for VCH. The member sites of the VCH are committed to employment equity, welcome diversity in the workplace, and encourage applications from all qualified individuals.

The VCH 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 VCH 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 VCH. **COVID-19 vaccines are mandated for VCH employees, including psychology residents.** The Director of Training will provide updates during interviews regarding VCH'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. Questions 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 VCH 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 underwent a re-accreditation site visit in March 2022, and we are awaiting our re-accreditation decision letter from the CPA Accreditation Panel that will likely be issued in Fall 2022. We anticipate being able to inform applicants of our re-accreditation period during interviews in 2023.

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 334 (Christine McPherson, Accreditation Assistant)

Fax: 613-237-1674

E-mail: accreditation@cpa.ca

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

CANDIDATE ELIGIBILITY AND SELECTION PROCESS

We recognize that the Public Disclosure Tables can potentially be misleading and anxiety provoking to applicants. Accordingly, we aim to be transparent in the criteria used to select applicants for interviews.

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 (assessment + intervention + supervision)

- At least 300 direct patient contact hours (assessment + intervention) directly relevant to one or more of our training rotations
- At least 10 integrated assessment reports
- At least 1 practicum placement in a medical setting (>50 hours)

Neuropsychology Track Applicants (APPIC #180713) must have:

- At least 600 hours of supervised practice training (assessment + intervention + supervision)
- At least 300 direct patient contact hours (assessment + intervention)
- 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**
- At least 1 practicum placement in a medical setting (>50 hours)

After applicants meet the minimum threshold outlined above, we review applications based on the *quality* (not *quantity*) of training hours. Interviews are offered to applicants whom we feel are the best matches for our program, with consideration of their goals for residency. We are interested in applicants who are interested in training/careers in public healthcare with complex, medical patients. We are looking for applicants that have diversity, breadth and depth of assessment and intervention experience, not just experience in one setting or with one patient population.

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 VCH 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'.

APPLICATION 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/AAPI-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.

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 2, 2022, 9 PM PST** – application due date. All applications must be received through the APPIC portal.
- **Friday, December 2, 2022** - 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 5, 2022** - 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 17 & 18, 2023** – Interviews conducted via teleconference only (even for local applicants)
- **September 5, 2023** - Start date of the residency
- **August 30, 2024** - End date of the residency

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

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.

ADULT MENTAL HEALTH TRACK ROTATIONS

BC Operational Stress Injury Clinic



Assessment



Treatment

Supervisors:



Eleanor Donegan, Ph.D., R.Psych.
Ph.D., Concordia University
Email: eleanor.donegan@vch.ca



Margaret Drewlo, Psy.D., R.Psych.
Psy.D. 2014, Antioch University Seattle
Email: margaret.drewlo@vch.ca



Samantha Fashler, Ph.D.
Ph.D. 2020, York University
Email: samantha.fashler@vch.ca



Brad Hallam, Ph.D., R.Psych., ABPP-CN
Broad Certified in Clinical Neuropsychology
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
Email: brad.hallam@vch.ca



Julia Ting, Ph.D., R.Psych.
Ph.D. 2010, University of Utah
Email: julia.ting@vch.ca

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 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 and Yukon residents who are veterans, members of the Canadian Forces (Regular and Reserve) and members of the RCMP who have an operational stress injury (OSI) and their families.



Assessment: 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: Primarily individual psychotherapy with the needs of the patient determining the treatment modality.

Treatment Modalities: CBT and ACT 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.



Service Delivery: Hybrid



Unique aspects of this rotation:

1. Complex referrals for assessments and therapy often including a significant trauma history to refine psychodiagnostic skills for Trauma and Related Disorders.
2. Provincial service for BC and Yukon for service members of the Canadian Armed Forces, RCMP and Veterans.
3. Training and intervention opportunities with trauma-specific modalities.
4. 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.

Carlile Youth Concurrent Disorders Centre



Assessment



Treatment



Adolescents



Consultation

Supervisor:



Helia Jafari, Ph.D., R. Psych.

Ph.D., University of Calgary

Postdoctoral Fellowship in Sunny Hill's Complex

Development & Behavioural Conditions program at the
BC Children's Hospital

Email: helia.jafari@vch.ca

The Carlile Youth Concurrent Disorders Centre at Lions Gate Hospital is a 10-bed inpatient centre for youth aged 13 to 18 years who are struggling with mental health concerns and problematic substance use. Residency training is provided in the practice of clinical psychology in a tertiary setting. Residents primarily provide specialized psychological assessment services, with some opportunity available to lead a brief series of groups on topics of their interest.



Assessment: Specialized psychological assessments (i.e., psychodiagnostics and psychoeducational) for adolescents under the age of 19 with serious concurrent disorders (severe mental health combined with substance use). Residents acquire skills to administer and interpret a wide range of psychological assessment tools, as well as provide diagnostic impressions by integrating and communicating information from the history, observed and reported behaviour, test results and school performance in the context of brain behavior relations through integrated report writing and clinical feedback. Residents also learn to develop recommendations for effective treatment management strategies and educational planning.



Treatment: No formal intervention experience is provided, however, optional experience of offering in-patient group psychotherapy and, to a lesser extent, brief psychological intervention for youth and families during inpatient admission can be arranged for interested residents.

Treatment Modalities: We operate within the harm reduction framework, informed by trauma-focused, client/family-centred, culturally-responsive and socially just approaches to intervention. We also draw on a range of evidence-informed therapeutic modalities such as cognitive behavioural therapy (CBT), dialectical behavioural therapy (DBT) and motivational interviewing (MI) when clinically and culturally appropriate.



Service Delivery: In-person, except for virtual parent and teacher interviews as well as feedback meetings



Consultation: Residents learn to provide consultation to multidisciplinary treatment team.



Unique aspects of this rotation:

1. Strong multidisciplinary team-based experience: the residents work closely with psychiatrists, nursing staff, OT, social workers and onsite educational staff (Think Tank school program).
2. Exposure to a wide range of complex presenting problems (e.g., neurodevelopmental disorders, anxiety, trauma, mood, substance use, and personality disorders).
3. Opportunity to learn how to provide a comprehensive assessment of tertiary care-level youth with severe concurrent disorders.
4. Diversity experience may include gender, ethnicity, sexual orientation, religion, language, and socioeconomic status.
5. Optional experience of developing and facilitating a brief group module
6. Opportunity to provide consultation to multidisciplinary treatment team and participating in grand rounds.
7. Supervision opportunities (of practicum students) may also be available.

Eating Disorders Program at St. Paul's Hospital



Assessment



Treatment



Research

Supervisors:



Jelica Todosijevec, Ph.D., R.Psych.
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Theo Elfers, Ph.D., R.Psych.
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Josie Geller, Ph.D., R.Psych.
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Angelina Yiu, Ph.D., R.Psych., DBT-LBC
DBT®-Linehan Board of Certification, Certified Clinician
Ph.D., Temple University
Email: ayiu@providencehealth.bc.ca

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: 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: Primarily group-based but individual psychotherapy available.

Treatment Modalities: emotionally-focused, psychodynamic, interpersonal; integrated with ACT, CBT, DBT, and MI.



Service Delivery: Hybrid



Unique aspects of this rotation:

1. Tertiary care-level complex eating disorders population, within a residential day hospital program.
2. Strong multidisciplinary team-based experience.
3. Frequent co-morbid conditions of trauma, substance use, personality disorders, anxiety disorders, and depression.
4. Diversity experience may include age, gender, ethnicity, sexual orientation, body size, mental and physical challenges.
5. 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.
6. 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.
7. Providing weekly meal support (exposure to eating) in the residential program.
8. Optional experience of delivering meal support to our inpatient unit.



Research: Dr. Josie Geller also offers an optional Eating Disorder Program research experience.

Health Psychology at GF Strong Rehabilitation Centre



Assessment



Treatment



Consultation



Research

Supervisor:

TBD

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



Assessment: 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: Opportunities for both individual psychotherapy and group psychotherapy.

Treatment Modalities: CBT, ACT, MI



Service Delivery: Hybrid



Unique aspects of this rotation:

1. Tertiary program for Spinal Cord Injury.
2. Strong multidisciplinary team-based experience with frequent consultation provided to multidisciplinary team members.
3. Complex patient populations that are both medically complex and psychologically complex with comorbid trauma, substance use, and personality disorders.
4. 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.
5. Opportunities for behavioural analysis and leading multidisciplinary teams that are facing challenging patient behaviours on the unit.

6. 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).
7. Opportunities to work with clients who are pursuing/questioning Medical Assistance in Dying.
8. Multiple group experiences: CBT for insomnia, Emotion Skills Group, Attention Process Training Group, and Memory Skills Group.
9. Centralized Psychology Service with 7 psychologists and a psychometrist.



Research: 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.

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



Assessment



Treatment



Consultation

Supervisors:

TBD

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: 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: Primarily individual. Group therapy may be sometimes available.

Treatment Modalities: CBT, ACT, MI, DBT, Mindfulness



Service Delivery: TBD



Unique aspects of this rotation:

1. Residents are given the opportunity to choose from a variety of experiences to individualize and maximize their training.
2. Residents will learn how to provide a comprehensive assessment of suitability for organ transplant.
3. Psychology is actively involved in the decision process to list someone for transplant and residents will participate in Heart Transplant multidisciplinary rounds.
4. 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).
5. Exposure to a wide range of presenting problems (e.g., anxiety, trauma, mood, sleep disorders, substance use, personality disorders).
6. Short and longer (up to 6 months) therapy.
7. Diversity with Asian and East Asian clients.
8. 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.

Outpatient Mental Health and Substance Use



Assessment



Treatment

Supervisor:



Brandy McGee, Ph.D., R. Psych.
Ph.D. 2007, University of British Columbia
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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: Opportunities for stand-alone psychodiagnostic assessments are available.



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

Treatment Modalities: CBT, DBT, CFT



Service Delivery: Hybrid



Unique aspects of this rotation:

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

Severe Mental Illness (AMH track) at UBC Hospital



Assessment



Treatment



Research

Supervisors:



Mahesh Menon, Ph.D., R.Psych. (primary supervisor)
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Postdoctoral Fellowship at the Centre for Addiction & Mental Health/University of Toronto 2005-2009
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Ivan Torres, Ph.D., R.Psych.
Ph.D. 1993, University of Memphis
Postdoctoral Fellow in Department of Psychiatry,
University of Iowa 1993/94
Email: Ivan.Torres@ubc.ca

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: Psychological assessment related to treatment formulation.



Treatment: Group and individual therapy

Treatment Modalities: CBT, ACT, and integrative approaches



Service Delivery: In-person



Unique aspects of this rotation:

1. Strong multidisciplinary team-based experience - the residents work closely with psychiatrists, nursing staff, OT and other psychology staff and students.
2. Students get exposure to working with patients presenting with acute psychosis and other psychiatric symptoms (mania, depression, anxiety, etc.).
3. 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).
4. Given the diversity of presenting issues, residents can often choose cases
5. Multiple groups co-lead by residents.
6. Diverse population (multi-ethnic and First Nations) from across BC.
7. Opportunity to present the assessment results and/or treatment progress at weekly case conference rounds and aid in treatment and discharge planning.
8. Participation in didactics such as BC Psychosis Education Rounds.

9. Supervision opportunities (of practicum students) are also available.



Research: 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).

Health Psychology at the Solid Organ Transplant Program at Vancouver General Hospital



Assessment



Treatment



Consultation

Supervisor:



Monica Orendain, Ph.D., R.Psych.
Ph.D. 2010, Laval University
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The transplant psychology rotation takes place at the Solid Organ Transplant (SOT) clinic at the 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: 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: A brief psychotherapy case can be arranged if a resident shows specific interest in this experience.

Treatment Modalities: CBT, ACT, MI, CBT-I, solution-focused, mindfulness-based approaches, as well as interpersonal/attachment-focused approaches



Service Delivery: Hybrid



Unique aspects of this rotation:

1. Residents learn how to effectively communicate and work within a medical team through participation in multidisciplinary team rounds
2. Psychology is an active participant in the decision making process to list someone for transplant.
3. Residents gain skills in identifying and teasing apart intersection between medical and psychiatric symptom presentation.
4. Opportunity to work with diverse patient population, and become effective with language-interpreter services for delivery of psychological care.
5. There are diverse cultural implications for organ transplantation that make for a challenging clinical situation and may provide research and program development components.
6. 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.

Health Psychology at the Transitional Pain Clinic at Vancouver General Hospital



Assessment



Treatment

Supervisor:



Angie Ji, Psy.D., R.Psych.
Psy.D. 2018, Adler University
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The Transitional Pain Clinic (TPC) offers the resident an opportunity to work in an interdisciplinary, short-term outpatient clinic that provides pain management services before and after surgery.

The goals of the clinic are to:

- a) Decrease the risks associated with long-term use of prescription opioids
- b) Increase patient knowledge and management of pain
- c) Improve patient quality of life, including return-to-normal activities



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



Treatment: Individual psychotherapy is provided for clients who present with mood and anxiety conditions, grief and loss, adjustment difficulties, anger, and general distress related to their health. Interventions also target health behaviour change through group and individual education on topics such as pain science, stress, anxiety, pacing, and sleep.

Treatment Modalities: CBT, ACT, Mindfulness



Service Delivery: Hybrid



Unique aspects of this rotation:

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

Women’s Sexual Health at Vancouver General Hospital



Assessment



Treatment



Research

Supervisors:



Lori Brotto, Ph.D., R.Psych.
 Ph.D. 2003, University of British Columbia
 Associate Professor in the UBC Department of Obstetrics and Gynaecology
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Kelly Smith, Ph.D., R.Psych.
 Ph.D., Queen’s University
 Postdoctoral fellowship, Massachusetts General Hospital/Harvard Medical School
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The Sexual Health Rotation takes place in the Department of Obstetrics and Gynaecology at Vancouver Hospital. Patients are referred to the BC Centre for Vulvar Health (“The Centre”) or directly to Dr. Melanie Altas, Gynaecologist and sexual medicine specialist in the department. The resident will be able to conduct assessments for women presenting with vulvar pain (of mixed etiology); co-lead group psychological skills training for patients in The Centre; identify a number of patients through The Centre who could benefit from ongoing individual or couples based psychological therapy; and see a range of patients referred for sexual dysfunction, including persistent genital arousal, low desire, anorgasmia, and loss of sexual satisfaction. Although referrals are primarily for women, there are also likely opportunities to see women’s partners (of any gender) and couples.



Assessment: The goal of this rotation is to provide more specialized skills in diagnostic assessment of sexual dysfunction, 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.



Treatment: Co-therapy and the opportunity to co-lead assessments will be offered, particularly for residents with less relevant background training in the area of sexual health.

Treatment Modalities: Cognitive behavioural therapy; mindfulness-based therapy; psychoeducation.



Service Delivery: In-person



Unique aspects of this rotation:

1. The resident can expect patients from diverse ethnocultural, socioeconomic, and sexual and gender identity/orientation groups.
2. The in-depth focus on sexual health and vulvovaginal pain is a unique aspect of this rotation (and residency).
3. Applicants with an interest in sexual health research may have an opportunity to explore postdoctoral fellowship opportunities with Dr. Brotto.



Research: Preference on this rotation is given for residents who wish to devote their research rotation to a sexual health research project. The resident will be encouraged to discuss options for this research project with Dr. Brotto as early as possible.

Youth and Young Adult Mental Health at Foundry, Vancouver Granville Site



Assessment



Treatment



Adolescents /
Young Adults

Supervisor:



Sheena Miao, Ph.D., R.Psych.

Ph.D., University of Victoria

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Located in the 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: Psychological assessment in the context of therapy planning.



Treatment: Individual and group therapy

Treatment Modalities: CBT, DBT, MI, EFFT



Service Delivery: Hybrid



Unique aspects of this rotation:

1. Strong multidisciplinary team focus.
2. Opportunity to work with youth and young people.
3. Opportunity to work across a wide range of presenting clinical need.
4. Opportunity to participate in program development.
5. 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.

NEUROPSYCHOLOGY TRACK ROTATIONS

Epilepsy Program at Vancouver General Hospital



Assessment

Supervisor:



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

Broad Certified in Clinical Neuropsychology

Ph.D. 2010, University of Victoria

Postdoctoral Fellowship in Clinical Neuropsychology, Alpert Medical School of Brown University/Rhode Island Hospital 2010-2012

Email: Jing.Tan@vch.ca

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:

- Primarily presurgical neuropsychological evaluation
- Postsurgical neuropsychological evaluation
- Differential diagnosis (e.g., dementia, limbic encephalitis, psychogenic non-epileptic seizures)

Assessment Modality: Fixed-Flexible Battery



Service Delivery: Hybrid



Unique aspects of this rotation:

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

Neuropsychology at GF Strong Rehabilitation Centre



Assessment



Treatment



Consultation



Adolescents /
Young Adults

Supervisors:



Treena Blake, Ph.D., R.Psych.
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Sarah-Jane Meachen, Ph.D., R.Psych.
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Briana Cassetta, Ph.D., R.Psych.
Ph.D., University of Calgary
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Residents provide assessments and treatment to clients with acquired and congenital neurological conditions on the Intensive Rehab Day Program, Acquired Brain Injury, Spinal Cord, Neuromuscular, Adolescent & Young Adult, and Adolescent Complex Concussion Clinic 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: Comprehensive neuropsychological assessments for clients with traumatic brain injury, stroke, and other 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: 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 clients with acquired brain injuries and comorbid psychological disorders.

Treatment Modalities: CBT, ACT, MI, Cognitive Rehabilitation



Service Delivery: Hybrid



Adolescents/Young Adults: 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 12-22. Clients in the AYA program present with a variety of acquired and congenital neurological conditions, as well as developmental disabilities. The ACCC serves clients with mild traumatic brain injuries and co-occurring challenges related to learning and mental health.



Unique aspects of this rotation:

1. 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.
2. Centralized Psychology Service with 7 psychologists and a psychometrist.
3. Strong consultation experience with interdisciplinary team.

- 4. Multiple groups run by Psychology: Memory Strategies Group, Emotional Skills Group, Attention Process Training, CBT for Insomnia.

Neuropsychology Service at St. Paul’s Hospital



Assessment



Adolescents
/Young Adults



Older Adults

Supervisor:



Aiko Yamamoto, Ph.D., R.Psych.
Ph.D. 2003, University of Windsor
Postdoctoral Fellowship in Clinical Neuropsychology,
West Virginia University School of Medicine, 2003-
2005
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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: 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: 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.



Service Delivery: Hybrid



Unique aspects of this rotation:

1. 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).

2. 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).
3. 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).
4. Past interested residents have observed a brain imaging reading with a neuroradiologist.

Older Adult Mental Health & Substance Use Program at the Cambie Older Adult Mental Health Team



Assessment



Geriatrics

Supervisor:



Amy Zwicker, Ph.D., R. Psych.
 Ph.D. 2013, University of British Columbia
 Email: amy.zwicker@vch.ca

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



Service Delivery: In-person



Unique aspects of this rotation:

1. 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).
2. Experience with patients from diverse cultural and language backgrounds and opportunity to adapt assessment procedures (e.g., work with interpreters).
3. Outpatient (e.g., office visits) and outreach (e.g., home visits) services.
4. 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).
5. Capacity assessments to inform care planning.

Severe Mental Illness (Neuropsychology track) at UBC Hospital



Assessment



Research

Supervisors:



Ivan Torres, Ph.D., R. Psych. (primary supervisor)
Ph.D. 1993, University of Memphis
Postdoctoral Fellow in Department of Psychiatry, University of Iowa 1993/94
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Maresh Menon, Ph.D., R. Psych.
Ph.D. 2005, University of Cambridge
Postdoctoral Fellowship at the Centre for Addiction & Mental Health/University of Toronto 2005-2009
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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 may also assist with a cognitive remediation training program.



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

Assessment Modality: Fixed-Flexible Neuropsychological Assessment Batteries



Service Delivery: In-person



Research: Research opportunities available for full rotation or portion of rotation (prior projects have included a systemic review of cognitive functioning in treatment-resistant schizophrenia and examining the validity of the NIH toolbox in treatment-resistant psychosis).



Unique aspects of this rotation:

1. Strong multidisciplinary team-based experience- the residents work closely with psychiatrists, nursing staff, OT and other psychology staff and students.
2. Students get exposure to working with patients presenting with acute psychosis and other psychiatric symptoms (psychosis, mania, depression, anxiety, etc.).
3. Opportunity to enhance understanding of severe mental illness and the impact on cognition and function.
4. Given the diversity of presenting issues, residents can often choose cases.
5. Multiple groups co-lead by residents (if applicable).
6. Diverse population (multi-ethnic and First Nations) from across BC.

7. Opportunity to present the assessment results and/or treatment progress at weekly case conference rounds and aid in treatment and discharge planning.
8. Participation in didactics such as BC Psychosis Education Rounds.
9. Supervision opportunities (of practicum students, psychometrist) are also available.

Short Term Assessment and Treatment (STAT) Centre



Assessment



Consultation



Geriatrics

Supervisor:



Rishi Bhalla, Ph.D., R.Psych
 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
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This geriatric neuropsychological assessment rotation takes place at the Short Term

Assessment and Treatment (STAT) Centre at the University of British Columbia Hospital (UBCH). The STAT Centre is a specialized program for seniors and is comprised of both a medical day program and an in-patient unit. The patient population is comprised of elderly clients with multiple cognitive, medical, psychiatric, and functional co-morbidities.



Assessment: 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. Residents will regularly interact as part of the team, and also in family meetings, during which the results and implications of neuropsychological evaluations are discussed.



Treatment: Although assessment is the primary emphasis of this rotation, there is a possible opportunity for individual psychotherapy with some clients.



Service Delivery: In-person



Consultation: Consultation is an integral and regular part of this rotation. The resident is expected to regularly consult with specialists from different disciplines through individual consultation and in team rounds.



Unique aspects of this rotation:

1. Diverse disorders and the interaction of these disorders with multiple other medical, psychiatric, and psychosocial comorbidities.
2. Issues of capacity of finances and person, as well as driving safety, and the assessment of and ethical considerations involved in this decision-making is a unique experience in this rotation.
3. Client population include a wide spectrum of ethnic, socioeconomic, and educational backgrounds, as well as wide age range.
4. Residents will have the opportunity to participate in assessments utilizing interpreters and to gain exposure to multi-generation families from diverse cultural background.
5. Respected role of psychology amongst a diverse team, including family medicine, geriatric medicine, general psychiatry, geriatric psychiatry, nursing, occupational therapy, and physiotherapy.

Tertiary Mental Health and Substance Use



Assessment



Treatment

Supervisor:



Chantelle Giesbrecht, Ph.D., R.Psych.
Ph.D. 2017, Simon Fraser University
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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: 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, as well as with older adults presenting with acute psychiatric symptoms and complex behaviours. 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: 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 and / or a Cognitive Remediation group.



Service Delivery: In-person



Unique aspects of this rotation:

1. 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).
2. Assessment experience with adult and older adult populations.
3. Diverse ethnic, cultural, and educational backgrounds.
4. Residents may have the opportunity to conduct assessments with inpatients where English is a second language with the assistance of professional language translation services.
5. 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.

Clinical Trial Therapist – Psychological Treatment for Persistent Post-concussion Symptoms



Treatment

Supervisors:



Claire Sira, Ph.D., R.Psych
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Noah Silverberg, Ph.D., R.Psych, ABPP-CN
Broad Certified in Clinical Neuropsychology
Ph.D. 2007, University of Windsor
Associate Professor, Department of Psychology, University of British Columbia
Email: noah.silverberg@ubc.ca

Residents provide manualized psychological treatment to adults with persistent symptoms 3-12 months following a concussion (mild traumatic brain injury), as part of a multi-site randomized controlled trial. See here for details about study: <https://clinicaltrials.gov/ct2/show/NCT05365776>. The intervention protocol involves exposure-based therapy targeting activities and situations that the injured person wants to return to but currently avoids due to concerns about symptom exacerbations or re-injury. The intervention has previously been piloted (<https://pubmed.ncbi.nlm.nih.gov/34971596/>) and is now undergoing rigorous efficacy testing.



Treatment Modalities: CBT



Service Delivery: Online (Zoom)



Unique aspects of this rotation:

1. Neuropsychological treatment experience.
2. Manualized treatment protocol delivery.
3. Telepsychology.

Concussion Research



Research

Supervisor:



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Residents will carry out a research study that aligns with the Coping with Neurological Symptoms (CNS) Lab at the University of British Columbia (<https://neuro.psych.ubc.ca/research/>), under the supervision of Dr. Noah Silverberg (Principal Investigator) and/or a post-doctoral fellow in the CNS lab. The work product may be a conference presentation or a peer-reviewed manuscript submission. To ensure feasibility, the project will involve use of an existing dataset. Residents interested in this rotation should contact Dr. Silverberg (noah.silverberg@ubc.ca) to discuss potential projects before the rotation schedule is confirmed.



Service Delivery: Hybrid, with UBC (2136 West Mall) as the main work location.



Unique aspects of this rotation:

1. Opportunity to develop clinical research skills, with a focus on refining a research question, analyzing data, and disseminating results.

PREDOCTORAL RESIDENCY IN CLINICAL PSYCHOLOGY 2023-2024

FOR MORE INFORMATION

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

Dr. Brad Hallam, R.Psych., ABPP-CN
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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. 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. Sierra Lee

Residency Website

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

Member of APPIC & CCPPP

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