



The Royal's

Predoctoral Residency Program

In Clinical Psychology

2021-22



www.theroyal.ca

Version Date: October 5, 2020

THE ROYAL'S PREDOCTORAL RESIDENCY PROGRAM IN CLINICAL PSYCHOLOGY

TABLE OF CONTENTS

DESCRIPTION	PAGE #
RESIDENCY PROGRAM OVERVIEW	3-11
STIPEND/ADMINISTRATIVE INFORMATION	3
PERSONAL-PROFESSIONAL LIFE BALANCE	4
PHILOSOPHY AND GOALS OF THE PROGRAM	4-5
CONSIDERATIONS RELATED TO THE COVID-19 PANDEMIC	5-6
CORE CURRICULUM	6
CORE REQUIREMENTS	7-8
SUPERVISION AND ROTATION ASSIGNMENT	8
RESEARCH AND PROGRAM EVALUATION	9
DUE PROCESS	9
PSYCHOLOGY SEMINAR SERIES	9
THE ROYAL'S SEMINAR SERIES	9-10
CITY WIDE SEMINAR SERIES	10
AVAILABLE RESOURCES	10-11
TRANSPORTATION	11
OTTAWA AND BROCKVILLE VICINITY OVERVIEW	11
DESCRIPTION OF PROGRAMS/SERVICES AND ROTATIONS	12
PSYCHOLOGY RESIDENT WEEKLY SCHEDULE (EXAMPLE)	13
ROTATIONS	14-34
CENTRALIZED NEUROPSYCHOLOGY SERVICE	14
COMMUNITY MENTAL HEALTH PROGRAM	15-17
GERIATRIC PSYCHIATRY PROGRAM	18
INTEGRATED FORENSIC PROGRAM – CHAMPLAIN (ROMHC)	19-20
INTEGRATED FORENSIC PROGRAM (BMHC)	21
FORENSIC TREATMENT UNIT (FTU)	21-22
SECURE TREATMENT UNIT (STU)	23
MOOD AND ANXIETY DISORDERS PROGRAM	24
OPERATIONAL STRESS INJURY CLINIC	25-26
SCHIZOPHRENIA RECOVERY PROGRAM	27-28
SUBSTANCE USE AND CONCURRENT DISORDERS	29-31
YOUTH PSYCHIATRY PROGRAM	32-34
RESIDENCY PROGRAM SUPERVISORY FACULTY AND ADDITIONAL PSYCHOLOGY STAFF	35-43
APPLICATION REQUIREMENTS/PROCEDURES	44-46

THE ROYAL'S PREDOCTORAL RESIDENCY PROGRAM

IN CLINICAL PSYCHOLOGY

RESIDENCY PROGRAM OVERVIEW

The Royal Ottawa Health Care Group (ROHCG; hereafter The Royal) provides a full range of mental health services to the residents of Eastern Ontario and Western Quebec. It has a long tradition of offering high quality accredited training across a diverse range of programs. The Royal offers one track comprised of the Royal Ottawa Mental Health Centre (ROMHC), which includes community mental health services (Carlingwood), and the Brockville Mental Health Centre (BMHC). The Royal provides generalist predoctoral training experiences and opportunities for in-depth assessment and treatment of a wide range of mental health issues using the scientist-practitioner model. **Applicants may apply to one of our six full-time Residency positions in the 2021-22 year.**

The current Residency Program has evolved from a consortium with The Rehabilitation Centre (until 2005) and was accredited by the Canadian and American Psychological Associations (CPA and APA) in 2006 to span the period of 2005 (its inception) to 2013. An accreditation site visit from the Canadian Psychological Association occurred in the summer of 2013. CPA re-accreditation was granted from 2012/13 until 2019/2020. We applied for CPA re-accreditation for 2020-21 and beyond. A site visit was scheduled for Spring 2020; however, it was postponed due to COVID-19. We are awaiting further instruction from CPA regarding rescheduling the site visit.

For more information on CPA accreditation, please contact the accreditation office at <http://www.cpa.ca/accreditation/whatis/>. The CPA head office is located at 141 Laurier Avenue West, Suite 702, Ottawa, Ontario, K1P 5J3.

Information regarding The Royal's Psychology Residency Program is also available on our website at <https://www.theroyal.ca/predoctoral-residency-program-clinical-psychology>. More information regarding the programs will be outlined in subsequent sections.

STIPEND/ADMINISTRATIVE INFORMATION

Residents receive a stipend of \$35,000.00 per annum, which includes 4 weeks vacation, 10 education/professional development days, 5 sick/personal days and statutory holidays. This stipend is subject to employment insurance and tax deductions. Canadian residents have provincial health benefits. Basic Ontario Health Care Insurance requires 3 months of residence within the province of Ontario prior to taking effect. Extended health care benefits covering prescription drugs, dental, vision, and paramedical coverages are the responsibility of the Resident. Residents are required to obtain professional liability insurance. Please note: Successful Residents will be required to have a clear Criminal Reference Check (for the Vulnerable Sector) dated within 6 months prior to their start date.

PERSONAL-PROFESSIONAL LIFE BALANCE

In recognition of the importance of personal-professional life balance, in addition to 20 days paid vacation and statutory holidays, Residents are permitted 10 education/professional development days that they can use during the year for various purposes (e.g., dissertation work or meetings, attending workshops or conferences, or other professional development activities). This request is made to and approved by the Training Committee Executive. We also provide compensation time for Residency activities scheduled outside regular work hours (e.g. evening groups). In addition, to ensure the pace of Resident workload promotes quality learning experiences, one Friday per month is considered an “unscheduled work day” that Residents may use to work on various core requirements, complete readings related to rotations or program evaluation projects, or catch up on rotation-specific workload (i.e., reports, supervision meetings). These measures have been implemented to protect Residents’ personal-professional life balance and to promote quality learning experiences.

PHILOSOPHY AND GOALS OF THE PROGRAM

The Royal’s Psychology Residency Program’s mission, values, principles, goals and objectives are described below. The Royal’s Psychology Residency Program provides generalist pre-doctoral training in Clinical Psychology within the context of a nationally recognized tertiary care setting.

The Royal is committed to being a Centre of Excellence in the areas of clinical service delivery, research and education.

- ***The vision for The Royal is:***
Mental health care transformed through partnerships, innovation and discovery.
- ***The mission of The Royal is:***
Delivering excellence in specialized mental health care, advocacy, research and education.
- ***The values of The Royal are:***
We are guided by innovation and a passionate commitment to collaboration, honesty, integrity and respect.

Philosophy, Mission and Model of The Royal’s Psychology Residency Program:

The Royal’s Psychology Residency Program’s mission is: Pursuing excellence in Clinical Psychology Predoctoral Residency Training.

The Royal’s Residency Program’s philosophy, values and principles are:

- 1) Excellence in training requires a training environment that is empowering, professionally enriching, respectful and supportive.

- 2) Psychology has multiple roles through which mental health and functioning can be enhanced. Training provides opportunities for experiential skill development in the multiple roles of the Psychologist including clinician, advocate, evaluator/researcher, teacher/supervisor, administrator, inter-professional team member, and leader.
- 3) Training is conducted within a system that respects interdisciplinary team functioning and the unique role of Psychologists.
- 4) Training has a sound scientist-practitioner foundation that enhances professional skills to optimize positive outcomes for patients. This foundation includes training in competent practice of empirically-supported treatments and evaluative research.
- 5) Training involves exposure to diverse populations and clinical experiences that enhances professional development, professional competence and sensitivity to diversity.
- 6) Training in ethics and legislation creates ethically sound Psychologists.

The Royal's Psychology Residency Program's Training Goals are:

- 1) To provide breadth and depth of knowledge and experience to develop clinical competence in the following areas: assessment, diagnosis, treatment/intervention, consultation, care planning, therapeutic alliance building and maintenance, clinical outcome monitoring, and evidence-based practice.
- 2) To enhance the scientist-practitioner approach by training Residents in program evaluation, providing opportunities for exposure to clinical research within our hospital and community settings, and fully integrating evidence-based knowledge and practice in all aspects of clinical work.
- 3) To train Residents to engage competently in the multiple roles of the Clinical Psychologist including clinician, advocate, evaluator/researcher, teacher/supervisor, administrator, inter-professional team member, and leader.
- 4) To train Residents on ethical principles and practices and relevant legislation so that they practice in a professionally ethical manner as a Psychologist.
- 5) To train Residents, through a breadth of diversity experiences, to be sensitive to diversity/individual differences and apply this sensitivity in their practice as a Psychologist.

CONSIDERATIONS RELATED TO THE COVID-19 PANDEMIC

Residents are employees of The Royal and as such are required to follow all organizational policies and safety precautions. When necessary, clinical services will be delivered remotely. Residents are provided with laptops with webcams and have the ability to access The Royal's secure network offsite. Every effort will be made to ensure that disruptions to training are as minimal as possible.

Training opportunities in programs may vary and may be adapted as a result of the pandemic. Residents may be required to engage in remote service delivery from home for part or all of their work; modifications are rotation specific. Residents will be provided with list of resources on virtual service delivery, which will be reviewed during their orientation. Clinical services will be offered via secure video platforms approved by The Royal and include, but are not limited to, direct client care, supervision (individual and group), clinical team meetings, seminars, and Grand Rounds presentations. The delivery of services will be evaluated by program management on an ongoing basis to determine the feasibility of resuming in-person services fully or partially.

The Royal takes all necessary precautions to comply with infection control and public health recommendations. This includes providing personal protective equipment (PPE) and training for the use of this equipment where necessary. Residents will be informed of the processes and procedures for the use of PPE, and updated on a regular basis when changes are made.

CORE CURRICULUM

All training at The Royal is united by a joint administration, training philosophy and core curriculum. Although Residents may do rotations at different sites, peer consultation, group supervision, seminars and other teaching activities are conducted at the ROMHC site or virtually in the event that it is not possible to offer these activities in person. Residents meet at least three times per month on Fridays in person whenever possible for peer consultation, group supervision, The Royal's seminar series and the Ottawa City-wide seminar series. In the event that this is not possible, meetings are held virtually.

Residents are given the opportunity to complete rotations at The Royal's off-site locations based on interests and training goals. Residents are responsible for their own transportation and associated transportation costs if they choose to complete an off-site rotation.

The Residency Program provides generalist training to prepare the Resident for practice as a professional Psychologist. Residents will receive training in assessment, intervention/therapy, interdisciplinary consultation, teaching/supervision and program evaluation/evaluative research.

Successful completion of all core requirements (or in rare circumstances, Training Committee Executive-approved modifications) is required for successful completion of the Residency Program. All requirements are to be completed in accordance with the ethical standards of our profession.

In the event that minimum standards are not met (e.g., incomplete core requirements), the residency year may be extended at the resident's expense (i.e., unpaid extension).

Residents will have the opportunity to undertake assessment and treatment of inpatients and/or outpatients with a variety of presenting problems. Assessments include: intellectual and cognitive functioning, psycho-educational, personality and emotional functioning, neuropsychological functioning, and forensic assessment. An emphasis is placed on the use of diagnostic interviewing in combination with a variety of objective psychometric instruments. The Residency Program is characterized by three predominant empirically informed theoretical orientations (i.e. cognitive-behavioural, interpersonal and emotionally-focused). Patients are seen individually, in groups and for family-based intervention.

CORE REQUIREMENTS

- 1) Residents will complete a minimum of eleven assessments.
 - a) Eight assessments will be comprehensive, psychometrically-based assessments or diagnostic workups, which include treatment planning or a consultative component. The other three assessments will be psychometrically-based but need not be as comprehensive.
 - b) Two assessments must include a cognitive/neuropsychological component
 - c) One assessment must be performed in a community-based context. This requirement may also be fulfilled by providing treatment to a client in the community, such that the majority of treatment occurs in a community setting.

Multiple requirements may be fulfilled by one assessment (e.g. cognitive assessment in the community would fulfill two requirements).
- 2) Residents will see a minimum of six clients for individual therapy over the course of the Residency year, including a combination of more brief, focused interventions (minimum 2) and more extended or complex course of treatment (minimum 2). The latter will require the Resident to actively address complex clinical presentations in planning and delivering treatment "beyond the standard protocol." This may include (but is not limited to) longer-term therapy, actively addressing multiple or complex presenting problems/diagnoses/personality factors, increased frequency/duration of sessions, use of adjunctive empirically-based strategies in treatment, well-reasoned/researched significant modifications to treatment protocol, and/or use of more than one therapeutic modality. Appropriate selection and definition of the above will be determined on the basis of the Resident's learning goals, the Resident and supervisor's clinical and ethical judgment, best practice guidelines, and program-specific standards. Residents are encouraged to gain experience in more than one theoretical approach to intervention.
- 3) Within the context of assessment or intervention, Residents will formulate and communicate a minimum of 10 diagnoses.
- 4) Residents will facilitate or co-facilitate at least one psychotherapy group.
- 5) Residents will attend two seminar series: 1) The Royal's seminar series and 2) The Ottawa City-Wide Seminar Series. Attendance of seminars is mandatory.
- 6) Residents will attend and actively participate in weekly group supervision to discuss clinical cases, professional and ethical issues, supervision and the program evaluation project. Attendance of group supervision is mandatory.
- 7) Residents will supervise a practicum student, which is most often arranged in their primary rotation. In the (uncommon) event that this is not possible, other experiences designed to help the Resident gain experience or expertise in clinical supervision will be arranged.
- 8) Residents will be responsible for making a grand rounds presentation for staff at The Royal on a clinical experience they have gained during the residency year.

- 9) Program evaluation is given particular emphasis in the Royal's Psychology Residency Program. Residents will commit an average of 0.5 days /week throughout the year to complete a program evaluation project.
- 10) Residents will be required to demonstrate competence in at least one empirically supported treatment.
- 11) In the context of assessment or treatment, Residents must show sensitivity to, increase knowledge of, and adapt their clinical approach to the diversity characteristics of the client. Diversity is defined as cultural, individual, and role differences, particularly those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status.
- 12) Residents will actively participate in at least one hospital committee. Up to four Residents will sit as a Resident representative on The Royal's Training Committee (one term each).

SUPERVISION AND ROTATION ASSIGNMENT

At minimum, Residents receive four hours of supervision per week with a registered Psychologist. Both primary and secondary supervisors meet weekly with the Resident. The frequency and length of contact is dependent on the Resident's needs and level of development. On some rotations, both individual and group supervision may be offered. In addition, group supervision of all Residents is provided three times per month by the Director or Assistant Director of Training, a member of the Training Committee, or Psychology staff to allow more varied supervisor perspectives. Residents present suitable material for discussion.

The style and focus of supervision will largely be dependent on the theoretical orientation of the supervisor, as well as the Resident's past experience and current needs. Supervision is strength-based and developmental in nature. Rotations will begin with an acknowledgement of the skills the Resident brings to the program and identification of Resident training goals or needs. The actual training experiences will be negotiated based on this starting point through the completion of a Supervision Agreement form.

Residents are assigned primary and secondary rotations based on their expression of interest, training goals, and availability of the supervisor(s). Rotations cannot be guaranteed due to limits on supervisor availability and unanticipated changes in staffing or programs. However, we will make every attempt to accommodate Residents' expressed rotation interests. In the infrequent event that this is not possible, we work with the Resident to identify their specific training goals (in terms of populations, activities, orientations, etc.) and endeavour to place them in rotations that will allow them to meet these training goals.

All primary and secondary supervisors meet with the Director and Assistant Director of Training on a quarterly basis to discuss Residents' progress, areas of focus, planning of rotations and educational experiences, and continued professional development. Following these quarterly review meetings, consolidated feedback is provided to the Resident to ensure continued open discussion and bidirectional feedback.

RESEARCH AND PROGRAM EVALUATION

The Royal continues to expand its research and education capabilities to improve treatment and promote prevention. These initiatives are advanced by the Institute for Mental Health and Research, and close working relationships with the University of Ottawa, School of Psychology, Faculty of Medicine (IMHR), and Faculty of Health Sciences. Many of the Psychology staff are involved in ongoing clinical research programs in their areas of interest. Opportunities exist for Residents to become involved in research projects.

A key goal of the Residency Program is exposure of Residents to all aspects of the scientist-practitioner model. Increasingly, the role of a hospital-based psychologist is evolving to include program evaluation of services provided by both Psychology staff and other health care professionals in hospital and community settings. Therefore, a project in program evaluation is required by each Resident. The design of this project is flexible to accommodate the Resident's interests, but will consist of involvement in, or design of, an ongoing program evaluation initiative. This is typically done within the primary clinical rotation. However, the opportunity to design and implement an evaluation project on another program is possible. Supervision will be provided for each project. One half day per week is scheduled for the Resident's program evaluation project. Additional time (one "unscheduled work day") per month can also be used as needed for this project.

DUE PROCESS

Due process guidelines have been established and are appended to the Training Manual. At the commencement of the Residency, Residents are provided with a Training Manual.

PSYCHOLOGY SEMINAR SERIES

The Royal's Residents participate in a number of educational opportunities including two seminar series outlined below.

The Royal is a teaching facility of the University of Ottawa, thereby providing numerous educational opportunities within the School of Psychology, Faculty of Medicine, and other local teaching facilities.

The clinically based seminars include a discussion of relevant ethical issues. Additionally, regular in-services are held, during which lectures on topics of interest and current research are given. Residents also attend Psychology discipline meetings.

The Royal's Seminar Series:

The Royal's in-house seminar series is offered exclusively to The Royal's Psychology Residents and provided by The Royal's faculty/staff. Although topics may vary from year to year due to staff availability and residents' interests, there are two broad categories of topics. The first category of topics is professional development. In previous years, professional development topics have included career planning, post-doctoral fellowships, media involvement and ethics. Secondly, the seminar series addresses topics related to specific clinical and research issues.

The Royal's Psychology staff have specialization in several unique areas of practice and this seminar series capitalizes on this expertise through presentations on topics such as substance use, forensics, sexual offenders, dissociative identity disorder, intellectual disability, program evaluation and various therapeutic approaches.

City Wide Seminar Series and Professional Practice Seminar Series:

The City Wide seminar series is conducted in collaboration with other Residency/Internship sites in the Ottawa area (e.g. University of Ottawa, The Ottawa Hospital, Children's Hospital of Eastern Ontario and the Ottawa Carleton School Board). Seminars are held once per month on Fridays and the location rotates across these settings.

Topics have included:

- Professional Boundaries
- Ontario Legislation
- Professional Self Care
- Research Informed Psychotherapy
- Ethics
- Supervision
- Preparation for Registration
- Private Practice
- Advocacy in an Interprofessional Milieu/Primary Care
- Psychopharmacology
- Cultural & Individual Differences:
 - Housing and Social Determinants of Health
 - Disabilities
 - Sexual and Gender Diversity
 - Indigenous Mental Health

AVAILABLE RESOURCES

The Residency Program has available dedicated office space, internet access, a facility wide computer network, a computerized workload measurement tracking system, automated voice mail, and laptops equipped with webcams for Residents. Access to internal and external e-mail is also provided. Residents have access to the statistical data base package (i.e. SPSS) for program evaluation and research. The program also has access to a broad range of assessment instruments and audio-visual equipment.

The Royal has an Administrative Assistant who supports the Training Program including the Director of Training, Assistant Director of Training and the Residents.

The Royal has two professional libraries (one at the ROMHC and one at BMHC) housing a selection of Clinical Psychology publication. In addition to the print collection, the library subscribes to over 6000 journals online, and for items that it doesn't currently subscribe to, they can be requested via Interlibrary loan. The library subscribes to the APA Collection of databases, including PsycInfo, PsycArticles and PsycBooks. It also provides access to Medline, CINAHL, The Psychology and

Behavioral Sciences Collection and a few evidence-based point of care tools such as UpToDate and Lexicomp (drug database).

TRANSPORTATION

Residents are responsible for transportation and costs for attending City Wide Seminars and when selecting a rotation at an off-site location (i.e., Carlingwood and BMHC).

OTTAWA AND ITS VICINITY

The Ottawa Region has a population of approximately 1,400,000. The city is located on the border of Quebec, across the Ottawa River and has the Rideau River and the Rideau Canal flowing through it. Many small towns, within an hour of the city, offer historical and recreational interests. On the Quebec side, about 20 minute drive from downtown; there are the Gatineau Hills with ski resorts and an abundance of lakes and wilderness experiences. There are bike paths throughout Ottawa and the Rideau Canal offers boating in the summer and skating in the winter. Ottawa is famous for the number of parks within the city, outdoor activities and concerts such as the Jazz festival, Bluesfest, Folk Festival, Winterlude in February, the Tulip Festival in May, and the Busker festival in the summer. It also hosts the largest Chamber Music festival in the world. The downtown core is rich with diverse eating establishments. There are three local universities (University of Ottawa, Carleton University and St. Paul's) and several community colleges.

The city also houses several outstanding museums (i.e. Canada Science and Technology Museum, Canadian Museum of History, the Canadian Museum of Nature, the Canadian War Museum and the Canada Aviation and Space Museum), the National Gallery of Canada and the National Arts Centre.

For more information on the City of Ottawa, please visit <http://www.ottawa.ca> and The Royal's website at the following: <https://www.theroyal.ca/living-ottawa>

BROCKVILLE AND ITS VICINITY

Brockville is a historic city of 22,000 in the Thousand Island Region of the St. Lawrence River. It is located between Kingston and Montreal on the 401 highway, and is about 1 hour commuting time from Ottawa. Brockville is a popular tourist area during the summer, particularly for those who enjoy boating, sailing, golf and outdoor activities of all kinds. During the summer it is home to festivals and summer theatre with an open air Farmers Market. St Lawrence College campus is located in Brockville offering a variety of diploma courses, an active Summer School of Art, and the new Bachelor of Nursing program. The city is friendly and easily accessible by car and rail. The cost of living is reasonable when compared to larger cities. Brockville is one hour away from Kingston and Queen's University, and forty-five minutes from Gananoque, another popular summer resort town.

For more information on the City of Brockville, please visit <http://www.city.brockville.on.ca/> and The Royal's website at the following: <https://www.theroyal.ca/living-brockville>

DESCRIPTION OF PROGRAMS/SERVICES AND ROTATIONS

The Royal serves as the major provider of mental health services to the Champlain District of Eastern Ontario and Western Quebec. Assessment and treatment services for adults and adolescents are provided, in English and French, on an inpatient, outpatient, and community basis. The Royal is a teaching hospital of the University of Ottawa. Treatment programs for both inpatients and outpatients include, forensic psychiatry, geriatric psychiatry, mood and anxiety disorders, schizophrenia and substance use and concurrent disorders and youth psychiatry. There is also a Centralized Neuropsychology Unit and Community Mental Health Program. The community mental health services are located on the second floor of the Carlingwood Shopping Centre. The Operational Stress Injury (OSI) Clinic serves active members and veterans of the Canadian Forces and RCMP, and family members. The Integrated Forensics Program offers rotation at both the ROMHC and BMHC sites. The Royal is administered under a program management model with the discipline of Psychology headed by a Professional Practice Leader and a Director of Professional Practice Allied Health.

For additional information on the history of The Royal, please visit <https://www.theroyal.ca/our-history>






Six Residency positions are available in the 2021-22 residency year. Clinical services at The Royal are organized under programs. Many programs are comprised of several service units. The training opportunities listed below will likely be in place as of September 2021.

Residents will be given the opportunity to do rotations at the ROMHC and at our two off-site locations (i.e., Carlingwood and BMHC) based on the Resident's interests and training goals and supervisor availability.

Residents complete one full year primary rotation (typically 2.5 days/week) and two six-month secondary rotations (typically 1 day/week). In addition, one half day per week is scheduled for the program evaluation project. Three Fridays per month are reserved for seminars, peer consultation and group supervision (Resident Group Day). One Friday per month is an "unscheduled work day".

Please see below an example of a Resident's schedule. Rotation days are arranged collaboratively with all supervisors involved. Rotations are not scheduled on Fridays due to the seminar series.

PSYCHOLOGY RESIDENT WEEKLY SCHEDULE (EXAMPLE):

Monday	Tuesday	Wednesday	Thursday	Friday
Primary Rotation 	Primary Rotation 	Primary Rotation  Program Evaluation 	Secondary Rotation 	Resident Group Day <p>Three Fridays/month include:</p> <ul style="list-style-type: none"> ➤ Program Admin Issues ➤ Group Supervision ➤ Peer Consultation ➤ The Royal's Seminars ➤ City-wide Seminars <p>One Friday/month is an "unscheduled work day" which can be used for various clinical, program evaluation, or professional development /educational activities as noted above.</p>

CENTRALIZED NEUROPSYCHOLOGY SERVICE

Psychologists: Angela Stewart, Ph.D., C. Psych.

Rotation Options: Secondary Rotation

Description of Program:

Following a centralized service model, the Centralized Neuropsychology Service provides comprehensive neuropsychological assessments to adult inpatients and outpatients across a variety of hospital programs. Referrals are prioritized.

Resident Opportunities:

A secondary rotation in Neuropsychology offers residents exposure to the comprehensive neuropsychological assessment of psychiatric disorders. The resident will gain comfort with all aspects of the evaluation including clinical interviewing, test selection, administration and scoring of tests, provision of feedback to patients, families, and multidisciplinary teams, and report-writing. Residents will also gain experience in differential diagnosis.

Typical referral questions:

- 1) Providing a differential diagnosis (e.g., is the etiology of cognitive deficits associated with psychiatric illness or a neurodegenerative process?)
- 2) Providing diagnostic clarification, treatment, and rehabilitation recommendations
- 3) Addressing return to work/school issues in the context of mental illness

Didactic training in the form of short readings related to the ethical considerations in the delivery of neuropsychology services and attendance at some Psychiatry Rounds may also form a part of the rotation. Since consultations are requested from throughout the hospital, the resident would play an important role in selecting the cases that best suit his or her training needs.

Please note: The Royal's Residency Program does not, at this time, offer the breadth and depth of training in neuropsychology to equip residents for post-residency competency in neuropsychology.

COMMUNITY MENTAL HEALTH PROGRAM

Psychologists: Philip Grandia, Ph.D., C.Psych.
Yue Zhao, Ph.D., C.Psych.

Other Psychology Staff: Liz Glennie, M.A., Psychometrist

Rotation Options: Primary or Secondary

Description of Program:

The Community Mental Health Program (CMHP) is an off-site program of The Royal located at the Carlingwood Shopping Centre. There are ten teams/services at CMHP: three Assertive Community Treatment (ACT) teams, the Flexible Assertive Community Treatment Team for Persons Dually Diagnosed (FACTT-DD) the Step-Down from ACT Team, the Regional Dual Diagnosis Consultation Team (RDDCT), the Psychiatric Outreach Team, Women's Mental Health, Homes for Special Care and Community Treatment Order coordination. Seven of the ten teams have clinical training opportunities for Psychology residents. Residents have the option of completing a primary or secondary rotation on any one of these teams/services or completing a primary or secondary rotation that includes involvement across a number of teams.

Assertive Community Treatment (ACT), Flexible Assertive Community Treatment (FACT) and ACT Step-Down Teams:

There are three ACT teams at CMHP. The first ACT team offers services to persons with a diagnosis of schizophrenia and concurrent disorders. The second ACT team offers services to persons with a range of mental health diagnoses. The third ACT team offers services specifically to persons with a dual diagnosis (i.e., comorbid intellectual disability and mental illness; ACTT-DD) and is the one team located in Brockville. The Flexible Assertive Community Treatment Team for Persons Dually Diagnosed (FACTT-DD) offers an extended model of community-based care to persons with a dual diagnosis. The schizophrenia and mental health ACT teams as well as FACTT-DD are based in Ottawa. The dual diagnosis ACT team is located in Brockville.

The ACT teams and FACTT-DD are community-based interdisciplinary teams of mental health professionals working in partnership with clients living in the community with serious and persistent mental illness involving multiple hospitalizations. ACT teams and FACTT-DD promote recovery, improved quality of life and assist clients in achieving their goals through supportive treatment and rehabilitation. Individualized treatment and rehabilitation plans are developed with each client. The teams offer after-hours emergency services for clients served by the team. Services offered include assessment, psychosocial and behavioural interventions, concurrent disorder services, rehabilitation planning and promotion of recovery, medication prescription, education, monitoring and advocacy. In addition to these services, FACTT-DD also offers less intensive case management services.

The Step-Down from ACT team is similar to the ACT team model, but provides services for clients who are managing more independently in the community but still require support. The objective of the ACT Step-Down program is to provide treatment, support, recovery and rehabilitation services to clients in the community and prevent (or shorten) re-admissions to hospital. Step-down from ACT is also an interdisciplinary team and aims to help clients improve their quality of life in the community and reach their optimum level of independent functioning.

Clinical activities on these teams involve a substantial degree of collaboration and consultation with other disciplines including Psychiatry, Nursing, Social Work, Behaviour Therapy, Occupational Therapy, Recreation Therapy, Community Mental Health Workers, Developmental Services Workers and Peer Specialists. The role of Psychology includes the provision of services in diverse areas of assessment, differential diagnosis, consultation, treatment planning, individual therapy and group therapy (at times), education to care provider networks, advocacy, interdisciplinary team work and the direction of clinical evaluation research. Psychology also provides supervision to Behaviour Therapists on the dual diagnosis teams.

Resident Opportunities:

Specific activities will be discussed and arranged based on availability and Resident's goals for training.

Residents may have the opportunity to participate in the following activities:

- Assessment (psychodiagnostic, intellectual and adaptive functioning, mental health, personality, systems)
- Individual or group psychotherapy (cognitive-behavioural, interpersonal, systemic therapy)
- Consultation with interdisciplinary staff and range of community service providers
- Interdisciplinary team involvement
- Education and treatment plan development
- Involvement in ongoing research and/or program evaluation projects
- Residents in a primary rotation may supervise a psychology practicum student

Regional Dual Diagnosis Consultation Team:

The Regional Dual Diagnosis Consultation Team (RDDCT) offers services to older adolescents and adults with an intellectual disability and mental health difficulties. This is a specialized team based on an eight-week consultation model. RDDCT provides multidisciplinary clinical assessments, consultation, education and treatment recommendations for the persons with a dual diagnosis. The team serves the residents of the Champlain Local Health Integration Network that includes both urban and rural catchment areas.

Services are provided mainly in the community in which the client resides. Clinical work involves a substantial degree of multidisciplinary team work and consultation with other disciplines including Psychiatry, Nursing and Behaviour Therapy. The role of Psychology includes the provision of services in diverse areas of assessment, differential diagnosis, consultation, treatment planning, education to care provider networks, advocacy, multidisciplinary team work and the direction of clinical evaluation research.

Resident Opportunities:

Specific activities will be discussed and arranged based on availability and resident's goals for training.

Residents may have the opportunity to participate in the following activities:

- Clinical Assessment (psychodiagnostic, intellectual and adaptive functioning, mental health, personality, systems)
- Consultation with interdisciplinary staff and a range of community service providers
- Interdisciplinary team involvement
- Education and treatment plan development
- Involvement in ongoing research and/or program evaluation projects
- Residents in a primary rotation may supervise a psychology practicum student

Psychiatric Outreach Team:

The Psychiatric Outreach Team offers services to adolescents and adults who are homeless or at risk of homelessness who have a severe and persistent mental illness including a concurrent disorder (addictions and mental illness). The team provides direct client service and consultation and education to its broad range of community partners. Community partners include emergency shelters, rooming houses, residential care facilities, drop-in centers and community health centers in Ottawa and Renfrew County. Clinical work involves a substantial degree of interdisciplinary team work and consultation with other disciplines including addiction specialists, psychiatry, nursing, social work, occupational therapy and recreation therapy. The team uses an outreach consultation model to provide assessment, short-term treatment and limited emergency intervention services within the partner agency locations. The role of Psychology includes the provision of services in diverse areas of assessment, differential diagnosis, consultation, treatment planning, education to care provider networks, advocacy, interdisciplinary team work and the direction of clinical evaluation research.

Resident Opportunities:

Specific activities will be discussed and arranged based on availability and resident's goals for training.

Residents may have the opportunity to participate in the following activities:

- Clinical Assessment (psychodiagnostic, intellectual and adaptive functioning, mental health, personality, systems) within a community setting
- Clinical Consultation (within an community and often inter-agency setting)
- Consultation with interdisciplinary staff and a range of community service providers
- Interdisciplinary team involvement
- Education and treatment plan development
- Involvement in ongoing research and/or program evaluation projects
- Residents in a primary rotation may supervise a psychology practicum student

GERIATRIC PSYCHIATRY PROGRAM

Psychologist: Hans P. de Groot, Ph.D., C. Psych.

Rotation Options: Secondary

Description of Program:

The Geriatric Psychiatry Program offers comprehensive services to meet the mental health needs of people 65 years of age and over. Patients typically have complex mental and physical health needs. Services are provided in inpatient, day program, and outpatient settings. There is also an Outreach Service which provides consultation service to selected long-term care facilities in and around the Ottawa area. Clinical work involves a substantial degree of interdisciplinary team work and consultation with other disciplines including psychiatry, nursing, social work, occupational therapy and recreational therapy. The role of psychology includes the provision of services in the areas of cognitive and personality assessment, individual psychotherapy, consultation, program evaluation and interdisciplinary team work. Empirically supported treatments are used but often must be individualized to address the patient's needs and treatment goals.

Resident Opportunities:

Specific activities will be discussed and arranged based on availability and resident's goals for training. Opportunities exist in the day program and outpatient program.

Residents may have the opportunity to participate in the following activities:

- Clinical assessment (including interviewing, cognitive and personality assessment)
- Individual psychotherapy (acceptance- and mindfulness-augmented cognitive behavioural therapy)
- Consultation with interdisciplinary staff
- Interdisciplinary team involvement (for inpatient and day program)
- Program evaluation projects are available
- Possibility of doing co-therapy for an outpatient psychotherapy group

INTEGRATED FORENSIC PROGRAM – CHAMPLAIN, ROMHC

Psychologists: Justine Joseph, Ph.D., C. Psych.
Ioanna-Ianthi Kokozaki, Psy.D., C. Psych.
Jennifer Newman, Ph.D., C. Psych.

Rotation Options: Primary or Secondary rotation

Description of Program:

In partnership with the judicial system, community agencies and stakeholders, the **Integrated Forensic Program – Champlain** offers services aimed at addressing psycho-legal needs for patients with varied diagnoses who are involved in the criminal justice system.

The **Assessment and Stabilization Service for Inpatients**, a 21-bed secure unit, provides assessments for fitness to stand trial and criminal responsibility. Services are provided to adults who are detained under a court order. The goals of the service are to complete a specialized comprehensive interprofessional assessment in order to provide recommendations to the Court and to stabilize patients under the purview of the Ontario Review Board as required.

The **Rehabilitation and Community Service for Inpatients**, a 25-bed secure unit, provides specialized comprehensive interprofessional assessment, treatment and psychosocial rehabilitation within a mental health recovery framework. Services are provided to adults who have been found unfit to stand trial or not criminally responsible on account of a mental disorder (NCRMD). The goals of the program are to reduce symptom distress, increase psychosocial skills and coping strategies, and to improve overall well-being. Other longer-term desired outcomes include successful community reintegration, reduced recidivism and decreased hospital readmissions.

The **Assessment and Rehabilitation Service for Outpatients** provides assessment, treatment and psychosocial rehabilitation within a community mental health recovery framework. Services are provided to adults who have been involved in the criminal justice system and whose functioning and legal status allows them to live in the community. The goals of the service are to provide specialized comprehensive interprofessional assessment and recommendations to the Court, provide treatment and rehabilitation to reduce symptom distress, increase psychosocial skills and coping strategies, and to improve overall well-being to maintain successful community living. Longer-term desired outcomes include reduced recidivism, decreased hospital re-admissions and eventual discharge from the Integrated Forensic Program (IFP).

The **Sexual Behaviours Clinic** provides specialized comprehensive interdisciplinary assessment and treatment within a community mental health recovery framework. Services are provided to individuals who have been, or are at risk of being, involved in the criminal justice system because of their sexual behaviour. The goals of the clinic are to provide assessment and treatment to manage the sexual behaviour-related problems, reduce symptom distress, increase psychosocial skills and coping strategies, and to improve overall well-being to maintain successful community living. Longer-term desired outcomes include reduced recidivism, prevention of hospital admissions and

eventual discharge from the Integrated Forensic Program (a rotation is not offered in the Sexual Behaviours Clinic).

The **Anger Disorders Clinic** provides specialized comprehensive interdisciplinary assessment and treatment within a community mental health recovery framework. Services are provided to adults who have been or are at risk of being, in conflict with the law because of their anger-related problems. The goals of the clinic are to provide assessment and treatment in order to manage the anger-related problems, reduce symptom distress, increase psychosocial skills and coping strategies, and to improve overall well-being in order to maintain successful community living. Longer-term desired outcomes include reduced recidivism, prevention of hospital admissions and eventual discharge from the Integrated Forensic Program (a rotation is not offered in the Anger Disorders Clinic).

The **Family Court Clinic** provides court-mandated specialized comprehensive interprofessional assessment of families, children and adolescents. The goal of the clinic is to provide the Court with recommendations that promote the mental health and well-being of the families, children and adolescents seen at the clinic (a rotation is not offered in the Family Court Clinic).

Within the **Integrated Forensic Program**, the role of psychology includes the provision of services in the areas of psychological assessment, individual and group psychotherapy, consultation and interprofessional teamwork. Empirically supported treatments are used but often must be individualized to address patients' needs and goals. Psychology also contributes in the areas of program evaluation, research and education.

Resident Opportunities:

Specific activities will be discussed and arranged based on supervisor availability and resident's goals for training.

Residents may have the opportunity to participate in the following activities:

- Diagnostic, personality, malingering, and violence risk assessment
- Individual and/or group therapy
- Consultation with interprofessional staff
- Interprofessional team involvement (e.g. clinical team meetings and case conferences)

With a focus in the following area:

- The forensic mental health system in Ontario

INTEGRATED FORENSIC PROGRAM (IFP), BMHC

The Integrated Forensic Program at the Brockville Mental Health Centre is comprised of two services:

- 1) The **Forensic Treatment Unit**, a 64-bed inpatient mental health facility with also outpatient service, which serves a forensic population of individuals with serious mental illness who have come into conflict with the law; and
- 2) The **Secure Treatment Unit**, a 100-bed provincial correctional facility, which serves a corrections population of individuals with serious mental disorders who are serving sentences of less than two years.

FORENSIC TREATMENT UNIT (FTU)

Psychologists:

Michael Seto, Ph.D., C. Psych. (available for secondary rotation supervision in clinical psychology or ad hoc supervision of risk assessments)
Melissa Bolton, Ph.D., C. Psych. (available for primary or secondary rotation supervision in clinical psychology or ad hoc supervision of risk assessments)

Other Psychology Staff:

Melissa Harris, M.A. Senior Psychometrist
Jeffrey Robinson, M.A. Senior Psychometrist

Rotation Options:

Primary or Secondary in Clinical Psychology and/or Forensic Psychology

Description of Program:

The Forensic Treatment Unit (FTU) at the Brockville campus of The Royal primarily provides treatment to forensic patients with a range of clinical conditions, particularly severe mental illnesses such as Schizophrenia, Schizoaffective Disorder, or Bipolar Disorder; as well as severe personality disorders (e.g., borderline personality disorders, antisocial personality disorders); dual diagnoses (i.e., intellectual deficits and an axis I disorder) or neurological conditions (i.e., dementia, severe head traumas). Those diagnoses are often concomitant with a diagnosis of substance use disorder. This offers the possibility to assess and treat a variety of different clinical conditions. As such, applicants from both clinical and forensic (adult) backgrounds will benefit from this rotation.

The FTU program in Brockville provides inpatient services on units with different levels of security, as well as services to outpatients who have re-integrated into the community. For all units, clinical work is carried out within an interdisciplinary framework, and psychology works closely with psychiatry, social work, occupational therapy, family medicine, nursing, recreational therapy, vocational therapy and pastoral care. Team discussion and decisions are made at monthly case conferences. The role of psychology includes conducting assessments, developing group

programming, providing individual and group psychotherapy, as well as offering consultation, advocacy, program evaluation, and conducting research projects.

Primary and Secondary Rotation in Forensic/Clinical Psychology

A psychology rotation within the Forensic Treatment Unit would provide the Resident with a well-rounded experience in clinical psychology as well as forensic assessment and treatment for a wide range of clients and primary diagnoses. Specific activities can be negotiated based on resident interests, goals and schedule, depending on clinical demands.

Residents may have the opportunity to participate in the following activities:

- Clinical Assessments (including psychodiagnostic assessments; risk assessments; personality assessments, assessment for malingering; and also possible opportunities to participate in neuropsychological assessments).
- Individual psychotherapy (predominantly cognitive behavioural therapy and dialectical behaviour therapy frameworks, including Relapse Prevention, CBT for Psychosis, Anger Management, behavioural interventions, and treatment of substance abuse).
- Group psychotherapy (e.g., CBT for Psychosis; DBT skills training groups).
- Ongoing forensic and neuropsychological research, including research on aggression and impulsivity using electrophysiological markers (EEG & ERP), sleep disorders, risk assessment, trajectories of mentally disordered offenders, substance abuse, and program evaluation.
- Assisting psychiatrists with assessments of competency to stand trial and criminal responsibility (when these opportunities are available).

SECURE TREATMENT UNIT (STU)

Psychologist: Anik Gosselin, Ph.D., C. Psych.

Other Psychology Staff: Alison Davis, M.A. Psychometrist
Emily De Souza, M.A., Psychometrist (on maternity leave)
Nicola Mussett, M.A., Psychometrist
Kaitlin Mason (temporary)

Rotation Options: Secondary

Description of Program:

The STU is a 100-bed facility for provincially sentenced, mentally disordered offenders (MDOs). Similar to the FTU, individuals present with a range of mental illnesses, such as Schizophrenia, Bipolar Disorder, mood disorders, personality disorders, and dual diagnoses. This provides an opportunity to assess and treat a variety of clinical conditions along with factors relevant to reducing risk of recidivism. The STU has four 25-bed units (for a total of 100 MDOs): The **Assessment and Stabilization Unit**, **Sexual Disorders Unit**, **Aggressive Behaviour Modulation Unit** and **Trauma Disorders Unit**. MDOs typically have multiple diagnoses and all services are provided on an inpatient basis. The average length of stay for MDOs is approximately 5-months. The services provided include assessment and treatment targeting PTSD, substance use, effective relationships, anger management, domestic violence, sexual disorders, as well as antisocial thinking, and other relevant mental health needs. Considerable emphasis is placed on group therapy.

Clinical work involves an interdisciplinary team approach (psychology, psychiatry, social work, family medicine, nursing, addictions counseling, recreational therapy, vocational therapy and pastoral care). The provision of all services is empirically-based and ongoing research continues to evaluate many aspects of the tasks at the STU. Interdisciplinary case conferences are held weekly.

Secondary Rotation in Correctional/Clinical Psychology - Resident Opportunities:

Specific activities will be discussed and arranged based on availability and Resident's goals for training.

Residents may have the opportunity to participate in the following activities:

- Group psychotherapy (cognitive behavioural therapy, dialectical behaviour therapy or process-focused therapy)
- Individual psychotherapy (cognitive behavioural, motivational or trauma focused)
- Clinical Assessment (e.g., cognitive, ADHD, personality, psychodiagnostic and risk assessments)
- Consultation with interdisciplinary staff
- Interdisciplinary team involvement

MOOD AND ANXIETY DISORDERS PROGRAM

Psychologists: Kelsey Collimore, Ph.D., C.Psych.
Andrew Jacobs, Psy.D., C.Psych.

Rotation Options: Primary or Secondary

Description of Program:

The Mood and Anxiety Disorders Program is a specialty multidisciplinary unit of psychiatrists, psychologists, occupational therapists, social workers, and nurses. Treatment services are offered to individuals with complex mood and anxiety conditions including Depressive Disorders, Bipolar and Related Disorders, Anxiety Disorders, Obsessive-Compulsive and Related Disorders and Trauma- and Stressor- Related Disorders.

The focus of Psychology in the program is on the delivery of empirically supported treatments, with emphasis on cognitive-behavioural therapies. The role of Psychology primarily includes provision of cognitive-behavioural therapy (CBT), assessments for treatment, diagnostic assessments, interdisciplinary team work, and program development and evaluation. Psychology also provides consultation to other members of the Mood and Anxiety Disorders Program team as well as other programs within The Royal.

Although services are offered to patients where mood or anxiety conditions are thought to represent the primary difficulty, patients typically present with high rates of co-morbidity (e.g., mood disorders, anxiety disorders, substance use disorders, personality disorders) and psychosocial/family issues to consider in the context of service delivery. Services are primarily provided in the outpatient setting.

Resident Opportunities and Rotations:

Residents have the opportunity to participate in the following activities:

- Assessment (including interviewing, assessment for treatment, and psychodiagnostic assessment)
- Individual CBT for tertiary patients with primary mood and anxiety difficulties
- Consultation and team meetings with interdisciplinary staff
- Program development and evaluation projects
- Supervision of a practicum student is possible on primary rotation

OPERATIONAL STRESS INJURY CLINIC

Psychologists:

Tonya Bauermann, Ph.D., C.Psych.
 Alex Drolet-Dostaler, Psy.D, C. Psych.
 Gordana Eljdupovic, Ph.D., C.Psych.
 Casey Iwai, Psy.D., C.Psych.
 Jennifer Lyons, Ph.D., C. Psych. (unavailable for 2020/21)
 Karim Nashef, Psy.D., C.Psych.
 Caroline Page, Ph.D., C.Psych.
 Tejas Srivinas, Ph.D., C.Psych.
 Michele Todd, Ph.D., C.Psych.
 Jan Wilson, Ph.D., C.Psych.
 Holly Wilson, Ph.D., C.Psych.

Depending on various factors, not all eligible supervisors will be available each year for supervision. If a supervisor anticipates being unavailable for supervision in the upcoming residency year, this will be posted in the brochure at the earliest opportunity.

Rotation Options: Primary or Secondary

Description of Clinic:

The Operational Stress Injury (OSI) Clinic is a specialized outpatient program at the Royal Ottawa Mental Health Centre (ROMHC) that serves veterans of the Canadian Armed Forces (CAF), current CF members who are releasing from the CAF, and eligible members of the RCMP. We also provide services (psychoeducation, brief supportive interventions) to family members. The clinic represents a partnership between the ROMHC and Veterans Affairs Canada (VAC) and is also a part of a national network of OSI clinics across Canada. An operational stress injury (OSI) is defined as any persistent psychological difficulty resulting from operational duties performed while serving in the Canadian military or RCMP. OSIs can include Trauma and Stressor Related Disorders (e.g., PTSD, Adjustment Disorders), Anxiety Disorders, Depressive Disorders, and Substance Related and Addictive Disorders. Other problem areas that may be addressed include emotion regulation difficulties, marital or family relationship difficulties, and challenges associated with reestablishing identity and transitioning to civilian life.

Clinical services are provided on an outpatient basis and are coordinated and delivered by an interdisciplinary team. Psychology staff provide assessment for diagnosis and treatment planning, consultation, and intervention (primarily individual and group). Individual evidence-based interventions include Prolonged Exposure, Cognitive Processing Therapy, and Adaptive Disclosure for moral injury, and EMDR. Case conceptualization informs the integration of DBT, Emotion-Focused, Experiential, or Acceptance and Commitment Therapy techniques to individualize treatment. Current group treatments offered include DBT skills group, Prolonged Exposure for PTSD group, Meaning group, and Sleep group (including CBT for insomnia and sleep hygiene strategies). Clinical services are provided on-site at the OSI Clinic, including Arnprior and Kingston satellite sites, and outreach/networking services are provided in locations throughout a broader catchment area (including Pembroke/Petawawa, Gatineau, Kingston, Cornwall, North Bay, and Nunavut).

Telemedicine is used to provide services to clients living in remote areas. In addition, psychology staff are actively involved in research, education, networking, program development and evaluation.

Resident Opportunities:

- Clinical assessment (including structured and clinical interviewing, and psychodiagnostic assessment).
- Empirically-supported individual and group intervention.
- Consultation with interdisciplinary staff and external agencies.
- Outreach education for external agencies and community providers.
- Program development and evaluation projects.
- Possible provision of educational or clinical services via outreach or telehealth.
- Supervision of a practicum student (primary rotation only).

SCHIZOPHRENIA RECOVERY PROGRAM

Psychologists: Matthew Kerr, Ph.D., C. Psych. (Inpatient focus)
Nicola Wright, Ph.D., C. Psych. (Outpatient focus)

Rotation Options: Primary or Secondary

Description of Program:

The Schizophrenia Recovery Program offers services to patients with Schizophrenia/psychotic spectrum illness. Clients typically have multiple diagnoses and psychosocial/family issues to consider in the context of service delivery. Services are provided in the inpatient and outpatient settings. Clinical psychology work involves a substantial degree of interdisciplinary team work and consultation with other disciplines including psychiatry, nursing, social work, occupational therapy, recreation therapy, dietary and spiritual care. The role of psychology can include the provision of services in the areas of assessment, individual and group psychotherapy, consultation, interdisciplinary team work, research, program development and evaluation, advocacy and teaching. Residents completing a primary rotation may also have the opportunity to supervise a practicum student. Empirically supported treatments are used and are individualized to address the patient's needs and treatment goals. Treatments provided include individual and group cognitive behavioural therapy for psychosis and third wave cognitive behavioural therapy approaches such as mindfulness, compassion-focused, and acceptance and commitment therapy. Work with clients is from a trauma-informed approach. The placement allows the resident to engage in what we believe is a very meaningful, humanistic, meaning-making and empowering approach to issues/presentations experienced by those who are affected by psychoses. The approach to supervision is consistent with our approach to our patients that is, strengths-focused, respectful, collaborative and empowering.

Resident Opportunities:

Whenever possible we attempt to provide residents with the clinical opportunities that are the most meaningful and of interest based on training goals. Opportunities in the outpatient program are most common, but inpatient work can be arranged based on resident interest and the appropriateness of patients for psychological intervention/assessment.

Residents may have the opportunity to participate in the following activities:

(Each resident usually does at least one assessment, carries a number of individual psychotherapy patients with a range of presenting problems, and may co-lead a group (as available) and does consultation, interdisciplinary team work, program development and supervision).

- Clinical Assessment (including interviewing, cognitive, and psychodiagnostic assessment)
- Individual psychotherapy (Cognitive Behavioural Therapy for Psychosis --as well as the incorporation of Interpersonal, Mindfulness, Acceptance and Commitment, & Compassion-focused approaches) Common presenting problems are psychosis, trauma history/PTSD,

dissociation, social anxiety, OCD, worry/GAD, panic, substance use and working with negative symptoms and valued life goals)

- Group psychotherapy may be available.
- Consultation with interdisciplinary staff
- Interdisciplinary team involvement (for inpatient and/or outpatient program)
- Involvement in research and program development and program evaluation projects are available
- When possible, Residents may supervise psychology practicum students

SUBSTANCE USE & CONCURRENT DISORDERS PROGRAM

Psychologists: Isabelle Arès, Ph.D., C.Psych.
Suzanne Bell, Ph.D., C.Psych.
Gretchen Conrad, Ph.D., C.Psych.
Kim Corace, Ph.D., C.Psych. (Director)
Andrew Lumb, Ph.D., C.Psych.
Louise Overington, Ph.D., C.Psych.

Rotation Options: Primary or Secondary

Description of Program:

The Royal's Substance Use and Concurrent Disorders Program provides specialized concurrent disorders care to individuals with complex substance use disorders, moderate to severe mental health disorders, complicated physical health issues, and psychosocial vulnerabilities. Common co-occurring mental health disorders include mood disorders, anxiety disorders, schizophrenia and other psychotic disorders, obsessive compulsive disorder, posttraumatic stress disorder, attention-deficit hyperactivity disorder, and personality disorders. Services are tailored to the unique needs of the individuals and communities we serve in Eastern Ontario and beyond. Our inter-professional team offers a continuum of services ranging from low to high intensity. Services focus on prevention, harm reduction, and treatment. The population we serve has difficulty accessing services elsewhere. SUCD services include an inpatient medical withdrawal management unit, an inpatient concurrent disorders unit, a concurrent disorders day program, outpatient services, and community outreach.

SUCD provides specialized, evidence-based services to our target clients and their families to optimize health and well-being. We aim to provide timely, accessible service to the appropriate client in the right place with the appropriate level of intensity. We aim to lead concurrent disorders system integration through partnerships and build regional and provincial system capacity for concurrent disorders care. SUCD strives to be leaders in concurrent disorders care, advocacy, education, training, and research.

CONCURRENT DISORDERS UNIT

The Concurrent Disorders Unit (CDU) is an intensive inpatient residential concurrent disorders unit for patients with severe, complex, and active substance use and mental health disorders with significant impairment in functioning. The multidisciplinary team offers concurrent disorders (mental health and substance use) stabilization, assessment, diagnostic clarification, and treatment. Each patient receives an individualized care plan, with a menu-based treatment approach. Most programming is group-based (structured, evidence-based psychotherapy) targeting substance use and mental health problems; all groups have skills-building components. The unit operates Monday to Friday, and clients go home or to other community services on weekends. Our team provides connections, collaborative care, and flow with community programs.

CONCURRENT DISORDERS DAY PROGRAM

The Concurrent Disorders Day Program is an intensive day treatment service providing concurrent disorders stabilization, assessment, diagnostic clarification, and treatment for clients with moderate to severe substance use and mental health disorders within a multidisciplinary team. The Day Program operates Monday to Friday from 9am to 3pm, and offers blended programming with the CDU. The Day Program offers a step-down from CDU, and a step-up from other outpatient and community services.

RAPID ACCESS ADDICTION MEDICINE CLINIC

In collaboration with hospital and community partners, The Rapid Access Addiction Medicine (RAAM) clinic was created to reduce alcohol and/or opioid-related emergency department utilization and improve care for individuals with alcohol and/or opioid problems. RAAM is a rapid access clinic for individuals with alcohol and/or opioid use problems. Clients can either self-refer (walk-in) or be connected through our seamless care pathways (i.e., emergency departments, community agencies, and primary care providers). The multidisciplinary RAAM team provides substance use assessment and treatment (i.e., alcohol withdrawal management, opioid agonist therapy), mental health assessment and treatment, brief counseling, screening and care for infectious diseases, harm reduction, primary care connection, and navigation and connection to community services.

REGIONAL OPIOID INTERVENTION SERVICE

The Regional Opioid Intervention Services (ROIS) is a novel regional integrative model of concurrent disorders care for individuals (with a focus on youth and young adults) with opioid use disorder and mental health problems. Our 4 pillars include: (1) patient care and family support, (2) training, education, and capacity building, (3) integration and coordination of services, and (4) program and outcome evaluation. The ROIS is the first of its kind in Ontario, providing concurrent opioid use disorder treatment and mental health care on an outpatient basis within an interdisciplinary team. The Service is a collaborative, hub and spoke partnership between the clinic at The Royal and a range of community agencies, hospital programs, and primary care providers throughout the Champlain LHIN, who each play a role in the management and treatment of individuals with opioid use disorders. The Service also provides training, mentorship, and ongoing consultation for primary care providers and addiction and mental health providers in order to build capacity to identify and treat opioid use disorder. This Service aims to foster the linkages and integration of addiction, mental health, and primary care services, and bring care closer to where patients live, with a focus on areas of our Champlain LHIN where no such services previously existed.

TRANSITIONAL AGED YOUTH SERVICE

The Transitional Aged Youth (TAY) Service, provides community-based support to youth (ages 16-25 years) with moderate to severe concurrent substance use and mental health disorders and complex psychosocial presentations. The interdisciplinary services are recovery focused, developmentally appropriate, and family inclusive. The TAY Service encompasses the Champlain LHIN, collaborating with both urban and rural agencies. The TAY Service has partnerships with

other programs within The Royal and with community Mental Health and Addiction agencies for shared care, education, capacity building, and consultation.

Resident Opportunities:

Specific activities will be discussed and arranged based on availability and Resident's goals for training.

Residents may have the opportunity to participate in the following activities:

- Clinical assessment and differential diagnosis of inpatients and outpatients with complex concurrent substance use and mental health disorders
- Clinical consultation, including opportunities within inpatient, outpatient, and community settings
- Individual and group psychotherapy (cognitive behavioural therapy, motivational interviewing, dialectical behavior therapy)
- Delivery of virtual care; telepsychology
- Consultation with interdisciplinary staff (e.g., addiction medicine physicians, psychiatrists, nurses, social workers, dietitians, recreation therapists) and range of community service providers
- Interdisciplinary team involvement
- Education and treatment plan development
- Training and use of electronic medical records
- Involvement in ongoing research and/or program evaluation projects
- When possible, Residents may supervise psychology practicum students

YOUTH PSYCHIATRY PROGRAM

Psychologists: Sophie Duranceau, Ph.D., C. Psych.
Mariève Hurtubise, Ph.D., C.Psych.
Judy Makinen, Ph.D., C.Psych.
Rebecca Nemiroff, Ph.D., C.Psych.

Rotation Options: Primary or Secondary

Description of Program:

The Youth Psychiatry Program is an intensive and specialized psychiatric and mental health program offering consultation, assessment, and multi-modal treatment services to youth (16 to 18 years of age), and their families. The program focuses on youth with early onset psychiatric disorders and/or complex, treatment-resistant disorders. Those with conduct disorders, primary problems with addictions, or pervasive developmental disorders are not typically treated in this program. The most common presenting problems of youth in the program are: depression, anxiety, trauma, ADHD, and psychosis, which are often coexisting with school and/or family concerns.

The Youth Psychiatry Program offers a stepped-care approach, with a full continuum of services: Inpatient, Partial Hospitalization, Day Treatment (Section 23 McHugh School), and Outpatient services. Community-based services are offered through the Bridges Program. The Youth Program integrates evaluation, research, education, and early intervention services into best-practice clinical service delivery.

Inpatient Unit

This is a nine-bed unit for youth who have serious mental health concerns, and are unable to function in less-controlled environments or with their families. As part of an interdisciplinary team, the psychologist on the unit provides psycho-diagnostic assessments, group treatment, and brief intervention.

Youth Partial Hospitalization Unit

This is a full-day intensive group treatment program serving up to 10 youth who attend four days per week. It provides comprehensive treatment by an interdisciplinary team for youth with serious psychiatric difficulties; YPHU participants require intensive treatment but are able to live outside hospital. Tutoring is offered on the unit where youth can obtain high school credits. Psycho-educational and psycho-diagnostic assessments as well as individual, family, and group treatment are offered as part of YPHU Services. The Inpatient and Partial Hospitalization units are closely linked for service delivery.

Adolescent Day Treatment Unit (Section 23 McHugh School)

The Adolescent Day Treatment Unit (ADTU) is a community-based program housed in an independent unit within a regular high school setting (Brookfield High School). The ADTU service is run in partnership with the M.F. McHugh Education Centre. ADTU serves a population of up to 22 adolescents 13 to 18 years of age who have psychiatric and/or serious emotional problems that interfere with their ability to participate in a regular school curriculum. The program is designed to be rehabilitative, so that youth may return to a regular school or work setting following two semesters within this therapeutic setting. Referrals are received through Ottawa Children's Coordinated Access & Referral to Services. Youth who attend ADTU most commonly present with significant concerns regarding depression, anxiety, ADHD, trauma, psychosis, or other mental health difficulties. Psycho-educational and psycho-diagnostic assessments as well as individual and group treatment are offered as part of ADTU Services. Involvement of family members in clinical care is emphasized, when appropriate. Consultation with the interdisciplinary clinical team (i.e., psychiatry, social work, psychology, child and youth counselling), McHugh teaching staff, and external community agencies is frequently involved. Transition to appropriate clinical services in the hospital and/or community is considered an integral part of the ADTU service.

Youth Outpatient Service

Assessment, consultation, and treatment services are provided on an outpatient basis using the Choice and Partnership Approach (CAPA). CAPA combines collaborative shared decision making, goals, and outcome measures with clinical skills mapping and flow management processes. Services are typically shorter-term and goal specific and may be delivered in collaboration/partnership with local health practitioners, schools, and/or community mental health providers. The Youth Outpatient program typically serves between 200-300 adolescents at any given time, so there is a wide variety of presenting problems. Referrals are most commonly received for youth with significant concerns regarding depression, anxiety, ADHD, trauma, psychosis, or other mental health difficulties. Individual, family, and group treatment can be offered as part of Outpatient Services. Liaison with community schools and social agencies is frequently involved, and transition to appropriate adult services is considered an integral part of the outpatient service.

Bridges Program

Community-based services are offered at the Bridges Program in partnership with the YSB, CHEO, and Ottawa Public Health. Bridges offers intensive, short-term intervention and skill building for youth and their families within an interdisciplinary and collaborative environment while offering a bridge from hospital to community services. Referrals are most commonly received for youth who have recently been discharged from inpatient psychiatric services at CHEO or the ROH. Common concerns include suicidality, depression, anxiety, ADHD, trauma, and family or interpersonal difficulties. The psychologist offers psycho-diagnostic and psycho-educational assessment and psychotherapy services to youth, parent support services, and consultation to other team members. Bridges is located at the YSB Head Office at 2675 Queensview Drive.

Resident Opportunities:

- Primary and secondary rotations are available in the Youth Program.
- Residents function as members of interdisciplinary teams including psychology, psychiatry, social work, nursing, occupational therapy, recreation therapy, and child & youth counseling.
- Residents have most frequently worked in the Inpatient, Partial Hospitalization, or Outpatient Units, but opportunities may exist in other youth-oriented activities that are not unit-specific.
- Residents may gain experience in individual, group, and family psychotherapy, community-based interventions, and assessment.
- Opportunities for residents will be available on the basis of their expressed interests and level of clinical expertise.

THE ROYAL'S PSYCHOLOGY RESIDENCY PROGRAM

SUPERVISORY FACULTY AND ADDITIONAL PSYCHOLOGY STAFF

Isabelle Arès	Ph.D., C. Psych., University of Ottawa, 2014
Program:	Substance Use and Concurrent Disorders Program
Clinical Orientation:	Assessment, consultation, treatment planning, and individual and group psychotherapy for individuals with concurrent substance use and mental health disorders, including cognitive-behaviour therapy, dialectical behaviour therapy, and motivational interviewing. Program development, evaluation, and research. Special interest in health psychology, eating disorders, borderline personality disorder, and concurrent substance use disorders.
Suzanne Bell	Ph.D., C. Psych., University of Ottawa, 2016
Program:	Substance Use and Concurrent Disorders Program
Clinical Orientation:	Assessment, consultation, individual and group psychotherapy, cognitive-behavioural therapy, and motivational interviewing. Program development, evaluation, and research. Special interests in concurrent substance use and mental health disorders and the assessment and treatment of individuals who come into contact with the legal system.
Melissa Bolton	PhD, C. Psych., University of Toronto, 2014
Program:	Forensic Treatment Unit (FTU); Brockville
Clinical Orientation:	Provision of psychological assessment (psycho-diagnostic, cognitive, and specialized psychological risk assessments), consultation, individual and group psychotherapy. Competencies include clinical and forensic psychology with adults. Special interest in evidenced based treatment using diverse modalities, including Prolonged Exposure (PE), Cognitive Processing Therapy (CPT), and Dialectical Behaviour Therapy (DBT).
Kelsey Collimore	Ph.D., C.Psych., University of Regina, 2011
Program:	Mood and Anxiety Disorders Program
Clinical Orientation:	Cognitive-behavioural. Special interest in evidence-based practice and empirically-supported therapies for anxiety, obsessive-compulsive, depressive, bipolar, and trauma and stressor-related disorders.

Gretchen Conrad	Ph.D., C. Psych., University of Ottawa, 1996
Program:	Substance Use and Concurrent Disorders Program
Clinical Orientation:	Assessment & diagnosis, consultation, treatment planning, individual and group therapy, cognitive-behavioural therapy, program development and evaluation. Special interest in community liaison and collaborations, Transitional Aged Youth (TAY) with concurrent substance use and mental health disorders, early intervention, psychosis, attachment, health psychology, and health behavior change.
Kim Corace	Ph.D., C. Psych., York University, 2008
Program:	Substance Use and Concurrent Disorders Program
Clinical Orientation:	Assessment, consultation, individual and group psychotherapy for concurrent disorders, cognitive-behavioural therapy, motivational interviewing. Program development, evaluation, and research. Special interest in opioid use disorder and concurrent mental illness, collaborative care pathways, health psychology, stigma, HIV/Hepatitis C, treatment readiness and adherence, and health behavior change
Alison Davis	M.A. (Psychology) RP, Carleton University, 1997
Program:	Secure Treatment Unit
Clinical Orientation:	Cognitive-Behavioural. Assessment and treatment of mentally disordered offenders. Special interest in sex offender populations.
Hans de Groot	Ph.D., C. Psych., Carleton University, 1992
Program:	Geriatric Psychiatry Program
Clinical Orientation:	Cognitive assessment, psychodiagnostic assessment, and individual and group therapy.
Alex Drolet-Dostaler	Psy.D., C. Psych., Université du Québec en Outaouais, 2016
Program:	Operational Stress Injury (OSI) Clinic
Clinical Orientation:	Assessment and treatment (individual/group) for service members and veterans using Cognitive-Behavioral Therapy and Emotion-Focused interventions. Special interest in trauma and moral injury. Trained in Prolonged Exposure and Cognitive Processing Therapy for PTSD.

Sophie Duranceau	Ph.D., C. Psych., University of Regina, 2018
Program:	Youth Psychiatry Program
Clinical Orientation:	Psycho-diagnostic and psycho-educational assessments, individual and group therapy, treatment planning, consultation, and research. Integrative approach informed by evidence-based therapies (i.e. CBT, ACT, DBT) and attachment-based theory. Trained in Prolonged Exposure Therapy. Special interest in Anxiety and Trauma and Stressor-related Disorders across the lifespan, trauma-informed care, interdisciplinary collaboration, and clinical training and supervision.
Gordana Eljdupovic	Ph.D., C. Psych., Carleton University, 2001
Program:	Operational Stress Injury (OSI) Clinic
Clinical Orientation:	Integrative approach using Dialectical Behavior Therapy, Mindfulness and Prolonged Exposure. Special interests in trauma, severe emotion and behavior dyscontrol. Certified Prolonged Exposure therapist and supervisor
Kylie Francis	Ph.D., C.Psych., Concordia University, 2011
Programs:	Increasing Access to Structured Psychotherapy/IASP Champlain
Clinical Orientation:	Clinical consultation and teaching related to Cognitive-Behavioural Therapy; assessment, individual and group psychotherapy for adults with anxiety disorders, trauma, obsessive-compulsive spectrum disorders, and mood disorders. Therapeutic approaches: Cognitive-Behavioural Therapy, Motivational Interviewing, Interpersonal Psychotherapy. *Nb that Dr. Francis is not currently supervising Psychology Residents.
Anik Gosselin	Ph.D., C.Psych. University of Ottawa, 2006
Program:	Secure Treatment Unit
Clinical Orientation:	Assessments (risk and psychodiagnostic) and group therapy for mentally disordered adult offenders (including development and supervision of groups). Special interest in modification of antisocial behaviour, and in treatment of severe mental illness, PTSD, and substance abuse to help decrease recidivism. Research interests in the relationship between sleep disorders and mental health, and on the impact of evidence-based treatment on mentally disordered offenders using the risk needs responsivity model as a framework.

Philip Grandia	Ph.D., C.Psych., University of Ottawa 2015
Program:	Community Mental Health Program
Clinical Orientation:	Assessment (cognitive/functional, psychodiagnostic, systems), consultation, and intervention (modified cognitive-behavioural, motivational interviewing, systems) in the context of adults with a Dual Diagnosis (intellectual disability and mental illness). Special Interests: Dual Diagnosis, severe and persistent mental illness, systems, evaluation/research, training, and inter-professional collaboration.
Mariève Hurtubise	Ph.D., C. Psych., University of Ottawa, 2013
Program:	Youth Psychiatry Program (outpatient services)
Clinical Orientation:	Psycho-educational and diagnostic assessment, intervention with individuals, groups and program evaluation. Integrative approach emphasizing CBT, third-wave approaches, experiential interventions and motivational interviewing. Special interests in adolescents, obsessive compulsive-disorder, tics (comprehensive behavioural intervention for tics), supervision and teaching.
Casey S. Iwai	Psy.D., C. Psych., Virginia Consortium Program in Clinical Psychology (College of William & Mary, Eastern Virginia Medical School, Norfolk State University, & Old Dominion University), 2014
Program:	Operational Stress Injury (OSI) Clinic
Clinical Orientation:	Evidence-based assessment and intervention (individual and group) for Posttraumatic Stress Disorder and other trauma-related symptoms, including mood and other anxiety disorders. Practice includes Cognitive Processing Therapy, EMDR, DBT, and Seeking Safety models.
Andrew Jacobs	Psy.D., C. Psych., Virginia Consortium Program in Clinical Psychology (College of William & Mary, Eastern Virginia Medical School, Norfolk State University, & Old Dominion University), 2007
Program:	Mood and Anxiety Disorders Program
Clinical Orientation:	Behavioural therapy for obsessive-compulsive, trauma, anxiety, mood, and sleep concerns; Acceptance and Commitment Therapy; transdiagnostic treatment approaches; unique needs of transitional-aged youth; psychodiagnostic and personality assessment; program development and evaluation.

Justine Joseph	Ph.D., C. Psych., University of Windsor, 2010
Program:	Integrated Forensic Program
Clinical Orientation:	Assessment of malingering, risk for recidivism, and psychodiagnostic clarification of complex presentations. Individual and group-based psychological interventions for clinical and/or forensic treatment targets, primarily integrating CBT and ACT approaches. Special interest in: the assessment of personality functioning; multicultural issues in clinical practice; global mental health capacity building initiatives; pathways to mental health care for immigrant, refugee, and ethnoracial communities in Canada; and, trauma- and stressor-related disorders.
Matthew Kerr	Ph.D., C. Psych. University of Ottawa, 2010
Program:	Schizophrenia Program
Clinical Orientation:	Individual and Group Cognitive-Behavioural Therapy (for psychosis) with integration of third-wave approaches, interpersonal, and experiential techniques. Special interest in PTSD, traumatic psychosis, complex trauma, and Dissociative Disorders. Psycho-diagnostic and cognitive assessments.
Ioanna-Ianthi Kokozaki	Psy.D., C. Psych., Université du Québec en Outaouais, 2017
Program:	Integrated Forensic Program
Clinical Orientation:	Neuropsychological assessment, psychodiagnostic and malingering assessment, and violence risk assessment. Individual and group therapy (primarily CBT with integration of other evidence-based techniques).
Andrew Lumb	Ph.D., C. Psych., University of Ottawa, 2015
Program:	Substance Use and Concurrent Disorders Program
Clinical Orientation:	Assessment, consultation and evaluation, individual and group therapy, integrative approach using cognitive-behavioural, motivational interviewing, and interpersonal therapy. Special interest in concurrent substance use and mental health disorders, psychosis, health psychology, and education and training.
Jennifer Lyons	Ph.D., C. Psych., University of Ottawa, 2018
Program:	Operational Stress Injury (OSI) Clinic
Clinical Orientation:	Integrative approach including cognitive behavioural therapy, mindfulness, dialectical behaviour therapy, and acceptance and commitment therapy. Special interest in childhood and military trauma.

Judy Makinen	Ph.D., C. Psych., University of Ottawa, 2004
Program:	Youth Psychiatry Program
Clinical Orientation:	Assessment (psycho-educational & diagnostic) and intervention (individual, group, and marital/family therapy) using EFT, DBT, & CBT approaches. Special interest in attachment, affect regulation, and complex trauma. Certified EFT Trainer and Supervisor, Behavioral Tech Trained DBT Therapist, and training in Prolonged Exposure Therapy for trauma.
Nicola Mussett	M.A. Psychology, Sage Graduate School, 2006
	Registered Psychotherapist, 2015
Program:	Secure Treatment Unit
Clinical Orientation:	Cognitive Behavioural Therapy and Rational Emotive Behavioural Therapy. Special interest in the assessment and treatment of anti-social, violent offenders using the Risk-Need-Responsivity (RNR) model.
Karim Nashef	Psy.D., C. Psych., William James College, 2013
Program:	Operational Stress Injury (OSI) Clinic; Kingston
Clinical Orientation:	Provision of assessment, consultation, individual and group psychotherapy. Special interest in trauma treatment using diverse modalities, including Prolonged Exposure (PE), Cognitive Processing Therapy (CPT), and Dialectical Behaviour Therapy (DBT). Competencies include clinical and forensic psychology with adults.
Rebecca Nemiroff	Ph.D., C.Psych., University of Ottawa, 2010
Program:	Bridges Program (Youth Psychiatry Program)
Clinical Orientation:	Psycho-educational and diagnostic assessment, intervention with individuals, groups, families, and program evaluation. Integrative approach emphasizing CBT, ACT/ third-wave approaches, and experiential interventions. Special interest in working with adolescents, attachment, and trauma.
Jennifer Newman	Ph.D., C.Psych. Ryerson University, 2016
Program:	Integrated Forensic Program
Clinical Orientation:	Psychodiagnostic and malingering assessment, violence risk assessment, individual and group cognitive-behavioural therapy with integration of other evidence-based techniques, program evaluation, and consultation.

Louise Overington	Ph.D., C.Psych., McGill University, 2015
Program:	Substance Use and Concurrent Disorders Program; Clinical Investigator, Institute of Mental Health Research
Clinical Orientation:	Assessment, consultation, individual and group treatment for individuals with concurrent substance use and mental health disorders using cognitive-behavioural therapy, dialectical behaviour therapy, and motivational interviewing. Program development, evaluation, and research. Special interests in concurrent disorders, trauma-informed care, and women's mental health.
Jeff Robinson	MPsych (Forensic), Bond University 2008
Program:	Forensic Treatment Unit
Clinical Orientation:	Cognitive & Rational Emotive behavioural therapy, Risk-Need-Responsivity approach, comprehensive risk assessments, Program development and evaluation, individual and group therapy. Specializing in violent and aggressive behaviour of mentally ill offenders.
Michael Seto	Ph.D., C. Psych., Queen's University, Psychology, 1997
Program:	Forensic Treatment Unit
Clinical Orientation:	Comprehensive risk assessment; sexological assessments; forensic assessments of criminal responsibility. Multi-systemic, cognitive-behavioral, risk/need/responsivity principles of forensic/correctional intervention.
Tejaswinhi Srinivas	Ph.D., C. Psych., University of Denver, 2018
Program:	Operational Stress Injury (OSI) Clinic
Clinical Orientation:	Integrative approach employing traditional and third-wave cognitive behavioural therapies (CBT, DBT, ACT, MI), as well as specific, evidence-based trauma processing protocols (CPT, PE, Adaptive Disclosure). Special interest in trauma-related distress, women's mental health, minority stress, LGBTQ+ issues, and trauma-informed system responses.
Angela Stewart	Ph.D, C. Psych, University of Ottawa, 2007
Program:	Centralized Neuropsychology Service
Clinical Orientation:	Neuropsychological assessment

Michele Todd Program: Clinical Orientation:	Ph.D., C. Psych. University of Toronto, 2004 Operational Stress Injury (OSI) Clinic Dr. Todd offers evidence-based assessment and intervention (individual and group) for Posttraumatic Stress Disorder and other trauma-related symptoms, including mood and anxiety disorders and co-occurring substance use symptoms. Comprehensive diagnostic assessments are based on the SCID-5 integrating relevant psychometric measures. Dr. Todd is a Certified Trainer, Supervisor and Therapist in Prolonged Exposure Therapy for PTSD. She also offers Cognitive Processing Therapy and emerging interventions for Moral Injury. Dr. Todd is the Professional Practice Leader for the Psychology Discipline.
Holly Wilson Program: Clinical Orientation:	Ph.D., C. Psych, Ryerson University, 2016 Operational Stress Injury (OSI) Clinic Provision of semi-structured diagnostic assessments and Cognitive Behavioural Therapy (with DBT/RO-DBT components as indicated) within both group and individual modes of therapy. Treatment of a wide variety of presenting problems (e.g., mood, anxiety, irritability, insomnia) with a significant focus on Posttraumatic Stress Disorder (i.e., PE and CPT). Competency in both clinical and forensic psychology with adults
Jan Wilson Program: Clinical Orientation:	Ph.D., C. Psych., Queen's University, 2004 Operational Stress Injury (OSI) Clinic; Kingston Assessment, consultation, individual and group therapy for Posttraumatic Stress Disorder and other trauma-related symptoms, including mood and anxiety disorders. Integrative therapeutic approach incorporating traditional and third-wave cognitive-behavioural therapies (CBT, ACT, DBT), as well as evidence-based trauma processing protocols (CPT, PE, EMDR). Competencies include clinical, counselling and health psychology with adults.
Nicola Wright Program: Clinical Orientation:	Ph.D., C. Psych., Queen's University, 1997 Schizophrenia Program An integrated approach to working with those who experience Psychosis (& other presenting problems including trauma) which includes the integration of compassion-focused, mindfulness & acceptance and commitment approaches in 'traditional' CBT for Psychosis. Individual and group therapy are based on a strengths-focused, de-stigmatizing and empowerment approach. In addition, an interest in Training/teaching, Treatment Research, Advocacy, Assessment and Supervision with an approach to training which involves a strengths-based emphasis and the importance of self-care/personal-professional balance.

Yue Zhao	Ph.D., C. Psych., Concordia University, 2017
Program:	Community Mental Health Program
Clinical Orientation:	Cognitive assessment, psychdiagnostic assessment, treatment planning, evident based treatment. Therapeutic approaches: cognitive behavioural therapy, acceptance & commitment therapy, dialectical behavioural therapy, motivational interviewing, schema therapy, prolonged exposure, and mindfulness. Special interests: Dual diagnosis (intellectual disability and comorbid mental illness), severe mental illness, cultural clinical psychology.

INFORMATION FOR APPLICANTS

Requirements:

Applicants must have completed core requirements for the Doctoral degree such as required courses, comprehensive exams, approval of the dissertation proposal by the time of application, and permission from their Director of Training to begin a residency program. Ideally, applicants should also have completed data collection and analysis before commencing the Residency. All positions are applied to and filled in adherence to the Association of Psychology Postdoctoral and Internship Centers (APPIC) policies.

To be considered, candidates must be enrolled in a recognized CPA-accredited doctoral Clinical Psychology program or equivalent. In keeping with CPA Accreditation Standards and Procedures, all applicants must have completed a minimum of 600 hours of supervised practicum training of which 300 hours are direct client contact and 150 hours are supervision. The program subscribes to the APPIC principles regarding preparation for internship in terms of the number and nature of practicum hours completed. Please note that applicants are not rated based on the “raw number of practicum hours” reported on APPIC applications forms; quality and depth of practicum training is more relevant than total quantity of hours.

When reviewing and rating applications, we focus on “goodness of fit” to determine if an applicant has a clear and impressive plan for their residency and future career. We look at the level of breadth and/or depth of an applicant’s clinical experiences and if there is a focus on evidence-based practices to ensure that an applicant’s goals and previous experience are a good match with the Royal’s Psychology Residency Program. An applicant’s progress with his/her dissertation and timeline for completing the dissertation may be considered in the rating process.

The Application Procedure:

As per APPIC procedures, applications are considered complete when the entire APPIC AAPI online application has been successfully submitted.

Applications should include the following:

- AAPI online application
- Graduate transcripts
- Curriculum vitae
- Three letters of reference (please use the APPIC SRF form)
- Cover letter clearly stating clinical training interests, career goals, and rotation preferences

The following are guidelines for submission of the cover letter(s) (re: rotation preferences):

- As part of your cover letter, please dedicate a paragraph to rank order the specific rotations in which you are interested.

- Please list your rotations in order of preference (e.g. first choice, second choice, third choice, etc.) in a clearly numbered list. Please include at minimum your top four rotation preferences.

We will make every attempt to provide the successful applicant with his/her preferred rotations but cannot guarantee rotations due to supervisor availability and unanticipated program changes.

Please note: Rotation interest indicated in the cover letter may be revised post match day by the successful applicant based on the applicant's interests and supervisor availability.

Letters of Recommendation:

Letters of recommendation should abide by APPIC Guidelines. APPIC requires all internship programs, students, and letter-writers who participate in the Match to use the APPIC Standardized Reference Form (SRF). A copy of the APPIC SRF and information regarding this form may be found at the following: <http://www.appic.org/AAP-APPA>

This Residency Program is participating in the APPIC Internship Matching Program, which places applicants into Psychology Residency positions. Our program adheres to APPIC guidelines. This Residency site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept or use any ranking-related information from any Resident applicant. All applicants must register with the National Matching Services at www.natmatch.com/psychint and/or APPIC to be considered for this Residency.

❖ **Our APPIC program code number is: 183911**

The APPIC Application for Psychology Residency (AAP-APPA) is available online at the APPIC website at www.appic.org. News and information about the AAP-APPA Online, along with instructions about how to access the service, can be found at <http://www.appic.org/AAP-APPA>

❖ **Completed applications must be received no later than November 1, 2020.**

❖ **All interview notifications are made on December 4, 2020.**

Please note:

- **Interviews of potential candidates will be held in January 2021 (starting the week of January 11th).**
- **All interviews will be conducted virtually.**

The following is a brief overview of the Royal's Interview Process (held virtually):

- **Orientation Session:** Presentation/Overview of The Royal's Psychology Residency Program: This will be presented by the Director and/or Assistant Director of Training.
- **Interview (approximately 90 minutes):** Applicants will be interviewed by one member of The Royal's Psychology Residency Program Training Committee, as well as one or two psychology staff members.
- **A virtual tour and group meeting with current residents may be facilitated:** To be confirmed with interviewees.
- **Duration:** The entire process will last approximately ½ day.

Please note:

- Arrangements for virtual interviews will be made for January 2021.
- Specific details will be provided to all applicants who are invited for an interview.

Those applicants chosen for an interview will be able to sign up for an interview date/time. Details of this process will be forwarded upon notification of an interview for selected applicants.

After placements have been finalized in **February 2021**, Residents will be contacted regarding their specific interests in rotations and supervisors.

Application material must be submitted via AAPI Online by November 1, 2020.

Questions regarding our program and application requirements can be addressed to:

Philip Grandia, Ph.D., C. Psych., Director of Clinical Training

C/o Psychology Residency Administrative Assistant/Coordinator
The Royal's Psychology Residency Program
Royal Ottawa Mental Health Centre
1145 Carling Ave, Room 1213
Ottawa, Ontario, K1Z 7K4

TEL: 613-722-6521 ext. 7135 Administrative Assistant

TEL: 613-722-6521 ext. 7157 Dr. Philip Grandia, Director of Clinical Training

FAX: 613-761-3628

Email: philip.grandia@theroyal.ca