



The Royal's Predoctoral Residency Program In Clinical Psychology

2023-2024



Carlingwood



Royal Ottawa Mental Health Centre



Brockville Mental Health Centre

www.theroyal.ca

THE ROYAL'S PREDOCTORAL RESIDENCY PROGRAM IN CLINICAL PSYCHOLOGY

TABLE OF CONTENTS

DESCRIPTION	PAGE
RESIDENCY PROGRAM OVERVIEW	3-13
STIPEND/ADMINISTRATIVE INFORMATION	4
PERSONAL-PROFESSIONAL LIFE BALANCE	4
PHILOSOPHY AND GOALS OF THE PROGRAM	4-6
CONSIDERATIONS RELATED TO THE COVID-19 PANDEMIC	6
CORE CURRICULUM	7
CORE REQUIREMENTS	7-8
SUPERVISION	9
TRACKS AND SECONDARY ROTATION ASSIGNMENTS	9-10
RESEARCH AND PROGRAM EVALUATION	10
PSYCHOLOGY SEMINAR SERIES	10-11
THE ROYAL'S SEMINAR SERIES	11
CITY WIDE SEMINAR SERIES	11
PSYCHOLOGY RESIDENT WEEKLY SCHEDULE (EXAMPLE)	12
DUE PROCESS	13
TRANSPORTATION	13
OTTAWA AND BROCKVILLE OVERVIEW	14
RESIDENCY PROGRAM SUMMARY	15
DESCRIPTION OF PROGRAMS/SERVICES AND ROTATIONS	
ROTATIONS	16-39
OPERATIONAL STRESS INJURY CLINIC	17-18
COMMUNITY MENTAL HEALTH PROGRAM	19-22
INTEGRATED FORENSIC PROGRAM – CHAMPLAIN (ROMHC)	23-24
INTEGRATED FORENSIC PROGRAM (BMHC)	25-26
FORENSIC TREATMENT UNIT (FTU)	25
SECURE TREATMENT UNIT (STU)	26
MOOD AND ANXIETY DISORDERS PROGRAM	27
SUBSTANCE USE AND CONCURRENT DISORDERS	28-30
CENTRALIZED NEUROPSYCHOLOGY SERVICE	31
GERIATRIC PSYCHIATRY PROGRAM	32
ONTARIO STRUCTURED PSYCHOTHERAPY PROGRAM (ROMHC)	33-34
SCHIZOPHRENIA RECOVERY PROGRAM	35-36
YOUTH PSYCHIATRY PROGRAM	37-39
RESIDENCY PROGRAM SUPERVISORY FACULTY AND ADDITIONAL PSYCHOLOGY STAFF	40-48
APPLICATION REQUIREMENTS/PROCEDURES	49-51

THE ROYAL'S PREDOCTORAL RESIDENCY PROGRAM

IN CLINICAL PSYCHOLOGY

RESIDENCY PROGRAM OVERVIEW

The Royal Ottawa Mental Health Centre (ROMHC; hereafter The Royal) provides a full range of mental health services to the residents of the Champlain region and other areas of Eastern Ontario, Western Quebec, and Nunavut. It has a long history of offering high quality, accredited Psychology Residency training across its various clinical programs. Services and training opportunities are available across The Royal's three campuses, including the main campus (Ottawa), Carlingwood campus, and the Brockville Mental Health Centre (BMHC). The Royal provides generalist predoctoral training in a tertiary mental health care setting. The Residency program adheres to the scientist-practitioner model of training and practice.

The Royal's 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. A CPA accreditation site visit occurred in the summer of 2013. CPA re-accreditation was granted for a period of seven years from 2012-13 until 2019-2020. In the fall of 2019, we entered the CPA re-accreditation cycle. A site visit was scheduled for spring 2020 but was postponed due to the COVID-19 pandemic. A virtual site visit was completed in January 2021. In June 2021, The Royal received formal notification from CPA that the residency program secured a six-year reaccreditation term from 2020-21 to 2026-27.

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 residency program is also available on our website at <https://www.theroyal.ca/predoxdoctoral-residency-program-clinical-psychology>. More information regarding the program will be outlined in subsequent sections.

The Royal's residency program uses a multi-track system. For the 2023-24 residency year, The Royal is offering five unique tracks and six positions total (one track with two positions). See track details on page 9 and 15. Applicants are welcome to apply to as many tracks as they would like. Applications are accepted from accredited PhD and PsyD clinical or combined clinical and counselling programs.

Land Acknowledgement

The Royal is located on the traditional territories of the Algonquin Anishinabe, Wendat, Anishinaabeg, Haudenosaunee Nation, and Mohawk nations.

STIPEND/ADMINISTRATIVE INFORMATION

Residents receive a stipend of \$45,000.00 per annum, which includes 4 weeks vacation, 10 education/professional development days, 5 sick/personal days and statutory holidays (including two float days; in lieu of Remembrance Day and Family Day). This stipend is subject to employment insurance and tax deductions. Canadian residents have provincial health benefits. Basic Ontario Health Care Insurance requires three 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 six months of the residency 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. Compensation time is also provided 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 half day per week is designated as “flex time” and one Friday per month as 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.

In May 2022, The Royal approved its Disconnecting from Work policy (CORP V 200). The following is an excerpt from this policy:

The Royal promotes the health and wellbeing of our staff and encourages and supports its staff in prioritizing their own wellbeing. Disconnecting from work is vital for sustaining a good work-life balance. The Royal recognizes that staff members should disconnect from work outside of their normal work hours, subject to certain exceptions, such as when there is an emergency or an agreement to do so.

PHILOSOPHY AND GOALS OF THE PROGRAM

The residency program’s mission, values, principles, goals and objectives are described below. The residency program provides generalist predoctoral training in Clinical Psychology within the context of a nationally recognized tertiary mental health care setting.

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

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

Mission, Values, Principles and Goals of The Royal's Residency Program

Our Mission: Pursuing excellence in Clinical Psychology Predoctoral Residency Training.

Our Values:

- I. The highest ethical standards for training and clinical practice
- II. Effective and diverse training experiences
- III. An empowering, professionally enriching, respectful, and supportive learning environment

Our Principles:

- I. Anchor all training in evidence-based practice
- II. Build inter-professional competence
- III. Develop confidence and ability filling the multiple roles of a Psychologist
- IV. Respond effectively to diverse client and system characteristics

Our Goals:

- 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.

EDI Mission Statement:

With humility, we acknowledge Psychology's contributions to systemic oppression and inequity. We commit to developing an understanding of our role in discrimination and to identifying and eliminating barriers to training by educating our Psychology Residents and Faculty about equity, diversity, and inclusion. Furthermore, we pledge to take meaningful action as we strive for social justice in all aspects of Psychology student and Resident training.

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 practices. Training opportunities in programs may vary and may be adapted due to the COVID19 pandemic and the resulting restrictions. All core requirements for completion of the residency program have been adapted such that they can be completed in a virtual/hybrid format.

Every effort will be made to ensure that disruptions to training are as minimal as possible. Residents may be required to engage in remote service delivery from home for part, or all of their work (modifications are rotation specific). Residents are provided laptops with webcams and have the ability to access The Royal's secure network offsite. Residents will be provided with a 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.

Functionally, the majority of clinical programs are engaged in hybrid service delivery with a mix of both in-person and virtual clinical activities.

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 aligned by joint administration, training philosophy and core curriculum. Although Residents may complete rotations at different sites, peer consultation, group supervision, seminars, and other teaching activities are conducted together 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 for peer consultation, group supervision, the residency program seminar series, and the Ottawa Citywide seminar series.

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, inter-professional collaboration, teaching/supervision and program evaluation/evaluative research.

Successful completion of all core requirements (or in rare circumstances, Director of Training-approved modifications) is required for successful completion of the residency program. All requirements are to be completed in accordance with the ethics and standards of practice 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 may include intellectual and adaptive functioning, psycho-educational, personality and emotional functioning, neuropsychological functioning, and forensic/risk components. An emphasis is placed on the use of diagnostic interviewing in combination with a variety of standardized and objective psychometric tools. The residency program is grounded in empirically supported treatments. Clients are seen individually and in groups at times in collaboration with family and other systems.

CORE REQUIREMENTS

- 1) Residents will complete a minimum of eleven assessments.
 - a) Eight assessments will be comprehensive, psychometrically-based diagnostic assessments, 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 diagnostic information (i.e., presence or absence of a diagnosis/diagnoses) for 10 unique clients.
- 4) Residents will facilitate or co-facilitate at least one psychotherapy group.
- 5) Residents will attend two seminar series: 1) The Royal’s residency program seminar series, and 2) The Ottawa Citywide seminar series. Attendance of seminars is mandatory. A maximum of 25% seminars from each series can be missed due to leave.
- 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. A maximum of 25% group supervision sessions can be missed due to leave.

- 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 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.

SUPERVISION

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.

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 dialogue and bidirectional feedback.

TRACKS AND SECONDARY ROTATION ASSIGNMENTS

The Royal's residency program uses a multi-track system. Each track represents the clinical program in which a Resident will complete their primary rotation (2 days/week for the duration of the year). Secondary rotations (two six-month rotations each 1 day/week) are assigned after the APPIC Match. Secondary rotation assignments are based on Resident interest and the pool of available secondary rotations.

The Royal is welcoming applications to the following five tracks for the 2023-24 residency year:

- Operational Stress Injury Clinic (APPIC Number 183911): 2 positions
- Community Mental Health Program (APPIC Number 183912): 1 position
- Integrated Forensics Program (APPIC Number 183913): 1 position
- Mood and Anxiety Program (APPIC Number 183914): 1 position
- Substance Use and Concurrent Disorders Program (APPIC Number 183915): 1 position

Secondary rotations will be available in the following clinical programs for the 2023-24 residency year:

- Community Mental Health Program
- Geriatric Psychiatry Program
- Integrated Forensics Program
- Mood and Anxiety Program
- Operational Stress Injury Clinic
- Substance Use and Concurrent Disorders Program
- Youth Psychiatry Program

Resident opportunities in each clinical program (as noted in the clinical program descriptions section of the brochure) are often dependent on whether a Resident is completing a primary (track) or secondary rotation in that program.

Applicants are welcome to apply to as many of the five tracks as they would like, indicating their tracks of interest in one cover letter. Applicants are encouraged to identify their four preferred secondary rotations in order of preference.

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. Some 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, a program evaluation initiative. Supervision will be provided for each project. One half-day per week is protected for the Resident's program evaluation project. Additional time (e.g., flex time; unscheduled work days) can also be used as needed for this project. Factors related to the selection of topics for program evaluation projects include Supervisor evaluation work, evaluation needs of clinical programs, and Resident interests.

PSYCHOLOGY SEMINAR SERIES

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 residency program'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.

Citywide Seminar Series:

The Citywide 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 Ottawa Carleton District School Board, private practice settings). Seminars are held once per month on Fridays and the location rotates across these settings.

Topics have included:

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

PSYCHOLOGY RESIDENT WEEKLY SCHEDULE (EXAMPLE)

Monday	Tuesday	Wednesday	Thursday	Friday
Primary Rotation	Primary Rotation	Program Evaluation	Secondary Rotation	**Resident Group Day/ Unscheduled Work Day
		*Flex Time		

*Flex Time

To be used at the Resident's discretion, which can be used for work including Grand Rounds, seminar, hospital committee duties, or additional clinical work.

**Resident Group Day

- Occur three Fridays a month
- Include
 - o Program Admin Issues
 - o Group Supervision
 - o Peer Consultation
 - o The Royal's seminars or Citywide seminars
 - o Unscheduled Work (to be used as additional flex time)

One Friday/month is an "**unscheduled work day**" which can be used for various clinical, program evaluation, and/or professional development or educational activities.

DUE PROCESS

Due process guidelines have been established and are appended to the Training Manual, which the Resident will receive at the beginning of the residency year.

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 educational resources in print and DVD format, and audio-visual equipment.

The residency program has a Program Coordinator who supports the 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 publications. In addition to the print collection, the library subscribes to over 6000 journals online, and for items to which it does not subscribe, these 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 evidence-based point of care tools such as UpToDate and Lexicomp (drug database).

TRANSPORTATION

Residents are responsible for work-related transportation (including parking), and for costs associated with attending Citywide seminars.

OTTAWA AND SURROUNDING AREA

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, approximately a twenty-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 vast 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 Saint Paul University) and several community colleges.

The city also boasts several outstanding museums (e.g., Canada Science and Technology Museum, Canadian Museum of History, Canadian Museum of Nature, Canadian War Museum, and 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 SURROUNDING AREA

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 approximately one-hour driving time from Ottawa. Brockville is a popular tourist area during the summer, particularly for those who enjoy boating, sailing, golf, and outdoor activities. During the summer it is home to festivals and summer theatre with an open air Farmers Market. A 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 from Kingston and Queen's University, and 45 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>

SUMMARY

The Royal Ottawa Mental Health Centre (The Royal) serves as the major provider of mental health care services within the Champlain region, extending to other areas of Eastern Ontario, Western Quebec, and Nunavut.

We strive to be a hospital without walls, meeting people where they are. We work together with numerous community partners to support mental health care across the lifespan and spectrum of needs. Inpatient, outpatient, and community-based services are provided in French, English and other languages for our diverse client populations. A wide range of clinical programs and services are available at our multiple campuses and satellite locations. We are working to improve access to mental health care services, including increasing our offerings of virtual care. For additional information on The Royal and our history, please visit <https://www.theroyal.ca/>.

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. Psychology participates actively in collaboration with other disciplines at The Royal and in the community.

The Royal's CPA-accredited Predoctoral Residency Program in Clinical Psychology provides generalist training in a tertiary mental health care setting following the scientist-practitioner model. Residents complete one full year primary rotation (2 days/week; track) and two six-month secondary rotations (1 day/week). In addition, one half day per week is scheduled for the program evaluation project, and one half day per week scheduled for flex time to be used at the Resident's discretion. 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".

See page 12 for 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.

For the 2023-24 residency year, The Royal is offering a total of 6 positions in 5 tracks. Tracks refer to the Resident's primary rotation (2 days/week for the duration of the residency year) and are affiliated with specific clinical programs. Secondary rotations (two 1 day/week six-month rotations; each half of the year) are assigned following the APPIC match based on Resident interest and availability within the secondary rotations pool (see page 9 for available secondary rotations).

The following tracks are being offered for the 2023-24 residency year:

- Operational Stress Injury Clinic (APPIC Number 183911): 2 positions
- Community Mental Health Program (APPIC Number 183912): 1 position
- Integrated Forensics Program (APPIC Number 183913): 1 position
- Mood and Anxiety Program (APPIC Number 183914): 1 position
- Substance Use and Concurrent Disorders Program (APPIC Number 183915): 1 position

Applicants are welcome to apply to as many of the five tracks as they would like, indicating their tracks of interest in one cover letter. Applicants are encouraged to identify their four preferred secondary rotations in order of preference. Applications are accepted from accredited PhD and PsyD clinical or combined (clinical and counselling) programs.

CLINICAL PROGRAM DESCRIPTIONS

OPERATIONAL STRESS INJURY CLINIC

2023-24 Availability:

Track (two positions) – APPIC Number 183911
Secondary rotations

Psychologists:

Sara Caird, Ph.D., C. Psych. (available for secondary rotation March to August 2024)
Karis Callaway, Ph.D., C.Psych.
Gordana Eljdupovic, Ph.D., C.Psych.
Casey Iwai, Psy.D., C.Psych.
Chandra Merry, Psy.D., C.Psych.
Karolina Sztajerowski, Ph.D. Candidate
Holly Wilson, Ph.D., C.Psych.

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 (CF), current CF members who are releasing from the CF, 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., Posttraumatic Stress Disorder, Adjustment Disorder), 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 in individual and group formats). Individual, evidence-based interventions include Prolonged Exposure (PE), Cognitive Processing Therapy (CPT), Written Exposure Therapy (WET), Acceptance and Commitment Therapy and Adaptive Disclosure for moral injury, and Eye Movement Desensitization and Reprocessing (EMDR). If indicated, case conceptualization informs the integration of Dialectical Behaviour Therapy (DBT), Emotion-Focused Therapy (EFT), Experiential Therapy, and Acceptance and Commitment Therapy (ACT) techniques to individualize treatment. Group treatments offered include Dialectical Behaviour Therapy (DBT) Skills Training, Prolonged Exposure for PTSD, and Sleep (including CBT for insomnia and sleep hygiene strategies).

Clinical services are provided both on-site and through telemedicine technology at the OSI Clinic, including Arnprior and Kingston satellite sites. Outreach/networking services are provided in locations throughout a broader catchment area (including Pembroke/Petawawa, Gatineau, Kingston, Cornwall, North Bay, and Nunavut). In addition, Psychology staff are actively involved in education, networking, and 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.
- Provision of educational or clinical services via outreach or telehealth.
- Supervision of a practicum student.

COMMUNITY MENTAL HEALTH PROGRAM

2023-24 Availability:

Track (1 position) – APPIC Number 183912

Secondary rotations

Tertiary rotations (i.e., opportunities for cognitive and community assessment cases outside primary and secondary rotations)

Psychologists:

Philip Grandia, Ph.D., C.Psych.

Yue Zhao, Ph.D., C.Psych.

Other Psychology Staff:

Liz Glennie, M.A., Psychometrist

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: two Assertive Community Treatment (ACT) teams, two Flexible Assertive Community Treatment Teams 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.

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

There are two 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. There are two FACT teams at CMHP. The Flexible Assertive Community Treatment Teams for Persons Dually Diagnosed (FACTT-DD), one based in Ottawa and the other in Brockville, deliver specialized services to adults with a dual diagnosis (i.e., comorbid intellectual disability and mental illness). Both teams offer an extended model of community-based care.

The ACT teams and FACTT-DD teams are community-based interprofessional 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 teams 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, the FACTT-DD teams also offer 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 interprofessional 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 Service 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, interprofessional team work and the direction of clinical evaluation research. Psychology also provides supervision to Behaviour Therapists on the dual diagnosis and ACT 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, dialectical behaviour therapy, interpersonal, systemic therapy)
- Consultation with interprofessional staff and range of community service providers
- Interprofessional team involvement
- Education and treatment plan development
- Involvement in ongoing research and/or program evaluation projects
- Residents 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 interprofessional staff and a range of community service providers
- Interprofessional team involvement
- Education and treatment plan development
- Involvement in ongoing research and/or program evaluation projects
- Residents 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 interprofessional 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, interprofessional 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 a community and often inter-agency setting)
- Consultation with interprofessional staff and a range of community service providers
- Interprofessional team involvement
- Education and treatment plan development
- Involvement in ongoing research and/or program evaluation projects
- Residents may supervise a Psychology practicum student

INTEGRATED FORENSIC PROGRAM (CHAMPLAIN, ROMHC & BMHC)

2023-24 Availability:

Track (1 position) – APPIC Number 183913
Secondary rotations

IFP CHAMPLAIN ROMHC

Psychologists:

Ioanna-Ianthi Kokozaki, Psy.D., C.Psych.

Jennifer Newman, Ph.D., C.Psych.

Marie-Eve Turpin, Psy.D., C.Psych.

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 clients 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 clients 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 **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 clients' 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)

IFP BMHC

The Integrated Forensic Program at the Brockville Mental Health Centre (BMHC) 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):

Psychology Staff:

Melissa Harris, M.A. Senior Psychometrist
Jeffrey Robinson, M.A. Senior Psychometrist
Jasmine Laberee, B.A. Hons., Behavioural Therapist

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 a 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.

A 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; comprehensive psychological risk assessments; psychoeducational assessments; personality assessments, assessment for malingering).
- Individual psychotherapy using evidenced based modalities (such as CBT, DBT, PE, CPT etc).
- Group psychotherapy (e.g., CBT for Psychosis; DBT skills training groups).
- Ongoing forensic and clinical research, including assistance with program evaluation.

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
Nicola Mussett, M.A., Psychometrist

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, ADHD, 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, Occupational Therapy, 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.

Resident Opportunities:

Note: Residency training opportunities are possible at STU for the 2023-24 academic year.

MOOD AND ANXIETY DISORDERS PROGRAM

2023-24 Availability:

Track (1 position) – APPIC Number 183914
Secondary rotations

Psychologists:

Kelsey Collimore, Ph.D., C.Psych.
Andrew Jacobs, Psy.D., C.Psych.
Parastoo Jamshidi, Ph.D., C.Psych.

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 clients where mood or anxiety conditions are thought to represent the primary difficulty, clients 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

SUBSTANCE USE & CONCURRENT DISORDERS PROGRAM

2023-24 Availability:

Track (1 position) – APPIC Number 183915
Secondary rotations

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.
Andrew Lumb, Ph.D., C.Psych.
Louise Overington, Ph.D., C.Psych.

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 spectrum 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. We work as a multi-disciplinary team, including addiction medicine Physicians, Nurse Practitioner, Psychiatrist, Psychologists, Social Workers, Nurses, Pharmacist, Recreation Therapist, and a Dietician. Our 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 (including virtual 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 clients 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 (individual and group).

Each patient receives an individualized care plan, with a menu-based treatment approach. We provide group-based structured, evidence-based psychotherapy, including CBT, DBT skills, relapse prevention targeting substance use and mental health problems; all groups have skills-building components. Our team provides connections, collaborative care, and flow with community programs.

CONCURRENT DISORDERS DAY PROGRAM/Virtual Day Program

The Concurrent Disorders Day Program is an intensive day treatment service providing concurrent disorders stabilization, assessment, diagnostic clarification, and treatment (individual and group) 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. Due to COVID restrictions, the in-person Day Program pivoted to a virtual day program, including in partnership with our rural community partner agencies. The multidisciplinary team continues to offer this service Monday to Friday. The service offers concurrent disorders stabilization, psychodiagnostic assessment, diagnostic clarification and treatment. Similar to the CDU, most programming is groups-based, offering evidence based psychotherapy (i.e. CBT, DBT skills, and relapse prevention) for substance use and mental health disorders.

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. ROIS offers psychodiagnostic assessment, diagnostic clarification and treatment (including individual psychotherapy). 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 region, 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 clients live.

TRANSITIONAL AGED YOUTH SERVICE

The Transitional Aged Youth (TAY) Service, provides outpatient 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 TAY Service provides short and long-term individual therapy, as clients in TAY have access to services for 3-years or until the age of 25. The multidisciplinary services are recovery focused and developmentally appropriate.

Training in assessment emphasizes differential diagnosis, case conceptualization, and communication of diagnoses and treatment recommendations. Treatment is highly integrative and may involve the following approaches: Motivational Interviewing, Cognitive Behavioural Therapy, third-wave CBT approaches, Dialectical Behaviour Therapy, Prolonged Exposure Therapy, Cognitive Processing Therapy, and Strength-Based Psychotherapy. The TAY Service offers Residents the opportunity to co-facilitate groups for concurrent disorders (i.e., 12-wwk; DBT informed skills). There are weekly multidisciplinary meetings where shared cases are discussed. Residents are encouraged to collaborate with professionals from the different disciplines to coordinate care for each of their clients. 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 Behaviour Therapy)
- Consultation with interdisciplinary staff (e.g., addiction medicine Physicians, Psychiatrists, Nurses, Social Workers, Dieticians, 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

CENTRALIZED NEUROPSYCHOLOGY SERVICE

2023-24 Availability:

Tertiary rotations (i.e., opportunities for Neuropsychological Assessment cases outside primary and secondary rotations)

Psychologists:

Angela Stewart, Ph.D., C.Psych.
Nerehis Tzivanopoulos, Psy.D., C.Psych.

Description of Program:

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

Resident Opportunities:

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 clients, 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 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.

GERIATRIC PSYCHIATRY PROGRAM

2023-24 Availability:

Secondary rotations

Psychologist:

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

Description of Program:

The Geriatric Psychiatry Program offers comprehensive services to meet the mental health needs of people 65 years of age and over. Clients 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 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

ONTARIO STRUCTURED PSYCHOTHERAPY PROGRAM, ROMHC

2023-24 Availability:

Tertiary rotations (i.e., opportunities for group therapy involvement outside primary and secondary rotations)

Psychologists :

Melissa Bolton, Ph.D., C.Psych
Kylie Francis, Ph.D., C.Psych.
Nathalie Freynet, Ph.D., C.Psych.
Andrew Kim, Ph.D., C.Psych
Cary Kogan, Ph.D., C.Psych.
Hilary Maxwell Ph.D., C.Psych
Michele Todd, Ph.D., C.Psych

Description of Program:

The Ontario Structured Psychotherapy (OSP) program is a province-wide program that was implemented to improve access to mental health care for Ontarians. OSP is a network model with several lead organizations responsible for program implementation in their region including partnering with numerous community-based service providers. OSP for the Champlain region is led by the Royal and provides evidence-based short-term Cognitive Behavioural Therapy (CBT) for adults experiencing depression, anxiety disorders, obsessive-compulsive disorder, and/or post-traumatic stress disorder (PTSD). The program uses a measurement-based (i.e., outcome monitoring) stepped care model that provides CBT-based services ranging from self-administered strategies (with support from a coach or therapist) to weekly individual or group therapy. Services are provided on an outpatient basis.

The role of Psychology in OSP is primarily the provision of individual and/or group consultation to staff therapists in the program who are licensed Social Workers, Occupational Therapists, or Registered Psychotherapists. Consulting Psychologists also provide CBT training to OSP therapists through online classes, video seminars, and rating sessions using the Cognitive Therapy Rating Scale-Revised. Consulting Psychologists also provide assessments for treatment and diagnostic clarification, as well as some individual and/or group-based cognitive-behavioural therapy. The program serves adults (18+) who are experiencing Depression, Generalized Anxiety Disorder, Social Anxiety Disorder, Panic Disorder with/without Agoraphobia, Health Anxiety Disorder, Specific Phobias, Obsessive Compulsive Disorder, and Post-traumatic Stress Disorder/trauma-based symptoms. As the program serves therapists and clients across the Champlain region, many services (therapy, consultation, and teaching) are provided via videoconference, although in-person services will be available when appropriate.

Resident Opportunities:

Specific activities will be discussed with the supervising Psychologist and arranged based on availability and the Resident's goals for training. Residents may have the opportunity to participate in the following activities during their rotation:

- Provide individual and/or group consultation to interdisciplinary OSP staff therapists; this may include reviewing/rating therapy sessions using the Cognitive Therapy Rating Scale-Revised (CTS-R)
- Possibility of involvement with the provision of online CBT training (i.e., co-facilitation of classes with Consulting Psychologist)
- When available: Co-therapy of manualized CBT groups for specific problem areas (e.g., Depression, GAD). Residents would co-lead a group with a supervising Psychologist and may in the latter half of the rotation co-lead a group with an OSP therapist
- Conducting assessments to determine the suitability of OSP services; treatment planning
- Conducting assessments for diagnostic clarification
- Possibility of exposure to short-term, individual, protocol-based CBT for depression or anxiety disorders

SCHIZOPHRENIA RECOVERY PROGRAM

2023-24 Availability:

There are no rotations available for the 2023-24 residency year

Psychologist:

Description of Program:

The Schizophrenia Recovery Program offers services to clients 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 to in, out, day and recovery clients.

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 may also have the opportunity to supervise a practicum student.

Empirically supported treatments are used and are individualized to address the client'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 Therapy/Mindful Self-Compassion, and Acceptance and Commitment Therapy. Work with clients is from a trauma-informed and culturally-informed approach and addresses the social determinants of health, stigma, discrimination and social justice.

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. Research and program evaluation is participatory action/codesign in approach to address marginalization, and social inclusion within a recovery and empowerment model. The approach to supervision is consistent with our approach to our clients 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 clients 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 clients 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
- Consultation with interdisciplinary staff
- Interdisciplinary team involvement
- Involvement in research and program development and program evaluation projects are available
- Advocacy and teaching (may also be available)

YOUTH PSYCHIATRY PROGRAM

2023-24 Availability:

Secondary rotations

Psychologists:

Tony DeBono, MBA, Ph.D., C.Psych.

Sophie Duranceau, Ph.D., C.Psych.

Rosalie Saindon, Psy.D., C.Psych.

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 are 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 are 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 ROMHC. 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:

- Residents function as members of interdisciplinary teams including Psychology, Psychiatry, Social Work, Nursing, Occupational Therapy, Recreation Therapy, and Child and Youth Counselling.
- 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.
- Currently Residents will not have the opportunity to work in the Bridges Program.

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	Ph.D., C.Psych., University of Toronto, 2014
Program:	Ontario Structured Psychotherapy Program
Clinical Orientation:	Provision of individual and group clinical consultation for CBT service delivery; psychological assessment; individual psychotherapy. Competencies include Clinical and Forensic Psychology with adults. Special interest in evidenced based treatment using diverse modalities, including Cognitive Behavioural Therapy (CBT), Prolonged Exposure (PE), Cognitive Processing Therapy (CPT), and Dialectical Behaviour Therapy (DBT).

*Dr. Bolton is the Psychology Residency Ombudsperson.

Sara Caird

Program:

Clinical Orientation:

Ph.D., C.Psych., University of Western Ontario, 2016

Operational Stress Injury (OSI) Clinic, Kingston site

Evidence-based assessment and intervention for Posttraumatic Stress Disorder, other trauma-related symptoms, and mood and anxiety disorders. Dr. Caird has completed formal training in Prolonged Exposure, Cognitive Processing Therapy, and Cognitive-Behavioural Conjoint Therapy for PTSD, Dialectical Behavior Therapy, and Dialectical Behaviour Therapy Prolonged Exposure Protocol. Competency in Clinical, Counselling, and Health Psychology with Adults and Couples.

*Dr. Caird is not available to supervise from November 2022 to November 2023.

Karis Callaway

Program:

Clinical Orientation:

Ph.D., C. Psych, Western Michigan University, 2019

Operational Stress Injury Program

Dr. Callaway offers evidence-based, comprehensive psychodiagnostic assessment and treatment interventions (e.g., Prolonged Exposure, Cognitive Processing Therapy, Written Exposure Therapy) for Posttraumatic Stress Disorder and other trauma-related symptoms, in addition to mood and anxiety disorders and co-occurring substance misuse. She maintains a special interest in addressing military- and law enforcement-related Moral Injury through emerging treatments such as Acceptance and Commitment Therapy for Moral Injury, Adaptive Disclosure and Trauma Informed Guilt Reduction Therapy. Working from a behaviourist perspective, Dr. Callaway's practice also often utilizes components from Dialectical Behaviour Therapy, Motivational Interviewing, Behavioural Activation and Cognitive Behavioural Therapy for Insomnia.

Kelsey Collimore

Program:

Clinical Orientation:

Ph.D., C.Psych., University of Regina, 2011

Mood and Anxiety Disorders Program

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 behaviour 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 behaviour 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.

Tony DeBono Ph.D., C.Psych., York University, 2013
Program: Youth Psychiatry Program
Clinical Orientation: Clinical interests consist of the assessment and treatment of chronic emotion dysregulation, emerging Borderline Personality Disorder, and suicidality in youth with a particular focus on cognitive-behavioural approaches, such as DBT. Special interests in: healthcare quality, hospital leadership, economics, corporate governance, bioethics, and Medical Assistance in Dying. Dual MBA from Cornell University & Queens University.

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.

Emily De Souza M.A. Clinical Psychology, RP, University of Hartford (2009)
Program: Secure Treatment Unit
Clinical Orientation: Cognitive-Behavioural. Risk-Need-Responsivity approach, comprehensive risk assessments, program development and evaluation, group therapy. Specializing in violent and aggressive behaviour of mentally ill offenders

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: Evidence-based assessment and intervention for Posttraumatic Stress Disorder, other trauma-related symptoms, and mood and anxiety disorders. Dr. Eljdupovic is a Certified Trainer, Supervisor and Therapist in Prolonged Exposure (PE) Therapy for PTSD. Practice also includes: Dialectical Behavior Therapy, Mindfulness and Exposure. Special interests in trauma, severe emotion and behavior dyscontrol.

Kylie Francis Ph.D., C.Psych., Concordia University, 2011
Program: 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.

*Please note that Dr. Francis is not currently supervising Psychology Residents.

Nathalie Freynet Ph.D., C.Psych., University of Ottawa, 2019
Program: Ontario Structured Psychotherapy Program- Frontline Wellness
Clinical Orientation: Clinical consultation and teaching related to Cognitive-Behavioural Therapy; psychological assessment, individual and group psychotherapy for adults with anxiety disorders, trauma, obsessive-compulsive disorders, and mood disorders. Interest in evidence based treatment using a variety of modalities, including Cognitive-Behavioural Therapy (CBT), Exposure Response Prevention (ERP), Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), and Dialectical Behaviour Therapy.

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.

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 comorbidities including, mood, substance, and other anxiety disorders. Practice includes Cognitive Processing Therapy, EMDR, Prolonged Exposure, 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 and cognitive therapies for obsessive-compulsive, anxiety, mood, and trauma concerns; Acceptance and Commitment Therapy; transdiagnostic treatment approaches; psychodiagnostic assessment.

Parastoo Jamshidi Ph.D., C.Psych., University of Ottawa, 2017
Program: Mood and Anxiety Disorders Program
Clinical Orientation: Assessment, consultation, individual and group psychotherapy for mood disorders, Cognitive-Behavioural Therapy. Program development, evaluation, and research. Special interest in evidenced based treatment using diverse modalities, including Prolonged Exposure (PE), Cognitive Processing Therapy (CPT), and Dialectical Behaviour Therapy (DBT).

Andrew (Hyounsou) Kim Ph.D., C.Psych., University of Calgary, 2020
Program: Ontario Structured Psychotherapy Program
Clinical Orientation: Provision of individual and group clinical consultation for CBT service delivery; psychological assessment; individual psychotherapy. Special interest in addictions and concurrent disorders. Clinical orientations include Cognitive Behavioural Therapy and Motivational Interviewing.

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. Integrated treatment using Motivational Interviewing, Cognitive-Behavioural Therapy, and third-wave approaches. Special interest in concurrent substance use and mental health disorders, psychosis, Health Psychology, and education and training.

Gynette Marcil M.Sc., Université de Montréal, 1983
Program: Integrated Forensic Program
Clinical Orientation: Neuropsychological assessments of forensic inpatients on the secure Assessment and Rehabilitation units, and forensic outpatients including clients in the Brief Assessment Unit. My assessments are often part of a court-ordered assessment for fitness to stand trial or for criminal responsibility.

Hilary Maxwell Ph.D., C.Psych. University of Ottawa, 2017
Program: Ontario Structured Psychotherapy Program
Clinical Orientation: Clinical consultation for Cognitive-Behavioural Therapy service delivery; psychological assessment; individual psychotherapy. Competencies include Clinical Psychology with adults and older adults. Therapeutic approaches: Cognitive Behavioural Therapy, Prolonged Exposure and Cognitive Processing Therapy

Chandra Merry Psy.D., C. Psych., Wright Institute, 2020
Program: Operational Stress Injury Clinic
Clinical Orientation: Dr. Merry is skilled in Acceptance and Commitment Therapy, mindfulness approaches, EMDR, and CBT, among others. She has special interests in psychodynamic and relational approaches to complex trauma treatment, relationships between social oppression and trauma, in particular trauma and sexist discrimination, and the integration of the creative arts into psychotherapy

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.

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, diagnosis, 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 M Psych. (Forensic), RP, Bond University 2008
Program: Forensic Treatment Unit
Clinical Orientation: Evidence based CBT, along with Motivational Interviewing. Psychological assessments, with a specialization in treating emotion dysregulation problems (group and individual psychotherapy).

Rosalie Saindon Psy.D., C. Psych., Université du Québec en Outaouais, 2017
Program: Youth Psychiatry Program
Clinical Orientation: Psycho-diagnostic assessments, individual and group therapy, treatment planning and consultation. Primarily ACT with integration of other evidence-based interventions (CBT, DBT, Motivational Interviewing).

*Please note that Dr. Saindon is not currently supervising Psychology Residents.

Angela Stewart Ph.D, C.Psych., University of Ottawa, 2007
Program: Centralized Neuropsychology Service
Clinical Orientation: Neuropsychological assessment

Karolina Sztajerowski Ph.D. Candidate, University of Ottawa (2014-Present)
Program: Operational Stress Injury (OSI) Clinic
Clinical Orientation: Ms. Sztajerowski conducts bilingual comprehensive psychodiagnostic assessment and offers evidence-based treatment (individual and group therapy) for trauma, mood and anxiety disorders; as well as, co-occurring substance use symptoms. Her integrative approach is informed by evidence-based therapies (i.e. CBT, EFT, DBT). She has also received certified training and provides specific PTSD processing protocols (i.e. PE and CPT). She has special interest in attachment, couples therapy, affect dysregulation, PTSD, complex trauma and dissociation. Ms. Sztajerowski will be applying for supervised practice in 2022-2023 following her doctoral thesis defense.

Michele Todd Ph.D., C.Psych., University of Toronto, 2004
Program: Operational Stress Injury (OSI) Clinic
Clinical Orientation: 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.

*Please note that Dr. Todd is not currently supervising Psychology Residents.

Marie-Eve Turpin Psy.D., C.Psych., Université du Québec en Outaouais, 2017
Program: Integrated Forensic Program
Clinical Orientation: Psychodiagnostic and malingering assessment, and violence risk assessment. Individual and group therapy (primarily CBT and DBT with integration of other evidence-based techniques). For clients presenting major mental health issues and substance use disorder.

Nerehis Tzivanopoulos Psy.D., C.Psych., Université du Québec en Outaouais, 2019
Program: Centralized Neuropsychology Service
Clinical Orientation: Neuropsychological assessment

Holly Wilson Ph.D., C.Psych., Ryerson University, 2016
Program: Operational Stress Injury (OSI) Clinic
Clinical Orientation: Provision of semi-structured diagnostic assessments (e.g., SCID-5) and cognitive behavioural therapy within both group and individual modes of therapy. Treatment of a wide variety of presenting problems (e.g., mood, anxiety, insomnia) with a significant focus on Posttraumatic Stress Disorder (i.e., PE and CPT) and trauma-related disorders. Competency in both Clinical and Forensic Psychology with adults

Yue Zhao Ph.D., C.Psych., Concordia University, 2017
Program: Community Mental Health Program
Clinical Orientation: Cognitive assessment, psychodiagnostic assessment, treatment planning, evidence based treatment. Therapeutic approaches: Cognitive Behavioural Therapy, Acceptance & Commitment Therapy, Dialectical Behavioural Therapy, Motivational Interviewing, Schema Therapy, Prolonged Exposure, and Mindfulness. Special interests: Intellectual disability and comorbid mental illness, severe mental illness, cultural Clinical Psychology.

INFORMATION FOR APPLICANTS

Requirements:

Applicants must have completed core requirements for their doctoral degree including required courses, comprehensive exams, approval of the dissertation proposal by the time of application, and permission from their Director of Clinical Training to begin a residency/internship program. Ideally, applicants should also have completed data collection and analysis before commencing the residency. All positions in The Royal's Psychology residency program are filled in accordance with the Association of Psychology Postdoctoral and Internship Centers (APPIC) process and policies.

To be considered, applicants must be enrolled in a CPA-accredited doctoral (PhD and PsyD) Clinical Psychology program or equivalent (e.g., combined clinical and counselling program). 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. We abide by APPIC guidelines regarding preparation for internship in terms of the number and nature of practicum hours completed.

Applications to The Royal's residency program as well as interview performance are rated primarily on the fit between applicants' goals for their residency year and the opportunities available at The Royal. The level of breadth and/or depth of an applicant's clinical experiences, particularly those experiences with a focus on evidence-based practices, is also considered given the applicant's expressed interests in client populations served at The Royal. An understanding of how a residency at The Royal fits within the applicant's overall objectives for their career is also an important factor.

The Application Procedure:

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

Applicants are welcome to apply to as many of the five tracks as they would like, indicating their tracks of interest in one cover letter.

Applications must include the following:

- AAPI online application
- Graduate transcripts
- Curriculum vitae
- Three letters of reference (please use the APPIC SRF form)
- Cover letter including the following:
 - Clinical interests
 - Residency training goals
 - Career objectives
 - Track(s) of interest
 - Rank order preference of secondary rotations (up to four)

Please note: It is acknowledged that secondary rotation preference may change. After Match Day, the Director and Assistant Director of Training will discuss revised secondary rotation preferences with each matched applicant.

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/AAPI-APPA>

The Royal's residency program participates 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.

APPIC Program Code Numbers:

Operational Stress Injury Clinic (2 positions): 183911
Community Mental Health Program (1 position): 183912
Integrated Forensics Program (1 position): 183913
Mood and Anxiety Program (1 position): 183914
Substance Use and Concurrent Disorders Program (1 position): 183915

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

Completed applications must be received (submitted via AAPI Online) no later than November 1, 2022.

All interview notifications are made on December 2, 2022.

Interviews:

The Royal's Psychology Training Committee has made the decision to hold all interviews virtually again this year. This decision was made to provide all applicants an equal opportunity to participate in interviews, removing geographic and financial barriers to participating in onsite interviews. Virtual interviews are also believed to be an environmentally sound alternative to the travel associated with onsite interviews. All elements of the interview day (overview presentation, Resident Q&A, tour) will be conducted virtually.

Interviews of candidates will be held in January 2023 (starting the week of January 9).

Brief overview of The Royal's residency program interview process:

Orientation Session

- Approximately 30 minutes
- Presentation/Overview of The Royal's Psychology Residency Program
- Presented by the Director and/or Assistant Director of Training

Interview

- Approximately 90 minutes
- Applicants will be interviewed by two Psychology staff members

Q&A Session with Current Residents

- Approximately 60 minutes
- Typically over the lunch hour
- Outside of the evaluative component of the interview day

Virtual Tour facilitated by current Residents

- Approximately 30 minutes

Each applicant will be provided an interview day schedule for events with the majority of events happening in the morning or the afternoon. Specific details will be provided to all applicants who are invited for an interview.

Applicants selected for an interview will be asked to identify preferences for interview date/time. Details of this process will be forwarded upon notification of an interview for selected applicants.

Following Match Day, successful applicants will be contacted by the Director and Assistant Director of Training to discuss secondary rotation preferences and administrative procedures.

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

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

C/o Psychology Residency Program 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

Christie Zimmerling, Program Coordinator

Email: christie.zimmerling@theroyal.ca

TEL: 613-722-6521 ext. 7157

Dr. Philip Grandia, Director of Training

Email: philip.grandia@theroyal.ca