



**BC MENTAL HEALTH  
& SUBSTANCE USE SERVICES**

*An Agency of the Provincial Health Services Authority*

**Clinical Forensic  
Psychology Internship Programme  
Brochure**

**Based at**

**Forensic Psychiatric Services Commission  
Port Coquitlam, British Columbia, Canada**

**August 2017 Revision**

# Table of Contents

<b>British Columbia Mental Health &amp; Substance Use Services</b> .....	3
<b>Mission</b> .....	3
<b>Accreditation Status</b> .....	3
<b>Values</b> .....	4
<b>Program Overview</b> .....	5
<b>Goals &amp; Objectives</b> .....	6
<b>Forensic Psychiatric Services Commission</b> .....	8
<b>Forensic Psychiatric Hospital</b> .....	8
<b>Forensic Regional Services</b> .....	9
<b>Burnaby Centre for Mental Health and Addiction</b> .....	10
<b>Structure of the Internship</b> .....	10
<b>Internship Rotations</b> .....	11
<b>Regional Forensic Clinics</b> .....	11
<b>Forensic Psychiatric Hospital</b> .....	12
<b>Burnaby Centre for Mental Health and Addiction</b> .....	13
<b>Continuing Education</b> .....	14
<b>Research Opportunities</b> .....	15
<b>Core Training Psychologists</b> .....	16
<b>Other Contributors</b> .....	16
<b>Clinical Research by Training Professionals</b> .....	17
<b>Applications</b> .....	20
<b>Local Information &amp; Area Attractions</b> .....	21

## British Columbia Mental Health and Substance Use Services

BC Mental Health and Substance Use Services (BCMHSUS) is an agency of the Provincial Health Services Authority, providing a diverse range of specialized tertiary-level mental health services to people across the province. For more information about BCMHSUS please go to [www.bcmhsus.ca](http://www.bcmhsus.ca). Recognizing that people with mental health challenges may also have comorbid issues with substance misuse, the assessment and treatment of addictions is an integral part of our programs. The Forensic Psychiatric Services Commission (FPSC) and the Burnaby Centre for Mental Health and Addiction (BCMHA) are two of the major specialized programs within the BCMHSUS agency. In addition to providing direct services, BCMHSUS takes a provincial leadership role, working with an extensive network of community partners as a support and resource to service providers throughout BC. As well, the agency contributes significantly to education, research and knowledge exchange in the field of mental health.

### Mission

The mission of the BC Mental Health & Substance Use Services (BCMHSUS) Clinical Forensic Psychology Internship Programme is to provide high quality training, incorporating evidence-based methods, to prepare residents for competent professional practice in psychology.

### Accreditation Status

The BCMHSUS Clinical Forensic Psychology Internship Programme is accredited by the Canadian Psychological Association Accreditation (CPA). We had our site visit in August 2014 and received notice in May 2015 of a 4-year term of accreditation (from 2013-14 to 2017-18).

For more information about CPA accreditation, please visit <http://www.cpa.ca/accreditation/>. You may also contact the Canadian Psychological Association Head Office at 141 Laurier Avenue West, Suite 702, Ottawa, ON, K1P 5J3. TEL 613- 237-2144 or 1-888-472-0657; EMAIL [accreditationoffice@cpa.ca](mailto:accreditationoffice@cpa.ca).

## Values

As an agency of the Provincial Health Services Authority (PHSA), BC Mental Health & Substance Use Services subscribes to the corporate values of the PHSA: Respect People; Be Compassionate; Dare to Innovate; Cultivate Partnerships; and Serve with Purpose (see [www.phsa.ca](http://www.phsa.ca) for detailed descriptors of each stated value).

In addition, as an accredited Clinical Psychology Internship site, our program-specific philosophy and values are reflected in the following statements:

- Adherence to the scientist-practitioner training model;
- Individualized training tailored to the learning needs and interests of each resident within the global framework of the BCMHSUS Internship Program;
- Use of a mentorship approach where supervisors introduce and integrate the resident into the inter-professional team, are available for ongoing consultation, guidance and support, and provide consistent oversight for their work;
- Interprofessional learning and interprofessional team-based clinical experiences;
- An evidence-based approach that includes exposure to best practices and current research;
- A focus on the whole person;
- Achieving high standards of clinical and ethical practice;
- Opportunities to participate in program evaluation initiatives relevant to the internship programme and applied to the internship experience;
- Exposure to a broad range of forensic mental health service delivery functions, including varied assessment and clinical treatment programs, research, and supervisory activities;
- Emphasis on developing and maintaining competency, the importance of continuing professional development and life-long learning;
- Self-awareness and the importance of maintaining a healthy work-life balance;
- Active involvement in furthering the profession psychology through membership in professional and other relevant organizations;
- Effective preparation of residents for practice-ready transition to the workplace; and
- Fostering a collegial, positive climate that facilitates learning and personal growth.

## Program Overview

The BCMHSUS Clinical Forensic Psychology Internship Programme is committed to training skilled and highly competent professional psychologists in the provision of clinical and forensic mental health services. To meet this goal, we subscribe to the scientist-practitioner training model. Within our programme, we place a greater emphasis on the practitioner aspect of the model. We have developed this focus to complement the strong scientific training that qualified residents have already received by way of their (accredited) academic studies prior to embarking upon their internship year. We have found that graduate university training programmes tend to focus more on the scientist side of the model with an emphasis on research productivity and the theories upon which clinical interventions are based, but quite logically, with less practical application in clinical settings. Our programme therefore seeks to build on, reinforce and supplement academic training by offering a greater amount and variety of clinical practice experiences to enhance our residents' ability to apply their knowledge, skills, and abilities in clinical settings.

As such, our educational approach involves a strong emphasis on applied, experiential learning, based on sound academic preparation and evidence-based practice. It incorporates exposure to a variety of client populations and presenting disorders reflecting gradually increasing levels of complexity, along with gradually decreasing clinical supervisory oversight commensurate with each resident's developmental progress toward achieving full competency as a professional clinical psychologist. The programme design also includes a variety of didactic, adjunctive and self-study components to round out the learning experience. Research and/or programme evaluation experiences are also available, thereby providing opportunities for our residents to contribute to the furtherance of psychology as an academic discipline and to improve clinical service delivery and systems.

Residents are provided with a minimum of four hours of direct supervision per week by their primary rotation supervisors. One of these hours may be conducted in a group supervision format. All primary supervisors are registered psychologists with demonstrated expertise in their respective areas. Additional mentoring and supervision is provided by post-doctoral residents and psychologists currently undergoing the registration process. Additional training experiences are often provided by other members of our interprofessional teams, including general physicians, psychiatrists, psychiatry residents, nursing staff, clinical pharmacists, social workers and a number of other rehabilitation services disciplines.

The ultimate goal of the BCMHSUS Internship Programme is to prepare residents for competent independent practice in the field of clinical psychology, with particular emphasis on providing specialized forensic mental health services within large, public-sector facilities, and to render them eligible for registration in any jurisdiction in Canada.

By the conclusion of the internship year, participants will demonstrate:

- Knowledge of and conformity to relevant professional standards;
- Acquisition of appropriate professional skills; and
- Appropriate management of personal concerns and issues as they relate to professional functioning.

## Goals & Objectives

The specific goals and objectives of the BCMHSUS Clinical-Forensic Psychology Internship Program are as follows:

**Goal #1:** Residents will develop competence in psychological evaluation and assessment of adults with a variety of diagnoses, presenting problems and needs (with a particular emphasis on forensic-related issues).

- 1.a: Residents will develop competence in diagnostic interviewing/ assessment and the use of the DSM classification system.
- 1.b: Residents will develop competence in the selection, administration, scoring and interpretation of psychometrically-validated instruments assessing cognitive/intellectual functioning, personality, and possibly, neuropsychological functioning (i.e., depending on the resident's needs/interests/case availability).
- 1.c: Residents will develop competency in risk assessment (i.e., suicide and violence). Residents will consider all available data including current interview, psychological test results, file information and collateral interviews.
- 1.d: Residents will demonstrate proficiency in various risk assessment measures (e.g., HCR-20<sup>v3</sup>, RSVP, SARA-V3, ODARA, PCL-R, etc).
- 1.e: Residents will demonstrate an ability to write well-organized psychological reports that answer the referral question clearly, communicates the findings clearly and makes appropriate recommendations.
- 1.f: Residents will demonstrate a good ability to provide feedback to the client in a clear and understandable manner (including specific recommendations).

**Goal #2:** Residents will develop competence in the provision of psychological interventions for adults with a variety of diagnoses, presenting problems and needs (with a particular emphasis on forensic-related issues).

- 2.a: Residents will develop competency in general psychotherapy skills while being exposed to a range of therapeutic orientations, techniques and approaches.
- 2.b: Residents will develop competency in at least one empirically-supported modality.
- 2.c: Residents will effectively evaluate, manage and document client risk (i.e., immediate concerns such as suicidality, risk to others, and other safety concerns), including the development of an appropriate safety plan.
- 2.d: Residents will increase their awareness about the broader context of psychological service delivery in tertiary care settings.

**Goal #3:** Residents will develop competence in providing consultation and supervision to colleagues, trainees and others.

- 3.a: Residents will develop competency in explaining and translating psychological principles to others.
- 3.b: Residents will be able to summarize psychological findings and provide feedback, recommendations and guidance to professionals from different disciplines.

- 3.c: Residents will seek consultation or supervision as needed and use it productively.
- 3.d: Residents will develop competency in providing constructive feedback/guidance to supervisees/trainees in individual and group settings
- 3.e: Residents will effectively manage boundary issues in the supervisory relationship and will deal with any resistance by the supervisee/trainee in an appropriate manner
- 3.f: Residents will treat supervisees/trainees with dignity/respect and will create a safe atmosphere for the supervisory relationship

**Goal #4:** Residents will demonstrate professional behaviour consistent with professional standards and ethical guidelines.

- 4.a: Residents will interact with treatment teams, peers, supervisors and clients in a professional and appropriate manner.
- 4.b: Residents will have a mature understanding of professional ethics, including the steps to take in order to consider/resolve an ethical issue/dilemma.
- 4.c: Residents demonstrate good knowledge of ethical principles and provincial/federal laws.
- 4.d: Residents demonstrate a good understanding/conceptualization of the issues of ethnic, cultural, gender, sexual and other aspects of diversity.
- 4.e: Residents will have a good awareness of how their own cultural/ethnic background may impact clients and their relationships with clients.

**Goal #5:** Residents will develop a mature professional identity and a sense of themselves as “Psychologists.”

- 5.a: Residents will respond in a professional manner in terms of how they manage their clinical work load and interact with others (including clients and other professionals).
- 5.b: Residents will have a good awareness of their limitations and of the areas requiring further development.
- 5.c: Residents will have a good understanding of their continuing developmental professional goals (e.g., area of specialization).
- 5.d: Residents will possess realistic career plans (as judged by their supervisors), evidenced by vocational or training choices to be pursued upon completion of the internship.
- 5.e.: By the end of the internship year, residents will possess sufficient knowledge and skill in clinical psychology to render them eligible for registration in any jurisdiction in Canada.

**Goal #6:** Residents will develop competence in scholarly inquiry and application of current scientific knowledge to practice.

- 6.a: Residents will be skilled in the interface between science and practice by applying scientific knowledge to the clinical setting.
- 6.b: Residents will be educated consumers of empirical research. They will seek out current scientific knowledge as needed to enhance knowledge about clinical practice and other relevant areas.
- 6.c: Residents will develop and implement plans for research or program evaluation or other professional writing/presentations.

## Forensic Psychiatric Services Commission

British Columbia's **Forensic Psychiatric Services Commission (FPSC)** is a multisite health organization providing specialized hospital and community-based assessment, treatment and clinical case management services for adults with mental illness who are in conflict with the law. FPSC is 'Accredited with Commendation' by Accreditation Canada (formerly the Canadian Council on Health Services Accreditation). This unique provincial service ensures that forensic psychiatric clients throughout the province have equitable access to high quality care and services; and that the BC Review Board and court authorities across the province are supported by the expert advice and opinions provided by specialized, multi-disciplinary teams of health professionals.

The Commission takes its authority from the Forensic Psychiatry Act, the Criminal Code of Canada and the BC Mental Health Act. In complying with BC Review Board decisions, the Commission works within its authority to ensure clients are supported in hospital and in the community. Forensic mental health teams also liaise with other authorities and community agencies to support clients and ensure public safety.

### Forensic Psychiatric Hospital

The Forensic Psychiatric Hospital (FPH) is located in a park-like setting in Port Coquitlam, BC. It is a 20 to 30 minute drive from Vancouver. FPH is a secure, 190-bed facility that serves individuals referred by the Courts for assessment and treatment. Established in 1974, the current facility was opened in 1997 and consists of nine clinical units (five secure, three closed and one open unit).



Patients at FPH are typically diagnosed with the more severe forms of psychopathology, including Schizophrenia, Bipolar Disorder, Schizoaffective Disorder, and Substance-induced Psychosis. In addition, many patients have co-morbid anxiety and/or mood-related problems.

Neurocognitive impairments (innate or acquired), substance misuse, and personality disorders are also common in our population. Our patients are adults from all age ranges and from a variety of cultures; about 90% of our population is male. FPH provides these patients with specialized clinical services as well as a comprehensive range of vocational and rehabilitative programs.

## Forensic Regional Services



The Forensic Psychiatric Services Commission ensures clients throughout British Columbia are supported appropriately with consistent high quality mental health programs. In addition to the services provided at the Forensic Psychiatric Hospital, services are provided on an outpatient basis through regional programs coordinated by six community clinics in Vancouver, Victoria, Nanaimo, Prince George, Kelowna and Surrey.

These clinics are responsible for the supervision and monitoring of persons found Not Criminally Responsible on Account of Mental Disorder (NCRMD) who are living in the community, and any persons who are found Unfit to Stand Trial, but have been granted a conditional discharge by the British Columbia Review Board. This includes monitoring the client's progress in treatment and ensuring that the client is adhering to the conditions set out in the Disposition Order provided by the BC Review Board. They also provide treatment services for offenders on bail and probation/parole and manage the Sex Offender Treatment Program that sees approximately 400 patients annually in 18 communities across British Columbia.

In addition, the regional clinics conduct assessments that are ordered by the provincial courts of British Columbia. They provide expert evidence to assist the Court on specific questions relating to mentally ill individuals, including: whether a person is fit or unfit to stand trial; whether, at the time of the offence, the person suffered from a mental illness, such that he/she may be NCRMD; whether, in the Court's opinion, a person should be declared a long-term offender or a dangerous offender; pre-sentence forensic psychiatric/psychological assessments for high risk offenders and for sex offenders; and assessments for offenders on bail and the need for monitoring.

Interested residents will be able to gain experience in some, but not all, of these types of court-ordered assessments. It is important to note that, at present, psychologists in FPSC do not conduct Fitness to Stand Trial and NCRMD assessments; thus, this specific type of experience is not available as part of the clinical-forensic internship rotation. However, residents will be exposed throughout the internship year to the work of our psychiatrists in these aspects of service delivery.



**Grounds at the Forensic Psychiatric Hospital**

## Burnaby Centre for Mental Health and Addiction

The Burnaby Centre for Mental Health and Addiction (BCMHA) is a provincial program for the assessment, stabilization, and treatment of clients with complex, severe concurrent disorders. That is, in addition to high severity substance use disorders, all clients have complex co-occurring conditions such as: major depression, bipolar disorder, schizophrenia, post-traumatic stress disorder, generalized anxiety, cognitive impairment, chronic pain, and Axis II traits. Most clients have histories of homelessness/housing instability and all clients have exhausted all treatment resources in their area of the province.

BCMHA is a designated 94-bed facility offering specialized, evidence-based services for up to nine months. The program is divided into three phases: Assessment and Stabilization in a secure unit (ASU1; 2-5 weeks), followed by either a) Treatment and Psychosocial Rehabilitation in an open unit (up to 9 months total stay) or b) further assessment, stabilization and treatment in a second, secure unit: Assessment and Stabilization Unit 2 (ASU2; up to 3 months). Clients proceed to an open treatment unit if they are relatively stable in their mental health and are abstaining from substances while at BCMHA. Clients proceed to ASU2 if they have been observed to have significant impairment in functioning, ongoing acute mental health issues and/or ongoing difficulties with substance use.

### Structure of the Internship

The British Columbia Mental Health & Substance Use Services Clinical Forensic Psychology Internship Programme currently offers two, one-year full-time training positions.

The starting date for the internship is September 4, 2018. An educational stipend of \$32,000 for the year with a maximum of 3 weeks vacation and 5 days education and/or research leave are offered; a standard work week is 37.5 hours and a resident is expected to accrue a minimum of 1,600 hours of supervised experience during their training. Financial assistance up to \$500 is provided for off-site training opportunities; these trainings are reviewed on a case-by-case basis and subject to approval by the immediate supervisor(s) and the Director of Training.

Both residents are required to complete a major rotation in Forensic Psychological Assessment and Treatment at FPH. One of the residents will also complete a second major rotation in Forensic Psychological Assessment and Treatment at the Vancouver and Surrey Regional Clinics, while the other resident, will complete a minor rotation in Forensic Psychological Assessment and Treatment at either the Vancouver or Surrey Regional Clinics and a minor rotation in the Assessment and Treatment of Clients with Complex Mental Health and Substance Use Issues at BCMHA.

Prospective residents will have an opportunity to express their preferences for which rotations they prefer and a final decision will be made by the Internship Training Committee during their first scheduled monthly meeting after the APPIC Phase I Match Day or when the two internship positions are filled. The two matched residents will be notified soon afterwards about their slotted training rotations. Otherwise, the internship is flexible and we strive to develop individualized training plans. There is also dedicated time for academic activities and didactics.

# Internship Rotations

## Regional Forensic Clinics

### Major or Minor Rotation in Forensic Psychological Assessment and Treatment

**Surrey Clinic Supervisor:** Karen E. Whittemore, Ph.D., R. Psych.

**Vancouver Clinic Supervisors:** Lisa Brown, Ph.D., R. Psych.  
Randy Kropp, Ph.D., R. Psych.  
Sarah Mordell, Ph.D., R. Psych.

The outpatient clinics of the Forensic Psychiatric Service offer unique training experiences under the supervision of registered psychologists.

Supervised experience is provided in four major areas at this rotation: assessment, treatment interventions (individual and group-based), professional consultation services, and clinical supervision.

Residents can expect to be involved in a wide range of psychological assessments, including psychodiagnostic, comprehensive neuropsychological, risk for recidivism, and mental health treatment needs assessments of individuals presenting with a wide range of conditions. At the Clinics, residents would develop the requisite skills to conduct Pre-Sentence Reports for various Provincial Courts. In particular, students will gain experience with a variety of risk assessment measures, including measures that assess risk for general violence, sexual violence, and intimate partner violence.

As well, both individual and group-based treatment interventions are provided to mentally disordered clients who have been referred on community probationary orders or those have been found NCRMD and released from the Forensic Psychiatric Hospital. Specifically, anger management, depression, social skills, and cognitive skills enhancement treatment programs have regularly been offered in group formats at some of these clinics.

Supervised individual psychological interventions to clients presenting with a wide range of conditions, including depression, anxiety, and impulse control disorders, are available. Residents would also engage in consultative services with other healthcare professionals and with probation officers in the local community.

Training in the provision of supervision may be an aspect at some of these rotations. Depending on the availability of practicum students at the time of his/her rotation at these facilities, the resident would also receive feedback from the internship faculty supervisor regarding his/her clinical supervision of clinical psychology graduate practicum students.

## Forensic Psychiatric Hospital

### Major Rotation in Forensic Psychological Assessment and Treatment

**Supervisors: Lindsey Jack, Ph.D., R. Psych.**

#### **Other Involved Professionals:**

**Sonia Packwood, Ph.D., R. Psych., Consulting Neuropsychologist**

**David Wiebe, Ph.D., R. Psych., Consulting Psychologist**

**Martin Zakrzewski, Psy.D., R. Psych., Director of Psychology, BCMHSUS**

The Forensic Psychiatric Hospital (FPH) rotation is intended to provide a broad continuum of clinical-forensic training opportunities in an inpatient setting. FPH serves adult male and female psychiatric patients from various social/cultural backgrounds who, in light of criminal involvement, have been referred by the Courts for assessment and/or treatment. Patients generally present with severe psychopathology ranging from schizophrenia to bipolar disorders with co-morbid clinical conditions, substance abuse, personality pathology, and/or neurological deficits often being present as well.

The resident will be exposed to a variety of assessment procedures and to a broad spectrum of psychological consulting services within the forensic arena. Assessments are semi-structured and multimodal in nature, with a strong focus on:

- Psychodiagnostic assessments of mental disorders, with special emphasis on differential diagnoses
- Psychodiagnostic assessments of personality pathology (e.g., psychopathy, borderline personality disorder)
- Cognitive functioning assessments
- Neuropsychological screens
- Malingering assessments
- Treatment (e.g., cognitive-behavioural therapy, behavioural modification)

A strong emphasis is placed on addressing and minimizing the functional impact of deficits, limitations, and/or other factors that are limiting patients' recovery and/or increasing their risk to re-offend. Consulting services are provided within the inter-professional culture of the organization and aim to assess patients' need and/or suitability for psychological services, to provide staff with patient-centered psychoeducational services, and/or to present psychological perspectives within various committees. Understanding of and being responsible for effectively working within an inter-professional, culturally-diverse setting is stressed, as is understanding of and demonstrating ethical practice. Inpatient assessments and consulting services will occur at FPH and constitute the major focus of the resident's training.

Treatment opportunities at FPH include cognitive-behavioural therapy (e.g., for depression, psychosis, or anxiety) and behavioural treatment (e.g., for aggressive or disruptive behavior on the patient wards). Under the supervision of a registered psychologist, residents will have the opportunity to engage in short term therapy (i.e., dependent on rotation length) for various

problem areas including anxiety, anger, psychosis, and dysfunctional mood. The primary approach is cognitive-behavioural but not to the exclusion of other evidence-based modalities (e.g., motivational interviewing, supportive psychotherapy) when deemed appropriate. In addition, residents may have the opportunity to co-facilitate psychoeducational groups (e.g., anxiety treatment, symptom management) provided in coordination with the Rehabilitation Services Department. The resident would also be expected to develop and coordinate the implementation of behaviour management plans for patients with serious behavioural challenges (e.g., impulsivity, aggression). This would involve working closely with front-line staff (e.g., psychiatric nurses) in the development, implementation, and monitoring of such plans. As a supervised treatment provider, the resident would attend treatment team meetings and would thus be exposed to an inter-professional approach to intervention.

Training in the provision of supervision may be an aspect at this rotation. Depending on the availability of practicum students at the time of his/her rotation at this facility, the resident would also receive feedback from the internship faculty supervisor regarding his/her clinical supervision of clinical psychology graduate practicum students.

### **Burnaby Centre for Mental Health and Addiction**

#### **Minor Rotation in the Assessment, Stabilization and Treatment of Clients with Complex Mental Health and Substance Use Issues**

**Supervisors: Heather Fulton, Ph.D., R. Psych.  
Heather Baitz, Ph.D., R. Psych.**

The psychologist's primary roles include conducting assessments, facilitating group therapy, conducting time-limited individual therapy, and developing programming with an interdisciplinary team. Through a strength-based approach, residents will work with clients and interdisciplinary teams to collaboratively assess and intervene with the following areas: substance withdrawal and cravings, concurrent psychiatric issues, stable daily routines, independent community living skills and healthy living habits. In particular, we collaborate with clients to identify individualized profiles of needs and strengths, and support development of strengths through evidence-based best practices (e.g., cognitive behavioural techniques, relapse prevention, mindfulness, emotion regulation, communication skills).

#### **Assessment Experience**

Residents will develop their assessment skills through administration and interpretation of personality, psychiatric and cognitive assessment measures. Measurement batteries will be selected based on the referral question and the clinical interview.

#### **Treatment Experience**

Residents will develop and lead groups with an interdisciplinary team, conduct 1:1 therapy, behavioural interventions, and contribute to program development and refinement through evaluation. Residents will have the opportunity to train in a variety of approaches including cognitive behavioural therapy and motivational interviewing.

### Consultation Experience

Residents work within an interdisciplinary team and attend Care Planning Rounds to provide feedback about assessments and interventions. Residents will also have the opportunity to work with teams to translate evidence based best practices into everyday frontline care (e.g., working with interdisciplinary teams to create and modify contingency management protocols; helping busy staff to understand and modify responses to delusions, aggressive behavior, smoking, etc.)

### Research

Depending on resident interest and experience, residents will have the opportunity to conduct group therapy effectiveness studies, program evaluations, and directed studies in the area of concurrent disorders. The benefits and strategies to apply the unique research skills of psychologists to direct clinical practice are emphasized throughout the rotation.

### Diversity Experience

The clients of BCMHA present with diverse backgrounds. Almost all clients present with low socioeconomic histories that include homelessness. Cultural competency training and responsiveness is integrated throughout experiences a resident may have during a rotation at Burnaby Centre. Indigenous health and wellness initiatives are particularly emphasized.

## Continuing Education

Continuing education is a major part of this internship. Residents are encouraged to attend a variety of ongoing education sessions as listed below, among other events such as workshops offered by members of the internship training committee or FPSC. Further educational opportunities are available through our affiliation with the Mental Health, Law, and Policy Institute (MHLPI) at Simon Fraser University.

The following is a listing of the ongoing educational sessions available to our Clinical Forensic Psychology Residents:

- Core training in a variety of orientation and violence prevention programs, including the Provincial Violence Prevention Curriculum and Code White certification
- Forensic Psychology Resident Seminar Series, the third Thursday of every month
- Vancouver Coastal Health Resident Seminar Series
- Forensic Psychology Journal Club meetings, the last Thursday of every month
- UBC Neuropsychiatry Rounds, Wednesdays via teleconference
- SFU area seminars, biweekly on Fridays
- Forensic Ethics Awareness Discussions, the third Thursday of every month
- Indigenous Cultural Competency online training course

Provincial Health Services Authority corporate supervisory and leadership development programs are also available to residents on a voluntary basis to develop skills in these areas. In addition, limited financial sponsorship to attend external programs is considered upon request, contingent upon support from the internship supervisor, Training Director, and the Director of Psychology.

## Research Opportunities

Forensic Psychiatric Services has gained international recognition for research and development of risk assessment tools that are currently used by forensic mental health professionals around the world. Building on this solid reputation for excellence, the Forensic Psychiatric Services Commission continues to work collaboratively with researchers at Simon Fraser University and the University of British Columbia and with forensic mental health professional specialists nationally and internationally.

In addition to clinical training opportunities, research opportunities are available for the Clinical-Forensic Resident at the Forensic Psychiatric Hospital, the Regional Clinics, and at the Mental Health, Law and Policy Institute (MHLPI) at Simon Fraser University (SFU; [www.sfu.ca/mhlpi](http://www.sfu.ca/mhlpi)). Upon approval by the Internship Training Committee, up to one half day per week may be devoted to research activities, depending on the preferences and training goals of the Clinical-Forensic intern.

## Core Training Psychologists

Heather Baitz, Ph.D., R. Psych. (Simon Fraser University). Concurrent disorders (substance use disorder and other mental health diagnosis), individual and group psychotherapy (CBT, motivational interviewing, psychoeducation), cognitive assessment.

Lisa Brown, Ph.D., R. Psych. (Simon Fraser University). Court-ordered pre-sentence psychological assessment. Individual and group treatment for clients on bail, probation or found NCRMD.

Shauna Darcangelo, Ph.D., R. Psych. (Simon Fraser University). Director of Training of the BCMHUSUS Clinical Forensic Psychology Internship Programme. Psychological assessment and treatment of court-ordered individuals.

Heather Fulton, Ph.D., R. Psych. (Dalhousie University). Concurrent disorders, chronic pain, contingency management, dual diagnosis (developmental disability and other mental health diagnosis), individual and group psychotherapy (CBT, motivational interviewing, psychoeducation, relapse prevention).

Lindsey Jack, Ph.D., R. Psych. (Simon Fraser University). Psychodiagnostic assessments and treatment of individuals with major mental health disorders and/or personality disorder and assessment and treatment of individuals charged or convicted of sexual offences.

Sarah Mordell, Ph.D. (Simon Fraser University). Court-ordered pre-sentence psychological assessment. Individual and group treatment for clients on bail, probation or found NCRMD.

Karen Whittemore, Ph.D., R. Psych. (Simon Fraser University). Assistant Director of Training of the BCMHUSUS Clinical Forensic Psychology Internship Programme. Court-ordered psychological assessment, risk assessment, and domestic violence risk.

Martin Zakrzewski, Psy.D., R. Psych. (Pacific University). Director of Psychology, BCMHSUS. Responsible for oversight, support and funding of the Psychology Clinical Forensic Internship Programme.

## Other Contributors

Anthony Dugbartey, Ph.D., R. Psych. (University of Victoria). Psychological assessments, interventions, consultation-liaison services and expert opinion services to BC Provincial and Supreme Criminal Courts.

Karla Jackson, Ph.D. (Simon Fraser University). Court-ordered pre-sentence psychological assessment. Individual and group treatment for people on bail, probation or found NCRMD.

Randy Kropp, Ph.D., R. Psych. (Simon Fraser University). Court-ordered pre-sentence psychological assessment.

Sara Lapsley, M.A. (University of British Columbia). Individual and group counselling and therapy for Forensic Psychiatric Hospital patients.

Tonia Nicholls, Ph.D. (University of British Columbia). Creating and synthesizing knowledge on mental health, risk, and recovery to advance clinical practice and support evidence-informed policies and programs for mentally ill and marginalized populations.

Sonia Packwood, Ph.D., R.Psych. (Laval University). Neuropsychological assessment of Forensic Psychiatric Hospital Patients.

Heather Scott, Ph.D., R. Psych. (Carleton University). Psychological assessment and treatment of court ordered individuals, provision of expert opinion to BC Provincial and Supreme Courts, and Clinical Lead of Forensic Sex Offender Program (FSOP).

Tricia Teeft, H.B.Sc. (Memorial University of Newfoundland). Psychological assessment and treatment of Forensic Psychiatric Hospital patients.

David Wiebe, Ph.D., R. Psych. (Simon Fraser University). Clinical and forensic psychological assessment.

## Clinical Research/Publications by Training Professionals (Partial List Only)

### Heather Baitz, Ph.D., R. Psych.

Gicas, K., Vila-Rodriguez, F., Paquet, K., Barr, A., Procyshyn, R., Lang, D., Smith, G., Baitz, H., Giesbrecht, C., Montaner, J., Krajden, M., Krausz, M., MacEwan, G.W., Panenka, W., Honer, W., & Thornton, A. (2014) Neurocognitive Profiles of Marginally Housed Persons with Comorbid Substance Dependence, Viral Infection, and Psychiatric Illness. *Journal of Clinical and Experimental Neuropsychology*, 36(10), 1009-1022.

Bücker, J., Popuri, S., Muralidharan, K., Kozicky, J., Baitz, H.A., Honer, W.G., Torres, I.J., & Yatham, L.N. (2014). Sex differences in cognitive functioning in patients with bipolar disorder who recently recovered from a first episode of mania: Data from the Systematic Treatment Optimization Program for Early Mania (STOP-EM). *Journal of Affective Disorders*, 155, 162-168.

Baitz, H.A., Thornton, A.E., Procyshyn, R., Smith, G.N., MacEwan, G.W., Kopala, L.C., Barr, A.M., Lang, D.J., & Honer, W.G. (2012). Antipsychotic medications: Linking receptor antagonism to neuropsychological functioning in first episode psychosis. *Journal of the International Neuropsychological Society*, 18, 717-727.

Smith, G.N., MacEwan, G.W., Kopala, L.C., Ehmann, T.S., Good, K., Thornton, A.E., Neilson, H., Lang, D.J., Barr, A.M., & Honer, W.G. (2010). Prenatal tobacco exposure in first-episode psychosis. *Schizophrenia Research*, 119(1), 271-272.

### Anthony Dugbartey, Ph.D. R. Psych.

Dugbartey, A. T. (2014). Ethical considerations in neuropsychological assessment of Asian-Americans. In J. M. Davis & R. C. D'Amato (Eds.). *Neuropsychology with Asian Americans*. New York: Springer.

Dugbartey, A. T., & Barimah, K. B. (2013). Traditional beliefs and knowledge base about epilepsy among university students in Ghana. *Ethnicity & Disease*, 23, 1-5.

Dugbartey, A.T. & Miller, M. (2009). Boundaries in psychotherapy: Ethical and clinical explorations. *Canadian Psychology*, 50, 42-43.

### Heather Fulton, Ph.D. R. Psych.

Stewart, M. J., Fulton, H.G., & Barrett, S. P. (2014). Powder and crack cocaine use among opioid users: Is all cocaine the same? *Journal of Addiction Medicine*, 8, 264-270.

Kolajova, M., Fulton, H.G., Darredeau, C. & Barrett, S.O. (2013). Substance use patterns associated with injection drug use initiation in a low-threshold methadone-maintained sample. *Journal of Substance Use*, 19, 436-439.

Fulton, H. G., Krank, M.D., & Stewart, S. H. (2012). Outcome expectancy liking: An accessibility measure predicts substance use trajectories in adolescents. *Psychology of Addictive Behaviors*, 24(4), 870-879.

McLarnon, M., Fulton, H. G., Barrett, S. P. & MacIsaac, C. (2012). Characteristics of quetiapine misuse among clients of a community-based methadone maintenance program. *Journal of Clinical Psychopharmacology*, 32(5), 721-723.

Fulton, H. G., Stewart, S. H., MacIsaac, C. & Barrett, S. P. (2012). Prescription opioid misuse: Characteristics of earliest and most recent recalled hydromorphone use. *Journal of Addiction Medicine*, 6(2), 137-144.

Fulton, H. G., Barrett, S. P., MacIsaac, C. & Stewart, S.H. (2011). The relationship of self-reported substance use and psychiatric symptoms in low-threshold methadone maintenance treatment clients. *Harm Reduction Journal*, 8, 18.

Rolheiser, T. M., Fulton, H. G., Good, K. P., Leslie, R. A., Fisk, J. D., McKelvey, J. R., Schoffer, K., Scherfler, C., Khan, N. M., & Robertson, H. A. (2011). Diffusion tensor imaging and olfactory identification testing in Parkinson's disease. *Journal of Neurology*, 258(7), 1254-1260.

Price, S. R., Hilchey, C. A., Darredeau, C., Fulton, H. G. & Barrett, S. (2010). Energy drink co-administration is associated with increased reported alcohol ingestion. *Drug and Alcohol Review*, 29, 331-333.

Battista, S., Stewart, S. H., Fulton, H. G., Steeves, D., Darredeau, C., Mullane, D. & Rhyno, E. (2008). A further investigation of the relations of anxiety sensitivity to smoking motives. *Addictive Behaviors*, 33, 1402-1408.

Fulton, H. G. & Barrett, S. P. (2008). A demonstration of IV nicotine self-administration in humans. *Neuropsychopharmacology*, 33, 2042-2043.

### **Randy Kropp, Ph.D. R. Psych.**

Bueso-Izquierdo, N., Hart, S.D., Hidalgo-Ruzzante, N, Kropp, P. R. & Pérez-García, M. (2015). The mind of the male batterer: A neuroscience perspective. *Aggression and Violent Behavior*, Vol 25(Part B), 243-251.

Stewart, L.A., Gabora, N., Kropp, P.R., & Lee, A. (2014). Effectiveness of risk-needs-responsivity-based family violence programs with male offenders, *Journal of Family Violence*, Vol 29(2), 151-164.

Storey, J.E., Kropp, P.R., Hart, S.D., Belfrage, H., & Strand, S. (2014). Assessment and management of risk for intimate partner violence by police officers using the brief spousal assault form for the evaluation of risk. *Criminal Justice and Behavior*, Vol 41(2), 256-271.

Sutherland, A.A., Johnstone, L., Davidson, K.M., Hart, S.D., Cooke, D.J., Kropp, P.R., Logan, C., Michie, C., Stocks, R. (2012). Sexual violence risk assessment: An investigation of the interrater reliability of professional judgments made using the risk for sexual violence protocol. *The International Journal of Forensic Mental Health*, Vol 11(2), 119-133.

Belfrage, H., Strand, S., Storey, J. E., Gibas, A., Kropp, P. R., & Hart, S. D. (2011). Assessment and management of intimate partner violence by police officers using the Spousal Assault Risk Assessment Guide. *Law and Human Behavior*.

Kropp, P. R., Hart, S. D., Lyon, D. R. & Storey, J. E. (2011). The development and validation of the Guidelines for Stalking Assessment and Management. *Behavioral Science and the Law*, 29, 302-316.

Kropp, P. R. & Gibas, A. (2010). The Spousal Assault Risk Assessment Guide (SARA). In R. K. Otto & K. D. Douglas (Eds.), *Handbook of violence risk assessment*. New York: Taylor & Francis Group.

Kropp, P. R. (2009). Intimate partner violence risk assessment. In J. L. Ireland, C. Ireland, & P. Birch (Eds.), *Violent and sexual offenders: Assessment, treatment and management*, Willan Publishing.

Au, A., Cheung, G., Kropp, R., Yuk-chung, C., Lam, G.L.T., & Sung, P. (2009). A preliminary validation of the Brief Spousal Assault Form for the Evaluation of Risk (B-SAFER) in Hong Kong. *Journal of Family Violence*, 23, 727-735.

Kropp, P. R. (2008). Intimate partner violence risk assessment and management. *Violence and Victims*, 23(2), 202-222.

Kropp, P. R., Hart, S. D., & Lyon, D. (2008). Risk assessment of public figure stalkers. In J. R. Meloy, J. Hoffmann, & L. Sheridan (Eds.), *Stalking, Threatening and Attacking Public Figures*, Oxford: Oxford University Press.

Kropp, P. R. (2008). Risk assessment and management of spousal assaulters and stalkers. In A. C. Baldry and F. W. Winkel (Eds.), *Intimate partner violence prevention and intervention: The risk assessment and management approach*. Hauppauge, NY: Nova Science Publishers.

### **Sarah Mordell, Ph.D. R. Psych.**

Harrison, N., Mordell, S., Roesch, R., & Watt, K. (2015). Patients with mental health issues in the emergency department: The relationship between coercion and perceptions of being helped, psychologically hurt, and physically harmed. *The International Journal of Forensic Mental Health*, 14, 161-171.

Viljoen, J. L., Mordell, S., & Beneteau, J. L. (2012). Prediction of adolescent sexual reoffending: A meta-analysis of the J-SOAP-II, ERASOR, J-SORRAT-II, and Static-99. *Law and Human Behavior*, 36, 423-438.

### **Karen E. Whittemore, Ph.D. R. Psych.**

Whittemore, K. E. (2008). Pre-Sentence evaluations. In B.L. Cutler (Ed.), *The encyclopedia of psychology and law*. Thousand Oaks, CA: Sage.

Whittemore, K.E. & McLachlan, K. (2008). Spousal Assault Risk Assessment (SARA). In B.L. Cutler (Ed.), *The encyclopedia of psychology and law*. Thousand Oaks, CA: Sage.

## Applications

Applicants must be enrolled in a CPA or APA accredited academic program in Clinical Psychology or Clinical-Forensic Psychology.

The deadline for applications is November 1, 2017. The BCMHSUS programme adheres to the guidelines suggested by the Canadian Council of Professional Psychology Programs' universal interview notification date of December 1, 2017. Interviews will be conducted between January 2<sup>nd</sup> and 12<sup>th</sup>, 2018.

The following are the minimum requirements to be considered for an internship position:

- a) all course work for the Ph.D. or Psy.D. (except dissertation/thesis) be complete;
- b) at least 600 hours of practicum hours have been completed by the start of internship; 300 of these hours must have been devoted to direct, face-to-face client contact (i.e., interviewing, assessing or intervening with clients directly); at least 150 hours of supervision have taken place; at least 115 of the supervision hours have involved individual supervision by a licensed/registered psychologist – individual supervision consists of visual and/or verbal communication in person between a supervisor and a supervisee;
- c) submission of three letters of reference;
- d) submission of a written treatment case summary; and
- e) submission of a written, comprehensive psychological evaluation report.

Interested candidates must apply to the BCMHSUS Clinical Forensic Psychology Internship Programme through the Association of Psychology Postdoctoral and Internship Centres (APPIC); our Program Code Number is 1806. All candidates are required to use APPIC's on-line Applicant Portal to submit an application and also agree to abide by the APPIC Match Policies; information about the application process may be found on their website at [www.appic.org](http://www.appic.org). This internship 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.

Please DO NOT forward a hard copy of your application directly to BC Mental Health & Substance Use Services.

Subsequent to a successful match to our program, the candidate must be willing to submit to a comprehensive criminal record check in a format acceptable to BC Mental Health & Substance Use Services that is free of any convictions or pending charges that would prohibit working with vulnerable populations.

For additional information regarding the internship program, please contact Dr. Shauna Darcangelo, Director of Training, by email at [sdarcangelo@phsa.ca](mailto:sdarcangelo@phsa.ca). Her contact information is as listed below:

Forensic Psychiatric Services Commission  
Victoria Regional Clinic  
2840 Nanaimo Street  
Victoria, BC, Canada, V8T 4W9  
Telephone: 250-213-4500

# Local Information & Area Attractions

## Attractions and Activities

The following are some websites for local attractions and things to do in the Vancouver area.

<http://www.tourismvancouver.com/visitors/>  
<http://www.whistlerblackcomb.com>  
<http://www.grousemountain.com/>  
[http://www.cypressmountain.com/new\\_conditions.asp](http://www.cypressmountain.com/new_conditions.asp)  
<http://www.bcadventure.com/adventure/explore/vancouver/parks/seymour.htm>  
<http://www.city.vancouver.bc.ca/parks/parks/stanley/>  
<http://vancouverhiking.tripod.com/>  
<http://www.hellobc.com>

## Apartments

Over the years, previous residents have chosen to live in various areas surrounding the hospital. The rental rates vary depending on the area chosen. The following are rental rates for a one bedroom apartment in the different areas. Basement suites can be considerably less if that is a viable option.

Maple Ridge/Pitt Meadows <sup>1</sup>	\$780/month +
Burnaby <sup>2</sup>	\$940/month +
New Westminster	\$850/month +
Surrey <sup>1</sup>	\$815/month +
Coquitlam/Port Coquitlam <sup>2</sup>	\$820/month +
Port Moody <sup>2</sup>	\$870/month +
Vancouver <sup>2,3</sup> – Westside	\$1100/month +
Vancouver <sup>2,3</sup> – Downtown/Yaletown/West End <sup>4</sup>	\$1200/month +

The following websites are the most used to find accommodation in the Lower Mainland:

<http://vancouver.craigslist.org/apa/>  
<http://www.househunting.ca/index.html?branding=vancouver/sun/properties/search/&searchType=rent>  
<http://vancouver.kijiji.ca>  
<https://www.airbnb.ca/s/Vancouver--Canada>

<sup>1</sup> You would have to cross a toll bridge to get to the Forensic Hospital and Vancouver Clinic internship sites.

<sup>2</sup> You would have to cross a toll bridge to get to the Surrey Clinic internship site.

<sup>3</sup> Traveling to the Hospital internship site from Vancouver does go against the main flow of traffic.

<sup>4</sup> Finding accommodation in Downtown/Yaletown/West End is a little different than the other areas because the property managers tend to advertise differently in the different areas. We can provide you with more information and tips on looking for accommodation in each of these areas if it is of interest to you. The link to Craigslist above is the best basic search option for this area. Some very popular neighbourhoods include the West End, Yaletown, and Kitsilano.