BC MENTAL HEALTH
& SUBSTANCE USE SERVICES
An Agency of the Provincial Health Services Authority

Clinical Forensic Psychology Residency Programme

Brochure

2019-2020

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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 (PHSA). BCMHSUS provides a diverse range of specialized mental health and substance use services for people with complex needs across the province. The Forensic Psychiatric Services Commission (FPSC) and the Burnaby Centre for Mental Health and Addiction (BCMHA) are two of the specialized services within the BCMHSUS agency.

In addition to providing direct services, BCMHSUS takes a provincial leadership role for system-wide improvement. BCMHSUS works with an extensive network of community partners and provides support and resources to service providers throughout BC. As well, the agency contributes significantly to education, research and knowledge exchange in the field of mental health.

For more information about BCMHSUS please go to www.bcmhsus.ca.

Mission of Our Residency Programme

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.

Values

BCMHSUS 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 for detailed descriptors of each stated value).

In addition, as an accredited Clinical Psychology Residency 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 Residency 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 Residency programme and applied to the Residency 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.

Commitment to Diversity

BCMHSUS is an ethnically, culturally and socially diverse organization where diversity is embraced. BCMHSUS recruits and evaluates residents in the context of the BC Human Rights Code, which prohibits discrimination on the basis of race, colour, ancestry, place of origin, religion, marital status, family status, physical or mental disability, sex (including pregnancy, breastfeeding and sexual harassment), sexual orientation, age (19 and over), criminal conviction (in relation to employment only, but including residents for purposes of protecting vulnerable BCMHSUS clients), political belief, and lawful source of income (in tenancy only). More information about the BC Human Rights Code can be found at: http://www.bclaws.ca/EPLibraries/bclaws_new/document/ID/freeside/00_96210_01

Philosophy and Program Overview

The BCMHSUS Clinical Forensic Psychology Residency 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 Residency 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 supervision and/or mentoring is provided by newly registered psychologists and psychologists currently undergoing the registration process. Additional training

experiences are often provided by other members of our interprofessional teams, including general psychiatrists, psychiatry residents, nursing staff, social workers and a number of other rehabilitation services disciplines.

The ultimate goal of the BCMHSUS Residency 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 Residency 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 Residency 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., RSVP, HCR-20^{v3}, SARA-V3, etc.).

1.e: Residents will demonstrate an ability to write well-organized psychological reports that answer the referral question clearly, communicate the findings clearly and make appropriate recommendations.

1.f: Residents will demonstrate the 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 increase their competency in consultation and effective functioning on interdisciplinary treatment teams

3.a: Residents will increase their competency in explaining and translating psychological principles to others in a manner that is useful and appropriate to the particular consultee.
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 as needed and use it productively.

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 Residency.

5.e.: By the end of the Residency 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 the 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 disseminate their knowledge of psychological principles and evidence-based practice to other professionals through educational writings, presentations, participation in seminar/journal club and through consultative opportunities. Depending on interest and training needs, residents may have an opportunity to develop and implement plans for research or program evaluation.

Goal #7: Residents will increase their knowledge and practice of supervision.

7.a. Residents will demonstrate knowledge and understanding of the skills required for competent supervision (e.g., sensitivity to power issues, ability to develop clear learning objectives, ability to link learning to specific evaluation criteria, ability to differentiate supervision from therapy, awareness of own strengths/weaknesses, ability to effectively manage boundaries, ability to deal with resistance, ability to create a safe atmosphere and treat the supervisee with dignity/respect, etc.). When a supervisee/trainee is interested and available, residents will develop and demonstrate these skills in a supervisory relationship.

7.b. Residents will appropriately seek supervision/consultation and will respond to supervisor's feedback in an appropriate manner. Residents will integrate supervisor's feedback into clinical care and will provide appropriate/constructive feedback to their supervisor.

7.c. Residents will demonstrate effective use of supervision including a willingness to engage in self-reflection and self-evaluation, a willingness to be open and to acknowledge/ discuss personal responses to a client (e.g., values, attitudes, biases, etc.) and a willingness to work collaboratively. Residents will appropriately negotiate autonomy and dependency in the supervisory relationship.

Accreditation Status

The BCMHSUS Clinical Forensic Psychology Residency Programme was initially accredited by the Canadian Psychological Association (CPA) in May 2015. At that time, we received a 4-year term of accreditation (i.e., 2013-14 to 2017-18). In May 2018, we underwent a second site visit by CPA. We expect to receive the results in the fall of 2018.

For more information about CPA accreditation, please visit http://www.cpa.ca/accreditation/
You may also contact the Canadian Psychological Association Accreditation Office directly at:

Canadian Psychology Association, Accreditation
141 Laurier Avenue West, Suite 702
Ottawa, Ontario
K1P 5J3

Telephone: 613- 237-2144 or 1-888-472-0657; Email address: accreditationoffice@cpa.ca

Historical Application Statistics

Academic Year/Cohort	2012/ 2013	2013/ 2014	2014/ 2015	2015/ 2016	2016/ 2017	2017/ 2018	2018/ 2019
Positions	1	2	2	2	2	2	2
Applications	11	12	11	12	16	19	14
Interviewed/Short-listed	8	8	8	9	8	11	6
Ranked		6	5	5	4	8	3
Matched	1	2	2	2	1	2	0
Matched as % Applications	9%	17%	18%	17%	6%	11%	0%
Of those who Matched:							
Mean Practicum Hours on AAPI -Assessment & Intervention	474	721	951	654	862	800	NA
-Supervision	238	283	342	407	248	402	NA
-Support/Indirect	908	1,035	1,223	757	685	1,110	NA
Mean Total Hours	1,620	2,039	2,516	1,818	1,795	2,312	NA

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 Residency rotation. However, residents will be exposed throughout the Residency 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.

Stipend, Benefits & Structure of the Residency

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

The starting date for the Residency is September 3, 2019. The current stipend for a full-time residency position is $32,000 for the year. Fifteen paid vacation days, 10 sick leave days and 5 days of education and/or research leave are offered. A standard work week is 37.5 hours (not including a 30-minute lunch break; two 15-minute paid breaks are also provided), Monday to Friday (0830-1630). A resident is expected to accrue a minimum of 1,600 hours of supervised experience during their training (although most residents accrue approximately 1635 hours). Of the 1,600 hours, 25% (i.e., 400 hours per year) should involve direct client contact (i.e., face to face contact, telephone contact, etc.). Thus, on average, residents should be providing at least nine to ten hours of direct client contact hours per week. Financial assistance up to $500 is provided for 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 at the Forensic Psychiatric Hospital. One of the residents will also complete two minor rotations at the Vancouver and Surrey Regional Clinics, while the other resident will complete a minor rotation at either the Vancouver or Surrey Regional Clinics and a minor rotation at Burnaby Centre for Mental Health & Addiction.

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 Residency positions are filled. The two matched residents will be notified soon afterwards about their slotted training rotations. Otherwise, the Residency is flexible and we strive to develop individualized training plans. There is also dedicated time for academic activities and didactics (please see the

Continuing Education section for additional information). During their training year, residents will select an article and lead at least one journal club meeting. Each resident will also provide a PowerPoint presentation to BCMHSUS staff on a topic of his/her choosing. The presentation will occur in February to celebrate Psychology Month.

Sample of a Typical Training Year:

	Resident A		Resident B	
Rotation Schedule	**Sept.-Feb.**	**March-August**	**Sept.-Feb.**	**March-August**
FPH	T, W & F	W, R & F	W, R & F	T, W & F
Vancouver Clinic	M & R			M & R
Surrey Clinic		M & T		
Burnaby Centre			M & T	

Evaluations

Residents are kept informed of their progress in the programme on a continual basis. Formal evaluations are conducted at the mid-point and conclusion of each rotation and submitted to the Director of Training. The assessment methods include direct/in vivo observation, case presentations, discussion during supervision sessions (including discussion of case vignettes and role plays/simulations) review of written work, review of raw test data, discussion of clinical interaction, structured and/or unstructured oral and/or written exams, consumer surveys (staff, patients, probation officers and/or supervisees), and self-evaluations. These written evaluations rate each of the resident's competence in areas such as professional conduct, diversity, psychological diagnosis and assessment, therapeutic intervention and supervision.

The standard for completion of the Residency Programme is that at least 80% of the competency areas will be rated at a 4 – Little supervision needed or higher, with no items being ranked at 1 – Intensive supervision needed or 2 – High level of supervision needed. The evaluations also address the resident's strengths and suggestions regarding his or her future training. Copies of these formal evaluations are sent to the resident's Director of Clinical Training six months into the internship year and at the completion of the internship.

In addition to the formal evaluations conducted at the conclusion of each rotation, residents are also assessed formally at the midpoint of each rotation in order to adequately track development and to provide ample opportunity to address any feedback and/or supervisory concerns. If concerns/ problematic behaviours are identified at any time during the training year (e.g., Competency Areas are rated a '2' at the mid-point of the training year, supervisors question whether the standard for completion of the Internship Programme will be met, etc.), appropriate action will be taken (i.e., due process procedures have been developed to respond to any concerns about the resident's performance).

Residency Rotations

Regional Forensic Clinics

Major or Minor Rotation in Forensic Psychological Assessment and Treatment

Surrey Clinic Supervisor: **Karen Whittemore, Ph.D., R. Psych.**
Sarah Farstad, 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, 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, criminal harassment 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 Residency 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.**
Nicholas Druhn, Ph.D., R. Psych.

Other Contributors:
Tricia Teeft, Psy.D.
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
- Violence and sexual risk 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 demonstration of ethical practice. Inpatient assessments and consulting services will occur at FPH and constitute a 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 Residency 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 Residency. 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
- Psychology Resident Seminar Series, the third Thursday of every month
  Previous Topics have included:
  - CBT for Psychosis
  - Risk Assessment of Stalking and Spousal Assault
  - PTSD Treatment – Cognitive Processing Therapy and Prolonged Exposure
  - Addictions – Assessment & Treatment
  - Diversity – Geriatric Population
  - Gender/Sexual Orientation
  - Ethics in Forensics
  - Starting a Private Practice
- Psychology Journal Club meetings, the first Thursday of every month
- UBC Neuropsychiatry Rounds, Wednesdays via teleconference
- SFU area seminars, biweekly on Fridays
- BCMHSUS Ethics Awareness Discussions, the third Thursday of every month
- Indigenous Cultural Competency online training course

Limited financial sponsorship to attend external programs is considered upon request, contingent upon support from the Residency 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). 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 resident, as well as their clinical skill development. However, the resident must ensure that at least 25% of their training is devoted to face-to-face psychological services.

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 Residency Programme. Psychological assessment and treatment of court-ordered individuals.

Nicolas Druhn, Psy.D., R. Psych. (Minnesota School of Professional Psychology). Psychological assessment of Forensic Psychiatric Hospital patients.

Sarah Farstad, Ph.D., R. Psych. (University of Calgary). 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. R. Psych. (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 Residency 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 Residency 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., R. Psych. (Simon Fraser University). Court-ordered pre-sentence psychological assessment. Individual/group treatment for people on a legal order.

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

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, Psy.D. (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.

Nicholas Druhn, Psy.D. R. Psych.

McCabe, P. J., Christopher, P. P., Druhn, N., Roy-Bujnowski, K. M., Grudzinskas, A. J., & Fisher, W. H. (2012). Arrest Types and Co-occurring Disorders in Persons with Schizophrenia or Related Psychoses. *Journal of Behavioral Health Services & Research*, 1–13.

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.

Sarah Farstad, Ph.D. R. Psych.

Farstad, S. M., McGeown, L., & von Ranson, K. M. (2016). Eating disorders and personality, 2004-2016: A systematic review and meta-analysis. Clinical Psychology Review. DOI:10.1016/j.cpr.2016.04.005.

Farstad, S. M., von Ranson, K. M., Hodgins, D. C., El-Guebaly, N., Casey, D. M., & Schopflocher, D. P. (2015). The influence of impulsiveness on binge eating and problem gambling: A prospective study of gender differences in community adults. Psychology of Addictive Behaviors, 29, p. 805-812.

Farstad, S. M. & von Ranson, K. M. (2018). Personality and Eating Disorders. In V. Zeigler-Hill & T. K. Shackelford (Eds.), Encyclopedia of Personality and Individual Differences (pp. 1-3). Cham: Springer International Publishing. DOI: 10.1007/978-3-319-28099-8_2108-1.

von Ranson, K. M. & Farstad, S. M. (2014). Self-help approaches in the treatment of eating disorders, substance use disorders, and addictions. In T. Brewerton & A. B. Dennis (Eds.), Eating Disorders, Addictions, and Substance Use Disorders: Research, Clinical and Treatment Perspectives. Heidelberg, Germany: Springer-Verlag Berlin Heidelberg.

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.

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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.

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.

Kropp, P. R. & Hart, S.D. (2015). User Manual for Version 3 of the Spousal Assault Risk Assessment Guide (SARA-V3). ProActive ReSolutions Inc.

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.

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.

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Applications

Applicants must be enrolled in a CPA or APA accredited academic program in Clinical Psychology or Clinical-Forensic Psychology. Applicants should be fluent in the English language.

The deadline for applications is **November 1, 2018**. Late or incomplete applications will not be considered. The BCMHSUS programme adheres to a two-step Universal Interview Notification and Interview Response/Booking process as agreed upon by the Canadian Council of Professional Psychology Programs (CCPPP). In 2018, the universal interview notification date is December 7th and the universal response date is December 10th. Interviews will be conducted between January 16th and 30th, 2019.

The following are the minimum requirements to be considered for a Residency position:

a) All course work for the Ph.D. or Psy.D. (except dissertation/thesis) be complete;
b) Dissertation proposal be complete;
c) At least 600 hours of practicum hours have been completed by the start of Residency. 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 and at least 115 of these supervision hours 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;
d) Submission of three letters of reference;
e) Submission of a written treatment case summary; and
f) Submission of a written, comprehensive psychological evaluation report.

Interested candidates must apply to the BCMHSUS Clinical Forensic Psychology Residency Programme through the Association of Psychology Postdoctoral and Residency 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. 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.

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. As residents are not considered employees, they are also expected to provide their own professional liability insurance or worker's compensation. Please check with your doctoral program to determine if your program provides professional liability insurance.

Foreign applicants. Our program adheres to Canadian immigration policy requiring eligible Canadian citizens and landed immigrant applicants be offered available residency positions before offering a position to a non-Canadian citizen. Foreign residents matched with our program will require successful completion of a Labor Market Opinion report. A visa permit is also required to

allow the resident to stay in Canada for the duration of the residency. Potential candidates are advised that this process can be challenging and there is no guarantee of success (although other Canadian Residency Programs have been successful in obtaining necessary documentation). To date, we have not matched with a foreign applicant.

It takes up to 3 months after arrival for foreign students to become eligible for B.C. Health Insurance, so it is wise for incoming foreign students to make other health insurance arrangements for that 'bridge time'.

For additional information regarding the Residency program, please contact the Director of Training, Dr. Shauna Darcangelo, via email at sdarcangelo@phsa.ca.

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.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	$780/month +
Burnaby	$940/month +
New Westminster	$850/month +
Surrey	$815/month +
Coquitlam/Port Coquitlam	$820/month +
Port Moody	$870/month +
Vancouver[1] – Westside	$1100/month +
Vancouver[1] – Downtown/Yaletown/West End[2]	$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=vancouversun/properties/search/&searchType=rent
http://vancouver.kijiji.ca
https://www.airbnb.ca/s/Vancouver--Canada

[1] Traveling to the Hospital Residency site from Vancouver does go against the main flow of traffic.
[2] 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.