

Predoctoral Residency in Clinical Psychology 2025-2026

FEATURING:

Adult Mental Health APPIC #180714
Neuropsychology APPIC #180713
Operational Stress Injury APPIC #180711

Accredited by the Canadian Psychological Association | 2024/2025 – 2026/2027



Photo by [Lee Robinson](#) on [Unsplash](#)



Vancouver Coastal Health (VCH) Pre-Doctoral, Clinical Psychology Residency Program Table of Contents

Table of Contents.....	2
Our Values.....	4
Philosophy and Goals of the Program	5
About Vancouver, British Columbia.....	5
Equity, Diversity, and Inclusion.....	6
Reconciliation Promotion	6
Residency Tracks and Rotation Schedule.....	7
Rotation Selection.....	11
Resident Seminars and Other Didactics.....	12
Group Program Development and Evaluation Project	12
Research.....	13
Provision of Supervision.....	13
Supervision.....	13
Evaluation	13
Residency Completion	14
Residency Sites.....	14
University Affiliations and Research	15
Stipends and Benefits	15
Diversity and Non-Discrimination Hiring Policy	15
Personal Information Policy.....	16
Information on Accreditation	16
Candidate Eligibility and Selection Process.....	17
Application Process.....	19
Important Dates.....	19
APPIC Policy	20
Rotations at a Glance	21
Adult Mental Health Track Rotations	22
BC Operational Stress Injury Clinic	22
Eating Disorders Program at St. Paul’s Hospital.....	25

Health Psychology at GF Strong Rehabilitation Centre	27
Health Psychology in the Heart Centre at St. Paul’s Hospital.....	29
Outpatient Mental Health and Substance Use at Richmond Hospital	31
Outpatient Mental Health and Substance Use at Vancouver General Hospital	32
Primary Care – Downtown Eastside	34
Severe Mental Illness (AMH track - Clinical) at UBC Hospital	36
Sexual Health at Vancouver General Hospital.....	38
Solid Organ Transplant Program at Vancouver General Hospital	40
Transitional Pain Clinic at Vancouver General Hospital	42
Neuropsychology Track Rotations	44
Epilepsy Program at Vancouver General Hospital.....	44
Neuropsychology Service at the British Columbia Neuropsychiatry Program (BCNP).....	45
Neuropsychology at GF Strong Rehabilitation Centre.....	47
Neuropsychology Service at the Older Adult Mental Health & Substance Use Program	49
Neuropsychology Service at St. Paul’s Hospital.....	51
Neuroscience at Vancouver General Hospital.....	52
Severe Mental Illness (Neuropsychology track - Clinical) at UBC Hospital.....	53
Tertiary Mental Health and Substance Use.....	55
Severe Mental Illness (Research Rotation) at UBC Hospital.....	57
Operational Stress Injury (OSI) Track.....	59
BC Operational Stress Injury Clinic Overview	59
OSI Track Rotations Overview	59
Psychodiagnostic Assessment Rotation (2 days/week).....	60
Trauma-Specific Psychotherapy Rotation (2 days/week).....	61
General Psychotherapy Rotation (2 days/week).....	61
Program Development & Evaluation Rotation (2 days/week)	61
Optional Rotation Outside the BC OSI Clinic (2 days/week).....	62
Group Psychotherapy	62
Appendix: Supplemental Neuropsychology Application Page	65

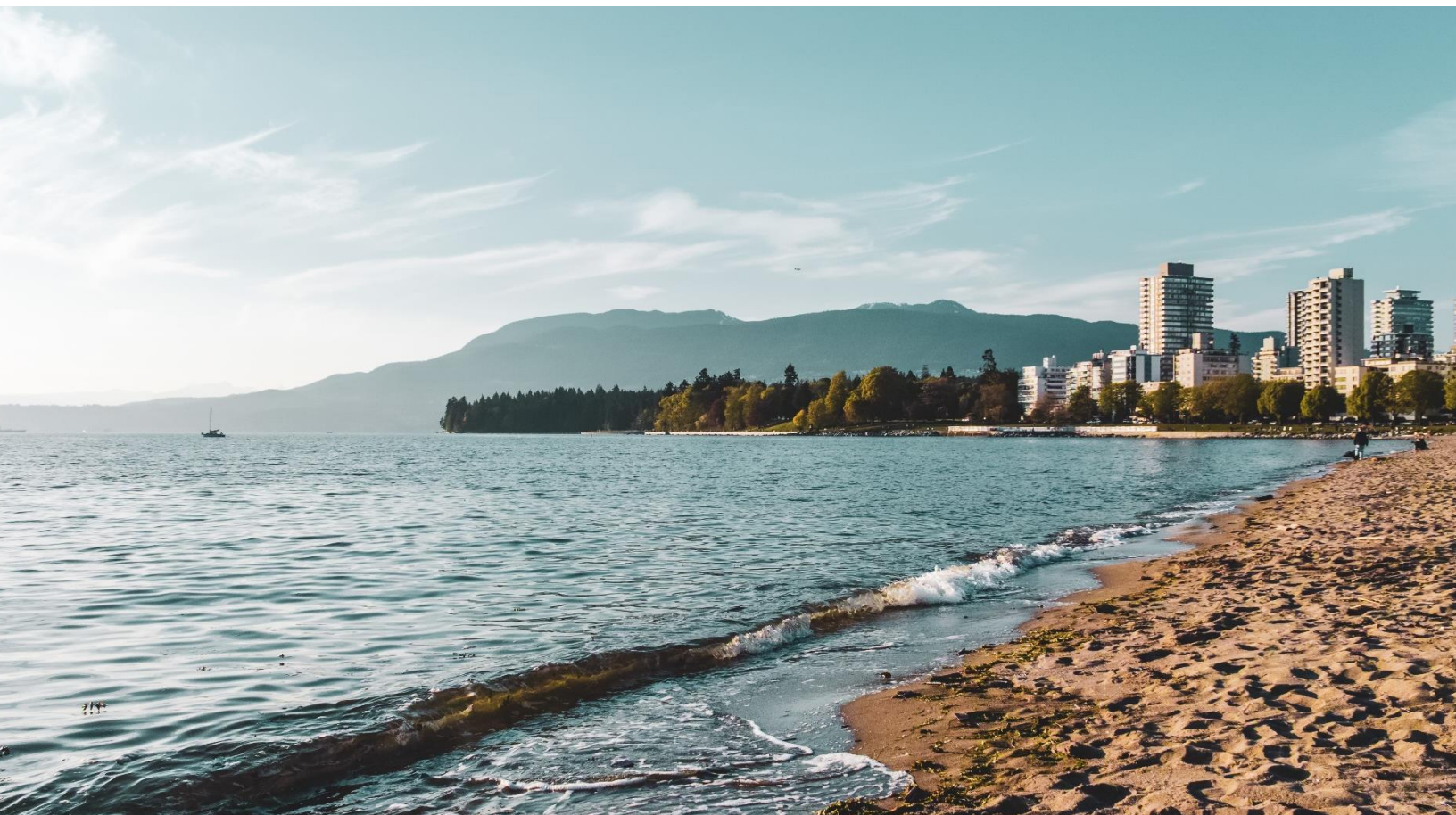
Our Values

What do we stand for?

- We are a community of hospital-based psychologists who believe that everyone should have access to free, quality mental health care.
- We innovate and adapt our service based on what works best for the client.
- We connect. We love teamwork and make use of the strengths of other professionals.
- We translate research into practice (and use practice to inform our research...we're flexible that way).

Why come here?

- If you believe that everyone deserves good care, regardless of their physical ability, how much money they earn or cultural background, come learn with us.
- If you'd like to stretch yourself, see some difficult cases, develop new ways to help people, and practice to your full scope, come learn with us.
- If you like having colleagues that you can trust and with whom you can work to solve complex problems, come learn with us.
- If you want to (finally) figure out how to integrate your expertise in research and practice in real world situations, come learn with us.
- If you want to leave Residency as a competent and confident professional, come learn with us.
- Truly, the beach is just a bonus.



Philosophy and Goals of the Program

The VCH Residency Program has a strong scientist-practitioner orientation and provides broad-based training in clinical psychology in order to promote the ongoing development of autonomous professional psychologists. The goal is to get you from “here to there” and by “there”, we mean entry-level practice as a psychologist. Though some of our residents pursue post-doctoral fellowships, the philosophy of the program is that you are ready to apply for College registration at the conclusion of residency. We help you get “there” with the following goals in mind:

- To further promote competency of clinical practice. This is based on the acquisition and implementation of evidence-based psychological principles in concert with breadth and depth of clinical training in both assessment and intervention.
- To promote ethical behaviour and competence in equity, diversity and inclusion across all psychological functions.
- To promote Indigenous Inter-culturalism in our commitment to Reconciliation
- To encourage personal growth and develop professional identity.
- To provide training in consultation in interdisciplinary settings and opportunities to work with treatment teams.
- To facilitate the integration of research into clinical experiences (and vice versa).
- To provide theoretical training and practical opportunities to supervise junior clinicians.
- To provide knowledge and experience in program development and evaluation.

About Vancouver, British Columbia

The city of Vancouver is located on the traditional, ancestral and unceded territories of the Coast Salish peoples – the x^wməθk^wəyəm (Musqueam), Sḵwxwú7mesh (Squamish), and Səlíl l wətał (Tsleil-Waututh) Nations. We thank the Coast Salish People for allowing us to live, work and play on their lands.

Vancouver is recognized as one of the most livable cities in the world. It is a vibrant metropolitan city bordered by the Pacific Ocean and nestled in the Coast Mountain Range, with the Vancouver metropolitan area home to a multicultural population of more than 2.6 million residents.

Vancouver is the second-most popular destination for persons establishing their new permanent residence in Canada, making it culturally and linguistically diverse. Metro Vancouver comprises the third largest metropolitan area in Canada. Census data from 2021 indicated 55% of residents identify as visible minorities and approximately 28% do not speak English or French at home. Common languages spoken at home include Mandarin (20%), Punjabi (21%) and Yue/Cantonese (18%).

To learn more about Vancouver, you may access the following links:

www.vancouver.ca/visitors.htm

<http://www.hellobc.com/vancouver.aspx>

<http://www.tourismvancouver.com>

Equity, Diversity, and Inclusion

Our program has a strong commitment to Equity, Diversity & Inclusion (EDI) in all aspects of patient care and resident training. Identity develops with time and context and is shaped by influences including culture, ethnicity, gender identity, sexual orientation, ability/disability status, socioeconomic status, spirituality, and experiences of marginalization. Through supervision and didactic experiences, residents are encouraged to attend to and explore aspects of identity to recognize their own biases and world views and become more aware of the world views of others, in order to aid case conceptualization and further understanding of diversity. The residency has adopted the Hays' ADDRESSING model (Hays, 2001) as a conceptual framework for residents and supervisors to examine EDI issues in both case conceptualization and the supervisory relationship. In addition, neuropsychology track residents are encouraged to formulate their case conceptualization with culturally diverse clients using the ECLECTIC framework (Fujii, 2018).

Reconciliation Promotion

Our program has an explicit commitment to reconciliation between psychology training and Indigenous people. We acknowledge accountability for the harms done to Indigenous People, particularly in the BC hospital system and the profession of psychology. Residents participate in Indigenous Cultural Safety Training and discuss their personal readings/reflections of the Truth & Reconciliation Report and In Plain Sight Report. Where possible, we try to include our Indigenous partners in lectures and discussions, while also recognizing that it is our responsibility to self-direct our education without unduly burdening our Indigenous partners.

Our program is also dedicated to examining how our ways of knowing are inherently biased toward empiricism, which has limitations in both its epistemology and study of under-represented groups. We strive for humility in considering alternate ways of knowing, such as Indigenous wisdom, science and scholarship. Residents are encouraged to actively engage with Elders and the Aboriginal Navigators that are important to some of our Indigenous clients' journeys during their inpatient and outpatient care.



Residency Tracks and Rotation Schedule

Five full-time residency positions are available:

- 2 Adult Mental Health Track positions APPIC #180714
- 2 Neuropsychology Track positions APPIC #180713
- 1 Operational Stress Injury Track position APPIC #180711

The VCH Predoctoral Residency Program in Clinical Psychology is organized into a three-track training model comprised of an Adult Mental Health Track, a Neuropsychology Track, and an Operational Stress Injury Track.

- The Adult Mental Health Track provides a Major Area of Study or Emphasis Training in Clinical Psychology in programs in which mental health concerns are the primary referral question (e.g., Eating Disorders Program).
- The Neuropsychology Track provides a Major Area of Study or Emphasis Training in programs in which neurologic concerns are the primary referral question (e.g., Epilepsy).
- The Operational Stress Injury Track provides a Major Area of Study at the BC Operational Stress Injury Clinic (BC OSI Clinic) in Vancouver in which residents gain experience in assessment and treatment of Veterans, members of the Canadian Forces (Regular and Reserve) and members of the RCMP.
- Residents from all tracks are provided with Experience or Exposure training in either cross-track rotations or health psychology rotations.

In addition to the 4 days of clinical rotations per week, there is 1 day per week (typically Fridays) dedicated to the following learning activities:

- Didactic seminar series
- Group Program Development & Evaluation Project
- Provision of supervision to doctoral psychology practicum students



Sample Rotation Schedule – Adult Mental Health Major Area of Study

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

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

Sample Rotation Schedule – Adult Mental Health Emphasis Training

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

1 st block: September – February	2 nd block: March – August
<ul style="list-style-type: none"> • 2 days/week: Outpatient Mental Health & Substance Use Program • 2 days/week: Heart Centre (Health) • 1 day/week: resident seminars & program development/evaluation project 	<ul style="list-style-type: none"> • 2 days/week: Severe Mental Illness • 2 days/week: Sexual Health (Health) • 1 day/week: resident seminars & program development/evaluation project

Sample Rotation Schedule – Neuropsychology Major Area of Study

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

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

Sample Rotation Schedule – Neuropsychology Emphasis Training

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

1 st block: September – February	2 nd block: March – August
<ul style="list-style-type: none"> • 2 days/week: Epilepsy • 2 days/week: Heart Centre (intervention only) • 1 day/week: Resident seminars & program development/evaluation project 	<ul style="list-style-type: none"> • 2 days/week: Geriatric Neuropsychology • 2 days/week: GF Strong Rehab (intervention only) • 1 day/week: Resident seminars & program development/evaluation project

Sample Rotation Schedule – Operational Stress Injury Track

- 80% of time spent in rotations within the BC OSI Clinic
- 20% of time spent in didactics, program development/evaluation

1 st block: September – February	2 nd block: March – August
<ul style="list-style-type: none"> • 2 days/week: BC OSI Clinic – psychodiagnostic assessment • 2 days/week: BC OSI Clinic – Cognitive Processing Therapy (trauma-specific psychotherapy) and/or Group Psychotherapy • 1 day/week: Resident seminars & program development/evaluation project 	<ul style="list-style-type: none"> • 2 days/week: BC OSI Clinic – psychodiagnostics assessment • 2 days/week: BC OSI Clinic – Prolonged Exposure Therapy (trauma-specific psychotherapy) and/or Group Psychotherapy • 1 day/week: Resident seminars & program development/evaluation project

Sample Rotation Schedule – Operational Stress Injury Track

- 60% of time spent in rotations within the BC OSI Clinic
- 20% of time spent in adult mental health or health rotation (training outside the BC OSI Clinic is subject to availability from year-to-year)
- 20% of time spent in didactics, program development/evaluation

1 st block: September – February	2 nd block: March – August
<ul style="list-style-type: none"> • 2 days/week: BC OSI Clinic – psychodiagnostic assessment • 2 days/week: BC OSI Clinic – Cognitive Processing Therapy (trauma-specific psychotherapy) • 1 day/week: resident seminars & program development/evaluation project 	<ul style="list-style-type: none"> • 2 days/week: BC OSI Clinic – psychodiagnostics assessment • 2 days/week: Outpatient Mental Health Substance Use • 1 day/week: resident seminars & program development/evaluation project

All residents have the opportunity to engage in a broad range of training experiences such as psychodiagnostic assessment, complex case conceptualization, report writing, feedback, intervention, and team consultation. Residents are expected to train in more than one psychotherapy orientation during their residency year. Our supervisors offer training in cognitive behavioural therapy, dialectical behavioural therapy/skills, acceptance and commitment therapy, compassion focused psychotherapy, emotion focused psychotherapy, cognitive processing therapy, prolonged exposure therapy and unified protocol for transdiagnostic treatment.

Rotation Selection

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

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

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

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

Psychology residents can expect that the majority of their time will be spent in direct clinical services; however, no more than 66% of their time will be devoted to clinical service delivery, in order to have time for education, administrative responsibilities and the pursuit of optional research interests.

Vancouver General Hospital Campus



Resident Seminars and Other Didactics

A wide range of scheduled resident seminars are provided during the residency year (about 20 per year) and residents are expected to attend all of them. Previous topics have included:

- Ethics and Legislation
- Cognitive Behavioural Therapy for Psychosis
- Competency-based Supervision
- Treatment of Sexual Dysfunction
- Hospital-based Research
- Transition from Student to Early Career Psychologist
- OCD: CBT Group Treatment Guidelines
- Treatment of Gay, Lesbian and Bisexual Patients
- Indigenous Cultural Safety
- Neuropsychology of Neurodegenerative Disorders
- The Use of Interpreters for Effective Practice
- Advocacy in Psychology
- Eating Disorders

Additionally, other didactics occur throughout the year (e.g., psychology rounds, program based hospital and/or team care rounds) and residents are encouraged to attend those that are relevant to their clinical training. The VCH Psychology Residency Program encourages residents to attend the CCPPP National Seminar Training Series to join the national dialogue amongst psychology residents.

Group Program Development and Evaluation Project

The group program development and evaluation project is determined by residents in conjunction with the training director and relevant supervisors at the beginning of the residency year and is completed over the course of the residency. The purpose of the project is to provide residents with training in program development and evaluation in a hospital setting and to make a positive contribution to patient care at a program-service or regional level. The residents will present their project findings with relevant hospital stakeholders (e.g., patient services managers, multidisciplinary teams, etc.) and during the graduation ceremony at the end of the residency year.

Research

Each resident will be required to present one clinical case presentation that highlights their ability to integrate research into clinical practice. Residents also have the option to complete a research project. There are VCH psychologists with protected time for research, and residents are encouraged to work with these established research programs as part of their research training. Examples of existing research programs include (but are not limited to) Mild Traumatic Brain Injury, Treatment Refractory Psychosis, Eating Disorders, Heart Transplant and Sexual Health. Because Fridays are full with didactics, program development and evaluation, and the provision of supervision, there is insufficient time to conduct research on Fridays. Instead, research can be integrated as a training goal within a clinical rotation or a formal research rotation can be elected in lieu of one clinical rotation.

Provision of Supervision

Residents receive both theoretical and practical experience in the provision of supervision. Beginning in Fall 2024, VCH and the University of British Columbia (UBC) will initiate a pilot project to provide the 2024-2025 VCH psychology residents with practical experience in providing tiered supervision to junior psychology graduate students on psychological assessment cases. Psychology residents will provide individual supervision to UBC students and then meet for supervision with the Director of Training (or other staff psychologist) for supervision learning and mentorship.

Supervision

Consistent with CPA accreditation criteria, residents will receive a minimum of four hours per week in direct, individual supervision in their clinical rotations. All supervising psychologists are Registered Psychologists with the College of Health and Care Professionals of British Columbia. The predominant model is Developmental Supervision. However, given the broad range of clinical services provided within VCH Psychology Services, residents may expect supervision to reflect a wide variety of theoretical and clinical orientations (e.g., Supervision with an EFT framework).

Evaluation

Psychology residents are evaluated four times during the training year, at the middle and end of each rotation, within each training block. Our program uses a competency-based Resident Evaluation Form. This consists of 37 specific competencies within thirteen broad areas including ethics, assessment and psychotherapeutic skills, relationships with other care providers, indigenous cultural safety, humility, and anti-racism. In addition, supervisors comment on a resident's strengths and areas for growth and development. To successfully pass a rotation, a resident must achieve a minimum level of competency. Supervisors meet with the Director of Training and respective resident to share information about progress in each rotation.

Residency Completion

To successfully pass the residency, the resident must have completed a minimum of 1600 hours of supervised training, which includes at least 400 hours of clinically-focused activities, passed the clinical rotations, passed the group program evaluation project, passed the provision of supervision project, presented one case presentation, have no outstanding problematic behaviours, and be deemed competent to perform as an entry-level psychologist. If an optional research project is undertaken, the resident must successfully complete this project as well. Findings from the program development and evaluation project and optional research projects are presented at our graduation ceremony at the end of the year.

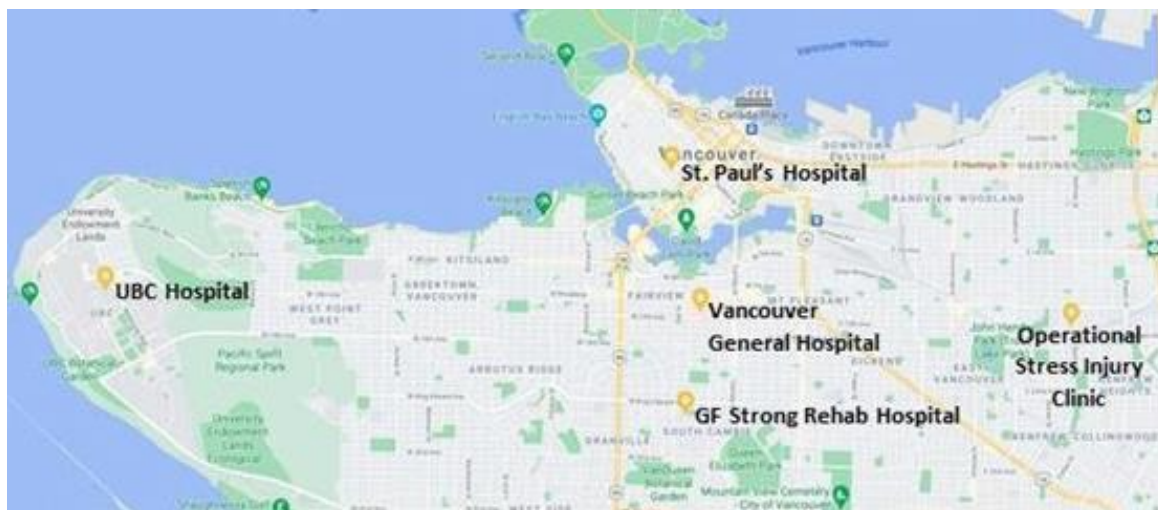
Residency Sites

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

Psychology Residents are placed at the primary site of Vancouver General Hospital, which provides administrative support to the residents. The residency experience encompasses six training sites:

- Vancouver General Hospital
- University of British Columbia (UBC) Hospital
- St. Paul's Hospital
- GF Strong Rehabilitation Centre
- The BC Operational Stress Injury Clinic (OSI)
- Vancouver Coastal Health Community (at various locations)

Most psychology residents will select clinical rotations across multiple sites and every effort is made to coordinate their schedule to minimize travel time. Inter-hospital shuttles depart frequently to facilitate easy movement to and from hospital sites but does not connect to OSI and some community sites.



University Affiliations and Research

Most psychology supervisors have appointments with the Departments of Psychiatry, Psychology or Medicine at UBC or Simon Fraser University (SFU). Residents are provided UBC library cards and granted access to online journals available through the UBC library. Psychologists in the region participate in research programs and clinical and academic teaching responsibilities within the hospital, the medical school, and the universities at large.

Stipends and Benefits

The residency is 12 months in duration, commencing at the beginning of September to the last day of August. The current stipend for a full-time residency position in the training year is \$45,000. Benefits include:

- 15 days of paid vacation
- Up to 10 days of paid sick leave
- Level 1 Staff (#829) Standard Benefit Plan: Group Life Insurance, Basic & Major Dental Services & Extended Health Coverage (Note: Basic health care insurance provided by the province requires 3 months of residence within the province prior to taking effect)
- Up to 5 days research or education leave (e.g., may be used for conference attendance, dealing with dissertation requirements at home university, working on a manuscript unrelated to the residency)
- A UBC library card, which allows for online access to an extensive number of research journals
- Up to \$500 education and training fund (upon application)

Diversity and Non-Discrimination Hiring Policy

VCH is committed to a respectful and discrimination-free workplace. The member sites of VCH are committed to employment equity, welcome diversity in the workplace, and encourage applications from all qualified individuals.

The VCH Predoctoral Residency in Clinical Psychology endeavors to provide an accessible workplace for residents with disabilities. Applicants who have specific questions about access and accommodations available at our setting are encouraged to contact the Director of Clinical Training early in the application process so that their concerns or needs may be fully addressed.

Personal Information Policy

In accordance with federal privacy legislation (Personal Information Protection and Electronic Documents Act - <http://laws-lois.justice.gc.ca/eng/acts/P-8.6/>), you should be aware that we are committed to only collecting the information in your application that is required to process your application. This information is stored on our secure hospital computer network and is shared only with those individuals involved in the evaluation of your residency application. If you are not matched with our program, your personal information is destroyed within one year of Match Day. If you are matched with our residency program, your application materials will be available only to those involved in your supervision and training including your rotation supervisors, the Director of Clinical Training, The Psychology Professional Practice Leader, and relevant administrative support staff. We will place an electronic copy of this material on a secured section of the program network that will only be made available to those individuals directly involved in your supervision and training.

Information on Accreditation

The VCH Clinical Psychology Residency program was originally accredited by the American Psychological Association in 1988, and the Canadian Psychological Association since 2006. Note that APA accreditation was discontinued for Canadian programs as of September 2015. For further information please refer to the Accreditation sections of both the CPA and APA websites: <http://www.cpa.ca/accreditation/>. Our program was most recently reaccredited by the Canadian Psychological Association for another 5-year period: 2021/22 – 2026/27. Our next self-study is due in February 2027.

Information on accreditation by the Canadian Psychological Association is available by contacting the following office:

Stewart Madon, Ph.D., C. Psych., Registrar of Accreditation Canadian Psychological Association
141 Laurier Avenue West, Suite 702 Ottawa, ON K1P 5J3

Phone: 613-237-2144 or 1-888-472-0657

Fax: 613-237-1674

E-mail: accreditation@cpa.ca

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

Candidate Eligibility and Selection Process

All applicants must:

- Come from a CPA or APA accredited doctoral program in clinical psychology, counseling psychology or educational psychology
- Receive approval from their Director of Training to apply for residency
- Complete all doctoral program requirements aside from their dissertation
- Be fluent in English

Adult Mental Health Track Applicants (APPIC #180714) must have:

- At least 600 hours of supervised practicum training (assessment + intervention + supervision)
- At least 300 direct patient contact hours (assessment + intervention) directly relevant to one or more of our training rotations
- At least 10 integrated assessment reports
- At least 1 practicum placement in a medical setting (>50 hours)

Neuropsychology Track Applicants (APPIC #180713) must have:

- At least 600 hours of supervised practice training (assessment + intervention + supervision)
- At least 300 direct patient contact hours (assessment + intervention)
- At least 2 graduate level courses in neuropsychology related topics
- At least 20 adult integrated neuropsychology reports; however, ranked applicants typically have had more than 25
- At least 1 practicum placement in a medical setting (>50 hours)

BC OSI Track Applicants (APPIC # to be announced) must have:

- At least 600 hours of supervised practicum training (assessment + intervention + supervision)
- At least 300 direct patient contact hours (assessment + intervention) directly relevant to one or more of our training rotations
- At least 10 integrated assessment reports
- An expressed career goal of working with veterans, members of the Canadian Forces (Regular and Reserve) and members of the RCMP who have suffered operational stress injuries.
- Training in cognitive behavioural psychotherapy, which is foundational to trauma-specific psychotherapy training. Experience in trauma-specific psychotherapy is not required.

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

Public Disclosure Table

Academic Year	2022–2023		2023–2024		2024–2025	
Track	AMH	NP	AMH	NP	AMH	NP
Positions	2	2	2	1	2	2
Applications	66	15	57	15	47	15
Interviewed	16	9	17	9	15	11
Ranked	16	7	15	3	14	8
Matched	2	2	2	1	2	2
Of Those Who Matched						
Track	AMH	NP	AMH	NP	AMH	NP
From Outside Province	0	1	1	1	0	2
From Outside Canada	0	0	0	0	0	0
*Mean Hours on AAPI						
Assessment & Intervention	740	527	747	X	609	641
Supervision	380	374	389	X	279	230
Support/Indirect	805	1102	713	X	859	902
Mean Total Hours	1925	2002	1848	X	1746	1772
Mean Number of Integrated Reports	19	69	27	X	13	43

*Rounded up to the nearest whole number

Note: Data are only presented for the years when there were at least two matched applicants.

Our program adheres to Canadian immigration policy requiring eligible Canadian citizens and permanent resident applicants be offered available residency positions before offering a position to a non-Canadian citizen. However, we have matched with U.S. citizens in the past, and we accordingly encourage foreign applicants to apply.

Foreign residents matched with our program will require successful completion of a Labor Market Opinion or a Labor Market Opinion exemption from Service Canada. A visa permit is also required to allow the resident to stay in Canada for the duration of the residency. Upon receiving a letter of offer to the residency program, the prospective resident must contact the nearest Canadian Consulate enclosing a copy of our letter of acceptance to the residency program. The Consulate will aid the resident in the application process. This process will likely require a medical exam and clearance. The VCH recruitment Office and the Director of Clinical Training facilitate documentation requirements.

In recent years, there has been increased risk with cross-border training, in part due to COVID-19, with some US applicants being refused entry to Canada. Though this has not happened with VCH specifically, applicants should still be aware of the inherent risks of cross-border training and that even with proper documentation, border entry is still at the discretion of the border guard and immigration. It takes up to 3 months after arrival for foreign students to become eligible for B.C. Health Insurance, so it is wise for incoming foreign students to make other health insurance arrangements for that 'bridge term'.

Application Process

A complete residency application includes the following:

1. APPIC online Application for Psychology Residency (AAPI) Form available at <http://www.appic.org/>. Please do not submit any supplemental material.
2. Curriculum Vitae.
3. Three letters of reference from three referees, one of whom is your dissertation supervisor and **two who are supervisors of your clinical work**. We prefer compliance with CCPPP guidelines. A link to the APPIC reference writer portal is at <http://www.appic.org/AAPI-APPA#REF>.
4. Transcripts of **graduate** courses (undergraduate transcripts are not required).
5. **Cover letter that describes which track you are interested in** and why you believe you are a good fit for training within that track. You should clearly state at least *four* **specific rotations of interest**.
6. **For neuropsychology track applicants, please complete the “Supplemental Neuropsychology Application Page” located on page 65 of the brochure, and append the information to your cover letter** as this information is not provided in the APPI. This supplemental page is also available as a separate word document on the website.

In compliance with the recommendations of CPA and Canadian Council of Professional Psychology Programs, interviews will exclusively be offered via videoconference, even for local applicants. We utilize a vignette-based interview format. Applicants will still have the opportunity to meet by video with the Training Director, two or more faculty, and at least one current resident. Because applicants will not be able to visit the campus and see the facilities as part of the interview, we have posted a video to our website (vch.ca/en/careers/work-vch/students-and-residents/psychology-residency) that allows applicants to see the various training sites and facilities. Interview notification will be conducted in accordance with the notification and booking system recommended by the Canadian Council of Professional Psychology Programs.

Important Dates

- **Friday, November 1, 2024, 9 PM PST** – Application due date. All applications must be received through the APPIC portal.
- **Friday, December 6, 2024** - Universal Interview Notification Day. All applicants applying at Canadian Internship Sites will be informed of their interview status on this day and will be able to book interviews starting after 8 AM PST. Note: VCH will be using the NMS Interview platform to schedule interviews.
- **January 14 & 15, 2025** – Interviews conducted via teleconference only (even for local applicants)
- **September 2, 2025** – Start date of the residency
- **August 28, 2026** – End date of the residency

Residency website: vch.ca/en/careers/work-vch/students-and-residents/psychology-residency

APPIC Policy

The program agrees to abide by the APPIC policy that no person at the training facility will solicit, accept, or use any ranking-related information from any applicant. All ranking and offers will be in accordance with APPIC Match policies.

G.F. Strong Rehabilitation Centre



UBC Hospital

Rotations at a Glance

Rotation	Track	Location	Assessment	Intervention
BC OSI Clinic	OSI and AMH	Community	•	•
Older Adult Mental Health & Substance Use Program	Neuropsychology	Community	•	
Primary Care – DTES	AMH	Community	•	•
Health Psychology – GFS	AMH	GF Strong	•	•
Neuropsychology at GFS	Neuropsychology	GF Strong	•	•
BC Neuropsychiatry Program	Neuropsychology	UBC Hospital	•	
Severe Mental Illness	AMH	UBC Hospital	•	•
Severe Mental Illness	Neuropsychology	UBC Hospital	•	
Severe Mental Illness	Research	UBC Hospital		
Outpatient Mental Health & Substance Use Program	AMH	Richmond Hospital	•	•
Eating Disorders Program	AMH	St. Paul’s Hospital	•	•
Health Psychology - Heart Centre	AMH	St. Paul’s Hospital	•	•
Neuropsychology Service	Neuropsychology	St. Paul’s Hospital	•	
Epilepsy Program	Neuropsychology	Vancouver General Hospital	•	
Neuroscience	Neuropsychology	Vancouver General Hospital	•	
Outpatient Mental Health & Substance Program	AMH	Vancouver General Hospital		•
Sexual Health	AMH	Vancouver General Hospital	•	•
Solid Organ Transplant Program	AMH	Vancouver General Hospital	•	•
Tertiary Mental Health & Substance Use	Neuropsychology	Vancouver General Hospital	•	•
Transitional Pain Clinic	AMH	Vancouver General Hospital		•

Adult Mental Health Track Rotations

BC Operational Stress Injury Clinic



Assessment



Treatment



Consultation

Supervisors:



Eleanor Donegan, Ph.D., R.Psych. (she/her/hers)
Ph.D. 2017, Concordia University
Postdoctoral Fellowship, St. Joseph's Healthcare Hamilton,
2016-2018
Email: eleanor.donegan@vch.ca



Samantha Fashler, Ph.D., R.Psych. (she/her)
Ph.D. 2020, York University
Email: samantha.fashler@vch.ca



Brad Hallam, Ph.D., R.Psych., ABPP-CN (he/him)
Board Certified in Clinical Neuropsychology
Ph.D. 2002, Fuller Graduate School of Psychology
Clinical Neuropsychology Postdoctoral Fellow at the
University of California at San Francisco Medical Center,
Memory and Aging Clinic, 2002/03
Email: brad.hallam@vch.ca



Julia Ting, Ph.D., R.Psych. (she/her)
Ph.D. 2010, University of Utah
Email: julia.ting@vch.ca



Angelina Yiu, Ph.D., R.Psych., DBT-LBC (she/hers)
DBT®-Linehan Board of Certification, Certified Clinician
Ph.D. 2018, Temple University
Email: angelina.yiu@vch.ca



Myfanwy Bakker, Ph.D., R.Psych. (she/her)
Ph.D. 2022, The University of British Columbia – Okanagan
Campus
Email: myfanwy.bakker@vch.ca



Cindy Quan, Ph.D., R.Psych. (she/her/hers)
Ph.D. 2023, University of Victoria
Email: cindy.quan@vch.ca



Jessica Ferreira, Ph.D. (she/her)
Ph.D 2024, Simon Fraser University
Email: jessica.ferreira@vch.ca

The BC Operational Stress Injury Clinic (BC OSI Clinic) is one of nine clinics across Canada fully funded by Veterans Affairs Canada. The BC OSI Clinic is managed by Vancouver Coastal Health Authority and staffed by psychologists and other mental health care professionals who work collaboratively to provide specialized care. All of our supervising psychologists have preferred provider status (or are training to become preferred providers) for Cognitive Processing Therapy and/or Prolonged Exposure Therapy.

Opened in February 2009, the Clinic is an outpatient program where clients who live with mental health conditions related to an operational stress injury (OSI) and their families can find comprehensive clinical assessment and treatment services under one roof.

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

The BC OSI Clinic has the largest group of psychologists within VCH. Accordingly, the clinic is resourced to provide supervision to residents from both the Adult Mental Health Track and the Operational Stress Injury Track. Residents from the Adult Mental Health Track may or may not have an expressed career goal of working with Veterans, members of the Canadian Forces (Regular and Reserve) and members of the RCMP. Frequently, many Adult Mental Health Tracs residents are interested in gaining competency in trauma work that is generalizable to civilian populations.



Assessment: Psychodiagnostic assessments that integrate structured or semi-structured interviews and objective psychological self-report measures (e.g., PAI). In addition to psychodiagnostic issues, assessments address issues of causation, treatment recommendations, substance use, risk of harm to self/others, and safety planning (as needed).



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

Treatment Modalities: CBT and ACT are provided for clients with anxiety and depression. Residents may have the opportunity to deliver trauma-specific psychotherapy such as Prolonged Exposure Therapy and Cognitive Processing Therapy.



Consultation: The BC OSI Clinic is a multi-disciplinary team of psychologists, psychiatrists, nurses, social works and clinical counsellors. Residents have protected time for formal (weekly rounds) and informal consultation to enhance client care.



Service Delivery: Hybrid



Unique aspects of this rotation:

1. Complex referrals for assessments and therapy often including a significant trauma history to refine psychodiagnostic skills for Trauma and Related Disorders.
2. Provincial service for BC and Yukon for service members of the Canadian Armed Forces, RCMP and Veterans.
3. Training and intervention opportunities with trauma-specific modalities, typically Cognitive Processing Therapy.
4. Experiences will improve understanding of trauma and other mental health conditions for service members, the impact of systems on clients' well-being (e.g. military, deployments, legal systems), the impact on family, and ultimately how to support service members in psychological wellness.

Eating Disorders Program at St. Paul's Hospital



Assessment



Treatment

Supervisors:



Theo Elfers, Ph.D., R.Psych. (he/him)
PHC Professional Practice Leader, Psychology
Ph.D. 2015, Simon Fraser University
Email: telfers@providencehealth.bc.ca



Rachelle Pullmer, Ph.D., R.Psych. (she/her)
Ph.D. 2019, Simon Fraser University
Postdoctoral Fellow, Yale School of Medicine
Email: rpullmer@providencehealth.bc.ca



Jelica Todosijevic, Ph.D., R.Psych. (she/her)
Ph.D. 2005, University of Vermont
Email: jtodosijevic@providencehealth.bc.ca



Josie Geller, Ph.D., R.Psych. (she/her)
Ph.D. 1996, University of British Columbia
Health Professional Investigator, Michael Smith Health
Research British Columbia
Email: jgeller@providencehealth.bc.ca

Residents provide primarily group-based therapy to clients in the Discovery Day Hospital Program at the province's tertiary care-level Eating Disorders Program. Depending on skill level, the resident will also provide individual psychotherapy to a small caseload of clients, which includes case formulation and treatment planning. We encourage residents who have a good foundation in working with eating disorders, delivering group treatment in different modalities, or both to choose this rotation. For someone who does not have either experience, the learning curve may prove too steep for a 6-month rotation.



Assessment: A minimum of four intake assessments under supervision and/or psychological assessments at the beginning of individual psychotherapy to aid case formulation and treatment planning.



Treatment: Primarily group-based but individual psychotherapy available.

Treatment Modalities: The focus in this rotation is on the integration of bona fide therapies to fit the clients' complex needs in the context of a tertiary care level setting. Learning opportunities include EFT, CBT-E, Compassion-focused, ACT, DBT, MI and psychodynamic/interpersonal.



Service Delivery: Hybrid. Most groups are in person, individual service delivery may be via zoom or in person.



Unique aspects of this rotation:

1. Gain valuable learning in delivering psychological services for patients with longstanding eating disorders or complex presentations within an internationally recognized live-in hospital program.
2. Experience a vibrant and well-functioning multidisciplinary care team in which the role of psychology is highly valued.
3. Learn to manage frequent co-morbid conditions of trauma, substance use, personality disorders, anxiety disorders, and depression in the context of active eating disorder recovery.
4. Learn how to effectively deal with ambivalence towards treatment and manage treatment-interfering behaviours in individual and group settings.
5. Gain diversity experience that may include age, gender, ethnicity, sexual orientation, body size, mental and physical challenges.
6. This rotation is well-suited for residents who enjoy delivering groups in different modalities: participating/co-leading in process groups, body image groups, DBT interpersonal effectiveness & CBT/ACT groups; optional opportunity for developing & facilitating groups in line with resident's past training and interests if there is a fit with patient needs (e.g., sexual health, sleep difficulties).
7. Gain experiences to recognize and utilize the therapist's emotional reactions (e.g., countertransference) to inform psychotherapy while working with longstanding eating disorder presentations, body image distress, personality disorder presentations, etc.
8. Provide weekly meal support (exposure to eating) in the live-in program and learn about nutritional aspects of eating disorder recovery utilizing a weight inclusive framework. (Please note it is a requirement that our residents can model normalized eating during meals, which are provided by the hospital.)
9. Optional opportunities for delivering meal support or single psychoeducational groups to our inpatient unit to engage with clients at an earlier stage of their recovery.

Health Psychology at GF Strong Rehabilitation Centre



Assessment



Treatment



Consultation

Supervisors:



Sarah Chan, Ph.D., R.Psych. (she/her)
Ph.D. 2014, University of Regina
Email: sarah.chan1@vch.ca



Katherine Fretz, Ph.D., R.Psych. (she/her)
Ph.D. 2023, Queen's University
Postdoctoral Fellowship in Health Psychology, Nova Scotia
Health 2022-2023
Email: Katherine.Fretz@vch.ca

The primary focus of this rotation at GF Strong is on health psychology and rehabilitation psychology and could involve inpatient and/or outpatient programs. Dr. Chan is aligned with the Neuromusculoskeletal Program, thus most patient time would be with the NMS Program (e.g., multiple sclerosis, post-transplant, polytrauma, burns, amputation, other neuromuscular conditions). Dr. Fretz supports the Spinal Cord Injury program in both inpatient and outpatient contexts.



Assessment: Psychological assessment with the purpose of guiding individual psychotherapy and team consultation. The goals of the evaluation are to provide information germane to clients' psychosocial adjustment to disability, including coping and personality styles, locus of control, grief and hope, and perceived social supports. Assessments may also include diagnoses of depression, anxiety, adjustment, posttraumatic stress disorder, and other psychological disorders.



Treatment: Opportunities for both inpatient and outpatient work. Inpatient intervention is short-term (approx. 6-8w), focused on supporting clients as they go through an interdisciplinary inpatient rehabilitation program for significant physical health challenges, and can include treatment of depression, anxiety, adjustment, post-traumatic stress, grief, and/or supporting health behaviour change (e.g., medication, pacing, pain management). Outpatient intervention tends to be of longer duration (6+ sessions), also focused on supporting clients in adjustment to significant health challenges (e.g., diagnosis, progression of disease, loss of mobility). May include treatment of depression, anxiety, adjustment, post-traumatic stress,

grief, and/or supporting health behaviour change (e.g., medication, pacing, pain management). Outpatient program also includes opportunity for co-facilitating virtual CBT group with GF Strong outpatients.

Treatment Modalities: CBT, ACT, DBT, MI



Service Delivery: Hybrid. Mostly in-person with opportunity for individual psychological intervention via Zoom.



Unique aspects of this rotation:

1. Strong multidisciplinary team-based experience with frequent consultation provided to multidisciplinary team members including medicine, social work, recreation therapy, physical therapy, occupational therapy, spiritual care, psychiatry, and other providers who may be directly involved in rehabilitation interventions.
2. Complex patient populations that are both medically complex and psychologically complex with comorbid trauma, substance use, and personality disorders.
3. Opportunity to flexibly adapt existing assessment, intervention and consultation skills to individual patients in a medical setting.
4. Multiple group experiences: CBT for insomnia, Emotion Skills Group, Attention Process Training Group, and Memory Skills Group.

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



Assessment



Treatment

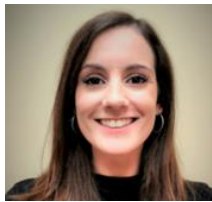


Consultation

Supervisors:



Sarah Cockell, Ph.D., R.Psych.
Ph.D. 2001, University of British Columbia
Email: scockell@providencehealth.bc.ca



Rachael Neal, Ph.D., R.Psych. (she/her/hers)
Ph.D. 2019, Concordia University
Email: rneal2@providencehealth.bc.ca

Psychology residents conduct psychological assessments and provide therapy to clients in the Heart Transplant and the Virani Pacific Adult Congenital Health (VPACH) programs, which are both tertiary care programs servicing the province of British Columbia. Opportunities to provide psychological services in Heart Rhythm, Cardiac Rehabilitation, and Heart Function programs are also available, but to a lesser degree. The work in Heart Transplant is more acute, with a focus on organ candidacy assessments and the initial adjustment to end-stage heart failure. The focus in VPACH is adjustment to chronic illness and supporting clients in learning to live with symptoms and cope with ongoing treatments.



Assessment: Psychological suitability for heart transplant (e.g., general mental health, addictions, adherence to medical recommendations, commitment to post transplant rehabilitation), and assessment of psychological functioning and how this occurs within the context of cardiac wellness.



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

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



Service Delivery: In-person and telehealth



Unique aspects of this rotation:

1. Residents are given the opportunity to choose from a variety of experiences to individualize and maximize their training.
2. Residents will learn how to provide a comprehensive assessment of suitability for organ transplant.
3. Psychology is actively involved in the decision process to list someone for transplant and residents will participate in Heart Transplant multidisciplinary rounds.
4. Opportunity to develop skills unique to cardiac psychology (e.g., teasing apart anxiety and cardiac symptoms, providing therapy for panic attacks in the context of living with a defibrillator, supporting the transition from parent led medical care to youth led medical care for VPACH patients, coping with open heart surgery).
5. Exposure to a wide range of presenting problems (e.g., anxiety, trauma, mood, sleep disorders, substance use, personality disorders).
6. Short and longer (up to 6 months) therapy.
7. Diversity with Asian and East Asian clients.
8. Staff may be involved in ongoing research projects and residents are welcome to develop a small project of their own, or to join an existing project.

Outpatient Mental Health and Substance Use at Richmond Hospital



Assessment



Treatment

Supervisor:



Amy Wong, Psy.D., R.Psych.
Pepperdine University, California, US
Email: amy.wong1@vch.ca

Residents will provide assessment, group, and individual therapy to adults (age 19 +) with mental health issues in an outpatient setting in Richmond areas. Richmond is a place of diverse ethnicity and culture.

Available theoretical orientations include cognitive behaviour therapy, existential therapy, and psychodynamic therapy.



Assessment:

- Psychodiagnostic assessments
- Clinical assessment for consultation purposes



Treatment:

- Group therapy for OCD, Panic, and Social Anxiety
- Individual therapy for adults (age 19+) with mental health issues including moderate to severe depression and anxiety.

Treatment Modalities: BT, Existential, Psychodynamic, EMDR



Service Delivery: In-person



Unique aspects of this rotation:

1. Getting familiar with DSM-5 diagnosis.
2. Group experience for CBT for OCD, Panic, and Social Anxiety.
3. Culturally sensitive integrated approach interventions.

Outpatient Mental Health and Substance Use at Vancouver General Hospital



Assessment



Treatment

Supervisors:



Brandy McGee, Ph.D., R.Psych. (she/her)
Ph.D. 2007, University of British Columbia
Email: brandy.mcgee@vch.ca



Karolina Rozworska, Ph.D., R.Psych. (she/her)
Ph.D. 2019, University of British Columbia
Email: karolina.rozworska@vch.ca



Claire Dewar, Ph.D., R.Psych. (she/her)
PhD. 2018, Cardiff Metropolitan University
Email: claire.dewar@vch.ca

Residents will provide structured group therapy to adult outpatients with moderate mental health difficulties including depression, anxiety, and personality disorders. Available theoretical orientations may include cognitive behaviour therapy, compassion-focused therapy, and dialectical behaviour therapy. Depending on readiness, residents may also provide individual therapy to clients in a suicide intervention context using a standardized approach to suicide risk assessment and stabilization.



Assessment: Opportunities for stand-alone psychodiagnostic assessments are available.



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

Treatment Modalities: May include CBT, DBT, Compassion-Focused Therapy



Service Delivery: Hybrid



Unique aspects of this rotation:

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

Primary Care – Downtown Eastside



Assessment



Treatment

Supervisor:



Kelly Smith, Ph.D., R.Psych. (she/her/hers)
Ph.D., Queen’s University
Postdoctoral fellowship, Massachusetts General
Hospital/Harvard Medical School
Email: kelly.smith@vch.ca

The Hope to Health Research & Innovation Centre is an interdisciplinary primary care clinic in the Downtown Eastside. This rotation presents a unique opportunity to gain experience in the Primary Care Behavioural Health model and learn to function as a Behavioural Health Consultant (BHC). BHCs are members of the primary care team who work beside other health care professionals such as physicians and nurses. BHCs have brief appointments with patients to assist with various concerns such as mental health concerns; behavioural health changes like sleep and physical activity; and management of chronic disease. Residents will gain experience in conducting brief assessment and delivering brief treatments. Residents will be part of an integrated team that meets and collaborates on a frequent basis to provide wrap-around care to persons who are often experiencing socio-economic barriers.



Assessment: Residents will have the opportunity to learn & conduct brief Contextual Interviews.



Treatment: Residents will gain experience in delivering brief interventions to assist with a broad range of concerns, including trauma, substance use, anxiety and mood symptoms, psychosis, adjustment difficulties, and behavioural health changes.

Treatment Modalities: CBT, Mindfulness, Focused ACT.



Service Delivery: Mainly in-person. Some telehealth visits.



Unique aspects of this rotation:

1. Residents will have the opportunity to gain experience in the Primary Care Behavioural Health Model, in which a behavioural health care provider is an integrated member of the primary care team.
2. Residents will work closely with health care providers from various disciplines (e.g., family medicine; psychiatry; nursing; social work; pharmacy; dietetics; peer navigation).
3. Residents will provide care to persons facing socio-economic barriers to accessing healthcare.
4. Residents will develop skills in brief assessment & treatment

Severe Mental Illness (AMH track - Clinical) at UBC Hospital



Assessment



Treatment



Research



In-patient

Supervisor:



Mahesh Menon, Ph.D., R.Psych. (he/him)
Ph.D. 2005, University of Cambridge.
Postdoctoral Fellowship at the Centre for Addiction &
Mental Health/University of Toronto 2005-2009
Email: Mahesh.Menon@vch.ca

The BC Psychosis Program is a specialized tertiary inpatient program consisting of a large multidisciplinary team. Residents carry out individualized formulation driven CBT based therapy for psychosis and comorbid difficulties, and co-facilitate CBT based groups for hallucinations and delusions.



Assessment: Psychological assessment related to treatment formulation.



Treatment: Group and individual therapy.

Treatment Modalities: CBT, ACT, and integrative approaches.



Service Delivery: In-person



Unique aspects of this rotation:

1. Strong multidisciplinary team-based experience - the residents work closely with psychiatrists, nursing staff, OT and other psychology staff and students.
2. Students get exposure to working with patients presenting with acute psychosis and other psychiatric symptoms (mania, depression, anxiety, etc.).
3. The therapy component involves assessment and treatment formulation, integrating treatment for psychosis (primarily using CBT along with ACT and DBT skills) with other comorbid difficulties (commonly including mood, various anxiety and OCD symptoms, as well as substance use).
4. Given the diversity of presenting issues, residents can often choose cases
5. Multiple groups co-lead by residents.
6. Diverse population (multi-ethnic and First Nations) from across BC.

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



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

Sexual Health at Vancouver General Hospital



Assessment



Treatment



Research

Supervisors:



Lori Brotto, Ph.D., R.Psych. (she/her)
Ph.D. 2003, University of British Columbia
Professor in the UBC Department of Obstetrics and
Gynaecology
Email: lori.brotto@ubc.ca



Katrina Bouchard, Ph.D., R.Psych. (she/her)
Ph.D. 2019, Queen's University
Assistant Professor in the UBC Department of Obstetrics and
Gynaecology
Email: katrina.bouchard@ubc.ca

The Sexual Health Rotation takes place in the Department of Obstetrics and Gynaecology at Vancouver General Hospital. Patients are referred to the BC Centre for Vulvar Health (“The Centre”) or directly to Dr. Melanie Altas, gynaecologist and sexual medicine specialist in the department. Residents with an interest in male sexual health will also have an opportunity to see patients with sexual health concerns who are referred to the Prostate Cancer and Supportive Care Program and the Department of Urologic Sciences through urologist, Dr. Ryan Flannigan. The resident will be able to conduct assessments for women presenting with vulvar pain (of mixed etiology); co-lead group psychological skills training for patients in The Centre; identify a number of patients through The Centre who could benefit from ongoing individual or couple-based psychological therapy; and see a range of patients referred for sexual dysfunction, including persistent genital arousal, low desire, anorgasmia, and loss of sexual satisfaction. Although referrals are primarily for women, there are also likely opportunities to see women’s partners (of any gender) and couples.



Assessment: The goal of this rotation is to provide more specialized skills in diagnostic assessment of sexual dysfunction, using a comprehensive biopsychosocial format. Although the resident is not expected to have significant knowledge about the medical contributors to sexual dysfunction, experience in knowing when to refer for medical evaluation and/or a physical examination of the presenting sexual complaint will be a component the resident will be expected to learn.



Treatment: Co-therapy and the opportunity to co-lead assessments will be offered, particularly for residents with less relevant background training in the area of sexual health. It is expected that the resident will work towards independent assessment and treatment of referred patients.

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



Service Delivery: Hybrid. It is expected that the resident be onsite at the Diamond Health Centre even when delivering virtual care.



Unique aspects of this rotation:

1. The resident can expect patients from diverse ethnocultural, socioeconomic, and sexual and gender identity/orientation groups.
2. The in-depth focus on sexual health and vulvovaginal pain is a unique aspect of this rotation (and residency).
3. Applicants with an interest in sexual health research may have an opportunity to explore postdoctoral fellowship opportunities with Dr. Brotto or Dr. Bouchard.
4. We will evaluate the resident's experience working with patients referred from Prostate Cancer Supportive Care and the Department of Urologic Sciences to determine whether this will be an ongoing feature of this rotation.



Research: Preference on this rotation is given to residents who wish to engage in a sexual health research project, possibly leading to a post-doctoral fellowship. The resident will be encouraged to discuss options for this research project with Dr. Brotto or Dr. Bouchard as early as possible.

Solid Organ Transplant Program at Vancouver General Hospital



Assessment



Treatment



Consultation



In-patient

Supervisor:



Monica Orendain, Ph.D., R.Psych.
Ph.D. 2010, Laval University
Email: monica.orendain@vch.ca

The transplant psychology rotation takes place at the Solid Organ Transplant (SOT) clinic at the Gordon and Leslie Diamond Health Care Center and Vancouver General Hospital (VGH). Patients diagnosed with end-stage liver, lung and kidney disease are seen throughout the various stages of transplantation. Patients are often medically, socially, and psychiatrically complex. The primary mandate of psychologists within the multidisciplinary liver, lung, and kidney transplant teams is to focus on pre-transplant assessments, for both outpatient and inpatient patients. In addition to pre-transplant assessment, the resident is expected to provide brief intervention to pre- and post-transplant patients as well as psychological consultation to members of the multidisciplinary team. The SOT multidisciplinary team includes: surgeons, physicians, nurses, pharmacists, social workers, transplant coordinators, and dietitians.



Assessment: Residents are expected to acquire experience and skills in pre-transplant assessment, which includes conducting semi-structured clinical interviews and utilizing brief screening instruments to help determine patients' psychological suitability and readiness for organ transplantation. Psychometric evaluation is also integrated as appropriate. The psychology resident will learn how to present pre-transplant assessment findings during multidisciplinary rounds, which includes a discussion of medical adherence, potential for relapse in substance use, psychological resiliency, ability to provide informed consent, attitude towards transplantation, psychological functioning, etc. All assessments for the liver transplant team will be with potential transplant recipients. However, there is the occasional opportunity to conduct live donor assessments within the kidney transplant team.



Treatment: The resident will have a small psychotherapy caseload.

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



Service Delivery: Hybrid



Unique aspects of this rotation:

1. Residents learn how to effectively communicate and work within a medical team through participation in multidisciplinary team rounds
2. Psychology is an active participant in the decision making process to list someone for transplant.
3. Residents gain skills in identifying and teasing apart intersection between medical and psychiatric symptom presentation.
4. Opportunity to work with diverse patient population, and become effective with language-interpreter services for delivery of psychological care.
5. There are diverse cultural implications for organ transplantation that make for a challenging clinical situation and may provide research and program development components.
6. Psychosocial aspects of transplantation provide fruitful areas of clinical research. An applied area of research could focus on the predictive validity of psychometric instruments administered pre-transplant with respect to post-transplant medical adherence, psychological adjustment, and quality of life.

Transitional Pain Clinic at Vancouver General Hospital



Assessment



Treatment

Supervisor:



Angie Ji, Psy.D., R.Psych. (she/her)
Psy.D. 2018, Adler University
Email: angie.ji@vch.ca

The Transitional Pain Clinic (TPC) offers the resident an opportunity to work in an interdisciplinary, short-term outpatient clinic that provides pain management services before and after surgery.

The goals of the clinic are to:

1. Reduce pain and the risk of Chronic Post-Surgical Pain (CPSP) by providing pharmacologic and non-pharmacologic interventions.
2. Address risks associated with opioid consumption by implementing a safe and effective opioid tapering plan.
3. Improve coping and functioning to help clients reach their goals and build their quality of life.
4. Link clients to community, self-management, &/or other support services to strengthen their continuity of care.



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



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

Treatment Modalities: CBT, ACT, Mindfulness.



Service Delivery: Hybrid



Unique aspects of this rotation:

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

Neuropsychology Track Rotations

Epilepsy Program at Vancouver General Hospital



Assessment

Supervisor:



Jing Ee Tan, Ph.D., R.Psych., ABPP-CN
 Board Certified in Clinical Neuropsychology
 Ph.D. 2010, University of Victoria
 Postdoctoral Fellowship in Clinical Neuropsychology, Alpert
 Medical School of Brown University/Rhode Island Hospital
 2010-2012
 Email: Jing.Tan@vch.ca

Residents acquire skills to conduct neuropsychological evaluation for individuals with seizure disorders due to a variety of etiologies including mesial temporal sclerosis, dysgenesis and migration disorders, autoimmune disorders, and tumors.



Assessment:

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

Assessment Modality: Fixed-Flexible Battery



Service Delivery: Hybrid. All testing is completed in-person, with feedback sessions done either in-person or remotely.



Unique aspects of this rotation:

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

Neuropsychology Service at the British Columbia Neuropsychiatry Program (BCNP)



Assessment



Consultation



In-patient

Supervisor:



Amanda LaMarre, Ph.D., R. Psych., ABPP-CN (she/her)
Board Certified in Clinical Neuropsychology
Ph.D. 2010, University of British Columbia
Postdoctoral Fellowship at the Department of Neurology –
Memory & Aging Clinic/University of California, San
Francisco 2009-2012
Email: amanda.lamarre@vch.ca

BCNP is a tertiary, provincial program located at the University of British Columbia Hospital and includes both inpatient and outpatient services. We are an interdisciplinary program comprised of neuropsychiatrists, neurologists, nurses, a social worker, an occupational therapist, and a spiritual care worker. The population includes adults with brain illnesses that can cause serious disturbances in behaviour, mood, or cognition, such as neurodegenerative diseases (e.g., Parkinson’s disease, Huntington’s disease, multiple sclerosis), epilepsy, vasculitis and traumatic and acquired brain injury (e.g., anoxic brain injury, stroke), as well as those with psychiatric disorders that present as physical disturbances (e.g., functional neurological disorders).



Assessment: Neuropsychological assessments range from brief screening to comprehensive assessments. Residents will engage in the entire process including medical chart review, interview with patient (+/-) collateral, testing/scoring/interpretation, report writing and feedback.

Assessment Modality: Interviews with patients and collateral sources, consultation with team members, fixed-flexible neuropsychological batteries selected to address the referral question.



Treatment: Provision of feedback and care recommendations to patients, families, and referring physician/in-patient interdisciplinary team members.



Service Delivery: In-person



Unique aspects of this rotation:

1. In-depth exposure to a complex, neuropsychiatric population with diverse etiologies and diverse cultural and linguistic backgrounds.
2. Interdisciplinary case discussion with neuropsychiatrists, neurologists and neuroradiologists.
3. Opportunities for both Inpatient and Outpatient assessment.
4. Weekly attendance at the BCNP Academic Grand Rounds.

Neuropsychology at GF Strong Rehabilitation Centre



Assessment



Treatment



Consultation



Adolescents/
Young Adults

Supervisors:



Treena Blake, Ph.D., R.Psych. (she/her)
Ph.D. 2011, University of Windsor
Email: treena.blake@vch.ca



Sylvia Nay, Ph.D., R.Psych. (she/her)
Ph.D. 2015, Queen's University
Email: Sylvia.Nay@vch.ca



Sarah-Jane Meachen, Ph.D., R.Psych. (she/her)
Ph.D. 2011, Wayne State University, Michigan
Email: Sarah.Meachen@vch.ca



Briana Cassetta, Ph.D., R.Psych. (she/her)
Ph.D. 2019, University of Calgary
Email: Briana.cassetta@vch.ca

Residents provide assessments and treatment to clients with acquired and congenital neurological conditions on the Intensive Rehab Day Program, Acquired Brain Injury, Spinal Cord, Neuromuscular, Adolescent & Young Adult, and Adolescent Complex Concussion Clinic programs at British Columbia's largest rehabilitation hospital. Psychology residents work closely with other health professionals on multidisciplinary teams. Services are designed to help clients adapt and adjust to changes in themselves, including physical disability, cognitive impairment, and alterations in their self-concept.



Assessment: Comprehensive neuropsychological assessments for clients with traumatic brain injury, stroke, and other neurological conditions. Outpatient assessments aim to address rehabilitation planning, capacity to return to work/school, and other community reintegration issues. Inpatient assessments focus on facilitating differential diagnosis, discharge planning, and determination of decision-making capacity.



Treatment: Residents provide education to clients and families about the brain, its functions, and recovery from brain injury. Interventions for cognitive problems are frequently identified from the neuropsychological assessment (e.g., training a client to use a memory aid) and cognitive remediation is typically conducted in collaboration with other professions such as occupational and speech-language therapy. Residents will also have the opportunity to provide individual and/or group psychological interventions to clients with acquired brain injuries and comorbid psychological disorders.

Treatment Modalities: CBT, ACT, MI, Cognitive Rehabilitation.



Service Delivery: Hybrid. All neuropsychological testing is completed in person with the option for virtual follow up (e.g., feedback and intervention). Group intervention is primarily offered virtually.



Adolescents/Young Adults: While most of the opportunities at GF Strong are adult focused, the Adolescent and Young Adult (AYA) Acquired Brain Injury (Inpatient and Outpatient) Program and Adolescent Complex Concussion Clinic (ACCC) offer a unique opportunity to gain experience conducting neuropsychological assessments, consultations, and limited intervention with clients between the ages of 12-22. Clients in the AYA program present with a variety of acquired and congenital neurological conditions, as well as developmental disabilities. The ACCC serves clients with mild traumatic brain injuries and co-occurring challenges related to learning and mental health.



Unique aspects of this rotation:

1. Cognitive assessments integrate clinical impressions of allied health colleagues, translate neuropsychological findings to real-world functional performance, and identify barriers to rehabilitation goals & appropriate interventions.
2. Centralized Psychology Service with 6 psychologists and a psychometrist.
3. Strong consultation experience with interdisciplinary team.
4. Multiple groups run by Psychology: Memory Strategies Group, Emotional Skills Group, CBT for Insomnia

Neuropsychology Service at the Older Adult Mental Health & Substance Use Program



Assessment



Geriatrics

Supervisor:



Amy Zwicker, Ph.D., R.Psych. (she/her/hers)
Ph.D. 2013, University of British Columbia
Email: amy.zwicker@vch.ca

Residents provide neuropsychological assessments for geriatric patients who are being cared for in the OAMHSU Program. The OAMHSU program is a multidisciplinary program (e.g., psychiatrists, family physicians, nurses, social workers, occupational therapists, rehab assists, counselors) comprised of three teams of clinicians that are situated across the city of Vancouver and provide outpatient and outreach care.



Assessment: Diagnostic neuropsychological assessments to address typical referral issues such as differential diagnosis of neurodegenerative vs. psychiatric conditions vs. medical comorbidities.

Assessment Modality: Interviews with patients and collateral sources, consultation with team members, flexible neuropsychological batteries selected to address the referral question and accommodate patient factors (e.g., sensory and motor deficits, cultural background, language).



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



Service Delivery: In-person



Unique aspects of this rotation:

1. In-depth exposure to geriatric health and social factors that affect daily functioning, assessment procedures, and care planning (e.g., cognitive, psychological, and medical comorbidities; mobility and sensory deficits; social isolation). Attention to current and remote factors/cohort effects that are unique to the elderly population.
2. Experience with patients from diverse cultural and language backgrounds and opportunity to adapt assessment procedures (e.g., work with interpreters).
3. Outpatient (e.g., office visits) and outreach (e.g., home visits) services.
4. Opportunity to learn about healthcare systems and resources that support the geriatric population (e.g., home care, long-term care, Alzheimer's Society, Caregiver resources).

Neuropsychology Service at St. Paul's Hospital



Assessment

Supervisor:



Aiko Yamamoto, Ph.D., R.Psych. (she/her)
 Ph.D. 2003, University of Windsor
 Postdoctoral Fellowship in Clinical Neuropsychology, West
 Virginia University School of Medicine, 2003-2005
 Email: ayamamoto@providencehealth.bc.ca



Neuropsychological Assessment and Feedback: Neuropsychological evaluations are used to answer various questions (e.g., identifying cognitive decline, assessing intellectual ability, determining if someone is able to live independently). Feedback sessions are frequently provided.



Populations Served: Adults (age range 19 to 90+) from mental health inpatient units and outpatients from various clinics including for older adults, youth/young adult mental health (Foundry), and individuals living with HIV.



Service Delivery: In-person



Unique aspects of this rotation:

1. This is typically a breadth rotation as we are a consultation service that provides care to many different hospital programs (although residents can ask to focus more on experiences with one subgroup).
2. Cases are typically very complex, with multiple co-morbid conditions and frequent situational stressors (e.g., trauma, lack of stable housing, and/or no social supports).
3. Patient populations are very diverse in terms of cultural background, languages spoken, gender, sexual orientation, educational levels achieved, socioeconomic status, and age (ranges from 19 to 90+).

Neuroscience at Vancouver General Hospital



Assessment



Consultation



In-patient

Supervisor:



Nicholas Bogod, Ph.D., R.Psych. (he/him)
Ph.D. 2005, University of Victoria
Postdoctoral Fellow, Neuroscience Program, VGH
Email: Nicholas.Bogod@vch.ca

The Neuroscience rotation takes place in the Neuroscience Program at VGH, which serves adult inpatient and outpatient neurological and neurosurgical populations on a consultation basis.



Assessment: This is a neuropsychological assessment rotation.

Assessment Modality: Fixed-flexible Battery



Treatment: Although assessment is the primary emphasis of this rotation, there may also be some limited opportunity to provide consultation to the inpatient Neurosciences team around patients with behavioural issues. Other treatment experiences are not available on this rotation.



Service Delivery: Hybrid, leaning more heavily towards telehealth assessments.



Unique aspects of this rotation:

1. Persons referred often have complex presentations that might include those with encephalitis, vasculitis, lupus, Multiple Sclerosis, Parkinson's disease, stroke, Alzheimer's disease and other dementias, and brain tumor plus rare conditions (e.g., mitochondrial diseases, Creutzfeldt-Jakob disease).
2. Residents may participate in consultation with the Neurosciences interdisciplinary team and have the opportunity to attend a variety of Neurosciences teaching rounds throughout the year.
3. Research experience may be available with persons undergoing neurosurgery to implant a device to treat intractable mood disorders with deep brain stimulation.

Severe Mental Illness (Neuropsychology track - Clinical) at UBC Hospital



Assessment



Research



In-patient

Supervisor:



Bri Glazier, Ph.D., R.Psych. (she/her)
Ph.D. 2021, University of British Columbia
Email: bri.glazier@vch.ca

The BC Psychosis Program is a specialized tertiary inpatient program consisting of a large multidisciplinary team. Residents carry out comprehensive assessments to address a range of questions around diagnosis, discharge planning, and recommendations, and may also assist with a cognitive remediation training program.



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

Assessment Modality: Fixed-Flexible Neuropsychological Assessment Batteries



Service Delivery: In-person



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



Unique aspects of this rotation:

1. Strong multidisciplinary team-based experience- the residents work closely with psychiatrists, nursing staff, OT and other psychology staff and students.
2. Students get exposure to working with patients presenting with acute psychosis and other psychiatric symptoms (psychosis, mania, depression, anxiety, etc.).

3. Opportunity to enhance understanding of severe mental illness and the impact on cognition and function.
4. Given the diversity of presenting issues, residents can often choose cases.
5. Multiple groups co-lead by residents (if applicable).
6. Diverse population (multi-ethnic and First Nations) from across BC.
7. Opportunity to present the assessment results and/or treatment progress at weekly case conference rounds and aid in treatment and discharge planning.
8. Participation in didactics such as BC Psychosis Education Rounds.
9. Supervision opportunities (of practicum students, psychometrist) are also available.

Tertiary Mental Health and Substance Use



Assessment



Treatment



In-patient

Supervisor:



Chantelle Giesbrecht, Ph.D., R.Psych. (she/her)
Ph.D. 2017, Simon Fraser University
Email: chantelle.giesbrecht2@vch.ca

This rotation, located within the Willow Pavilion at VGH, offers primarily neuropsychological assessment experiences and potential opportunities for group treatment. Willow Pavilion provides interdisciplinary-based assessment, treatment, and psychosocial rehabilitation to inpatients with complex and serious mental illness. Inpatients at Willow Pavilion often require long-term care with stays within the program ranging from 6 weeks to 24 months, depending on individual needs.



Assessment: Residents will have the opportunity to complete neuropsychological assessments of psychiatric inpatients with a range of schizophrenia- and mood-related disorders, often in the context of concurrent substance use disorders, as well as with older adults presenting with acute psychiatric symptoms and complex behaviours. Assessments range from brief cognitive screens to comprehensive neuropsychological assessments. Residents will be involved in the entire assessment process, including chart review, consultation with team members, clinical interviews, test administration, scoring, interpretation, report writing, and feedback.

Assessment Modality: A flexible battery approach is taken depending on the referral questions (e.g., diagnostic clarification, treatment and discharge planning) and patient characteristics.



Treatment: Residents will have the opportunity to observe and provide feedback to interdisciplinary team members, as well as to patients and their families. Residents may also be involved in facilitating a Cognitive Remediation group.



Service Delivery: In-person



Unique aspects of this rotation:

1. Opportunity to consult with various interdisciplinary teams across all units at Willow Pavilion (Adult Assessment and Treatment, Adult Tertiary Rehabilitation, and Older Adult Assessment and Treatment).
2. Assessment experience with adult and older adult populations.
3. Diverse ethnic, cultural, and educational backgrounds.
4. Residents may have the opportunity to conduct assessments with inpatients where English is an additional language with the assistance of professional language translation services.
5. Depending on level of experience with conducting neuropsychological assessments (i.e., extensive experience with test selection, administration, scoring, and interpretation) there may be opportunities for supervision of practicum students and/or psychometrists.

Severe Mental Illness (Research Rotation) at UBC Hospital



Research

Supervisor:



Ivan Torres, Ph.D., R.Psych. (primary supervisor)(he/him/his)
Ph.D. 1993, University of Memphis
Postdoctoral Fellow in Department of Psychiatry, University of Iowa 1993/94
Email: Ivan.Torres@ubc.ca



Mahesh Menon, Ph.D., R.Psych. (he/him)
Ph.D. 2005, University of Cambridge
Postdoctoral Fellowship at the Centre for Addiction & Mental Health/University of Toronto 2005-2009
Email: Mahesh.Menon@vch.ca

The BC Psychosis Program is a specialized provincial tertiary inpatient program developed for the assessment and treatment of individuals presenting with treatment resistant psychosis. The 25-bed unit consists of a large multidisciplinary team including psychological and neuropsychological services. As part of routine clinical care, a wide range of demographic, symptom, clinical, and neuropsychological variables are collected and this archival dataset can be utilized to conduct clinically relevant psychological and neuropsychological research. Residents may also have the opportunity to conduct or become involved in prospective research projects on the unit.



Research: Research opportunities available for a full rotation or portion of rotation.



Unique aspects of this rotation:

1. Residents work closely with and receive primary supervision from clinical researchers in psychology/neuropsychology, but can also collaborate with and receive supervision from clinical researchers in other disciplines (e.g. psychiatry, psychopharmacology, neuropsychiatry).
2. Students have the opportunity to collaborate with research trainees from psychology and/or other specialties.
3. Opportunity to conduct clinical research within a setting that integrates clinical service delivery, research, and education.

4. Residents have the opportunity to attend and to present at monthly didactics such as BC Psychosis Education Rounds, and to participate and present at events such as the annual UBC Department of Psychiatry Research Day.
5. Supervision opportunities (of practicum students, research assistants, or undergraduates) are available.
6. Residents have the opportunity to receive training, mentoring, and exposure to grant-writing and publication in relevant psychological or medical peer-reviewed journals.

Operational Stress Injury (OSI) Track

BC Operational Stress Injury Clinic Overview

The BC Operational Stress Injury Clinic (BC OSI Clinic) is one of nine clinics across Canada fully funded by Veterans Affairs Canada. The BC OSI Clinic is managed by Vancouver Coastal Health Authority and staffed by psychologists and other mental health care professionals who work collaboratively to provide specialized care. All of our supervising psychologists have preferred provider status (or are training to become preferred providers) for Cognitive Processing Therapy and/or Prolonged Exposure Therapy.

Opened in February 2009, the Clinic is an outpatient program where clients who live with mental health conditions related to an operational stress injury (OSI) and their families can find comprehensive clinical assessment and treatment services under one roof. The Clinic has approximately 30 clinicians in the Vancouver office and approximately 7 clinicians in the Victoria office. The offices work in an integrated fashion with weekly interdisciplinary rounds and monthly team meetings being conducted over videoconference.

Services are provided to British Columbia and Yukon residents who are Veterans, members of the Canadian Forces (Regular and Reserve) and members of the RCMP who have an operational stress injury (OSI) and their families. Because of the diversity of client geographical locations, residents gain experience in providing assessment and treatment with rural populations.

OSI Track Rotations Overview

The OSI track was designed for residents with a career goal of working with Veterans, members of the Canadian Forces (Regular and Reserve) and members of the RCMP. All of the resident's clinical rotations will be selected from a large array of training opportunities within the BC OSI Clinic. Within the BC OSI Clinic there is diversity in both patients and presenting psychological issues. Residents will have a minimum of 3 supervising psychologists within the BC OSI Clinic during their training year. The goal is to provide residents with an opportunity for both breadth and depth training within the Clinic. Subject to program availability, the OSI track resident may choose to complete one clinical rotation in the 2nd block (March – August) from the AMH Track rotations outside of the BC OSI Clinic.

The BC OSI Clinic runs the following multi-disciplinary-led groups: Life After Trauma (Unified Protocol), Women's Healing Trauma Group (Cognitive Processing Therapy), Dialectical Behavioural Therapy Skills Training, Mindfulness for Depression, Mindfulness for Insomnia, and SMART Group (Alcohol and Substance Misuse). Groups are referral-based and the OSI track resident may have the opportunity to co-facilitate a group with a psychologist or other BC OSI Clinician.

Sample Rotation Schedule – Operational Stress Injury Track

- 80% of time spent in rotations within the BC OSI Clinic
- 20% of time spent in didactics, program development/evaluation, research

1 st block: September – February	2 nd block: March – August
<ul style="list-style-type: none"> • 2 days/week: BC OSI Clinic – Psychodiagnostic Assessment (required in 1st block) • 2 days/week: BC OSI Clinic – Trauma Specific Psychotherapy (required in either 1st block or 2nd block) • 1 day/week: resident seminars & program development/evaluation project 	<ul style="list-style-type: none"> • 2 days/week: BC OSI Clinic – Psychodiagnostic Assessment • 2 days/week: BC OSI Clinic – Trauma-Informed Psychotherapy for Depression/Anxiety and/or Group Psychotherapy. • 1 day/week: resident seminars & program development/evaluation project



Assessment

Psychodiagnostic Assessment Rotation (2 days/week)

Residents are required to complete the Psychodiagnostic Assessment Rotation during the first block (September – February). The rotation may be extended to a full year rotation if the resident wishes to emphasize assessment training in their overall training plan. This rotation provides the resident with an opportunity to refine their psychodiagnostics skills for trauma and related disorders. It also provides the resident with opportunities to complete reports in the required format for disability assessments for Veterans Affairs Canada and RCMP Occupational Health Services. Assessment skills are foundational to complex case conceptualization that informs treatment planning. Psychodiagnostic assessments integrate structured (e.g., CAPS-5) or semi-structured interviews and objective psychological self-report measures (e.g., PAI). In addition to psychodiagnostic issues, assessments address issues of causation, treatment recommendations, substance use, risk of harm to self/others, and safety planning (as needed).



Trauma-Specific Psychotherapy Rotation (2 days/week)

Residents are required to complete the Trauma-Specific Psychotherapy Rotation in either the first or second block. The rotation may be extended to a full year rotation if the resident wishes to emphasize trauma-specific psychotherapy training in their overall training plan. Residents most often train and receive supervised practice in Cognitive Processing Therapy (CPT). This is because there are generally more opportunities for CPT training and most residents find that their pre-residency training in cognitive behavioural therapy is a natural, foundational steppingstone to learning CPT. Training and supervised practice in Prolonged Exposure (PE) Therapy may also be available. Pending available cases and clinic resources, residents may have the opportunity to participate in a CPT and/or PE consultation group with the goal of obtaining preferred provider status. The Clinic does not provide training in EMDR for residents due to the length of training and associated cost. All trauma-specific psychotherapy emphasizes outcome monitoring and protocol fidelity.

General Psychotherapy Rotation (2 days/week)

In addition to trauma-focused psychotherapy, the BC OSI Clinic provides psychotherapy that is trauma-informed for presenting complaints of depression, anxiety, substance use and other mental health conditions. Residents may obtain experience with individual psychotherapy and/or group psychotherapy. Treatment modalities include Cognitive Behavioural Therapy and Acceptance and Commitment Therapy with integrated skills from Dialectical Behavioural Therapy and Motivational Interviewing. All general psychotherapy is goal-driven with an emphasis on outcome monitoring. Depending on the goals for treatment, clients may be seen for short-term psychotherapy (e.g., 12 weeks) or long-term psychotherapy (e.g., up to 12 months).

Program Development & Evaluation Rotation (2 days/week)

Residents will have the opportunity to identify program development and evaluation projects that simultaneously benefit their own learning and enhance client care. The resident works alongside Dr. Brad Hallam, Clinical Lead for the BC OSI Clinic, to identify projects. Project ideas might include (but are not limited to) focusing on prevention of occupational stress injuries, liaising with referral partners, implementing outcome measurements with groups, and continuing education for staff. The goal is to provide residents with an opportunity to gain experience with clinic leadership that benefits client care. It should be noted that the program development and evaluation rotation is separate from the VCH Residency group program development and evaluation project.

Optional Rotation Outside the BC OSI Clinic (2 days/week)

Subject to program availability, the OSI track resident may choose to complete one clinical rotation in the 2nd block (March – August) outside of the BC OSI Clinic. These rotations can be selected from the list of Adult Mental Health Rotations listed in this brochure.

Group Psychotherapy

As previously described, there are a large number of groups run at the BC OSI Clinic. Because groups are referral based, the start dates for the 2025/26 training year are uncertain. Some groups may extend across the residency rotation blocks (e.g., start in February and run until May). Accordingly, there is no “Group Psychotherapy Rotation” because of the scheduling challenges. Residents are welcome to co-facilitate groups and this would be seen as adjunctive to their therapy rotations as opposed to a primary rotation.

Supervisors:



Eleanor Donegan, Ph.D., R.Psych. (she/her/hers)
Ph.D. 2017, Concordia University
Postdoctoral Fellowship, St. Joseph's Healthcare Hamilton,
2016-2018
Email: eleanor.donegan@vch.ca



Samantha Fashler, Ph.D., R.Psych. (she/her)
Ph.D. 2020, York University
Email: samantha.fashler@vch.ca



Brad Hallam, Ph.D., R.Psych., ABPP-CN (he/him)
Board Certified in Clinical Neuropsychology
Ph.D. 2002, Fuller Graduate School of Psychology
Clinical Neuropsychology Postdoctoral Fellow at the
University of California at San Francisco Medical Center,
Memory and Aging Clinic, 2002/03
Email: brad.hallam@vch.ca



Julia Ting, Ph.D., R.Psych. (she/her)
Ph.D. 2010, University of Utah
Email: julia.ting@vch.ca



Angelina Yiu, Ph.D., R.Psych., DBT-LBC (she/hers)
DBT®-Linehan Board of Certification, Certified Clinician
Ph.D. 2018, Temple University
Email: angelina.yiu@vch.ca



Myfanwy Bakker, Ph.D., R.Psych. (she/her)
Ph.D. 2022, The University of British Columbia – Okanagan
Campus
Email: myfanwy.bakker@vch.ca



Cindy Quan, Ph.D., R.Psych. (she/her/hers)
Ph.D. 2023, University of Victoria
Email: cindy.quan@vch.ca



Jessica Ferreira, Ph.D. (she/her)
Ph.D 2024, Simon Fraser University
Email: jessica.ferreira@vch.ca

Appendix: Supplemental Neuropsychology Application Page

- A. Please list how many full neuropsychological reports were completed. A neuropsychological evaluation is defined as an assessment that examines multiple cognitive domains including memory, executive functioning, attention, processing speed, visuospatial skills, and language skills. Testing would typically take an hour or more (and would not be based solely on screening measures such as the RBANS). A psychoeducational evaluation (i.e., IQ and academic testing) would not be considered a neuropsychological evaluation.

Number of full neuropsychology reports:

Population	Number of NP Reports
Children/Adolescents	
Adults	

- B. Neuropsychology coursework is often difficult to clearly identify based solely on transcript course names. Please list the graduate course names as well as descriptions of material covered by each course to indicate relevance for neuropsychological training.

Course Name	Number of NP Reports
<i>e.g., PSYC 6325 Clinical Neuroanatomy</i>	<i>Foundational knowledge in the functional neuroanatomy of brain structures and systems. The course also describes the clinical correlates (e.g., Parkinsonism, ataxia, hemiparesis) associated with damage to key brain regions and structures</i>
<i>e.g., PSYC 9999 Special Topics in Assessment</i>	<i>Seminar series covering cognitive and emotional assessment of older adults. Topics include normal and abnormal aging, specific considerations (e.g., norms) and intervention techniques</i>



Predoctoral Residency in Clinical Psychology

2025-2026

FOR MORE INFORMATION

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

Dr. Amanda LaMarre, R.Psych., ABPP-CN
Vancouver General Hospital – Heather Pavilion
2733 Heather Street
Floor C - Room C164 Vancouver, B.C. V5Z 3J5
Telephone: 236-983-1466
E-mail: amanda.lamarre@vch.ca

The Residency Training Committee is composed of two resident representatives and the following psychologists:

Dr. Rishi Bhalla, R.Psych. (Vancouver General Hospital)
Dr. Nick Bogod, R.Psych. (Vancouver General Hospital)
Dr. Theo Elfers, R.Psych. (St. Paul's Hospital)
Dr. Jessica Ferreira (OSI Clinic)
Dr. Chantelle Giesbrecht, R.Psych. (Tertiary MH)
Dr. Brad Hallam, R.Psych., ABPP-CN (OSI Clinic)
Dr. Angie Ji, R.Psych. (Vancouver General Hospital)
Dr. Amanda LaMarre, R.Psych., ABPP-CN (DOT, UBC Hospital)
Dr. Mahesh Menon, R.Psych. (UBC Hospital)
Dr. Jing Tan, R.Psych., ABPP-CN (Vancouver General Hospital)
Dr. Aiko Yamamoto, R.Psych. (St. Paul's Hospital)

Administrative Assistant: Ms. Joti Lal