It is the corporate **MISSION** of Windsor Regional Hospital to provide quality care while preserving the dignity and rights of clients and their families. It is the organization’s **VISION** to strive to be client centred in every service provided.

Educational and research activities compliment Windsor Regional Hospital’s primary mission and service objectives. The corporation is approved as an educational facility for many professions and careers within the health care system. The multi-faceted character of this organization provides for a wealth of educational and research opportunities.

Windsor Regional Hospital is dedicated to a collaborative approach to quality service development and delivery. Present realization of these aspirations is found in five service areas, including acute medical care, long-term and chronic care, rehabilitation, children’s mental health, and community mental health. Psychology staff have varied administrative and service provision roles in all of these service areas.
PRE-DOCTORAL CLINICAL PSYCHOLOGY
INTERNERSHIP
PHILOSOPHY & PROGRAM

For almost thirty years now, the Psychology Department has provided clinical internship training to graduate psychology students. The department consists of 12 Ph.D. or Psy.D. psychologists and 6 psychometrists who work in various capacities throughout the corporation.

The Psychology Department subscribes to the philosophy that the provision of training opportunities in professional psychology represents an investment in the future of quality health care provision. The educational opportunities we offer are based upon the premise that sound professional psychological training requires the maintenance of a close working relationship with university graduate programs. Our Psychology Department contributes to the development of future psychologists by offering a multi-faceted training opportunity that incorporates:

♦ direct psychological service provision to individuals across the lifespan including children, adolescents, adults and the elderly;

♦ participation in a multi-disciplinary health care service development and provision model;

♦ participation in the professional process of formal supervision with Psychologists who are duly registered in the Province of Ontario;

♦ participation in an active professional development educational program offered through the Psychology department which includes both ongoing didactic courses and presentations on special topics, including professional ethics and diversity issues;

♦ participation in an active educational development program offered through the Educational Services Department of Windsor Regional Hospital;

♦ participation in an organized, dynamic, ongoing research program conducted in an applied, service-oriented setting;

♦ participation in departmental and program-related staff and committee meetings that provide a forum for the discussion of professional, training, and service-related issues that arise in the context of health care provision in a community and multifaceted corporation setting.
The Psychology Department adheres to the hiring and employment policies and procedures set out by the corporation's Human Resources Department. In keeping with the Ontario Human Rights Code, Windsor Regional Hospital is committed to providing an environment that is free from all forms of harassment.

The Psychology Department, in its provision of health care services, in its provision of student training, and in its development of policies and procedures, adheres to the legislated regulations, professional ethics, and directives of the College of Psychologists of Ontario, as set out in the Regulated Health Professions Act (1991) and in the Code of Ethics for Psychologists published by both the Ontario Psychological Association and Canadian Psychological Association.

Our Psychology Department Internship Training Program has the status of full accreditation by the Canadian Psychological Association. Our program is also registered with the Canadian Council of Professional Psychology Programs (CCPPP). We adhere to the Association of Psychology Post-Doctoral and Internship Centre’s (APPIC) guidelines in our internship selection process.

The Psychology Department's Internship Training Coordinator and its Training and Education Committee are responsible for the administration of our internship program.

**PRE-DOCTORAL INTERNSHIP PLACEMENTS**

The pre-doctoral psychology internship program consists of two full-time placements that extend over the course of 12 months. These placements commence on September 1st and end on August 31st of each training year. The stipend for each placement is $20,000. Interns receive two weeks paid vacation and 12 statutory holidays during the year, plus five days off between Christmas and New Year's.

**CLINICAL TRAINING OPPORTUNITIES**

In keeping with the internship training standards of the Canadian Psychological Association, our department provides interns with exposure to a wide range of clientele and professional activities. During the training year, interns are expected to have some exposure to the varied range of services and programs that are offered across our hospital corporation. At the same time, we recognize that students may have specialized interests they wish to pursue in the course of completing a training experience. We are committed to providing students with opportunities to enhance their professional skills in areas that are of special interest to them.

Together with the Internship Training Coordinator, interns design a training program that fits with their interests, available supervision, the expectations of their university program, and the training model of the internship, which seeks to provide students with a variety of skills suitable for generalist practice in clinical psychology. Educational background and previous training experience are also taken into consideration. The only required hours within this framework are those in the OZAD research rotation.
THE WINDSOR REGIONAL CHILDREN’S CENTRE

The Windsor Regional Children's Centre is a children's mental health centre which works with parents and community agents in addressing the social, emotional, and behavioural needs of children and adolescents.

The Centre offers a variety of assessment, treatment, and consultative services to children, adolescents, and their families to facilitate development within the family, school, and community.

Services range from those used by the general public to those which are customized for individuals with unique and serious needs. The Centre provides education and training about advances in working with children, adolescents, and families to parents and other community service providers. The Centre also offers mental health services to young people involved with the Youth Court or law enforcement agencies, and to children having or suspected of having neuropsychological disorders including developmental disabilities or autism and related disorders.

While the Centre is multidisciplinary in nature, it is the developmental context of the child/youth's needs that determines the relevant multidisciplinary involvement which will be brought to bear in attending to these needs. Service coordination and the team approach always include the family, and may involve community-based services as well as the Centre’s staff. Parents play a central role in decision-making about the intervention plan for their child/youth and family. Goals, with measurable, definable outcomes, are set for each family.

The Windsor Regional Children's Centre is housed in a state-of-the-art building, providing comfortable offices and meeting rooms, seven rooms with one-way mirrors, and linked computers for all staff, with E-mail, Internet access, and test interpretation programs.

Areas in which interns can become involved at the Centre include Community Services (Preadolescent and Adolescent), Immediate Response Services, Neurodevelopmental Services, and the Ozad Institute.

Website: www.wrchildrenscentre.org
COMMUNITY SERVICES

Preadolescent Services
Supervisors: Dr. Lucia Mandziuk, C. Psych., Dr. Ralph Billingsley, C. Psych.

This service provides services to children up to 12 years of age and their families. Both formal and informal (i.e., interview-based) assessments are utilized. Typically, the initial goal is to develop effective treatment plans with the children, families, and sometimes with other Centre staff and with associated agencies. The children present with a wide variety of externalized and internalized difficulties, including emotional distress and trauma. Typically, integrating the child’s features with environmental-relational features is critical in the process of understanding and intervening with the child. A variety of conceptual models are utilized, including humanistic, cognitive-behavioural, systems, experiential, and developmental-psychopathology models. Other members of the multidisciplinary team may assist with treatment.

Comprehensive assessments with a focus on Attention-Deficit/Hyperactivity Disorder are supervised by Dr. Lucia Mandziuk and consist of a two-hour parent interview, a formalized psychological evaluation, a two-hour parent feedback and a school feedback. Other presenting problems that may be evaluated in the comprehensive assessment include childhood Manic Depressive Disorder, Conduct Disorder, Oppositional Defiant Disorder, Depression, Anxiety and learning disabilities. Referral questions may be complicated by medical problems (such as tics or Tourette’s Disorder), family relational difficulties or attachment difficulties. The assessment findings are presented in a parent-friendly manner where therapeutic issues are defined in such a way as to maximize therapeutic scores and therapeutic efficiency. Formalized assessments that are not focused on Attention-Deficit/Hyperactivity Disorder are supervised by Dr. Ralph Billingsley.

Training opportunities for interns are available in the treatment modalities of formal assessment (cognitive, personality, behaviour), interview-based assessment, play psychotherapy, parent therapy, family therapy, and an ADHD parent education group. Consultations to other staff, to other agencies, and to the school system also occur. An intern’s experience would typically begin by participating with the supervisor in initial interviews. The intern may then carry out part of a treatment plan, such as parent therapy, psychometric assessment of the child, or play therapy. Experienced interns may initially assess a referred child and family, then proceed with the development and implementation of a comprehensive treatment plan.

Adolescent Services
Supervisor: Dr. Bethany King, C. Psych.

This service is designed to treat youth 12-18 years of age and their families for both emotional and behavioural difficulties. Treatment modalities include individual therapy, family therapy, group therapy and in-home behaviour management training. Treatment is offered by a multidisciplinary team, which includes psychology, social work, psychiatry, and child and youth workers. This team works closely together to offer a variety of services designed to meet the needs of each individual client and their family. Presenting problems of clients are varied and could include depression and suicidal thinking or attempts, anxiety disorders including phobias, generalized anxiety disorders, and obsessive-compulsive disorder, anger management, oppositional or defiant behaviours, social skills problems, eating disorders, verbal and non-verbal
learning disabilities, attention-deficit disorders, sexual offenses, bullying, school refusal, family relational disorders, self-injury, and abuse, among other problems.

Integrative therapeutic models of treatment are recommended although the supervisor’s primary conceptual orientation is cognitive behavioural. Both major and minor rotations are available to interns. Training opportunities for interns include formalized intellectual and emotional functioning assessments (experience using the Exner system of Rorschach interpretation would be beneficial). Assessment feedback is provided to the Centre staff, youth and parents and may involve staff from other agencies or schools at a later date as needed. The results of the assessment are utilized to assist in the development of a treatment plan. Both individual and family therapy, as well as a variety of group therapy options are also available. We have several groups that provide treatment for male adolescent sexual offenders and an Adolescent Activity Group, which is divided into a boys’ group and a girls’ group. This group focuses on providing hands-on social skills and anger management training while being a fun group in which to participate. Other groups may include coping with depression or anxiety, social skills, bullying, parenting adolescents or other topics of interest to the intern, provided that there are enough participants to make the group feasible. Interns will also provide consultation to the multidisciplinary team members and can participate in team meetings.

IMMEDIATE RESPONSE SERVICES

Preadolescent Milieu Services
Supervisor: TBA

This program serves children between the ages of 6 and 12 years on an 8 a.m. to 8 p.m. or overnight basis. The intensive family approach focuses on the integration of treatments such as parent training, family therapy, play therapy, behaviour modification and group therapy. Presenting problems include severe behavioural and social issues, suicidal behaviour, severe emotional disorders, and sleep disorders. One spot is maintained for the thirty-day stabilization of crisis situations.

Training opportunities for interns are available in the following areas: observation in milieu (residential) program; participation in service provision with an interdisciplinary team; cognitive and personality assessment; play therapy; structured therapy (e.g., relaxation training); and group therapy (e.g., children of divorce). Participation in this service is quite flexible and can easily be accommodated to the intern's other scheduling.

Within the context of a strength-based, solution-focused philosophy, an eclectic blend of approaches is utilized, including psychodynamic, cognitive-behavioural, and various family approaches.

Family Preservation Program

The Family Preservation Program is based on the belief that families have the solutions to their own problems. This program provides brief, intensive, in-home intervention. The program’s flexibility allows staff to work with families whose children are at home and in jeopardy of being removed from the home, or to work with families whose children are already out of the home and are in the process of being reunited with their families. The program offers a wide range of goal
directed, intensive treatment options to meet the needs of the families. The options may include: parent skill building and education, family counseling, individual child/adolescent counseling and skill-building groups, or crisis intervention. The following types of intervention are included:

*Family Solutions (Pre-Adolescent)*  
*Supervisors: Dr. Ralph Billingsley, C.Psych., Dr. Lucia Mandziuk, C.Psych.*  
This program has two components. The first is intensive in-home support, which is typically limited to 6 to 8 weeks for 6 to 8 hours a week. The second is a consolidation or follow-up phase, which is designed to provide continued, on-going support for the family after the initial intensive involvement.

*S.A.F.E. TEAM (Solutions for Adolescents in Their Family Environment)*  
*Supervisor: Dr. Bethany King, C.Psych.*  
This program has three components. The intensive phase is typically limited to 8-12 weeks for 8-12 hours a week. Hours per week may be utilized in the following manner: in-home work, school consultation, resource coordination, family advocacy, etc. The consolidation phase is designed to provide continued, ongoing support for the family after the initial intensive phase. This could include occasional in-home work, family therapy, parent education groups, and parent support groups either in the agency or in the community. This is typically limited to 8-12 weeks. The goal is for the family to obtain needed supports in the community. The preventative phase is designed to provide the family with periodic contact/support. This is typically limited to 6 months, with contact once per month. The goal for the family is to continue its independence in obtaining community resources.

Training opportunities on both teams include observation, assessment, short-term individual therapy and consultation to the teams.
NEURODEVELOPMENTAL SERVICES

Supervisors: Dr. John Strang, C. Psych., Dr. Cory Saunders, C.Psych., Dr. Joseph Casey, C. Psych.

Neurodevelopmental Services has three outpatient clinical programs that serve children and adolescents between the ages of 2 to 17 years, as well as their families. In addition to learning and behavioural adjustment problems, most children seen either have, or are suspected of having, (1) a wide range of neuropsychological disorders; (2) autism or a related disorder; or (3) a broad-based developmental disability.

Services provided through these programs include:
- Neuropsychological assessment and diagnosis
- Consultation to various professionals within the child’s community (e.g., teachers, school officials, clinical treatment providers and physicians)
- Case management for autism/PDD cases
- Various forms of short-term intervention (e.g., individual child therapy; child, sib, or family groups; behavioural programming)
- Interdisciplinary treatment planning
- School and clinical agency case conferences
- Autism/PDD assessment and diagnosis

Services are provided through a multidisciplinary team that is comprised of some combination of the department’s staff compliment of psychologists, psychometrists, a developmental pediatrician, a consulting child psychiatrist, a social worker, and speech-language pathologists.

Interns have the opportunity to obtain training in the Autism and Related Disorders, Developmental Disabilities, and Neuropsychology service areas. The scope and intensity of training is dependent upon the intern’s interests, academic training, and level of experience.

Ozad Institute
Supervisors: Dr. John Strang, C. Psych., Dr. Cory Saunders, C.Psych., Dr. Joseph Casey, C.Psych.

The Ozad Institute is privately funded to conduct research and to provide education and training in neurodevelopmental disabilities. This program provides interns with a unique opportunity to participate in a research-related project, undertaken in an applied setting. The research project will have a practical focus related to assessment, treatment or education/training issues within a broad range of neurodevelopmental disorders including the following: various types of learning disabilities (usually along with coexisting conditions); genetic syndromes; teratological disorders (e.g., FAS); neurological disorders (e.g., cerebral palsy, epilepsy); developmental disabilities; primary sensory disorders (e.g., visual or hearing disability); and autism and related disorders.

Interns are required to complete a 125-hour research placement through the Ozad Institute. They may choose to participate in any one of the current research projects or propose a new project of their own interest in the area of neurodevelopmental disabilities. There are three main research
and education/training streams: differential diagnosis and classification, clinical outcomes, and social learning disorders. Interns will be encouraged to submit their research for presentation or publication. Recent research projects in which interns were involved include:

- Subtypes of Psychopathology in Children Referred for Neuropsychological Assessment (2000; *Child Neuropsychology*, 6, 129-143);
- Methodological issues in cluster analysis;
- Long-term outcomes for two different types of learning disorders;
- Neuropsychological significance of CVLT-C performance;
- Behavioural characteristics of children with neurodevelopmental social learning disorders.

Interns may also participate in the development and delivery of presentations and workshops in cutting-edge issues in the understanding and treatment of neurodevelopmental disabilities. Recent education and training presentations have included:

- Autism and the brain;
- Frontline work with nonverbal learning disabilities;
- Long-term outcomes for children with two different types of learning disabilities;
- The effects of brain injury in children at home and at school.

For more information on the OZAD Institute, visit our website:

www.wrchildrenscentre.org/ozadweb/ozadhome.html
ADULT PSYCHOLOGY DEPARTMENT PROGRAMS

Interns working in the Adult Psychology Department will have the opportunity to be exposed to a range of populations and services for adults within the hospital setting.

Interns will develop skills in various forms of assessment, treatment and consultation through administration of psychometric tests and report writing, individual and group treatment experiences, and team and family conferences, the emphasis on which depends upon the programs chosen. Some opportunity for program planning and evaluation may also be possible.

Programs serviced by the Adult Psychology Department in which interns are invited to participate include:

⇒ Regional Rehabilitation Program;
⇒ Complex Continuing Care Program;
⇒ Acquired Brain Injury Consultation Team.

Regional Rehabilitation Program
Supervisor: Dr. A. McLachlan, C.Psych., Dr. P. Yawny, C.Psych.

This inpatient unit serves patients with strokes, hip fractures, amputations and occasionally patients with head injuries. The team is interdisciplinary in focus, consisting of physiatrists, nursing staff, physiotherapists, occupational therapists, speech therapists, social workers and psychology staff.

This program provides experience in health psychology. Interns complete cognitive and depression screenings as well as more in-depth cognitive and personality assessments. Individual and group counselling opportunities exist as patients adjust to disability, grieve losses and learn new coping strategies. Interns also participate in multidisciplinary team rounds, family conferences, and provide education to family members. From time to time, there is the opportunity to do cognitive rehabilitation with head-injured patients or consult with staff regarding behaviour management issues. Supervision is initially intensive and is tailored to meet the intern’s needs as he/she progresses through the program. Interns learn how medical, neurological, and physical factors influence cognition, behaviour, and personality.

Typically, interns have devoted a significant amount of time to this service as contact with clients tends to be frequent and to occur over a few weeks. Interns who wish to have in-depth experience in a rehabilitation/behavioural medicine setting usually spend 6 months part-time on the unit and carry a caseload of 4-6 patients as well as lead a group.
**Complex Continuing Care Program**  
Supervisor: Dr. Nancy Friesen, C.Psych.

This inpatient unit is designed to offer multi-level care to patients whose medical condition is unstable and who present with complex care requirements along with varying degrees of physical and cognitive disability. Diagnostic presentations are quite varied. Patients typically are not candidates for acute care services but are also not ready to be discharged home, to nursing homes, or to a more intensive rehabilitation program. Some patients are admitted to the unit for palliative care. Lengths of stay vary from a few days to a number of years. The patient-focused program promotes mutual goal-setting and decision-making among staff, patients, and families.

This program provides experience in health psychology. Individual and family counselling opportunities exist as patients and their families come to terms with illness, disabilities, prolonged hospitalizations, and death. Opportunities occasionally arise for cognitive assessment as well. Consultation may be provided to staff related to behaviour management issues and staff/patient/family interactions. Participation with physicians, nurses, occupational therapists, physiotherapists, recreational therapists, chaplains, social workers, dieticians, and others in a cohesive multidisciplinary team also provides excellent opportunities for learning. As this is a new program for Psychology, and also a program that is expanding and developing, there may also be opportunities for program planning and evaluation.

**Acquired Brain Injury Consultation Team**  
Supervisors: Dr. Joan Rinas, C.Psych., Dr. Carmela Pakula, C.Psych.

This team provides community-based services for individuals who have or are suspected of having sustained an acquired brain injury. The team is interdisciplinary in nature and includes psychologists, a social worker and an occupational therapist. Services include: assessment, brief intervention, consultation, treatment planning, follow-up, education, serving as a resource to other professionals, and outreach services in client environments. The team serves individuals who have sustained a brain injury as a result of trauma (e.g., motor vehicle accidents, falls, sports injuries, or workplace injuries), illness such as encephalitis or meningitis, or neurological conditions that may result in disabilities similar to traumatic brain injury.

Training opportunities include: developing a knowledge base regarding brain injuries; cognitive, functional and personality assessments; report writing; treatment planning; consultation to a wide range of caregivers and/or professionals; and public education.

Participation in this service is flexible and easily tailored to fit in with interns’ other scheduled activities.
COMMUNITY MENTAL HEALTH CLINIC

Mood and Anxiety Treatment Program
Supervisor: Dr. E. McDermott, C. Psych.

The Mood and Anxiety Treatment Program provides interns with opportunities to gain experience in both assessment and psychotherapy with persons over 16 years of age. Interns are active participants in the Intake process, doing screenings and presenting cases at the weekly multidisciplinary Intake Conference where case disposition is decided. Participation in the monthly psychiatric consultation process where cases or topics of clinical interest are reviewed is also encouraged.

Clients present with a wide range of diagnoses, e.g., Major Depression, Bi-Polar Disorder, Dysthymia, Generalized Anxiety Disorder, Panic Disorder, and Obsessive Compulsive Disorder. Personality Disorders are sometimes concurrent. Interns typically carry between 2 to 6 therapy cases, some of which are short-term, others of which may be seen throughout the internship year. While the focus of training is psychotherapy, there is also the opportunity to receive additional experience in psychological testing.
RESEARCH OPPORTUNITIES

Interns are required to participate in a brief research-related placement at the OZAD Institute, with a focus in the area of neurodevelopmental disabilities. Interns can choose to become involved in research that is already underway or propose their own project.

In addition to this required research component of the internship, interns are welcome to utilize available data bases in other programs to conduct research in areas of interest (should their schedules permit), pending approval of their proposals by the WRH research ethics board and the program involved. For example, at the Regional Children’s Centre, there are large numbers of psychological assessment data (cognitive and personality) for children and adolescents receiving treatment. In the adult services, examples of available data bases would include such areas as the Acquired Brain Injury Program, where WAIS-III and WMS-III information is collected for individuals with known or suspected brain injury. The Regional Rehabilitation Program also has a large amount of cognitive data from routine screenings given to stroke patients and others.

Interns may also be able to participate in ongoing research in various hospital programs, as such projects become available. For example, the Psychology Department has in the past conducted a major survey of client and physician satisfaction with delivery of services at the Windsor Regional Cancer Centre.

It is hoped that in making use of available research opportunities during the training year, interns will not only sharpen their research skills but will also contribute to the body of knowledge that will enhance delivery of treatment and services to the hospital’s clientele and the broader population.
PROFESSIONAL DEVELOPMENT

During their training year, interns are given the opportunity to participate in an active professional development program. Through both an ongoing internship course presented by psychology staff and an invited speaker series involving guest speakers from the larger community, interns are exposed to a wide variety of topics in a didactic setting. The interns themselves are expected to give one presentation on a topic of interest to them through the invited speaker series.

INTERNSHIP COURSE

The internship course always includes a seminar on ethical issues, which takes a different form each year, sometimes including presenters from the College of Psychologists of Ontario. A regular seminar on diversity issues is also included.

Examples of other topics that have been included in the internship course are the following:

- Characteristics and Significance of Social Deficits for Children with N.L.D.
- Understanding Self-Injury in Adolescents
- Psychosocial Issues with HIV/AIDS
- Childhood Bipolar Disorder vs. ADHD
- The Process of Registration with the College of Psychologists
- Common Relational Patterns in Children’s Behaviour Problems
- Cultural Issues Associated with MVA Victims: Case Presentations
- Assessment and Treatment Issues with ABI Clients
- APA Guidelines for Providing Psychological Services to Culturally Diverse Populations
- Assessing Capacity to Make Treatment Decisions
- Medication for Psychiatric Disorders: Children and Adults
- Issues in the Assessment of the Elderly

INVITED SPEAKER SERIES

Examples of topics that have been included in the invited speakers series are the following:

- Virtual Reality Therapy in Canada: Treatment of Specific Phobias
- Neonatal Intensive Care: Developmental Considerations for the Future
- Supervision: A Discussion of the Issues, Theory, and Experiences
- Impulsivity in Borderline Personality Disorder, Bulimia, ADHD, and Problem Gambling
- Optimism and Depression in Families
- Sexuality and Health
- Addressing Bullying and Victimization Issues in Treatment with Children
- Preparing Yourself to Be a Witness at Court
- Psychotherapy for Interpersonal Trauma
- Spirituality, Self Image and Life Story
- Implications for Doing Therapy with Clients Having Chronic Pain
- The Treatment of Bipolar Disorder: An Overview of Recent Research
- Problems and Prospects in Work with First Nations
INTERN PLACEMENT POLICY AND PROCEDURES

Due to the wide range of available training opportunities, our program is designed to be flexible, in order to allow the intern to gain experience in a wide variety of areas. With the exception of the OZAD research placement, the intern is not required to participate in any set rotations.

Interns who have gone through the program routinely note that this flexibility and breadth are great assets to the training experience. They particularly value the opportunity to work with both children and adults in one placement.

The design of this program allows the intern to concentrate on areas of specific interest while simultaneously ensuring that the intern gains experience in a broad range of programs and services across the corporation. The intern will be involved in several different programs each term and will have several different supervisors. Descriptions of the available programs are contained in another section of this brochure. Training plans are set up on a trimester basis and interns may participate in a specific program for one term or may carry it throughout the year. Programs vary as to the amount of work, time commitment, and responsibility involved; interns are helped to put together a reasonable workload that takes this into consideration. (A sample of an actual intern’s average week is presented on the next page.)

At the beginning of each term, the Internship Training Coordinator assists the intern in developing a training plan. This plan represents a broad outline of the training experiences in which the intern agrees to participate during that term. The plan is intended to insure that there are clearly stated goals and objectives for the intern’s training experience, that there is sufficient opportunity to develop a training program suited to the intern’s specific interests, and that the intern has an opportunity to gain clinical experience that has both depth and breadth.

Performance evaluations are conducted at the end of each term, in which each supervisor who has worked with the intern completes an intern evaluation form. These evaluations are then reviewed by the student, the supervisor, and the Internship Training Coordinator. Copies of the evaluations are forwarded to the intern’s university program. At the end of the training year, after the intern’s evaluations have been finalized, the intern can also complete an optional and anonymous placement/supervisor evaluation form, which permits the intern to evaluate the placement experience. These evaluations are submitted to the Psychology Department Manager, who will review the information provided by the intern and act on it as appropriate.

At the end of the training year, a record of successful completion form is filled out for the intern, based on the year’s evaluations. This form provides the intern with an assessment of whether certain critical dimensions of performance pertaining to functioning as a psychologist have been achieved. The form also assesses the depth and breadth of the intern’s training experience.
### SAMPLE INTERN SCHEDULE FROM THE 2001-2002 TRAINING YEAR
(AVERAGE WEEK)

<table>
<thead>
<tr>
<th>OZAD INSTITUTE</th>
<th>REHAB. UNIT</th>
<th>WRCC ADOLESCENT SERVICES</th>
<th>COMMUNITY MENTAL HEALTH CLINIC</th>
<th>ACQUIRED BRAIN INJURY PROGRAM</th>
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</thead>
<tbody>
<tr>
<td>Research (3.5 hours)</td>
<td>Assessments (3 hours)</td>
<td>Assessments (1/2 -1 hour)</td>
<td>Assessments (2 hours)</td>
<td>Assessments (1 hour)</td>
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<tr>
<td>Professional development (1 hour)</td>
<td>Supportive counselling (1.5 hours)</td>
<td>Family therapy (1 hour)</td>
<td>Psychotherapy (6 hours)</td>
<td>Supervision (1/2 hour)</td>
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<td>Support group (1 hour)</td>
<td>Supervision (1 hour)</td>
<td>Supervision (1 hour)</td>
<td>Notes/reports (2 hours)</td>
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</tr>
<tr>
<td>Supervision (1 hour)</td>
<td>Notes/reports (1/2 hour)</td>
<td>Notes/reports (4 hours)</td>
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<tr>
<td>Team rounds (1.5 hours)</td>
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<td></td>
<td>Disposition Rounds (2 hours)</td>
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<td>Patient/family education (1 hour)</td>
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<td>Consultation (1/2 hour)</td>
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<tr>
<td>Notes/reports (3 hours)</td>
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SUPERVISING STAFF PSYCHOLOGISTS

Listed below are the staff psychologists who may be involved in the supervision of interns during the course of a training year. Areas of special interest to staff are presented in association with each individual’s name.

WINDSOR REGIONAL CHILDREN'S CENTRE

Dr. Lucia Mandziuk, C. Psych.
Attention Deficit Hyperactivity Disorder; play therapy; family therapy (Gestalt); sexual abuse; research in ADHD

Dr. Ralph Billingsley, C. Psych.
Pre-adolescent assessment and treatment; Exner system of Rorschach interpretation; environmental influences on children’s mental health; attachment disorders

Dr. Bethany King, C.Psych.
Cognitive-behavioural therapy; therapy and assessment of adolescents; depression, anxiety, and self-injury, use of humor as a coping strategy

Dr. John Strang, C. Psych.
Clinical Neuropsychology - children, adolescents, adults; clinical practice issues; learning disabilities; developmental and adaptive behavioural outcomes in congenital and acquired brain-behavioural disorders

Dr. Joseph Casey, C. Psych.
Clinical Neuropsychology; Developmental Disabilities; Learning and Attentional disorders; research in childhood disorders; community consultation and training

Dr. Cory Saunders, C.Psych.
Developmental Neuropsychology-infants, children, and adolescents; Neurodevelopmental disorders; high-risk infants; psychometric and subtyping research

COMMUNITY MENTAL HEALTH CLINIC

Dr. Elizabeth McDermott, C. Psych.
Psychodynamic therapy; Personality disorders; community psychology
ADULT PSYCHOLOGY DEPARTMENT

Dr. Nancy Friesen, C. Psych.
Psychiatric assessment; geriatric and cognitive assessment; health psychology-inpatient complex continuing care

Dr. Carmela Pakula, C. Psych.
Psychological assessment and consultation with brain-injured adults

Dr. Anne McLachlan, C. Psych.
Assessment and therapy with older adults; dementia assessments; inpatient behavioural management; rehabilitation psychology

Dr. Joan Rinas, C. Psych.
Psychological assessment through Residual Earning Capacity Designated Assessment Centre of individuals who have sustained physical injury; psychological assessment of motor vehicle accident victims through Medical-Rehabilitation Designated Assessment Centre; acquired brain injury assessment

Dr. Patricia Yawny, C.Psych.
Psychological assessment, consultation, therapy and education with inpatient rehabilitation patients
TERMS AND CONDITIONS

- **Start date and duration** – The internship begins September 1 and continues through August 31 of the following year.

- **Stipend** – The stipend for the internship is $20,000.

- **Vacation** – Interns receive two weeks paid vacation plus an additional break between Christmas and New Year’s. There are also 12 statutory holidays.

- **Professional Liability Insurance** – Interns are required to purchase their own professional liability insurance, available through the Canadian Psychological Association or Ontario Psychological Association. Coverage must be in effect by the first day of the internship.

- **Police Clearance and Medical Exam** – Interns are required to obtain a Police Clearance and pre-employment medical exam before beginning. This is arranged through the Human Resources Department.
THE APPLICATION PROCESS

Completed application packages received by **DECEMBER 1st** of each year are considered for the training year commencing the following September.

◊ **Applicants must be students currently enrolled in a CPA-accredited (or equivalent) graduate clinical psychology training program at an accredited university.**

◊ **Applicants must have completed a minimum of 600 hours of practicum experience in assessment and intervention strategies.**

◊ **Applicants must be registered as participants in the APPIC Computer Matching Program* in order to be eligible to match to this internship program. Applicants can register for the Matching Program by downloading an Applicant Agreement from the Matching Program website at www.natmatch.com/psychint, or by requesting that an Agreement be mailed to them by:**

  National Matching Services, Inc.
  595 Bay Street
  Suite 301, Box 29
  Toronto, Ontario
  M5G 2C2
  Telephone: (416) 977-3431

*This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept or use any ranking-related information from any intern applicant.*
Complete application packages include the following documents:

⇒ A brief letter of interest outlining the student's training interests and needs

⇒ APPIC Application for Psychology Internship form

⇒ a current Curriculum Vitae

⇒ three letters of reference, preferably at least two of which are from psychologists familiar with the student's clinical work (Please note that the internship program might contact referees who provide letters, in order to obtain further information.)

⇒ an official graduate program transcript

⇒ a completed Windsor Regional Hospital application form (that can be obtained upon request)

⇒ applicant code number for the APPIC Computer Matching Program

Application materials should be directed to:

Dr. Nancy Friesen, C. Psych.
Internship Training Coordinator
Psychology Department
Windsor Regional Hospital - Western Campus
1453 Prince Rd.
Windsor, Ontario N9C 3Z4
APPIC Program Code Number - 8221

The Internship Training Coordinator can also be reached by:
Phone at (519) 257-5211
Fax at (519) 257-5188
E-mail at wrhpsych@wrh.on.ca

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