Ottawa Institute
of Cognitive
Behavioural Therapy

Institut de thérapie
cognitivo-comportementale
d'Ottawa

The Ottawa Institute of
Cognitive Behavioural Therapy (OICBT)

Pre-Doctoral Residency Program in Clinical Psychology

Training Brochure 2024-2025

411 Roosevelt Avenue
Suite 200
Ottawa, Ontario
K2A 3X9
Tel: (613) 820-9931

Dr. Natasha Ballen, C. Psych.
Training Director - Residency Program

Table of Contents

I.	Philosophy and Goals of the Ottawa Institute of Cognitive Behavioural Therapy	3
II.	Accreditation Status of the Residency Program	4
III.	Philosophy of the OICBT Clinical Psychology Pre-Doctoral Residency Program	4
IV.	Diversity and Inclusivity Statement	6
V.	Structure of Residency Program	6
VI.	Supervision & Didactic Training	7
VII.	Training in Core Clinical Competencies	8
VIII.	Professional Development	11
IX.	Evaluation and Feedback	12
X.	Summary of Core Activities	12
XI.	Physical Facilities	13
XII.	Requirements for Candidacy	14
XIII.	Stipend and Leave	14
XIV.	Requirements for Candidacy	14
XV.	Description of Programs and Rotations	16
XVI.	Supervisors and Staff at OICBT	26

I. Philosophy and Goals of the Ottawa Institute of Cognitive Behavioural Therapy

The current vision of the Ottawa Institute of Cognitive Behavioural Therapy (OICBT) is to provide assessment and treatment services that are empirically supported, responsive to our clients' needs, and reflective of their level of financial and personal resources. We also aim to emphasize and promote the increasingly important role of psychology as a leading discipline in the treatment of mental health problems.

While our primary focus is the delivery of cognitive-behavioural therapy (CBT), many of our staff have experience with empirically supported treatments that are extensions of CBT including Dialectical Behavioral Therapy (DBT), Acceptance and Commitment Therapy (ACT), Schema Therapy, Compassion-Focused Therapy (CFT), Mindfulness- Based Cognitive Therapy (MBCT), Cognitive Processing Therapy (CPT), and transdiagnostic approaches. In addition, our psychologists are committed to keeping abreast of the latest research to inform their clinical practice.

The referral sources at the OICBT are varied and include, but are not limited to self-referral, family physicians, community psychiatrists and psychologists, as well as the primary care hospitals and specialized mental health psychiatric facilities in the Ottawa region. Consequently, our clients present with a wide range of problems with varying degrees of symptom severity and impairment. Specifically, we see clients that fall within the following diagnostic groups:

a. Mood disorders (Unipolar Depression, Dysthymia, Bipolar Disorder)
b. Anxiety disorders (GAD, OCD, PTSD, Panic Disorder with and without Agoraphobia, Health, Anxiety, Social Anxiety Disorder, Simple Phobias)
c. Eating Disorders (Bulimia Nervosa, Anorexia Nervosa, Binge Eating Disorder)
d. Attention Deficit and Hyperactivity Disorder (ADHD)
e. Personality Disorders (e.g., Borderline Personality Disorder)
f. Sleep Disorders (e.g., Insomnia)
g. Health Conditions (e.g., Diabetes, Tinnitus)
h. Rehabilitation Conditions (e.g., chronic pain, musculoskeletal injuries, concussion)
i. Relational and Interpersonal Problems (i.e., couples therapy)
j. Addiction and Substance Use Problems
k. Women's Mental Health (e.g., Perinatal Mood Disorders)

All services are nested within Holistic Care that incorporates a BioPsychoSocial Spiritual lens and Diversity-informed services.

For more information about the Ottawa Institute of Cognitive Behavioural Therapy visit our website at www.ottawacbt.ca

II. Accreditation Status of the Residency Program

The OICBT Pre-Doctoral Resident Program in Clinical Psychology is *not accredited* by the CPA or APA.

We aim to seek accreditation of our residency program through the Canadian Psychological Association (CPA) and our intent is to submit an application for accreditation in the spring of 2023. However, there was no guarantee the OICBT pre-doctoral residency program will be successful in its application for accreditation. In the event that accreditation is granted, the terms of accreditation date to the academic year in which the site visit took place. For example, if the CPA accreditation panel grants a site visit and it occurs before the end of the 2022-2023 residency year (August 31, 2023), residents enrolled during the 2022-2023 year and those enrolled in the 2023-2024 would be graduating from an accredited program.

CPA Accreditation Panel
Canadian Psychological Association
141 Laurier Avenue W., Suite 702
Ottawa, ON K1P 5J3
Phone: 1-613-237-2144

The OICBT Pre-Doctoral Residency Program is listed with and follows the guidelines of the Association of Psychology Postdoctoral and Internship Centers in Psychology (APPIC) and the Canadian Council of Professional Psychology Programs (CCPPP).

III. Philosophy of the OICBT Clinical Psychology Residency Program

Overview of Training Vision, Mission, Principles and Goals

The core principles and values of the OICBT residency program directly arise from, and are embedded within, our wider institutional mission. The mission of the OICBT residency program is to provide an experience of sufficient breadth and depth in evidence-based training to prepare residents for competence for autonomous practice and registration as professional psychologists within Canada, with a commitment to ethical standards of professional practice and a strong professional identity.

The core principles and values of the OCBT residency program which arise from this mission, include:

1. A dynamic balance between training in more generalist models of psychological practice as well as specialized CBT assessment and treatment for specific client populations.
2. An emphasis on training residents in the delivery of evidence-based treatment approaches within psychology.
3. The importance of research in helping to guide the decisions we make before, during and after the delivery of evidence-based care to our clients as emphasized within the scientist-practitioner model.
4. A fundamental diversity focus and specifically training of populations presenting with a broad range of problems across the life-span, gender, socioeconomic status, ethnicity, and sexual orientation.
5. Opportunities to work within interdisciplinary teams as leaders in directing assessment and treatment within this context.

6. Commitment to using a competency-based training model to ensure training benchmarks are obtained during the residency year and in preparation for autonomous practice.
7. Opportunities to receive training in a variety of theoretical approaches and modalities across different levels and intensities of treatment within a stepped care treatment model.
8. The provision of training that is developmental in nature, taking into account the residents pre-existing abilities, skills and competencies, and to adjust the pace and content of training based on these individual differences and training needs.
9. A commitment to supporting developing clinicians in their adherence to the standards and guidelines of ethical clinical practice as outlined within our legislative and professional governing bodies.
10. Commitment to teaching our residents to tailor their treatment approaches to client needs and resources by offering individual, group, out-of-office and more intensive treatment options.
11. Opportunities for residents to directly observe, and be observed by, psychologists across the roles of service provision, supervision, training, program development and evaluation.
12. The development of future psychologists who are equipped to function as autonomous professionals across the multiple roles of a psychologist including service provision, research, consultation and supervision.

The philosophy of training reflected in the mission statement, principles, and values of the residency program as outlined above is highly consistent with the mission and goals of the OICBT in general. More specifically, the mission of the OICBT is to provide clinical psychology services that are empirically supported, responsive to our clients' needs, and reflective of their level of financial and personal resources. This is accomplished through the emphasis on: 1) using research in our decisions about treatment; 2) emphasizing the central role of psychology in generating and directing treatment within treatment teams; 3) tailoring of treatment to patient needs and resources by offering individual, group, out-of-office and more intensive treatment options; 4) reinforcing our strong ties to academic and hospital institutions through hospital and educational affiliations; and 5) supporting continued professional development, supervision and teaching for all staff through in-house training and supervision experiences.

The foundation of the OICBT's residency program is the scientist-practitioner model in which residents are encouraged to assess problems and apply scientific knowledge and skills to 1) inform their professional services in light of current research and evidence-based models of treatment, 2) account for the selection of services (such as types of intervention or selection of specific assessment measures), and 3) evaluate the impact of their services. The clinical training staff at OICBT models the integration of the scientist-practitioner model in professional roles through their dedication to training, research, management/leadership and professional practice. This commitment to the scientist-practitioner model of training is congruent with the accredited doctoral programs in clinical psychology from which psychology residents originate and is a reflection of the value the program places on the scientific bases of psychological practice. The residency program at the OICBT also recognizes the varied roles in which an autonomous psychologist must practice. With this awareness, the goal of the OICBT is to provide training experiences that enhance competencies that will prepare residents to not only provide clinical services and training and supervision of personnel and other mental health professionals, but also to develop new clinical service programs, evaluate their interventions, implement research projects, and take leadership roles in management and administration.

There are five core foundation and functional skills areas in the practice of Clinical Psychology that underlie the specific training goals within the OICBT residency program. These areas include interpersonal relationships, assessment and evaluation, intervention and consultation, research, and ethics and standards. These areas are consistent with the core competencies required by the College of Psychologists of Ontario for the professional practice of psychology, as well as the areas that are

assessed in the quarterly evaluations of the residents. The specific objectives embedded within our developmental and competency-based model of training, therefore, are outlined specifically within each of these skill areas. The goals and objectives of our residency program, moreover, involve the development of competencies across each of these areas, according to the level of skill and knowledge expected within these domains at the end of the residency training year. The level of competency expected at the end of the year corresponds directly to the level of abilities needed for a graduating resident to receive a certificate authorizing supervised practice by the College of Psychologists of Ontario (CPO). These foundational skills are also highly aligned with the competency benchmarks used to evaluate candidates applying to practice autonomously in professional psychology (four of the five skill areas are used in the CPO evaluation). The ethics and standards competency required for registration as an autonomous member of the CPO is embedded across all areas of skills development and competency attainment through an emphasis and focus on ethical decision making.

IV. Diversity and Inclusivity Statement

OICBT recognizes that it is located on unceded Algonquin territory and benefits from European colonialism, the impacts of which continue to this day. OICBT Directors are familiar with and endorse the CCTC 2020 Consensus Statement and, CPA's Psychology Response to the Truth and Reconciliation Commission of Canada's Report with particular mindfulness to the ways in which clinical psychology needs to adequately address the impact of social determinants of health and experiences in its conceptualizations of Indigenous and other racialized peoples.

An important component of OICBT is **holistic care that is client centered, diversity-informed and which integrates biopsychosocial spiritual determinants of care.** At the Intake, Assessment & Treatment level, the OICBT inquires from all clients if there are any aspects of their being that are highly important them that they would like to be integrated into services (including but not limited to **identity(ies) related to race, culture, immigration status, gender, sexual orientation, sexual health, age, religion, disability status, employment, relational/family status**).

A mental health model of diversity considers how individuals' thoughts, feelings, and behaviors are intertwined with their diverse social environments. This includes the need to adequately address the impact of **social determinants** of health and experiences **of oppression, microaggressions and/or prejudice in the conceptualizations of care for marginalized peoples**.

As part of OICBT's commitment to anti-racism, anti-discrimination, and social justice-based services and recruitment, OICBT actively integrates **Equity, Diversity, and Inclusion** within their practice. This consists of creating services and collective action that are inclusive and committed to the removal of barriers (whether procedural, visible, invisible, intentional, unintentional) that inhibit participation and/or contribution from underrepresented and/or disproportionately disadvantaged groups.

V. Structure of the Residency Program

The OICBT's Clinical Psychology Residency Program runs from September through August and requires the completion of 1600 hours of supervised practice. Residents are expected to work 37.5 hours per week, with specific hours to be determined at the outset of the residency in collaboration with the Resident's Clinical Supervisors and Director of Training. Depending upon a resident's involvement in group programming, a resident may be required to work one evening per week. In this situation, a resident may choose to begin their day later to account for hours worked in the evening.

During the residency year, residents will spend a minimum of 25% of their time in direct client contact. These hours may also include the provision of evidence-based treatment via videoconference (e.g., OWL). All services are provided under the supervision of a doctoral-level registered psychologist.

Residents are expected to complete a total of three rotations throughout the duration of their residency. This includes two 12-month primary rotations (~1.5 days/week each) and one 12-month (~1 day/week) secondary rotation. All residents will experience training opportunities in multiple therapy modalities, for example, both individual and group therapy.

The two 12-month primary rotations include the Mood and Anxiety Disorders rotation and the Intensive Assessment Clinic Rotation.

The one 12-month secondary rotation includes one of the following options from our intensive treatment programs: The DBT Group Therapy Program or the Intensive Day Treatment Program (for OCD, Anxiety and related disorders, PTSD).

Compulsory supplemental experiences include Program Evaluation and the provision of supervision to a Ph.D. clinical psychology student.

Additional supplemental training experiences may include Concurrent Disorders, Health Psychology, Women's Mental Health, Couples Therapy, and Adult ADHD. On-site professional development and training in CBT is offered throughout the residency year within the context of our internal and external CBT training programs and workshop series. *Please note that the availability of clients within the supplemental experiences is not guaranteed and is dependent on available referrals.*

Example Training Plan:

Primary Rotation I:	Mood and Anxiety Disorder Clinic
Primary Rotation II:	Intensive Assessment Clinic
Secondary Rotation:	DBT Program
Compulsory:	Program Evaluation
	Provision of Supervision to a practicum student
Supplemental Experiences:	Couple Therapy

VI. Supervision and Didactic Training

Individual Supervision: Residents receive a minimum of four hours of supervision per week in individual and group formats; at least three of these hours are in individual supervision, and all supervision is provided by doctoral-level registered psychologists. Supervision throughout a week, for example, may include a minimum of two hours of supervision on individual therapy cases, one hour of group supervision on comprehensive diagnostic assessments, 30 minutes of individual supervision on supervision, 30 minutes of individual supervision on program development and evaluation, as well as 30 minutes to 1 hour of individual supervision of any supplemental experiences (e.g., the duration of supervision will vary depending on the number of cases seen in a supplemental experience). Residents also receive additional group supervision on group therapy facilitation, program evaluation (bi-weekly), and supervision of supervision (SOS).

Direct Modeling/Observation: As part of the group therapy programs (e.g., Mood & Anxiety Group, Core Beliefs Group, DBT Skills Group), Intensive Assessment Clinic and our Intensive Treatment Program, residents receive didactic instruction and participate in direct observation and modeling in

the delivery of treatment.

Case Conferences and Seminars: From October through August of the training year, residents attend weekly on-site didactic seminars focused on the modeling and practicing of key CBT skills. They are encouraged to attend and contribute to case discussions and discussions of professional practice issues during weekly clinic wide case discussion meetings. Residents also attend city-wide seminars that occur one Friday afternoon per month. This provides OICBT residents the opportunity to connect with residents from various training sites located throughout the Ottawa region.

Example Seminar Schedule:

OICBT Weekly Case Discussion:	Tuesdays from 12:00pm to 1:00pm
CBT Seminar:	Fridays from 10:30am to 12:00pm
City-Wide Seminar Series:	Once monthly half-day seminars (in collaboration with the other residency programs in Ottawa)

VII. Training in Core Clinical Competencies

Residents work collaboratively with supervisors and the training director to identify their training goals and interests across eight core clinical competencies: assessment, intervention, consultation, program evaluation/development, interpersonal relationships, professional standards and ethics, diversity and individual differences, and supervision.

In order to meet these clinical training goals, residents are exposed to the following: direct client contact, direct observation and coaching of core clinical skills by a clinical supervisor, seminars to discuss professional and clinical development issues and models of supervision, individual and/or group supervision focused on the identified competency area, and an evaluation of the level of the residents' skills.

Assessment and Diagnostic Skills. The specific objectives underlying this goal are the development of competencies in the areas of general assessment, diagnostic evaluation and treatment planning. The Assessment Training Hub, within the Intensive Assessment Clinic rotation, at the OICBT consists of all internal residents completing their residency in a given training year, any external residents placed in this rotation, as well as any practicum students in psychology. Within this hub, residents are involved in completing general intake, as well as comprehensive diagnostic assessments of clients presenting with complex mental health issues. A number of these clients will also be querying the presence of a learning disorder and/or Attention Deficit Hyperactivity Disorder (ADHD). As part of their training, residents progress through different roles within this hub across each quarter of the training year including general intake assessment and triage, diagnostic interviewing and communication of a diagnosis, cognitive testing, report writing, and the independent completion of full comprehensive reports in the last quarter of the residency year. The Intensive Assessment Clinic rotation provides residents with skills in the compilation of general intakes and triage, selecting appropriate measures for assessment and symptom monitoring, case formulation, providing assessment feedback, communicating diagnoses, and report writing in a private practice setting. The target number of assessment hours across the residency year will vary according to the resident's quarterly placement. Generally, residents will be asked to commit the equivalent of 1 day of their residency to the assessment hub. During 3 of the 4 quarterly placements, assessment hours will involve approximately 3 hours of direct clinical contact per week. Residents completing the quarterly

report writing role will primarily be supporting the assessment team with tasks involving documentation, integration, and interpretation of findings and comprehensive report writing.

Functions within the assessment hub include: 1) diagnostician (completing structured diagnostic interviewing using tools such as the MINI and the SCID, communicating a diagnosis and providing feedback on cognitive testing), 2) cognitive testing (administering cognitive tests, scoring, and writing up the results), 3) and integrative report writing. A practicum student will also be placed within this stream for training and possible residency supervision in the third or fourth quarter. The diagnostic and assessment rotation provides residents with skills in case formulation, selecting appropriate measures for assessment and symptom monitoring, providing assessment feedback, and communicating appropriate diagnoses, report writing in a private practice setting, and creating and implementing a treatment plan.

Requirements: Over the course of the residency, residents will be involved in the completion of 10-12 comprehensive assessments as part of the assessment hub.

Intervention. Residents' will be expected to complete 15 individual cases by the end of the year across the Mood and Anxiety Disorders Rotation and the secondary rotation (DBT or ITP). The number of sessions and frequency of visits per client may vary depending on the specified problem, symptom severity, levels of impairment, client goals, financial resources, and progress. Residents will have the opportunity to follow 1-2 longer-term therapy cases over the course of their residency. Residents may also complete an optional rotation in couples' therapy, replacing 1 to 2 (1 minimum couple therapy case) of their direct intervention hours with the equivalent hours of couples' therapy.

In terms of group therapy experience, residents co-facilitate 1 CBT-based group over the course of their residency. Residents learn to apply group level interventions and work collaboratively with a co-therapist. Residents may be involved in pre-group assessment sessions as required. Groups are CBT-based, vary in the number of sessions offered, and are based on treatment manuals that are empirically supported. Treatment groups include the following: CBT for Anxiety and Depression Group; Dialectical Behavioral Therapy Skills Group; ADHD Group: Module 1 Behavior Modification and Interpersonal effectiveness and Module 2 Attention and Emotional Regulation. Residents involved in the DBT rotation will co-facilitate a DBT Skills Group. Residents involved in the Intensive Treatment Program will co-facilitate the Emotions, Acceptance and the Art of Coping group and deliver individual treatment in various forms (lead clinician, coaching, and/or family accommodation). The focus of the accommodation sessions is on supporting the client in making the identified treatment changes and involves weekly sessions with the client and their family. Sessions often focus on educating significant others about the primary problem of concern, identifying collaborative goals towards helping the client and the family system in the context of the home environment, reducing accommodation behaviours that may reinforce the problem(s) of concern, and leveraging the supportive aspect of these relationships to help the client meet their functional goals.

Requirements: Complete 15 individual cases and co-facilitate 1 CBT-based therapy group.

Consultation. Residents at the OICBT work within an interprofessional setting wherein they are involved in various consultation activities. These activities may include the following: a) providing peer consultation to residents, as well as possible practicum students, on more complex assessment and treatment presentations; b) opportunities to provide consultation to social workers, occupational therapists and psychotherapists; c) disseminating information about the OICBT to community and hospital organizations; d) involvement in training and consultation to community treatment teams interested in implementing CBT strategies in their treatment centers; and e) participating in the development, operations, and/or financial viability of a private practice (OICBT) that focuses on social enterprise goals and community needs. Residents are also expected to engage in consultation with

external agencies as the need arises. They are also involved in bi-weekly clinic wide case discussion meetings. Residents are also involved in one of the consultation activities identified above.

Requirements: Receiving and providing consultation to other interdisciplinary team members within and outside of the clinic as needed for each client being assessed or followed in treatment (approximately 30 minutes to 1 hour per week). Regular involvement in bi-weekly clinic wide case discussion meetings. Residents may also be involved in one of the consultation activities identified above as needed and when relevant to training goals and rotation placements.

Program Development and Evaluation. Residents spend approximately 12 hours per month (i.e., 3 half-days) completing program development and evaluation research. Each resident is expected to complete an evaluation project during the residency year with a supervising psychologist at the OICBT. This may include using data that we collect on self-report measures of symptom severity and level of functioning with the goal of monitoring and improving the quality of the services we provide. Examples of evaluation projects may include the investigation of the possible benefits of providing supplementary individual sessions during group therapy vs. group contacts only; analysis of institutional data of interest; and evaluation of group therapy outcomes using quantitative and qualitative methods. A resident may also choose to complete a project in the area of business development. With a focus on social enterprise, this option offers an opportunity to develop high-level, optimal clinical services in a sustainable and cost-effective manner for clients. Under this framework a resident may also develop a project and apply for funding with the purpose of providing services at lower rates to clients in the community.

Requirements: Completion of one applied research project and/or business development project.

Interpersonal Relationships. Through didactic seminars, readings, and discussions in supervision, residents increase their awareness of the factors that contribute to the establishment and maintenance of strong interpersonal relationships and work at constantly improving these relationships. For instance, when working with clients they consider their clients' unique characteristics, they regularly assess where their clients are in the therapeutic process and adjust their approach accordingly, and they reflect on their own characteristics (e.g., biases, values, motivation) and how these characteristics can influence the therapeutic relationship.

Requirements: Demonstrate skills in the development of strong therapeutic relationships with clients, key relationships with supervisors, and working well with colleagues.

Diversity and Individual Differences. Residents participate in structured activities to assist them in reflecting on their diversity experiences. This involves integrating academically acquired knowledge with discussions on residents' self-awareness of differences in frames of reference between themselves and others, and routine reflection with clinical supervisors around the processes by which diversity affects treatment of clients. Residents have the opportunity to work with a range of diverse clients who seek services at OICBT, include individuals varying in age across the life span, ranging in socio-economics status, and reflecting the diverse cultural backgrounds of the National Capital region population from the standpoint of ethnicity, religion, national origin, sexual and gender identities, military and disability status, and languages. The OICBT has included diversity-informed questions in our referral, intake and assessment form, derived from the APA cultural formulation interview, to capture the individual and cultural characteristics of our clients in order to better serve their needs, as well as begin to collect data to better inform our care. Diversity-informed care is embedded within each rotation.

Requirements: Demonstrate knowledge and sensitivity to diversity issues in clinical practice.

Professional Ethics and Standards. Residents learn to apply the CPA Code of Ethics and Standards to all aspects of their professional work. Training is provided in individual supervision and through didactic instruction (in-house and city-wide seminars). In addition to topics that are covered in other settings, residents are also exposed to issues that are especially relevant to private practice settings, including the role of payment in negotiating treatment contracts with clients, boundaries and responsibilities with third-party payers, financial and organizational issues associated with maintaining a group private practice clinic, and promotion of services.

Requirements: Demonstrate knowledge of professional ethics and applicable standards in clinical practice.

Supervision of Students & Direct Modeling in Clinics. The OICBT recognizes the importance of training students in the provision of supervision. With each type of supervision experience, residents develop their supervision skills through observation, modelling, and independently supervising Ph.D. level practicum students. Supervisory experience typically occurs during the second half of the residency in one of the following areas: 1) supervision of individual therapy: supervision of Ph.D. student in psychology on one individual therapy case; 2) assessment supervision: providing supervision to an individual or group of Ph.D. students in psychology on diagnostic interviewing, assessment and treatment planning. This begins with the observation of a psychologist providing supervision, co-leading supervision, and eventually leading the supervision; or 3) group therapy supervision: supervision of a Ph.D. in the provision of group therapy. This would take place after the resident has completed observation and co-facilitation of the same group with a group facilitator. Group facilitators are established clinicians who have extensive experience in group therapy and in the group modality in which they are providing treatment. The resident will then take the lead role where they will have a clinical psychology practicum student as co-facilitator. Direct modeling & observation: As part of the Intensive Treatment Program, residents within this program have the opportunity to provide didactic instruction, direct observation and modeling in the delivery of treatment of a Ph.D. student in the ITP. The resident will then take the lead role where they will have a clinical psychology practicum student as co-facilitator. Residents receive individual supervision on their supervision activities per week, as well as supervision of supervision in a group format with all residents from supervising psychologists. Individual supervision of supervision occurs within the context of supervision being provided within a rotation in which they are working.

Residents will receive both individual and group supervision on their supervision activities per week from a psychologist at the OICBT. This will occur within the context of supervision being provided within a rotation in which they are working.

Requirements: 1) Supervision of one practicum student on one individual therapy case; 2) Supervision on a diagnostic/assessment and treatment planning; 3) or Group therapy supervision.

VIII. Professional Development

The OICBT provides residents with $500 towards professional development activities (e.g., conferences, therapy workshops, books) and 3 days of professional leave.

IX. Evaluation and Feedback

In order to facilitate personal and professional growth during residency, the OICBT is committed to facilitate ongoing feedback between residents, supervisors, and the training director. At the OICBT, residents take part in an orientation session to the practice as well as regular monthly meetings with the training director to ensure that the residency is meeting the resident's needs.

As part of an informal and formal evaluation process, residents undergo direct and indirect observation by their supervisors while providing clinical services (e.g., supervisors observing live sessions; coaching, group co- facilitation).

Residents also receive formal written quarterly evaluations. These evaluations provide an opportunity to review progress on resident goals and identify areas of strength and areas needing further improvement that can be developed in the remainder of the rotation and residency. Summaries of the evaluations are sent to each resident's university to document their progress. Each evaluation is geared towards a competency-based approach wherein residents are evaluated on the following skills and ability areas: interpersonal relationships with clients and other professionals; clinical assessment, testing, and report writing skills; clinical intervention skills; supervision (utilization of supervision and feedback; provision of supervision); scientific knowledge of psychological theory and research; clinical research skills; self-assessment (e.g., reflective practice); professionalism; and professional ethics.

At the end of their training year, residents have the opportunity to complete evaluations of their rotations, supervisors, and training director. Residents evaluate their supervisors (e.g., quality, availability, etc.), satisfaction with client contact, overall quality of the rotations, and the value of their experiences in meeting their goals. Residents are encouraged to provide informal feedback to supervisors throughout their rotations to address any concerns that may arise. Residents also complete evaluations of the City-Wide didactic seminars and have the opportunity to provide feedback on their overall experience as a resident to the DoT at the end of their residency year.

The OICBT also has clear guidelines and procedures for handling any grievance that may arise during residency.

X. Summary of Core Activities

The following is an example of weekly activities a resident may be involved in once they are functioning at full capacity. The resident's 37.5 hours per week may be allocated as follows:

Direct contact: (~ 12 hours)	7 individual therapy hours 2 group therapy hours 3 assessment (~average hours/week as part of comprehensive assessment clinic rotation)
Supervision: (4 – 5 hours)	2 hours of individual supervision on individual therapy case 1 hour of group supervision on group therapy (Note: Between March – August, 30 minutes of this time will be devoted to group supervision of SOS) 1 hour of group supervision on assessment & treatment planning (Intensive Assessment Hub) Additional: 30 min on program development/evaluation (30 min

	weekly individual supervision & 30 min bi-weekly group supervision 30 min individual supervision on SOS (30 min weekly individual supervision March - August) *Optional*: 30 min individual supervision on a supplemental experience case
Consultation: (1 hour)	1 interdisciplinary consultation meeting
Program evaluation: (~ 3 hrs./week)	0.5 day of program evaluation
Supervisory experiences: (30 minutes)	1 hour of providing supervision to practicum student(s) (*March - August of residency year*)
Didactic seminars: (2-4 hours) private practice	Seminar on CBT specifically, wider clinical issues and case discussion/presentation and professional issues in Attending monthly City-wide seminars
Support hours: (12 hours)	These hours include but are not limited to record keeping, reading, peer consultation, clinical documentation, etc.

TOTAL PROJECTED HOURS
Total direct hours (individual, group, assessment) = 12 hours
Supervision hours = 4-5 hours
Consultation = 1 hour
Research/Program Evaluation = 3 hours
Provision of Supervision = 30 minutes (6 months between March to August)
Didactic Seminars = 2-4 hours
Support hours = 12 hours
Total hours = 37.5 hours

XI. Physical Facilities

Therapy Facilities
Each resident is provided an office with a telephone. Residents typically supply their own computer, however the OICBT will provide one if required. Internet access is provided as well as access to a communal printer that is shared with members of the practice. Residents also have access to one group therapy room.

The University of Ottawa Library
Residents who are registered in a graduate university program (e.g., PhD in Clinical Psychology) can obtain a library card from the University of Ottawa so that they can access library resources (e.g., books, journal articles etc.).

XII. Requirements for Candidacy

In accordance with Canadian Immigration requirements, only applicants who are Canadian citizens or permanent residents of Canada will be considered. Applicants should be enrolled in a CPA- or APA-accredited doctoral program in clinical psychology. If the program in which the student is enrolled is not accredited by the CPA or APA, the program's content and structure (and hence the student's academic and practical preparation) must be equivalent to those clinical psychology programs that are CPA-accredited. Eligibility for residency requires that students have completed the following prior to undertaking the residency year:

- all requisite coursework,
- all practicum requirements outlined by their doctoral training program,
- approval of their doctoral thesis proposal prior to application for residency.

Applicants more likely to be ready to submit or defend their thesis prior to commencing the residency will be, all other things being equal, ranked more highly.

Applicants must demonstrate a minimum of 600 practicum hours (direct + support + supervision) that includes a minimum of 300 hours total direct client contact (mix of intervention and assessment), 150 hours of supervision, and the remaining hours as support activities. Applicants are not rated on the basis of "raw number of practicum hours" as we feel the quality and depth of practicum training is more relevant than total number of hours. A minimum of five integrated written assessment reports, and provision of therapy to a minimum of five patients/clients is required to apply.

XIII. Stipend & Leave

Stipend

The stipend for each resident position for the 2024-2025 year is set at $32,500 CAD.

Leave Benefits

Work-life balance is an important value at the OICBT. Residents are provided with the following paid leave opportunities and encouraged to make use of them.

1. Vacation leave: Residents receive 15 days (3 weeks) of vacation and all statutory holidays

2. Professional development leave: Residents also receive 3 days of professional development leave (e.g., conferences, defending dissertation).

3. Sick leave: Residents are entitled to 5 sick days.

XIV. Application Process

The OICBT's residency program (APPIC program code number: 188011) in clinical psychology is a member of the Canadian Council of Professional Psychology Programs (CCPPP) and a provisional member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and adheres to APPIC policy regarding internship offers and acceptances.

This residency program is participating in the APPIC Internship Matching Program. All applicants must register with the National Matching Services to be considered for this residency.

The OICBT is committed to employment equity and hires on the basis of merit. We encourage applications from members of groups that are marginalized based on their sex, sexual orientation, gender identity or gender expression, racialization, disability, and/or status as First Nations, Métis, Inuit or Indigenous.

Applicants must complete the following through the Applicant Portal of the AAPI online:

1. Completed APPIC Application
2. Verification and electronic signature completed by the University Training Director attesting to the applicant's readiness for an internship.
3. The names and contact information (i.e., phone number, email address, title, place of employment) of 3 persons familiar with the applicant's clinical and professional experience and performance. One of these referees should be the applicant's thesis supervisor.
4. Graduate transcripts
5. Curriculum Vitae

We encourage applicants to indicate their preferences for training experiences within their cover letters, as this allows us to make every effort to ensure that applicants who interview at our site are able to meet with potential supervisors during the interview.

Completed applications must be received no later than **Friday November 17, 2023, 11:59PM E.S.T**.

Aligned with the suggested CCPPP member program guidelines, we will be following the recommended 2-step process with respect to interview notification and interview scheduling. Specifically:

Step 1: All offers to interview with OICBT will be made on **Friday December 1, 2023**, by email. ALL applicants will receive an email on December 1st informing them of their interview status. Applicants are not expected to make any commitments on this day.

Step 2: After 11:00 am in the Eastern Time Zone on **Monday December 4, 2023** applicants who have been offered an interview are welcome to contact OICBT via email to respond to interview offers. We will not be scheduling any interviews before this time.

The OICBT will be conducting interviews on the following dates within the CCPPP East/Atlantic window of January 8-19, 2024. Please note that due to COVID-19, possible travel restrictions and to ensure an equitable process for all applicants, all interviews for OICBT 2024-2025 interview dates will be virtual (phone or videoconferencing). We will not be offering any in-person interviews.

Monday, January 8, 2024
Friday, January 12, 2024
Monday, January 15, 2024
Friday January 19, 2024

If you have any questions about our program, please do not hesitate to contact:

Dr. Natasha Ballen (Training Director – Residency Program)
411 Roosevelt Avenue, Suite 101
Ottawa, Ontario, K2A 3X9 Tel: (613)–820-9931 x227

Email: drnballen@oicbt.ca

For more information about the OICBT please visit: www.ottawacbt.ca

XV. Description of Programs and Rotations at OICBT

At the OICBT all triage, assessment and treatment services are offered within the context of our stepped care model. Stepped care involves delivering the right dosage of treatment to the right people, at the right time. Within a stepped care model, a client's treatment plan is based on a multidimensional assessment of the clients' current concerns and functioning. The resulting treatment plan seeks to maximize the effectiveness and efficiency of treatments by optimizing the frequency, timing, and intensity of service delivery, sometimes at a "dose" that exceeds one that would be delivered in the traditional "one- hour therapy session per week" model. Treatment is stepped up or down in intensity based on objective monitoring of treatment progress. Training opportunities within our residency program are directly embedded within this service delivery model.

The description below offers a review of the specific and unique rotations we are delighted to offer at the OICBT.

INTENSIVE ASSESSMENT CLINIC ROTATION

Psychologists: Connie Dalton, Ph.D., C. Psych.
Pete Kelly, Ph.D., C. Psych.
Dhrasti Shah, Ph.D., C. Psych.

Other Staff: Kelly Trottier, BSW
Laura Coverett, BSW
Gillian Berman, MA

Rotation Options: Primary Rotation (1.5 day per week)

Description of Service:
The Intensive Assessment Clinic consists of a number of assessment services for clients referred to the OICBT. Consistent with the Stepped Care Model at the OICBT, all clients are initially provided with information regarding the stepped care model within the clinic to determine suitability and fit. A primary focus of the intake and screening process is to collect information that is relevant for triaging clients to the appropriate level of intensity of treatment. All clients complete a standardized intake assessment which includes an assessment of psychosocial history, main symptom presentation, indicators of comorbidity, psychosocial supports and stressors, past treatment history and medical or substance use and legal considerations. Standardized screening and outcome measures are used to assess the need for diagnostic clarification as well as gauge the severity of the primary presenting issues being reported. The completed intake assessment is then scored on a measure of Level of Care Needed (LOCUS), which aids in making recommendations for triaging the client to the appropriate level of care within or outside of the clinic. Individually tailored step care treatment recommendations are communicated to the client based on the necessary assessment of Risk of Harm, Level of Functioning, Comorbidity, Environment & Social Supports, Treatment History & Client Engagement.

Clients may also require diagnostic clarification of general mental health conditions. In this case, clients can complete a brief diagnostic consult or a comprehensive diagnostic assessment. The Mini International Neuropsychiatric Interview (MINI) and the Structured Clinical Interview for DSM-5 Disorders (SCID) are used as standardized diagnostic interviews in these cases. Additional

standardized tools are used when needed and personality assessments may also be completed where relevant, including the delivery of the Millon Clinical Multiaxial Inventory (MCMI) and the Personality Assessment Inventory (PAI). Brief diagnostic consults and more comprehensive reports are provided depending on client need and clinical presentation.

The assessment team at the OICBT is interdisciplinary in nature and consists of psychologists, social workers and psychometrists. Students, residents, and psychologists under supervised practice are also important members of our intensive assessment training hub. The role of psychology primarily includes diagnostic interviewing and clarification, consolidation and review of drafted written reports, communication of diagnoses and delivery of treatment recommendations. Students and residents are also involved in psychometric and cognitive testing. Psychologists in this service provide direct supervision of other members of the assessment team.

Rotation Experiences:
All residents must complete a primary rotation in the Intensive Assessment Clinic. Within this rotation, residents observe and then complete all aspects of the diagnostic and assessment process. The assessment experiences are offered on a quarterly basis:

- Diagnostic Interviewing and Communication of a Diagnosis
- Cognitive testing
- Report writing (brief consult letters, brief report, and comprehensive templates)
- Consultation with interdisciplinary staff and other members of the assessment team
- Optional involvement in a related program development and evaluation
- Supervision of a practicum student is possible

ANXIETY AND MOOD DISORDERS ROTATION

Psychologists: Francois Rousseau, Ph.D., C. Psych.
Meredith Foot, Ph.D., C. Psych
Kathryn Sexton, Ph.D. C. Psych
Jeffrey Perron, Ph.D., C. Psych
Jacky Chan, Ph.D., (Under Supervised Practice)

Other staff: Laura Bishop, RP (Registered Psychotherapist)
Audrey Bishop, OT (Registered Occupational Therapist)
Paula Voigt, OT (Registered Occupational Therapist)

Rotation Options: Primary Rotation (1.5 days per week)

Description of Service:
The Mood and Anxiety Disorders Services focuses on the treatment of mood and anxiety conditions including Depressive Disorders, Bipolar and Related Disorders, Anxiety Disorders, Trauma- and Stressor- Related Disorders and Obsessive-Compulsive and Related Disorders. Clients within this stream are those that require a low to moderate level of intensity of treatment. They often present, however, with other comorbidities including concurrent substance use issues, insomnia, personality or interpersonal struggles as well as health related concerns.

Our treatment team is interdisciplinary in nature and consists of psychologists, occupational therapists, social workers, psychotherapists, and behavioral aides. The primary modality of treatment within this service is CBT, although treatment is informed other approaches including DBT, Schema-Focused Therapy, EFT, ACT, CFT, MBCT, CPT, and transdiagnostic based approaches. Services are offered through individual and group therapy modalities. We offer 2 therapy groups within this rotation, including a CBT for Depression and Anxiety Group and a Core Beliefs Group.

Experience in Virtual Reality (Not available at during the 2023-2024 residency year): Virtual Reality technology is used within the anxiety and mood disorders stream to augment treatment of anxiety disorders including specific phobias (spider, snake, cats, dogs, and flight phobia), GAD, Social Anxiety and OCD. Much like virtual reality in other realms, such as gaming, VR makes use of headsets and software to allow clients to experience situations that trigger anxiety and fear within a course of exposure-based therapy. Consistent with best practice in treating anxiety-related disorders and phobias, our program allows clients and their therapists to work through anxiety-provoking situations in "real world" manner without leaving the office. Given the current pandemic, this service is currently on hold. This supplemental experience will be offered in the context of the Mood and Anxiety Disorders Service once in-person services are reinstated on site.

The role of psychology within the Mood and Anxiety Disorders program primarily includes provision of cognitive-behavioural therapy (CBT), supervision of students, residents and psychologists under supervised practice and program development and evaluation. Psychologists in this service also provide consultation and direct supervision of other members of the team being trained and supervised in the delivery of empirically supported treatments.

Rotation Experiences:
All residents must complete a primary rotation in the Mood and Anxiety Disorders Service. Within this rotation, residents have the opportunity to participate in the following activities:

- Assessment (Problem mapping, case conceptualization, collaborative treatment planning)
- Individual CBT for clients with mild to moderate mood, anxiety, OCD and PTSD difficulties
- Group CBT for clients with anxiety and mood difficulties and more entrenched core beliefs
- Augmentation of treatment using virtual reality technology (*NA during 2023-2024*)
- Consultation with interdisciplinary staff and other members of the client's circle of care
- Program development and evaluation is possible in this rotation
- Supervision of a practicum student is possible

DIALECTICAL BEHAVIORAL THERAPY SERVICE

Psychologists: Kiran Vadaga, Ph.D., C.Psych
Natasha Ballen, Ph.D., C.Psych
Stacey Kosmerly, Ph.D., C.Psych.
Samantha Burns, Ph.D., C. Psych.

Other Staff: Ericha Braun, MSW
Silya Shenassa, MSW

Rotation Options: Secondary (1 day per week)

Description of Service:
The Dialectical Behavioral Therapy Service (DBT) is based on the empirically supported treatment program created by Dr. Marsha Linehan. Each of the treatment elements within DBT are included within our clinic, except for the availability of 24-hour coaching. The DBT program focuses specifically on treating individuals with Borderline Personality Disorder and Bipolar Disorder (Type II) who are experiencing symptoms at the moderate to high level of severity. As in our other treatment programs, clients in this treatment stream often present with complex comorbidities including concurrent substance use issues, anxiety, mood difficulties and complex trauma.

The DBT program is interdisciplinary in nature and consists of psychologists, psychotherapists, and social workers, as well as those under supervision in psychology as well as other mental health fields. Treatment includes individual therapy sessions, involvement in a weekly skills based DBT group and additional coaching sessions as needed, except for the availability of telephone coaching. In addition to the two-session mindfulness module that precedes each offering of the remaining modules, the group consists of three module-based groups from 7 to 8 sessions in length, focusing on introducing and consolidating skills in the three core areas of treatment: 1) Distress tolerance 2) Emotion Regulation and 3) Interpersonal Effectiveness. Participants can attend each module twice if clinically indicated, with the goal of consolidating the skills introduced in the first six months of treatment.

A core requirement of involvement in the DBT program is that clients are seen in both individual and group therapy. This service is part of our moderate intensity program at the OICBT. The frequency of individual therapy and supplemental coaching sessions are dependent on the severity of the clients' presenting concerns and needs. Facilitators in this group attend a bi-weekly consultation group with the goal of supporting treatment providers in the provision of services through group discussion of difficult client issues and group processes, as well as bi-weekly DBT group supervision. The group consultation and supervision alternate week-to-week. The aim is to provide a safe environment for therapists to manage and work through internal reactions to clients, and to develop optimal therapeutic solutions to these responses.

The role of psychology primarily includes helping to make triage decisions regarding client placement in the groups, the provision of individual and group DBT services, supervision of students, residents and psychologists under supervised practice, active involvement and facilitation of the consult group and program development and evaluation. Psychologists in this service also provide consultation and direct supervision of other members of the team being trained and supervised in the delivery of empirically supported treatments.

Rotation Experiences:
Residents may decide to complete a secondary rotation in the DBT service to fulfill their requirement for exposure to moderate/ high intensity treatment during their residency year. Within this rotation, residents have the opportunity to participate in the following activities:

- Provision of orientation sessions prior to client initiation in the DBT program
- Individual therapy for DBT clients
- Co-facilitation of a DBT group
- Bi-weekly scheduled consultation with interdisciplinary team members and staff as well as other members of the clients' circle of care
- Program development and evaluation is possible in this rotation
- Supervision of a practicum student is possible in secondary rotation

INTENSIVE TREATMENT PROGRAM

Psychologists:
Cathy Dandurand, Ph.D., C.Psych
Dhrasti Shah, Ph.D., C.Psych
Natasha Ballen, Ph.D., C.Psych
Owen Kelly, Ph.D., C.Psych
Jacky Chan, Ph.D. (Under Supervised Practice)

Other Staff:
Audrey Beton Bishop, OT
Katerina Papakonstantnou, RP
Paula Voigt, OT
Neva Hu, OT

Rotation Options: Secondary (1 day per week)

Description of Service:
The Intensive Day Treatment Service focuses on the treatment of conditions of moderate to high severity, including mood and anxiety related disorders, OCD, and PTSD. Clients within this stream are those that require a moderate to high level of intensity of treatment and are often experiencing high levels of comorbidity and an inadequate treatment response to prior therapy. Functioning is typically impacted quite significantly and there may be limited support resources available to the client. Treatment is provided within a primary CBT framework, with elements of mindfulness, DBT and ACT based strategies integrated into treatment as indicated. This program is highly inter-disciplinary with each member of the team contributing significantly to the treatment of the client.

Within our intensive treatment we have developed several core treatment components that we combine in varying levels of frequency to tailor treatment to client needs. These treatment components include Individual Therapy Sessions, Coached Sessions and Phone Contacts and Family Accommodation.

Individual Psychotherapy Sessions include 50-minute psychotherapy sessions conducted by psychologists, psychotherapists, & occupational therapists. The individual therapist meets with the client weekly to work through a treatment program, discuss progress, treatment goals, and stuck points related to an individually tailored general & weekly treatment plan. They also help to determine next steps for treatment intensity decisions and any additional referrals required. The individual therapist leads communications with the treatment team to ensure coordination of services and care. **Coaching Sessions** are 50-minute sessions typically conducted by occupational therapists, registered psychotherapists, social workers, and clinical psychology residents. These sessions focus on applied practice of strategies outlined in the weekly treatment plans (therapy strategies, homework review). These sessions are designed to help clients practice empirically supported treatment strategies weekly. Coaching therapists communicate weekly with your treatment weekly team to ensure coordination of your care. **Coaching Calls** are 15-minute check-ins focused on a review of homework & the implementation of treatment strategies. These contacts are often used to help troubleshoot and problem-solve any obstacles or stuck points in the implementation of strategies. In all cases, primary clinicians are in close communication with other members of the treatment team, and the wider circle of care, to ensure coordination and alignment with treatment planning and goal attainment.

Family Accommodation sessions are integrated into therapy to ensure that family and close others are involved appropriately in treatment. Often the focus of these sessions is on identifying behaviours of family and loved ones that may be aimed at helping a client avoid or alleviate symptoms or distress in the short-term, but which unintentionally enables or worsens this long-term (e.g., providing repeated reassurance to reduce anxiety). The goal is to help family/loved ones learn and identify alternative strategies to best support therapy gains and client autonomy. With the clients' permission, family is kept abreast of all treatment planning and the entire familial system will be considered in this treatment approach. If it is not appropriate that family be involved, these sessions are often focused on helping the client mee related interpersonally-focused goals (e.g., how to develop more meaningful relationships, assertive communication strategies, boundary setting). Family Accommodation and interpersonal strategy sessions are conducted by registered psychotherapists, social workers, and clinical psychology residents.

The Intensive Treatment Program also includes a weekly skills-based group, Emotions, Acceptance,

and the Art of Coping, designed to help clients build on their understanding of core cognitive behavioural therapy (CBT) principles in the service of aligning coping with their stated goals and values. Major themes explored within the group include review of the CBT model, the central role of willingness in facilitating behavioural change aligned with our values, appropriately matching our coping to the circumstances of our lives, the impact of behaviour on our mood and finally, core principles of exposure therapy. The group also supports clients in developing emotional regulation skills to increase their ability to absorb stress and increase emotional awareness and tolerance through the practice of acceptance and self-compassion.

A number of moderate and high intensity treatment packages have been created so that clients receive the intensity of treatment they need in the most time-effective and cost-effective manner possible. Treatment intensity within this program ranges from between 2.5 to 11 hours of therapy per week. Clients participate in these programs from 12 to 16 weeks depending on their treatment response, and efficacy of treatment is monitored closely throughout participation. Treatment intensity may be increased or decreased depending on this response and in collaboration with the client. Therapists in this service attend weekly team Grand Round meetings and rounds with the goal of reviewing treatment progress, discussing treatment issues that arise and working through treatment planning steps for the client.

The role of psychology primarily includes the provision of individual therapy services, supervision of students, residents, psychologists under supervised practice and core service staff, facilitation of the Grand Round meetings, and program development and evaluation.

Rotation Experiences:
Residents may decide to complete a secondary rotation in the Intensive Treatment Service to fulfill their requirement for exposure to moderate/ high intensity treatment during their residency year. Within this rotation, residents have the opportunity to participate in the following activities:

- Provision of orientation sessions prior to client initiation in Intensive Day Treatment
- The delivery of individual, coached, and/or family accommodation sessions
- Co-facilitation of ITP therapy group
- Weekly scheduled consultation with interdisciplinary team members and staff as well as other members of the clients' circle of care
- Program development and evaluation is possible in this rotation
- Supervision of a practicum student (for coaching and accommodation sessions)

SUPPLEMENTARY CLINICAL EXPERIENCES

Residents may have the opportunity to supplement their clinical experiences within the Mood and Anxiety Disorders Service primary rotation by working with clients within certain competencies (e.g., Couple, Health Psychology) or clinical populations (e.g., ADHD, concurrent disorders). *Please note that the availability of clients within a supplementary experience is not guaranteed and is dependent on available referrals.*

ATTENTION-DEFICIT HYPERACTIVITY DISORDER SERVICE FOR ADULTS (Supplemental)

Psychologists: Connie Dalton, Ph.D., C. Psych.
Kiran Vadaga, Ph.D., C.Psych
Owen Kelly, Ph.D., C.Psych
Stacey Kosmerly, Ph.D., C. Psych.
Other staff: Laura Bishop, RP (Registered Psychotherapist)

Rotation Options: Supplemental Residency Experience (.5 to 1 day/week)

Description of Service:
The Attention-Deficit Hyperactivity Disorder (ADHD) Service focuses on the assessment and treatment of ADHD. Clients within this stream are those that require a low to moderate level of intensity of treatment. The treatment team consists of psychologists, a psychometrist, psychotherapists and an occupational therapist's aide.

Clients in this stream often require diagnostic clarification of ADHD and the possible presence of a learning disorder. In this case, clients can complete a brief diagnostic consult or a comprehensive diagnostic assessment. The Mini International Neuropsychiatric Interview (MINI) and the Structured Clinical Interview for DSM-5 Disorders (SCID-5) are used as standardized diagnostic interviews in these cases. Additional standardized tools are used when needed, collateral reports and report cards are collected from family and close others if appropriate and psychometric testing is available for those requiring cognitive testing. Comprehensive reports are provided depending on client need and clinical presentation.

The primary modality of treatment within the ADHD service are CBT and mindfulness-based approaches. Treatment includes individual therapy sessions, involvement in a weekly skills-based ADHD group and additional coaching sessions as needed. The ADHD Skills group at the OICBT is a treatment option for adults who experience symptoms of ADHD. This group was designed based on an evidence-based cognitive behavioral therapy treatment model for ADHD. This group also integrates elements of other therapeutic techniques to more explicitly address emotion regulation and interpersonal difficulties that are also commonly experienced among adults with ADHD. This group aims to help people enhance their ability to manage their attention and activity level by teaching behavioral strategies and skills to improve their organization, reduce distractibility and procrastination, and attention training (e.g., mindfulness). Training in emotion regulation and interpersonal effectiveness skills, as well as education about other difficulties that may co-occur with ADHD, like sleep difficulties, mood and anxiety symptoms and ADHD is also emphasized within the group. Clients within the group may be seen in both individual and group therapy, as well as coaching sessions aimed at implementing core skills learned within the group context. The frequency of individual therapy and supplemental coaching sessions are dependent on the severity of the clients' presenting concerns and needs.

The role of psychology in the ADHD Service primarily includes the provision of individual and group ADHD services, supervision of students, residents and psychologists under supervised practice, and program development and evaluation. Psychologists in this Service also provide consultation and direct supervision of other members of the team being trained and supervised in the delivery of empirically supported treatments.

Rotation Experiences:
Within this rotation, residents have the opportunity to participate in the following activities:
- Provision of orientation sessions prior to client initiation in the ADHD service
- Individual therapy for ADHD clients
- Co-facilitation of an ADHD group

CONCURRENT DISORDERS EXPERIENCE (Supplemental)

Psychologists: Connie Dalton, Ph.D., C.Psych

Other Staff: Jacky Chan, Ph.D., C.Psych (Under Supervised Practice)
Ericha Braun, MSW

Rotation Options: Supplemental Residency Experience (.5 to 1 day a week)

Description of Experience:
The Concurrent Disorders Experience during the OICBT residency involves the treatment of clients with concurrent mood, anxiety and substance use misuse or abuse. Clients within this stream are those that require a low to moderate level of intensity of treatment, and care is taken to assess the need for residential and community-based services upon triage to the clinic.

Clients within this stream often present with a host of other comorbidities including ADHD, insomnia, mood and anxiety concerns, personality or interpersonal struggles and health related concerns. The primary modality of treatment within this service is integrative, with the foundation being CBT. Strategies from ACT, DBT and mindfulness-based approaches are used to augment treatment as needed and depending on the stage of the problems being addressed.

Services are offered primarily as individual therapy, however clients within this stream may attend any of the relevant groups in the clinic as needed. Coaching sessions can also be added to treatment in order to intensify their involvement with the goal of practicing skills introduced within individual therapy, help to maintain or reinforce goals around abstinence or harm reduction and implement healthy living goals and strategies. Clients are seen for a contracted length of time with the goal of implementing a set of concrete treatment goals. The role of psychology is consistent with all other services in the clinic and spans assessment, treatment, consultation, supervision, and program development.

Residents in this supplemental rotation will need to allocate from .5 to 1 day per week throughout the year to this experience. This will reduce the time spent in the Mood and Anxiety Disorders Service rotation accordingly.

Rotation Experiences:
- Assessment (Problem mapping, case conceptualization, collaborative treatment planning)
- Individual treatment for clients
- Consultation with interdisciplinary staff and other members of the client’s circle of care
- Delivery of coached and family accommodation sessions as needed
- Monitoring involvement in any related group participation

HEALTH PSYCHOLOGY EXPERIENCE (Supplemental)

Psychologists: Natasha Ballen, Ph.D., C.Psych
Meredith Foot, Ph.D., C.Psych
Dhrasti Shah, Ph.D., C.Psych

Rotation Options: Supplemental Residency Experience (.5 to 1 day a week)

Description of Experience:

The Health Psychology Experience during the OICBT residency involves the assessment and treatment of clients with health-related concerns. Health psychology is concerned with the psychology of a range of health-related behaviours, with assessment focusing on the impact of biology, behavioral factors, cognitions and beliefs of illness and social conditions on mental and physical health. Treatment may involve a host of interventions aimed at preventing illness, investigating the implications of a health condition on mental health and functioning, helping to improve doctor-client communication and advocacy, improving adherence to medical advice, and implementing behavioral change interventions. Specific treatment programs, for example, are also used to manage pain, treat anxiety and depression related to the health condition, and manage symptoms of PTSD or related conditions.

Clients within this experience are those that require a low to moderate level of intensity of treatment. The primary modality of treatment within this service is CBT and mindfulness-based therapy. Clients seen within this experience are primarily seen in individual therapy, however they may attend any of the relevant groups in the clinic as needed. Coaching sessions can also be added to treatment in order to intensify their involvement with the goal of practicing skills introduced within individual therapy, pain management and implementing healthy living goals and strategies. Clients are seen for a contracted length of time with the goal of implementing a set of concrete treatment goals.

The role of psychology is consistent with all other services in the clinic and spans assessment, treatment, consultation, supervision, and program development. Residents in this supplemental rotation will need to allocate from .5 to 1 day per week throughout the year to this experience. This will reduce the time spent in the Mood and Anxiety Disorders Service rotation accordingly.

Rotation Experiences:

- Assessment (Problem mapping, case conceptualization, collaborative treatment planning)
- Individual treatment for clients
- Consultation with interdisciplinary staff and other members of the clients' circle of care
- Delivery of coached and family accommodation sessions as needed
- Monitoring involvement in any related group participation

COUPLES THERAPY EXPERIENCE (Supplemental)

Psychologists: Natasha Ballen, Ph.D., C.Psych

Other Staff: Angela Priede, MA

Rotation Options: Supplementary Residency Experience (.5 to 1 day a week)

Description of Experience:

The Couples Therapy experience during the OICBT residency involves the assessment and treatment of couples presenting with relational and interpersonal difficulties. Couples therapy is concerned with the emotions, thoughts, and behaviours of individuals and couples in relationships and in the broader environment in which they function. Couples therapy addresses a broad array of clinical problems as well as relational problems including alcohol and drug abuse; life transitions (e.g., parenthood); medical issues; couple relationship dissatisfaction; general mental health; and infidelity.

The primary modality of treatment within this service is Emotion-Focused Therapy for couples, as well

as introductory exposure to the Gottman Method of couples therapy. Emotionally Focused Therapy for Couples (EFT) is an attachment-based intervention that conceptualizes the negative, rigid interactional patterns that typify distress in couple relationships in terms of emotional disconnection and insecure attachment. The goals of the Gottman Method of couples therapy include increasing closeness and friendship behaviors, addressing conflict productively, and building a life of shared meaning together. The Gottman Method involves customizing principles from the research to each couple's particular patterns and challenges. Prior to commencing treatment, couples complete a comprehensive Gottman Relationship Checkup assessment.

The role of psychology is consistent with all other services in the clinic and spans assessment, treatment, consultation, supervision and program development. Residents in this supplemental rotation will need to allocate from .5 to 1 day per week throughout the year to this experience. This will reduce the time spent in the Mood and Anxiety Disorders Service rotation accordingly.

Rotation Experiences:

- Assessment (Problem mapping, case conceptualization, collaborative treatment planning)
- Couples therapy treatment for clients
- Consultation with interdisciplinary staff and other members of the clients' circle of care

WOMEN'S HEALTH EXPERIENCE (Supplemental)

Psychologists: Natasha Ballen, Ph.D., C. Psych.

Rotation Options: Supplementary Residency Experience (.5 to 1 day a week)

Description of Experience:

Mental disorders can affect women and men differently. There are also certain types of disorders that are unique to women. For example, some women may experience symptoms of mental disorders at times of hormone change, such as perinatal depression; postpartum depression, anxiety, and/or psychosis; premenstrual dysphoric disorder, and perimenopause-related depression. Other health and mental health difficulties can arise from birth trauma, fertility issues, and pregnancy- and postpartum-related medical complications.

Treatment may involve a host of interventions aimed at preventing illness (e.g., reducing the risk for postpartum disorders), investigating the implications of a health condition on mental health and functioning (e.g., pregnancy-related conditions), helping to improve doctor-client communication and advocacy, improving adherence to medical advice, and implementing behavioral change interventions. Treatment may also involve managing symptoms of PTSD, depression and anxiety or related conditions; coping with grief and loss; and adjusting to changing roles, life transitions, and identity. The primary treatment modalities include CBT and Interpersonal Psychotherapy (ITP), as well as integration of interventions drawn from DBT, EFT, and Schema Therapy when appropriate.

The role of Psychology is consistent with all other services in the clinic and spans assessment, treatment, consultation, supervision, and program development. Residents in this supplemental rotation will need to allocate from .5 to 1 day per week throughout the year to this experience. This will reduce the time spent in the Mood and Anxiety Disorders Service rotation accordingly.

Rotation Experiences:

- Assessment (Problem mapping, case conceptualization, collaborative treatment planning)
- Individual therapy treatment for clients
- Consultation with interdisciplinary staff and other members of the clients' circle of care

XVI. Supervisors and Staff at the Ottawa Institute of Cognitive Behavioural Therapy

Training Director – Residency Program

Dr. Natasha Ballen, Psychologist
Dr. Natasha Ballen is a Clinical and Health Psychologist who provides individual, couple, and group therapy treatment to adults. She uses primarily a cognitive behavioural therapy (CBT) approach; however she also has training and experience in other approaches including experiential (EFT for couples), Interpersonal Psychotherapy, and Dialectical Behaviour Therapy. She treats a wide variety of problems, including mood and anxiety-related disorders, personality-related problems, health issues (e.g., coping with acute and chronic medical problems), and women's health concerns (e.g., reproductive life stages). An area of special interest and experience is in the assessment and treatment of psychological issues related to pregnancy and postpartum adjustment (e.g., postpartum depression and anxiety, "baby blues").

Administrative Staff

Operational Manager: Lisa Dalton (email: info@ottawacbt.ca)
Administrative Assistant for Residency Program: Emma Ragsag (email: info@ottawacbt.ca)

Other Training Staff/Supervisors

Dr. Natasha Bouchard, Psychologist (Maternity Leave)
Dr. Natasha Bouchard provides adult clients with assessment and treatment for anxiety, depression, grief and loss, relationship and interpersonal difficulties, low self-worth/ esteem, and negative core beliefs. She has a special interest in pregnancy, perinatal and postpartum depression and anxiety. Natasha collaborates with her clients to develop a treatment plan tailored to their needs and goals. She uses a cognitive behavioural approach and integrates elements of Schema Therapy, experiential, and Dialectical Behaviour Therapy. Natasha leads the Core Beliefs group therapy program at OICBT, which helps clients learn to challenge longstanding negative core beliefs with the goal of developing a healthier and more positive self- view. She is excited to begin incorporating the use of Virtual Reality technology into treatment for anxiety to help clients face and overcome fears.

Dr. Samantha Burns, Psychologist
Dr. Samantha Burns obtained her Ph.D. in Clinical Psychology from the University of Ottawa. She completed her pre-doctoral residency at the Centre for Psychological Services at the University of Ottawa and The Ottawa Hospital. She has trained in a variety of settings, including the Montfort Hospital's Health Psychology Clinic, The Ottawa Hospital's Rehabilitation Centre, Pain Clinic, and Hepatitis Program, and the Canadian Armed Forces' Operational Trauma and Stress Support Centre. She has also received training in private practice with a focus on treating trauma-related mental health conditions. Dr. Burns works with adults and is experienced in working with clients presenting with mood and anxiety disorders (including postpartum depression and anxiety), trauma-related disorders (including experiences of dissociation), borderline personality disorder, obsessive-compulsive disorder,

bereavement, emotion regulation difficulties, issues with self-esteem, and problems related to living with chronic or acute health conditions. Dr. Burns uses her training in cognitive behavioral therapy, cognitive processing therapy, dialectical behavior therapy, emotion focused therapy, and acceptance and commitment therapy to help clients improve their wellbeing and achieve their therapy goals. She is currently involved in the dialectical behavior therapy (DBT) program at OICBT and enjoys the opportunity to support therapists-in-training to develop their clinical skills and competence with DBT through supervision. Dr. Burns offers services in English and in French.

Dr. Jacky, Chan, Psychologist Under Supervised Practice

Dr. Jacky Chan is a psychologist under supervised practice (supervisors: Dr. François Rousseau and Dr. Cathy Dandurand). He received his PhD in Clinical Psychology at the University of Ottawa and completed his Pre-Doctoral Clinical Psychology Residency at the Royal Ottawa Mental Health Centre. Dr. Chan's primary approach to therapy is Cognitive Behavioural (CBT), and he integrates Motivational Interviewing (MI) and Dialectical Behavioural Therapy (DBT) interventions when needed. At the OICBT, he conducts psychological assessments, provides individual and group therapy services, provides consultation to interdisciplinary professionals, and supervises psychology practicum students. Given his prior training, Dr. Chan has particular clinical interests in working with concurrent mental health and substance use disorders, trauma-related disorders, mood and anxiety disorders, obsessive-compulsive disorder, and personality difficulties. He also has a special interest in working with clients from diverse populations (e.g., immigrants and refugees, members of the LGBTQ+ community).

Dr. Connie Dalton, Psychologist

Dr. Dalton is a founding member and the executive director of the Ottawa Institute of Cognitive Behavioural Therapy. She participated in the specialized Extramural Training Program at the Beck Institute for Cognitive Therapy and Research. She was also a clinical staff member at the Royal Ottawa Mental Health Centre, where she was responsible for the development of programming for major depressive disorder and bipolar disorder. She offers supervision and training for psychology as well as other mental health professionals. Dr. Dalton is actively involved in providing assessment and individual therapy to clients across most problem areas. An area of focus and proficiency is the assessment, diagnosis and treatment of ADHD, anxiety, major depressive disorder and bipolar disorder.

Dr. Cathy Dandurand, Psychologist

Dr. Dandurand's theoretical approach implements a cognitive behavioural approach comprised of elements of Schema Therapy, Acceptance and Commitment Therapy, experiential, interpersonal, mindfulness, and Dialectical Behaviour Therapy. Dr. Dandurand's practice (assessment, diagnosis, and treatment) is in the service of adult populations experiencing difficulties related to mood (depression, bipolar, post-partum depression, etc.), anxiety (social, generalized, health anxiety, specific phobias, panic, agoraphobia, etc.); obsessive-compulsive and related disorders (OCD, hair-pulling, skin-picking, body dysmorphic disorder, hoarding, etc.), post-traumatic stress disorder/ trauma and abuse; eating disorders (e.g., AN, BN, overeating) and psychosis. Additionally, her practice focuses on working with individuals experiencing personality-related problems (e.g., borderline personality disorder), alcohol/substance use, grief counselling, relationship difficulties, self-esteem concerns, insomnia, and stress management. Dr. Dandurand collaboratively tailors her work to target clients' individual needs and strengths and has a vested interest in stigma-reduction related to mental health difficulties.

Dr. Meredith Foot, Psychologist

Dr. Foot is a clinical and health psychologist providing cognitive behavioural therapy combined with mindfulness and acceptance-based approaches. She works with adult clients experiencing a range of difficulties, including mood disorders (depression, bipolar disorder), anxiety disorders (generalized anxiety, social anxiety disorder, panic disorder, agoraphobia, obsessive compulsive disorder, specific phobias), and adjustment related difficulties (e.g., stressful life transitions, grief, work-related challenges). She also has an interest in helping clients address low self-esteem, relationship concerns, anger management problems, and difficulties with assertiveness. In the area of health and illness, Dr. Foot works with individuals experiencing health-related anxiety as well as those adjusting to illness (e.g., fibromyalgia, chronic fatigue, cancer). Dr. Foot has experience working in hospital-based settings and was previously on staff at the Ottawa Hospital with the Shared Mental Health Care Program. She brings a caring, collaborative approach to her work with clients and aims to help individuals identify and work towards their goals. In addition to her clinical work, Dr. Foot is involved in the supervision and training of doctoral students in clinical psychology.

Dr. Pete Kelly, Psychologist

Dr. Kelly provides individual and group treatment to adults for mood and anxiety disorders using cognitive behavioural therapies including Schema Therapy and Acceptance and Commitment Therapy. An area of focus and interest is the treatment of posttraumatic stress using CBT techniques. Dr. Kelly's approach focuses on building skills in identifying and changing patterns of behavior that may be getting in the way of clients realizing their goals. Prior to joining the OICBT, Dr. Kelly was a psychologist in the Anxiety Disorders Program at the Royal Ottawa Mental Health Centre. He is currently an Adjunct Research Professor in the Department of Neuroscience and Lecturer in the Department of Psychology at Carleton University. In addition to publishing scientific papers, Dr. Kelly is co-author on "Treating Psychosis: A Clinician's Guide to Mindfulness, Acceptance, and Compassion-Based Approaches within the Cognitive Behavioral Therapy Tradition". He is also author of the Canadian adaptation of the textbook "Research Methods in Psychology" for Oxford University Press.

Dr. Stacey Kosmerly, Psychologist

Dr. Stacey Kosmerly completed her PhD. in Clinical Psychology at the University of Ottawa and her MA in Applied Psychology from Laurentian University. She completed her residency at and has been a clinician at the OICBT since 2018. Dr. Kosmerly has competency in working with adults facing a variety of challenges, and her practice has been more focused on working with individuals with borderline personality disorder, emotion regulation difficulties, attention deficit/hyperactivity disorder (ADHD), eating disorders, and individuals who identify as LGBTQAI+. Dr. Kosmerly is highly involved in the OICBT's Dialectic Behavioural Therapy (DBT) Program. She uses primarily DBT and CBT approaches to therapy, integrating her past training in emotion focused therapy (EFT) and acceptance and commitment therapy (ACT) when appropriate.

Dr. Jeff Perron, Psychologist

Dr. Perron provides clinical psychology services to adults, with a particular focus on the areas of mood and anxiety disorders. Guided by client goals and presenting concerns, he applies the range of evidence-based cognitive behavioural therapies, including Schema Therapy and Acceptance and Commitment Therapy. Dr. Perron completed his Ph.D. in Clinical Psychology at the University of Ottawa. He completed his doctoral residency at the OICBT and his doctoral thesis research focused on the development of a measure related to assessment of readiness to change. He also holds an MBA from Wilfrid Laurier University and has a background in Human Resources.

Dr. Mandisa Peterson, Psychologist

Dr. Peterson completed her Residency at the Royal Ottawa Mental Health Centre. She provides psychodiagnostic assessments as well as individual and group therapy treatment for diverse adult populations. Her primary approach to therapy is cognitive behavioural and she has experience and training in a number of evidence-based approaches, including Dialectical Behaviour Therapy, mindfulness, and Acceptance and Commitment Therapy. She is dedicated to establishing a safe and open therapeutic environment and working collaboratively with clients to meet their individual needs.
Dr. Peterson's practice focuses on individuals experiencing a wide range of psychological issues, including: mood (including depression and bipolar disorder), anxiety disorders, trauma-related disorders, health and disability related issues, grief and loss, chronic pain, and adjustment disorders. She has a particular interest and experience working with posttraumatic stress and forensic issues (addictions, anger, ADHD). She is also committed to continuing program development and evaluation in the community in an effort to develop more effective and accessible mental health care programs.

Dr. François Rousseau, Psychologist

Dr. Rousseau is a founding member of the Ottawa Institute of Cognitive Behavioral Therapy. He provides treatment to adults and seniors for mood disorders (including Major Depressive Disorder and Bipolar Disorder) and anxiety disorders. He uses a cognitive behavioural therapy (CBT) approach, including Mindfulness-Integrated Cognitive Behaviour Therapy (MiCBT). Prior to joining the OICBT, Dr. Rousseau worked in the outpatient and inpatient units of the Mood Disorders Program at the Royal Ottawa Mental Health Centre. Le Dr Rousseau offre des services en français et en anglais.

Dr. Katherine Sexton, Psychologist

Dr. Sexton specializes in cognitive behavioural treatments for anxiety and mood disorders and chronic stress. Her areas of special interest and experience are in the assessment and treatment of worry/generalized anxiety disorder, health anxiety, insomnia, and in chronic stress and pain management related to irritable bowel syndrome (IBS) or to immune-mediated inflammatory diseases such as MS and IBD. She also treats a wide variety of problems, including depression, panic disorder and agoraphobia, social anxiety, PTSD and other trauma-related anxiety, obsessive-compulsive disorder, sleep difficulties, chronic pain, and adjustment to acute and chronic medical problems. Her primary approach to therapy is cognitive behavioural, and she also incorporates complementary evidence-based therapies including Prolonged Exposure, Cognitive Processing Therapy, Exposure and Response Prevention, behavioural activation, applied relaxation, mindfulness, Acceptance and Commitment Therapy, and Solution-Focused Therapy. Dr. Sexton received her Ph.D. in Clinical Psychology from Concordia University, Montreal. She has previously worked with the Cognitive Behaviour Therapy Institute of Manitoba, and is a past board member of the Canadian Association of Cognitive-Behavioural Therapies (CACBT). La docteure Sexton offre des services en français et en anglais.

Dr. Dhrasti Shah, Psychologist

Dr. Shah is a Clinical and Health psychologist who provides adult clients with assessment and treatment for depression, anxiety (i.e., GAD, social, illness, and panic), stress (e.g., school, university and work), post-traumatic stress and related difficulties, grief and loss, relationship and interpersonal difficulties, and navigating life transitions. She has a special interest in health-related difficulties (i.e., coping with acute and chronic medical problems, fear of cancer or illness recurrence, health-anxiety). She works with her clients to develop a treatment plan that is tailored to their individual needs, with the goal of increasing their quality of life and functioning. She primarily uses a cognitive behavioural therapy approach; however, she also has training and experience in other approaches, including Interpersonal Therapy and Dialectical Behaviour Therapy.

Dr. Kiran Vadaga, Psychologist

Dr. Vadaga obtained his Ph.D. in Clinical Psychology from Concordia University, Montreal. He completed his pre-doctoral internship at the McGill University Health Center and supervised practice at the Ottawa Institute of Cognitive Behavioral Therapy (OICBT). He provides psychodiagnostic assessment and treatment for adult Attention Deficit Hyperactivity Disorder (ADHD), Obsessive-Compulsive Disorder (OCD), and Borderline Personality Disorder (BPD). He also provides treatment for adults and the elderly struggling with mood and anxiety-related disorders. Dr. Vadaga uses an integrative approach to treatment drawing from cognitive, behavioral, interpersonal, and mindfulness traditions.