Pre-Doctoral Internship in Clinical Neuropsychology

Program Brochure 2019-20

UNIVERSITY OF TORONTO

Baycrest Health Sciences is fully affiliated with the University of Toronto.

TABLE OF CONTENTS

INTRODUCTION

TORONTO

Toronto is the fourth largest city in North America, and one of the most diverse cities in the world. Over 180 languages are spoken here and nearly 50 per cent of residents self-identify as members of a visible minority. Toronto is home to numerous cultural, performing arts, sports and recreation, culinary, and shopping attractions. These include 8 professional sports teams, 28 museums, 19 public galleries, and numerous theatrical productions, opera, symphony, and ballet. Signature festivals include Nuit Blanche, Luminato, Toronto Pride, Caribbean Carnival Toronto, the Canadian National Exhibition, and the Toronto International Film Festival. The largely urban environment is complemented by 43 km of Lake Ontario shoreline, over 8000 hectares of parks, ravines, and beaches, and over 200 km of hiking and cycling trails.

TRAINING SITES

BAYCREST

Located in North Toronto, Baycrest is an academic health sciences centre that provides an exemplary care experience for older adults across a variety of institutional and community-based settings. We are devoted to improving the quality of life of older adults everywhere through the integration and application of exceptional healthcare, wellness promotion, research, and educational activities. We are dedicated to:

- Achieving the highest quality and innovation in client-centered clinical and residential care and patient safety;
- Generating and applying clinical and scientific breakthroughs;
- Sharing our expertise nationally and globally, serving as a thought leader and resource for information to support the health and wellbeing of the older adult population;
- Providing a community of care and learning that encourages creativity and personal and professional growth for all of our staff, physicians, volunteers, and students; and,
- Effectively advocating for an accessible and comprehensive healthcare and community support system that responds to the diverse needs of older adults.

Fully affiliated with the University of Toronto, Baycrest is home to the Rotman Research Institute, one of the top five brain institutes in the world, and the Kunin-Lunenfeld Centre for Applied Research & Evaluation (KL-CARE), which supports research focused on clinical outcomes, client and family experiences, and knowledge translation. Baycrest shares expertise locally, nationally and internationally and plays a unique and important role in training and enlightening future professionals who will have the responsibility of serving our aging population.

INTRODUCTION

UNIVERSITY HEALTH NETWORK

University Health Network (UHN) is the largest academic health sciences centre in Canada. Building on the strengths and reputation of its four hospitals (Toronto General Hospital, Toronto Western Hospital, Princess Margaret Cancer Centre, and the Toronto Rehabilitation Institute), UHN brings together the talent and resources needed to achieve global impact and lead the way in patient care delivery, research, and education. A partnership between Baycrest and UHN allows interns access to rich training experiences at one or both of the following sites:

The Neuropsychology Clinic at the Toronto Western Hospital is located in the vibrant heart of the downtown communities of South Annex, College, Queen, and King Street West. Toronto Western is home to the Krembil Neuroscience Program and Krembil Research Institute, world leaders in neuroscience that are constantly pushing the boundaries of research, offering pioneering treatments and using state-of-the-art technology.

The Pencer Brain Tumor Center at the Princess Margaret Cancer Care Centre is located in downtown Toronto's Medical Discovery District on University Avenue. One of the largest cancer centres in the world, the Princess Margaret interprofessional team has expertise in neuropsychology, physical therapy, occupational therapy, neurology, neurosurgery, neuropathology, radiation, and medical oncology.

NEUROPSYCHOLOGY & COGNITIVE HEALTH PROGRAM

The Baycrest Neuropsychology and Cognitive Health program provides clinical services, education and training, and clinical research related to the assessment and treatment of memory and other cognitive abilities in older adults. The mission of our program is to provide excellence and leadership in clinical neuropsychological services. Our staff is made up of psychologists, social workers, and administrative support, as well as many volunteers and students.

CLINICAL SERVICES

The program provides neuropsychological assessment, intervention, and consultation across Baycrest programs and to external organizations.

- Neuropsychological Evaluation Services contribute to the diagnosis of cognitive disorders and treatment planning.
- Neuropsychological intervention is offered to clients with mild to severe cognitive changes. Specific programs include the following:
    - The Memory and Aging Program serves older adults with age-normal memory changes.
    - Learning the Ropes for Living with Mild Cognitive Impairment (MCI) serves clients with MCI and their family members.
    - Memory-Link provides training and support for clients with severe memory impairment and their family members.
    - Training of Executive Attention targets executive and attention deficits associated with diverse cognitive disorders.
- External neuropsychological consultation services are provided to Sunnybrook Health Sciences Centre.
- Behavioural consultation helps Baycrest teams manage responsive behaviours in patients with cognitive disorders.

EDUCATION AND TRAINING

We offer training opportunities for undergraduate psychology students, graduate practicum students in social work and psychology, pre-doctoral neuropsychology interns, and postdoctoral clinical and research fellows. We also provide numerous rounds and seminars for trainees in neuropsychology.

CLINICAL RESEARCH

Our team members are involved in clinical research investigating cognitive and behavioural changes that occur with normal aging and age-related cognitive disorders.

OVERVIEW OF THE INTERNSHIP PROGRAM

PROGRAM MISSION AND MODEL

The mission of the Pre-doctoral Internship in Clinical Neuropsychology is to educate, train, and evaluate our interns in order to support achievement of competence in evidence-based, clinical neuropsychology practice and research.

Our scientist-practitioner model of training consists of the following components: (1) staged and sequential development of clinical skills in neuropsychological assessment, diagnosis, consultation, and intervention; (2) integration of science and practice through exposure to theoretical and applied research and methodologies in evidence-based practice; (3) mentorship by faculty to foster interns' professional development.

PROGRAM GOALS AND OBJECTIVES

Our goals and objectives are operationalized in a planned, sequenced set of training experiences designed to reflect the values of Baycrest and the Neuropsychology and Cognitive Health Program, as well as the professional expertise of our faculty. In a recent survey of our alumni, 96% of satisfaction ratings of these goals were "very good" or "excellent."

Goal 1: To provide interns with training to develop competence in adult neuropsychological assessment, diagnosis, and consultation.

> Objective 1: Interns will acquire competency in neuropsychological assessment with diverse age groups and populations.
>
> Objective 2: Interns will provide feedback to clients, families/caregivers, and clinical team members with respect to assessment results and recommendations.
>
> Objective 3: Interns will attend and participate in didactic training in weekly neuropsychology seminars with topics in assessment, diagnosis, and consultation. Interns will present at least one clinical case within this series.

Goal 2: To provide interns with training to develop competence in intervention for cognitive (mandatory) and behavioural (elective) disorders

Objective 1: Interns will acquire competency in neuropsychological intervention with diverse age groups and populations.

Objective 2: Interns will learn, deliver, and evaluate manualized group interventions.

Objective 3: Interns will develop, execute, and evaluate individual interventions.

Objective 4: Interns will attend and participate in didactic training in weekly neuropsychology seminars with topics in intervention and program evaluation.

Goal 3: To foster the integration of science and practice through exposure to clinical and applied research and methodologies in evidence-based practice.

Objective 1: Interns will attend and participate in clinical research presentations in psychology research rounds and at required didactics of their choosing. Interns will formally present their own research within psychology research rounds.

Objective 2: Interns will attend and participate in the Evidence-based Practice in Psychology seminar. Interns will present a critical evaluation of the evidence to address a clinical question at least once within this series.

Objective 3: Interns will carry out at least one individualized supervised research project, typically within the context of one of their rotations.

Goal 4: To facilitate the formation of the interns' identities as professional psychologists.

Objective 1: Interns will attend and participate in didactic seminars in professional standards and ethics.

Objective 2: Interns will discuss issues pertaining to ethical professional conduct or standards of practice as they relate to specific clients.

Objective 3: Interns will receive didactic and applied training in the provision of supervision.

Objective 4: Interns will train in an interdisciplinary practice environment.

Goal 5: To engage the interns in continuous quality improvement of the internship program.

Objective 1: Interns will provide feedback with respect to specific rotations, supervision, and general structure of the internship.

Objective 2: Interns will participate in the internship training committee.

DIDACTIC EXPERIENCES

Interns are introduced to specific topic areas by clinical and research seminars. In addition to mandatory attendance at the core seminars, interns are required to attend an average of one elective seminar per week from varied offerings below. These include research seminars, grand rounds, medical rounds, and lectures by visiting scientists and clinicians at both Baycrest and other hospitals, according to individual interests and relevance to ongoing rotations.

NEUROPSYCHOLOGY SEMINAR (CORE)

This is a weekly didactic lecture series that is required for all interns and open to the hospital community. Presentations focus on core topics in the practice of clinical neuropsychology (e.g., major disorders, test interpretation, making diagnoses, providing feedback, neuroimaging, intervention, rehabilitation, program evaluation, consultation, supervision, ethics and professional issues). Each intern is expected to give at least one presentation during the year focused on a neuropsychological disorder, including a case presentation of a patient the intern has seen during the neuropsychological assessment rotation.

EVIDENCE-BASED PRACTICE IN PSYCHOLOGY SEMINAR (CORE)

This is a monthly meeting that is required for all interns and open to the hospital community. The purpose of this seminar series is to familiarize the participants with the logic and tools of evidence-based practice. Topics include evaluation of the clinical utility of diagnostic tests, clinical studies and trials, risks and benefits of treatments, and program evaluation. Participants will learn how to formulate clinically relevant questions from cases, efficiently search the literature for relevant evidence, and critically evaluate the available evidence. Participants are expected to develop a clinical question and lead a discussion of the relevant clinical evidence that addresses the question by applying principles learned in the seminar.

PSYCHOLOGY RESEARCH ROUNDS (CORE)

This is a monthly meeting that is required for interns and open to the hospital community. Speakers give presentations on research projects relevant to neuropsychology. Each intern is expected to give at least one presentation during the year. In the past, this has typically been a presentation of the intern's own dissertation research.

University Health Network Rounds (Core/Elective)

During the three-month Adult Neuropsychology rotation at UHN, the intern will participate in weekly neuropsychology rounds, with presentations on relevant topics in practice and research, and a weekly group supervision meeting, including regular faculty-led fact-finding case exercises. The intern may elect to attend other rounds and seminars at UHN to fulfil their elective didactic requirement in this period.

City-Wide Behavioural Neurology Rounds (Elective)

These weekly rounds focus on issues relevant to behavioural neurology, and may be clinical or research-based. Based at Baycrest, these rounds are broadcast via telehealth to other health care settings in Toronto. Approximately once per month, presentations are case-based (sometimes with the client present) and there is a focus on differential diagnosis. The target audience is neurologists, psychiatrists, neuropsychologists, or others that work with persons with neurological conditions.

Greater Toronto Area (GTA) Intern Seminar (Elective)

Created in 2015, these half-day quarterly rounds are open to all psychology interns in the Toronto area. Topics include clinical supervision, ethics and professional issues, licensure, and early career decisions. Sessions are a mixture of didactic presentations, discussions, and informal opportunities to connect with interns at other settings.

Rotman Research Training Centre, Varied Offerings (Elective)

The Research Training Centre offers varied technical (e.g., MRI/fMRI, MATLAB, R Studio, Partial Least Squares) and professional training (e.g., CV writing, interviewing, networking) opportunities for Baycrest trainees, the majority of which are open to interns.

Rotman Research Rounds (Elective)

This is a weekly seminar that focuses on cognitive neuroscience research. Attendance at these talks is recommended for interns interested in an academic career. Speakers include postdoctoral fellows and faculty from the Rotman Research Institute and prominent visiting scientists from the around the world. In July and August, these rounds shift to a less formal structure and focus on professional development topics for research trainees.

Behavioural Support Rounds (Elective)

These monthly rounds focus on assessment and interventions for behavioural and psychological symptoms of dementia (BPSD). The target audience is front line staff at long-term care, hospital, and community settings.

GERIATRIC MEDICINE ROUNDS (ELECTIVE)

These monthly rounds focus on issues relevant to geriatric medicine, and may be clinical or research-based. Speakers include both in-house faculty and invited guests from other institutions.

PSYCHIATRY GRAND ROUNDS (ELECTIVE)

These weekly rounds focus on issues relevant to (primarily geriatric) psychiatry, and may be clinical or research-based. Speakers include both in-house faculty and invited guests from other institutions.

RESEARCH EXPERIENCES

All our faculty are engaged in clinical research which is both informed by and informative to the science of cognition and neuropsychology. There are many opportunities for interns to engage in supervised clinical research relevant to their training experiences and interests. **During the internship year, interns are required to carry out at least one individualized supervised research project, typically within the context of one of their rotations**. Specific objectives for the project are determined individually and collaboratively with the supervising staff member. Examples of possible projects include: a detailed case study of a client evaluated on the neuropsychological assessment rotation, program evaluation of one of the group interventions, examining the correspondence between neuroimaging and cognitive markers of disorders or therapies, or a systematic review/meta-analysis of a clinical topic of interest.

INTERN CONTRIBUTIONS TO TRAINING

Interns are key contributors to the program and are encouraged to shape their experience. They are members of a standing training committee focused on the functional structure of the internship (e.g., rotation content and scheduling, interns' evaluations of the internship, work-life balance and time management, activities related to accreditation, preparation for applicant interviews and applicant evaluations). The program values interns' contributions and has a history of making changes in response to intern feedback (e.g., individualizing rotations to align with learning goals, reducing caseload expectations to promote work-life balance). Interns are also invited to participate in staff meetings of the Psychology Practice Council and the Neuropsychology and Cognitive Health Program.

SALARY AND BENEFITS

The annual salary is $32,800, less applicable statutory and other deductions. Interns are afforded 15 paid vacation days and 13 paid statutory/religious holidays. Interns are eligible to participate in the Healthcare of Ontario Pension Plan. Interns and their dependents have access to a confidential employee assistance program sponsored by Baycrest, which provides free support, resources, and

information for personal and work-life concerns. Services include short-term counselling, financial information and resources, referrals and resources for major life events (e.g., child care, elder care, moving and relocation, adoption), and wellness coaching to support positive lifestyle change.

WORK-LIFE BALANCE

In the past five years, our program has successfully implemented a number of initiatives to promote work-life balance. These include simplification of the rotation structure, reduction in caseload expectations, and increased flexibility of didactic scheduling. Outside of direct care hours, interns are afforded flexibility with respect to place and time of work, and information technology resources are provided to support off-site access to needed resources. The training committee provides a forum for routine discussion of and proactive resolution of potentially emerging work-life balance concerns. Interns are also encouraged to raise potential concerns with supervisors and/or the Director of Training to facilitate collaborative problem-solving.

FIGURE 1. HAPPY INTERNS

Should an intern not be able to complete a portion of his or her residency due to illness, pregnancy/childbirth, etc., an appropriate schedule to complete the program requirements may be negotiated between the intern and the program. This may depend on the length of the leave of absence, supervisor availability, institutional policies, and physical space. Financial support cannot be guaranteed beyond the regular contract period. Such unique cases would be addressed on an individual basis. Graduation certificates will be issued only to interns who have met minimum program requirements.

DIVERSITY AND ACCESSIBILITY

The Pre-doctoral Internship in Clinical Neuropsychology at Baycrest is committed to employment equity, welcomes diversity in the workplace, and encourages applications from all qualified individuals, including members of visible minorities, Aboriginal persons, and persons with disabilities.

Baycrest complies with the Ontarians with Disabilities Act. As such, we offer an accessible workplace, including office space, washrooms, dining facilities, parking, and equipment, for both clients and interns with disabilities. The Director of Training will be happy to provide additional information to interns with specific questions about access and accommodations.

OVERVIEW OF THE INTERNSHIP PROGRAM

ACCREDITATION

The program has been accredited by the Canadian Psychological Association in clinical neuropsychology since 2008-09. The next site visit for re-accreditation will be in 2022-23. Information regarding accreditation status can be obtained from the CPA Accreditation Office at: Office of Accreditation, Canadian Psychological Association, 141 Laurier Avenue West, Suite 702, Ottawa, Ontario K1P 5J3, email: accreditation@cpa.ca.

I could not have had a more positive and enriching internship experience that not only fit my training goals perfectly but exceeded my expectations. It was truly the highlight of my graduate studies.
Dr. Valerie Mertens, Class of 2009, Psychologist, Bruyère Continuing Care

One of my best training experiences to date. Baycrest really set the bar high for excellent professional practice. Dr. Sabrina Lombardi, Class of 2012, Neuropsychologist, Toronto Rehabilitation Institute, Co-founder & Psychologist, Toronto Brain Health

PROGRAM STRUCTURE

The internship year is structured quarterly. All interns complete five rotations during the internship year, which range from one to four quarters in length. Generally speaking, each week, interns spend approximately two days engaged in assessment rotation activities, two days engaged in intervention activities, and one day devoted to didactics, supervision (four hours per week), and protected time for research and preparation of presentations. The specific program will be jointly determined by the intern and Director of Training after acceptance to the program. A sample schedule is laid out below.

Quarter 1: September-November

- Adult Assessment Rotation: UHN-Toronto Western, one case per week
- Individual Memory Intervention Rotation: Memory Link Program
- Group Memory Intervention Rotation: Memory and Aging Program
- Didactics and rounds: Wednesdays at UHN-Toronto Western, Fridays at Baycrest
- Supervision: four hours per week (one hour may be group supervision)

Quarter 2: December-February

- Elective Rotation: Behaviour Management and Psychotherapy
- Individual Memory Intervention Rotation: Memory Link Program
- Group Memory Intervention Rotation: Memory and Aging Program
- Presentations at Neuropsychology Seminar Series and EBPP Rounds
- Didactics, rounds, supervision as above

Quarter 3: March-May

- Geriatric Neuropsychology Rotation: Baycrest Sam and Ida Ross Memory Clinic
- Individual Memory Intervention Rotation: Memory Link Program
- Group Memory Intervention Rotation: Memory and Aging Program
- Didactics and rounds: Wednesdays and Fridays at Baycrest
- Supervision as above

Quarter 4: June-Aug

- Geriatric Neuropsychology Rotation: Baycrest Sam and Ida Ross Memory Clinic
- Individual Memory Intervention Rotation: Memory Link Program
- Group Memory Intervention Rotation: Memory and Aging Program
- Supervision as above
- Presentation at Research Rounds (note: most didactics on hiatus in July and August)

OVERVIEW OF THE INTERNSHIP PROGRAM

	Monday	Tuesday	Wednesday	Thursday	Friday
Q1 **Sep-Nov**	Adult Assessment Rotation: new case at UHN – Toronto Western	Adult Assessment Rotation: Scoring/report-writing	Didactics/ Supervision	Group Memory Intervention: Learning the Ropes for Living with MCI	Didactics/meetings/ case conference Individual Memory Intervention: Memory-Link
Q2 **Dec-Feb**	Elective Rotation: Behaviour Management and Psychotherapy	Individual Memory Intervention: Memory-Link Protected time for research / presentation prep	Elective Rotation: Behaviour Management and Psychotherapy Didactics	Group Memory Intervention: Learning the Ropes for Living with MCI	Didactics/meetings/ case conference Individual Memory Intervention: Memory-Link
Q3 **Mar-May**	Geriatric Assessment Rotation: new case at Baycrest Sam and Ida Ross Memory Clinic	Geriatric Assessment Rotation: Scoring/report writing	Individual Memory Intervention: Memory-Link Didactics	Group Memory Intervention: Learning the Ropes for Living with MCI	Didactics/meetings/ case conference Geriatric Assessment Rotation: Memory Clinic Rounds Individual Memory Intervention: Memory-Link
Q4 **Jun-Aug**	Geriatric Assessment Rotation: new case at Baycrest Sam and Ida Ross Memory Clinic	Geriatric Assessment Rotation: Scoring/report writing	Individual Memory Intervention: Memory-Link Didactics	Group Memory Intervention: Learning the Ropes for Living with MCI	Didactics/meetings/ case conference Geriatric Assessment Rotation: Memory Clinic Rounds Individual Memory Intervention: Memory-Link

DESCRIPTION OF THE ROTATIONS

All interns complete five rotations during the internship year, which range from three to 12 months in length. For all rotations, the specific responsibilities are established collaboratively with the intern's supervisor at the outset of the rotation and formalized in a rotation contract, based on the core program requirements and the intern's personal training goals.

All interns complete two core rotations in neuropsychological assessment (Geriatric Assessment and Adult Assessment) and two core rotations in neuropsychological intervention (Group Memory Intervention and Individual Memory Intervention). The final rotation is chosen from three elective options: a) Behaviour Management and Psychotherapy, (b) Executive Neurorehabilitation, or (c) Research. The specific program will be jointly determined by the intern and Director of Training after acceptance to the program.

CORE ROTATIONS: NEUROPSYCHOLOGICAL ASSESSMENT

Interns will complete two rotations in assessment: Geriatric Assessment and Adult Assessment. In both settings, the intern will carry out supervised neuropsychological assessment of individuals presenting with a range of conditions such as neurodegenerative disease, stroke, epilepsy, brain tumors, trauma, psychiatric disorders, and systemic disease. The intern will train to interview patients and review their medical history and results of neurodiagnostic tests in order to develop or address differential diagnoses and provide functional recommendations.

Interns will be expected to learn to administer and score neuropsychological tests, summarize the results, interpret the findings, and report behavioural observations made during testing. Initially, the supervisor will conduct the clinical interview, but the intern will lead the interview as the rotation progresses. Interns will prepare written reports based on the assessments (following discussion of the results with the supervisor), including delineation of cognitive strengths and weaknesses, diagnosis of cognitive impairment, and recommendations regarding further assessment or treatment. Interns will also provide information about the assessment results to patients and their families in feedback sessions and document client interactions appropriately for the service.

Strengths of the training experience in both settings include the opportunity to collaborate with interprofessional teams and train in a rich academic environment.

DESCRIPTION OF THE ROTATIONS

1. GERIATRIC ASSESSMENT

Six-month CORE rotation, 2.5 days per week

Primary supervisor: Dr. Kathryn Stokes (Baycrest)

At Baycrest, training is provided in the Sam and Ida Ross Memory Clinic, a specialized, outpatient setting. The primary focus is on differential diagnosis of cognitive impairment due to Alzheimer's disease, vascular dementia, frontal-temporal lobar degeneration, Parkinson's disease, and other conditions. The intern will conduct comprehensive individual assessments, write integrative reports, and provide feedback to clients and support persons. The intern will participate in weekly team meetings focused on diagnostic conceptualization and treatment planning with colleagues from neurology, psychiatry, nursing, social work, and speech and language pathology.

2. ADULT ASSESSMENT

Three-month CORE rotation, 2.5 days per week

Primary supervisors: Dr. Mary Pat McAndrews (UHN-Toronto Western), Dr. Kim Edelstein (UHN-Princess Margaret)

At UHN, training is provided within neuropsychology clinics that specialize in epilepsy (UHN-Toronto Western; where the primary issue is to inform surgical planning and evaluate post-operative changes), and neuro-oncology (UHN-Princess Margaret; where issues of post-treatment cognitive impairment are addressed). The UHN-Toronto Western clinic also provides assessment services for other adult patient populations referred by neurology and neurosurgery to aid in diagnosis and treatment planning. This setting also includes exposure to special procedures for neurosurgical candidates (e.g., fMRI and MEG mapping, Wada procedure). The intern will participate in weekly epilepsy surgery rounds and contribute to decision-making regarding surgical candidacy alongside professionals from neurosurgery, neuroradiology, neurology, and nursing. At UHN-Princess Margaret, the intern will participate in weekly multidisciplinary brain tumor rounds alongside professionals from neuro-oncology, radiation oncology, nursing, and psychosocial oncology.

Each intern is assigned to a primary role in either the UHN-Toronto Western or the UHN-Princess Margaret site after acceptance to the program. Some degree of exposure to both sites is assured. The specific balance of activities across the two settings within this rotation is determined collaboratively by the intern, rotation supervisors, and Director of Training based on available opportunities and the intern's training goals.

CORE ROTATIONS: NEUROPSYCHOLOGICAL INTERVENTION

In these two rotations, interns engage in memory intervention activities involving the entire range of memory dysfunction, from mild changes associated with normal aging and mild cognitive impairment to severe memory impairment (amnesia) secondary to neurological dysfunction. The intern will learn to integrate neuropsychological findings in order to develop and implement individualized and group memory interventions. The approach of these rotations is to collaboratively apply findings from basic and clinical research to help clients master challenges in day-to-day memory functioning.

Interns will provide group and individual psychoeducation, implement and refine evidence-based memory interventions, and provide clients and families with psychosocial support and feedback. When indicated, the intern will also perform cognitive assessments to confirm diagnoses, clearly define clients' strengths and weaknesses, and tailor interventions to meet their abilities and needs. A unique aspect of these rotations is the opportunity to contribute to the development and evaluation of novel memory interventions.

1. GROUP MEMORY INTERVENTION

12-month CORE rotation, one day per week

Primary supervisors: Dr. Kelly Murphy (Learning the Ropes for Living with Mild Cognitive Impairment Program), Dr. Susan Vandermorris (Memory and Aging Program)

Group intervention is provided within two clinical services: (a) the Memory and Aging Program: an education and intervention program for older adults who are experiencing normal age-related memory changes and (b) Learning the Ropes for Living with MCI: a group program focused on optimizing cognitive health through lifestyle choices, memory training, and psychosocial support in older adults with MCI and their support persons.

Each intern is assigned to either the Memory and Aging or the Learning the Ropes program. Both programs provide education, support, and memory strategy training targeted to the day-to-day needs of the population. Over the course of multiple cycles of program delivery (typically four per year), the intern will train to independently deliver and manage all aspects of their assigned group intervention program. When their primary program is not in session, the intern may seek exposure to the other

program, complete assessments for program suitability, and/or participate in a program evaluation or research project.

2. Individual Memory Intervention

12-month CORE rotation, one day per week (on average)

Primary supervisors: Dr. Gillian Rowe, Dr. Brandon Vasquez (Memory Link Program)

Individual intervention is provided within the Memory Link program: a clinical service for adults (ages 18+) with moderate to severe memory problems. The Memory-Link program provides education and training on commercial technologies to enhance independence, referral to outside agencies to assist with community reintegration, and support to clients' family members. Within an interprofessional team, the intern will provide one-to-one memory training to clients. The individual memory training is manualized, but must necessarily be customized to the unique neuropsychological and personal context of each individual client. The core training protocol uses the principles of errorless learning and vanishing cues, seeking to capitalize on procedural and implicit learning to compensate for impairment in episodic memory. The intern will also participate in psychoeducational support groups for clients and family members. Neuropsychological assessment, program evaluation, and clinical research opportunities are also available.

ELECTIVE ROTATIONS

Interns choose one of three of the following rotations, based on their learning goals.

1. Behaviour Management and Psychotherapy

3-month elective rotation, 2 days per week

Primary supervisor: Dr. Yael Goldberg (Behavioural Neurology Unit)

Behaviour management and psychotherapy is provided with inpatients and family caregivers on Baycrest's Behavioural Neurology Unit. This is a 20-bed, secure hospital unit that specializes in assessment and treatment of behavioural disturbances due to neurodegenerative disorders, using both pharmacological and non-pharmacological approaches. The role of the intern will be to facilitate point-of-care staff in managing difficult behaviours through a variety of activities. The intern will attend weekly interdisciplinary rounds, and may present cases in that forum when required. The intern will have the opportunity to lead weekly interdisciplinary behaviour support rounds, where in collaboration with point of care staff, the triggers and factors that maintain individual responsive behaviours are explored, and specific integrated care plans are developed for clients. The intern may also address staff

expectations around the outcome of treatment, and provide psycho-education regarding disease progression. When possible, the intern will have the opportunity to be involved in the provision of group psychotherapy for family caregivers of inpatients with dementia. Through these interventions, interns will play an integral role in supporting families who have a known ability to impact behavioural symptoms of dementia in their loved ones. Prior clinical training in behaviour management is not a pre-requisite for completing this rotation.

2. Executive Neurorehabilitation

Three-month elective rotation, two days per week

Primary supervisor: Dr. Dmytro Rewilak (Training of Executive Attention Program)

In this rotation, the intern will work with clients who are experiencing significant difficulty in their day-to-day function associated with executive dysfunction due to a variety of neurological and neuropsychiatric conditions (e.g., stroke, multiple sclerosis, mood disorders). The intern will draw upon principles of neurorehabilitation to apply a cognitive training of executive attention (TEA) intervention to address real-world problems. The TEA program is designed to teach participants strategies that they can use in their daily lives to improve their ability to achieve goals; participants learn to sustain their attention and stay focused, formulate realistic plans, and organize, prioritize, and complete tasks in a timely fashion. The intern will carry out the intervention in both group and individual formats. The intern will also participate in program evaluation activities. When indicated, the intern may also perform cognitive assessments in order to clearly define clients' strengths and weaknesses in order to tailor the interventions to meet their abilities and needs.

3. Research

Three-month elective rotation, two days per week

Primary supervisor: Dr. Nicole Anderson (Rotman Research Institute)

This rotation provides interns with research experience in clinical neuropsychology. Under supervision, interns will familiarize themselves with the appropriate theoretical and empirical background, and carry out a focused study. This study may take the form of a systematic review of a particular neuropsychological condition, analysis of more than 10 years of retrospective clinical data, or detailed single-case design. Interns may have a role in primary data collection and supervision of research assistants. Interns will be expected to conclude the rotation by writing a report of the study and findings, ideally for publication. Interns are expected to attend Rotman rounds and lab meetings during this rotation.

PROGRAM FACULTY

Location of graduate training, Baycrest appointment, clinical and research interests, and representative publications are provided for each faculty member.

CORE PROGRAM FACULTY - BAYCREST

Anderson, Nicole, PhD, C.Psych. (University of Toronto). Senior Scientist at the Rotman Research Institute. Research interests focus on cognitive aging (in healthy aging and mild cognitive impairment), memory processes, memory rehabilitation, and functional neuroimaging.

Anderson, N.D., Ebert, P.L., Grady, C.L., Jennings, J.M. (2018). Repetition lag training eliminates age-related recollection deficits (and gains are maintained over three months) but does not transfer: Implications for the fractionation of recollection. *Psychology and Aging*, *33,* 93-108.

Callahan, B.L., Anderson, N.D. (2017). Effect of conceptual and lexical errorless learning in amnestic mild cognitive impairment. *Neuropsychological Rehabilitation*.

Goldberg, Yael, PhD, C.Psych. (University of Waterloo). Deputy Director of Training. Supports an inter-professional team in the management of patient responsive behaviours on the Behavioural Neurology unit. Primary clinical and research interests focus on behavioural and emotional disturbances associated with CNS dysfunction, and evaluating the effectiveness of intervention strategies aimed at behaviour reduction. Other interests include assessment and intervention associated with memory loss.

Folf, M.U., **Goldberg, Y.,** & Freedman, M. (2018). Aggression and Agitation in Dementia. *Continuum: Lifelong Learning in Neurology - Behavioural Neurology and Psychiatry, 24(3*), 783-803.

Freedman, M., Leach, L., Tartaglia, M.C., Stokes, K.A., **Goldberg, Y.,** Spring, R., Nourhaghighi, N., Gee, T., Strother, S.C., Alhaj, M.O., Borrie, M., Darvesh, S., Fernandez, A., Fischer, C.E., Fogarty, J., Greenberg, B.D., Gyenes, M., Herrmann, N., Keren, R., Kirstein, J., Kumar, S., Lam, B., Lena, S., McAndrews, M.P., Naglie, G., Patridge, R., Rajji, T.K., Reichmann, W., Wolf, M.U., Verhoeff, N.P.L.G., Waserman, J.L. Black, S.E. & Tang-Wai, D.F. (2018). The Toronto Cognitive Assessment, TorCA: Normative Data and Validation to Detect Amnestic Mild Cognitive Impairment, *Alzheimer's Research & Therapy, 10:65, 1-18.*

Murphy, Kelly J., PhD, C.Psych. (University of Western Ontario). Leads the Learning the Ropes for Living with MCI program. Primary clinical and research interests focus on cognitive changes and memory

intervention in mild cognitive impairment. Other research interests include executive and higher order visual functions in clinical and normal aging populations.

Carson, N., Rosenbaum, R.S., Moscovitch, M., & Murphy, K.J. (2018). Self-reference effect and self-reference recollection effect for trait adjectives in amnestic mild cognitive impairment. *Journal of the International Neuropsychological Society, 24,* 1-12. doi: 10.1017/S1355617718000395

Murphy, K.J. (2018). Multicomponent approaches to secondary prevention of dementia. *APA Handbook of Dementia*, Smith, G.E, Editor in Chief, APA Books: Washington (pp 471-486). doi: 10.1037/0000076-025

Rewilak, Dmytro, PhD, C.Psych. (University of Alberta). Leads the Training of Executive Attention program and provides neuropsychological assessment services to patients referred from in- and outpatient Psychiatry and Rehabilitation. Clinical interests include cognitive changes in depression, rehabilitation of executive dysfunction, and behavioural and emotional disturbances associated with brain pathology.

Cusimano, M.D., Rewilak, D., Stuss, D.T., Barrera-Martinez, J.C., Salehi, F. & Freedman M. (2011). Normal pressure hydrocephalus: Is there a genetic predisposition? *Canadian Journal of Neurological Sciences, 38,* 274-81.

Schweizer, T.A., Levine, B., Rewilak, D., O'Connor, C., Turner, G., Alexander, M.P.,Cusimano, M., Manly, T., Robertson, I.H., & Stuss, D.T. (2008). Rehabilitation of executive functioning after focal damage to the cerebellum. *Neurorehabilitation and Neural Repair, 22,* 72-77.

Rowe, Gillian, PhD, C.Psych. (University of Toronto). Provides memory intervention services in the Learning the Ropes for Living with MCI and Memory-Link programs and neuropsychological assessment services at West Park Healthcare Centre. Primary interests include cognitive changes with aging.

Biss, R., Hasher, L., Ngo, J., Campbell, K.L., & Rowe, G. (2013). Distraction can reduce age-related forgetting. *Psychological Science. 24,* 448-455.

Svoboda, E., Rowe, G., & Murphy, K. (2012). From science to smart-phones: Boosting memory function one press at a time. *Journal of Current Clinical Care, 2,* 15-27.

Stokes, Kathryn, PhD, C.Psych. (University of Virginia). Provides neuropsychology assessment services to outpatients in the Brain Health Clinic. Primary research interests include memory and spatial processing in atypical Alzheimer's disease and validation of clinical profiles.

Freedman M, Leach L, Stokes KA, Goldberg Y, Alhaj M, Greenberg BD, Borrie M, Fogarty J, Fischer CE, Hermann N, Keren R, Kumar S, Lena S, Naglie G, Rajji TK, Reichman W, Tartaglia MC, Verhoeff NPLG, Wolf MU, Black SE, Tang-Wai DF. (2016). Behavioural Neurology Assessment – Revised: Validation in Amnestic Mild Cognitive Impairment (aMCI). *Alzheimer's & Dementia*, *7*(12), 1160-1161.

Oh, J., Stokes, K., Tyndel, F. and Freedman, M. (2010). Progressive Cognitive Decline in a Patient with Isolated Chronic Neurosarcoidosis. *The Neurologist*, *16*, 50-53.

Troyer, Angela K., PhD, C.Psych. (University of Victoria). Program Director of Neuropsychology & Cognitive Health Program and Professional Practice Chief of Psychology. Primary clinical interest is neuropsychological evaluation of mild cognitive impairment (MCI) and dementia, and memory intervention in normal aging and MCI. Research interests focus on memory changes in normal aging, MCI, and dementia; effectiveness of memory interventions; and neuropsychological test development.

Wiegand, M. A., Troyer, A. K., Gojmerac, C., & Murphy, K. J. (2013). Facilitating change in health-related behaviours and intentions: A randomized controlled trial of a multidimensional memory program for older adults. *Aging and Mental Health, 17,* 806-815.

Troyer, A. K., Murphy, K. J., Anderson, N. D., Craik, F. I. M., Moscovitch, M., Maione, A., & Gao, F. (2012). Associative recognition in mild cognitive impairment: Relationship to hippocampal volume and apolipoprotein E. *Neuropsychologia, 50,* 3721-3728.

Vandermorris, Susan, PhD, C.Psych. (University of Victoria). Director of Training. Leads the Memory and Aging Program and provides neuropsychological assessment services to the Geriatric Assessment Clinic. Primary clinical interests are neuropsychological assessment and intervention in older adult populations. Research interests in cognitive aging, memory intervention, within-person variability, and use of technology in education and intervention.

Vandermorris, S., Au, A., Davidson, S., Sue, J., Fallah, S., & Troyer, A.K. (2017). 'Accepting where I'm at'- A qualitative study of the mechanisms, benefits, and impact of a behavioural memory intervention for community-dwelling older adults. *Aging and Mental Health, 21*(9), 895-901.

Troyer, A.K.,* Vandermorris, S.* & Murphy, K.J. (2016). Intraindividual variability in performance on associative memory tasks is elevated in amnestic mild cognitive impairment. *Neuropsychologia, 90,* 110-116. [*co-first authors]

Vasquez, Brandon, PhD, C.Psych. (supervised practice) (University of Toronto). Provides memory intervention services in the Memory-Link program. Primary clinical interests include

neuropsychological assessment of acquired brain injury and cognitive rehabilitation. Research interests focus on the relationship between response time indicators of executive control and cognitive functioning, as well as the integration of technology into assessment and intervention for individuals with cognitive dysfunction.

Vasquez, B.P., Tomaszczyk, J.C., Sharma, B., Colella, B., Green, R.E.A. (2018). Longitudinal recovery of executive control functions after moderate-severe traumatic brain injury: Examining trajectories of variability and ex-Gaussian parameters. *Neurorehabilitation & Neural Repair*, 32(3), 191-199.

Vasquez, B.P., Binns, M.A., & Anderson, N.D. (2018). Response time consistency is an indicator of executive control rather than global cognitive ability. *Journal of the International Neuropsychological Society*, 24(5), 456-465.

CORE PROGRAM FACULTY – UNIVERSITY HEALTH NETWORK

Cohn, Melanie, PhD, C.Psych. (University of Toronto). Primary clinical role is neuropsychological assessment in Parkinson's Disease in the context of deep brain stimulation (DBS) surgery. Other areas of clinical practice include epilepsy surgery, neurovascular diseases, and movement disorders. Research interests are focussed on the cognitive functions of the temporal lobes, such as memory and social cognition, and how they are altered in neurological conditions and following neurosurgical interventions.

Cohn, M., Giannoylis, I., De Belder, M., Saint-Cyr, J.A., & McAndrews, M.P. (2016). Associative reinstatement memory measures hippocampal function in Parkinson's Disease. *Neuropsychologia, 90*, 25-32. doi:10.1016/j.neuropsychologia.2016.04.026.

Cohn, M., St-Laurent, M., & McAndrews, M.P. (2015). Social inference deficits in temporal lobe epilepsy and lobectomy: Risk factors and neural substrates. *Social Cognitive & Affective Neuroscience, 10*(5), 636-644.

Edelstein, Kim, PhD, C.Psych. (Concordia University). Provides clinical neuropsychological services to adults with primary brain tumors and to adult survivors of childhood cancers. Research focuses on the effects of cancer and cancer treatments on cognitive functions across the lifespan. Two ongoing prospective trials include assessment of cognitive performance and psychosocial development in young adults with cancer, and the impact of exercise on cognitive functions and quality of life in adults with glioblastoma.

Edelstein K, Richard NM, Bernstein LJ. (2017). Neurocognitive impact of cranial radiation in adults with cancer: an update of recent findings. *Current Opinion in Supportive and Palliative Care 11,* 32-37.

Jacola LM, Edelstein K, Liu W, Pui C-H, Hayashi R, Kadan-Lottick NS, et al. (2016). Cognitive, behavior and academic problems in adolescent and young adult survivors of childhood acute lymphoblastic leukemia: A report from the Childhood Cancer Survivor Study. *Lancet Psychiatry, 3,* 965–972.

Gold, David, PhD, C.Psych. (York University). Primary clinical role is neuropsychological assessment of epilepsy in the context of surgical management. Other areas of clinical practice include traumatic brain injury, psychiatry, neurodegenerative disease, and differential diagnosis of healthy aging from mild cognitive impairment. Also provides assessment and cognitive behavioural therapy (CBT) intervention for psychiatric referrals in the community. Current research interests include event cognition and instrumental activities of daily living, cognitive neuropsychology of epilepsy, memory changes with disease and healthy aging, and CBT interventions for attention deficit hyperactivity disorder and other conditions.

Gold, D. A., Zacks, J. M., & Flores, S. (2017). Effects of cues to event segmentation on subsequent memory. *Cognitive Research: Principles and Implications, 2*:1, DOI: 10.1186/s41235-016-0043-2.

Gold, D. A., Park, N. W., Murphy, K. J, & Troyer, A. K. (2015). Naturalistic action performance distinguishes amnestic mild cognitive impairment from healthy aging. *Journal of the International Neuropsychological Society, 21,* 419-28. doi: 10.1017/S135561771500048X.

McAndrews, Mary Pat, PhD, C.Psych. (University of Toronto). Professional Practice Lead in Psychology and Director of the Neuropsychology Clinic at UHN. Primary clinical role is neuropsychological assessment and functional neuroimaging in the Epilepsy Surgery program. Lab conducts research aimed at understanding the functional organization of memory, with studies involving patients with damage or dysfunction in the medial temporal lobes and using multimodal techniques (cognitive tests, fMRI, MEG/EEG, Deep Brain Stimulation).

Audrain., S., McAndrews., M.P. (in press). Cognitive and functional correlates of accelerated long-term forgetting in temporal lobe epilepsy. *Cortex*. doi: 10.1016/j.cortex.2018.03.022.

McCormick, C., Moscovitch, M., Valiante, T.A., Cohn, M., McAndrews, M.P. (2018). Different neural routes to autobiographical memory recall in healthy people and individuals with left

medial temporal lobe epilepsy. *Neuropsychologia* 110:26-36. doi: 10.1016/j.neuropsychologia.2017.08.014.

Statucka, Marta, Ph.D., C.Psych. (City University of New York). Primarily conducts neuropsychological assessments of patients with Parkinson's disease before and after Deep Brain Stimulation (DBS) surgery as well as assessments of patients with other movement disorders to assist with differential diagnosis and treatment planning. Longstanding research interests in social cognition, social functioning, and social support in schizophrenia spectrum disorders and currently expanding this line of research to patients with Parkinson's disease.

Statucka, M., & Walder, D.J. (2013). Efficacy of social cognition remediation programs targeting facial affect recognition deficits in schizophrenia: a review and consideration of high-risk samples and sex differences. *Psychiatry Research, 206* (2-3), 125-139.

Statucka, M., & Walder, D.J. (2017). Facial affect recognition and social functioning among individuals with varying degrees of schizotypy. *Psychiatry Research, 256*, 180-187.

OTHER PROGRAM CONTRIBUTORS

Brickman, Ruth, MSW, RSW. (University of Toronto). Member of the Memory-Link team. Supervises MSW students from the Factor-Inwentash Faculty of Social Work at the University of Toronto. Provides psychosocial support to clients and family members. This includes individual counselling, facilitation of psychoeducational support groups, and assistance for clients in accessing a variety of resources in their communities.

Brickman, R. (2012). The unique challenges of facilitating a support group for people with amnesia. Poster presented at the Annual Ontario Association of Social Work conference.

Brickman, R. (2012). Gabrielle Giffords and her husband face a life changed forever. *Baycrest Experts Blog the Headlines.* Available online at http://www.baycrest.org/experts-blog/gabrielle-giffords-and-her-husband-face-a-life-changed-forever/

Climans, Renee, MSW, RSW. (University of Toronto). Member of the Learning the Ropes team. Supervises MSW students from the Factor-Inwentash Faculty of Social Work at the University of Toronto. Provides psychosocial support to program clients and family members. This includes individual, couples and family counselling, facilitation of psychoeducational support groups, and assistance for clients in accessing a variety of resources in their communities.

Marziali, E., & Climans, R. (2009). New technology to connect frontotemporal dementia caregivers online. *The Canadian Review of Alzheimer's Disease and Other Dementias.*

Damianakis, T., Climans, R., & Marziali, E. (2008). Social Workers' Experiences of Virtual Psychotherapeutic Caregivers Groups for Alzheimer's, Parkinson's, Stroke, Frontotemporal Dementia, and Traumatic Brain Injury. *Social Work with Groups (31)*2.

Jovanovski, Diana, PhD, C.Psych. (University of Toronto). Adjunct Educator at Baycrest. Neuropsychologist in private practice. Primary clinical interests include neuropsychological assessment and rehabilitation with patient populations including stroke, traumatic brain injury, and other clinical diagnoses. Research interests include the ecologically oriented evaluation of executive function in various patient populations, and cognitive rehabilitation techniques targeted at executive dysfunction and memory impairment.

Jovanovski, D., Zakzanis, K., Campbell, Z., Erb, S., & Nussbaum, D. (2012). Development of a novel, ecologically oriented virtual reality measure of executive function: The Multitasking in the City Test. *Applied Neuropsychology, 19,* 171-182.

Jovanovski, D., Zakzanis, K., Ruttan, L., Campbell, Z., Erb, S., & Nussbaum, D. (2012). Ecologically valid assessment of executive dysfunction using a novel virtual reality task in patients with acquired brain injury. *Applied Neuropsychology, 19,* 207-220.

Leach, Larry, PhD. (Arizona State University). Past Director of Training (retired). Primary interests are assessment of dementia, attention and perceptual disorders, recovery of function, and remediation of attention and memory disorders.

Leach, L. (2013). The Kaplan-Baycrest Neurocognitive Assessment. In L. Ashendorf (Ed.), *The Boston Approach to Neuropsychological Assessment* (pp. 271-299). New York: Oxford.

Monette, M.C.E., & Leach, L., (2013). Discrimination of the cognitive profiles of MCI and depression using the KBNA. *Canadian Journal of Neurological Science, 40*, 670-677.

Moscovitch, Morris, PhD, C.Psych. (University of Pennsylvania). Senior Scientist at the Rotman Research Institute. Research focuses on cognition and memory with particular emphasis on the neural mechanisms mediating explicit and implicit memory, face recognition, and attention.

Moscovitch, M., Cabeza, R., Winocur, G., & Nadel, L. (2016). Episodic Memory and beyond: The Hippocampus and Neocortex in Transformation. *Annual Review of Psychology*, 67, 105-134.

Robin, J. & Moscovitch, M. (2017). Details, gist and schema: Hippocampal-neocortical interactions underlying recent and remote episodic and spatial memory. *Current Opinion in Behavioral Sciences*, *17,* 114-123.

Rich, Jill, PhD, C.Psych. (University of Victoria). Visiting Researcher. Research focuses primarily on cognitive neuropsychology of memory in normal aging and mild cognitive impairment, especially involving associative memory, source memory, prospective memory, implicit memory, and the impact of memory on everyday functioning.

Shaikh, K. T., Tatham, E. L., Parikh, P. K., McCreath, G. A., Rich, J. B., & Troyer, A. K. (2018). Development and psychometric validation of a novel questionnaire assessing the impact of memory changes. *The Gerontologist.* https://doi.org/10.1093/geront/gny011

Bernstein, L. J., McCreath, G., Komeylian, Z., & Rich, J. B. (2017). Cognitive impairment in breast cancer survivors treated with chemotherapy depends on control group type and cognitive domains assessed: A multilevel meta-analysis. *Neuroscience & Biobehavioral Review, 83,* 417-428.

Rivest, Josée, PhD, C.Psych. (Harvard University). Visiting Researcher. Specializes in working with individuals presenting with visual-perceptual difficulties such as topographical disorientation, Charles Bonnet Syndrome, and agnosia. Conducts research in order to understand and help these individuals as their difficulties relate to brain damage and aging.

Rivest, J. & Dundjerovic, T. (2015). Charles Bonnet Syndrome: A description of a man whose visual hallucinations correspond to his neuropsychological impairment. Poster presentation at the *International Conference on Perceptual Organization*. Centre for Vision Research, York University, Toronto, Canada.

Rivest, J., Moscovitch, M., & Black, S. (2009). A comparative case study of face recognition: The contribution of configural and part-based recognition systems, and their interaction. *Neuropsychologia, 47,* 2798-2811.

Shammi, Prathiba, PhD, C.Psych. (University of Toronto). Manages and leads the Neuropsychology Consultation Service at Sunnybrook Health Sciences Centre's Brain Sciences Program. Provides diagnostic assessments to Cognitive Neurology and Neuropsychiatry. Clinical interests involve cognitive profiles in normal aging, FTD, and MS.

Donaldson, E., Patel, V.P., Shammi, P., & Feinstein, A. Why sex matters: A cognitive study in persons with multiple sclerosis. (Submitted to *Cognitive and Behavioural Neurology*).

Romero, K., Shammi, P., & Feinstein, A. (2015). Neurologists' accuracy in predicting cognitive impairment in multiple sclerosis. *Multiple Sclerosis and Related Disorders, 4*(4), 291-5.

APPLICATION PROCESS

ELIGIBILITY REQUIREMENTS

There will be a maximum of two interns enrolled in the internship program each year. Prospective interns must meet the following requirements:

- Doctoral dissertation proposal approved (prior to application),
- Graduate-level coursework complete (prior to internship start),
- A minimum of 600 hours of supervised practicum experience, including at least 300 hours of direct client contact and 150 hours of supervision (prior to internship start).

We strongly encourage interns to complete as much of their dissertation prior to the start of internship as possible. Completion of their oral defence prior to internship would be ideal. At a minimum, data collection should be completed prior to beginning the internship.

Students from CPA-accredited programs in clinical neuropsychology are eligible to apply. Students from CPA- or APA-accredited programs in clinical psychology with training in neuropsychology are encouraged to apply, and should summarize the nature and extent of their neuropsychology training in their cover letter (e.g., coursework in neuroanatomy, cognitive neuroscience, neuropsychology, a thesis project in neuropsychology, etc.). Applicants from non-accredited programs that include equivalent training will be considered. Such students should provide sufficient documentation to demonstrate program equivalence, including certification from the director of clinical psychology that the training is equivalent to accredited programs.

Any offer from Baycrest is contingent upon the applicant providing a *Vulnerable Sector Screen* and *Criminal Reference* and/or background check satisfactory to Baycrest and upon the applicant providing Baycrest with a copy of a valid work permit that affirms legal status to be employed in Canada and a social insurance number.

International students with a valid Canadian work permit are welcome to apply. We regret that we have been unable to identify a viable path to assist non-US citizens in obtaining work permits for the intern year.

Citizens of the United States with or without a valid work permit are also welcome to apply. In the event of a match, the training program will assist with necessary paperwork to support your work permit application. Any costs associated with this process are the responsibility of the intern.

APPLICATION PROCESS

APPLICATION MATERIALS AND DEADLINE

- Prospective interns must complete the APPIC Application for Psychology Internship (AAPI), which can be obtained from the website http://www.appic.org/.
- **In your cover letter, please include a statement of your career goals and a description of your training goals for the internship year, including identification of which optional rotation(s) best fit with your goals.**
- Your complete, online application must be uploaded to the APPIC website by 11:59 P.M. EST, **November 15, 2018**.

INTERVIEW PROCEDURES

In keeping with the Canadian Council of Professional Psychology Programs two-step internship interview notification process, notification for interviews will be made on the **Friday, December 7, 2019** and responses are requested *no sooner than* 11:00 am EST on the following Monday. Interviews can be completed on-site, by videoconference, or by telephone. While we recognize that face-to-face interviews allow prospective interns to meet the staff and become familiar with the setting, there is no prejudice against those applicants who are interviewed by videoconference or telephone.

On-site interviews will take place on Wednesday, January 9 and Friday, January 11, 2019. The on-site interviews will last from 9:00 am - 4:00 pm EST. Applicants will be given a tour of Baycrest, a general overview of the program and rotations, and an opportunity to attend our weekly Neuropsychology Seminar (Wednesday) or Psychology Research Rounds (Friday). Each applicant will have two individual, 20-30 minute interviews conducted by two supervising faculty members. Applicants will be provided with lunch with our current interns.

Videoconference and telephone interviews will take place the week following in-person interviews. Each applicant will be interviewed simultaneously by two supervising faculty members. The interview will last approximately 30 minutes. In addition, the applicants will be given contact information for the current interns so they can discuss the interns' experience. Interviewees are provided with the opportunity to contact the Director of Training or any supervisor individually to discuss program requirements or rotations.

In selecting interns, the Baycrest Pre-doctoral Internship in Clinical Neuropsychology follows the Association of Psychology and Postdoctoral Internship Centres (APPIC) voluntary guidelines. This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant. Applicants, agencies, and

programs are urged to report any violations of these guidelines to the Chairperson of the APPIC Executive Committee.

The APPIC member code number for our internship program is 1837.

For more information, please contact:

Susan Vandermorris, Ph.D., C.Psych.
Director of Training or
Yael Goldberg, Ph.D., C.Psych.
Deputy Director of Training

416-785-2500 x2445
psychinternship@baycrest.org

Baycrest

UNIVERSITY OF TORONTO

Baycrest Health Sciences is fully affiliated with the University of Toronto.