

Centre for Addiction and Mental Health
CPA/APA Accredited Clinical Psychology Internship
Application Form for **2010-2011** Academic Term

Please note: Some versions of Adobe Acrobat will 'not' permit typed information to be saved once the file is closed. If you wish to receive a copy of this application form in Microsoft Word format, please e-mail Carolina_McBride@camh.net

*(Applications are due on or before **November 15, 2009**)*

1. Name: _____ Date: _____

Office Address: _____

Office Telephone: _____

Home Address: _____

Home Telephone: _____

Preferred Mailing Address: Home: _____ Office: _____

Preferred Telephone: Home: _____ Office: _____

E-Mail Address: _____

Date of Birth: _____

Citizenship: _____ Sex: _____

APPIC Match Identification Number: _____

2. Please check which "track" of our program interests you most:

(You will be asked to rank specific rotations within the Child or Adult track in section #9 below)

Child Youth and Family Track (*Child Youth and Family Programme Rotations: Adolescent Service, Arson Prevention Program for Children, Child Gender Identity Service, child Mood and Anxiety Service, Child Psychometry Service, Youth Addictions Service*)

Adult Track (*Adult Rotations: CBT Depression, CBT Anxiety, Stress and Health, Adult Forensic Outpatient, Clinical Sexology, Borderline Personality Disorder, Eating Disorder and Addiction, Interpersonal Therapy, Dual Diagnosis Program, Clinical Research*)

3. Current Education

University: _____ Program: _____

CPA Accredited? _____ APA Accredited? _____

Expected Date of Doctoral Program Completion _____

Degree to be granted, (Ph.D., Psy.D., Ed.D.) _____

4. Educational Background

University	Dates of Attendance	Major	Degree Granted/Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- 5. Current Status of Dissertation:** _____ A. Pre-proposal
(check one only) _____ B. Proposal Accepted
_____ C. Data Collected
_____ D. Dissertation Completed

- 6. Anticipated Status of Dissertation:** _____ A. Pre-proposal
By September 1, 2009 _____ B. Proposal Accepted
(check one only) _____ C. Data Collected
_____ D. Dissertation Completed

7. Name, Address, Telephone Number, and E-mail of Director of Clinical Training:

8. Names, Addresses, and Telephone Numbers of Individuals from whom letters of reference are being sent:

1. _____

2. _____

3. _____

9. Based on the descriptions provided in the brochure, please rank order each of the following rotations (e.g., 1 = 1st choice [most preferred rotation], 2 = 2nd choice, 3 = 3rd choice, etc.) within either the Child Track or the Adult Track, but not both tracks (i.e., rank order the rotations only within the Child Youth and Family Track, or only within the Adult Track). There is no combined Adult/Child program. All applicants must choose **EITHER** the Child, Youth, and Family Track **OR** the Adult Track.

CHILD YOUTH AND FAMILY TRACK ROTATIONS

- _____ Adolescent Service
 - _____ The Arson Prevention Program for Children (TAPP-C)
 - _____ The Gender Identity Service
 - _____ Mood and Anxiety Service
 - _____ Psychometry Service
 - _____ Youth Addictions Service
-

ADULT TRACK ROTATIONS

- _____ Cognitive Behaviour Therapy: Depression
- _____ Cognitive Behaviour Therapy: Anxiety Disorders
- _____ Work, Stress and Health Program
- _____ Adult Forensic Outpatient Service (Law and Mental Health Program)
- _____ Clinical Sexology
- _____ Borderline Personality Disorder Clinic
- _____ Eating Disorder and Addiction Clinic
- _____ Dual Diagnosis Program
- _____ Clinical Research Program
- _____ Interpersonal Psychotherapy Clinic (**ONLY OFFERED AS A MINOR – DO NOT RANK, BUT PUT X IF INTERESTED IN A MINOR ROTATION IN IPT**)

PRACTICUM EXPERIENCE (AS OF NOVEMBER 15, 2009)
(for formal supervised practicum training)

1. Direct Services:

a. Number of actual hours of direct intervention with clients/patients by format listed below:

_____ (1) Individuals _____ (2) Couples
_____ (3) Families _____ (4) Groups

b. Number of actual hours in direct assessment of clients/patients by format listed below:

_____ Hours of formal psychometric testing
_____ Hours of interview/observation-based assessment

c. Number of actual hours of formal consultation or Psychoeducation rendered: _____

2. Indirect Services:

a. Number of actual hours spent in activities supporting direct intervention (e.g., report writing, consulting with other professionals about specific cases, video/audio tape review, assessment reports): _____

b. Number of actual hours of supervision rendered to other students: _____

3. Supervision:

a. Number of actual hours spent in one-on-one, face-to-face supervision: _____

b. Number of hours spent in group supervision and case conferences: _____

_____ Total Hours of Direct Services

_____ Total Hours of Indirect Services

_____ Total Hours of Supervision

_____ TOTAL PRACTICUM HOURS

_____ Additional Practicum Hours Anticipated by September 1, 2010

_____ Additional clinical training hours completed as part of "paid employment" i.e., which was 'not' part of practicum training.

CLINICAL TREATMENT EXPERIENCE (AS OF NOVEMBER 15, 2009)

A. In the first two columns, please indicate the number of patients seen for each condition and age group. In the last two columns, please indicate how many of these patients were seen in short-term therapy (less than 10 sessions total) and the number seen in long-term therapy (over 10 sessions). Please list clients treated in group therapy separately in brackets with the work “group” e.g., (5 group)

	ADULTS	CHILDREN	# short-term <10 sessions	# long-term >10 sessions
Psychotic Disorders	_____	_____	_____	_____
Personality/Conduct Disorders	_____	_____	_____	_____
Mood Disorders	_____	_____	_____	_____
Anxiety Disorders	_____	_____	_____	_____
Substance Abuse Disorders	_____	_____	_____	_____
Sexual Disorders or Behaviours	_____	_____	_____	_____
Cognitive Disorders	_____	_____	_____	_____
Eating Disorders	_____	_____	_____	_____
Number of Couples/ Families	_____	_____	_____	_____

B. Please list the number of individuals that you have treated using each of the following modalities:

- _____ 1 Cognitive/Behavioural
- _____ 2 Interpersonal Therapy
- _____ 3 Psychodynamic
- _____ 4 Integrative or Eclectic
- _____ 5 Other (specify) _____

ASSESSMENT EXPERIENCE (AS OF NOVEMBER 15, 2009)

Please specify the number of times you have administered, scored, and interpreted each of the following instruments in your assessment experience*.

Intellectual

- _____ WAIS-III
- _____ WISC-III
- _____ WPPSI-R
- _____ WIAT-II
- _____ Other (specify) _____

Personality

- _____ MMPI-2
- _____ MCMI-II/III (Millon Clinical)
- _____ NEO-PI
- _____ Personality Assessment Inventory
- _____ Child Behavior Checklist
- _____ Youth Self Report
- _____ Other (specify) _____

Neuropsychological

- _____ WMS-R/III
- _____ California Verbal Learning Test
- _____ Rey-Ostereith Complex Figure
- _____ Trail Making Test
- _____ Stroop Colour-Word Test
- _____ Paced Auditory Serial Addition Test
- _____ Wisconsin Card Sorting Test
- _____ Controlled Oral Word Association Test (Verbal Fluency)
- _____ Boston Naming Test
- _____ Judgment of Line Orientation Test
- _____ Test of Memory Malingering
- _____ Finger Tapping Test
- _____ Grooved Pegboard Test
- _____ Dementia Rating Scale
- _____ Mini Mental Status
- _____ Other (specify) _____
- _____ Other (specify) _____
- _____ Other (specify) _____

ASSESSMENT EXPERIENCE (AS OF NOVEMBER 15, 2009) - Continued

Forensic

- _____ Hare Psychopathy Checklist-Revised
- _____ Violence Risk Appraisal Guide (VRAG)
- _____ STATIC-99
- _____ Structured Interview of Reported Symptoms (SIRS)
- _____ Test of Memory Malinger (TOMM)
- _____ Validity Indicator profile (VIP)
- _____ Other (specify) _____
- _____ Other (specify) _____

Traumatic Stress

- _____ Trauma Symptom Inventory (TSI)
- _____ Multiscale Dissociation Inventory (MDS)
- _____ Detailed assessment of Traumatic Stress (DAPS)
- _____ Davidson Trauma Scale (DTS)
- _____ Posttraumatic Stress Diagnostic Scale (PDS)
- _____ Clinician Administered PTSD Scale (CAPS)
- _____ Other (specify) _____
- _____ Other (specify) _____

Other Assessments

- _____ SCID
- _____ SADS
- _____ Psychophysiological Assessment
- _____ Other (specify) _____
- _____ Other (specify) _____

In accordance with federal privacy legislation (*Personal Information Protection and Electronics Documents Act* - <http://laws.justice.gc.ca/en/P-8.6>) you should be aware that the Centre for Addiction and Mental Health (CAMH) is committed to only collecting the information in your application that is required to process your application. This information is secured within the office of the Director of Clinical Training at the CAMH and is shared only with those individuals involved in the evaluation of your internship application. If you are not matched with our program, your personal information is destroyed within six months of Match Day. If you are matched with our internship program, your application and curriculum vitae will be available only to those involved in your supervision and training including your rotation supervisors, the Director of Clinical Training, the Psychologist-in-Chief, and relevant administrative support staff.

APPLICATION PROCEDURE CHECKLIST

Applications for the CAMH Psychology Internship should include:

- (1) Completed 'CAMH-Specific' application form (i.e., pages 1-7 above)
- (2) Up-to-date CV
- (3) Undergraduate and graduate transcripts (official copies)
- (4) Three letters of reference
- (5) Statement of training goals and objectives (typically 1-2 pages in length)
- (6) Letter from the director of clinical training of the applicant's graduate school, indicating that he or she has completed all graduate courses, that their doctoral dissertation proposal has been approved, and that the training director supports their application for internship. *The relevant section of the AAPI application form (i.e., DCT approval) will suffice for this requirement (however see note immediately below re. the full AAPI application form).*

Please note: The CAMH **does** take part in the APPIC computer matching process, however the CAMH is not a member of APPIC and we do not require that students submit the APPIC Application for Psychology Internship (AAPI). *All applicants must have an APPIC number prior to match day.* The APPIC code number for the CAMH internship program is **183211**.

Also (as above) we **do** require that applicants submit the CAMH-Specific Psychology Internship Application form (i.e., pages 1-7 above).

Applicants are encouraged (but not required) to send all of their application materials in one package. However, we recognize that some graduate programs and/or references may wish to send materials under separate cover.

Applicants who are placed on a "short list" will be contacted for an interview within four weeks of the November 15, 2009 application deadline.

Please direct completed applications (or inquiries) to:

John Arrowood, Ph.D., C.Psych.

Director-of-Training, CPA/APA Accredited Internship in Psychology

Centre for Addiction and Mental Health

250 College St., Room 629

Toronto, Ontario, M5T 1R8

Phone: 416-535-8501, ext. 6836

FAX: 416-979-6965

E-mail: john_arrowood@camh.net

Note: For inquires, please contact Dr. Arrowood (by email first, if possible).

Deadline for Applications to be received is November 15, 2009