



**CLINICAL PSYCHOLOGY
PRE-DOCTORAL
RESIDENCY PROGRAM**

**Professional Practice
Eastern Health
St. John's, Newfoundland**

<http://www.easternhealth.ca/Professionals.aspx?d=1&id=726&p=81>

Table of Contents

OVERVIEW	3
PHILISOPHY AND MISSION.....	6
VALUES, GOALS AND OBJECTIVES.....	6
ADULT STREAM.....	12
CHILD AND ADOLESCENT STREAM	15
HEALTH PSYCHOLOGY STREAM.....	17
RURAL PSYCHOLOGY STREAM.....	20
REQUIRED ADDITIONAL TRAINING	22
OPTIONAL MINOR ROTATIONS	22
TRAINING STAFF.....	28
SALARY AND BENEFITS	31
CONDITIONS OF EMPLOYMENT.....	32
ACCREDITATION.....	32
APPLICANT REQUIREMENTS	32
APPLICATION PROCEDURES.....	32
CONTACT INFORMATION:	33

EASTERN HEALTH CLINICAL PSYCHOLOGY

PRE-DOCTORAL RESIDENCY

OVERVIEW

Eastern Health offers a twelve-month pre-doctoral residency in clinical psychology (minimum of 1600 hours), which is accredited by the Canadian Psychological Association. The residency program is also a member of APPIC and of the Canadian Council of Professional Psychology Programs (CCPPP). The annual stipend for the residency is \$30,000, and benefits include vacation, educational, and sick leave and health insurance. Further details pertaining to the benefits can be found in the Salary and Benefits section of this brochure.

The Setting

Two Regional Health Authorities participate in this residency: Eastern Health (adult, health, and child streams) and Central Health (rural stream). Eastern Health is the largest integrated health authority in Newfoundland and Labrador, serving a regional population of more than 290,000 and offering the full continuum of health and community services, including public health, long-term care, community services, hospital care and unique provincial programs and services. With almost 13,000 employees, 750 affiliated physicians and 3200 volunteers, Eastern Health has the provincial responsibility for providing tertiary level health services which are offered through its healthcare facilities.

Within its program-based, interdisciplinary model of healthcare service delivery, Eastern Health promotes these organizational values:

- **Respect**- recognizing, celebrating and valuing the uniqueness of each patient/client/resident, employee, discipline, workplace and community that together are Eastern Health;
- **Integrity** – valuing and facilitating honesty and open communication across employee groups and communities as well as with patients/clients/residents of Eastern Health;
- **Fairness** – valuing and facilitating equity and justice in the allocation of our resources;
- **Connectedness** – recognizing and celebrating the strength of each part, both within and beyond the structure, that creates the whole of Eastern Health; and
- **Excellence** – valuing and promoting the pursuit of excellence in Eastern Health.

Above all, Eastern Health values the delivery of quality programs and services in a caring manner.

Central Health provides health and community services to approximately 20 per cent of the province's population. It is the second largest health region serving a population of approximately 94,000. The geographical area served by Central Health includes 177 communities and encompasses more than half the total landmass of the island. The region extends from Charlottetown in the east, Fogo Island in the north, Harbour Breton in the south, to Baie Verte in the west.

Central Health's core values offer principles and a guiding framework for all employees as they work in their various capacities to support the health and well-being of the people served by Central Health. This

is done within available resources except where otherwise directed by legislation. These core values and the related action statements are:

- **Accountability** - Each person is responsible for giving their absolute best effort to achieving the success of the organization's vision of healthy people in healthy communities.
- **Collaboration** - Each person works as a team and partners with other providers and organizations to best meet the holistic needs of clients and the organization.
- **Excellence** - Each person contributes to quality improvement and a culture of safety through the life-long development of their knowledge, skills and use of best practices.
- **Fairness** - Each person engages in practices that promote equity and adherence to ethical standards.
- **Privacy** - Each person respects privacy and protects confidential information.
- **Respect** - Each person is committed to fostering an environment that embraces respect, dignity and diversity and encourages honest, effective communication.

Training Model

The pre-doctoral residency program endorses the scholar - practitioner training model. Whenever possible, didactic training precedes the supervised implementation of learning in the delivery of psychological services. Residents are encouraged to continue developing their skills in scientific thinking as these skills apply to providing evidence-based practice within an interdisciplinary health care environment. The training staff aspires to model Eastern Health values in conducting the residency program, being especially mindful of offering a respectful, caring environment for facilitating Residents' progress toward independent practice as professional psychologists. Further, as a generalist program we provide diverse supervised experiences to Residents, involving different professional roles, client populations and treatment modalities, both in the area of mental health and in other areas of health care.

Program Structure and Core Competencies

Three streams are available within the residency program:

Adult Stream (1 Residents)

Child and Adolescent Stream (2 Residents)

Health Psychology Stream (1 Resident)

Rural Stream (1 Resident)

The goal of the training program is to provide supervised training in the core competencies of psychological practice. Each of the core competency areas will be extensively evaluated at mid- and end-point of each rotation. Residents will be expected to meet minimum levels of competency at the end of

residency to render them eligible for registration in any jurisdiction in Canada. The residency training manual details specific expectations for minimum levels of competent practice for each of the core competencies.

For each stream, the residency program is designed to provide supervised training in the following core competencies of psychological practice:

- Professional Standards & Ethics
- Psychological Assessment
- Intervention
- Consultation
- Program Development and Evaluation
- Interpersonal Relationships
- Supervision

Competency training is accomplished through the development of an *Individualized Training Plan* consisting of major and minor rotations, professional development activities and other training goals, which will be developed in consultation with supervisors and the Provincial Coordinator of Clinical Training (PCCT).

Each stream consists of a required major rotation at the primary site(s) for the stream. In addition, Residents will complete a required assessment rotation, a required supervision rotation and one-two additional minor rotations. Additional minor rotations provide specialized opportunities to address core competencies and individualized training goals. The rural stream provides these experiences within the major site and as such does not offer separate assessment or optional minors. Descriptions of the three streams of our residency program and optional minor rotations can be found in the pages that follow.

To support the continued training of Residents, no more than two-thirds of their work time will be allotted to providing direct professional services to clients. In addition to the clinically directed major and minor rotations, Residents will spend time in seminars, group supervision and professional development activities (e.g., committee work, research, program evaluation, readings, facilitating interprofessional education modules).

Supervision and Training

Consistent with the CPA accreditation criteria, residents are provided a minimum of four hours per week of supervision, including three hours of individual supervision, and one hour of group supervision. Residents from all streams participate together in group supervision and a two hour weekly Resident Seminar. Resident Seminar topics include those relevant to all streams, as well as those more relevant to the needs of the specific streams. Periodically resident seminars are co-attended with the residents from the Memorial University of Newfoundland Counselling Centre residency program.

Additional supervision and training is provided, as needed, to support the completion of all competency requirements, and to support resident specialization interests. Residents are also encouraged to attend additional professional development activities, such as grand rounds and workshops.

PHILISOPHY AND MISSION

The Clinical Psychology Pre-Doctoral Residency Program at Eastern Health offers a 12-month (minimum 1600 hours) comprehensive training experience to doctoral graduate students enrolled in CPA accredited clinical psychology programs (or their equivalent). The Residency program is designed to provide intensive training to residents in each of the foundational competencies: Professional Standards and Ethics, Psychological Assessment, Intervention, Consultation, Program Development and Evaluation, Interpersonal Relationships, Supervision. Residents are provided with didactic training and applied experiences in each of the core competencies, and through routine evaluation using a competency based approach, our aim is to ensure that residents are prepared for registration in any jurisdiction in Canada.

The Eastern Health Residency Program endorses a scholar-practitioner model; whenever possible, didactic training precedes the supervised implementation of learning in the delivery of psychological services. We emphasize the importance of practice being informed by the empirical literature and as such residents are encouraged to continue developing their skills in scientific thinking as these skills apply to providing evidence-based practice within an interdisciplinary health care environment.

As a generalist program, we aim to provide diverse supervised experiences to residents, involving different professional roles, client populations, and treatment modalities, both in the area of mental health and in other areas of health care. Further, the training staff aspires to model Eastern Health values in conducting the residency program, being especially mindful of offering a respectful, caring environment for facilitating residents' progress toward independent practice as professional psychologists.

VALUES, GOALS AND OBJECTIVES

Ethical and Responsible Practice. We endorse and support the Canadian Psychology Association's Code of Ethics as well as the Practice Guidelines for Providers of Psychological Services. Psychologists and Residents will be aware of and in compliance with relevant provincial and federal laws. Psychologists and Residents are aware of their areas of competence and only offer service (direct and indirect) within their scope of practice.

Goal #1: Residents will engage in ethical problem solving and responsible practice.

Objective 1A: Residents will participate in seminars, workshops and other educational opportunities on professional practice issues, ethics and responsible decision-making.

Objective 1B: Residents will complete seminars on risk assessment prior to engaging in direct clinical services.

Objective 1C: Residents will discuss ethical issues as they arise in their clinical work with their supervisors. Supervisors will evaluate and give feedback to Residents on their knowledge and application of ethical standards and their commitment to professional responsibility.

Objective 1D: Residents will demonstrate competency in their ability to recognize, evaluate and manage psychological crises such as suicidal risk, other behavioral risks or psychotic events.

Objective 1E: Residents will present at least one case that highlights an ethical issue.

Goal #2: Residents will develop professional practices that encourage self-care and the prevention of burnout, vicarious trauma and/or compassion fatigue.

Objective 2A: Residents will participate in seminars, workshops and other educational opportunities relating to self-care and problems in professional competency, burnout, compassion fatigue and trauma.

Objective 2B: Residents will receive feedback on their ability to seek consultation appropriately and to use positive coping strategies.

Objective 2C: Residents will gain experience in managing diverse time demands and prioritizing their efforts to reach attainable goals. Residents will be provided feedback on their abilities to complete work in a timely manner.

Goal #3 Residents will further develop their professional identity and transition to early career psychologists.

Objective 3A: Residents will participate in seminars, workshops and other educational opportunities relating to early career development.

Objective 3B: Residents will develop and demonstrate an awareness of their clinical strengths, as well as their limits of clinical competence through goal setting, evaluation, and supervision.

Diversity. Psychology practice should be grounded in an appreciation of cultural diversity. Competent practice requires the adaptation of assessment and treatment approaches and the qualification of data in response to individual differences. St. John's continues to evolve as a heterogeneous city and psychologists need to be able to interact competently with persons from a wide variety of cultural and ethnic groups, socioeconomic backgrounds, sexual orientations, disabilities, gender and ages. Further,

our understanding of diversity is influenced by our geography. We are a geographically isolated province, and many of the persons served by Eastern Health live in rural and/or isolated areas. Rural and isolated communities pose special challenges in the delivery of high-quality and accessible health care services. Finally, competent practice requires an understanding of unique aspects of Newfoundland culture.

Goal #4: Residents will become competent in the assessment, intervention, consultation and supervision with individuals of different age, gender, sexual orientations, cultural/ethnic and socioeconomic backgrounds.

Objective 4A: Residents will have exposure to clinical practice issues across the developmental lifespan.

Objective 4B: Residents will have exposure to clinical practice issues relating to rural and isolated practice.

Objective 4C: Residents will have exposure to different agencies that provide services to specific cultural groups (e.g., Native Friendship Centre).

Objective 4D: Residents will assess and treat both male and female clients.

Objective 4E: Residents will assess and treat clients from diverse cultural/ethnic and/or linguistic backgrounds.

Objective 4F: Residents will present at least one case with a significant cultural or diversity component.

Objective 4G: Residents will be formally evaluated with respect to competency in individual and cultural diversity.

Generalist Training. We believe that training at the Residency level should be broad in nature. In developing a Resident's professional identity and increasing clinical competence, training at the pre-doctoral level should not limit practice to a single narrow field. Working with a variety of populations, treatment modalities, and theoretical orientations is important at this level of training. Engaging in other professional responsibilities is also critical to a comprehensive experience.

Goal #5: Residents will receive a broad generalist training and will apply psychological knowledge and skills to new clinical areas or populations, both in the area of mental health and in other areas of health care.

Objective 5A: Residents will participate in didactic seminars that provide exposure to different theoretical orientations, treatment modalities and assessment procedures for clients across the lifespan.

Objective 5B: Residents will complete at least one minor rotation involving patient populations with whom they have not yet worked, assessment or treatment modalities that they have not

previously had significant experience with, or in settings where they have not previously worked.

Objective 5C: Resident will provide clinical services with at least one client whose primary presenting problem relates to a physical health concern (Adult and Child/Adolescent Stream). In the case of the Health Psychology Stream, residents will provide clinical services with at least one client whose primary presenting problem relates to a mental health concern.

Objective 5D: Each Resident will conduct competent psychotherapy from at least two different evidence-based theoretical models, including long- and short-term approaches.

Objective 5E: Residents will provide competent psychotherapy from group, family, and/or couple intervention modalities. Each Resident will be expected to co-lead two groups, or one group and one family or couple intervention.

Objective 5F: Residents will utilize a variety of assessment approaches.

Objective 5G: Residents will become familiar with the work of psychologist in multiple settings and roles.

Goal #6: Residents will receive comprehensive training that encourages the development of a broad professional identity, including opportunities to engage in professional activities that support clinical work (e.g., advocacy, program development/evaluation, research).

Objective 6A: Residents will participate in didactic seminars that provide exposure to the various professional roles of a clinical psychologist (e.g., program development, advocacy, consultation).

Objective 6B: Residents' schedules will include protected time to devote to professional development activities that are consistent with their goals and objectives. Professional development activities will be identified and agreed upon with the supervising psychologist and PCCT-P.

Scholar-Practitioner Model. The pre-doctoral residency program endorses the scholar - practitioner training model. Whenever possible, didactic training precedes the supervised implementation of learning in the delivery of psychological services.

Goal #7. Residents will continue developing their skills in scientific thinking as these skills apply to providing evidence-based practice within an interdisciplinary health care environment.

Objective 7A: Residents will routinely seek out current scientific knowledge and apply this knowledge to ensure ethical and responsible clinical practice.

Objective 7B: Residents will be evaluated on their application of current scientific knowledge to practice.

Objective 7C: Residents will attend educational events, including seminars that focus on evidence-based practice and research in applied health settings.

Objective 7D: Residents will present at least one case during case presentation that highlights the application of current scientific knowledge to clinical practice.

Competency Based Training. We adhere to a competency-based training model in an effort to provide consistent, quality training that is focused on a Resident's development as a professional psychologist. Our goal is to provide training such that Residents have sufficient knowledge and skill in the core competency areas to render them eligible for registration in any jurisdiction in Canada. Residents receive training in seven core competencies (psychological assessment, intervention, consultation, program development and evaluation, interpersonal relationships, professional standards and ethics, and supervision).

Goal #8: Residents will demonstrate an awareness of the core competencies of professional practice and will engage in regular self-evaluation of their competencies and development.

Objective 8 A: Residents will regularly participate in group and individual supervision that focuses on the development of their core competencies.

Objective 8B: Residents will be formally evaluated using the core competency framework; goals and objectives will also be developed through the framework.

Objective 8C: Residents will be encouraged to use the competency framework to engage in regular self-reflection and evaluation regarding their professional development.

Goal #9: Residents will demonstrate proficiency in comprehensive psychological assessment through clinical interviews, analysis of background information, psychological testing, integrative report writing and feedback to clients, their families and other professionals.

Objective 9A: Residents will complete a minimum of three comprehensive assessments, including integrative reports.

Objective 9B: Residents will attend educational events, including seminars that focus on assessments across the lifespan.

Objective 9C: Residents will be formally evaluated on their competency in psychological diagnosis and assessment.

Goal #10: Residents will demonstrate competence in theories and methods of effective psychotherapeutic intervention.

Objective 10A: Residents will provide individual psychotherapy to a minimum of 10 individual clients, and participate in either group, family and/or couple therapy (2 total).

Objective 10B: Residents will attend educational events, including seminars that relate to the provision of empirically support treatments for individual and group therapy with children, adolescents and adults.

Objective 10C: Residents will be formally evaluated on their competency in theories and methods of psychotherapeutic intervention.

Goal #11: Residents will demonstrate competency in engaging in effective and appropriate consultation to improve client care and the provision of psychological services.

Objective 11A: Residents will enhance their ability to function within a team. Residents will be formally evaluated on their ability to function effectively as a team member, including appreciation of the contributions of other members, the role of the psychologist within the team, and the ability to work collaboratively.

Objective 11B: Where possible, residents will participate in formal consultation arrangements that exist between Eastern/Central Health and other agencies (e.g., Waypoints, Daybreak Child Care Centre).

Objective 11C: Residents will regularly engage in consultation for treatment planning and will be formally evaluated on their abilities to effectively provide and receive consultation.

Objective 11D: Residents will attend educational events, including seminars that relate to the professional consultation role.

Goal #12: Residents will demonstrate competency in program development and evaluation.

Objective 12A: Residents will attend educational events, including seminars that relate to program development and evaluation.

Objective 12B: Residents will conduct at least one program development and evaluation project during their residency year.

Goal #13: Residents will demonstrate competency in the provision of supervision.

Objective 13A: Residents will attend educational events that provide training in supervision, including seminars and group supervision.

Objective 13B: Residents will supervise at least one practicum student during the course of their residency year.

Objective 13C: Residents will receive supervision of supervision.

Objective 13D: Residents will be formally evaluated on their performance as a supervisor.

Goal # 14: Residents will demonstrate competency in interpersonal relationships.

Objective 14A: Residents will attend educational events that provide training in interpersonal relationships, including seminars and group supervision.

Objective 14B: Residents will demonstrate knowledge of the unique interpersonal dynamics in their individual therapy relationships evaluated in supervision.

Objective 14C: Residents will learn and utilize techniques to deepen the therapeutic relationship, and to work through resistance and ruptures.

Objective 14D: Residents will demonstrate a working knowledge of transference and countertransference as it applies to the therapeutic relationship, and they will demonstrate such knowledge in supervision.

Objective 14E: Residents will demonstrate a working knowledge of the impact of interpersonal boundaries on the therapeutic relationship through discussions in supervision.

Objective 14F: Residents will learn about the termination process and will demonstrate knowledge of same with individual clients.

Objective 14G: Residents will complete training in interprofessional clinical practice.

ADULT STREAM

(NMS Match Program Code # 186012)

The major rotation site for the Adult Stream is the Terrace Clinic, located at 35 Major's Path. The required minor assessment rotation in Adult Assessment (Neuropsychology) is conducted through two sites, the L.A. Miller Centre and the Waterford Hospital.

Terrace Clinic/ Major's Path

The Terrace Clinic is an outpatient mental health treatment facility located at the Major's Path site in the St. John's community. Staffed by psychologists, psychiatrists, and one social worker, the clinic provides individual, group, and couples therapy for adults presenting a range of diagnostic issues, including mood disorders, anxiety disorders, adjustment disorders, relationship and identity concerns, and personality disorders. The staff primarily models an integrative approach to intervention, typically including acceptance commitment therapy (ACT), cognitive-behavioral, psychodynamic, interpersonal, and dialectical-behavioral approaches.

This year-long major rotation is the core of the Adult Stream. It allows residents to further develop their skills in diagnostic interviewing, clinical assessment, and individual and group therapy. To enhance long-term therapy skills, residents may see up to three clients for the duration of the residency year.

Residents also provide service in at least two groups throughout the year, co-facilitating in the fall with a registered psychologist and in the winter with a practicum student. Residents participate in referral and case conceptualization meetings with psychology staff. In these meetings referrals are reviewed for goodness of fit, and difficult or challenging cases are discussed for consultation purposes.

The Adult Mental Health and Addictions outpatient services are currently undergoing a restructuring process. This will include movement to a recovery model focus, interprofessional and collaborative care teams including Psychology, Psychiatry, Occupational Therapy, Social Work, Addictions Counselors, Community Mental Health Workers, Case Management and Nursing. It will also include movement to a Stepped Care service delivery model, and part of the restructure is development of additional services. This is an exciting time of change in our program, and there are many opportunities for advocacy, service delivery and evaluation, and collaborative care.

Adult Assessment (Neuropsychology)/L.A. Miller Centre/Waterford Hospital

Residents complete a two days per week, three month specialized rotation in adult assessment. During this rotation, residents gain experience in assessment across inpatient and outpatient programs within Eastern Health serving adults presenting with predominantly neurological and mental health issues. Programs/sites may include:

- Geriatric Psychiatry Day Hospital Program (DVA Pavilion)
- Geriatric Psychiatry Acute Inpatient (E2A, Waterford Hospital)
- Early Psychosis Program (Outpatient Services, Waterford Hospital Site)
- Rehabilitation Program (Neuro-Rehabilitation, LA. Miller Centre Site)
- Acute Care Neuropsychological Assessment (Health Science Centre Site)

Assessment will typically involve psychometric testing of adults ranging in age from 16 years to geriatric with primary diagnosis of neurological and/or psychiatric disorders. Assessment batteries typically include evaluation of intellectual capacity, memory functioning, attention and concentration, academic achievement, and executive functions. Opportunities for more in-depth evaluation in any of these areas are also available.

Application of test results to etiological and prognostic implications will be addressed. Implications of results for referral questions such as discharge planning, patient safety, capacity/competency, and academic/vocational integration will be considered.

Residents will complete a minimum of three comprehensive integrated assessments over the duration of their rotation. This will include completion of an initial intake interview, administration, scoring and interpretation of tests, provision of feedback to the patient and family as indicated, and finally,

completion of an integrated written report. Attendance at clinical team meetings/case conferences is encouraged. Opportunities for case presentation to the Neuropsychology Working Group also exist.

Prerequisites for this rotation include proficiency with basic assessment of intellectual and memory functions. Residents should be comfortable with the Wechsler Adult Intelligence Test-IV (WAIS-IV) as well as the Wechsler Memory Scale IV (WMS-IV). Knowledge of other assessment tools, including the Trail Making Test, verbal and semantic fluency, academic achievement testing (e.g. Woodcock Johnson III, Wide Range Achievement Test IV) and the Wisconsin Card Sorting Test would be an asset.

Supervision Rotation – Adult Stream

Each Resident is required to complete an 8 month, one day per week rotation in providing clinical supervision. Residents will supervise a practicum student during their practicum placement at Eastern Health. Residents will function as the primary supervisor, although each practicum student will be provided opportunities to engage in co-therapy and/or assessment with a registered psychologist. Most often the practicum students will be placed at the Terrace Clinic, although Residents may be able to complete the supervision rotation in conjunction with another minor (e.g., assessment minor). At the Terrace Clinic, practicum students will be expected to carry a caseload of 4-6 clients and to co-lead one psycho-educational group. Additional opportunities can be negotiated to meet the training needs of the practicum student and/or resident. Videotape review of client care is a requirement of this rotation

To support a resident's competency in clinical supervision, the Resident Seminar Series will focus on providing training in clinical supervision immediately preceding this rotation. As well, each resident will receive an additional 1 hour/week of individual supervision from their current supervisor at the site of the practicum placement. Finally, during the supervision rotation, the focus of group supervision will be supervision of supervision, particularly the resident's professional development of as a supervisor.

Interprofessional Education Minor

Each resident will participate as a facilitator in the Interprofessional Education: Skills Training (IPST). IPST is offered to students at Memorial University who are pursuing health professions (e.g., nursing, medicine, pharmacy, social work). It covers a series of themes related to team functioning and collaborative practice. Participating students will remain in the same interprofessional student teams throughout the series, allowing them to form meaningful interprofessional relationships. (See Appendix I for a detailed description of the program).

As facilitators, residents receive training prior to each session and access to debriefing following each session. In addition, we are working on an online professional development program for facilitators which will focus on team development and facilitating interprofessional education. Residents will observe and facilitate the development of an interprofessional team of students through the activities

which are designed to be engaging and interactive as well as reflective. Residents will receive evaluations on their performance as a facilitator and this requirement is monitored by the PCCT via the Interprofessional Education Tracking Form (Completion required – assigned pass/fail).

CHILD AND ADOLESCENT STREAM
(NMS Match Program Code # 186013)

The major rotation site for the Child and Adolescent Stream is the Janeway Family Centre, located in Southcott Hall at the L.A. Miller Centre. The required minor assessment rotation occurs at the Janeway Hospital through the Oncology, Diabetes and General Inpatient programs, situated within the Health Sciences Centre complex.

Janeway Family Centre/Southcott Hall

The Janeway Family Centre is an outpatient mental health clinic that offers coordinated and comprehensive services to children and youth facing emotional, social or behavioral challenges, as well as services to their families. It is an interdisciplinary program, consisting of psychologists and clinical social workers and employs a combination of individual, group, and family services. Each team also provides consultation and education on child/youth related issues. The primary therapeutic models include cognitive-behavioral, dialectical behavior therapy (DBT), interpersonal process therapy, acceptance and commitment therapy (ACT), positive psychology, narrative, play and family therapy. There are a wide range of referral issues, including anxiety, school refusal, behavioral issues, childhood trauma, and parenting issues.

This year-long rotation is the core of the Child and Adolescent Stream, providing residents the opportunity to gain additional experience working with children, adolescents, and their families. It is expected that this rotation will not only complement residents' past experiences and interests, but will also provide opportunities for growth and new challenges (e.g., working with a new age range, exploring different therapeutic models). Residents will primarily provide therapeutic services, though there are opportunities to gain experience in psychological assessment. Typically residents will complete at least one integrative report during this rotation. While individual and family therapy are the principal treatment modalities, group therapy is also offered. Residents will co-lead at least one children's group and one parenting group. Examples of groups routinely offered include groups for children who have witnessed violence, groups that assist parents of adolescents, and groups for families experiencing separation and divorce. Residents will participate fully in at least one team to gain experience in interdisciplinary teamwork, and consultation with other professionals (e.g., psychiatrists, teachers.) At least one case presentation will be presented during team meetings. Opportunities for research, program development and evaluation also exist at the Janeway Family Center, particularly with respect to group services.

Residents may divide their time between the main center and a satellite office at Adolescent House. Most commitments fall during the normal work day, although some parenting groups are offered in the evening (e.g., one evening per week for nine weeks).

Child Assessment - Janeway Hospital

Residents complete a two days per week, specialized rotation in child and adolescent assessment. During this rotation, residents gain experience in assessment as part of one of two services; (1) the Pediatric Psychology services in the Janeway Hospital or (2) the Rehabilitation Psychology services in the Janeway Hospital. The patient population of the Pediatric Psychology services includes children and adolescents with cancer, diabetes, traumatic brain injury and other physical illnesses requiring hospitalization; whereas the patient population of the Rehabilitation Psychology services includes children with spina bifida, spinal-related disorders, cerebral palsy, neuromuscular disorders, and disorders with craniofacial differences.

Typical testing batteries include intelligence, academic achievement, memory, attention/concentration, and behavioral questionnaires. There may be opportunities for more in depth assessments. Residents will complete a minimum of three comprehensive assessments, including parent interview, test selection, administration, scoring and interpretation, parent feedback, and completion of an integrative written report. The opportunity to attend and present assessment results at school and/or team meetings may be available in many cases. Residents may have the opportunity to present one case during regular psychology meetings at the Janeway Hospital.

Prerequisites for this rotation include proficiency with basic assessment tools for children and adolescents. Previous clinical experience with children and adolescents is required.

Supervision Rotation – Child/Adolescent Stream

Each resident is required to complete a 3 month, two day per week rotation in providing clinical supervision. Residents will supervise a practicum student during their practicum placement at Eastern Health. Residents will function as the primary supervisor, although each practicum student will be provided opportunities to engage in co-therapy and/or assessment with a registered psychologist. Most often the practicum students will be placed at the Janeway Family Centre, although residents may be able to complete the supervision rotation in conjunction with another minor (e.g., assessment minor). At the JFC, practicum students will be expected to carry a caseload of 2-3 individual clients, to participate in weekly family therapy sessions, to conduct 1 comprehensive assessment and to co-lead one psycho-educational group. Additional opportunities can be negotiated to meet the training needs of the practicum student and/or resident.

To support a resident's competency in clinical supervision, the Resident Seminar Series will focus on providing training in clinical supervision immediately preceding this rotation. As well, each resident will receive an additional 1 hour/week of individual supervision from their current supervisor at the site of the practicum placement. Finally, during the supervision rotation, the focus of group supervision will be supervision of supervision, particularly the resident's professional development of as a supervisor.

Interprofessional Education Minor

Each resident will participate as a facilitator in the Interprofessional Education: Skills Training (IPST). IPST is offered to students at Memorial University who are pursuing health professions (e.g., nursing, medicine, pharmacy, social work). It covers a series of themes related to team functioning and collaborative practice. Participating students will remain in the same interprofessional student teams throughout the series, allowing them to form meaningful interprofessional relationships. (See Appendix I for a detailed description of the program).

As facilitators, residents receive training prior to each session and access to debriefing following each session. In addition, we are working on an online professional development program for facilitators which will focus on team development and facilitating interprofessional education. Residents will observe and facilitate the development of an interprofessional team of students through the activities which are designed to be engaging and interactive as well as reflective. Residents will receive evaluations on their performance as a facilitator and this requirement is monitored by the PCCT via the Interprofessional Education Tracking Form (Completion required – assigned pass/fail).

HEALTH PSYCHOLOGY STREAM (NMS Match Program Code #186014)

The major rotation site for the Health Psychology Stream is the HOPE Clinic located at 35 Major's Path. The second major rotation site for this stream is St. Clare's Mercy Hospital. The required minor assessment rotation in Adult Assessment is conducted through the L.A. Miller Centre.

HOPE Clinic/ Major's Path

The HOPE Program is an intensive outpatient program, staffed by an interdisciplinary team, for individuals diagnosed with anorexia nervosa, bulimia nervosa and eating disorder not otherwise specified. The HOPE Program uses a motivational approach and strives to provide a safe and empathetic environment, and to meet the clients where they are in their recovery journey. The HOPE Program is predominantly a group based program; however, individual services from the different disciplines can be availed of if clinically indicated.

This 8 month-long major rotation is the core of the Health Psychology Stream. It allows residents to further develop their skills in diagnostic interviewing, clinical assessment, and individual and group therapy. Residents provide service in a number of groups throughout the year, co-facilitating in the fall with a registered psychologist and in the winter possibly with a practicum student. Groups available for co-facilitation may vary depending on client numbers and needs, but may include: Body Esteem (6 weeks), Intimacy (10 weeks), Emotions (11 week DBT based group), Perfectionism (6 week CBT based

group), and Accepting and Acting (10 week ACT based group). Residents will also participate in Meal Support.

Pending client numbers and needs residents may have the opportunity to provide individual services to assigned clients, and act as part of a multidisciplinary team in providing care. Individual interventions at HOPE tend to be time limited and often target issues outside of the eating disorder which are impacting the client's ability to move forward in recovery. Residents have the option to participate in referral and case conceptualization meetings with the interdisciplinary team. In these meetings referrals are prioritized due to urgency and training needs, and difficult or challenging cases are discussed for consultation purposes. Opportunities for research and for program development/evaluation also exist.

Medicine, Surgery, and Cardiology Programs /St. Clare's Mercy Hospital

To enhance long-term therapy skills, residents will spend 2 days a week in Fall & Winter, and 1 day per week in Spring at this site. Residents will have an opportunity to provide specialty diagnostic and treatment services to the Medicine, Surgery, and Cardiology Programs at the St. Clare's and General Hospital sites. The resident will gain experience in providing psychodiagnostic assessment and therapeutic services to inpatient and outpatient population in the area of health psychology, with the option of seeing at least two clients for the duration of the residency year. The resident also co-facilitates psychoeducational groups with the cardiac rehabilitation program. The resident also has the opportunity to attend case-base rounds with other professionals. Even though this program is not team-focused, the resident will work closely with physicians, nurse practitioners, and other health care providers in ICU, CCU, Surgery, Genetics, and Medicine programs.

Adult Assessment (Inpatient Rehabilitation) - L.A. Miller Centre

Residents complete a three days per week, three month specialized rotation in adult assessment. This rotation would provide residents with the opportunity to gain experiences through working with people who have experienced strokes, spinal cord injuries, traumatic brain injuries, amputations, and possible other presentations. This rotation would include planning and conducting cognitive and neuropsychological testing, as well as opportunity to engage in therapeutic interventions (including therapy on adjustment, grief counseling, and sexuality). The staff of the Inpatient Rehabilitation Team utilize an interprofessional working environment, thus providing the opportunity to be part of a dynamic team.

Assessment batteries typically include evaluation of intellectual capacity, memory functioning, attention and concentration, academic achievement, and executive functions. Opportunities for more in-depth evaluation in any of these areas are also available.

Application of test results to etiological and prognostic implications will be addressed. Implications of results for referral questions such as discharge planning, patient safety, capacity/competency, and academic/vocational integration will be considered.

Residents will complete a minimum of three comprehensive integrated assessments over the duration of their rotation. This will include completion of an initial intake interview, administration, scoring and interpretation of tests, provision of feedback to the patient and family as indicated, and finally, completion of an integrated written report. Attendance at clinical team meetings/case conferences is encouraged. Opportunities for case presentation to the Neuropsychology Working Group also exist.

Prerequisites for this rotation include proficiency with basic assessment of intellectual and memory functions. Residents should be comfortable with the Wechsler Adult Intelligence Test-IV (WAIS-IV) as well as the Wechsler Memory Scale IV(WMS-IV). Knowledge of other assessment tools, including the Trail Making Test, verbal and semantic fluency, academic achievement testing (e.g. Woodcock Johnson III, Wide Range Achievement Test IV) and the Wisconsin Card Sorting Test would be an asset.

Supervision Rotation – Health Stream

Each Resident is required to complete an 8 month, two day/week rotation in providing clinical supervision. Residents will supervise a practicum student during their practicum placement at Eastern Health. Residents will function as the primary supervisor, although each practicum student will be provided opportunities to engage in co-therapy and/or assessment with a registered psychologist. Most often the practicum students will be placed at the HOPE clinic, although Residents may be able to complete the supervision rotation in conjunction with another placement. At the HOPE Clinic, practicum students to co-lead groups and to participate in the meal support program. Additional opportunities can be negotiated to meet the training needs of the practicum student and/or resident. Videotape review of client care is a requirement of this rotation.

To support a resident's competency in clinical supervision, the Resident Seminar Series will focus on providing training in clinical supervision immediately preceding this rotation. As well, each resident will receive an additional 1 hour/week of individual supervision from their current supervisor at the site of the practicum placement. Finally, during the supervision rotation, the focus of group supervision will be supervision of supervision, particularly the resident's professional development of as a supervisor.

Interprofessional Education Minor

Each resident will participate as a facilitator in the Interprofessional Education: Skills Training (IPST). IPST is offered to students at Memorial University who are pursuing health professions (e.g., nursing, medicine, pharmacy, social work). It covers a series of themes related to team functioning and collaborative practice. Participating students will remain in the same interprofessional student teams

throughout the series, allowing them to form meaningful interprofessional relationships. (See Appendix I for a detailed description of the program).

As facilitators, residents receive training prior to each session and access to debriefing following each session. In addition, we are working on an online professional development program for facilitators which will focus on team development and facilitating interprofessional education. Residents will observe and facilitate the development of an interprofessional team of students through the activities which are designed to be engaging and interactive as well as reflective. Residents will receive evaluations on their performance as a facilitator and this requirement is monitored by the PCCT via the Interprofessional Education Tracking Form (Completion required – assigned pass/fail).

RURAL PSYCHOLOGY STREAM ***(NMS Match Program Code #186015)***

The Rural Psychology Stream will provide residents with a diverse experience and exposure to the complexity of working in a rural environment. Services are provided on a regional basis and include assessment, therapeutic intervention, and consultation for inpatients, outpatients, and residents throughout Central Health facilities. Promotion and prevention activities, program evaluation, and research opportunities are available.

There are two major rotation sites for the Rural Psychology Stream. The primary major rotation site is located at the Central Newfoundland Regional Health Center, Grand Falls-Windsor, NL. The second major rotation site is the outpatient Mental Health and Addictions Team, located at the Community Health Building, Grand Falls-Windsor, NL. Other training sites include long-term care facilities and hospitals throughout the region, Hope Valley Center in Grand Falls-Windsor, NL, and the Assertive Community Treatment Team in Grand Falls-Windsor, NL.

Central Newfoundland Regional Health Center (Inpatient)

This year-long major rotation accepts assessment referrals from across all hospital programs for inpatients. The majority of referrals, however, are from the adult psychiatry unit. Assessment referrals are primarily neuropsychological/cognitive or differential diagnoses, but may also include treatment planning, and capacity assessments. As part of a multidisciplinary team (medical professionals, allied health professionals, students from various disciplines), the resident will develop skills in diagnostic interviewing, clinical assessment, consultation, and team collaboration for complex inpatient presentations.

Residents will be provided an opportunity to engage in psychological services (assessment, consultation) for long-term care facilities (residents) and hospitals (inpatients) throughout the region. This will include travel to these sites and telehealth sessions. Opportunity for assessment, treatment, and consultation for residents of Hope Valley Center (provincial residential addictions youth treatment center) is included in this rotation.

Mental Health and Addictions Services (Outpatient)

This year-long major rotation offers a blend of therapy, assessment and consultation services across the lifespan. It allows residents to further develop their skills in diagnostic interviewing, clinical assessment, consultation and individual and group therapy. Residents also provide service in at least two groups throughout the year (this may include groups at Hope Valley Center).

Clients are referred to this service from medical and community referral sources or by self-referral. Assessment and therapy referrals are accepted across the lifespan. The specific caseload of the resident will be chosen to reflect training goals and will offer a split between adult, adolescent and child clients. This specific developmental split, however, will reflect the resident's training experiences and competencies.

Outpatient services are provided by psychologists, social workers, addictions counsellors, and one occupational therapist. Psychiatry is available on a consultation basis. This service provides individual, group, and family intervention for a range of diagnostic issues, including mood disorders, anxiety disorders, addictions, adjustment disorders, relationship and identity concerns, and personality disorders. The staff primarily models an integrative approach to intervention with a focus on recovery. Assessment referrals across the lifespan include cognitive, mood, personality, developmental, and differential diagnosis/treatment recommendations. Promotion and prevention work, in consultation with the Health Promotion and Prevention team, is provided throughout the region.

This rotation includes an opportunity to provide assessment services for the Assertive Community Treatment Team. This is a community-based service for individuals with severe and persistent mental illness.

Supervision Rotation – Rural Stream

Each Resident is required to complete a 6 week, four day/week rotation in providing clinical supervision. Residents will supervise a practicum student during their practicum placement at Central Health. Residents will function as the primary supervisor, although each practicum student will be provided opportunities to engage in co-therapy and/or assessment with a registered psychologist. Direct observation of client care is a requirement of this rotation.

To support a resident's competency in clinical supervision, the Resident Seminar Series will focus on providing training in clinical supervision immediately preceding this rotation. As well, each resident will receive an additional 1 hour/week of individual supervision from their current supervisor at the site of the practicum placement. Finally, during the supervision rotation, the focus of group supervision will be supervision of supervision, particularly the resident's professional development of as a supervisor.

Interprofessional Education Minor

Residents in the Rural Stream will develop and facilitate 2 educational seminars for staff. Residents will also co-facilitate behavioral medicine training for family practice residents.

REQUIRED ADDITIONAL TRAINING

Program Development and/or Evaluation

Each resident is required to complete a minimum of 1 Program Development or Evaluation project throughout the residency year. Prior to September 1 of the new cohort, the PCCT receives ideas for program development and/or evaluation from the trainee committee members and Eastern Health staff. During the first month of the residency program, each resident meets with the PCCT and is presented with a list of potential projects. Collaboratively, based on the resident's training needs and goals, the resident and PCCT select a project. The resident is required to contact the Consultant (i.e., staff who proposed the project) and meet with them to develop a plan of action to carry out the program development and/or evaluation project. The resident and assigned Supervisor meet throughout the various stages of the project; additionally, during the regular resident-PCCT meetings (e.g., 4 times per year), the resident provides updates to the PCCT. At the end of the residency, the resident is required to present his/her project(s) to the Eastern Health Community. Examples of program development and/or evaluation completed by residents include: Training on Motivational Interviewing; Resource material for families who have experienced a Traumatic Brain Injury (TBI); Group development for adolescents with addictions; Group evaluation of existing trauma program from children; literature review of best practices for adolescent addictions; participation in ongoing research through the HOPE program

OPTIONAL MINOR ROTATIONS

Optional minor rotations provide the opportunity to individualize residency training. Current structured options are described below. Based on Residents' prior experience and professional interests, additional individualized rotation options may be available. All optional minor rotations are dependent on supervisor and space availability and are not offered in the Rural Stream.

Advanced Child Assessment - Janeway Hospital – *Child and Adolescent Stream Only*

This rotation would be available for two days per week for either three or six months. Residents would build on skills developed during the required assessment rotation, and develop greater autonomy and skill in the assessment of children and adolescents.

Prerequisite(s): Satisfactory completion of the required minor rotation in Pediatric Psychology assessment.

Eating Disorders Program-Transition Psychology Services/Major's Path – *All Streams*

Transition Psychology Services provides therapeutic services for clients 17.5-21 years of age having a diagnosis of anorexia, bulimia, or other specified feeding or eating disorder.

Services offered include assessment, individual, and family therapy, with a focus on emotions within a motivational interviewing framework. In addition to these direct services, residents may participate in

consultation with the Adolescent Medicine team, the HOPE Intensive ED program, as well as other health and mental health professionals who are in the circle of care for the clients. Finally, residents may have the opportunity to engage in outcome research related to adolescents with eating disorders.

Prerequisite(s): Interest in eating disorders treatment; good interpersonal skills; knowledge of Emotion Focused Therapy and Motivational Interviewing is not necessary but would be an asset.

HOPE Program/Major's Path – *All Streams*

The HOPE Program is an intensive outpatient program, staffed by an interdisciplinary team, for individuals diagnosed with anorexia nervosa, bulimia nervosa and eating disorder not otherwise specified. The HOPE Program uses a motivational approach and strives to provide a safe and empathetic environment, and to meet the clients where they are in their recovery journey. The HOPE Program is predominantly a group based program; however, individual services from the different disciplines can be availed of if clinically indicated.

A wide range of groups are offered by the HOPE Program from varying disciplines depending on client needs. These groups include: Accepting and Acting, Alumni, Art Therapy, Body Esteem, Communication, Emotions, Fitness for Life, Foundations, Intimacy, Meal Support, Nutrition Education, Perfectionism, Psychotherapy, Relapse Prevention, Stepping Stones, Yoga, and Wellness. Groups are also offered to loved ones of individuals with an eating disorder, in the form of Bridge to HOPE, Partners of HOPE and Parents of HOPE.

Rotations can vary but generally consist of 1 day, or 2 half days a week with experiences on those days to be determined by resident and client needs. Further group experience outside of the rotation may also be available. A wide range of learning opportunities are available at the HOPE program, including in the areas of group intervention, individual intervention, program development and evaluation, research and consultation, as well as potential observation of readiness and motivation assessment and psychological assessment.

Prerequisite(s): Group facilitation experience and experience working with clients presenting with eating disorders would be beneficial, but not required.

Inpatient Rehabilitation – *Adult Stream Preferred*

This rotation position is within the provincial tertiary rehabilitation program, located at the L.A. Miller Centre. This position would include cognitive and neuropsychological assessment and intervention services to the Inpatient Rehabilitation Program.

This rotation would provide residents with the opportunity to gain experiences through working with people who have experienced strokes, spinal cord injuries, traumatic brain injuries, amputations, and possible other presentations. This rotation would include planning and conducting cognitive and neuropsychological testing, as well as opportunity to engage in therapeutic interventions (including therapy on adjustment, grief counseling, and sexuality). The staff of the Inpatient Rehabilitation Team utilizes an interprofessional working environment, thus providing the opportunity to be part of a dynamic team.

Prerequisite(s): Interest in working with a rehabilitation program; knowledge of cognitive assessment would be an asset.

Janeway Family Centre/Southcott Hall - *Adult Stream or Health Psychology Streams*

The Janeway Family Centre is an outpatient mental health clinic that offers coordinated and comprehensive services to children and youth facing emotional, social or behavioral challenges, as well as services to their families. It is an interdisciplinary program consisting of the following teams: Team for Young Children, School Age Team, Adolescent Team, Child Abuse Team, and Family Team. Each team consists of psychologists and clinical social workers and employs a combination of individual, group, and family services. Each team also provides consultation and education on child/youth related issues. The primary therapeutic models include cognitive-behavioral, narrative, play and family therapy. There are a wide range of referral issues, including anxiety, school refusal, behavioral issues, child abuse, and parenting issues.

This rotation provides residents with an opportunity to gain experience working with children, adolescent and their families. There are a wide range of therapeutic services offered at this center, and it is expected that residents, in consultation with their rotation supervisor, would develop a specific minor rotation focusing on a target population (e.g., adolescents, young children), presenting problem (e.g., anxiety, separation, child abuse) or treatment modality (e.g., group therapy, family therapy). Residents wishing to either gain additional experience in working with children and youth, or expand a current area of expertise (e.g., obsessive compulsive-disorder, sexual abuse) across a developmental perspective, would benefit from this rotation.

This rotation is one day per week for either three/six months. A resident may divide their time between the main center and a satellite office at Adolescent House. Most commitments fall during the normal work day, although some parenting groups are offered in the evening (e.g., one evening per week for nine weeks).

Prerequisite(s): Dependent upon desired activities. Prior training/experience with children, adolescents, and their families, and prior training/experience with family and group therapy, would be beneficial, but not required.

Janeway Lifestyle Program/Janeway Hospital – *Child and Adolescent Stream Only*

The Janeway Lifestyle Program is comprised of an interdisciplinary team that provides service to families whose children (aged 4-14) have been identified as having a risk factor for the development of chronic disease. Risk factors include high cholesterol ratio, hypertension, obesity, Polycystic Ovarian Syndrome, fatty liver disease or impaired glucose tolerance. Assessment and treatment is provided through interdisciplinary clinic, psycho educational and therapy groups, and individual brief therapy, as needed. In addition to these activities, the program focuses on health promotion/prevention, research, and provincial policy development/consultation. The interdisciplinary team (Social Worker, Physiotherapist, Dietitian, Recreational Therapy Development Specialist, Clinical Psychologists, and Pediatric Endocrinologist) provide travelling clinics up to twice per year, serve on committees for policy development, and engage in health promotion activities in partnership with other organizations.

The Janeway Lifestyle Program is unique in this province and is advancing clinical practice nationally in the area of childhood obesity. Residents will be involved in most facets of the program, depending on prior experience and interests, and availability of supervision. Some training in motivational counseling, family therapy, child development and psychopathology, eating disorders and obesity is a pre-requisite for this rotation.

Medicine, Surgery, and Cardiology Programs – St. Clare’s Mercy Hospital –

Adult Stream Preferred

During this rotation, residents will have an opportunity to provide specialty diagnostic and treatment services to the Medicine, Surgery, and Cardiology Programs at the St. Clare's and General Hospital sites. The resident will gain experience in providing psychodiagnostic assessment and therapeutic services to inpatient and outpatient population in the area of health psychology. The resident may also co-facilitate psychoeducational groups with the cardiac rehabilitation program. Even though this program is not team-focused, the resident will work closely with physicians, nurse practitioners, and other health care providers in ICU, CCU, Surgery, Genetics, and Medicine programs.

Pre-requisites: Interest in working within areas related to health psychology and mental health issues is an asset. Having skills to determine diagnosis and appropriate therapeutic interventions are beneficial.

Memorial University of Newfoundland University Counselling Centre (UCC)/ External Rotation – *Adult Stream Preferred*

The primary function of the Counseling Centre is to help the students of Memorial University of Newfoundland develop their personal capabilities. Through individualized personal counseling, outpatient psychiatric services and a wide range of group counseling opportunities, professional staff and faculty at the Centre, with the assistance of supervised doctoral residents and practicum students from the various training programs on campus, help students to develop their own unique resources. The Centre offers a number of academic support services in which students learn to apply strategies for handling university level academic work more effectively. This includes a number of structured seminars and workshops as well as a full three credit-hour course designed to enhance the learning skills of undergraduate students.

As an integral part of the academic community, Counselling Centre faculty are also involved in applied research, teaching, psychology residency training, outreach, service to the profession of psychology, and consultation to the community at large. The Centre is the testing site for many advanced degree admission testing services.

In this rotation, Residents primarily obtain experience providing counseling and therapy services to university students. Based on Residents' interests and prior training, opportunities may be available to engage in outreach, consultation and program development, assessment, or applied research/program evaluation.

Additional information about this external rotation site can be obtained by going to the following website: <http://www.mun.ca/counselling>.

Prerequisite(s): Adult stream applicants preferred; all applicants will be interviewed to discuss training and interests relevant to this rotation.

Pediatric Neuropsychology Rotation, Janeway Hospital – *Child/Adolescent Stream Only*

This rotation offers training in conducting brief and comprehensive evaluations of children and adolescents with suspected or known neurocognitive dysfunction. Pediatric neuropsychology is a specialized area of practice that entails unique procedures and a body of knowledge specific to the area. Given the scope and limitations of this rotation, it is not possible to establish competence in pediatric neuropsychology with the expectation to practice independently as a pediatric neuropsychologist. However, the rotation provides residents with the opportunity to gain experience in the neuropsychological assessment process of children with medically related problems and/or psychiatric disorders. For those who wish to pursue additional training in neuropsychology, this rotation is a valuable experience.

Referrals are received primarily for outpatient pediatric clinics including Spina Bifida Clinic, Neuromuscular Clinic, Neuromotor Clinic, Cerebral Palsy Clinic (includes brain injury), Down Syndrome

Clinic, and Craniofacial Clinic. The resident will learn to address referral questions through use of test selection, administration, and interpretation. The resident will also develop skills in the communication of results, diagnosis, and recommendations for intervention to families and other professionals in the service and the community. Residents will gain experience in team collaboration, experience in differential diagnosis, comprehensive assessment of comorbid concerns and use of appropriate intervention.

Rural Rotation, Mental Health and Addictions Program, Bell Island – *All Streams*.

This program provides mental health services to clients across the lifespan who live in rural areas serviced by Eastern Health. Staff by Mental Health & Addiction counselors, services include individual, group, couple and family therapy for clients presenting with a range of diagnostic issues.

This minor rotation allows residents to gain experience in rural practice. It is a one-day/week, 3 month rotation (April-August only). Residents would carry an individual caseload and participate in outreach programming. Caseloads would be determined based on client waitlists, as well as the resident's training (e.g., particular presenting problems, age groups etc). Supervision for this rotation is provided jointly by Daphne Casey, MSW, RSW and Dr. Heather Sheppard.

Prerequisite(s): Some past exposure to rural psychology ideal; a vehicle is required as the Resident would need to commute to Bell Island (daily ferry from Portugal Cove).

Trauma Program - Ropewalk Lane – *Adult Stream or Health Psychology Stream Only*

This rotation would be 1 day/week for three months and would offer residents opportunities in therapy within adult who have experienced significant trauma.

Note. This rotation will not be offered in the 2016-2017 year.

Terrace Clinic/ Major's Path – *Child and Adolescent Stream Only*

The Terrace Clinic is an outpatient mental health treatment facility located at the Major's Path site in the St. John's community. Staffed by psychologists, psychiatrists, and one social worker, the clinic provides individual, group, and couples therapy for adults presenting a range of diagnostic issues, including mood disorders, anxiety disorders, adjustment disorders, relationship and identity concerns, and personality disorders. The staff primarily models an integrative approach to intervention, typically including cognitive-behavioral, interpersonal, dialectical-behavioral, and psychodynamic approaches.

This minor rotation allows residents to gain experience in diagnostic interviewing, clinical assessment, and individual therapy with adults. Experience with group therapy may be available. Residents participate in referral and case conceptualization meetings with psychology staff. In these meetings referrals are prioritized due to urgency and training needs, and difficult or challenging cases are discussed for consultation purposes.

Acute Care Assessment Rotation/Waterford Hospital - *Adult Stream or Health Psychology Stream Preferred*

The Waterford Hospital - Acute Care platform covers approximately 60 beds and offers intensive, interdisciplinary care for adult patients with serious mental illness, developmental disorders, and organic impairments that prohibit them from safely and successfully functioning in the community. Psychological services are provided on a referral basis and often include a combination of diagnostic assessment, individual psychotherapy, and consultation. Residents participating in this rotation will gain experience in working with patients suffering from acute mental illness, conducting cognitive, personality, and neuropsychological assessments with diagnostically complex patients, and navigating a fast paced, interdisciplinary hospital setting. This rotation is available for two days per week over a three month period.

Prerequisite(s): Interest in working with an acute mental health population. Proficiency in cognitive assessment and integrative report writing required. Prior training in personality testing encouraged.

TRAINING STAFF

Afshan Afsahi, M.Sc., R. Psych (Prov. Reg.), *Janeway Children's Hospital*

Education: Clinical Psychology, Antioch University New England

Professional interests: Children, adolescents, and adults presenting with mood disorders, anxiety, eating disorders, body image issues, PTSD, and interpersonal difficulties. Primary intervention models include psychodynamic therapy, narrative therapy, interpersonal process therapy, and mindfulness.

Janice Burke, M.A., R. Psych., *Janeway Family Centre*

Education: Clinical Psychology, University of Regina

Professional Interests: Families and Children ages 2-21: facilitating parenting groups, helping children with behavioral or emotional issues, navigating separation and divorce issues. Special interest in narrative therapy approach with families.

Pamela Button, Psy.D, R.Psych, *L.A. Miller Centre*

Education: Clinical Psychology, Memorial University

Professional interests: Assessment and intervention related to rehabilitation. Special interests include: therapy related to adjustment, grief, motivation, and group therapy. Therapeutic intervention is primarily integrative, conceptualizing cases from interpersonal, psychodynamic, and CBT perspectives. Therapeutic approach is collaborative and patient/client-centered.

Emily Case, Ph.D., R. Psych. *Janeway Family Centre*

Education: School and Clinical Child Psychology, University of Toronto

Professional Interests: Adolescents with concurrent mental health difficulties and addictions; family relationships and parenting; individuals (children, adolescents, and adults) with trauma experiences. Intervention methods mainly integrate family therapy, narrative therapy, cognitive behavioural therapy (CBT), and motivational interviewing.

Beverley Cater, M.A., R. Psych., *Professional Practice*

Education: Clinical Psychology, Lakehead University

Professional Interests: Consultation, ethics, and supervision; adult mental health, assessment and treatment of mood disorders, anxiety disorders, adjustment disorders, grief and loss.

Lorraine Dicks, Ph.D., R.Psych., *Waterford Hospital and L.A. Miller Centre*

Education: Behavioral Neuroscience Psychology, Memorial University of Newfoundland

Professional interests: Neuropsychological assessment and intervention as applied to neurological and psychiatric populations.

Shannon Edison, Ph.D., R. Psych., *Janeway Family Centre*

Education: Clinical Psychology (Child and Adolescent), University of Guelph

Professional interests: Children and adolescents presenting with difficulties in mood, anxiety, emotion dysregulation, and family dysfunction. Primary intervention models include cognitive behavior therapy (CBT), dialectical behavior therapy (DBT), interpersonal process therapy, and family therapy.

Kyle Handley, Psy.D, R.Psych. *Waterford Hospital*

Education: Clinical Psychology, Adler School of Professional Psychology

Professional interests: Assessment and treatment of severe mental illness, psychodynamic psychotherapy, program design and evaluation.

Janine Hubbard, Ph.D., R. Psych., *Janeway Hospital*

Education: Clinical-Developmental Psychology, York University

Professional interests: Pediatric psychology and behavioral medicine; psychometric assessments; parenting and behavioral interventions; siblings of children with disabilities.

Tanya Lentz, M.A. R. Psych., *Janeway Hospital*

Education: Clinical Psychology with subspecialization in Neuropsychology, University of Victoria

Professional Interests: Assessment and intervention with children and adolescents with suspected or known neurocognitive disorders, neurocognitive rehabilitation, family therapy, and pain management.

Kristin Newman, Ph.D., R. Psych., *Terrace Clinic*

Education: Clinical Psychology, University of New Brunswick

Professional interests: Psychodynamic and emotion-focused interventions, clinician self-care, couple therapy, and process groups.

Krystle O’Leary, Psy.D., R. Psych., *Janeway Family Center*

Education: Clinical Psychology, Memorial University of Newfoundland

Professional interests: Assessment and treatment of children and adolescents with various mental health concerns. Special interests include parenting, anxiety, OCD, depression, and group therapy. Integrative theoretical orientation including behavioral , cognitive behavioral, and play therapy.

Susan A. Pardy, Ph.D., R. Psych., *Eating Disorders Transition Program*

Education: Clinical Psychology, Queen’s University

Professional interests: Adolescents, Eating Disorders, Anxiety, Depression, Motivational Interviewing, Cognitive Behavioral Therapy.

Sarah Pegrum, Ph.D., R. Psych., *Centre for HOPE*

Education: Clinical Psychology, Australian Catholic University (Melbourne)

Professional interests: Assessment, intervention and research related to eating disorders and addictions, and the processes related to these presenting issues. Primary intervention approach is eclectic, but particularly drawing from existential/humanistic psychology, as well as cognitive behaviour therapy (CBT), acceptance and commitment therapy (ACT), dialectic behaviour therapy (DBT) and motivational interviewing.

Leah Puddester, Ph.D, R. Psych., Janeway Hospital

Education: Clinical Psychology, University of Ottawa

Professional interests: Assessment and treatment of children and adolescents with mental health concerns; anxiety, depression, psychological trauma, family dynamics, and developmental issues; individual, family, and group therapy.

Heather Sheppard, Ph.D., R. Psych., Professional Practice/Janeway Family Centre

Education: Clinical Psychology, University of New Brunswick

Professional interests: Children, adolescents and their families; special interest in group therapy, parenting issues, anxiety; cognitive behavioral, narrative and play therapy approaches.

Jodi Spiegel, Psy.D., R. Psych., Terrace Clinic

Education: Clinical Psychology (Health Psychology emphasis), Alliant Residential University – Fresno, CA (formerly California School of Professional Psychology)

Professional interests: Assessment and Treatment of Mood Disorders, Adjustment Disorders, Anxiety Disorders, OCD, PTSD, Eating Disorders, Grief and Loss, Health Psychology, Illness and Chronic Pain, History of Abuse, Workplace Issues and Stress, Interpersonal Relationship Difficulties, and Career Counseling. Population: Individuals aged 18+.

Krista Barney, Ph.D., R.Psych. Central Health

Education: Clinical Psychology, Biola University

Professional Interests: Neuropsychological assessment, assessment and treatment of severe mental illness, health psychology, forensic assessment, sex offender treatment, attachment, and PTSD.

Tracey Scott, Ph.D., R.Psych., Central Health

Education: Clinical Psychology, Walden University

Professional interests: Neuropsychology, rural psychology, assessment and intervention across the lifespan, severe and persistent mental illness assessment and treatment, addictions, telepsychology, student development, clinical supervision, program evaluation, integrative therapeutic approaches, industrial/organizational psychology.

SALARY AND BENEFITS

The annual stipend for the residency is \$30,000 (Canadian dollars). Residents receive three weeks of paid vacation, nine statutory holidays, five days of paid educational leave, and 12 days of sick leave.

Additional benefits include health insurance (individual and family), life insurance, accidental death and dismemberment insurance, and employment insurance.

CONDITIONS OF EMPLOYMENT

The starting date for this residency is **September 1, 2017**. Prior to commencing the residency, residents must provide the following: 1) a satisfactory criminal records check completed within 6 months of the start date; 2) a signed Privacy/Confidentiality Oath of Affirmation; 3) a satisfactory completed Pre-Placement Screening form which includes an up-to-date immunization record and TB testing; and 4) a PHIA Certificate.

ACCREDITATION

The Eastern Health Residency Training program is accredited by the Canadian Psychological Association. The self study is completed and is currently under final review by CPA.

Office of Accreditation

Canadian Psychological Association

141 Laurier Avenue West, Suite 702

Ottawa, Ontario

K1P 5J3

Email: accreditationoffice@cpa.ca

Phone: 613-237-2144 x328 or 1-888-472-0657 x328

APPLICANT REQUIREMENTS

Applicants must be enrolled in a CPA or an APA accredited clinical psychology graduate program or its equivalent. Canadian citizens or landed immigrants are given preference, although citizens from other countries will be considered subject to clearance by Immigration Canada.

Applicants are expected to have a minimum of 600 practicum hours. Applicants should have experience in assessment including test administration and integrative report writing. It is preferable for applicants to have assessment experience with the predominant age range they will be working with during residence (e.g., children/adolescents vs. adults).

APPLICATION PROCEDURES

This residency program participates as a member in the APPIC Matching Program. We abide by all APPIC guidelines regarding the residency application and selection process and fully endorse the APPIC policy summarized in the following statement:

"This residency 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."

To complete our application process, please access the AAPI Online at <http://www.appic.org/>. We do not require any materials supplemental to the AAPI Online, ***but we do ask that two of your three letters of recommendation are from persons familiar with your clinical work.***

The application deadline for the 2015-2016 training year is **November 15, 2016**. Applicants will be notified of an interview on **December 4 2016**. Interviews are held by telephone only and will be conducted from **January 2-13 2017**.

CONTACT INFORMATION:

Heather Sheppard, PhD, R. Psych.

Provincial Coordinator of Clinical Training-Psychology

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