



**CLINICAL PSYCHOLOGY
PRE-DOCTORAL
RESIDENCY PROGRAM**

Brochure for 2021-2022 Residency Year

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

<http://www.easternhealth.ca/WebInWeb.aspx?d=3&id=2125&p=2124#psych>

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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 (CPA). 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

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.

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. The importance of evidence-based practice informed by the empirical literature is emphasized. Residents are therefore 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

Four streams are available within the residency program:

Adult Stream (1 Resident)

Child and Adolescent Stream (1 Resident)

Health Psychology Stream (Eating Disorders Emphasis; 1 Resident)

Trauma Stream (Adult Focus; 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 to two additional minor rotations. Additional minor rotations provide specialized opportunities to address core competencies and individualized training goals. Descriptions of the four 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).

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.

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:

1. Professional Standards and Ethics;
2. Psychological Assessment;
3. Intervention, Consultation;
4. Program Development and Evaluation;
5. Interpersonal Relationships; and
6. 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.

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.

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 8A: 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.

ADULT STREAM (NMS Match Program Code # 186012)

The major rotation sites for the Adult Stream are at two of the four adult outpatient mental health clinics, located regionally throughout the city (East End, Centre City, West End and Conception Bay South). The required minor assessment rotation in Adult Assessment (Neuropsychology or Psychodiagnostic) is completed at one of the other community or inpatient sites.

East End Clinic, Major's Path & West End Clinic, Mount Pearl Square

The East End Clinic and West End Clinic are outpatient mental health treatment facilities. They are staffed by an interprofessional teams including psychology, psychiatry, social work, occupational therapy, rec therapy, and case management, among others. Psychologists at the clinics provide individual and group therapy for adults presenting with a range of diagnostic issues, including mood disorders, anxiety disorders, adjustment disorders, relationship and identity concerns, traumatic stress disorders and personality disorders. The clinicians primarily model an integrative approach to intervention, typically including cognitive-behavioral, interpersonal, dialectical-behavioral, acceptance and commitment, and psychodynamic approaches. The interprofessional teams allows for opportunities for collaboration. Additionally, there are ample opportunities for program development and evaluation within this rotation.

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.

Supervision Rotation – Adult Stream

Each Resident is required to complete a 4-month, two day per week rotation in providing clinical supervision. Residents will supervise a PsyD 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 East End or West End Clinics, although Residents may be able to complete the supervision rotation in conjunction with another minor (e.g., assessment minor). At the East End and West End Clinics, practicum students will be expected to carry a caseload of 4-6 clients and may co-lead a group as opportunity allows. Additional opportunities can be negotiated to meet the training needs of the practicum student and/or resident. Video 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.

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 Tuckamore Centre.

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 and Adolescent Assessment – Tuckamore Centre

Residents complete a two day per week, specialized rotation in child and adolescent assessment. During this rotation, residents gain experience in psychoeducational and psychodiagnostic assessment of complex client presentations. The Tuckamore Centre is a residential treatment program that accepts referrals for clients from across the province of Newfoundland and Labrador who exhibit complex mental health challenges and who have also exhausted community services. Clients typically present with concerns such as: developmental trauma, personality disorders, neurodevelopmental disorders, and other comorbid mental health diagnoses.

Typical testing batteries include intelligence, academic achievement, memory, attention/concentration, personality, 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 team meetings may be available in many cases. Residents may have the opportunity to present one case during interdisciplinary rounds at the Tuckamore Centre.

Supervision Rotation – Child/Adolescent Stream

Each resident is required to complete a 4-month, two day per week rotation in providing clinical supervision. Residents will supervise a PsyD 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.

HEALTH PSYCHOLOGY STREAM (EATING DISORDERS EMPHASIS; NMS Match Program Code #186014)

The major rotation sites for the Health Psychology (Eating Disorders Emphasis) Stream are the HOPE Clinic and Eating Disorders Inpatient Program. The required minor assessment rotation in Adult Assessment is conducted through the L.A. Miller Centre.

Major Rotation: HOPE Clinic/Major's Path

The HOPE Program is an intensive outpatient program, staffed by an interprofessional team, for individuals diagnosed with anorexia nervosa, bulimia nervosa and other specified feeding or eating disorder. The HOPE Program uses a motivational approach and strives to provide a safe and empathetic environment, meeting 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 12 month-long major rotation is a core of the Health Psychology Stream. It allows residents to 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 and spring with other HOPE clinicians or psychology practicum student, if available. Groups available for co-facilitation may vary depending on client numbers and needs, but may include: Body Empowerment (6 weeks), Intimacy (10 weeks), Emotions (11 weeks), Perfectionism (6 weeks), Healthy Relationships (6 weeks), Cognitive Behavioral Therapy (6 weeks) and Dialectic Behavior Therapy (12 weeks). Residents will also be expected to participate in Meal Supports and will receive training from registered dietitians to enable them to participate effectively in this core activity of the HOPE program.

Pending client numbers and needs, residents may have the opportunity to provide individual therapy to assigned clients, and act as part of an interprofessional team in providing care. Individual interventions at HOPE tend to be time limited and often target motivation or other 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 team and other programs on the Eating Disorders Continuum of Care. 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.

Major Rotation: Eating Disorder Inpatient Program/Psychiatry Unit, Health Sciences Centre

The Eating Disorder Inpatient Program is an interdisciplinary treatment program for adults diagnosed with Anorexia Nervosa, Bulimia Nervosa, or Other Specified Feeding and Eating Disorder, whose eating disorders warrant a hospital admission. The programming runs Monday to Friday, and provides assessments, meal support, a variety of education and process groups, as well as family education and family meal support experiences. Modalities include CBT, DBT and EFFT, within a motivational interviewing framework. Opportunities may also exist to participate in DBT Consult. In addition to these direct services, residents may participate in consultation with the Psychiatry Program, the Adolescent Medicine team, the HOPE outpatient ED program, as well as

other health and mental health professionals who are in the circle of care for the patients. Finally, residents may have the opportunity to engage in outcome research related to eating disorders.

Supervision Rotation – Health Stream

Each Resident is required to complete a 4-month, two day/week rotation in providing clinical supervision. Residents will supervise a PsyD 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. Video 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.

TRAUMA STREAM (Adult Focus; NMS Match Program Code #186011)

The trauma stream will be comprised of a major rotation at the Traumatic Stress Services program and a combination of major and minor rotations from the Adult and Health Streams as well as the optional rotations listed below. Rotations will be tailored to suit the interests of residents, and may include both child and adult experiences, depending on interest and availability. Please refer the descriptions of the rotations for further details.

Traumatic Stress Services / Cordage Place Site

Traumatic Stress Services is an outpatient program that works with adult clients presenting with complex trauma. Services are primarily group-based, though individual services are offered to clients in cases where group is not appropriate or when client need dictates. Services are provided by an interprofessional team made up of psychology, social work, occupational therapy, and nursing.

Both group and individual services are phase-based and typically involve progressing through an education and safety/stabilization phase before beginning any required trauma memory processing. Clients attending the program's core group attend a two-hour, weekly session over the course of 28-30 weeks. Examples of modules presented during the core series include recovery and wellness, impacts of trauma, safety and triggers, thinking patterns, relationship dynamics/boundaries, Dialectical Behaviour Therapy skills, attachment/trust, anger, guilt/shame, grief, goal setting, and resolution.

Following the core series, or equivalent individual work, clients are provided with the opportunity to participate in reconnection groups offered by the program. These include the Healthy Relationships group (8 weeks), and the Future Focus group (8 weeks; focused on processing client photographs taken around recovery-based themes). Clients also have the opportunity to participate in a two-hour intimacy workshop as part of the reconnection phase of treatment. Family members

may choose to participate in a four-hour family education workshop at any point during a client's treatment.

Psychology services are integrative in nature, and may draw on humanistic/existential, emotion-focused, Acceptance and Commitment Therapy, interpersonal/experiential, Dialectical Behavioural Therapy, and Cognitive Behavioural Therapy approaches. Residents completing a year-long major rotation with Traumatic Stress Services will co-facilitate a core group, as well as reconnection groups/workshops as available. There are also opportunities to carry an individual caseload, conduct assessment aimed at informing treatment planning, and collaborate with team members. Opportunities for skill development typically include implementing trauma-informed and trauma-specific approaches to work with clients, treatment planning within long-term therapy, applying a "trauma lens" to a resident's existing intervention/assessment approaches, and developing awareness around vicarious trauma.

Supervision Rotation – Trauma Stream

Each Resident is required to complete a 4-month, two day/week rotation in providing clinical supervision. Residents will supervise a PsyD 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. Unlike the other streams, practicum students will not be placed at the resident's major rotation. The practicum student will be placed at one of the resident's other rotation sites. Specifics regarding the type of clinical work the practicum student will participate in will be determined based upon the program. Video 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.

Adult Assessment (Adult, Health and Trauma Streams)

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:

- Acute Care Inpatient and Outpatient Neuropsychological Assessment (Health Science Centre Site)
- Geriatric Psychiatry Acute Inpatient (E2A, Waterford Hospital)
- Inpatient Acute Psychiatry (Inpatient, Waterford Hospital Site)
- Rehabilitation Program (Neuro-Rehabilitation, LA. Miller Centre Site)
- East End Clinic (Adult Outpatient Psychodiagnostic and Cognitive Assessments)

This rotation involves neuropsychological or psychodiagnostic assessment of adults ranging from 17 years of age to geriatric populations. Referrals to the service come from inpatient acute care units throughout the Health Sciences Centre (e.g., neurology, neurosurgery, medicine, psychiatry), as well as outpatient contexts. Patient populations commonly include traumatic brain injury, cerebrovascular events, brain tumors, epilepsy and seizure disorders, mild cognitive impairment

and dementias, movement disorders (e.g., Parkinson's disease), CNS autoimmune disease (e.g., Multiple Sclerosis), as well as other medical/neurological conditions and psychiatric disorders.

Assessment batteries typically include evaluation of intellectual capacity, memory functioning, attention, executive functions, expressive/receptive language, visuospatial processing, psychomotor functions, and academic achievement. Personality and psychological functioning may also be assessed, as needed. Test results are applied to consider etiological and prognostic implications, and to address referral questions, such as diagnostic input, monitoring the course of neurocognitive functioning, discharge planning, patient safety, capacity, and academic/vocational planning.

Residents will complete a minimum of three comprehensive integrated assessments over the duration of the rotation. The assessment process includes an initial clinical interview, administration of standardized tests, scoring and interpretation of test scores, comprehensive report writing, and feedback to patients, family members, and other healthcare providers. Psychoeducational tools and cognitive compensatory strategies are provided during patient feedback sessions. Opportunities to attend clinical team meetings/case conferences may also exist. For residents completing neuropsychology assessment rotations, presentation to the Neuropsychology Interest Group is highly encouraged.

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) and the Wechsler Memory Scale-IV (WMS-IV). Knowledge of other assessment tools would be an asset (e.g., Trail Making, verbal fluency, Stroop Test, Wisconsin Card Sorting Test, California Verbal Learning Test-II, Wide Range Achievement Test-4, Personality Assessment Inventory, and Minnesota Multiphasic Personality Inventory-2).

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 are available. Prior to the start of residency, each of the 5 residents are given the opportunity to rank their interests for optional minors. Residents typically complete one to two minor rotations that they have ranked highly.

Each of the rotations listed for the Child and Adolescent, Adult, and Health (Eating Disorders) Streams are also optional rotations for residents in other streams. For example, a resident in the Health Stream could complete a minor rotation at the East End Clinic.

Janeway Lifestyle Program, Janeway Hospital

The Janeway Lifestyle Program is comprised of an interdisciplinary team that provides service to families whose children (aged 4-18) 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 interviewing, family therapy, child development and psychopathology, eating disorders and obesity would be beneficial, but is not required for this rotation.

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

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 Mercy and General Hospital sites. The resident will gain experience in providing psychodiagnostic assessment and therapeutic services (including therapy on coping with pain or medical illness, adjustment, adherence to medication or medical treatments, end-of-life issues, and grief) to inpatient and outpatient population in the area of clinical 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, Dialysis, and other Medicine programs.

Clinical Sexology Program – 657 Topsail Rd

The sexology program is an outpatient service staffed by a Clinical Sexologist. The Sexologist uses therapeutic skills to educate and counsel clients with sexual concerns. These concerns include but are not limited to sexual dysfunctions, Couples therapy where sexual concerns are the primary problem, paraphilia and atypical sexual variances, and transgender transition issues. The Sexologist provides consultation to other health care professionals who are treating clients with sexual issues. With each client the Sexologist begins with an assessment that entails an interview with the client to gain an understanding of the presenting issue and how it has impacted his or her relationships and overall quality of life. When applicable, the client's partner may be asked to join the sessions. After the presenting problem is discussed, the Sexologist will inquire about the client's psychosexual history focusing on early sexual experiences, previous sources of information on sexuality, past and current sexual behaviors/interests/fantasies, level of sexual and relationship satisfaction, sexual orientation and gender identity, and medical conditions and medications that may impact sexual functioning. The clinical sexologist will then work with the client to establish therapeutic goals and a treatment plan that is tailored to his/her unique concerns. This usually includes education about sexual health, anatomy, and sexual response, and the assignment of individual and/or couple exercises. This minor rotation allows residents to gain experience in clinical assessment, individual therapy and couple therapy with adults who have sexual concerns.

Rehabilitation and Continuing Care - L.A. Miller Centre

Residents complete a two days per week, 4-month rotation focused on rehabilitation and continuing care for an adult population. More specifically, this rotation would provide residents with the opportunity to gain experiences through working with people who have experienced strokes, traumatic brain injuries, spinal cord injuries, and possible other presentations. This rotation would include planning and conducting cognitive and neuropsychological testing, as well as an opportunity to engage in therapeutic interventions around coping with pain or medical illness, adjustment, adherence to medication or medical treatments, end-of-life issues, and grief. The Day Hospital and Outpatient staff of the Rehabilitation Team utilize an interprofessional

working environment, thus providing the opportunity to be part of a dynamic team. Attendance at clinical team meetings/case conferences is encouraged. Opportunities for case presentation to the Neuropsychology Working Group also exist.

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.

Eating Disorders Transition Psychology Services - Major's Path

Transition Psychology offers services within the outpatient continuum of services for clients 17.5 years and older referred for treatment of Anorexia Nervosa, Bulimia Nervosa, or Other Specified Feeding or Eating Disorder. Services currently offered include psychodiagnostic assessment and individual therapy. Clients are referred to the Transition Psychologist by the Adolescent Medicine Program or the HOPE program they require support to navigate a transition in their eating disorder recovery. Examples of these transitions include, discharge from inpatient or intensive outpatient treatment, navigating barriers to beginning more intensive eating disorder treatment, etc. Treatment approaches are individualized based on intake assessment and may include individual therapy from EFT, Short-term Dynamic Psychotherapy, DBT, CBT and MI approaches. Within this rotation residents will be expected to participate in regular interdisciplinary consultation, collaboration and rounds. Residents may participate in consultation with the Adolescent Medicine, HOPE and Inpatient Eating Disorder treatment teams. Finally, as group psychotherapy programming is currently being developed within this program, residents may also have the opportunity to participate in program development and evaluation. This rotation is one day per week.

Flexible Assertive Community Treatment Team (FACT Team)

The Flexible Assertive Community Treatment (FACT) team is an interdisciplinary team which provides a biopsychosocial treatment model, hands-on assistance with daily living activities and recovery support for individuals, over the age of 18 years, with severe and persistent mental illness and addiction. The FACT team strives to ensure continuity of care and prevent admission to hospital by providing intensive services for individuals within their communities through assertive community outreach. The FACT team provides long-term care for people with severe mental illness who might otherwise require hospital admission, particularly during episodes of acute mental illness. The largest group of individuals serviced by FACT teams have psychotic disorders (e.g., schizophrenia, schizoaffective disorder), bipolar disorder, and major depression. People with other mental health disorders, as well as substance use disorders, may also be considered for FACT, depending on the severity and complexity of their illness. Individuals receiving FACT often face other barriers related to housing, self-care, education, employment and finances. They might also find it difficult to maintain relationships and participate in society as their support systems and contacts may be limited. The culmination of these factors hinders their ability to function on a daily basis. Service is provided to individuals on both a low intensity and high intensity basis, depending on need. The psychologist on the FACT team is a primary service provider (case manager). The role of the psychology resident may include: formal assessment and diagnosis of FACT team clients; working closely with FACT team members to integrate assessment findings and assist in the development of treatment plans for clients; acting as the lead in using cognitive behavioral therapy, dialectical behavior therapy and other evidence-based approaches, as appropriate; offer psychological intervention focused on symptom management, psychosocial functioning and goal attainment.

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 training 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 for children; literature review of best practices for adolescent addictions; participation in ongoing research through the HOPE program.

TRAINING STAFF

Caroline Barnes, Ph.D., R. Psych., Conception Bay South Clinic

Education: Clinical Psychology, York University

Professional Interests: Assessment and intervention with an adult population. Common presenting concerns include OCD, anxiety disorders, trauma, and emotional dysregulation. Integrative and client-centered approach that incorporates CBT, DBT, and EFT. Special interests include assessment and intervention with adults with Autism Spectrum Disorder.

Krista Benson, BN, RN, M.S. (Sexology), Clinical Sexology Program (Topsail Road Plaza)

Education: Nursing, Memorial University of Newfoundland; Clinical Sexology, Curtin University

Professional Interests: Psychoeducation, assessment, and intervention with adults (individuals and couples) presenting with sexual dysfunctions and adults presenting with gender dysphoria and transition-related concerns. Approach to treatment is sex-positive, humanistic, and integrative, drawing from traditional sex therapy interventions, mindfulness-based cognitive behavioural therapy, and emotion focused therapy.

Janice C. Burke, M.A., R. Psych., Centre for Pain and Disability Management

Education: Clinical Psychology, University of Regina

Professional Interests: Interdisciplinary rehabilitation teamwork in the areas of chronic pain, depression and anxiety. Using ACT, CBT, and mindfulness approaches. Facilitating parenting groups, helping children aged 2-18 with behavioral or emotional issues. Special interest in narrative therapy with families.

Alyssa Butler, 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.

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.

Krystle Dalley, 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.**

Chris Duggan, PsyD., R.Psych. (Provisional) Tuckamore Youth Treatment Centre

Education: Clinical Psychology, Memorial University of Newfoundland

Professional interests: Adults (18+) and Adolescents (12-18 years-old) presenting with complex mental health needs, such as eating pathology, complex PTSD, difficulties in emotion regulation, interpersonal difficulties, grief and loss, and challenges related to gender, sexuality, and identity. Integrative theoretical orientation, most frequently incorporating DBT and ACT frameworks. Other approaches frequently used include CBT, IPT, motivational interviewing, and EFT. Individual, group and family interventions.

Megan M. English, Ph.D., R.Psych., Medicine Program – Neuropsychology (Health Sciences Centre)

Education: Clinical Psychology, Lakehead University

Professional Interests: Neuropsychological assessment, neurocognitive remediation/rehabilitation, mindfulness-based interventions applied to neurological and psychiatric populations.

Ben Goddard, Ph.D, Psy.D., R. Psych. Rehabilitation and Continuing Care, L.A. Miller Centre

Education: Psy.D. (Clinical Psychology), Memorial University of Newfoundland; Ph.D. (Cognitive Neuroscience), University of Guelph

Professional interests: Cognitive assessment and intervention as applied to predominantly neurological populations, cognitive remediation, grief and loss, health psychology, chronic pain, with acceptance and commitment therapy, solution focused therapy, and motivational interviewing representing some of the approaches utilized.

Megan Grant, Psy.D., R. Psych., Traumatic Stress Service (Cordage Place)

Education: Clinical Psychology, University of Indianapolis

Professional interests: Assessment and intervention with adults presenting with complex/interpersonal trauma. Interests in trauma-informed assessment and trauma-informed individual/group therapy. Approach to treatment is client-centered and integrative, drawing from humanistic/existential psychology, interpersonal and experiential approaches, dialectical behaviour therapy, schema-focused therapy, acceptance and commitment therapy, and cognitive behaviour therapy.

Ashli Hayes, PsyD., R.Psych. Provincial Coordinator of Training - Psychology

Education: Clinical Psychology, Memorial University of Newfoundland

Professional interests: gender and sexuality, eating disorders, trauma, emotional dysregulation, and interpersonal relationship and attachment difficulties. Psychodiagnostic assessment, and individual and group therapy. Approach to therapy is individualized and client-focused, integrating mainly

short-term dynamic psychotherapy, Emotion-Focused Therapy and Dialectical Behaviour Therapy.

Melissa Hoskins, Psy.D., R.Psych, MPH, St. Clare's Mercy Hospital

Education: Clinical Psychology, Memorial University of Newfoundland; Masters of Public Health, Memorial University of Newfoundland

Professional Interests: Health Psychology, Gender & Sexuality, Self-Esteem, Trauma, Relationship Dynamics, Grief and Loss, Eating Disorders, and Mood Disorders. Emotion Focused Therapy, Acceptance and Commitment Therapy, and Feminist approaches are used in a humanistic, integrative therapeutic approach.

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.

Sarah MacAulay, Ph.D., R.Psych., Janeway Family Centre

Education: Clinical Psychology, University of New Brunswick

Professional interests: psychology of children and adolescents, intervention, and assessment; parenting and behavioral interventions; interests in learning and education, Psychology of Women, gender and sexuality, grief, art interventions.

Heather McLean, M.A., R.Psych. (Prov.), Ph.D. Candidate, Janeway Family Centre

Education: Clinical Psychology: Applied Developmental Emphasis, University of Guelph

Professional Interests: Assessment and intervention with children, adolescents, and families. Special interests in family relationships and parenting; attachment; trauma; infant and preschool mental health; high-functioning Autism Spectrum Disorder; adolescent mental health. Integrative theoretical orientation including attachment-based, interpersonal process, emotion-focused family therapy (EFFT), and cognitive behavioural approaches (CBT, ACT, DBT-informed).

Jessica Menard, Ph.D., R.Psych., Janeway Lifestyles Program (Janeway Hospital)

Education: Child-Clinical Psychology, University of Windsor

Professional interests: Assessment and treatment of adolescents presenting with difficulties in mood, anxiety, emotional dysregulation, family dysfunction, and limited coping skills. Integrative theoretical orientation including cognitive-behavioral, interpersonal, and solution-focused therapy.

Michele Neary, Ph.D., R. Psych., Centre for HOPE

Education: Educational Psychology and Counselling, McGill University

Professional interests: Assessment, intervention and research related to eating disorders and body image; Assessment and treatment of Mood, Adjustment and Anxiety Disorders; Late adolescence and early adulthood; LGBTQ. Theoretical approaches: Feminist, Psychodynamic, Emotion-Focused, cognitive behavior therapy (CBT), and dialectic behavior therapy (DBT). Intervention modalities include individual and group therapies.

Susan A. Pardy, Ph.D., R. Psych., Eating Disorders Inpatient Unit

Education: Clinical Psychology, Queen's University

Professional interests: Adolescents, Eating Disorders, Emotion Focused Family Therapy, Anxiety,

Depression, Motivational Interviewing, Cognitive Behavioral Therapy.

Chelsea Quinlan, Ph.D., R. Psych. (Provisional), Hope Valley Youth Treatment Centre

Education: Clinical Psychology, Dalhousie University

Professional interests: Assessment, intervention, and research related to Neurocognitive Disorders; Assessment of Learning Disorders; Assessment and intervention for comorbid disorders in adolescents, including substance use, mental health, and personality disorders. Theoretical approaches include: Acceptance Commitment Therapy (ACT), Dialectical Behavioural Therapy (DBT), and Cognitive Behavioral Therapy (CBT).

Beatriz (Betty) R Rodriguez Rubio, Ph.D., R. Psych. Eating Disorder Transitions

Education: Clinical Psychology, University of Windsor

Professional interests: Family Systems, Couples Therapy, Psychodynamic Therapy, and Emotion Focused Interventions.

Stacy Smith, Psy.D., R. Psych., West End Clinic

Education: Clinical Psychology, Memorial University of Newfoundland

Professional interests: Adult mental health, individual and group therapy. Psychodynamic, emotion focused, and cognitive behavioural approaches. Interest in gender and sexuality, anxiety disorders, OCD.

Jodi Spiegel, Psy.D., R. Psych., East End Clinic

Education: Clinical Psychology (Health Psychology emphasis), Alliant International 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, and Interpersonal Relationship Difficulties. Interpersonal, Acceptance and Commitment Therapy, and Dialectical Behavioral approaches are utilized within an integrative framework.

Kristin Newman, PhD., R.Psych. Clinical Psychologist III – Acute Care Psychiatry

Education: Clinical Psychology, University of New Brunswick

Professional interests: relationships, personality, mindfulness, and emotion regulation. Individual, couple and group therapy. Approach to therapy is individualized and client-focused, integrating process oriented therapies (psychodynamic and emotion-focussed), with more concrete skills-based approaches (cognitive and behavioural therapies).

Dr. Heather Quinlan, PsyD., R. Psych, Clinical Psychologist III - Flexible Assertive Community Treatment (FACT Team)

Education: Doctor of Psychology, Memorial University

Professional Interests: depressive and anxiety disorders, trauma/stress related disorders, personality disorders, substance use disorders (particular interest in concurrent mental and substance use disorders); individual adult intervention using an integrative approach (orientations mainly include: acceptance and commitment therapy, cognitive behavioural therapy, dialectical behaviour therapy, interpersonal psychotherapy and emotion-focused therapy); adult group based interventions (skills based teaching and process oriented psychotherapy groups), as well as adult psychodiagnostic and cognitive/psychoeducation assessment.

Marsha Rowsell, PsyD. Clinical Psychologist (Provisionally Registered)

Education: Clinical Psychology, Memorial University of Newfoundland

Professional interests: Anxiety, obsessive compulsive disorder, eating disorders, emotional dysregulation, and interpersonal relationships. Approach to therapy is integrative, tailored to each individual's needs and drawing primarily from cognitive-behavioural, emotion-focused, and dialectical behavioural therapy frameworks.

SALARY AND BENEFITS

The annual stipend for the residency is \$30,000 CAD. 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, 2021**. 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.

COVID-19 RESIDENCY PROCEDURES

Due to the unprecedented and unpredictable nature of the current pandemic, and its impact on training, the Eastern Health Psychology Residency Program has ensured contingency plans to continue residency training virtually via Zoom and telephone sessions. Through careful contingency planning, our program intends to minimize disruptions that the pandemic has on residency training and service delivery to the greatest extent possible, while maintaining the highest levels of integrity in our training and adherence to accreditation standards. Given that residents are considered Eastern Health employees, some residents may continue to offer in-person services at higher provincial COVID-19 Alert Levels (see <https://www.gov.nl.ca/covid-19/alert-system/>), each resident's needs will be examined on a case-by-case basis to determine to what extent residents may conduct their clinical work and supervision remotely from home. It is recommended that potential applicants consider their ability to create a home office environment with equipment, e.g., password protected computer and high-speed internet, and sufficient private space within the home to maintain client confidentiality, as these are requirements of moving to remote training in the event of increased COVID-19 restrictions.

ACCREDITATION

The Eastern Health Residency Training program is accredited by the Canadian Psychological Association for a five year term from 2014-15 to 2019-20. Our program is currently in the reaccreditation phase. Our self-study has been submitted as of February 15, 2020. Due to COVID-19 travel restrictions, our site visit has been put on hold and our accreditation status extended for one year. This means that our site will remain accredited for the 2020-2021 year while the feasibility of resuming site visits is assessed by the CPA Accreditation Panel.

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). In light of COVID-19 disruptions to practicum placements, and in accordance with the joint statement by Association of Canadian Psychology Regulatory Organizations (ACPRO), the Canadian Council of Professional Psychology Programmes (CCPPP), and the Canadian Psychological Association Accreditation Panel (the CPA Panel), our residency program intends to review incoming applications for the 2021-2022 residency year with flexibility on hours requirements.

The CPA Panel encourages programmes to ensure that the minimum 600 hours are still met by students applying to internships, even if the composition of those hours vis-à-vis direct contact, supervision, and support activities are not exactly equivalent to the minimum prescribed by the CPA Accreditation Standards (see <https://cpa.ca/docs/File/Accreditation/CCPPP%20CPA%20ACPRO%20Statements%20COVID-19.pdf> for full statement).

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 2021-2022 training year is **November 15, 2020**. Applicants will be notified of an interview on the CCPPP Universal Notification Date - <https://ccppp.ca/> regarding whether or not they are being offered interviews (by Phone or Zoom only). Interviews will be conducted with selected applicants during the 1st and 2nd weeks of January 2021.

Applicants selected for interview will be interviewed by a panel of 2-3 psychologists, at least one of whom is a major supervisor for the stream(s) to which they have applied. Interviews last 45 minutes to 1 hour and include a list of standardized questions, as well as time for the applicant to ask questions to the panel.

CONTACT INFORMATION:

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