

Edmonton Consortium
Clinical Psychology Residency Brochure

2019-2020

Overview of the Program

The Edmonton Consortium Clinical Psychology Residency is a predoctoral training program for psychologists. We were last accredited in 2016-17 for a 6 year term by the Canadian Psychology Association*. We are members of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and participate in the APPIC Matching Program (check the APPIC website for information about APPIC policies and procedures). We are also a member of the Canadian Council of Professional Psychology Programs (CCPPP).

The Consortium operates under Alberta Health Services (AHS) and is comprised of three main sites, Alberta Hospital Edmonton (AHE), Glenrose Rehabilitation Hospital (GRH), and University of Alberta Hospital (UAH) as well as some programs housed in other sites in the community. All of the sites have a strong emphasis on training. We offer a wide range of outstanding training experiences in assessment, treatment, and consultation with diverse client/patient populations. There are some rich opportunities to work as integral members of interdisciplinary teams. The contributions of residents to the clients/patients and program teams are greatly valued by all sites.

One of the Edmonton Consortium's greatest strengths is the breadth of experiences available which enables us to meet a wide variety of training goals. Within the Generalist stream, there are 5 positions available across rotations in Adult Mental Health, Young Adult Mental Health, Forensics, Health, Eating Disorders, Brain Injury, and Paediatrics. The Neuropsychology stream offers 1 position with rotations available in Geriatrics, Adult, and Paediatrics. Our focus is on helping residents become confident professionals within a practitioner-scientist model. We promote the importance of a healthy work-life balance for all our residents.

If you have any questions about our Consortium or about the City of Edmonton, please do not hesitate to contact:

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Our Philosophy, Goals, and Training Objectives

Our Philosophy and Goals of Training

The Edmonton Consortium Clinical Psychology Residency is committed to training the next generation of psychologists to the highest standards to meet the health needs of the community through evidence-based practice. We strive to empower predoctoral psychology residents by developing their competencies and confidence as independent practitioners to provide quality, evidence-based, and client-focused health care.

To meet these overarching purposes, the Edmonton Consortium Clinical Psychology Residency focuses on a generalist model of training that allows for development of depth and breadth in areas in which residents already have basic skills as well as providing opportunities to try new areas of practice, broadening skills, and addressing any remaining gaps in training. Affording rich opportunities for both depth and breadth in training allows residents to become more effective, competent psychologists. We use a developmental approach in evolving competencies across the range of skills required to practice as a psychologist. Supervision is an essential element in facilitating the growth of residents across the residency year, assisting them to build the confidence and professional identity that will allow them to become autonomous clinicians.

The Edmonton Consortium Clinical Psychology Residency is committed to a practitioner-scientist model of training. We place an emphasis on the practitioner aspect of the model to complement the doctoral training most residents have received. Typically, we have found that graduate university training programs focus more on the scientist side of the model, emphasizing research production and the development of a strong knowledge base of the theories upon which clinical interventions are based, but with fewer opportunities for practical application of that knowledge in clinical settings. Our program enhances residents' ability to apply empirical knowledge across diverse clinical settings while at the same time valuing the importance of engaging in scientific research activities, evaluating literature in a critical way, and identifying empirically based interventions. We are also committed to facilitating residents' efforts to develop a healthy work-life balance, which is necessary for a sustainable work ethic and maintenance of high quality service provision to clients, organizations, and communities.

Using a developmental approach, the goals of the residency program are to assist residents in:

1. Developing assessment skills to increase competency and independence
2. Developing skills in diagnosis to increase appropriate autonomy in working with clients
3. Developing intervention skills to increase appropriate autonomy in working with clients
4. Increasing competency in consultation and effective functioning on interdisciplinary teams
5. Developing appropriate interpersonal relations in all areas of work including clients (e.g., therapeutic rapport), supervisor, colleagues, the community, and administration

6. Focusing on awareness and application of ethics and standards of psychology particularly within health care
7. Increasing awareness and knowledge of issues of individual differences and diversity
8. Being sophisticated consumers of research within health care to support evidence-based practice
9. Increasing knowledge and practice of supervision
10. Engaging in a healthy balance between work and personal life
11. Functioning competently and independently as a psychologist

General Information

Predoctoral Residency Program Streams

We offer training in two streams: the Generalist stream and the Neuropsychology stream. In both streams, residents gain experience in assessment, intervention, and consultation. Residents are able to gain exposure to clinical practice in inpatient, outpatient, and community settings. There are excellent opportunities to be an active member of different multi- and inter-disciplinary teams. Residents spend approximately 80% of their time in direct and indirect clinical services and supervision and the other 20% focused on professional development and research.

For residents in the Generalist stream, the emphasis is to provide breadth and depth of training in the clinical knowledge and skills necessary to practice psychology across different settings and with different populations and types of complex presenting issues. Residents are exposed to different clinical approaches as they work with supervisors from various theoretical orientations. They complete two six-month major rotations (three days a week) and one minor rotation (one day a week) that extends throughout the year (approximately 11 months).

The Neuropsychology stream offers advanced training in clinical neuropsychology across the lifespan. The aim of this stream is to broaden the skills and knowledge of applicants who are currently enrolled in a doctorate program with specialized training in clinical neuropsychology. It is expected that applicants will have completed prerequisite coursework and practica in neuropsychological assessment or neuropsychological intervention/neuro-rehabilitation as part of their doctoral training. Residents will complete 3 four-month major rotations in Neuropsychology allowing a depth of experience with a specific population (e.g., children or adults) or broad exposure across the life-span. Residents also complete a minor rotation (one day a week) throughout the year in to gain breadth of experience. The minor will generally be focused on intervention and may be through the Neuropsychology stream or the Generalist stream.

Residents may apply for one or both streams but will only be accepted to work in one stream.

Resident Positions

Six predoctoral internship positions are available. We have five positions available in our Generalist stream (180411) and one position available in our Neuropsychology stream (180412).

The stipend is set at \$32,506. We also offer three weeks holiday which are paid out in lieu at a rate of 4% and statutory holidays paid out in lieu at a rate of 3.6% per hour. You also have 10 sick days, professional development time (approved by Director), and medical and dental coverage. We have allocated five paid days over the course of the year that residents can access to work on their dissertations. Each hospital provides excellent secretarial support and at least one computer designated exclusively for the residents with access to the Internet. There is a larger resident office at the AHE site and smaller office spaces at the GRH and UAH. Most of the sites have libraries with access to various databases (e.g., Medline and PsycINFO). The library card residents receive also allows access to the University of Alberta Library system.

Within the Consortium, we designate our predoctoral training program as a “residency” and our interns as “psychology residents.” We do this because the term “intern” is used within hospital settings across various disciplines and denotes a level of training that is not in keeping with the high level of education and training of our residents. The term “resident” within a hospital setting is more consistent with the education and experience of our residents and allows other health professionals to have a better understanding of the degree of training our residents have entering into the residency year.

Supervision and Evaluation

Supervision

Residents in both streams are provided with extensive supervision throughout the residency year. All supervisors are registered to provide psychological and, when appropriate, neuropsychological services within the province of Alberta. Consistent with CPA standards, residents receive a minimum of four hours of supervision per week with at least three hours being individual supervision.

Additional supervision (e.g., monthly case presentations with the other residents) is also provided. On a monthly basis, there are opportunities for residents to discuss issues related to supervision and develop their own supervisory skills. In both streams, on a case-by-case basis, there may be opportunities to work with psychologists or neuropsychologists other than the primary supervisor(s) associated with a specific rotation. Moreover, although it is the primary responsibility of the Consortium faculty to supervise residents, members of other health disciplines may assist.

Resident Evaluation

Evaluation is an important part of the training program providing feedback on a resident’s progress, allowing supervisors and residents to determine whether the training objectives are met, and ensuring that any difficulties are dealt with promptly. Formal evaluations are conducted at the

midpoint and end of each rotation. Academic Directors of Clinical Training receive a progress report at the midpoint and again at the end of the training year to document the progress of the residents.

Program Evaluation

We are committed to residents evaluating the Consortium to ensure that the residency program is meeting their needs and that the quality of training remains high. Accordingly, residents evaluate their clinical experiences with respect to rotations, supervisors, and their overall residency experience. In addition, as members of the Residency Advisory Committee, residents participate in ongoing monitoring and development of the program. Two years after the end of their residency year, graduates of the program are asked to complete a post-residency evaluation. We have found the feedback from the residents to be invaluable in our efforts to make the program stronger and we have made significant changes to the Consortium on the basis of their comments and recommendations.

Educational Opportunities

Residents have access to many educational opportunities, including a professional seminar series, psychology meetings and inservices, residency meetings, and clinical rounds.

A. *Seminar Series.* This weekly clinical seminar series is held on Fridays which are protected as non-clinical days. Psychologists and other invited professionals present seminars on a wide range of topics and issues. The topics presented include ethics, standards and practices, supervision, assessment, treatment, consultation, psychopathology, individual differences, as well as special topics in the practice of psychology. There are opportunities for discussion around the ethical decision-making process surrounding roles, values, and ethical problems associated with private practice, institutional practice, supervision, and research. All residents attend this seminar series.

B. *Psychology Meetings and Inservices.* As part of their training experience, residents attend any relevant Psychology meetings for their current rotation such as the GRH Psychology Service Meetings and the UAH Psychology Inservices. This facilitates the development of a professional identity and enables residents to learn about the issues facing the discipline of Psychology within a broader health care system. Residents are valued members of Psychology services across the sites and their participation and input is welcomed. Inservices are periodically available as a source of professional development for all of our psychologists. Topics addressed may include patient advocacy, discipline standards, supervision, clinical research, assessment/therapy issues, and the changing role of psychologists.

C. *Residency Meetings.* General Residency meetings are held twice a year and are mandatory for all Consortium faculty and residents. Residency Advisory Committee Meetings are held 4 times a year and are mandatory for Directors of Training, Rotation Coordinators, and residents. In these meetings, residents participate in discussions and decisions about issues relevant to the residency program such as recruitment, program development, and administration.

D. Clinical Rounds. There are numerous opportunities for attendance at various teaching rounds, and attendance will, in part, be determined by the residents' choices of rotations. Examples of teaching rounds available through the Edmonton Consortium include Pediatric Rounds, Psychiatry Grand Rounds, Stroke Rounds, Neuroradiology Rounds, Neurology and Neurosurgery Rounds, Neuropathology Conference with Brain Cuttings, Geriatric Rounds, and rounds on specific issues (e.g., Dual Diagnosis Rounds, Substance Use and Abuse). All disciplines are welcome to attend. There are also a number of webinars in which residents can participate.

For the Neuropsychology stream resident, valuable training experiences will be gained through participation in Neuropsychology Rounds, the focus of which is typically on case presentations and journal article discussions pertaining to neuropsychological practice. It is expected that the resident will make at least two formal presentations over the course of the residency.

Research Experiences

The Consortium places emphasis on the practitioner side of the practitioner-scientist model but is still committed to the importance of research and empirically-based practice. Thus, we want our residents to develop an appreciation of the relationship between research and clinical practice. In addition to using empirical literature to inform their work with clients and patients, over the course of the residency, residents are required to work on a small, clinically relevant research project with a focus on program evaluation or outcome measures. Residents have the support of a research supervisor.

Toward the end of the year, residents present their research at the Residency Research Day to the other residents and the faculty. Some residents decide to submit their research project for presentation (e.g., CPA) or use it as a basis for future research. In addition to being involved in research, residents are also given 5 days to work on their dissertation. If residents have completed their dissertations, this time can be used for working on the process of registering as a psychologist including studying for the EPPP, preparing a manuscript for publication, or other research related activities.

Description of the Generalist Stream

Providing Comprehensive Training in Assessment, Intervention, and Consultation

The Generalist stream addresses the training objectives of providing comprehensive training in assessment and diagnosis, treatment, and consultation in order to produce competent professional psychologists.

Psychological Assessment and Diagnosis. Residents become familiar with a variety of psychological assessment tools and clinical interview styles and how to use these with clients or patients from diverse backgrounds and with a variety of presenting issues. They learn to select appropriate assessment tools in order to address the referral question while at the same time matching the assessment process to the clinical setting and client needs. Residents will gain exposure to a wide variety of mental health issues related primarily to psychiatric, neurological, and medical/health conditions. There are ample opportunities for differential diagnoses across all rotations. Residents expand upon their case conceptualization skills using a bio-psycho-social model and develop the ability to generate clinical recommendations that are realistic, helpful, and coincide with the needs of the client and available resources.

Therapeutic Interventions. Residents have the opportunity to develop competency and flexibility in the administration of therapeutic interventions in individual and group modalities with a wide range of clients and presenting issues. This allows them to gain experience in adjusting specific therapeutic approaches to suit the specific client population. For example, an anger management group can be tailored to suit the needs of a population within the Forensic, Brain Injury, or Health (HIV) rotations.

Consultation and Interdisciplinary Teamwork. At AHE, GRH, and UAH, psychologists function as important members of multi- and inter-disciplinary teams. Residents witness the various roles a psychologist can play within such a team atmosphere and learn about the other disciplines and how they understand and conceptualize the needs and issues of the clients. Through this process, residents become adept at communicating the results of their assessments and treatment recommendations clearly and effectively to the team. Residents learn how to function co-operatively with other professionals in the delivery of interdisciplinary services. They learn to become effective in understanding the consultation question and in responding to it in a way that is helpful to the client and the professionals requesting the input.

Development of Awareness of Ethical Principles and Diversity Issues

Issues of diversity, individual differences, ethics, and professional development are examined through the professional seminar series and resident group discussions on Fridays. In addition, residents are exposed to issues of diversity and individual differences, working with clients from various ethnic, cultural, religious, age, gender, sexual orientation, socio-economic, and disability groups across the rotations. Issues related to diversity, ethics, and professional principles are explored through supervision as situations arise with clients or within the work setting.

Development of Research Skills in Clinical Practice

Within the rotations, there may be opportunities for research including program evaluation or outcome measurement. A Research Coordinator assists residents in developing their own research project. Reviewing relevant literature for particular rotations or presenting issues is an important part of learning to use research to guide assessment and intervention.

Increasing Knowledge in Practice of Supervision

Seminars on supervision are integrated into the weekly seminar series. In addition, residents will be asked to develop a presentation on a supervision topic of interest to them. When available, residents will be involved in co-supervision of a junior psychology student. Once a month, there is a peer consultation (case presentation) session usually following the supervision talk. All residents will be responsible for presenting on an interesting or challenging case and being involved in peer consultation.

Promoting Work-Life Balance

In all of the rotations, it is considered important that the residents develop a sense of balance between their personal and professional lives. Accordingly, the Coordinator and supervisors work with the residents to make sure that workloads are reasonable and can be managed within a 40 hour work week. During regular Friday group meetings with the residents, the Director of Training and Associate Directors monitor the experiences of the residents within each rotation to ensure that the workload and expectations of all supervisors are reasonable.

Development of Skills Necessary to be a Professional Psychologist

The Generalist stream is committed to assisting residents in developing clinical skills, personal skills, characteristics, and attitudes necessary to be a professional psychologist. This is accomplished in part through the clinical experiences on the rotations. Quality supervision is also important in meeting this objective as it allows residents to explore some of the skills and characteristics necessary to being a psychologist. Involvement in Psychology meetings and professional development activities also allows residents to develop an identity as a psychologist through exposure to a variety of issues within the practice of Psychology.

The Generalist stream provides breadth in training experiences by having the residents complete two major rotations and one minor rotation. Depth of training is generally through the major rotations where a resident may elect to work in an area of interest and focus on further developing specific skills. Residents are given the opportunity to work in areas that are new for them and given the level of supervision required to allow them to be successful in this new learning. Residents are given the opportunity to work with diverse populations.

Generalist Stream Rotations

Within the Generalist stream, residents complete two major rotations, each lasting six months. Residents also complete a minor rotation for one day a week throughout the full year. There is some flexibility in the organization of the minor experience both in terms of opportunities and scheduling. Decisions regarding which rotations the residents will complete occur collaboratively after match day. Applicants are guaranteed an experience (either the six month rotation, or the minor rotation) in at least one of their top two rotation choices. Residents are not required to have experience or background in the areas of the rotations.

Over the last few years, Canada has been moving toward a model of health services that focuses on the prevention of hospitalization through the delivery of clinical services to people in the community. Therefore, some rotations may give residents the unique opportunity to explore the impact and challenges associated with providing clinical services in community/outpatient settings, as well as within a hospital setting.

For the Generalist stream, we offer rotations in Adult Mental Health, Brain Injury, Eating Disorders, Forensics, Health, Paediatrics, and Young Adult Mental Health. A brief description of each rotation and an example of a typical week is provided below. The specific activities in which each resident engages will vary with his or her interests and the opportunities available.

A. Adult Mental Health

Location: University of Alberta Hospital and Alberta Hospital Edmonton

Supervisors:

Julie Burbidge, Ph.D., R.Psych. (Coordinator)
Kristina Devoulyte, Ph.D., R.Psych.
Laura LeClair, Ph.D., R.Psych.
Wendy Hawkins, Ph.D., R.Psych.

Minor experience available.

This rotation offers experience in the primary domains of assessment, intervention, and consultation within the Adult Mental Health Program at UAH and the Adult Psychiatry Program at AHE. Opportunities to conduct group CBTi in a sleep clinic are also available. Both the UAH and AHE have opportunities for inpatient and outpatient experiences, although UAH has greater opportunity for outpatient work while AHE has more inpatient experiences available, working in general adult units. Patients present with a wide range of psychiatric diagnoses including affective disorders, anxiety disorders, psychotic disorders, addictions, trauma, developmental disorders, personality disorders and so on. There is exposure to patients from different minority groups (e.g., ethnic and cultural, financial, disability, LGBT, etc.) and residents gain awareness of the different issues facing these patients and how to adapt interventions and assessment methods to accommodate each patient's unique needs.

Both the UAH and AHE Programs offer experiences in therapy (individual and group), assessment, and consultation. At the UAH, treatment emphasizes a cognitive-behavioural approach, but other perspectives (e.g., interpersonal therapy; acceptance and commitment therapy, motivational interviewing, emotion-focused therapy) are also incorporated depending on the needs of the patient. Treatment at AHE includes CBT for severe mental illness (e.g., CBTp), as well as alternative approaches depending on the individual needs and capabilities of the clients. Assessment questions range from intellectual and/or cognitive functioning to diagnostic clarification/differential diagnosis to treatment recommendations, or they may address very specific issues (e.g., capacity assessments, guardianship, etc.). A variety of assessment tools are utilized depending on the referral question, using both objective and projective instruments. There are also opportunities for formal consultation and work on interdisciplinary teams, with some different experiences available at the different sites.

The exact experience of each resident varies depending on his or her needs and particular interests. A typical week in the Adult Mental Health rotation includes conducting one assessment (testing, scoring, interpreting the results, writing the report, and providing feedback), attending rounds or patient case conferences, seeing between one to six individual clients as well as doing group therapy, and having from three to six hours of supervision. Fridays are non-clinical days devoted to the seminar series, supervision, research, and professional development.

B. Brain Injury

Location: Glenrose Rehabilitation Hospital

Supervisors:

Norm Thoms, Ph.D., R.Psych. (Coordinator)

Heather Dyck, Ph.D., R.Psych.

Connie Finlay-Joy, M.A., R.Psych.

Minor experience available.

Please note that the Brain Injury rotation is NOT a neuropsychology rotation and those interested in specific training in neuropsychology are encouraged to apply to the Neuropsychology stream. In this rotation, residents work with adult clients recovering from traumatic brain injury, stroke, and other central nervous system disorders. There are both inpatient and outpatient components to this rotation. Inpatient services focus on assessment of cognitive functioning, consultation to nursing units around behavior management issues, individual counselling, and work with families. Outpatient services involve assessment (behavior, cognitive, and/or personality) to assist with treatment recommendations and programming. Outpatient services also include individual and family counselling and group treatment programs (e.g., anger management, memory group, self-esteem). Services are typically provided within a multidisciplinary team framework. Some limited exposure to paediatric populations may be available.

A typical week in the Brain Injury rotation includes participating in one or two therapy groups, seeing individual clients (typically two to four), completing one or two assessments per week (training in test administration, observing, scoring, writing the report, giving feedback), and having between four to six hours of supervision. Fridays are non-clinical days, devoted to the seminar series, supervision, research, professional development, and other meetings.

C. Eating Disorders

Location: University of Alberta Hospital

Supervisors:

Crystal Morrow, PhD., R.Psych. (Coordinator)

Ryan Ashuk, M.Ed., R.Psych.

Elisabeth Mundorf, Ph.D., R.Psych.

Daniel Rochman, Ph.D., R.Psych.

Jody Sark, PhD., R.Psych.

Minor experience is not available.

The Eating Disorders Program (EDP) is a unique and innovative blend of inpatient and outpatient services aimed at the treatment of anorexia nervosa and bulimia nervosa. Patients are aged 13 through later adulthood, and come from Alberta and other parts of Canada. In addition to eating disorders, patients often present with comorbid depressive, anxiety, substance use, and personality disorders, as well as self-harm behaviours. The EDP, structured to deliver medical and psychiatric/psychological treatment flexibly to each patient's individual needs, utilizes the efforts of a highly trained interdisciplinary team that includes psychiatrists and psychiatric residents, dietitians, nurses, and psychologists. Traditional lines of distinction between inpatient and outpatient care are blurred; the same staff treat patients through hospitalization, partial hospitalization, and outpatient treatment. The EDP views the etiology of eating disorders as multifactorial and therefore the treatment approach involves a combination of physiological, developmental, behavioural, cognitive, family-based, and process-oriented modalities. Patients' treatment tends to be long-term due to the usually protracted nature of recovery from eating disorders. The rotation provides rich opportunities in intervention and the emphasis on treatment means there is little or no opportunity for formal assessment experience.

A typical week in the Eating Disorders rotation includes participation in case conferences with the interdisciplinary team, conducting individual therapy, occasionally conducting family and couples therapy, developing and implementing group programs, and having between four to six hours of supervision. Fridays are non-clinical days, devoted to the seminar series, supervision, research, and professional development.

D. Forensic

Location: Alberta Hospital Edmonton (inpatient), Forensic and Community Services (outpatient), Centerpoint (outpatient adolescent)

Supervisors:

Andrew Haag, Ph.D., R.Psych. (Coordinator)

Mary-Anne Back, Ph.D., R.Psych.

Lisa Buys, Ph.D., R.Psych.

Roy Frenzel, Ph.D., R.Psych.

Tiffany Pursoo, Ph.D., R.Psych.

Minor experience available.

The Forensic Psychology rotation is offered through inpatient Forensic units at Alberta Hospital Edmonton. The community rotations available are at Forensic Assessment and Community Services (FACS) for adults and Centerpoint for outpatient services for youth. These programs are part of Alberta's Health care system and have close ties to the judicial and correctional systems. Frequently, clients have come into conflict with the law and have mental health issues (e.g., individuals who have been found unfit to stand trial or Not Criminally Responsible by Reason of Mental Disorder). Clients are referred to the AHE Forensic program primarily by probation and the courts; however, FACS also receives referrals from other settings (e.g., mental health clinics). Examples of presenting problems include schizophrenia, affective disorders, personality disorders, substance abuse problems, impulse control disorders, and problems with violence. Clients often receive treatment in either group or individual formats for criminogenic issues. Residents are exposed to various referral questions that are unique to this area, such as suitability for treatment while on probation, presentence reports, risk of future offending, and team assessments of criminal responsibility and fitness to stand trial.

The rotation focuses primarily on assessment; however, residents may become involved in one or more groups. There may also be opportunities to provide short-term individual therapy. During the course of the residency placement, residents will become aware of unique Forensic/Clinical issues. One example of these issues is that residents learn to write reports for court so that their assessments are maximally defensible to cross-examination. In addition, residents typically spend some time attending court and watching the proceedings. Moreover, for those doing a major rotation at Alberta Hospital Edmonton, every effort will be made to have the resident produce a report and defend their work in front of the Alberta Review Board (i.e., an arm of the court).

A typical week in the Forensic Psychology rotation includes participating in a group, attending up to three interdisciplinary case conferences, doing between one to three assessments per week (depending on the resident's workload), possibly seeing one to three individual clients (depending on the resident's workload and the availability of clients for individual therapy), and having four to six hours of supervision. Fridays are non-clinical days, devoted to the seminar series, supervision, research, and professional development.

E. Health

Locations: University of Alberta Hospital and Glenrose Rehabilitation Hospital

Supervisors:

Ann Marcoccia, Ph.D., R.Psych. – General Medicine and Neurology (Co-coordinator)

Sharon Gaine, Ph.D., R.Psych. – Rehabilitation (Co-coordinator)

Bruce Dick, Ph.D., R.Psych. – Chronic Pain

Judith Carscadden Ph.D., R.Psych. – Sexual Health

Desmond Cheung, Ph.D., R.Psych. – Inpatient Rehabilitation

Lynda Phillips, Ph.D., R.Psych. – HIV

Tula Paul, Ph.D., R.Psych. – Chronic Pain

Minor experience may be available.

Part of the Health rotation is centred at the UAH. The UAH serves a large number of patients through inpatient services and outpatient services or clinics. Chronic pain, HIV, and chronic neurologic illnesses (e.g., MS) are the primary areas in which residents might work. Residents learn to assess the psychological factors associated with medical recovery, as well as traditional psychological factors such as personality and cognitive ability and their implications for treatment. A bio-psycho-social approach to health, coping, and acceptance is emphasized often focusing on helping patients to adjust and adapt to challenges brought on by their illnesses or injuries. There are opportunities for group and individual treatment and occasionally couples or family counseling. Cognitive-behavioural, insight-oriented, interpersonal, ACT, and Mindfulness-based therapies are some of the therapeutic approaches utilized. Residents regularly participate in interdisciplinary team conferences and consult with other members of the treatment team. The degree of participation in team conferences versus more traditional consultation varies depending on the particular program the resident chooses.

Other experiences in Health are offered at the Glenrose. At the Glenrose, the resident could be involved in General Rehabilitation, and there may also be an opportunity for a minor in the Sexual Health Service. Both GRH services offer interdisciplinary team work and consultation with various disciplines including Occupational Therapy, Nursing, Social Work, and Physical Therapy. The General Rehabilitation rotation provides an opportunity for individual and group treatment of outpatients (and occasionally their partners) and inpatients adjusting to injury or chronic illness (e.g., MS, spinal cord injury, amputation) using a bio-psycho-social approach. Sexual Health provides education and counseling to address sexual health concerns (including intimacy, relationships, body image, sexual functioning, etc.) relating to illness, injury or disability for individuals and couples.

A typical week in the Health rotation varies according to the resident's particular interests but typically includes participating in at least one interdisciplinary team conference, likely participating in group therapy, seeing individual patients/clients, potentially completing some type of assessment activities each week (learning the measures, administering, scoring, interpreting, writing the report, providing feedback to the patient and the interdisciplinary team), and having four to six hours of supervision. The exact workload varies according to the residents' interests. A small research project could be undertaken in any of the health rotations. Fridays are non-clinical days, devoted to the seminar series, supervision, research, and professional development.

F. Paediatric

Locations: Glenrose Rehabilitation Hospital, University of Alberta Hospital, and Youth Addiction Services (Edmonton)

Supervisors:

Robin Adkins, Ph.D., R.Psych. (Coordinator)

Ashley Barlow, Ph.D., R.Psych.

Heather Dyck, Ph.D., R.Psych.

Tula Paul, Ph.D., R.Psych.

Greg Schoepp, Ph.D., R.Psych.

Minor experience available.

The Paediatric rotation includes assessment, short-term treatment, and consultation experiences.

The formal assessment experiences generally occur at GRH and through the Youth Addictions Services. At the GRH, these diagnostic assessments are for children aged four months to 18 years who present with various challenges such as developmental delays, behaviour/emotional problems, psychiatric diagnoses, physical and/or sensory impairments, learning disabilities, Attention Deficit Hyperactivity Disorder, and Autism Spectrum Disorder. The assessments are generally part of a larger team assessment. Through the Youth Addictions Services, the assessments are referrals from the teams in the community and can be either outpatient or inpatient.

Treatment is another focus of the rotation and includes both group and individual treatment. At the GRH, outpatient groups are being developed and there might be an opportunity to develop your own group. Groups through Youth Addictions could include both process and psychoeducational groups. There are a variety of individual treatment opportunities with different ages, presenting issues, and therapeutic approaches occurring mainly at UAH. There will be an opportunity to conduct individual therapy for adolescents with concurrent substance abuse and mental health issues who are participating in inpatient and outpatient addictions treatment at various sites throughout Edmonton.

The resident will also have different consultation opportunities ranging from working within the context of an interdisciplinary team to more traditional referrals received from hospital units or physicians. There are opportunities to work with both inpatient and outpatient populations with greater focus on outpatient services. In Paediatrics the resident can have a diverse experience with a broad range of populations, ages, and presenting issues as well as opportunities for enhancing skills in specific areas of interest.

In the rotation, residents become aware of the issues related to assessment and treatment of a paediatric population, both in terms of efficacy of treatment approaches and assessments based upon research and the recent literature and ethical issues particular to a paediatric population. They have the opportunity to be exposed to CBT treatment of childhood and youth problems, developmental issues, addictions, health issues in acute or rehabilitation settings, early intervention strategies, parent education, assessments across different ages and presenting problems, behavioural intervention, parent education, and community liaison. The experience the residents have depends on what will best meet their learning goals and round out their training. There is a commitment to allowing the resident to receive supervision from various supervisors within a reasonable number (two to four supervisors is the guideline) and to minimize travel between the two sites. A typical week in the Paediatric rotation varies depending on the training goals of the resident but generally includes participation in a group-based intervention with children or youth, seeing two to four individual clients, working on and consulting to interdisciplinary teams, conducting assessments, and having a minimum of four hours of supervision per week. Fridays are non-clinical days devoted to the seminar series, supervision, research, and professional development.

G. Young Adult Mental Health (may be available as separate rotation or as part of AMH)

Location: Alberta Hospital Edmonton (AHE), Edmonton Community Mental Health Clinic (ECMHC)

Supervisors:

Graham Gaine, Ph.D., R.Psych. (Coordinator)

Scot Purdon, Ph.D., R.Psych.

Ashley Barlow, Ph.D., R.Psych.

Minor experience available

The Young Adult Mental Health rotation focuses on adolescents and young adults of transitional age (i.e., those transitioning to adult roles and responsibilities and between the child and adult mental health systems). Adolescence and young adulthood are associated with the highest incidence and prevalence of mental disorders; however, this age group is disengaging from services at a time when intervention can be most helpful. There are national and international efforts to develop effective youth-friendly services that engage adolescents and young adults early in the course of their mental health difficulties. Edmonton has developed Young Adult Services that include a continuum of care from community care to specialized inpatient treatment. The Young Adult Services includes a community clinic (ACCESS Open Minds; AOM), an early psychosis program (Edmonton Early Psychosis Intervention Clinic; EEPIC), and a specialized young adult acute inpatient unit (Young Adult Evaluation, Treatment, and Reintegration Service; YAETRS).

Residents in the Young Adult Mental Health rotation obtain experience working across the service continuum providing assessment, treatment, and consultation. Assessments focus on early identification and transitional domains (i.e., school, work, relationships, and independent functioning). Assessments are provided in the inpatient and outpatient setting and involve the integration of multiple sources of information including test results (personality, cognitive, and Rorschach), structured interviews, clinical observation, and collateral sources. Assessment questions include early identification of severe mental illness, differential diagnosis, cognitive and learning abilities, and differentiating psychopathology from normative development.

There are opportunities for treatment in both the inpatient and outpatient settings. Common presenting problems include mood, anxiety, trauma, psychosis, substance abuse, personality disorders, and adjustment issues. The population is diverse, including opportunities to work with various ethnic and cultural groups, particularly LGBTQ individuals. In the community, there are opportunities to provide brief and longer-term individual and group therapy through AOM and EEPIC at the Edmonton Community Mental Health Clinic (ECMHC). Treatment involves evidence-based approaches (CBT, schema therapy, motivational interviewing) that are tailored to the young adult population. There are opportunities to co-facilitate closed CBT groups in the community and open CBT groups in the inpatient setting. In addition to experiences within Young Adult Services, there may be an opportunity to work with transition-age adolescents with addictions through Youth Addictions Services Edmonton (YASE), including inpatient and outpatient group and individual treatment.

The Young Adult Services are themselves young and developing. There are opportunities for residents to be involved in program development, evaluation, and research. Additionally, residents are viewed as central to the ongoing establishment of psychology's role in the multidisciplinary team and within the Young Adults Services more broadly. Residents will have opportunities to provide

consultation to the multidisciplinary team on case conceptualization, treatment planning, and complex cases, particularly in the inpatient setting.

The exact experience of each resident varies depending on their needs and particular interests, though it is preferred that residents gain experience along the service continuum at the two main sites (i.e., ECMHC & AHE). A typical week in the Young Adult Mental Health rotation could include working on one assessment, seeing one to four individual clients, co-facilitating one therapy group, providing one to two hours of consultation, and receiving three to four hours of supervision.

Description of Neuropsychology Stream

Providing Comprehensive Training in Assessment, Intervention, and Consultation

The Neuropsychology stream resident receives comprehensive training to advance their knowledge of clinical neuropsychological principles, methods, and specialized techniques using fixed and flexible battery approaches. There is further training in assessment, diagnosis, consultation, and intervention with regard to individuals presenting with central nervous system dysfunction and various medical and psychiatric conditions.

Development of Awareness of Ethical Principles and Diversity Issues

Issues of diversity, individual differences, ethics, and professional development are examined through the professional seminar series and resident group discussions on Fridays. In addition, the resident is exposed to issues of diversity and individual differences through their work with clients who differ in terms of age, ethnic or cultural group, sexual orientation, and disability. Issues related to diversity, ethics, and professional principles are explored through supervision as situations arise with clients or within the work setting.

Development of Research Skills in Clinical Practice

There are research opportunities within several of the Neuropsychology rotations and from the Generalist stream. A research consultant is available to work with all of the residents to assist in their own research project. Integral to training is learning to be a sophisticated consumer of research literature. The resident can expect to review seminal and recent research articles pertinent to neuropsychological practice.

Increasing Knowledge in Practice of Supervision

Seminars on supervision are integrated into the weekly seminar series. In addition, residents will be asked to develop a presentation on a supervision topic of interest to them. For Neuropsychology residents, the focus of this presentation can be on issues related to supervision and training specifically in neuropsychology. When available, residents will be involved in co-supervision of a junior psychology student.

Promoting Work-Life Balance

The Neuropsychology stream is committed to helping the resident develop a sense of balance between his or her personal and professional life. Accordingly, the Coordinator and supervisors work with the resident to make sure that the workload is reasonable and can be managed within a 40-hour work week. During regular Friday group meetings with the residents, the Director of Training and Associate Directors monitor the experiences of the residents within each rotation to ensure that the workload and expectations of all supervisors are reasonable.

Development of Skills Necessary to be a Professional Psychologist

The Neuropsychology stream assists residents in developing the clinical skills, personal skills, characteristics, and attitudes necessary to be a professional neuropsychologist through rich clinical opportunities and quality supervision. Professional growth and ethical practice is fostered in a multidisciplinary setting alongside other allied health professionals. In addition to involvement in Psychology meetings and other general professional development activities (e.g., professional seminar series), the resident participates in several neuropsychological and medical rounds. The Neuropsychology stream provides depth in neuropsychological training by having the resident complete three clinical neuropsychology rotations. To ensure that there is breadth in training, the resident also completes a minor rotation (one day a week for the 12 months) with an intervention-focused experience. There is flexibility with the minor so that the resident may have more than one minor experience over the year (e.g., six months in one minor and then moving into a new experience).

Neuropsychology Stream Rotations

The Neuropsychology stream offers experiences across the life-span through rotations in Paediatrics, Adult, and Geriatrics. The resident will complete 3 four-month major rotations. Residents can select to have experiences that focus more on one area (e.g., Paediatrics) or across the entire age span, but a balance of breadth and depth is encouraged. In addition to the Neuropsychology major rotations, the resident will also complete 1 day a week in a minor experience. The minor is typically from the Generalist stream. The goal of the minor is on expanding breadth and generally will have an intervention focus. One day per week is devoted to non-clinical professional development and research. Rotations will be determined in consultation with the Neuropsychology stream coordinator/Associate Director.

A. Paediatric Brain Injury

Location: Glenrose Rehabilitation Hospital

Supervisors: Kate Randall, Ph.D., R.Psych.

This neuropsychology assessment and consultation rotation allows the resident experiences with children from birth to 18 years who are seen via the Pediatric Brain Injury Rehabilitation Program. In this program, children and adolescents with moderate to severe acquired brain injury due to varying etiologies (e.g., traumatic brain injury, stroke, and encephalitis) are seen at various stages of recovery. Opportunities to work with inpatients and outpatients are available.

In this rotation, the resident will work directly within a multidisciplinary team, with primary roles being neuropsychological assessment (including test administration, scoring, and interpretation), team consultation and conferencing, providing feedback at family and school conferences, and report writing. Some treatment opportunities (individual and/or group) may be available.

B. Paediatric Neuropsychology Consultation (GRH)

Location: Glenrose Rehabilitation Hospital

Supervisors: Shauna Kashluba, Ph.D., R.Psych.
Petrina Pelletier, Ph.D., R.Psych.

This neuropsychology assessment and consultation rotation allows the resident experiences with school-aged children and adolescents (i.e., typically ages 6 through 18 years). Children and adolescents are seen primarily through two services:

1. School Rehabilitation Services (SRS) Intensive Diagnostic Classrooms: this 7-week daypatient program serves students in grades 1 through 6 who are identified as having complex learning needs.
2. School-Age Neurodevelopmental Assessment Clinic (SNAC): this multi-day outpatient assessment clinic serves students in grades 1 through 12 to address questions related to learning difficulties.

On both services, the resident will work directly within a multidisciplinary team, with primary roles being neuropsychological assessment and diagnostics (including test administration, scoring, and interpretation), team consultation and conferencing, providing feedback at family and school conferences, and report writing. The SRS Classrooms also provide an opportunity for working with students in a classroom-based environment. In addition to SRS and SNAC there may be opportunities to provide assessment through other paediatric clinics (e.g., FASD, Brain Injury Clinic, Physical Medicine Clinic, Spina Bifida Clinic.).

C. Paediatric Neuropsychology Service (UAH)

Location: University of Alberta Hospital

Supervisor: Tom Snyder, Ph.D., R.Psych.

The Paediatric Neuropsychology Service provides inpatient and outpatient consultation to physicians, paediatric psychologists, parents, and teachers for a very diverse population of infants, children, and adolescents from Alberta and across Canada. Inpatient referrals derive from every medical program at the UAH, with the majority involving neurological disorders (e.g., epilepsy, malformations of cortical development, hypoxic/ischemic injury, and CNS infections), and neurosurgical patients seen pre/post-operatively. Routine outpatient referrals include genetic/metabolic disorders like PKU and Galactosemia, psychiatric disorders such as Asperger Syndrome, complex comorbid conditions, and candidates for liver transplantation.

Core experiences within the service include completing standard and specialized neuropsychological assessments; participating in intracarotid amytal procedures (Wada); active participation in seizure conferences at which decisions are made regarding epilepsy surgery based on video-EEG, neuroimaging, and neuropsychology results; direct observation of paediatric neurological examinations, reading EEGs, and neuroimaging; attending teaching rounds in neuroscience, neuropsychology, clinical psychology, and child psychiatry; and involvement in multidisciplinary

research or collaborative research of the resident's interest. Treatment and education planning are primary purposes of assessments and include parent/client/teacher education and consultation with paediatric psychologists at the hospital. Medical residents from Neurology and Psychiatry regularly complete rotations through this service.

D. Adult Neuropsychology Service (General)

Location: University of Alberta Hospital/Kaye Edmonton Clinic

Supervisor: Nancy Fisher, Ph.D., R.Psych.
Jordan Urlacher, Ph.D., R.Psych.

The Neuropsychology Division at the UAH/Kaye Edmonton Clinic includes a general adult service. This service receives referrals from several outpatient clinics (i.e., Senior's Risk Assessment, Movement Disorders, Multiple Sclerosis, Epilepsy, Transplant, Cardiac, Oncology, Metabolic, Psychiatry/Psychology, Neurology/Neurosurgery, Stroke, Occupational Medicine, Sleep, Immunology, Rheumatology) in addition to all inpatient units. Opportunities for exposure to pre- and post-surgical assessments for deep brain stimulation surgery (i.e., re: movement disorders) and epilepsy are available, in addition to participation in multidisciplinary movement disorder and epilepsy team meetings. Residents are expected to gain a broad range of exposure to patients with various neurological conditions in addition to medical conditions resulting in neurocognitive compromise. As this is a broad clinical area, maximal exposure to a variety of patients is the goal and research time is not available. Residents will be expected to administer some tests but will primarily be involved in supervising the work of psychometrists. Other supplementary experiences which may be available include observation of deep brain stimulation surgery, shadowing a neurology clinic, observation of functional MRI for language localization, and interacting with medical residents from other disciplines (e.g., Neurology, Psychiatry, and Occupational Medicine).

E. Adult Neuropsychology (Mental Health and Forensics)

Location: Alberta Hospital Edmonton

Supervisor: Scot Purdon, Ph.D., R.Psych.
Therese Chevalier, Ph.D., R.Psych.

This rotation is primarily a consultation service for inpatients affiliated with the Adult Psychiatry and Forensic Programs of Alberta Hospital Edmonton. Referrals typically query the nature and extent of cerebral pathology contributing to a psychiatric illness but may also involve traumatic brain injury, neurological illness, or other medical conditions. A flexible test battery is used to assess functioning in all major cognitive domains while accommodating any idiosyncratic test-taking limitations. A consultation note for each patient is provided to the referring source and feedback is given to the treatment team, patient, and family members as requested.

Involvement with the Edmonton Early Psychosis Intervention Clinic (EPPIC) is also possible. EPPIC provides outpatient services to older adolescents and young adults who are experiencing a first episode of psychosis. Assessments are completed at regular intervals during a patient's involvement with the clinic and entail consolidation of data from psychometric testing, clinical ratings, motor and

side effect ratings, ECG and laboratory assays of blood and urine, with consultations from neurology, radiology, general medicine, and psychiatry.

Involvement with the Forensic Assessment Community Service (FACS) is also possible. FACS provides outpatient services to adults involved with the criminal justice system in Alberta. The Neuropsychological assessments are typically completed at the request of a referring psychiatrist and may entail competency evaluations.

After completing this rotation, the resident should have an increased level of competence with various cognitive, motor, and psychological measures, and be better able to evaluate the relative contributions of psychiatric and medical illness to an individual's clinical presentation and legal status. The resident will also have a working knowledge of various laboratory assays and neuroimaging techniques relevant to psychiatry. Research opportunities include adjunct studies of the cognitive effects of cannabis and metabolic symptoms associated with psychotropic medication.

F. Geriatric Neuropsychology Service

Location: Glenrose Rehabilitation Hospital

Supervisors: Robert Frerichs, Ph.D., R.Psych.
Sophie Yeung, Ph.D., R.Psych

This rotation focuses on the assessment of older adults with known or suspected cognitive impairment. This consultation service will expose residents to inpatients, day program patients, and outpatients referred by geriatricians, neurologists, psychiatrists, and community physicians. The resident can expect to hone his/her diagnostic skills through work with individuals, mostly over age 60, presenting with various dementias, psychiatric disorders, delirium, stroke, brain injury, substance use problems, and other medical conditions. Core experiences include interviewing patients, collecting data from family members and other sources, administering, scoring, and interpreting neuropsychological measures, preparing neuropsychological reports, and communicating the findings to the patient and their family. The resident learns about dementia and cognitive changes with age and provides education about the same. The resident will also become versed in intervention and management strategies for older adults with cognitive impairment. Residents may have the opportunity to co-facilitate a group therapy program for patients with Mild Cognitive Impairment (MCI) and their caregivers. Interested residents have exposure to decision-making and guardianship/trusteeship issues. Additional opportunities include participating in geriatric rounds, participating in Dementia Education Sessions, working with psychometrists, interacting with health professionals from other disciplines, and potentially engaging in research activities.

G. Adult Acquired Brain Injury (Neuropsychology)

For experience in Adult Acquired Brain Injury (ABI), residents are able to choose from either the Adult Stroke or Adult Brain Injury Rehabilitation rotations. Involvement in two separate four-month rotations in each area may be considered on a case-by-case basis and depending on availability.

1) Adult Stroke Neuropsychology Service

Location: Glenrose Rehabilitation Hospital

Supervisors: Shelley Ylioja, Ph.D., R.Psych.
Simita Schwartzberg, Ph.D., R.Psych.

This rotation will provide the resident an opportunity to work with both adult and geriatric inpatients and outpatients who have sustained a stroke secondary to various etiologies. The resident will be involved in neuropsychological assessment including patient and collateral interviews, test administration/interpretation, working with psychometrists, giving feedback to patient/family, and report writing. The rotation will also include consultation with a multidisciplinary team and team/family conferences. The resident will gain experience in brief inpatient psychotherapy and psychoeducation, and will have the opportunity to be involved in group stress-management sessions for inpatients and their families.

2) Adult Brain Injury Rehabilitation

Location: Glenrose Rehabilitation Hospital

Supervisor: Réno Gandhi, Ph.D., R.Psych.

This rotation is focused on working with inpatient adults who have suffered a moderate to severe acquired brain injury secondary to trauma, stroke, and other etiologies. The resident will gain experience in neuropsychological assessment geared toward rehabilitation and treatment planning. Assessments involve interviewing the family and patient, administering and scoring neuropsychological measures, the provision of feedback, and preparation of reports. The resident will also have the opportunity to co-facilitate a cognitive rehabilitation group. It is expected that the resident will participate in weekly rounds, team and family conferences.

Applicant Eligibility and Requirements

Our residency program is a member of the Canadian Council of Professional Psychology Programs (CCPPP), and the Association of Psychology Postdoctoral and Internship Centers (APPIC). APPIC has developed uniform guidelines regarding application and acceptance procedures that we follow when selecting and offering internship positions to applicants. You will find these guidelines at the APPIC website at <http://www.appic.org/>. We also follow the CCPPP suggested timeline for interviewing so our interviews should fall around the last two weeks of January 2019. We will also follow the CCPPP guideline for notification of interview which will be the first Friday in December with universal response day for booking interviews on the following Monday.

Graduate students at the doctoral level in CPA and/or APA approved clinical or counselling psychology programs (or equivalent) will be considered for admission. Preference is given to Canadian applicants or applicants with appropriate work visas in place. Alberta Health Services and the Edmonton Consortium are committed to employment equity. We welcome diversity in our workplace and encourage applications from all qualified individuals including members of visible minorities, indigenous persons, and persons with disabilities. Further, we endeavor to provide an accessible work place for all residents. For example, all sites can provide office space, parking (paid or unpaid depending on site), and equipment to meet the needs of residents with disabilities and in the past we have made accommodations for residents with disabilities.

Prior to starting the residency year, all residents must provide the Director of Training with a Criminal Records Check and Vulnerable Sector Search.

Application Procedures

Applications are due by 15 November. By that date, applicants must have **completed** the following requirements:

- all core course work;
- comprehensive/candidacy exams;
- 600 hours or more of clinical training which includes 300 hours of direct assessment or intervention and 150 hours of supervision (Please note that most successful applicants will exceed these minimum requirements)
- a dissertation proposal (we prefer applicants who have progressed further than the proposal stage in their dissertations)

Applications are completed online using the APPIC online service at <http://www.appic.org>. All applicants must register for the match using the online registration system at www.natmatch.com/psychint. Please include the following documentation:

- a cover letter which includes the stream to which you are applying and the rotations of primary interest,
- a curriculum vitae,

- the completed APPIC Online application, (which includes essays and the DCT's verification of eligibility and readiness),
- all graduate transcripts,
- three letters of recommendation including at least two with a focus on clinical skills (using APPIC required format)

Interview and Selection Procedures

Applications are reviewed and evaluated by the Selection Committee. We will notify applicants (via email) who are successful in obtaining an interview by the first Friday in December. Please do not list an e-mail address unless you check it regularly. The Universal Response date is the following Monday when applicants can contact the sites that have offered interviews to accept the interview and arrange the specific times. The selection process for the Generalist stream involves two steps. The first is a paper review of more objective information (e.g., hours of intervention, number of integrated assessment reports). For the last number of years, we have found that most residents who will gain an interview have about 100 hours of assessment and 400 hours of intervention with 150 hours of supervision (from summary table on APPI). We tend to look carefully at assessment experiences and so we also look for about 10 integrated reports and approximately 10 standardized formal tests (e.g. WAIS-IV) and 5 personality assessments (e.g., MMPI-II). These are guidelines only and the numbers could vary. We will also consider anticipated hours and work experiences that are not reflected under this category. If applicants have successfully passed through this first step, we then move on to the second step of the evaluation. In the second step, we review the applications that remain. Two reviewers independently look at an application, blind to the ratings of the other reviewer. Applications that receive a positive rating from each reviewer are then invited for an interview. Reviewers are looking for the best "fit" with our program and this may include the essays, reference letters, and information about practicum sites.

For the Neuropsychology stream, the applications are reviewed by the coordinator and each of the neuropsychology supervisors. There is a strong emphasis on neuropsychology-specific hours and reports completed, neuropsychology-specific practica, and course work. As a result, individuals who have completed a formal neuropsychology specialization through their graduate program tend to be competitive, though this is not a requirement. Most applicants who are offered an interview have more than 200 hours of direct patient contact specifically in neuropsychological assessment and over 40 written neuropsychological reports, though again, these numbers can vary considerably. The supervisors make independent judgments about whether an interview should be offered and then meet together to finalize the list of applicants to be interviewed.

It is important to note that the selection process is not mainly about hours but more about how the applicants match with our program. Applicants that are a good fit for our program are then invited for an interview. We offer approximately 30 interview slots for the Generalist stream and 6 for the Neuropsychology stream. We will interview applicants during January following the CCPPP

guidelines for regionalization of interviews. In 2019, the interviews will occur between 16 - 30 January. Occasionally we may interview slightly outside these times.

For the Generalist stream, an in-person interview typically lasts approximately four hours and involves visits to at least two sites and meetings with the Director, Rotation Coordinators, and one of the current residents. For the Neuropsychology stream, an in-person interview typically lasts six hours and involves visits to at least two sites and meetings with the Director, Associate Director of Training overseeing the Neuropsychology stream, at least two Rotation Supervisors, and the current Neuropsychology resident. Applicants are responsible to find transportation to the first interview site, but the Edmonton Consortium will help transport applicants to the second interview site. If an applicant prefers, we also conduct the interview by telephone. Telephone interviews typically last approximately 75 – 90 minutes and may include the Director, a resident, and Rotation Coordinators. **We do not make any distinction between an in-person interview and a telephone interview.**

Our interview is focused on sharing information between the Consortium and the applicant. Applicants will also be asked some questions to help us get a better sense of their fit with our program.

The current residents participate as members of the Selection Committee in the Generalist stream and a resident is involved in one of the formal interviews. For both the Neuropsychology and Generalist streams, applicants will be able to speak to a current resident to gain informal and more candid information about the residency. We believe this is important that applicants are able to obtain a resident's view of our program in order to make decisions about how well the residency fits with the applicant's own goals and training objectives.

Following the interviews, we rank applicants according to all the information we have gathered focusing on the fit with our program. This is done by reviewing the objective information in the application (e.g., hours of treatment and assessment), more subjective information in the application (e.g., letters of reference and essays), and finally the interview. We generally are looking for applicants who fit well with our program in terms of experience and training goals.

For the Generalist stream, applicants are applying to the program and not a particular rotation. Applicants are accepted into the site and rotations are determined post-match in consultation with all the residents. You are guaranteed an experience (either the six month rotation, or the minor rotation) in at least one of your top two rotation choices. For the Neuropsychology stream, the Neuropsychology coordinator will work with the resident to determine the best choice of rotations after the match.

Applicants may apply to both the Generalist stream (NMS program code 180411) and the Neuropsychology stream (NMS program code 180412). However, applicants will be accepted into one stream (either the Generalist or the Neuropsychology). We follow the APPIC guidelines and our rank order of applicants is submitted to the National Matching Service. In addition, we wish to emphasize that this 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 applicant.**

Policy on Handling Your Personal Information

In accordance with federal privacy legislation (Personal Information Protection and Electronics Documents Act - <http://laws.justice.gc.ca/en/showtdm/cs/P-8.6>), you should be aware that we are committed to collecting only the information in your application that is required to process your application. This information is secured at Alberta Hospital Edmonton and is shared only with those individuals involved in the evaluation of your application. If you are not matched with our Consortium, your personal information is destroyed within four months of Phase II Match Day.

If you are matched with our Consortium, your application and CV will be available only to those directly involved in your supervision and training including your rotation coordinator and supervisors, the Director of Training and Associate Directors of Training, and relevant administrative staff.

About the history of our program

In 1978 the Department of Psychology at AHE established the Predoctoral Internship in Clinical Psychology and began providing a formalized training experience to doctoral level psychologists. With the support of the hospital and a commitment to excellence, the department continued developing the program until it received accreditation from the Canadian Psychological Association in 1987. Continued development led to accreditation by the American Psychological Association, as well as the Canadian Psychological Association in 1993.

In 1996, the internship at AHE initiated the process of joining with the internship at Glenrose Rehabilitation Hospital (which has offered an internship since 1980) to form Edmonton's first internship consortium. Since 1997 we have offered AHE and GRH as an internship consortium. The Division of Clinical Psychology at UAH has provided supervision and practicum placements for graduate students in counselling psychology since 1980. In 1988 a more formalized internship program was established at UAH. The UAH (now called AHS Clinical Psychology Service) was added as a third consortium partner in 2005. It is our belief that this partnership provides a broader array of clinical experiences than those that are available to residents at any single site. The client population now covers the entire age spectrum from infants to elderly people and focuses on health as well as psychiatric disorders. Clinical experiences are available in programs which provide services for psychiatric problems, developmental disorders, forensic psychology, cognitive rehabilitation, neuropsychology, health psychology, eating disorders and family-centred practice.

The Consortium is accredited by the Canadian Psychological Association.

About our former residents

The majority of residents who graduate from our program go into applied work at mental health clinics, hospitals (including ours), private practice groups, corrections facilities, and so on. Several have become involved in teaching at university or college levels. Many are actively involved in supervision. Happily, a number of graduates continue to work in Alberta Health Services.

About our supervisors and staff

There are more than 55 psychologists who provide clinical services to AHE, GRH, and UAH inpatient, outpatient, and community programs and over 40 of these psychologists are members of our faculty and act as supervisors for the residents. Psychologists are an integral part of clinical care within AHS and typically are involved in all aspects of assessment, treatment, consultation, and program development. Residents also have an opportunity to learn about assessment and treatment from different perspectives as the theoretical orientations of our psychologists cover a broad range, including cognitive-behavioural, developmental, social learning, and interpersonal. Psychologists support the practitioner-scientist approach to the discipline and as a consequence they stress a questioning, research-minded approach to clinical problems in supervision.

Primary Supervisors

- **Robin Adkins**, Ph.D. (1994) University of Manitoba, R.Psych. – Director of Training and Paediatric Coordinator - GRH.
*Family therapy, early intervention, family-focused intervention.
- **Mary-Anne Back**, Ph.D. (1988) Concordia University, R.Psych. - Forensics - FACS.
*Cognitive-behaviour therapy, forensic assessment, anger management, shoplifters.
- **Ashley Barlow**, Ph.D. (2010) University of Saskatchewan, R.Psych. – Paediatrics – Youth Addictions Services Edmonton.
*Forensic assessment, mental health assessment, academic assessment, group and individual treatment for youth with concurrent substance abuse and mental health concerns.
- **Julie Burbidge**, Ph.D., (2013) Queen’s University, R.Psych. – Associate Director of Training – Adult Mental Health – UAH.
*Cognitive-behavioural therapy, mood and anxiety disorders, trauma, insomnia
- **Lisa Buys**, Ph.D. (1989) University of Illinois, R.Psych. - Forensic - FACS.
*Personality assessment, borderline personality disorder, violent offenders.
- **Judith Carscadden**, Ph.D. (2001) University of Waterloo, R.Psych. - Health - GRH.
*Sexual health, rehabilitation.
- **Desmond Cheung**, Ph.D. (2006) Cornell University; Respecialization in Clinical Psychology (2013) Pacific University – Health – GRH.
*Anxiety disorders, rehabilitation, trauma, couples therapy
- **Kristina Devoulyte**, Ph.D. (2006) Dalhousie University, R.Psych. – Adult Mental Health - UAH.
*Clinical, health, and rehabilitation psychology, personality disorders, anxiety and mood disorders, impulse control disorders
- **Bruce Dick**, Ph.D. (2002) Dalhousie University, R.Psych. - Health - UAH.
*Pain management, chronic pain, measurement of pain.
- **Nancy Fisher**, Ph.D. (1998) University of Windsor, R.Psych. - Neuropsychology.
*Alzheimer's disease subtypes, movement disorders, medical neuropsychology.
- **Roy Frenzel**, Ph.D. (1996) University of Alberta, R.Psych. - Forensic Co-Coordinator - Centerpoint.
*Forensic assessment and treatment, sex offenders, cognitive behavioural therapy, psychophysiological correlates of offending behaviour.
- **Robert Frerichs**, Ph.D. (2003) University of Victoria, R.Psych. – Geriatric Neuropsychology - GRH.
*Geriatric neuropsychology, assessment and intervention with older adults presenting with mild cognitive impairment, dementias, and psychiatric conditions, capacity assessment.
- **Graham Gaine**, Ph.D. (2011) University of Waterloo, R.Psych. – Adult Mental Health – AHE.
*Young adults, therapeutic assessment, Rorschach assessment of personality and psychosis, cognitive-behavioural therapy for severe mental illness.
- **Sharon Gaine**, Ph.D. (2014) University of Waterloo, R.Psych. – Health Co-coordinator – GRH.
*Health psychology with a focus on adjustment to injury or chronic illness (e.g., MS, chronic neurological disorders, amputation, spinal cord or orthopedic injury, chronic pain, etc.).

- **Reno Gandhi**, Ph.D. (2014) University of Ottawa, R.Psych. – Adult Brain Injury – GRH.
*Brief neuropsychological evaluations following acquired brain injury, CBT-based interventions, cognitive rehabilitation.
- **Tara Gokavi**, Ph.D. (2011) University of Saskatchewan, R.Psych. – Health – UAH
*Chronic pain, group and individual pain management.
- **Andrew Haag**, Ph.D. (2005) University of Calgary, R.Psych. – Forensic Co-coordinator – AHE.
* Forensic psychology, assessment, teaching, research, and counseling.
- **Wendy Hawkins**, Ph.D. (1992) University of Northern Illinois – Associate Director of Training - Adult Mental Health – AHE.
*Mood disorders, trauma, personality disorders, emotional regulation, professional issues, supervision.
- **Shauna Kashluba**, Ph.D. (2008) University of Windsor, R.Psych. – Neuropsychology – GRH.
*Clinical neuropsychology, assessment and treatment following pediatric and adult traumatic brain injury, pediatric acquired brain injury, outcome research following traumatic brain injury, and cognitive behavioural therapy
- **Laura LeClair**, Ph.D. (1999) University of Windsor, R.Psych. – Adult Mental Health Coordinator - UAH.
*Cognitive-behavioural therapy, mood disorders, anxiety disorders.
- **Ann Marcoccia**, Ph.D. (2015) University of Windsor, R.Psych. – Health Co-coordinator – UAH.
*Adjustment to chronic illness, disability identity, and emotion-focused therapy.
- **Crystal Morrow**, Ph.D. (1999) University of Alberta, R.Psych. - Eating Disorders Coordinator - UAH.
*Eating disorders, personality disorders, depression, self-harm, anxiety disorders.
- **Elisabeth Mundorf**, Ph.D. (2013) University of Windsor, R.Psych. – Eating Disorders – UAH.
*Emotion-focused therapy, complex trauma, eating disorders treatment.
*Psychiatric neuropsychology, early onset psychosis, adult ADHD
- **Tula Paul**, Ph.D. (2007) University of Alberta, R.Psych. – Paediatrics and Health – UAH
*Chronic pain, child development, parenting, mindfulness, and MBSR.
- **Petrina Pelletier**, Ph.D. (2000) University of Windsor, R.Psych. - Neuropsychology - GRH.
*Paediatric neuropsychology, movement disorders, nonverbal learning disabilities, neuropsychological assessment and treatment of acquired brain injury.
- **Lynda Phillips**, Ph.D. (1993) University of Alberta, R.Psych. - Health - UAH.
*Living with HIV/AIDS, sexual orientation issues, gay couple's therapy, addictions, harm reduction approach to substance misuse and sexual practices, private practice.
- **Scot Purdon**, Ph.D. (1990) Vanderbilt University, R.Psych. - Neuropsychology - AHE.
*Adult brain injury, neuropsychopharmacology, cognitive neuroscience, neuroimaging.
- **Tiffany Pursoo**, Ph.D. (2013) University of Ottawa, R.Psych. – Forensics – Centerpoint
*Youth forensic assessment, individual and group psychotherapy, sex offender treatment
- **Kate Randall**, Ph.D. (2011) University of Victoria, R.Psych. – Neuropsychology – GRH.
*Paediatric neuropsychology, acquired brain injury, neurodevelopmental issues, social-emotional development.

- **Daniel Rochman**, Ph.D. (2008) Ben-Gurion University of the Negev, R. Psych. – Eating Disorders – UAH.
*Psychodynamic therapy, treatment of eating disorders
- **Jody Sark**, Ph.D. (2005) University of Alberta, R.Psych. - Eating Disorders - UAH.
*Family and neurobiological treatments for eating disorders
- **Greg Schoepp**, Ph.D. (1999) University of Alberta, R.Psych. - Paediatrics - UAH.
*Child/adolescent and family focused intervention, health psychology, CBT group treatment of anxiety, behavioural parent training.
- **Simita Schwartzberg**, Ph.D. (1994) University of Alberta, R.Psych. – Neuropsychology – GRH
*Adult and geriatric neuropsychology, stroke, dementias and other neurological disorders.
- **Tom Snyder**, Ph.D. (1979) Virginia Commonwealth University, R.Psych. - Neuropsychology - UAH.
*Epilepsy, developmental disabilities.
- **Norm Thoms**, PhD. (2005) University of Windsor, Adult Clinical, R.Psych. - Brain Injury Coordinator - GRH.
*Assessment and treatment of outpatient stroke survivors with focus on adjustment and coping, mood disorders/dysregulation, cognitive rehabilitation, and group psychotherapy.
- **Jordan Urlacher**, Ph.D. (2014) University of Windsor, R.Psych. – Adult Neuropsychology – UAH.
*Assessment of individuals with psychiatric and neurological conditions for diagnosis, treatment planning, neurosurgical outcome evaluation.
- **Sophie Yeung**, Ph.D. (2014) Simon Fraser University, R.Psych. – Associate Director of Training and Coordinator of Neuropsychology Stream – Geriatric Neuropsychology – GRH.
*Geriatric neuropsychology, assessment and intervention with older adults presenting with cognitive impairment, dementia, and psychiatric conditions, vascular risk factors for cognitive decline.
- **Shelley Ylioja**, Ph.D. (2012) University of Windsor, R.Psych. – Neuropsychology – GRH,
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Research Consultant

- **John Reddon**, Ph.D. (1984) University of Western Ontario, R.Psych.
* Clinical research, program evaluation.

Secondary Supervisors

- **Ryan Ashuk**, M.Ed. (2004) University of Saskatchewan, R.Psych. - Eating disorders - UAH.
*Personality disorders, addictions, self-harm
- **Therese Chevalier**, Ph.D. (2015) Dalhousie University, R. Psych. – Neuropsychology – AHE.
* Forensic psychiatric neuropsychology, acquired brain injury, neurological conditions, neurodevelopmental issues, cognitive rehabilitation.
- **Connie Finlay-Joy**, M.A. (2001) Gonzaga University, Spokane WA, R.Psych. – Brain Injury – GRH.

*Individual/group counselling, adult traumatic brain injury.

Clinical/Instructional Contributors

- **Jennifer Flynn**, B.A. (1993), University of Alberta, Psychometrist, GRH, Brain Injury, Stroke
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- **Judith Salpeter**, B.A. (Psych) (1989), Psychometrist, UAH, Adult Mental Health.
- **Kris Uitvlugt**, M.A. (2008), Simon Fraser University, Psychologist, Covenant Health, DBT Program.
- **Tami Yanish**, Ph.D. (2003) University of Alberta, R.Psych. - Brain Injury - GRH.

About our facilities

Glenrose Rehabilitation Hospital (GRH), under the authority of Alberta Health Services, is the only facility in Canada offering complex rehabilitation care to both adults and children. It provides services to Alberta, as well as the Northwest Territories, Yukon, eastern British Columbia and western Saskatchewan. Established in 1963, the hospital opened the GlenEast wing in 1964. This wing houses pediatric services, including 65 inpatient beds, rehabilitation services, the Glenrose School, and outpatient services. In 1990 the hospital opened the GlenWest wing with 208 inpatient beds and expanded outpatient facilities. Clinical services are delivered through inpatient programs, follow-up clinics, and outpatient programs. Adult programs are divided between the Neurological Rehabilitation Division, the Musculoskeletal Division, the Cardiac Rehabilitation Division, and the Specialized Geriatric Program. Paediatric programs are equally varied and are represented through the Neuromotor Division and the Neurodevelopmental Division.

University of Alberta Hospital (UAH), under the authority of Alberta Health Services, is a tertiary care centre serving individuals from Alberta, northern British Columbia, the Yukon, Northwest Territories, and northern Saskatchewan. UAH provides a wide range of diagnostic and treatment services to people in need. The hospital has over 650 beds in a variety of services including cardiac sciences, neurosciences, surgery, medicine, renal, transplant services, HIV, critical care, emergency and trauma care, and a state-of-the-art burn unit. A primary role for Psychology is to help patients improve their psychological and physical health, and assist them in adjusting to, and coping with, illness. Consultation and referrals to other programs and institutions are also provided when necessary.

Alberta Hospital Edmonton (AHE), under the authority of Alberta Health Services, is the largest psychiatric treatment centre in Alberta. It provides comprehensive inpatient and outpatient or community-based mental health care to people from Edmonton as well as northern Alberta, the Northwest Territories, the Yukon, and part of Nunavut. AHE inpatient services are provided on a peaceful 170-acre site in northeast Edmonton, while community services are primarily located in downtown Edmonton. At the hospital site, two programs, Adult Psychiatry and Forensic Psychiatry provide diagnostic and therapeutic specialty services to patients. Community services or outpatient follow-up is provided through a number of specialty clinics which provide assessment and treatment services to adults with mental illnesses, and adolescent and adult offenders with psychiatric problems. Day support programs and consultation services are also offered to these populations, often in partnership with other agencies.

About our city

Edmonton is a city of approximately 925,000 people. The city is large and spread over a sizeable area. The North Saskatchewan River runs through the city and we have an outstanding river valley park system, with jogging, biking, and ski trails, running through the city.

Even though Edmonton is one of the most northern internships in North America, we are one of the cities with the most hours of sunlight in Canada. The weather does become cold, occasionally very cold, in winter but it is usually sunny and we have large breaks from the cold weather.

Edmonton has large theatre and sports communities, and a fairly culturally diverse population. We have a number of festivals, particularly in the summer months, including Jazz City, the Folk Festival, The Fringe (the second largest live theatre festival in the world), Dreamspeakers (a festival featuring First Nations dance, music, crafts, and song), Heritage Days (a celebration of the diverse cultures making up Edmonton's population - typically we have more than 50 nations and their cultures represented at the Festival), and a number of children's festivals.

As well, we are the home to one of North America's largest shopping malls, West Edmonton Mall. We have an award-winning Space Sciences Centre (Telus World of Science), a historical park (Fort Edmonton), a large provincial museum, art galleries, and conservatories.

The city is situated approximately four hours (460 km or 255 miles) from the Rocky Mountains, and approximately three hours (330 km or 190 miles) from Calgary, another large and beautiful Alberta city.

Alberta itself is an interesting province and we have a number of UNESCO World Heritage Sites including the Canadian Rocky Mountain Parks, Waterton Glacier International Peace Park, Wood Buffalo National Park, Head-Smashed-In-Buffalo-Jump, and Dinosaur Provincial Park.

Visiting us

If you are coming to Edmonton for an in-person interview, the interview will generally begin at the Glenrose Rehabilitation Hospital. We will arrange transportation for you to the University of Alberta Hospital to continue the interview. Applicants are welcome to visit Alberta Hospital Edmonton but we will not conduct the in-person interviews at this location in order to minimize transportation costs to the applicants.

Alberta Hospital Edmonton (AHE) is located in the northeast corner of Edmonton at 17480 Fort Road NW. AHE is approximately 30 minutes from Glenrose Rehabilitation Hospital (GRH) and approximately 45 minutes from University of Alberta Hospital (UAH). GRH is located slightly north of the city centre at 10230-111 Avenue NW. UAH, at 8440-112 Street NW, is located on the University of Alberta campus which is on the south side of the river. It is approximately 15 minutes from GRH to UAH.

In terms of transportation, the Edmonton International Airport is located quite far (approximately 25 km or 15 miles) south of the city. By car it takes approximately 40 minutes to reach the city centre. Airport Shuttle service is available to the city centre area and hotels and to several southside hotels and currently costs about \$30 for a round trip. The cost of a taxi into the centre of the city runs about \$50 - \$65. Edmonton has a good public transportation system (Edmonton Transit System - ETS - 780-496-1611) and a bus service from the airport to the LRT southernmost station has recently been initiated (current cost is \$5.00 for the airport bus and then the regular Transit fare of \$3.25 to get into downtown Edmonton).