

Calgary Clinical Psychology Residency Predoctoral Residency Program in Clinical Psychology



2018-2019

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TABLE OF CONTENTS

Introduction	page 4
The Organization and the Setting	page 5
Program Training Locations	page 7
Professional Psychology	page 8
Philosophy & Goals	page 9
Clinical Training	page 10
Assessment	page 11
Intervention	page 12
Professional & Administrative Processes	page 13
Research	page 13
Supervision & Educational Experiences	page 14
Evaluation	page 15
Training Rotations	page 15
Program Rotations	page 18
A. Addictions & Mental Health	page 18
1. Regional Outpatient Mental Health Programs	page 18
2. Inpatient & Day Treatment Programs	page 25
3. Addiction Centre	page 26
B. Forensic Psychology	page 27
C. Health Psychology / Neurosciences	page 28
D. Clinical Neurosciences	page 33
Duration and Funding / Application	page 36
Supervisors	page 38
Training Rotation Request	page 50

Introduction

We are very proud to introduce the Calgary Clinical Psychology Residency (CCRP) program, which is designed to provide advanced training in the application of psychological principles and skills in accordance with accreditation criteria of the Canadian Psychological Association. The CCPR was formerly the Calgary Consortium in Clinical Psychology and we changed our name in 2011 in order to reflect the changes in health care within Alberta. We are known for the diversity, breadth and depth of our training experiences that are embedded in a fully integrated health care system that includes community and hospital settings. The range of clinical training offered includes psychological assessment, intervention and consultation in the areas of mental health and addictions, forensic psychology, health psychology, as well as clinical neuropsychology and neurorehabilitation. The program prepares residents for professional roles through the integration of graduate education, psychological science and theory to professional skills. We aim to provide a breadth experience with the goal of independent practice by the completion of the residency year.

These varied experiences are currently offered at 11 different geographical locations throughout the city. All of the training programs and sites within Calgary are

administered through Alberta Health Services (AHS) with the exceptions of the Carewest Operational Stress Injury Clinic, which is closely affiliated with AHS. Health care within Alberta has changed from Regional to Provincial administration. On April 1st, 2009, the Alberta Mental Health Board, the Alberta Cancer Board and the Calgary Health Region were all placed under the administrative umbrella of AHS. Consequently, Alberta has the most integrated health care system in Canada and we no longer require the umbrella of a consortium to provide training.

The hospitals and centres which offer training rotations are the [Foothills Medical Centre \(FMC\)](#), the Sunridge Medical Gallery (SMG), the [Peter Lougheed Centre \(PLC\)](#), the [Rockyview General Hospital \(RGH\)](#), [Sheldon M. Chumir Health Centre \(SMCHC\)](#), the [Holy Cross site \(HCS\)](#), the [Tom Baker Cancer Centre \(TBCC\)](#), the [Richmond Road Diagnostic and Treatment Centre \(RRDTC\)](#), the [South Calgary Health Centre \(SCHC\)](#), the Carewest Operational Stress Injury (OSI) Clinic, the [Southern Alberta Forensic Psychiatry Centre](#), and the [South Health Campus](#). Please see page 6 for a map of Calgary and these facilities. The Tom Baker Cancer Centre and the Addictions Centre are physically located on the FMC site, which adjoins the University of Calgary Medical Centre. The Psychosocial Oncology Program is located at the Holy Cross site.

The Organization and the Setting

Alberta Health Services (AHS) is an integrated health care system and administers virtually all publicly funded health care facilities and services in the province. Up to 2009, health care services were delivered through regions, one of which was the former Calgary Health Region. The Clinical Training Program is administratively managed through the Director of Allied Health, Calgary Zone. All residency facilities listed are involved in direct patient services and training. Most sites are also involved in evaluation and research. AHS provides a comprehensive, integrated and active health treatment system for the population of Calgary as well as southern Alberta.

In addition to their clinical mandate, the hospitals and centres serve as teaching and research institutions associated with the University of Calgary and Mount Royal University. In all, nine disciplines, including Psychology, are involved in providing professional training. AHS also supports applied research programs in the medical and behavioural sciences.

The Calgary Clinical Psychology Residency will offer a minimum of six predoctoral residency positions. One to four residents are placed together at a primary site that provides administrative support to the residents located there. These primary sites may include the Foothills Medical Centre and the Sheldon M. Chumir Health Centre due to their central locations as well as the number of training opportunities available. Other locations may be utilized, depending upon the training plans in a given year. A Residency Program Coordinator will be designated for each resident and will act to facilitate all aspects of the residents training program. Because the CCPR has been designed to build as much flexibility as possible in the residency experience, the selection of training rotations is not restricted to any one side. Most residents will have rotations at two or more sites and every effort is made to coordinate their training schedule and to minimize travel time. More details about the selection of rotations and the organization of a resident's time are provided in subsequent pages.

Each of the predoctoral residency positions has a stipend of \$31,205.00 per annum. All residents will have work space, computers and voicemail. In addition, psychology residents have access to a broad range of health care facilities, services and resources to support their professional training. These facilities and services include one-way viewing rooms, audio visual services, online library services that have access to MEDLINE, the Alberta Health Knowledge Network, the Alberta Electronic Health Record, national interlibrary loan services, computer access, and administrative support. Research opportunities also exist for the interested resident, and the resources of the University of Calgary are easily accessed. We are pleased to offer this exciting opportunity to experience the future of health care.

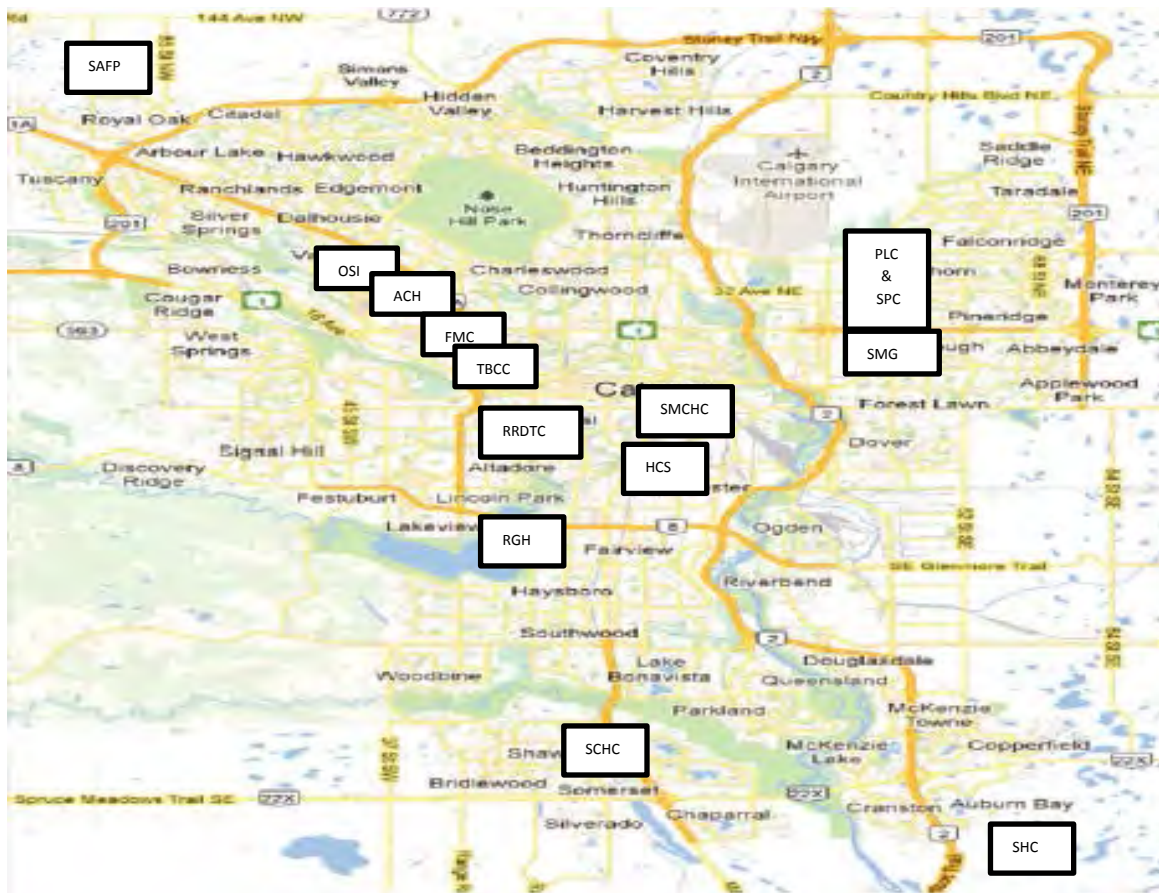
The City of Calgary

Nestled in the foothills of the Rocky Mountains, Calgary is a cosmopolitan and energetic city of over one million people. Calgary has been called the Heart of the New West and is the administrative centre for Canada's oil and gas industry, the financial centre of western Canada, and the agricultural hub of south central Alberta. Calgary is also the home of growing data processing, distribution and tourist industries and has the second highest number of corporate head offices in Canada.

Although many people are first attracted to Calgary for professional and training reasons, they often remain due to the wonderful career, lifestyle and leisure opportunities. Many of the psychology staff and supervisors were former predoctoral residents! The Rocky Mountains provide opportunities for camping, kayaking, hiking and skiing. Excellent city facilities are open to the public for sporting activities. The city houses a Centre for the Performing Arts, several art galleries, four institutions of higher learning, a world class museum, the Studio Bell National Music Centre, a large zoo, and state of the art science centre. Every July, the city hosts "The Greatest Outdoor Show on Earth", the Calgary Stampede.

Although the weather can be unpredictable, Calgary averages more sunshine than any other Canadian city. Because of the warm Chinook winds, winters are often milder than other major cities in Canada. Calgary is home to people from many places making Calgary a vibrant, culturally diverse city. For information in the city of Calgary and regional activities at: www.calgary.ca and www.tourismcalgary.com.





<http://mapquest.com>

Program Training Locations

- Sheldon M. Chumir Health Centre (SMCHC):.....1213 – 4th Street SW, Calgary, AB T2R 0X7
- Foothills Medical Centre (FMC) &
Tom Baker Cancer Centre (TBCC):.....1403 – 29th Street NW, Calgary, AB T2N 2T9
- Sunridge Medical Gallery (SMG):.....2200, 2580 – 32nd Street NE, Calgary, AB T1Y 7M8
- Sunridge Professional Centre (SPC):..... 5- 2681 36th Street NE, Calgary, AB T1Y 5S3
- Peter Lougheed Centre (PLC):.....3500 – 26th Avenue NE, Calgary, AB T1Y 6J4
- Rockyview General Hospital (RGH):.....7007 – 14th Street SW, Calgary, AB T2V 1P9
- Holy Cross site (HCS):.....22nd Avenue & 2nd Street SW, Calgary, AB T2S 3C3
- South Calgary Health Centre (SCHC).....31 Sunpark Plaza SE, Calgary, AB T2X 3W5
- Richmond Road Diagnostic and Treatment Centre (RRDTC):.....1820 Richmond Road SW., Calgary, AB T2T 5C7
- Carewest Operational Stress Injury (OSI) Clinic:.....203, 3625 Shaganappi Trail NW, Calgary, AB T3A 0E2
- Southern Alberta Forensic Psychiatric Centre (SAFPC):.....11333 – 85th Street NW, Calgary, AB T3R 1J3
- South Health Campus (SHC):.....4448 Front Street, Calgary, AB T3M 1M4

Professional Psychology within AHS

Professionals from all disciplines generally work in interdisciplinary teams and are typically administratively responsible to Program Managers. There is a strong commitment at the administrative level to both team collaboration and professional accountability for each discipline. At present, approximately 180 psychologists are members of clinical teams in the adult sector of the Calgary Zone of Alberta Health Services. A number of adjunct supervisors and psychometrists also make an important contribution to training. The Residency is managed by the Director of Clinical Training, who reports to the Allied Health Manager.

By virtue of their expertise in particular assessment/treatment areas, psychologists have assumed senior clinical and supervisory roles on the interdisciplinary teams within which they work. In addition to their roles within the organization, most psychologists on staff hold positions in a number of professional capacities, including adjunct positions in academic and clinical departments at the University of Calgary, executive and advisory positions on professional and governmental boards, and supervisory designations with the Canadian Group Psychotherapy Association and the Academy of Cognitive Therapy.



Philosophy and Goals

Clinical psychology involves the assessment, diagnostic, treatment and prevention of psychological distress, disability and health risk behaviour. The role of the clinical psychologist also involves consultation, program development and evaluation, administration, teaching and research. The residency program is designed to promote the development of autonomous professional clinical psychologists. This philosophy is articulated through the pursuit of four inter-related goals:

1. To assist the resident in acquiring and interpreting professional knowledge and ethical standards;
2. To promote the development of the resident's clinical skills based on a knowledge of psychological principles;
3. To encourage the resident's personal growth, professional socialization and development of a professional identity as a clinical psychologist;
4. To promote both breadth and depth of clinical training.

The program recognizes the complex and multi-faceted role of the contemporary clinical psychologist and this reality is reflected in the training endeavors.

We offer residency training in several assessment and intervention modalities from diverse theoretical perspectives and with a broad patient population. The program challenges residents to realistically assess their own strengths and weaknesses and to recognize the need to maintain and increase their knowledge and skills throughout their career. Within certain limits (given patient services are the first priority in a health care setting), the program is tailored to the interests and training needs of the resident. An emphasis is given to the development of assessment, therapy, and consultation skills. Rather than gaining only brief exposures to areas for time-limited rotations, residents select options that provide a more long term (i.e., 6- and 12- month) in-depth experience. Training is facilitated through a number of components.

The residency program balances the following needs in training:

1. Meeting the resident's interests and training requirements;
2. Providing consistent in-depth training; and
3. Offering a variety of training experiences.

Residents select a number of training rotations. Selection of training rotations depends on the resident's interests and the residency committee's appraisal of current skill readiness. The Clinical Training Committee recognizes that each resident arrives with a different set of skills, experiences, needs and interests. Every effort will be made to design a residency program which recognizes the

individual needs of the resident. However, to ensure that each resident has a breadth of experience, there are minimum requirements for the development of assessment and therapy skills. Opportunities are also made available for the development of consultation skills and to begin to develop supervisory skills. Didactic training in supervision is offered every year and every effort is made to organize direct supervision experiences. Each resident develops a training program by the end of September of each year that is formalized in a Learning Contract. Each resident will be required to meet a minimum goal of 375 hours of direct patient contact over the year of the residency. Residents typically select assessment and intervention rotations in consultation with their Residency Program Coordinator. The majority of rotations are 12 months in duration, although some 6-month rotations may be included as well. Four days per week will be spent in clinical rotations while the fifth day is utilized for seminars, peer consultation, program development and other indirect service activities.

The written Learning Contract will be developed by each resident in consultation with the supervisors from each rotation selected. This contract is an agreement between the training program and the resident which specifies the nature of the resident's learning experiences and the resident's and supervisor's responsibilities. It will be coordinated and overseen by the Residency Program Coordinator designated to work with the resident. Designation of a resident's home base will depend on the rotations selected, with primary consideration given to minimization of travel time between locations. In any one 6-month term, residents are encouraged to select rotations that do not require travel between sites within a single day.

Clinical Training

Clinical training activities include assessment (psychological testing, diagnostic interviewing and report writing), treatment and interdisciplinary consultation. Clinical training is provided through supervision of direct patient assessment and treatment—which can include individual, group, marital and family therapy from different theoretical orientations—as well as through the observation of staff members' work. These training experiences are available to the resident in the form of supervised, individual-tailored rotations, as described in the following section. The major theoretical orientations of the staff are cognitive-behavioural, client centred motivational interviewing, psychodynamic, interpersonal, integrative, and family/marital systems (note: family/marital therapy may be available in certain rotations, depending on supervisor expertise and availability; please see individual rotation descriptions). During the year, all residents will be involved with both empirically based assessments and interventions. The patient population is primarily adult (18-65 years), however, children and adolescents can be seen in several rotations (e.g., family therapy in Addiction Centre Adolescent Program). An older adult population (65+) is the focus if a Psychogeriatric Rotation is selected.

Assessment

Residents are required to ensure that their program includes training and supervision in psychological assessment which includes an interview and psychometric tests leading to integrated written reports. Over the course of the residency year, residents are typically required to be primarily responsible for conducting psychometrically based assessments with written reports. Although all rotations may not be available ever year, the rotations listed below provide the opportunity to do these types of assessments. Some of these rotations will provide both psychological assessment and treatment experience (e.g., Addictions Centre, Day

Hospital Service), whereas others are primarily assessment (e.g., RPAS).



LOCATION	ROTATIONS
Foothills Hospital	Addictions Centre (Adolescent, Adult), Day Hospital Service, Mood Disorders Program, Adult Psychosis Program, Early Psychosis Intervention Program, Adolescent Inpatient, Neuropsychology, Neuro-Rehabilitation Program, Calgary Epilepsy Program
Richmond Road Diagnostic and Treatment Centre	Chronic Pain Centre
Market Mall	Carewest Operational Stress Injury Clinic
Rockyview General Hospital	Seniors Health - Neuropsychology
Sheldon M. Chumir Health Centre	Regional Psychological Assessment Service (RPAS), Geriatric Mental Health
South Health Campus	Neuropsychology
Southern Alberta Forensic Psychiatric Centre	Forensic Inpatient Unit
Sunridge Professional Centre	Forensic Adolescent Program, Forensic Assessment and Outpatient Services
Tom Baker Cancer Centre	Psychosocial Oncology
Sunridge Medical Gallery	Sunridge Outpatient Assessment Services

Intervention

Over the course of the year, the resident is required to complete intervention training rotations. Typically, at least one major rotation will be an intervention-based rotation and a second rotation of an alternative kind may be chosen. The major intervention rotation will usually be two days a week for either six or twelve months. Consequently, one of the interventions will be an in-depth experience and the second will be a rotation involving treatment interventions of an alternative kind (e.g., different model, modality, population and/or disorder). The goal is for the resident to have an intensive training experience and some breadth of exposure involving an area that is substantially different from the primary one.

LOCATION	ADDICTIONS & MENTAL HEALTH ROTATIONS	HEALTH PSYCHOLOGY ROTATION
Foothills Hospital	Addictions Centre (Adolescent, Adult), Mood Disorders Program, Day Hospital Service, Early Psychosis Intervention Program, Anxiety Disorders Clinic, Adult Psychosis Program, Adolescent Inpatient	Acute Care, Neuro-Rehabilitation Programs, Calgary Epilepsy Program, OPTIMUS Program
Tom Baker Cancer Centre		Psychosocial Oncology
Market Mall	Carewest Operational Stress Injury Clinic	
Peter Lougheed Centre		Community Accessible Rehabilitation
Sunridge Professional Centre	Forensic Assessment and Outpatient Services	
Richmond Road Diagnostic and Treatment Centre		Diabetes Centre Calgary, Calgary Adult Bariatric Specialty Clinic
Sheldon M. Chumir Health Centre	Cognitive-Behavioural Therapy Service, Geriatric Mental Health, Behavioural Health Consultation	Community Accessible Rehabilitation
South Calgary Health Centre		Community Accessible Rehabilitation
Sunridge Medical Gallery	Primary Mental Health Care	

Professional and Administrative Processes

The program recognizes the necessity of maintaining the professional identity of clinical psychology within the interdisciplinary program managed service delivery system. To this end, regular meetings of psychologists and residents are held to discuss professional, clinical and administrative issues. Residents also meet regularly with a Residency Program Coordinator and their supervisors to review and monitor their training program.

Residents are required to become knowledgeable about the relevant legislative acts governing the practice of psychology in Alberta as well as the ethical and professional guidelines provided in the College of Alberta Psychologists, the Psychologists' Association of Alberta and the Canadian Psychological Association. A training session on ethical standards and practice takes place during the orientation for all residents.

Residents are also required to familiarize themselves with the relevant administrative Policy and Procedure manuals and with pertinent aspects of Alberta Health Services operations. The resident participates in formal evaluation of the training program and may serve on the Clinical Training Committee. Residents also participate in interviewing new candidates applying for residency positions each year, but do not participate in the evaluation and selection process.

Research

The program regards the ability to conduct and evaluate research as an important aspect of the clinical psychologists' role. Residents are encouraged to be involved in the ongoing applied research projects conducted by staff psychologists or to pursue their own research interests. Residents are regularly advised of the research colloquia at the Departments of Psychology and Psychiatry at the University of Calgary and other local sites. They are encouraged to attend presentations relevant to areas of applied and scientific interests. Residents have full hospital and University of Calgary library privileges, including access to MEDLINE, the Alberta Health Knowledge Network and national interlibrary loan service.



Residents can expect to spend no more than

70% of their training time in direct and indirect clinical service delivery, in order to have time for formal education, select administrative responsibilities and the pursuit of research interests. Residents can take up to two weeks paid and protected research or education time. The research component is encouraged but not required.

Supervision and Educational Experiences

Consistent with the CPA accreditation criteria, residents can expect to receive a minimum of four hours of individual supervision per week. At the onset of their year, the residents are given general and specific orientations to Alberta Health Services and the residency program as well as individual rotation orientations. A number of didactic opportunities are provided and all residents participate in educational seminars. Required seminars occur in conjunction with the residents in the Alberta Children's Hospital program. These seminars cover topics of general relevance to psychology residents from all settings such as ethics, professional legislation, psychotropic medication, expert testimony, and diversity and mental health. Other educational activities are offered within the context of the rotations and cover topics of specific relevance to the rotations (e.g., Endocrinology Rounds; Diabetes Educator Rounds; certification in risk assessment tools with youth; attendance at court in adolescent forensics rotation; clinic-specific inservice meetings). Each training site typically has rounds which the residents are encouraged to attend. In addition, Calgary has a large and active psychological community and the resident is encouraged to attend lectures and workshops offered by visiting scholars at the University of Calgary and at other institutions and agencies. In addition to receiving supervision and training, we work to provide opportunities to engage in supervision. Seminars on supervision are provided as part of the required seminar series. Opportunities for peer consultation, program development and evaluation are also provided to all residents.

Supervision occurs through weekly case reviews with a supervisor, live session observations, use of audio/visual tapes and interdisciplinary case problem solving conferences. The supervision process involves not only case intervention and management strategizing, but also focuses on the resident's development of a unique therapeutic style as well as therapist-patient interaction patterns. The residency program is a rigorously supervised experience. Ongoing supervision of each case managed by the resident will be provided by the staff psychologist responsible for each rotation at least one per week. In these supervisory sessions, residents will be required to produce representative samples of their work with patients, covering therapy process and/or assessment activities. These sessions will often require video or audio taping, or direct observation through one-way mirrors. Residents can expect to receive approximately one hour of supervision for every three hours of clinical practice. In some rotations, particularly group and family therapy training, primary supervisors may, on occasion, be from disciplines other than Psychology. In these instances, there will also be an additional psychologist supervisor assigned.

A number of didactic opportunities are provided and all residents participate in educational seminars.

Evaluation

At the half-way point in the training program (February), the resident receives a formal evaluation report compiled by his/her supervisors and meets with all supervisors and Residency Program Coordinator to discuss its contents. Mid-rotation (November and May), informal evaluations are also held to ensure that the training experience is proceeding smoothly from both the resident's and supervisors' perspectives. The final evaluation occurs at the end of the residency in August. A certificate will be provided upon successful completion of the residency program.

Training Rotations

In the following section, each training rotation is described. The rotations are grouped in two broad categories – Addictions and Mental Health (including Forensics) and Health Psychology/Clinical Neurosciences. The description of each rotation includes the names of supervisors, the location of training, and the time commitment required if the resident selects that particular rotation. A resident typically participates in two to four rotations during their residency year. Depending on the resident's unique training goals they may participate in rotations from just one broad category (e.g., rotations from only Addictions and Mental Health) or can choose a mix of rotations from both broad categories (i.e., rotations from both Addictions and Mental Health and Health Psychology/Clinical Neurosciences). Note that some of the rotations are 12 months long, while others offer the option of either a 6-month or 12-month duration. If rotations of 6-month duration are selected, training occurs from September through February or from March through August of the residency year. Also note that the time commitment per week varies depending on the rotation selected. Some rotations are designed to provide training one day per week, some require a 2-day commitment, and some are flexible in this regard. Applicants indicate their interest in training rotations on the

Training Rotation Request form (page 50). The Clinical Training Committee works with each resident to create an individualized training program that meets the resident’s interests and training needs while prioritizing AHS’ patient care (see “Sample Resident Programs” below).

Sample Resident Programs					
RESIDENT	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
A · (Addictions & Mental Health Focus)	Regional Psychological Assessment Service <i>(September – February)</i> Forensic Assessment and Outpatient Services <i>(March – August)</i>	Day Hospital Service <i>(September – August)</i>	Day Hospital Service <i>(September – August)</i>	Primary Mental Health Care <i>(September – August)</i>	Unassigned time (indirect clinical work, participation in seminars, and peer consultation) <i>(September – August)</i>
B · (mix of Addictions & Mental Health and Health Psychology / Clinical Neurosciences)	Chronic Pain Centre <i>(September – August)</i>	Diabetes Centre Calgary <i>(September – February)</i> Mood Disorders Program <i>(March – August)</i>	Cognitive-Behavioural Therapy Service <i>(September – August)</i>	Cognitive-Behavioural Therapy Service <i>(September – February)</i> Mood Disorders Program <i>(March – August)</i>	Unassigned time (indirect clinical work, participation in seminars, and peer consultation) <i>(September – August)</i>
C · (Health Psychology / Clinical Neurosciences)	Psychosocial Oncology <i>(September – August)</i>	Acute Care <i>(September – February)</i> OPTIMUS Program <i>(March – August)</i>	Psychosocial Oncology <i>(September – August)</i>	Neuro-Rehabilitation Program <i>(September – August)</i>	Unassigned time (indirect clinical work, participation in seminars, and peer consultation) <i>(September – August)</i>

ROTATION	LOCATION	ASSESSMENT	INTERVENTION	BOTH ASSESSMENT & INTERVENTION
Addictions Centre (Adolescent , Adult)	Foothills Hospital			★
Anxiety Disorders Clinic	Foothills Hospital		★	
Adolescent Inpatient	Foothills Hospital			★
Adult Psychosis Program	Foothills Hospital			★
Day Hospital Service	Foothills Hospital			★
Mood Disorders Program	Foothills Hospital			★
Inpatient Service	Foothills Hospital	★		
Early Psychosis Intervention Program	Foothills Hospital			★
Acute Care	Foothills Hospital		★	
Neuropsychology	Foothills Hospital, South Health Campus *	★		
Neuro-Rehabilitation Program	Foothills Hospital			★
Calgary Epilepsy Program	Foothills Hospital			★
OPTIMUS Program	Foothills Hospital		★	
Chronic Pain Centre	Richmond Road Diagnostic and Treatment Centre			★
Diabetes Centre Calgary	Richmond Road Diagnostic and Treatment Centre		★	
Calgary Adult Bariatric Specialty Clinic	Richmond Road Diagnostic and Treatment Centre		★	
Carewest Operational Stress Injury Clinic	Market Mall			★
Seniors Health	Rockyview General Hospital	★		
Regional Psychological Assessment Service	Sheldon M. Chumir Health Centre	★		
Geriatric Mental Health	Sheldon M. Chumir Health Centre			★
Cognitive-Behavioural Therapy Service	Sheldon M. Chumir Health Centre		★	
Behavioural Health Consultation *	Sheldon M. Chumir Health Centre		★	
Forensic Inpatient Unit *	Southern Alberta Forensic Psychiatric Centre	★		
Forensic Adolescent Program	Sunridge Professional Centre			★
Forensic Assessment and Outpatient Services	Sunridge Professional Centre			★
Psychosocial Oncology	Tom Baker Cancer Centre and/or Tom Baker Cancer Centre – Holy Cross site			★
Community Accessible Rehabilitation	Peter Lougheed Centre, South Calgary Health Centre*, Sheldon M. Chumir Health Centre		★	
Primary Mental Health Care	Sunridge Medical Gallery		★	
Sunridge Outpatient Assessment Services	Sunridge Medical Gallery	★		
*Automobile an asset for this rotation				

Program Rotations

A. Addictions and Mental Health

1. Regional Outpatient Mental Health Programs

The Outpatient Mental Health (OPMH) Program is a time limited, goal focused, change oriented psychotherapy program focused on treatment for the presenting problem. OPMH provides services for clients' ages 18-64 presenting with a mental disorder. Psychotherapy services available include cognitive behavioural therapy for individuals and groups, interpersonal therapy for individuals and groups, and narrative therapy for individuals. Clients must have a physician, usually a family doctor, supporting client care while enrolled at OPMH. Currently, training opportunities are only available for cognitive-behavioural therapy.

Suitability for the program is assessed by an intake process on a case by case basis. Therapists and clients evaluate goals for change and the match with program resources before clients are accepted into the program. The OPMH Program includes two residency rotations: the Regional Psychological Assessment Service and the Cognitive-Behavioural Therapy Service.

The **Regional Psychological Assessment Service**, based at the Sheldon M. Chumir Health Centre, provides comprehensive assessments for various outpatient programs in the Calgary area facilities within the AHS. Referrals are accepted from Mental Health clinicians and therapists (e.g., Psychiatrists, Psychologists, Social Workers, and Psychiatric nurses) to provide opinions and recommendations to aid in formulating treatment, rehabilitation or management decisions for individuals with a wide range of complex psychological or psychiatric concerns. Assessments include clinical interviews, extensive psychological testing, detailed reports, and direct client feedback. The resident will also be involved in ongoing communication and consultation with the referring clinicians and therapists. Referral issues include diagnostic clarification, personality functioning, cognitive testing, and vocational assessment. Clients assessed range in age from 18 to 65. The resident is expected to complete at least 4-6 full assessments with reports over a 6-month period. Travel between sites is expected. Opportunities for training in program development and evaluation may also be available.

Supervisors:	Location:	Duration:	Population:
Jennifer Garinger-Orwin, Ph.D. Kerry Mothersill, Ph.D.	SMCHC	One or two days / week for six or twelve months.	Adults

The **Cognitive-Behavioural Therapy Service** consists of a number of therapists who work primarily from a cognitive-behavioural therapy perspective. Clients treated with this form of therapy are typically experiencing depressive, anxiety, and/or personality disorders. Most clients are adults.

Residents may have an opportunity to co-facilitate groups (e.g., Social Anxiety Group, OCD Group, CBT Basics Group, and several Mindfulness Meditation groups). The resident will meet weekly (one hour minimum) with his/her supervisor for individual supervision. In addition, the Cognitive-Behavioural Therapy Team meets weekly (1.5 hours) to problem-solve difficult cases, illustrate novel applications of techniques/strategies, and/or discuss assigned articles. Supervision will be done via live observation of sessions, audio- or video-taped sessions, and/or detailed discussion of the session with supervisors.

Over the course of this rotation, the resident will be expected to learn and be able to apply the following:

- Development of a collaborative relationship
- Psychometric assessment procedures unique to cognitive-behavioural therapy
- Case conceptualization and management
- Use of specific cognitive-behavioural therapy techniques and strategies
- Schema-focused procedures
- Use of behavioural interventions
- Development of a facilitative therapeutic style
- Ability to examine the therapist’s role, including assumptions about the reactions to the client.

Supervisors:	Location:	Duration	Population:
Gayle Belsher, Ph.D. Barb Backs-Dermott, Ph.D. Michael Enman, Ph.D. Jennifer Garinger-Orwin, Ph.D. Kerry J. Mothersill, Ph.D.	SMCHC	Two days / week for twelve months.	Adults (age 16-65)



Primary Mental Health Care is a multidisciplinary, community based outpatient mental health clinic. Most patients have been diagnosed with an anxiety or mood disorder. A subset of this patients also has a personality disorder and/or interpersonal difficulties. The primary model of treatment is

cognitive-behavioural. During his/her tenure in the clinic, the residents will develop a theoretical understanding of cognitive-behavioural approaches to assessment and treatment, with a focus on anxiety and mood disorders. The resident will conduct assessments with the goal of case formulation and treatment planning. Although the treatment approach is primarily cognitive-behavioural, the resident will also become familiar with and integrate strategies from other therapeutic models as appropriate. The resident will be supervised using both live observation through a one-way mirror and audio-video recordings.

Supervisors:	Location:	Duration:	Population:
Laurie Ali, Ph.D. Vanessa Chong, Ph.D. Erin Moss, Ph.D.	Sunridge Medical Gallery	Two days / week for twelve months	Adults

The **Sunridge Outpatient Assessment Service** provides psychological assessments for clients referred by Mental Health Clinicians (e.g. Psychiatrists, Psychologists, Social workers, Occupational Therapists, Nurses) in the three Adult Outpatient Mental Health Clinics at the Sunridge Medical Gallery: (Primary Mental Health, Community Based Services, and the Carnat Centre). The goal of assessments is to enhance treatment and/or case management of individuals with a wide range of complex psychological and psychiatric conditions, often with medical comorbidities. Referral questions include diagnostic clarification, personality functioning, and cognitive functioning. Presenting issues include mood, anxiety, personality, psychosis, trauma, addictions, neurodevelopmental, neurocognitive, psychosomatic, and medical conditions. Assessments include clinical interviews, psychological testing, direct feedback to clients, and detailed assessment reports. Resident participates in communication and consultation with referring clinicians and therapists in the various multidisciplinary teams.

Supervisors:	Location:	Duration:	Population:
Saneeta Saunders, Ph.D.	Sunridge Medical Gallery	Two days / week for six months	Adults

The **Anxiety Disorders Clinic** is a relatively new, psychology-led clinical program at the Foothills Medical Centre, staffed by two psychologists – Dr. Patrick Lynch (36 years’ experience) and Dr. Al-Noor Mawani (11 years’ experience). Training in a number of theoretical orientations is possible under these two supervisors, including: Interpersonal Behaviour therapy (psychodynamic factors are treated using behaviour therapy to address causal/maintaining interpersonal/emotional patterns), classical exposure-based approaches to severe anxiety, CBT, ACT, and Mindfulness. Residents function as therapists in the clinic, doing assessments and following patients in individual and/or group therapy. The clinic often has both Psychology Residents and Practicum Students.

Residents are encouraged to take on a supervisory role with Practicum Students. Group therapy training opportunities include (depending on referral demand): a TransDiagnostic group, a Mindfulness group, and a CBSST group (Cognitive Behavioural Social Skills Training).

Supervisors:	Location:	Duration:	Population:
Patrick Lynch, Ph.D. Al-Noor Mawani, Ph.D.	FMC	Two days / week for twelve months	Adults

The **Foothills Mood Disorders Program**. This is a rotation that provides clinical service to adults on an outpatient mood disorders service (unipolar and bipolar disorders). This rotation provides the resident with an opportunity to develop significant diagnostic interviewing skills alongside integration of psychometric testing to deliver suitable Axis I and Axis II diagnoses and treatment plans, focused on mood and anxiety presentations. On occasion, cognitive testing will be administered as appropriate. The resident will gain understanding of the interplay of various co-morbid and psychosocial conditions that contribute to a psychiatric disorder. A major focus will be on honing cognitive-behavioral therapy case conceptualization and skills, emphasizing integration of “classic” CBT with mindfulness/acceptance, dialectical behavior therapy (DBT), and short term dynamic therapy approaches to treat co-morbid anxiety disorders, residual mood symptoms, and characterological issues. Both individual and group treatment modalities are offered.

Supervisors:	Location:	Duration:	Population:
Raymond Lamontagne, Ph.D.	FMC	Two days / week for six months	Adults

The **Adult Psychosis Program** provides multi-disciplinary outpatient treatment for individuals who are experiencing psychosis, including individuals with chronic and persistent presentations. Residents completing this rotation will develop skills in assessment, diagnosis, and treatment of individuals with psychosis, often in the presence of comorbid conditions (e.g., mood, anxiety, personality disorders). The main theoretical orientation of psychotherapy is cognitive-behavioural. Residents will also become familiar with other interventions, including mindfulness and acceptance-based approaches. Therapy is offered in both group and individual formats. There is considerable opportunity for multi-disciplinary consultation. Supervision will be provided through live feedback (behind the mirror), observation, videotape, and discussion following therapy sessions.

Supervisors:	Location:	Duration:	Population:
Bianca Bucarelli, Ph.D.	FMC	One day / week for 6 or 12 months	Adults

The **Early Psychosis Intervention Program** provides multi-disciplinary outpatient treatment for individuals who are experiencing a first episode of psychosis. The goals of the program include: early identification; reducing delays to treatment; treating primary symptoms of psychosis; reducing secondary morbidity; reducing relapse; promoting normal psychosocial development and reducing

stress for families and caregivers. Residents completing this rotation will develop skills in diagnosis, assessment and treatment of individuals with psychosis, schizophrenia and delusional disorders. Mood disorders, anxiety disorders and substance misuse are also common comorbid conditions in our patients. The main theoretical orientation of psychotherapy is cognitive-behavioural. Residents will also become familiar with other interventions, including motivational enhancement and mindfulness. Residents will be expected to become familiar with cognitive behavioural models of schizophrenia and comorbid conditions. Residents will be expected to learn and apply skills in building a collaborative therapeutic relationship, case formulation, cognitive therapy techniques and behavioural interventions. Therapy is primarily conducted individually but there may be opportunity for group therapy as well. Supervision will be provided through live feedback (behind the mirror), observation, videotape and immediate feedback after sessions.

Supervisor:	Location:	Duration:	Population:
Nancy Remington, Ph.D.	FMC	One day / week for twelve months	Adults (age 15-35)

The **Carewest Operational Stress Injury (OSI) Clinic** is one of a national network of specialized mental health clinics established by Veterans Affairs Canada. Clients served are Veterans, Canadian Forces and RCMP members, and their families who have experienced psychological trauma and stress as a consequence of their military or police service. Clients present with complex mental health issues including PTSD, mood disorders, substance use disorders; chronic pain and health issues; and relational problems. Psychological interventions include exposure-based therapies (e.g. EMDR, prolonged exposure), cognitive-behavioural treatment, life review, pain management, and extensive assessments. The OSI Clinic team includes psychologists, psychiatrists, nurse clinicians, social workers and program assistants. There is a strong focus on an interdisciplinary team approach to addressing clients' complex issues. Virtual reality is available to enhance the effectiveness of the exposure-based trauma treatment. Over the course of this rotation, the resident can learn to:

- Complete thorough psychological assessments for diagnosis, treatment and/or disability
- Formulate treatment planning
- Implement individual and group therapies
- Provide case presentations

Supervisor:	Location:	Duration:	Population:
May Wong, Ph.D.	Carewest OSI Clinic, Market Mall	Two days per week for twelve months	Adults



The **Behavioural Health Consultation Services (BHC)** under the mandate of Shared mental Health Care provides integrated behavioural health consultation service to family physicians throughout Calgary. This program, in conjunction with Primary Care Networks, imbeds Psychologists in primary care practices.

The BHC Service offers an innovative approach to the behavioural and mental health burden in primary care settings. The integrated behavioural health model places a behavioural health consultant within the primary care team to provide consultative services to physicians and patients aimed at detecting and addressing a wide range of behavioural health and mental health concerns with the goal of early identification, quick resolution, long-term prevention, and general wellness. The focus is not solely on mental health, as is typical of psychologists and clinical social workers, but also on individuals' behaviour that negatively affects their overall health.

In contrast to traditional specialist therapy services, the consultant adapts specifically to the primary care settings by providing brief and highly accessible consultative services to physicians and patients. Consultants adopt a population-based health care orientation in order to effectively penetrate the primary care population and its diverse needs (e.g. mood, anxiety, chronic disease, substance abuse, occupational and relationship problems, etc.). This means that the behavioural health consultants assess and intervene with patients differently than is typical for mental health professionals. Rather than attempting to totally alleviate suffering in a few people, they use brief methods to assist the entire population by improving individuals' functioning and quality of life.

Consultants also help physicians and patient navigate the formal mental health system when necessary. By directly integrating consultants into primary care teams and adapting their practices to suit this unique setting, the BHC Service takes a novel and responsive approach aimed at increased health cost off-sets, greater patient and physician satisfaction, and improved health outcomes in primary care settings.

Residents will have the opportunity to work with one or two primary care clinics throughout the residency year. They will learn to use CBT as well as other interventions such as motivational interviewing, acceptance, mindfulness, and solution focused strategies across a broad range of presenting problems.

Supervisors:	Location:	Duration:	Population:
Lauren Allan, Ph.D. Abigail Draper, Ph.D. Deanna Gammell, Ph.D.	Calgary	One day a week for twelve months	Primarily adults, will see minors.

The **Geriatric Mental Health** rotation offers training in the assessment and treatment of clients aged 65 and older with moderate to severe age-related mental health concerns, and those with age-

related dementia. Residents working with the Community Geriatric Mental Health Program have the opportunity to focus their training on either assessment or treatment, or a combination of both. If focusing on assessment skills, the resident will provide comprehensive assessments on a consultative basis, to geriatric clients who are being seen in clinic, or on their own home, by the team's mental health therapists and psychiatrists. Referral questions include diagnosis, evaluation for cognitive and emotional functioning, recommendations for treatment, and assessment of decision making capacity. Residents who elect to focus their experience on developing their intervention skills will be involved in case formulation and treatment of mood, anxiety and personality disorders in older adults, primarily from a cognitive-behavioural perspective. Treatment options are available in outpatient individual and group formats, as well as inpatient settings. Residents will have the opportunity to work in an interdisciplinary team, and also provide education and support to client's caregivers or families. Opportunities also exist for residents to obtain in providing consultation to continuing care centres for patients with psychiatric/behavioural problems secondary to a wide range of organic and functional mental health disorders through the Geriatric Mental Health Consulting Service. This service also provides consultation and education to care centre staff regarding behaviour management and other mental health issues.

Supervisors:	Location:	Duration:	Population:
Michele Fercho, Psy.D. Christine Knight, Ph.D.	SMCHC	One to two days / week for six to twelve months	Seniors

2. Inpatient & Day Treatment Programs

The **Foothills Day Hospital Program** provides multi-disciplinary outpatient treatment to individuals with complex psychiatric/psychological presentations. Patients are primarily referred from either community sources or from inpatient units. The Day Hospital treatment programming is offered primarily in a group format with individual sessions that augment the group treatment. The treatment model involves cognitive-behavioural as well as some interpersonally-informed approaches. The resident will be involved as part of the interdisciplinary team and will have opportunity to be involved in the following (based upon interest): assessment, group and individual psychotherapy, consultation to other professionals. In addition, there will be an opportunity for involvement in program evaluation and educational activities. Supervision will be provided through live feedback (behind the mirror), observation, videotape, and discussion following therapy sessions.

Supervisors:	Location:	Duration:	Population:
Bianca Bucarelli, Ph.D.	FMC	Two days / week for six or twelve months	Adults

The **Adolescent Inpatient rotation** is designed to develop skills in both psychological assessment and therapy to prepare residents for professional practice with adolescents and their families. Residents receive in-depth training with complex patients on mental health inpatient units, including

training in psycho-diagnostic assessments, consultation, individual therapy, and group therapy. Cognitive-behavioural therapy and trauma- and attachment-informed care are emphasized. Aspects of other therapy modalities (e.g., dialectical behavioural therapy and collaborative problem solving) are integrated into therapy. The resident will gain extensive experience working on a multi-disciplinary team in an acute hospital setting. Opportunities to conduct research may be available.

Supervisors:	Location:	Duration:	Population:
Taryn Bemister, Ph.D.	Unit 26 at FMC	One to two days / week for six to twelve months	Adolescents

3. Addiction Centre

The **Addiction Centre Adolescent Program** is a multidisciplinary outpatient program providing services to adolescents (13-18+ years) with a substance abuse and psychiatric or medical disorder (i.e., concurrent disorders) and their families. Residents will gain experience in diagnostic assessments with this population utilizing a bio-psychosocial model and will be trained in and gain experience in motivational interviewing, cognitive behavioural therapy, family therapy and case management. Common disorders in addition to substance abuse include conduct and oppositional disorders, attention deficit hyperactivity disorder, mood disorders, anxiety disorders, and psychotic disorders. While every resident's experience will be unique based on their caseload, it is likely that the resident will get an opportunity to work with several of these disorders. The rotation will also involve some psychological assessment experience with adolescents and adults. Psychological assessment may be a strong emphasis of this rotation if the resident desires. Finally the adolescent program is involved in ongoing research and evaluation, and interested residents may be able to get involved in research activities.

Supervisor:	Location:	Duration:	Population:
Kristina Brache, Ph.D.	FMC	One to two days per week for six or twelve months	Adolescents, Families

The **Addiction Centre Adult Program** is an interdisciplinary outpatient program providing services to adults with concurrent disorders (i.e., substance and behavioural addictions co-occurring with psychiatric or medical disorders). Mood, anxiety, personality, pain, and psychotic-related disorders are the most common co-occurring psychiatric problems in this population. Residents completing this rotation will conduct comprehensive psychological assessments for complex client presentations. They will also work within a case management model, which involves conducting intake assessments and actively following clients over time as a treatment provider and facilitator of their treatment planning. Residents may be trained in motivational interviewing, cognitive behavioural therapy, group therapy, relapse prevention, and case management. Families of our patients are encouraged to attend family therapy support sessions and therapy. Limited training in couples counselling with this population is a possibility. Every resident's experience is unique, based on their expressed interest. Experience with both adolescents and adults is possible for the

interested resident. Finally, the program is involved in ongoing research and program evaluation, and interested residents may participate in research activities.

Supervisors:	Location:	Duration:	Population:
Kasia Galperyn, Ph.D. Jonathan N. Stea, Ph.D.	FMC	One to two days / week for six or twelve months	Adults

B. Forensic Psychology

Psychology staff provides services to both inpatient and outpatient forensic programs. The goals of the forensic rotation are to: help residents develop assessment skills required to answer clinical/legal questions (e.g. risk of re-offence, recommendations for treatment); develop treatment skills with an offender population (e.g. relapse prevention techniques); and advance consultation skills in working with team members at the facility and with representatives of the justice system. Optional education experiences on the Forensic rotation include auditing a year-long course in the Faculty of Law at the University of Calgary, attending court and taking tours of Alberta correctional institutions.

Forensic Inpatient Unit: this 33-bed, maximum security psychiatric facility is responsible for assessments of charged or convicted individuals remanded by the courts for periods of approximately 30 days. Under the supervision of unit psychologists, the resident conducts comprehensive psychological assessments (including clinical interviews and testing) and offers opinions and recommendations on the person’s fitness to stand trial, criminal responsibility, and risk for recidivism/risk management. The resident is a member of a multidisciplinary team, which includes psychiatrists, psychologists, psychological assistants, nurses, social workers and recreational therapists. The resident offers weekly consultations to the team.

Supervisors:	Location:	Duration:	Population:
Anne-Marie Baronet, Ph.D.	S. Alberta Forensic Psychiatric Centre (NW Calgary). Reliable transportation required	Two days / week	Adults

Forensic Assessment and Outpatient Services (FAOS): FAOS provides assessment and treatment to individuals mandated to attend by the course, e.g. individuals who are subject to conditions of Recognizance, Probation, and Conditional Sentence orders. In addition, the resident has the opportunity to complete court requested Presentence Assessments. Treatment is intended to address mental health issues, anger management, domestic violence offences, sexual offences, and the development of life skills. Under the supervision of a psychologist, the resident is responsible for total case management including assessment and treatment. Supervision is offered for both long and short term cases. Training in group therapy with sex offenders, family violence

perpetrators, and a cognitive behavioural therapy group are offered as a part of the FAOS rotation. The resident serves as a consultant to the FAOS multidisciplinary team as well as to various community agencies.

Supervisors:	Location:	Duration:	Population:
Meghan Davis, Ph.D. Denise Fillion, Ph.D. Kate Hamilton, Ph.D. Suzanne Lemieux, Ph.D. Adjunct Supervisor: Patrick Baillie, Ph.D.	Sunridge Professional Centre, 2 nd Floor	One day / week for six or twelve months	Adults

Forensic Adolescent Program (FAP): FAP provides assessment and consultation of youth between the ages of 12 and 18 years who are in conflict with the law and are thought to have mental health problems. The majority of clients are mandated to attend by the courts. Intensive assessment is provided by an interdisciplinary team comprised of psychologists, psychiatrists, nurses, social workers, recreation therapists, and outreach therapists. Treatment is occasionally delivered in individual and group formats and is intended to address both relapse prevention and management of mental health issues. Under supervision of a psychologist, the resident's main focus is to conduct comprehensive psychological assessments (including clinical interviews, tests and gathering information from families and other collateral sources) which offer opinions regarding issues such as risk for future offending (both violent and non-violent), risk to self and the community, treatment need and likely responses to treatment. Consultation with other members of the interdisciplinary team and community agencies may also be part of the resident role. The resident may have the opportunity to provide individual therapy to youth who have committed sexual offenses, however this rotation is primarily assessment focused.

Supervisors:	Location:	Duration:	Population:
Deborah Brown, Ph.D. Ryan Day, Ph.D. Kristin Newman, Ph.D.	Sunridge Professional Centre	Two days per week for six or twelve months	Adolescents

C. Health Psychology / Neurosciences

The Health Psychology/Neurosciences encompass several separate rotations or electives which include both assessment and treatment options. The goal of these rotations is to help residents advance their assessment, treatment and consultation skills with diverse medical populations.

Psychosocial Oncology: This rotation is based in the Department of Psychosocial and Rehabilitation Oncology, Tom Baker Cancer Centre (TBCC & TBCC-Holy Cross Site). Three pillars underpin the

integrated program in the Department of Psychosocial Resources: clinical services, research, and professional education.

Psychology residents in the department have the unique opportunity to work with cancer patients and their families around a range of issues such as adjusting to treatment sequelae, medical adherence, pain and symptom control, sexual rehabilitation, insomnia, family and dyadic distress, depression and anxiety. The Department of Psychosocial and Rehabilitation Oncology also has a broad range of group interventions, like mindfulness based stress reduction, cognitive behavioural stress management seminars, supportive expressive group psychotherapy, and the caregiver support group. Residents will also have the opportunity to participate in a weekly Reflecting Team and a graduate level course in psychosocial oncology.

An integrative theoretical model is used with supervisors drawing from cognitive behavioural, behavioural activation, existential/humanistic, mindfulness, psychoeducational, solution-focused, systemic and psychodynamic theoretical models. Residents will have opportunities to work within multidisciplinary outpatient and inpatient medical teams.

Supervisors:	Location:	Duration:	Population:
Laura Labelle, Ph.D. Guy Pelletier, Ph.D. John Robinson, Ph.D. Michael Speca, Psy.D. Chee-Ping Tsai, Ph.D. Adjunct Supervisors: Linda Carlson, Ph.D.	TBCC / TBCC-HCS	Two days / week for twelve months	Adults, families

Please note that Neuro-Rehabilitation Psychology, Acute Care, Out-Patient Treatment in Multiple Sclerosis, and Community Accessible Rehabilitation require Basic Life Support for Healthcare Providers – Level C (“BLS-HCP(C)”) registration, provided by the Heart and Stroke Foundation of Canada (HSFC). This is the standard BLS requirement adopted by AHS. Any successful applicant would need to arrange for such training within 12 months before the start of any of these rotations.

Neuro-Rehabilitation Psychology: An inpatient unit and an outpatient program serve individuals who have sustained brain injury, stroke, and multiple sclerosis or other neurological disorders. Primarily inpatient-focused, but includes outpatient assessment. Neuropsychological and brief cognitive and behavioural assessments, consultation to medical and rehabilitation staff (PT, OT, SLP and Recreation), another important feature and treatment of mood and anxiety and adjustment issues are major topics of this rotation. Neuropsychological consultation and assessment are the focus for outpatient work. Residents may focus on stroke, brain injury, or a more general neurological population, depending on interest.

Supervisors:	Location:	Duration:	Population:
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Risha Joffe, Ph.D. Stewart Longman, Ph.D. Odette Pettem, Ph.D.	FMC	One to two days / week for six or twelve months	Adults
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The **Acute Care** rotation is based at Foothills Medical Care on various acute medical units, including Burns and Wounds, Trauma, Neonatal intensive Care (NICU), and Rare Blood and Bleeding Disorders Clinic. This setting provides opportunities for psychological assessment, treatment and consultation with interdisciplinary teams consisting of physicians, surgeons, psychiatrists, nursing, and other allied health staff (physiotherapy, OT, social work, dieticians, etc). Patients are mainly inpatient but opportunities for psychological intervention with outpatients exist for the Burns Outpatient clinic and Rare Blood and Bleeding Disorders Clinic. This rotation provides residents with a rich experience of the interface between physical and mental health in a very fast paced and dynamic environment. Training consists of exposure to a broad range of DSM-5 Axis I and II disorders, mainly consisting of Acute Stress Disorder and PTSD, Adjustment disorders, Addictions, and Mood and Anxiety Disorders. Additional exposure to unit specific concerns such as body image issues (Burns and Trauma), grief, medical adherence, pain and symptom control, and perinatal mental health (NICU) is provided. In addition, there are opportunities to provide psychological consultation to various other acute units as the needs arise. Regular collaboration with the Psychiatry Consultation Liaison team facilitates this connection with all units at FMC. Opportunities exist for participation in weekly medical rounds. Residents will also experience a variety of intervention approaches, both brief and extended in nature. Approaches include CBT, psychoeducation, mindfulness approaches, client centered motivational interviewing, and relaxation skills training.

Supervisors:	Location:	Duration:	Population:
Jenny Horch, Ph.D. Andrea L. Nelson, Ph.D.	FMC	One to two days / week for six to twelve months	Adults

Out-Patient Treatment in Multiple Sclerosis (OPTIMUS) is an interdisciplinary out-patient rehabilitation program for individuals with MS. Depending on availability, this setting may provide training in clinical assessment and short term psychotherapy with patients dealing with depression, anxiety, adjustment issues, grief, pain, sexual concerns and/or family difficulties. The resident's work involves consultation to and working closely with other team members (including nurse, physiotherapist, occupational therapist, social worker) and the physicians and nurses of the MS Clinic. There are opportunities to be involved in MS Clinic case rounds and research updates / discussion.

Supervisors:	Location:	Duration:	Population:
Nicole Nayoski, Ph.D.	FMC	One to two days / week for six months	Adults

The **Diabetes Centre Calgary (DCC)** is based in the Endocrinology and Metabolism Program at the Richmond Road Diagnostic and Treatment Centre. The mandate of the DCC psychologist is to assess and address: 1) the psychological and social determinants of diabetes and cardiometabolic risk, 2) the barriers to self-care, and 3) disease specific distress. Examples of psychosocial factors that predate and predict the onset of diabetes and cardiometabolic disorders include adverse childhood experience, PTSD, depression, substance abuse and social isolation. Common psychological sequelae to diabetes include depression, shame, guilt, and the fear of recurrent glycemic excursions contributing to increased risk of neuropsychological, neuropathic, ophthalmological, renal, and macrovascular disorders. The psychologist works as a member of an integrated interdisciplinary team including endocrinologists, nurses, dietitians, social workers, pharmacists and kinesiologists to promote self-care behavior. The overarching vision of the Diabetes Centre Calgary is to add years to life and life to years.

DCC Psychologists adopt an integrative transtheoretical approach to case formulation and treatment planning. As used within the DCC, the term “integrative” speaks to the importance of addressing the multiple interacting dimensions of human functioning including cognition, affect, behavior, motivation and physiology (soma). By extension, the term “transtheoretical” refers to the importance of individualizing patient care based on the patient’s priorities and readiness to change. DCC psychologists are granted full access to the regional electronic health record and laboratory services to help guide case formulations. While psychoeducation is an important component of DCC psychological services, DCC psychologists appeal to a variety of theories and treatment models to address the psychosocial barriers to self-care, e.g., psychodynamic, self-psychology, object relations, CBT, interpersonal, mindfulness, somatic awareness and motivational interviewing. Typically, patients are seen on an individual basis but spouses and family members are welcome to attend appointments at the patient’s discretion. The overarching goal of the DCC psychologist is to help patients acquire self-management skills, and to promote the art and science of living well.

DCC management exhibits a strong commitment to health psychology training. Training resources include dedicated office space for psychology residents, an in house one way viewing room, and diabetes specific e-learning modules developed in conjunction with the University of Calgary. Residents receive supervision in the initial interview process, case formulation, S.M.A.R.T. goal setting, brief interventions, longer term individual therapy, and interdisciplinary consultation. In addition, the psychology resident is strongly encouraged to observe and co-facilitate appointments with other members of the treatment team.

Supervisors:	Location:	Duration:	Population:
Clive Brewis, Ph.D. Melanie Langford, Ph.D.	RRDTC	One to two days / week for six or twelve months	Adults

The **Calgary Adult Bariatric Specialty Clinic** addresses obesity through bariatric surgery, education and support to help reduce chronic disease and improve overall quality of life. It is located in the Endocrinology and Metabolism Program at the Richmond Road Diagnostic and Treatment Centre.

Obesity is a chronic medical disease and bariatric surgery is a treatment that may help manage this condition. The role of psychology is to assess readiness for surgery and in particular the behavioural changes required for a successful surgery outcome, to educate in areas where patients may need more information, and to support those who have had surgery to adjust both physically and psychologically. Psychology delivers services individually and in group/psycho-educational settings.

There are multiple biological, psychological and social determinants of obesity (e.g., genetics, metabolism, medications, obstructive sleep apnea, abuse, socioeconomic status, addiction), multiple factors that affect self-care (e.g., mental health, education, executive ability, co-morbid medical conditions, income, environmental barriers) and numerous mental health issues (e.g., depression, anxiety, eating disorders, adult ADD, personality disorders) that must be addressed to manage obesity. Therefore this training rotation provides a unique opportunity for future psychologists who are interested in an area requiring highly skilled practitioners who are interested in psychologically and medically complex cases and the numerous deterrents of health.

The psychology resident works as a member of an integrated interdisciplinary team which includes nurses, psychologists, dieticians, social workers, nurse practitioners, family practice medical doctors, internal medicine specialists, and surgeons. Training includes comprehensive education in bariatrics, and exposure to a broad range of intervention approaches including cognitive behavioural therapy, motivational interviewing, mindfulness training and psychoeducation. The psychology resident receives supervision in short and longer term individual therapy, interdisciplinary consultation and psychoeducational groups. Residents are invited to attend monthly bariatric specific educator rounds. Research opportunities are available.

For more information regarding this clinic please see <http://www.calgarybariatric.ca>

Supervisors:	Location:	Duration:	Population:
JoAnn Telfer, Ph.D. Adjunct Supervisor: Cameron Barr, M.Ed.	RRDTC	Two days / week for twelve months	Adults

The **Chronic Pain Centre (CPC)**, located at the Richmond Road Diagnostic and Treatment Centre, is a comprehensive pain program that treats adults with moderate to severe non-malignant pelvic, headache, and neuromusculoskeletal chronic pain. In this rotation, the resident works with an interdisciplinary team of medical specialists and healthcare professionals focusing on management of pain through medical interventions and medications, functional rehabilitation and self-management skill development. The resident will conduct comprehensive pain assessments, taking into consideration mental health. The resident will facilitate cognitive-behavioural

psychoeducational groups, which could include: Self-Management Group (16 hours); Sleep Group (8 hours); and Intimacy Group (8 hours). When appropriate, the resident may conduct short term individual treatment with a focus on developing pain coping skills, adjusting to chronic pain, and/or addressing mental health issues (primarily depression and anxiety disorders). The resident will consult with the interdisciplinary team on psychological issues, treatment compliance and treatment planning. Educational opportunities exist for professional development through in-service and symposia. Supervision will be provided through live observation or audio recording.

Supervisors:	Location:	Duration:	Population:
Penny Ford, Ph.D. Diane Fox, Ph.D. Colleen Miller, Ph.D.	RRDTC	One day / week for twelve months	Adults

Community Accessible Rehabilitation (CAR) is an interdisciplinary, outpatient rehabilitation service situated in three community locations: The Sheldon M. Chumir health Centre; The South Calgary Health Centre; and the Peter Lougheed Centre. The CAR team provides treatment within an interdisciplinary team. Patients are seen for rehabilitative treatment of a wide range of presenting neurological and musculoskeletal problems including traumatic brain injury, stroke, amputations, upper extremity injuries, arthritic conditions, general disability and various other disorders. Many patients also have concomitant psychological issues and have access to psychological treatment while they are attending CAR's various other services.

As part of the CAR team, psychologists consult and collaborate with physicians and other professionals who are involved in patient care. Some of the patients' concerns include depression (e.g., PTSD), as well as more general motivational and problem solving work. Activities include attending various rounds, team meetings and contributions to treatment planning. We often present inservice workshops to the CAR team on various psychological issues that may have an impact on rehabilitation. The primary model of treatment is cognitive-behavioural but techniques drawn from other perspectives are employed and integrated into treatment. The main focus for the CAR team is improving patient function in order to help them achieve their treatment goals.

During his/her tenure with CAR, the resident will develop an applied understanding of cognitive-behavioural approaches to assessment and treatment, with a wide range of adult patients in an interdisciplinary team setting. The resident will collaborate with the various team members and stakeholders with the goals of case formulation and treatment planning. Although the treatment approach is primary cognitive-behavioural, the resident will also become familiar with and integrate strategies from other therapeutic models as appropriate. The resident will be supervised in one-on-one meetings with supervisor and in joint sessions with patients and other team members.

Supervisors:	Location:	Duration:	Population:
Risha Joffe, Ph.D.	SMCHC, PLC or SCHC	One to two days / week	Adults

D. Clinical Neurosciences

Please note that the Neuropsychology Service, the Calgary Epilepsy Programme, and Clinical Neurosciences at South Health Campus require Basic Life Support for Healthcare Providers – Level C (“BLS-HCP(C)”) registration, provided by the Heart and Stroke Foundation of Canada (HSFC). This is the standard BLS requirement adopted by AHS. Any successful applicant would need to arrange for such training within 12 months before the start of any of these rotations.

The **Seniors Health** rotation offers training in geriatric neuropsychological assessment within the context of an outpatient interdisciplinary team whose focus is on an older population with complex medical issues and/or cognitive impairment. The team consists of geriatricians, family physicians, nurses, neuropsychologists, a pharmacist, social worker, occupational therapist, physiotherapist, dietician, and psychometrists. Requests for neuropsychological assessment are implemented utilizing referral information, a clinical history, a clinical interview with the patient, a collateral interview usually family members, neuroimaging and laboratory investigations. Referral questions involve differential diagnosis of potential neurodegenerative disorders, discrimination between Mild Cognitive Impairment and dementia, baseline evaluations of cognitive and emotional functioning, comparisons with previous assessments, and recommendations for management and intervention. The resident will learn to provide feedback to patients and families in a sensitive and constructive manner. Recommendations may include involvement of other team members, referrals to community resources, and suggestions for further investigation. Prospective residents should have appropriate background and training in neuropsychology through graduate level course work and at least one practicum setting. This rotation is particularly suited to residents with a strong interest in geriatrics and/or neuropsychology.

Supervisors:	Location:	Duration:	Population:
Patricia Ebert, Ph.D. Ashli Watt, Ph.D.	RGH	Two days / week for six or twelve months	Adults

Training within the **Neuropsychology Service** at the Foothills Medical Centre provides residents with the basic skills necessary to carry out neuropsychological assessment with a diverse population of patients. This service provides experience with various neurodegenerative disorders (e.g. multiple Sclerosis, Epilepsy, Parkinson’s disease, and dementia). There is potential for supervision in multiple service areas and the rotation is co-supervised by two or more neuropsychologists depending on supervisor availability and the residents area of interest. Residents will gain experience in the characterization of cognitive impairments and abilities for patient education and management decisions, assessing suitability for neurosurgical interventions (e.g. deep brain stimulation for

Parkinson’s disease, surgery for treatment of epilepsy), and making differential diagnoses in suspected or complex cases of dementia in adults under the age of 65.

Through this rotation, the resident will learn to integrate information from a variety of sources (e.g. history, interview, neuro-imaging, laboratory investigations, and neuropsychological assessment) to arrive at an accurate understanding of the patient’s current state. The resident then learns how to use this information to generate useful recommendations to guide future rehabilitation, treatment, or management planning, and to communicate this information to patients and families. The resident will also have an opportunity to participate in interdisciplinary team meetings and to provide consultation service to other professionals.

Prospective residents should have some background in neuropsychology through graduate level coursework and at least one practicum setting. This rotation is particularly suited to residents with a strong interest in neuropsychology.

Supervisors:	Location:	Duration:	Population:
Catherine Burton, Ph.D. Angela Haffenden, Ph.D. Stewart Longman, Ph.D. Lisa Partlo, Ph.D. Amy Siegenthaler, Ph.D.	FMC	One to two days / week for six to twelve months	Adults

The **Calgary Epilepsy Programme** at the Foothills Medical Center provide outpatient experience in personality/mood assessment and psychotherapy within a specialized medical setting. The focus on the rotation will be on developing the resident’s ability to recognize, assess, and address the complex interplay between psychological difficulties and physical functioning.

The personality/mood assessment component involves semi-structured diagnostic interviewing and testing using validated measures that include the MMPI-2, PAI, BDI-II, and PANAS. Common referral questions include psychological factors complicating the patient’s medical symptoms, potential to experience physical symptoms under stress (non-epileptic events/conversion disorder), readiness for epilepsy neurosurgery, and recommendations for management of mood and/or anxiety disorders. Residents will be expected to provide feedback to and education to patients and families in a constructive sensitive manner. The psychotherapy component of the rotation focuses on issues such as adjustment/coping with epilepsy, treating co-morbid mood and anxiety disorders, and short term interventions for conversion disorder. Residents will experience a variety of intervention approaches including cognitive-behavioural schema, short term psychodynamic, emotion focused, and interpersonal therapy. There also may be an opportunity to co-facilitate a short term cognitive behavioural group therapy program. Residents will be integrated into a multidisciplinary team including neurologists, neurosurgeons, nurses, social workers and psychiatrists. Supervision will be provided through live observation and feedback after assessment/therapy sessions.

Supervisors:	Location:	Duration:	Population:

Sophie Macrodimitris, Ph.D. Ruby Sharma, Ph.D.	FMC	One day / week for six to twelve months	Adults
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Clinical Neurosciences at South Health

Campus: Within the context of the four pillars of service at SHC (patient and family centered care, collaborative practice, innovation and wellness), the Adult Clinical Neurosciences rotation at SHC is a rotation offering training in adult neuropsychological assessment in both inpatient and outpatient populations, with a strong interdisciplinary team focus. Our teams consist of neurologists, psychiatrists, neuropsychologists, psychometrists, nurses, occupational therapists, physical therapists, speech language therapists, therapy assistants, social workers, pharmacists, and dieticians. The neuroscience clinics serve individuals with multiple sclerosis, ALS, epilepsy, and cognitive impairment (under age 65), as well as those with neuroimmunology, neurovestibular, neuromuscular, and general neurology issues. Referral questions typically encompass evaluations of cognitive and emotional functioning, baseline and follow-up assessments of cognitive status, and capacity assessments. The resident will be responsible for test selection, test administration, scoring and interpretation, report writing, and for incorporating information from diverse sources (e.g., interview, neuro-imaging, laboratory investigations, neuropsychological data) to develop an accurate representation of the person’s current status. He or she will

be exposed to a variety of cases, and will learn to provide recommendations for management and intervention, involvement of other disciplines, and timely, sensitive feedback to patients and their families. Participation in the neuropsychology journal club is encouraged, as is attendance at Neurology Grand Rounds; most rounds can be accessed through telehealth at SHC. Prospective residents should have some background in neuropsychology through graduate level course work and at least one practicum setting. Opportunities for supervision of practicum students may also be available.



Rendering of South Health Campus.

Supervisors:	Location:	Duration:	Population:
Kim Goddard, Ph.D. Nicole Byers, Ph.D. Andrea Kilgour, Ph.D.	SHC	Two days / week for six or twelve months	Adults

Duration and Funding of Residency

The residency runs for 12 consecutive months, commencing at the beginning of September. The current stipend is \$31,205.00 per annum. Benefits include: sick leave (up to 1.5 days/month), vacation (15 days), as well as research or education leave (up to an additional 10 days, as appropriate, given the clinical training program and the resident's research interests). The residents are able to participate in a benefits package offered by Alberta Health Services.

Application Procedure

Applications **must be received by November 1st**. Late or incomplete applications will not be considered. A complete residency application includes copies of each of the following:

1. The completed online APPIC Application for Psychology Residency (AAPI) Form available at: <http://www.appic.org/>;
2. Curriculum Vitae;
3. Transcripts of all graduate courses (undergraduate transcripts are not required and should not be included);
4. Letters of reference from three referees, one of whom is the Director of Graduate Clinical Training (or thesis supervisor) and two who are clinical supervisors;
5. A cover letter including a statement about which rotations are of most interest to the resident. An applicant should clearly state any specific interest in a specialized area (i.e. neuropsychology, family therapy, forensic psychology, psychosocial oncology, etc.);
6. Completed Rotation Request Form (only for candidates who are interviewed). This form is due by January 12th following the interview process.

The positions are open to students who are formally enrolled in an accredited doctoral program in clinical psychology, who meet the CPA or APA academic and practicum criteria and who have received formal approval from the Directors of Training to apply for this residency.

Applications will be considered from CPA accredited programs in counseling psychology only if the student can demonstrate sufficient training and application of standardized psychometric assessment techniques, integrated report writing, and delivery of interventions to mental health populations (see APPIC application Part 1, Section 4: Test Administration). All applicants must have completed a minimum of 600 hours practicum training (direct hours + supervision). Applications will only be accepted from Canadian citizens, permanent residents, or non-Canadians enrolled in CPA or APA accredited Canadian clinical (or counseling) psychology graduate programs who have arranged a valid residency work permit. Preference will be given to applicants who have completed all required academic coursework prior to the APPIC interview notification date.

In this regard, counseling students from CPA or APA accredited programs are welcome to apply to the Clinical Psychology Residency Program only if they can demonstrate sufficient training and

application of standardized psychometric assessment techniques, integrated report writing, and delivery of interventions to mental health populations (see APPIC application Part 1, Section 4: Test Administration).

Selected applicants will be contacted by the APPIC notification date (December 1st) in order to arrange in-person or telephone interviews with members of the Clinical Training Committee.

Interviews will be held January 4th and 5th. Decisions as to successful applicants are made by the Committee. Alberta Health Services values the diversity of the people and communities in which we serve, and is committed to attracting, engaging and developing a diverse and inclusive workforce. Under the provisions of the *Protection of Persons in Care Act*, successful applicants must provide a criminal records check as a condition of employment. The program follows the Association of Psychology Predoctoral and Residency Centres (APPIC) guidelines regarding the APPIC Residency Matching Program.

The program agrees to abide by the APPIC Policy that no person in the training facility will solicit, accept or use any ranking related information from any resident application. Inquiries regarding applications and the Residency Program can be made to:

Dr. Caroline Schnitzler, Director of Clinical Training

Email: caroline.schnitzler@ahs.ca

All applications should be made using the APPIC online application process.

PLEASE DO NOT SUBMIT ANY PAPER MATERIALS.

The following individuals are also currently on the Clinical Training Committee:

Dr. Barb Backs-Dermott, Residency Program Coordinator..... Sheldon M. Chumir Health Centre
Dr. Taryn Bemister.....Foothills Medical Centre
Dr. Bianca Bucarelli, Practicum Coordinator..... Foothills Medical Centre
Dr. Deborah Brown Sunridge Professional Centre
Dr. Vanessa Chong, Seminar Series Coordinator Sunridge Medical Gallery
Dr. Raymond Lamontagne, Residency Program Coordinator..... Foothills Medical Centre
Dr. Stewart Longman, Practicum and Postdoctoral Coordinator Foothills Medical Centre
Dr. Chee-Ping Tsai Psychosocial Oncology, Tom Baker Cancer Centre
Dr. May Wong Carewest Operational Stress Injury Clinic
One resident representative

Information regarding Alberta Health Services is available at: <http://www.albertahealthservices.ca/>

Information regarding the Canadian Psychological Association Accreditation is available at:

<http://cpa.ca/accreditation/>

Accreditation Office
141 Laurier Avenue West, Suite 702
Ottawa, Ontario
K1P 5J3

Supervising Psychologists

NOTE:

ACT denotes certification with the Academy of Cognitive Therapy.

CACBT denotes certification with the Canadian Association of Cognitive and Behavioural Therapies.

CRHSPP denotes listing with the Canadian Register of health Services Providers in Psychology.

Laurie Ali, Ph.D. (University of Calgary, 2013). Sunridge Medical Gallery, Primary Mental Health Care Program

Email: laurie.ali@ahs.ca

Her interests include: cognitive-behavioural therapy, interpersonal therapy, exposure and response prevention, individual and group therapy, case formulation, depression, anxiety, OCD and insomnia.

Lauren Allan, Ph.D. (University of Calgary, 2010). Behavioural Health Consultant, Shared Mental Health Care Program, Calgary Foothills Primary Care Network.

Email: lauran.Allan@ahs.ca

Her interests include short-term (particularly cognitive-behavioural) interventions for mood and anxiety disorders, stress management, and a wide range of other mental and behavioural health concerns in primary care settings.

Barbara Backs-Dermott, Ph.D. (University of Calgary, 2002). Sheldon M. Chumir Health Centre, Cognitive-Behavioural Therapy Service

Email: barb.backsdermott@ahs.ca

Adjunct Assistant Professor, Department of Psychology, University of Calgary.

Her interests include cognitive-behavioural therapy, schema focused therapy, depression and anxiety disorders. Residency Program Coordinator, CACBT.

Anne-Marie Baronet, Ph.D. (University of Ottawa, 2001). Forensic Inpatient Program, Southern Alberta Forensic Psychiatry Centre

Email: annemarie.baronet@ahs.ca

She specializes in forensic psychology and more specifically court ordered assessments of individuals facing criminal charges. Assessments generally involve an evaluation of psychopathology/personality and cognitive functioning. They also address forensic issues including fitness to stand trial, criminal responsibility, risk of recidivism as well as long term and dangerous offender designations.

Gayle Belsher, Ph.D. (University of Calgary, 1989). Sheldon M. Chumir Health Centre, Cognitive-Behavioural Therapy Service

Email: gayle.belsher@ahs.ca

Field Supervisor, Department of Psychology, University of Calgary.

She specializes in adult cognitive behavioural therapy for depression and anxiety disorders. Her areas of special interest are OCD and habit disorders. CACBT, CRHSPP.

Taryn Bemister, Ph.D. (University of Calgary, 2014). Acute Care & Emergency Services, Unit 26, Foothills Medical Centre (FMC). Psychology Lead for Unit 26 (FMC), Unit 23 (FMC), and MHPCU (ACH)

Email: taryn.bemister@ahs.ca

Interests include: child and adolescent mental health, psycho-diagnostic assessment and individual therapy, cognitive-behavioural therapy and mindfulness-acceptance based interventions. Training Committee Member.

Kristina Brache, Ph.D. (University of Victoria, 2015). Addiction Centre, Adolescent Program

Email: kristina.brache@ahs.ca

Her interests include, assessment and treatment of substance use disorders concurrent with psychiatric disorders and other medical conditions, cognitive-behavioural therapy, family therapy, interpersonal therapy, and group therapy for substance abusers.

Clive S. Brewis, Ph.D. (University of Utah, 1982). Registered Psychologist. Endocrinology and Metabolism Program Diabetes, Hypertension and Cholesterol Centre; Richmond Road Diagnostic and Treatment Centre

Email: clive.brewis@ahs.ca

His interests include psychological and social determinants of cardiometabolic risk; executive function and self-care behaviour; translation barriers to health risk reduction.

Deborah Brown, Ph.D. (University of Calgary, 2003). Forensic Adolescent Program, Sunridge Professional Centre

Email: deborah.brown@ahs.ca

Her interests include adolescent forensic psychology, including assessment of risk for violence, criminal recidivism, sexual recidivism and psychopathy; treatment of sex offenders and low functioning clients; autism spectrum disorders; and cognitive behaviour therapy. Training Committee Member.

Bianca Bucarelli, Ph.D. (University of Waterloo, 2014). Day Hospital Program and Adult Psychosis Program, Foothills Medical Centre.

Email: bianca.bucarelli@ahs.ca

Her interests include assessment and treatment of individuals with anxiety, mood, and obsessive-compulsive and related disorders, as well as individuals with psychosis. Treatment approaches include individual and group therapy, working primarily from cognitive-behavioural and interpersonal orientations. Practicum Coordinator.

Catherine Burton, Ph.D. (University of Victoria, 2007). Foothills Medical Centre, Clinical Neuropsychology.

Email: catherine.l.burton@ahs.ca

Her interests include: neuropsychology, mild cognitive impairment and dementia.

Nicole Byers, Ph.D. (University of Saskatchewan, 2013). Neurosciences Program, South Health Campus, Clinica I Neuropsychology Services.

Email: nicole.byers@ahs.ca

Her interests include neuropsychology, multiple sclerosis, neuroimmunology and neurodegenerative disorders.

Vanessa Chong, Ph.D. (University of Windsor, 2012). Sunridge Medical Gallery, Primary Mental Health Care.

Email: vanessa.chong@ahs.ca

Her interests include individual and group therapy for depression, anxiety, personality disorders and interpersonal problems. She has experience with cognitive behavioural, emotion focused, interpersonal and psychodynamic therapy. She is interested in psychotherapy integration. Seminar Series Coordinator.

Meghan Davis, Ph.D. (Sam Houston State University, 2009). Peter Lougheed Centre, Forensic Assessment & Outpatient Services.

Email: meghan.davis@ahs.ca

Her interests include forensic assessments; individual and group therapy with individuals on peace bond, community, or bail supervision orders, in particular for sexual offences; and psycholegal consultation.

Ryan C. Day, Ph.D. (Washington University, 2002). Forensic Adolescent Program, Sunridge Community Health Centre.

Email: ryan.day@ahs.ca

His interests include adolescent forensic psychology, including assessment of risk for violence, criminal recidivism, sexual recidivism and psychopathy; personality assessment; psychodynamic psychotherapy; sleep disorders.

Abigail Draper, Ph.D. (McGill University, 2005). Behavioural Health Consultant, Behavioural Health Consultation Service, Shared Mental Health Program. Sheldon M. Chumir Centre.

Email: abigail.draper@ahs.ca

Her interests include time limited CBT, DBT, and OCD.

Patricia Ebert, Ph.D. (University of Victoria, 2006). Rockyview General Hospital, Seniors Health Program. Associate Member, Hotchkiss Brain Institute, University of Calgary

Email: patricia.ebert@ahs.ca

Her clinical and research interests include geriatric neuropsychology, mild cognitive impairment, dementia, and neuropsychological intervention.

Michael Enman, Ph.D. (University of Calgary 1999). Sheldon M. Chumir Health Centre, Outpatient Mental Health Program, Cognitive-Behavioural Therapy Service.

Email: michael.enman@ahs.ca

Adjunct. Assistant Professor, Counselling Psychology Program, Clinical Supervisor, Department of Psychology, University of Calgary.

Clinical interests include couple therapy; DBT/mindfulness within couple and individual therapy; Emotional Dysregulation in individual and couple therapy. Cert. in DBT; CRHSPP.

Michele Fercho, Psy.D. R.Psych. (Spalding University, 2000). Sheldon M. Chumir Health Centre, Geriatric Mental Health

Email: michele.fercho@ahs.ca

Her interests include cognitive and emotional assessments, health psychology, grief and treatment of mood and anxiety disorders, including trauma.

Denise Fillion, Ph.D. (University of Calgary, 2002). Peter Lougheed Centre, Forensic Assessment and Outpatient Services.

Email: denise.fillion@ahs.ca

Her interests include court requested assessments and general intake assessments within a forensic population, individual and group therapy with adults who have been convicted of a criminal offense, particularly domestic violence and sexual offenders; general adult mental health.

Penny C. Ford, Ph.D. (University of Alberta, 1993). Richmond Road Diagnostic and Treatment Centre, Chronic Pain Centre, Neuromusculoskeletal & Headache Programs.

Email: penny.ford@ahs.ca

Her interests include individual and group treatment for management of chronic pain, cognitive-behavioural and acceptance based treatments for mood disorders and hypnotherapy.

Diane Fox, Ph.D. (University of Victoria, 1997). Richmond Road Diagnostic and Treatment Centre, Chronic Pain Centre, Neuromusculoskeletal Program.

Email: diane.fox@ahs.ca

Her interests include cognitive-behavioural individual and group treatment for management of chronic pain, depression, and anxiety disorders, self-efficacy and adjustment in living with chronic pain.

Kasia Galperyn, Ph.D. (University of Calgary, 2001). Addiction Centre, Adult Program

Email: kasia.galperyn@ahs.ca

Her interests include assessment and treatment of substance use disorders concurrent with psychiatric disorders and other medical conditions, cognitive-behavioural therapy, mindfulness based interventions and group therapy for substance abusers. CACBT.

Deanna Gammell, Ph.D. (University of New Brunswick). Behavioural Health Consultant, Behavioural Health Consultation Service, Shared Mental Health Program. Sheldon M. Chumir Centre.

Email: deanna.gammell@ahs.ca

Her interests include depression, anxiety, stress, work related issues and relationship issues.

Jennifer Garinger-Orwin, Ph.D. (University of Manitoba, 2007). Sheldon M. Chumir Health Centre, Cognitive-Behavioural Therapy Service and Regional Psychological Assessment Service.

Email: jennifer.garinger-orwin@ahs.ca

Her interests include individual and group cognitive-behavioural therapy of depression and anxiety disorders, the use of mindfulness-based treatment approaches for depression and anxiety, and psychological assessment. CACBT.

Kim Goddard, Ph.D. (University of Calgary, 2005). Post-Doctoral Fellowship (University of Alberta, 2007). Neurosciences Program, South Health Campus, Clinical Neuropsychology Service.

Email: kim.goddard@ahs.ca

Her interests include neuropsychology, motor neuron disease, schizophrenia, brain injury and dementia.

Angela Haffenden, Ph.D. (University of Western Ontario, 2002). Foothills Medical Centre, Clinical Neuropsychology. Adjunct Assistant Professor, Department of Clinical Neurosciences, University of Calgary.

Email: angela.haffenden@ahs.ca

Her interests include neuropsychology, rehabilitation psychology, and movement disorders.

Kate Hamilton, Ph.D. (University of Calgary, 2003). Peter Lougheed Centre, Rocky Mountain Program (Provincial In-Patient Sexual Offender Program) in Forensic Assessment Outpatient Services.

Email: kate.hamilton@ahs.ca

Her interests include forensic risk assessment and treatment; cognitive-behavioural therapy for anxiety and depression; schema focused therapy for chronic problems.

Jenny Horch, Ph.D. (University of Calgary, 2011). Foothills Medical Centre, Acute Care.

Email: jenny.horch@ahs.ca

Interests include mood and anxiety disorders, addiction, body image, adjustment to disease and disability. Treatment approaches include CBT, mindfulness strategies, emotion focused therapy and motivational interviewing.

Risha Joffe, Ph.D. (University of British Columbia, 1992). Foothills medical Centre, Neuro-Rehabilitation Program, Community Accessible Rehabilitation.

Email: risha.joffe@ahs.ca

Her interests include rehabilitation psychology, cognitive-behaviour therapy for depression, anxiety disorders and trauma.

Andrea Kilgour, Ph.D. (Queen's University, 2003). Neurosciences Program, South Health Campus,

Clinical Neuropsychology Services.

Email: andrea.kilgour@ahs.ca

Her interests include: neuropsychology and a variety of neurological conditions, particularly epilepsy and neurovestibular conditions.

Christine Knight, Ph.D. (Lakehead University, 2004). Sheldon M. Chumir Health Centre, Geriatric Mental Health

Email: Christine.knight@ahs.ca

Her interests include cognitive impairment and dementia, behaviour management, capacity assessment, program evaluation and assessment and treatment of mood and anxiety disorders, including compulsive hoarding.

Laura Labelle, Ph.D. (University of Calgary, 2012). Psychosocial Oncology, Tom Baker Cancer Centre.

Email: laura.labelle@ahs.ca

Adjunct Associate Professor, Department of Oncology, Cumming School of Medicine.

Her interests include: individual, couples, family and group interventions to enhance illness adjustment, psychological functioning and quality of life; cognitive-behavioural therapy; mindfulness-based approaches; working with a multidisciplinary team to support blood and marrow transplantation and hematologic malignancy patients and their family members.

Raymond Lamontagne, Ph.D. (University of Calgary, 2008). Foothills Mood Disorders Program, Foothills Medical Centre

Email: raymond.lamontagne@ahs.ca

His interests include cognitive-behavioural / mindfulness-acceptance based treatments for anxiety and mood disorders, the interpersonal process in psychotherapy and psychodiagnostic assessments of Axis I and II disorders. Residency Program Coordinator.

Melanie Langford, Ph.D. (University of Saskatchewan, 2008). Diabetes, Hypertension and Cholesterol Centre, Richmond Road Diagnostic and Treatment Centre.

Email: melanie.langford@ahs.ca

Interests include health psychology including cardiometabolic risk reduction and weight management; interpersonal therapy, cognitive behavioural therapy and assertiveness training to promote coping with chronic illness.

Suzanne Lemieux, Ph.D. (University of New Brunswick, 2003). Sunridge Professional Centre, Forensic Assessment and Outpatient Services (FAOS).

Email: suzanne.lemieux@ahs.ca

Her interests include: forensic risk assessment; sexual offender assessment and treatment; sexual dysfunction; cognitive-behavioural therapy; general adult mental health.

Stewart Longman, Ph.D. (Queens University, 1993). Foothills Medical Centre, Neuro-Rehabilitation Program.

Email: stewart.longman@ahs.ca

Adjunct Assistant Professor, Department of Psychology, University of Calgary.

His interests include rehabilitation psychology, neuropsychology, psychometric assessment, behaviour management following brain injury. Practicum and Post-Doctoral Coordinator.

Patrick Lynch, Ph.D. (University of Calgary, 1989). Clinical Coordinator, Anxiety Disorders Clinic
Foothills Medical Centre

Email: patrick.lynch@ahs.ca

Adjunct Assistant Professor in the Departments of Psychiatry, and Clinical Psychology,
University of Calgary.

His interests include: teaching Integrative psychotherapy theory/methods, and treatment of anxiety disorders. CRHSPP.

Sophie Macrodimitris, Ph.D. (York University, 2005). Foothills Medical Centre, Calgary Epilepsy
Program (Adult).

Email: sophie.macrodimitris@ahs.ca

Her interests include assessment (mood, personality) and therapy (CBT, interpersonal) for patients with medical problems; conversion and somatization disorders; influence of patient perceptions on physical and emotional functioning; enhancing treatment adherence and readiness to change.

Al-Noor Mawani, Ph.D. (University of Manitoba 2010. Anxiety Disorders Clinic, Foothills Medical
Centre

Email: al-noor.mawani@ahs.ca

His interests include integrative approaches to Psychotherapy and the incorporation of mindfulness/acceptance based approaches.

Colleen Miller, Ph.D. (University of Saskatchewan, 1998). Richmond Road Diagnostic and Treatment
Centre. Chronic Pain Centre, Neuromusculoskeletal & Pelvic Pain Programs.

Email: colleen.miller@ahs.ca

Her interests include health behaviour change, adjustment to chronic illness, anxiety and depression, pain impact on sexual function; using cognitive behavioural therapy, acceptance and commitment therapy, and mindfulness meditation.

Erin Moss, Ph.D. (University of Calgary, 2012). Sunridge Medical Gallery, Primary Mental Health
Care.

Email: erin.moss@ahs.ca

Her interests include individual and group therapy, cognitive-behavioural therapy, schema focused therapy, anxiety disorders and depression.

Kerry J. Mothersill, Ph.D. (University of Western Ontario, 1980). Sheldon M. Chumir Health Centre,
Cognitive-Behavioural Therapy Service, Regional Psychological Assessment Service.

Email: kerry.mothersill@ahs.ca

Coordinates the Cognitive Therapy Team and The Regional Psychological Assessment Service.

Adjunct Professor, Department of Psychology, University of Calgary.

His interests include the application of cognitive therapy and the cognitive mechanisms in depressive and anxiety disorders. CACBT, ACT, Psychology Professional Practice Leader.

Nicole Nayoski, Ph.D. (University of Calgary, 2011). Foothills Medical Centre, Outpatient Treatment
in Multiple Sclerosis (OPTIMUS).

Email: nicole.nayoski@ahs.ca

Her interests include assessment and treatment of individuals with MS to aid illness adjustment. Treatment approaches for individuals, couples, families, and groups include cognitive-behavioural therapy, mindfulness based approaches, emotional focused therapy, motivational enhancement, and health psychology.

Andrea L. Nelson, Ph.D. (University of Waterloo, 2015). Acute Care, Foothills Medical Centre (Neonatal Intensive Care and Rare Blood and Bleeding Disorders Program)

Email: andrealee.nelson@ahs.ca

Her interests include perinatal mental health, cognitive-behavioural therapy for anxiety and mood disorders, evidence-based assessment and intervention, and women's health.

Kristin Newman, Ph.D. (University of Calgary, 2016). Forensic Adolescent Program, Sunridge Professional Centre.

Email: kristin.newman@ahs.ca

Her interests include adolescent forensic psychology and forensic assessments, including assessment of risk for violence, criminal recidivism, and sexual recidivism. She also conducts treatment specific to adolescents who have committed sexual offenses, working from a cognitive behavioral perspective with a focus on reducing risk of recidivism.

Lisa Partlo, Ph.D. (University of Calgary, 1999). Foothills Medical Centre, Clinical Neuropsychology.

Email: lisa.partlo@ahs.ca

Seasonal instructor, Department of Psychology, University of Calgary.

Her interests include neuropsychology, neurotoxicology, epilepsy and dementia.

Guy Pelletier, Ph.D. (University of Calgary, 1990). Tom Baker Cancer Centre and TBCC-Holy Cross site. Psychosocial Oncology.

Email: guy.pelletier@ahs.ca

Adjunct assistant professor, Department of Oncology (Faculty of Medicine) and Adjunct Associate Professor, Department of Psychology, University of Calgary. Psychotherapeutic approaches include cognitive-behaviour therapy, couple therapy, and family therapy.

His research interests include psychosocial aspects of quality of life in cancer patients (including the measurement of quality of life), particularly in patients with brain tumours and in patients with cancers of the head and neck, stress and coping in the context of medical illness, personality and health.

Odette Pettem, Ph.D. (University of Calgary, 1981). Foothills Medical Centre. Neuro-Rehabilitation Program.

Email: odette.pettem@ahs.ca

Her patient population includes individuals with spinal cord injury, stroke, brain injury, and other neurological disorders. Assessment and treatment center around adjustment to illness and

disability, especially depressed mood and anxiety. Her approach is largely cognitive-behavioural and mindfulness based.

Nancy Remington, Ph.D. (University of Maryland, Baltimore County, 2002). Early Psychosis Intervention Program, Foothills Medical Centre.

Email: nancy.remington@ahs.ca

Her interests include assessment and treatment of individuals with psychosis, schizophrenia and delusional disorders, as well as comorbid conditions of mood, anxiety and substance misuse disorders. Treatment approaches and interests include CBT, schemas therapy, motivational enhancement therapy, DBT skill and mindfulness strategies.

John Robinson, Ph.D. (University of Calgary, 1984). Tom Baker Cancer Centre and TBCC-Holy Cross site, Psychosocial Oncology.

Email: john.robinson@ahs.ca

Adjunct Associate Professor, Departments of Oncology and Psychology, University of Calgary; Preceptor, University of Calgary Medical School.

His interests include impact of chronic and life threatening illness on families, strategic and systemic couple and family therapy, sexual therapy, medical compliance. He is a member of the Canadian Society of Clinical Hypnosis, Alberta Division. CRHSPP.

Saneeta Saunders, Ph.D. (Concordia University, 2012). Outpatient Assessment Services - Adult Community Mental Health Centre – Sunridge Medical Gallery.

Her interests include psychological assessment and integrative interventions for adults with complex presentations due to variable comorbid issues including mood, anxiety, personality, psychosis, trauma, addictions, neurodevelopmental, neurocognitive, psychosomatic, and medical conditions.

Caroline Schnitzler, Ph.D. (University of Calgary, 2006). Director of Clinical Training, Sheldon M. Chumir Health Centre.

Email: caroline.schnitzler@ahs.ca

Her interests include individual cognitive-behavioural therapy, emotion-focused therapy, and acceptance and commitment therapy for anxiety disorders, depressive disorders and interpersonal issues.

Ruby Sharma, Ph.D. (York university, 2013). Foothills Medical Centre, Calgary Epilepsy Program (Adult).

Email: ruby.sharma@ahs.ca

Her interests include short term psychodynamic therapy, emotion focused therapy, conversion and other somatic symptom disorders, clinical health psychology, adjustment to illness and/or injury, treatment of traumatic stress disorders, and psychodiagnostic assessment.

Amy L. Siegenthaler, Ph.D. (University of Toronto, 2004). Foothills Medical Centre, Clinical Neuropsychology.

Email: amy.siegenthaler@ahs.ca

Her areas of interest are traumatic brain injury, neuropsychological rehabilitation, mild cognitive impairment and dementia.

Michael Speca, Psy.D. (Indiana University of Pennsylvania, 1994). Tom Baker Cancer Centre and TBCC-Holy Cross site. Psychosocial Oncology.

Email: michael.speca@ahs.ca

Adjunct Associate Professor, Faculty of Medicine, Department of Oncology, University of Calgary. Co-founder of the Tom Baker Cancer Centre's Mindfulness Based Stress Reduction program.

His interests include health psychology and psychosocial oncology in particular, psychotherapy integration, and group psychotherapy. His activities include individual and group psychotherapy and research relating to intervention process and outcomes for breast cancer patients.

Jonathan N. Stea, Ph.D. (University of Calgary, 2014). Addiction Centre, Adult Program.

Email: jonathan.stea@ahs.ca

His interests include assessment and treatment of substance related and addictive disorders concurrent with psychiatric disorders and other medical conditions, cognitive-behavioural therapy, motivational interviewing, cannabis use disorders, and gambling disorders.

Jo Ann Telfer, Ph.D. (University of Calgary, 2003). Calgary Adult Bariatric Specialty Clinic. Richmond Road Diagnostic and Treatment Centre (RRDTC)

Email: jo.telfer@ahs.ca

Her interests include psycho-education, mindfulness, and cognitive-behavioural and acceptance based treatments for obesity, eating disorders, depressive disorders and anxiety disorders.

Chee-Ping Tsai, Ph.D. (University of Calgary, 2000). Department of Psychosocial Oncology. Tom Baker Cancer Centre. Adjunct Assistant Professor, Department of Oncology, Cumming School of Medicine, University of Calgary.

Email: chee-ping.tsai@ahs.ca

Her interests include systemic/narrative therapy with individual, couple and family; family play therapy; family interactions and conflicts, psychosocial issues relating to cancer diagnosis, treatment and survivorship; cross-cultural issues. Training Committee Member.

Ashli Watt, Ph.D. (University of Calgary, 2007). Rockyview General Hospital, Seniors' Health Clinic.

Email: ashli.watt@ahs.ca

Her interests include geriatric neuropsychology, mild cognitive impairment, dementia and neuropsychological intervention.

May Wong, Ph.D. (Concordia University, 1990). Carewest Operational Stress Injury Clinic.

Email: may.wong@ahs.ca

Adjunct Associate Professor, Department of Psychology, University of Calgary.

Her interests include PTSD, mood disorders, pain management, occupational/vocational rehabilitation, exposure-based therapies, and cognitive-behavioural therapy. Training Committee Member.

ADJUNCT SUPERVISORS / STAFF

Patrick Baillie, Ph.D. LL.B. (Virginia Commonwealth University, 1992). Peter Lougheed Centre, Forensic Assessment and Outpatient Services.

Email: patrick.baillie@ahs.ca

His interests include risk assessment, forensic psychology; assessment and treatment with sexual offenders; issues at the intersection of law and mental health; and ethics.

Cameron Barr, M.Ed. (University of Saskatchewan, 1983). Calgary Adult Bariatric Specialty Clinic, Richmond Road Diagnostic and Treatment Centre (RRDTC).

Email: cameron.barr@ahs.ca

Cameron has a wide range clinical experience with children, adults and seniors in the areas of mental health, brain injury, abuse, developmental issues, health, pain, and sleep.

Linda Carlson, Ph.D.

(McGill University, 1998).

Tom Baker Cancer Centre and TBCC-Holy Cross site. Psychosocial Resources.

Email: lcarlso@ucalgary.ca

Associate Professor, Division of Psychosocial Oncology, Department of Oncology, Faculty of Medicine; Adjunct Assistant Professor, Department of Psychology.

Clinical and research interests in mindfulness meditation based stress reduction for cancer patients, CBT, existential psychotherapy, smoking cessation, quality of life assessment and supportive expressive therapy.

Many adjunct supervisor and staff may be involved in clinical training each year in addition to those that are listed in this brochure. While all residents are primarily supervised by registered Ph.D. level psychologists, we are also grateful for the help of many other people that are involved as adjunct staff and supervisors.



CALGARY CLINICAL PSYCHOLOGY RESIDENCY

2018 – 2019 training rotation request form

NAME:		UNIVERSITY:	
TELEPHONE:		APPIC Match #:	
EMAIL:			

The purpose of this questionnaire is to identify the training rotations that you are most interested in.

Following release of the results of the APPIC match in February, each applicant who is matched to our residency program will be advised of the training rotations that will be available to him/her during the residency year. The specific rotations offered will be based on the applicant’s response to this questionnaire. We will do our best to assign residents to their most preferred rotations but cannot guarantee that a specific rotation will be available.

In the space below please list in order of preference up to 6 rotations. Do not list rotations that would not be acceptable to you. It is permissible to list specific rotations (e.g., Cognitive-Behavioural Therapy Service at Sheldon M. Chumir Health Centre) and/or general classes of training rotations (e.g., training in cognitive- behavioural therapy in an outpatient mental health clinic).

1st choice	
2nd choice	
3rd choice	
4th choice	
5th choice	
6th choice	

Signature:		Date:	
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Please return this questionnaire as soon as possible after your interview. The deadline date for receipt of this questionnaire is January 12, 2018.

Please forward to Dr. Caroline Schnitzler by Email to: caroline.schnitzler@ahs.ca