

# Calgary Clinical Psychology Residency Predoctoral Residency Program in Clinical Psychology



**2025-2026**

Accredited by the Canadian Psychological Association.  
2017/18-2023/24

<http://www.albertahealthservices.ca/info/Page5442.aspx>

**Credits:**

Document Review and Revisions: 2023 Clinical Training Committee

Last Edited: 2024.09.11

Formatting: Caroline Schnitzler

Images: AHS Media Library

---

## TABLE OF CONTENTS

<a href="#">Introduction</a> .....	page 4
<a href="#">The Organizations and the Setting</a> .....	page 4
<a href="#">City of Calgary</a> .....	page 6
<a href="#">Program Training Locations</a> .....	page 7
<a href="#">Professional Psychology within Alberta Health Services and Recovery Alberta</a> .....	page 8
<a href="#">Philosophy &amp; Goals</a> .....	page 9
<a href="#">Clinical Training</a> .....	page 10
<a href="#">Assessment</a> .....	page 11
<a href="#">Intervention</a> .....	page 12
<a href="#">Professional &amp; Administrative Processes</a> .....	page 13
<a href="#">Research</a> .....	page 14
<a href="#">Supervision &amp; Educational Experiences</a> .....	page 14
<a href="#">Evaluation</a> .....	page 16
<a href="#">Training Rotations</a> .....	page 16
<a href="#">Program Rotations</a> .....	page 19
A. <a href="#">Mental Health</a> .....	page 19
B. <a href="#">Addictions</a> .....	page 26
C. <a href="#">Forensic Psychology</a> .....	page 27
D. <a href="#">Health Psychology</a> .....	page 29
E. <a href="#">Neuropsychology / Clinical Neurosciences</a> .....	page 33
<a href="#">Duration and Funding / Application</a> .....	page 38
<a href="#">Supervisors</a> .....	page 43
<a href="#">Training Rotation Request</a> .....	page 53

---

## 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. We are known for the diversity, breadth and depth of our training experiences that are embedded in an integrated health care system that includes community and hospital settings. We offer two training streams: a Generalist Clinical Psychology stream and an Adult Neuropsychology stream. The range of clinical training offered within these streams 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) and Recovery Alberta with the exceptions of the Carewest Operational Stress Injury Clinic, which is closely affiliated with AHS.

The hospitals and centres which offer training rotations are the [Foothills Medical Centre \(FMC\)](#), the Sunridge Medical Gallery (SMG), 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 Carewest Operational Stress Injury (OSI) Clinic, the Southern Alberta Forensic Psychiatry Centre, and [South Health Campus](#). 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 Tom Baker Cancer Centre and the Holy Cross site. Alberta Children's Hospital typically hosts two or three seminars.

## The Organizations and the Setting

In the spirit of reconciliation, we would like to acknowledge the traditional territories and home of the Blackfoot and the people of the Treaty 7 region in Southern Alberta, which includes the Siksika, the Piikani, the Blood Tribe, the Tsuut'ina, and the Stoney Nakoda First Nations. The City of Calgary is also home to Inuit and Métis peoples, Region 3. We acknowledge and respect the Treaties that were made on these territories. We acknowledge the traumatic and painful impact of colonization on Indigenous peoples and we

recognize that eliminating racism in healthcare is a crucial step on the path towards reconciliation. We dedicate ourselves to a collaborative partnership with Indigenous communities, including clinical training for residents that focuses on Indigenous mental health. We welcome residents' enthusiasm and commitment to join our team on the lands we walk on.



Alberta Health Services (AHS) and Recovery Alberta are part of an integrated health care system that administers virtually all publicly funded health care facilities and services in the province. 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 some sites carry out research. AHS and Recovery Alberta provide a comprehensive, integrated and active health treatment system for the population of Calgary as well as southern Alberta.

The Calgary Clinical Psychology Residency will offer a minimum of five predoctoral residency positions across our Generalist (typically three or four residents) and Adult Neuropsychology (typically one or two residents) streams. Two or three residents are placed together at a primary site that provides administrative support to the residents located there. These primary sites will likely 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 \$43,870.00 per annum. All residents will have access to a main workspace, in addition to being provided with a workspace at each rotation, secure Zoom and Skype accounts, computers, headsets, webcams as needed, 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, 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](http://www.calgary.ca) and [www.tourismcalgary.com](http://www.tourismcalgary.com).



## Program Training Locations

Sheldon M. Chumir Health Centre (SMCHC):.....	1213 – 4 <sup>th</sup> Street SW, Calgary, AB	T2R 0X7
Foothills Medical Centre (FMC) & Tom Baker Cancer Centre (TBCC):.....	1403 – 29 <sup>th</sup> Street NW, Calgary, AB	T2N 2T9
Sunridge Medical Gallery (SMG):.....	2200, 2580 – 32 <sup>nd</sup> Street NE, Calgary, AB	T1Y 7M8
Sunridge Professional Centre (SPC):.....	5- 2681 36 <sup>th</sup> Street NE, Calgary, AB	T1Y 5S3
Alberta Children’s Hospital (ACH):.....	28 Oki Drive, Calgary, AB	T3B 6A8
Rockyview General Hospital (RGH):.....	7007 – 14 <sup>th</sup> Street SW, Calgary, AB	T2V 1P9
Holy Cross site (HCS):.....	22 <sup>nd</sup> Avenue & 2 <sup>nd</sup> Street SW, Calgary, AB	T2S 3C3
Richmond Road Diagnostic and Treatment Centre (RRDTC):.....	1820 Richmond Road SW., Calgary, AB	T2T 5C7
Carewest Operational Stress Injury (OSI) Clinic:.....	03, 3625 Shaganappi Trail NW, Calgary, AB	T3A 0E2
Southern Alberta Forensic Psychiatric Centre (SAFPC):.....	11333 – 85 <sup>th</sup> Street NW, Calgary, AB	T3R 1J3
South Health Campus (SHC):.....	4448 Front Street, Calgary, AB	T3M 1M4
Youth Substance Use and Mental Health Services (YSUMHS).....	1005 17 St NW Calgary AB	T2N 2E5

# Professional Psychology within Alberta Health Services and Recovery Alberta

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 and Recovery Alberta. 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 (including neuropsychology) involves the assessment, diagnosis, 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.

Across our two streams, 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 broad 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, individual and group therapy, and consultation skills for both specific patients and to programs. Residents in the neuropsychology stream have an emphasis on the development of diagnostic impressions from neuropsychological assessment, developing broad and focused test batteries, and consultation for both specific patients and to programs. 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 within the stream of their choice (i.e., Generalist or Adult Neuropsychology). 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 400 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. Trainees within the Adult Neuropsychology stream can anticipate spending a minimum of 60% of their time in neuropsychology-based rotations.

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 / neuropsychological 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, couples 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 / existential, motivational interviewing,

Acceptance and Commitment Therapy, psychodynamic, interpersonal, integrative, and family/couples systems (note: family/couples 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 Youth Substance Use and Mental Health Services (YSUMHS) Community Outpatient Team). An older adult population (65+) is the focus if a Psychogeriatric Rotation is selected.

## Assessment

Residents in both streams 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), whereas others are primarily assessment (e.g., RPAS).



LOCATION	ROTATIONS
Foothills Hospital	Addiction Centre Adult Program, Early Psychosis Intervention Program, Adolescent Inpatient, Neuropsychology, Neuro-Rehabilitation Program, Calgary Epilepsy Program
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	Clinical Neurosciences, Clinical Psychology at South Health Campus
Southern Alberta Forensic Psychiatric Centre	Forensic Inpatient Unit
Sunridge Professional Centre	Forensic Adolescent Program, Forensic Assessment and Outpatient Services
Youth Substance Use and Mental Health Services	Youth Substance Use and Mental Health Services Community Outpatient Team

## Intervention

Over the course of the year, all residents are required to complete intervention training rotations. Within the Generalist stream, 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. Within the Adult Neuropsychology stream, residents will choose at least one minor rotation in intervention. Minor rotations are typically one day per week for twelve months, or two days per week for six months.

LOCATION	MENTAL HEALTH, ADDICTIONS, & FORENSICS ROTATIONS	HEALTH PSYCHOLOGY & NEUROPSYCHOLOGY ROTATIONS
Foothills Hospital	Addiction Centre Adult Program, Early Psychosis Intervention Program, Anxiety Disorders Clinic, Adolescent Inpatient	Acute Care, Neuro-Rehabilitation Programs, Calgary Epilepsy Program, OPTIMUS Program
Tom Baker Cancer Centre		Psychosocial Oncology

Rockyview General Hospital		Seniors Health – Neuropsychology
Market Mall	Carewest Operational Stress Injury Clinic	
Sunridge Professional Centre	Forensic Assessment and Outpatient Services	
Richmond Road Diagnostic and Treatment Centre		Diabetes Centre Calgary, Chronic Pain Centre
Sheldon M. Chumir Health Centre	Community Addiction and Mental Health Clinic - Sheldon M. Chumir Health Centre, Geriatric Mental Health, Behavioural Health Consultation	
Sunridge Medical Gallery	Community Addiction and Mental Health Clinic - Northeast	
South Health Campus		Clinical Psychology at South Health Campus
Youth Substance Use and Mental Health Services	Youth Substance Use and Mental Health Services Community Outpatient Team	

## 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 and Recovery Alberta 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. As part of their residency training, each resident completes a Program Development and/or Evaluation Project within one of their rotations. If interested and time permitting, residents may also seek out involvement in any ongoing applied research projects conducted by staff psychologists or 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, Recovery Alberta, 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., Alberta Neuropsychology Rounds; Neuroscience Rounds; Endocrinology Rounds; Diabetes Educator Rounds; certification in risk assessment tools with youth; attendance at court in adolescent forensics rotation; clinic-specific in-service 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. Adult Neuropsychology stream residents will be supervised by a neuropsychologist. Early in the rotation, residents may also be supervised by a psychometrist until competence in test administration is demonstrated.

*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/their 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 five broad categories – Mental Health, Addictions, Forensics, Health Psychology, and Neuropsychology / 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). Residents in the Adult Neuropsychology stream are expected to spend at least 60% of their total program in Adult Neuropsychology rotations. Experiences in the Adult Neuropsychology stream are focused in neuropsychological assessment however, Adult Neuropsychology Stream residents typically select at least one rotation where intervention is provided.

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 two-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 patient care (see "Sample Resident Programs" below).



### Sample Resident Programs

RESIDENT		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
A	(mix of Mental Health, Addictions, & Forensics)	Regional Psychological Assessment Service <i>(September – February)</i>  Forensic Assessment and Outpatient Services <i>(March – August)</i>	Forensic Adolescent Program <i>(September – August)</i>	Forensic Adolescent Program <i>(September – August)</i>	Community Addiction and Mental Health Clinic - Northeast <i>(September – August)</i>	Unassigned time (indirect clinical work, participation in seminars, and peer consultation) <i>(September – August)</i>
B	(mix of Mental Health, Addictions, and Health Psychology)	OPTIMUS Program <i>(September – August)</i>	Diabetes Centre Calgary <i>(September – February)</i>  Anxiety Disorders Program <i>(March – August)</i>	Community Addiction and Mental Health Clinic - SMCHC <i>(September – August)</i>	Community Addiction and Mental Health Clinic - SMCHC <i>(September – February)</i>  Anxiety Disorders Program <i>(March – August)</i>	Unassigned time (indirect clinical work, participation in seminars, and peer consultation) <i>(September – August)</i>
C	(Neuropsychology / Clinical Neurosciences)	Seniors Health - Neuropsychology <i>(September – February)</i>  Chronic Pain Centre <i>(March – August)</i>	Seniors Health - Neuropsychology <i>(September – February)</i>  Chronic Pain Centre <i>(March – August)</i>	FMC Neuropsychology <i>(September – August)</i>	FMC Neuropsychology <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
Addiction Centre Adult Program	Foothills Hospital			*
Anxiety Disorders Clinic	Foothills Hospital		*	
Adolescent Inpatient	Foothills Hospital			*
Early Psychosis Intervention Program	Foothills Hospital			*
Acute Care	Foothills Hospital		*	
Neuropsychology	Foothills Hospital	*		
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		*	
Carewest Operational Stress Injury Clinic	Market Mall			*
Seniors Health - Neuropsychology	Rockyview General Hospital			*
Regional Psychological Assessment Service	Sheldon M. Chumir Health Centre	*		
Geriatric Mental Health	Sheldon M. Chumir Health Centre			*
Community Addiction and Mental Health Clinic - SMCHC	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 Addiction and Mental Health Clinic - Northeast	Sunridge Medical Gallery		*	
Clinical Neurosciences*	South Health Campus	*		
Clinical Psychology at South Health Campus*	South Health Campus			*
Youth Substance Use and Mental Health Services (YSUMHS) Community Outpatient Team	Youth Substance Use and Mental Health Services			*

\*Automobile an asset for this rotation

# Program Rotations

## A. Mental Health

The **Regional Psychological Assessment Service**, based at the Sheldon M. Chumir Health Centre, provides comprehensive assessments for various outpatient programs in the Calgary area. 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 as well as supervision of a practicum student may also be available.

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

**Community Addiction and Mental Health Clinic – Central Services.** This rotation occurs within the Cognitive Behavioural Therapy psychotherapy stream in a multidisciplinary, community-based outpatient mental health clinic located at the Sheldon M. Chumir Health Centre in downtown Calgary. Therapy services offered are short-term (i.e., 15-20 sessions). Most clients are complex, presenting with a primary anxiety, mood, or trauma-related disorder and other comorbid diagnoses. A large subset of the patients also present with one or more personality disorder(s) and interpersonal difficulties. Many patients require psychiatric consultations for medications adjunctive to psychotherapy. In addition to providing appropriate liaison for these consultations, the resident in this rotation may need to facilitate community-based interventions with the staff occupational therapist or with a range of community organizations that are available for support to clients with more chronic mental health concerns. The primary model of treatment will depend on the particular supervisor's orientation, but is typically cognitive-behavioural. Some exposure to elements of Dialectical Behaviour Therapy, systems, mindfulness, and compassion approaches to therapy may also be possible. Residents in this clinic will develop a theoretical understanding of integrative approaches to assessment, case formulation, and treatment planning and delivery. Opportunities for cognitive-behavioural group therapy, program development, and supervision of PhD students may also be available.

Supervisors:	Location:	Duration	Population:
Abigail Draper, Ph.D.	SMCHC	One or two days / week for six or twelve months.	Adults



**Community Addictions and Mental Health Clinic - Northeast** is a multidisciplinary, community-based outpatient mental health clinic. Most clients are complex, presenting with a primary anxiety, mood, or trauma-related disorder and other comorbid diagnoses. A large subset of the patients also present with one or more personality disorder(s) and interpersonal difficulties. As this clinic is located in the lowest-income area of the city, many patients present with both mental health problems and difficulties meeting their basic needs. The clinic's population is also quite ethnically diverse. The primary model of treatment is integrative, with a blend of cognitive-behavioural, interpersonal, and emotion-focused approaches. Residents in this clinic will develop a theoretical understanding of integrative approaches to assessment, case formulation, and treatment planning and delivery. Opportunities for group therapy may also be available. Supervision includes live observation through a one-way mirror.

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

**The Anxiety Disorders Clinic** is a small, specialty outpatient mental health clinic at the Foothills Medical Centre, with a focus on treating moderate to severe anxiety disorders and OCD/related disorders in adults ages 18-65. Most clients are complex, with comorbid diagnoses, interpersonal difficulties, and/or significant functional impairment resulting in difficulties meeting basic needs. In addition, many clients are dealing with a chronic disorder and have engaged in previous therapy. A subset of clients struggle with difficulties launching. The model of treatment is integrated CBT; cognitive-behavioural interventions with a focus on exposure (and response prevention), layered with acceptance and commitment, compassion-focused, dialectical behavioural, mindfulness, and interpersonal process interventions, as individually appropriate. Most clients are connected to our clinic psychiatrist for medication management. Residents in this rotation may need to facilitate community-based interventions (e.g., connection to social work for basic needs, or to community organizations for social or employment support). Residents in this clinic will develop a theoretical understanding of integrative approaches to assessment, case formulation, and treatment planning and delivery. Opportunities for cognitive-behavioural group therapy, program development, and supervision of PhD students may also be available. Supervision includes live observation through a one-way mirror.

<b>Supervisors:</b>	<b>Location:</b>	<b>Duration:</b>	<b>Population:</b>
Amanda McEppan, Ph.D.	FMC	One or two days / week for twelve 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 experiencing psychosis symptoms, including schizophrenia and delusional disorders. Mood disorders, anxiety disorders, and substance use problems are also common comorbid conditions in our patients. The main theoretical orientation of psychotherapy is cognitive-behavioural, including specifically CBT for Psychosis interventions. Residents will also become familiar with other interventions, including DBT, ACT, mindfulness, and motivational enhancement. The program is rooted in a biopsychosocial model of schizophrenia, with an emphasis on family-centred, trauma-informed, and recovery-oriented care.

Residents will have the opportunity to learn and apply skills in comprehensive psychological assessment, building a collaborative therapeutic relationship, case formulation, individual and group therapy interventions, and consultation to the treatment team. Supervision will be provided through live observation (in the room or behind the mirror) and/or discussion.

Supervisor:	Location:	Duration:	Population:
Jennifer Douglas, Ph.D.	FMC	One or two day(s) / week for twelve months	Older Adolescent and Young Adult (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 former and still serving members of the Canadian Forces and Royal Canadian Mounted Police who have sustained a psychological injury as a consequence of their service. Individual and group treatment opportunities are available. Clients present with complex mental health issues including PTSD, anxiety disorders, mood disorders, substance use disorders, sleep problems, chronic pain and other health concerns, and relational problems. Psychological interventions include various targeted cognitive behavioral treatment modalities, including prolonged exposure and cognitive processing therapy, as well as motivational interviewing, acceptance and commitment therapy, and pain reprocessing therapy. Exposure to additional treatment modalities (e.g., EMDR, written exposure therapy,

and accelerated resolution therapy) may also be available. In addition to treatment, residents have the opportunity to conduct several diagnostic assessments, which are presented for review and consultation with the interdisciplinary team. The OSI Clinic team includes psychologists, psychiatrists, nurse clinicians, social workers, occupational therapists, and program assistants. There is a strong focus on an interdisciplinary team approach to addressing clients' complex health concerns. Over the course of this rotation, the resident can learn to:

- Complete thorough psychological assessments for diagnosis and treatment
- Formulate and implement treatment plans
- Provide specialized mental health services to a military and paramilitary clientele
- Work within an interdisciplinary clinical team

<b>Supervisors:</b>	<b>Location:</b>	<b>Duration:</b>	<b>Population:</b>
May Wong, Ph.D. Lauren Yallop, 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 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.

<b>Supervisors:</b>	<b>Location:</b>	<b>Duration:</b>	<b>Population:</b>
Lauren Allan, 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 cognitive changes, including dementia. Residents working within the Community Geriatric Mental Health Service 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 assessments on a consultative basis to geriatric clients seen in clinic, or in their own home, by the team’s mental health therapists and psychiatrists. Assessment referral questions primarily include neuropsychological assessment (e.g., differential diagnosis, baseline evaluations of cognitive and emotional functioning, re-assessment to track progression of cognitive changes, and recommendations for treatment). 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, as well as more complex psychological presentations, such as trauma, hoarding, and somatic disorders, in older adults. Treatment involves an integrative approach that can encompass interpersonal, cognitive-behavioural, acceptance and commitment, and trauma processing, among others. Residents will have the opportunity to work collaboratively with an interdisciplinary team to support clients and their loved ones across the continuum of geriatric mental health care.

*Note: Residents who wish to focus primarily on assessment in this rotation must possess a strong background in neuropsychology and/or cognitive testing and geriatrics demonstrated by previous practicum training and graduate-level coursework. Combined training in intervention and assessment can be tailored to both generalist and adult neuropsychology stream applicants.*

<b>Supervisors:</b>	<b>Location:</b>	<b>Duration:</b>	<b>Population:</b>
Michele Fercho, Psy.D. Calandra Speirs, Ph.D.	SMCHC	One to two days / week for six or twelve months	Seniors

**Clinical Psychology at South Health Campus:** This rotation at South Health Campus offers training in adult psychological assessment and treatment in outpatient populations, with a strong interdisciplinary team focus. Our team includes neurologists, neuropsychologists, psychometrists, nurses, occupational therapists, physical therapists, speech language therapists, therapy assistants, social workers and dieticians.

The Clinical Psychology program provides service to the Multiple Sclerosis, Cognitive, Neuroimmunology, Neurovestibular, Neuromuscular, and General Neurology Clinics. The Psychologist also plays a key role in the Functional and Somatic Symptom Treatment (FAST) program, an innovative, multidisciplinary rehabilitation treatment for patients with Functional neurological and Somatic Symptom Disorders.

Referrals for assessment are typically for evaluation of personality and coping, mood and psychological disorder, and opinion with regard to the role of psychological factors in somatic and cognitive presentations. Referrals for treatment encompass all mood and adjustment disorders, and FND/SSD. About 30% of Neurology outpatients present with Functional Neurological and Somatic Symptom Disorders and Health Anxiety; this population comprises about 60% of the Clinical Psychology service.

Treatments offered include mind-body as well as mood psychoeducation, individual psychotherapy and virtual group psychological skills training. Psychoeducation is a core treatment approach used with patients presenting with Functional Neurological/ Somatic Symptom Disorders. Psychotherapies used include Cognitive Behavioral, Emotion Focused and Emotional Expression, and Acceptance and Commitment approaches. Affect Regulation Training is a 7 week, virtual group, and is offered regularly through out the year. Residents will be integrated into the Clinical Psychology service, and able to participate in all aspects of the program, based on interest and ability. This rotation offers an opportunity to learn about a population with diverse presentations and needs, who are typically not seen within Psychology settings but who can derive much benefit from psychological intervention.

Please note that Clinical Psychology at South Health Campus requires 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 this rotation.

<b>Supervisor:</b>	<b>Location:</b>	<b>Duration:</b>	<b>Population:</b>
Joanne Stephen, Ph.D.	SHC	Two days / week for six months, or one day / week for 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. Interventions based in cognitive-behavioural theory (e.g., CBT, DBT, Self-Compassion, and Collaborative Problem Solving) are emphasized along with trauma-informed and attachment-based care. The resident will gain extensive experience working on a multi-disciplinary team in an acute hospital setting. Opportunities to conduct research may be available.

<b>Supervisors:</b>	<b>Location:</b>	<b>Duration:</b>	<b>Population:</b>
Taryn Bastian, Ph.D. Jennifer Swan, Ph.D.	Unit 26 at FMC	Two days / week for six to twelve months	Adolescents

## **B. Addictions**

**Youth Substance Use and Mental Health Services (YSUMHS) Community Outpatient Team** is an outpatient clinic working with youths (12-19 years) and their families/support system, providing therapy services, as well as referral to other in-house supports as necessary (including group therapy, recreation therapy, psychiatry, psychological assessment). Youths are referred to our service to address mental health concerns, and a number of these youths struggle with substance use or addictions (gaming, internet, etc). As per their training goals, residents would

have the opportunity to be involved with providing therapy (individual, group, family, parent session formats), psychological assessment (such as psychoeducational or personality testing), and consultation to the team/external agencies. Possible involvement with residential/stabilization services at other sites.

<b>Supervisor:</b>	<b>Location:</b>	<b>Duration:</b>	<b>Population:</b>
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 disorders). Mood, anxiety, personality, 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. Every resident's experience is unique, based on their expressed interest.

<b>Supervisors:</b>	<b>Location:</b>	<b>Duration:</b>	<b>Population:</b>
Kasia Galperyn, Ph.D. Jonathan N. Stea, Ph.D.  Adjunct Supervisors / Staff: Kristin Falconer, M.C. Jennifer Swan, Ph.D.	FMC	Two days / week for twelve months	Adults

## C. 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 attending court and taking tours of Alberta correctional institutions.

**Forensic Inpatient Unit:** this 21-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.

<b>Supervisors:</b>	<b>Location:</b>	<b>Duration:</b>	<b>Population:</b>
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 services to adults involved with the Criminal Justice System. The majority of clients are mandated to attend by the Court. FAOS provides services to individuals charged or convicted with a wide range of offending behaviours, including violent and sexual offending behaviours. Assessment services offered include: comprehensive presentence assessments for Court (these address mental health issues, cognitive/neuropsychological functioning, risk of recidivism, treatment needs, etc.); and consultations (intra-team and community-based referrals). Treatment services offered at FAOS include individual/group treatment for a variety of mental health concerns, as well as specific individual/group programming for domestic violence and sexual offending. Under the supervision of a psychologist, the resident is responsible for total case management (e.g., intake assessment, treatment, referrals to address other treatment needs). Residents often have the opportunity to conduct presentence assessments (includes interviewing, testing, document review, collateral interviewing, risk assessment, and report writing). Residents are also typically involved in our domestic violence and/or sexual offending group therapy programs (e.g., doing intake assessments for the programs, training as a group co-facilitator). Opportunities exist for both short-term and longer-term treatment depending on the length of the rotation. The resident may also serve as a consultant to the FAOS multidisciplinary team as well as to various community agencies.

<b>Supervisors:</b>	<b>Location:</b>	<b>Duration:</b>	<b>Population:</b>
Denise Fillion, Ph.D. Marley Young, Ph.D.	Sunridge Professional Centre, 2 <sup>nd</sup> Floor	One or two day(s) / week for six or twelve months	Adults

**Forensic Adolescent Program (FAP):** FAP provides assessment and consultation or 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.

<b>Supervisors:</b>	<b>Location:</b>	<b>Duration:</b>	<b>Population:</b>
Deborah Brown, Ph.D. Sarah Coupland, Ph.D. Ryan Day, Ph.D.	Sunridge Professional Centre	Two days per week for six or twelve months	Adolescents

## D. Health Psychology

Health Psychology encompasses several separate rotations 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). The Arthur Child Cancer Centre is currently in final construction, and may be operational by fall 2024. Three pillars underpin the integrated program in the Department of Psychosocial Oncology: clinical service, research, and professional education.

Psychology residents have the unique opportunity to work with cancer patients, their families/support persons, and interdisciplinary teams. Presenting concerns might include a range of issues such as adjusting to diagnosis, treatment sequelae, medical adherence, treatment decision-making, pain and symptom control, sexual rehabilitation, insomnia, family and dyadic distress, depression and anxiety, and existential concerns. The Department works within a “tumor group” model, and residents primarily see patients who have a specific type of cancer (e.g., head and neck; hematological; gynecological/genitourinary; breast), with some breadth of experience with different cancer types as well. Residents see patients who are at various points along the cancer trajectory (i.e., cancer diagnosis, treatment, survivorship, and/or palliation/end of life). Residents have opportunities to work within multidisciplinary outpatient and inpatient medical teams.

The Department of Psychosocial and Rehabilitation Oncology also has a broad range of group interventions, such as a monthly psychoeducational class for people newly diagnosed with breast or gynecological cancer, Mindfulness-Based Cancer Recovery, Cognitive Behavioural Stress Management seminars, Supportive Expressive Group Psychotherapy, a caregiver support group, and various sexual recovery workshops for men, women and couples. An integrative theoretical model is used with supervisors drawing from cognitive behavioural, emotion focused, existential/humanistic, mindfulness-based, psychoeducational, solution-focused, systemic and psychodynamic theoretical models.

Residents are required to audit a graduate level course in psychosocial oncology.

<b>Supervisors:</b>	<b>Location:</b>	<b>Duration:</b>	<b>Population:</b>
Sara Beattie, Ph.D. Deanna Gammell, Ph.D. Laura Labelle, Ph.D.	TBCC / TBCC-HCS	Two days / week for twelve months	Adults, families

Dana Male, Ph.D.			
Adjunct Supervisors / Staff: Linda Carlson, Ph.D. Lauren Walker, Ph.D.			



Please note that Acute Care and Out-Patient Treatment in Multiple Sclerosis 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 **Acute Care** rotation is based at Foothills Medical Care on various acute medical units, including Burns and Wounds, Trauma, Neonatal intensive Care (NICU), Antepartum, and Postpartum units. Patients are mainly inpatient, but opportunities for psychological assessment and intervention with outpatients exist for the Outpatient Burn and Rare Blood and Bleeding Disorders Clinics. This setting provides opportunities for psychological and diagnostic assessment, treatment and consultation with interdisciplinary teams consisting of physicians, surgeons, psychiatrists, nursing, and other allied health staff (physiotherapy, OT, social work, dieticians, etc.). 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 disorders, mainly consisting of Acute Stress Disorder and PTSD, Adjustment disorders, Addictions, Mood, and Anxiety Disorders. Additional exposure to unit specific concerns such as body image issues (Burns and Trauma), grief, stress management, 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. 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, client centered motivational interviewing, and relaxation skills training.

<b>Supervisors:</b>	<b>Location:</b>	<b>Duration:</b>	<b>Population:</b>
Jasmin Dhillon, Ph.D. 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.

<b>Supervisors:</b>	<b>Location:</b>	<b>Duration:</b>	<b>Population:</b>
Nicole Nayoski, Ph.D.	FMC	One day / week for twelve 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.

<b>Supervisors:</b>	<b>Location:</b>	<b>Duration:</b>	<b>Population:</b>
Clive Brewis, Ph.D. Celine Koryzma, Ph.D.	RRDTC	One to two days / week for six or 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 chronic pelvic, headache, and neuromusculoskeletal pain. The resident works with an interdisciplinary team including allied health and medical specialists. The model of care is a rehabilitation program including active pain coping, functional rehabilitation and medical intervention. The resident will conduct comprehensive pain assessments, taking into consideration mental health. The resident will facilitate cognitive-behavioural treatment groups, which could include the Active Pain Coping 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 pain neuroscience education, developing pain coping skills, adjusting to chronic pain, and/or addressing mental health issues. The resident will provide consultation to the interdisciplinary team on psychological issues, treatment planning and engagement. Educational opportunities may exist for professional development. Supervision will occur through observation and/or audio recording.

<b>Supervisors:</b>	<b>Location:</b>	<b>Duration:</b>	<b>Population:</b>
Michelle DeLisle, Ph.D. Colleen Miller, Ph.D.	RRDTC	One day / week for twelve months, or two days / week for six months	Adults





## **E. Neuropsychology / Clinical Neurosciences**

Please note that Neuro-Rehabilitation Psychology, 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.

**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), and treatment of mood, 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. This rotation is particularly suited to residents with a strong interest in health psychology, and applicants to the Adult Neuropsychology stream.

Supervisors:	Location:	Duration:	Population:
Risha Joffe, Ph.D. Stewart Longman, Ph.D. Carmela A. White, Ph.D.	FMC	One to two days / week for six or twelve months	Adults



The **Seniors Health – Neuropsychology** rotation offers training primarily 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, nurses, neuropsychologists, pharmacists, social workers, occupational therapists, physiotherapists, dieticians, and psychometrists. Requests for neuropsychological assessment are implemented utilizing referral information, a clinical history, a clinical interview with the patient, a collateral interview usually with 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. There may be some opportunities for brief individual interventions such as Calendar Training, relaxation training, Overcoming Fear of Falling, and/or Cognitive Behavioural Therapy for Insomnia depending on the availability of referrals. Prospective residents should have appropriate background and training in neuropsychology through graduate level course work and at least one neuropsychology practicum. This rotation is particularly suited to residents with a strong interest in geriatrics and/or neuropsychology and clinical background experience in cognitive testing and/or neuropsychology, and applicants to the Adult Neuropsychology stream.

<b>Supervisors:</b>	<b>Location:</b>	<b>Duration:</b>	<b>Population:</b>
Irene Liu, 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 neurological conditions, such as traumatic brain injuries, stroke, epilepsy, and various neurodegenerative disorders (e.g., Parkinson's disease, Alzheimer disease, atypical dementias). 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. 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 applicants to the Adult Neuropsychology stream.

<b>Supervisors:</b>	<b>Location:</b>	<b>Duration:</b>	<b>Population:</b>
Stewart Longman, Ph.D. Lisa Partlo, Ph.D. Amy Siegenthaler, Ph.D.	FMC	Two days / week for six to twelve months	Adults

The **Calgary Epilepsy Programme** at the Foothills Medical Center provides outpatient experience in psychotherapy, consultation, and brief psychodiagnostic assessments (e.g., personality, mood, anxiety) 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. Common referral questions include psychological factors complicating the patient’s medical symptoms, potential to experience physical symptoms under stress (non-epileptic events/functional neurological disorder (FND)), and recommendations for management of mood and/or anxiety disorders as they relate to their physical symptoms. Residents will be expected to provide feedback 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 non-epileptic seizures and FND symptoms. Residents will experience a variety of intervention approaches including cognitive-behavioural, acceptance and commitment, interpersonal and emotion-focused therapies, provided through a trauma-informed care lens. There also may be an opportunity to co-facilitate a short-term group therapy program (based on affect regulation and awareness). Residents will be integrated into a multidisciplinary team including neurologists, neurosurgeons, nurses, social workers and psychiatrists. Supervision will be provided through live observation and audio/video recording.

<b>Supervisors:</b>	<b>Location:</b>	<b>Duration:</b>	<b>Population:</b>
Sophie Macrodimitris, Ph.D. Jessie Moorman, Ph.D.	FMC	One day / week for six to twelve months	Adults

**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 offers training in adult neuropsychological assessment in both inpatient and outpatient populations, with a strong interdisciplinary team focus. Our teams consist of neurologists, physiatrists, 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/dementia, as well as those with neuroimmunology, neurovestibular,

neuromuscular, and general neurology issues. Referral requests typically include general evaluation of cognitive and emotional functioning to assist with differential diagnosis, pre- and post-epilepsy surgical evaluations, and baseline and follow-up assessment for the purpose of understanding and monitoring cognitive status. The resident will be responsible for test selection, test administration, scoring and interpretation, report writing, and the provision of feedback. Conceptualization will include incorporating information from diverse sources (e.g., patient and collateral interview, observations, neuroimaging, laboratory investigations, neuropsychological test data) to develop an accurate representation of the person's current status. The resident will be exposed to a variety of cases and will learn to provide recommendations for management and intervention, referrals for 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 and clinic rounds (e.g., epilepsy rounds); most rounds can be accessed through Zoom. Residents may have opportunities to facilitate psychoeducational groups for individuals with Functional Neurological Disorders. Residents may also have opportunities to co-facilitate a cognitive rehabilitation group for patients with neurological conditions. Opportunities for supervision of practicum students may also be available. This rotation is particularly suited to residents applying to the Adult Neuropsychology stream.

<b>Supervisors:</b>	<b>Location:</b>	<b>Duration:</b>	<b>Population:</b>
Linette Savage, 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 \$43,870.00 per annum. Benefits include: sick leave (up to 1.5 days/month), vacation paid as a percentage of bi-monthly stipend, 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). Residents are able to participate in a benefits package offered by Alberta Health Services.

## Application Procedure, Including COVID-19 Impact on Interview Process and Possible Impact on Training

Applications **must be received by November 1<sup>st</sup>**. 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 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. Applicants should clearly state which stream they are applying for (i.e., Generalist or Adult Neuropsychology) and any specific interest in a specialized area (e.g., geriatric 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 13<sup>th</sup>** 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.

Applicants to the **Adult Neuropsychology stream** are expected to have a clear interest in clinical neuropsychology. There will typically be one or two residents in the Adult Neuropsychology stream per residency cohort. To be considered for the Adult Neuropsychology stream, minimum requirements at the time of application are:

- Completion of a graduate level course, or documented formal coursework, in neuropsychological theory or neuropsychological assessment. Training in neuroanatomy is an asset.
- Completion of at least one formal neuropsychology practicum, and at least 10 comprehensive adult neuropsychological assessment reports written as part of a neuropsychology practicum.

To facilitate your application to the Adult Neuropsychology stream, please include the following information in your cover letter:

- That you are specifically applying to the Adult Neuropsychology stream
- A brief description of neuropsychology experience, including
  - neuropsychology coursework;
  - number of hours completed in adult neuropsychology practica;
  - number of adult comprehensive neuropsychological assessments you completed, for which you conducted the interview, completed testing, wrote the report, and provided feedback
  - additional relevant experiences (e.g., observation, research, pediatric experiences, partial reports, neuropsychological interventions, supervision experiences, upcoming experiences)
- Neuropsychology training goals and desired experiences, including rotations of interest.

For both the Generalist and the Adult Neuropsychology streams, applications will be considered from CPA or APA 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). All applicants must have completed a minimum of five integrated assessment reports. Applications will only be accepted from Canadian citizens, permanent residents, or non-Canadians enrolled in CPA 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).

Applicants will be informed of their interview status on the first Friday of December (i.e., **December 6<sup>th</sup>**), which is the Canadian Council of Professional Psychology Programs (CCPPP) Universal Notification / Booking date. Applicants who have been offered an interview can contact the program after 11AM EST to arrange a **virtual interview**. (*NOTE: Following CCPPP's recommendation, no in-person interviews will be conducted in January 2025.*) Interviews will be conducted by members of the Clinical Training Committee and Supervising Psychologists. **Interviews will be held January 9<sup>th</sup> and 10<sup>th</sup>**. In addition to their formal interview, interviewees will be provided opportunities to speak “informally” with potential supervisors, either via virtual drop-in meetings and/or email/phone appointments. Similarly, interviewees will be provided opportunities to speak “off the record” with current residents about their experiences in the residency program, either via virtual



drop-in meetings and/or email/phone appointments. Decisions as to successful applicants are made by the Clinical Training Committee. The program follows the Association of Psychology Postdoctoral and Internship Centers (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.

Alberta Health Services and Recovery Alberta value the diversity of the people and communities in which we serve, and is committed to attracting, engaging and developing a diverse and inclusive workforce. Please visit Alberta Health Services' Diversity & Inclusion webpage for more information:

[Diversity & Inclusion | Alberta Health Services](#)

[LGBTQ2S+ | Alberta Health Services](#)



Alberta Health Services and Recovery Alberta are committed to providing access for all people with disabilities and will provide accommodations for interviewees (please notify Dr. Caroline Schnitzler of any needed accommodations at least three weeks in advance of interview). For incoming residents who need accommodations of any kind, please let Dr. Caroline Schnitzler know in springtime before the residency start date. There is a standard procedure to establish accommodations in this residency and we will plan to organize these promptly, so they are implemented on your arrival. Under the provisions of the *Protection of Persons in Care Act*, incoming residents must provide a criminal record check and a vulnerable sector search as a condition of employment.

In terms of any **COVID-19-related impact on the 2025-26 training year**, we will make every effort to maximize opportunities for residents to meet their learning goals for the year. As in the 2019-20, 2020-21, 2021-22, 2022-23, and 2023-24 residency years, frequent hand

washing, cleaning of equipment (e.g., testing instruments), social distancing, and/or personal protective equipment may be required. As with staff members, residents may be asked to self-screen for illness daily before arriving to the rotation clinic / hospital setting. It is possible that certain rotations or rotation experiences may not be available or may be temporarily disrupted (e.g., certain health psychology rotations or experiences with at-risk patients). If this is the case, alternate learning experiences / rotations that meet the residents' learning goals will be sought, to the extent possible. The AHS clinical training committee was able to find solutions to the 2019-20, 2020-21, 2021-22, 2022-23, and 2023-24 cohorts' learning needs in terms of any COVID-19-related impacts on training, and we would commit to the same solutions for the 2025-26 cohort. Some direct client work may occur via telepsychology (e.g., secure Zoom assessment / intervention sessions), depending on the rotation. Residents would be supported to work from home (e.g., secure access to email, client notes and reports, shared drives, etc.), if needed in particular rotations. Similarly, some supervision sessions, didactic seminars, and peer consultation may occur remotely (e.g., secure Zoom or MS Teams). There would not likely be a change in the content offerings of the didactic seminar series. It is possible that there may be fewer opportunities in the competency area of supervised supervision of practicum students. The emphasis for the residency year is on training and each resident's specific learning goals; as such, residents are not considered "essential employees" nor would they likely be considered for redeployment.

Inquiries regarding applications and the Residency Program can be made to:

**Dr. Caroline Schnitzler, Director of Clinical Training**  
**Email: [caroline.schnitzler@ahs.ca](mailto: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. Taryn Bastian, Residency Program Coordinator.....Foothills Medical Centre  
 Dr. Vanessa Chong, Acting Social Coordinator.....Sunridge Medical Gallery  
 Dr. Sarah Coupland, Residency Program Coordinator.....Sunridge Professional Centre  
 Dr. Jennifer Douglas, Social Coordinator.....Foothills Medical Centre  
 Dr. Jennifer Garinger-Orwin.....Sheldon M. Chumir Health Centre  
 Dr. Laura Labelle.....Tom Baker Cancer Centre  
 Dr. Amanda McEppan.....Foothills Medical Centre  
 Dr. Jessie Moorman, Seminar Series Coordinator.....Foothills Medical Centre  
 Dr. Linette Savage.....South Health Campus  
 Dr. May Wong.....Carewest Operational Stress Injury Clinic  
 Dr. Lauren Yallop.....Carewest Operational Stress Injury Clinic  
 Practicum Coordinator  
 Ms. Nicole Rutkowski, Resident Graduate.....Tom Baker Cancer Centre  
 One current Resident Representative

Information regarding Alberta Health Services is available at:

<http://www.albertahealthservices.ca/>

Information about Recovery Alberta is available at:

[Home | Recovery Alberta](#)

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.

**CRHSP** denotes listing with the Canadian Register of Health Service Psychologists.

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

Email: [lauren.allan@recoveryalberta.ca](mailto:lauren.allan@recoveryalberta.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.*

**Taryn Bastian, Ph.D.** (University of Calgary, 2014). Adolescent Inpatient Mental Health Units (Units 26 and 23), Foothills Medical Centre (FMC). Psychology Lead for Unit 26 (FMC), Unit 23 (FMC), and MHPCU (ACH).

Residency Program Coordinator.

Email: [taryn.bastian@recoveryalberta.ca](mailto:taryn.bastian@recoveryalberta.ca)

*Her interests include: child and adolescent mental health, psycho-diagnostic assessment and individual therapy, self-compassion, trauma-informed and attachment-based care. Residency Program Coordinator.*

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

Email: [annemarie.baronet@recoveryalberta.ca](mailto:annemarie.baronet@recoveryalberta.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.*

**Sara Beattie, Ph.D.** (University of Ottawa, 2014). Tom Baker Cancer Centre, Psychosocial Oncology.

Email: [sara.beattie@ahs.ca](mailto:sara.beattie@ahs.ca)

*Her interests include clinical, health, and rehabilitation psychology with individuals, couples, and groups. Her therapeutic orientation is attachment-based and integrates emotion-focused, humanistic, mindfulness, and interpersonal approaches. She works within an interdisciplinary team supporting hematopoietic cell transplant (HCT) and hematology patients and their family members. She has a special interest in supporting adolescents and young adults (AYAs) with cancer. She has a strong interest in developing, implementing, and evaluating psychosocial oncology programs.*

**Kristina Brache, Ph.D.** (University of Victoria, 2015). Youth Substance Use and Mental Health Services (YSUMHS) Community Outpatient Team.

Email: [kristina.brache@ahs.ca](mailto: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](mailto: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@recoveryalberta.ca](mailto:deborah.brown@recoveryalberta.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.*

**Vanessa Chong, Ph.D.** (University of Windsor, 2012). Sunridge Medical Gallery, Community Addiction and Mental Health Clinic - Northeast.  
Acting Social Coordinator.

Email: [vanessa.chong@recoveryalberta.ca](mailto:vanessa.chong@recoveryalberta.ca)

*Her interests include individual therapy for depression, anxiety, personality disorders and interpersonal problems. She also has a special interest in trauma-related disorders, interpersonal group therapy, and culturally sensitive therapy. She has experience with a*

*wide range of theoretical models, including cognitive behavioural, emotion focused, and interpersonal/psychodynamic therapy, as well as Accelerated Resolution Therapy for trauma. Given this background, she generally uses an integrative approach.*

**Sarah Coupland, Ph.D.** (Simon Fraser University, 2018). Forensic Adolescent Program, Sunridge Professional Centre.

Residency Program Coordinator.

Email: [sarah.coupland@recoveryalberta.ca](mailto:sarah.coupland@recoveryalberta.ca)

*Her clinical interests include forensic evaluations (e.g., violence risk assessments, competency to stand trial) and forensic treatment (e.g., sexual offence-specific treatment) with adolescents and adults. She completed a forensic postdoctoral fellowship through Patton State Hospital and is pursuing cross-border practice. Her research interests include projects that involve ameliorating and evaluating violence risk assessment practices and risk management. Residency Program Coordinator.*

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

Email: [ryan.day@recoveryalberta.ca](mailto:ryan.day@recoveryalberta.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.*

**Michelle DeLisle, Ph.D.** (Queen's University, 2008). Richmond Road Diagnostic and Treatment Centre, Chronic Pain Centre, Neuromusculoskeletal Program.

Email: [michelle.delisle@ahs.ca](mailto:michelle.delisle@ahs.ca)

*Her interests include the neuroscience of pain education, mindfulness, as well as cognitive-behavioral individual and group treatment for chronic pain, insomnia, depression, and anxiety.*

**Jasmin Dhillon, Ph.D.** (University of Regina, 2015). Foothills Medical Centre, Acute Care.

Email: [jasmin.dhillon@ahs.ca](mailto:jasmin.dhillon@ahs.ca)

*Interests include mood and anxiety disorders, adjustment to disease and disability. Treatment approaches include CBT, DBT skills, mindfulness-based strategies.*

**Jennifer Douglas, Ph.D.** (Simon Fraser University, 2016). Foothills Medical Centre, Early Psychosis Intervention Program.

Social Coordinator.

Email: [jennifer.douglas@recoveryalberta.ca](mailto:jennifer.douglas@recoveryalberta.ca)

*Adjunct Associate Assistant Professor, Department of Psychology, University of Calgary. Her interests include assisting young people and their families understand and adapt to complex mental health problems. She is also interested in psychological assessment, group therapy, mindfulness, and trauma-informed and attachment-based interventions.*

**Abigail Draper, Ph.D.** (McGill University, 2005). Sheldon M. Chumir Health Centre, Community Addiction and Mental Health Clinic – Central Services.

Email: [abigail.draper@recoveryalberta.ca](mailto:abigail.draper@recoveryalberta.ca)

*Her interests include treatment of mood and anxiety disorders. Treatment approaches include cognitive-behavioural therapy and mindfulness-acceptance based interventions.*

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

Email: [michele.fercho@recoveryalberta.ca](mailto:michele.fercho@recoveryalberta.ca)

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

**Denise Fillion, Ph.D.** (University of Calgary, 2002). Sunridge Professional Centre, Forensic Assessment and Outpatient Services.

Email: [denise.fillion@ahs.ca](mailto: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.*

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

Email: [kasia.galperyn@recoveryalberta.ca](mailto:kasia.galperyn@recoveryalberta.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, 2003). Tom Baker Cancer Centre-Holy Cross site, Psychosocial Oncology.

Email: [deanna.gammell@ahs.ca](mailto:deanna.gammell@ahs.ca)

*Her interests include working within a multidisciplinary team to provide psychological services to individuals living with cancer and their loved ones. Provides support with illness adjustment, enhancing psychological functioning, and improving quality of life to individuals and couples, and within group settings. Supports patients with gynecological and genitourinary cancers.*

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

Email: [jennifer.garinger-orwin@recoveryalberta.ca](mailto:jennifer.garinger-orwin@recoveryalberta.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.*

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

Email: [jenny.horch@ahs.ca](mailto: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.

Email: [risha.joffe@ahs.ca](mailto:risha.joffe@ahs.ca)

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

**Celine Koryzma, Ph.D.** (University of Victoria, 2013). Richmond Road Diagnostic & Treatment Center, Endocrinology & Metabolism Department.

Email: [celine.koryzma@ahs.ca](mailto:celine.koryzma@ahs.ca)

Clinical Lecturer, Department of Family Medicine, University of Calgary.

*Her interests include the determinants of health behaviour in chronic disease; cognitive-behavioural, acceptance, and mindfulness based interventions to treat emotional dysregulation, disordered eating and self-management; teaching on relationship-based communication and multidisciplinary collaboration.*

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

Email: [laura.labelle@ahs.ca](mailto: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 within a multidisciplinary team to provide psychological services to cancer patients and families.*

**Irene Liu, Ph.D.** (University of Calgary, 2017). Rockyview General Hospital, Specialized Geriatric Services - Seniors Health Outpatient Clinic.

Email: [irene.liu@ahs.ca](mailto:irene.liu@ahs.ca)

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

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

Email: [stewart.longman@ahs.ca](mailto:stewart.longman@ahs.ca)

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

*His interests include rehabilitation psychology, neuropsychology, psychometric assessment, behaviour management following brain injury. Training Committee Member.*

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

Email: [sophie.macrodimitris@ahs.ca](mailto: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.*

**Dana Male, Ph.D.** (York University, 2020). Tom Baker Cancer Centre-Holy Cross site. Psychosocial Oncology. Primary tumour group: Breast cancer.

Email: [dana.male@ahs.ca](mailto:dana.male@ahs.ca)

*Her clinical interests include supporting patients and their loved ones through their experiences of cancer in the form individual, couples, and group interventions, as well as education and multidisciplinary consultation. She is also interested in developing, implementing, and evaluating innovative psychosocial programs that meet the evolving needs of those affected by cancer. She works from an integrative therapeutic lens of emotion-focused, trauma-informed, and humanistic approaches and is passionate about empowering patients to participate authentically and intentionally in their care, relationships, and other valued aspects of their life.*

**Amanda McEppan, Ph.D.** (University of Calgary, 2013). Anxiety Disorders Clinic, Foothills Medical Centre.

Email: [amanda.mcepplan@recoveryalberta.ca](mailto:amanda.mcepplan@recoveryalberta.ca)

*Her interests include anxiety disorders and OCD/related disorders. Treatment approach is primarily cognitive-behavioural, with elements of acceptance and commitment, mindfulness, compassion, dialectical-behavioural, and interpersonal approaches.*

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

Email: [colleen.miller@ahs.ca](mailto:colleen.miller@ahs.ca)

*Her interests include the neuroscience of pain education, health behaviour change, psychosocial factors in chronic pain, pain impact on sexual function, and cognitive behavioural treatment, acceptance and commitment therapy, and mindfulness meditation for chronic pain.*

**Jessie Moorman, Ph.D.** (University of Ottawa, 2020). Foothills Medical Centre, Calgary Epilepsy Program (Adult).

Seminar Series Coordinator.

Email: [jessica.moorman@ahs.ca](mailto:jessica.moorman@ahs.ca)

*Her clinical interests include assessing and treating patients with complex medical concerns (e.g., functional neurologic disorder; somatic symptom disorder; functional movement disorder; epilepsy), as well as enhancing treatment adherence and multidisciplinary consultation. She works from an integrative therapeutic lens of emotion-focused, acceptance and commitment, and trauma-informed approaches. Seminar Series Coordinator and Social Coordinator.*

**Erin Moss, Ph.D.** (University of Calgary, 2012). Sunridge Medical Gallery, Community Addiction and Mental Health Clinic - Northeast.

Email: [erin.moss@recoveryalberta.ca](mailto:erin.moss@recoveryalberta.ca)

*Her interests include mood and anxiety disorders, eating disorders, body image concerns, and interpersonal difficulties. Treatment approaches include cognitive behavioral therapy, schema-focused therapy, and interpersonal therapy.*

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



Email: [kerry.mothersill@recoveryalberta.ca](mailto:kerry.mothersill@recoveryalberta.ca)

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.*

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

Email: [nicole.nayoski@ahs.ca](mailto: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](mailto: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.*

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

Email: [lisa.partlo@ahs.ca](mailto:lisa.partlo@ahs.ca)

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

*Her interests include neuropsychology and epilepsy.*

**Linette Savage, Ph.D.** (University of Calgary, 2018). Neurosciences Program, South Health Campus, Clinical Neuropsychology Services.

Email: [linette.savage@albertahealthservices.ca](mailto:linette.savage@albertahealthservices.ca)

*Interests include: neuropsychological assessment, multiple sclerosis, neuroimmunology, seizure disorders, oncology, mild cognitive impairment / dementia, functional neurological disorders (FND), objective vs subjective cognitive decline, neuropsychological rehabilitation.*

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

Acting Residency Program Coordinator. Acting Practicum Coordinator.

Email: [caroline.schnitzler@ahs.ca](mailto: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.*

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

Email: [amy.siegenthaler@ahs.ca](mailto:amy.siegenthaler@ahs.ca)

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

**Calandra Speirs, Ph.D.** (University of Calgary, 2020). Sheldon M. Chumir Health Centre, Geriatric Mental Health.

Email: [Calandra.Speirs@recoveryalberta.ca](mailto:Calandra.Speirs@recoveryalberta.ca)

*Interests: Diagnostic, personality, and neuropsychological assessment in a geriatric population. Cognitive-behavioural therapy, dialectical-behaviour therapy skills training, and short-term psychodynamic therapy. Adapted interventions for individuals with mild cognitive impairment. Consultation and education within interdisciplinary teams.*

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

Email: [jonathan.stea@recoveryalberta.ca](mailto:jonathan.stea@recoveryalberta.ca)

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

*His interests include assessment and treatment of concurrent disorders, cognitive-behavioural therapy, motivational interviewing, cannabis use disorders, and health-related misinformation in popular media.*

**Joanne Stephen, Ph.D.** (York University, 2003). Clinical Psychology at South Health Campus. South Health Campus.

Email: [joanne.stephen@ahs.ca](mailto:joanne.stephen@ahs.ca).

Interests include Health Psychology, trauma, experiential and emotion-focused therapies, somatization, virtual care, group therapy.

**Jennifer Swan, Ph.D.** (University of Calgary, 2019). Adolescent Inpatient Mental Health Units (Units 26 and 23) and Addiction Centre (Adult Program), Foothills Medical Centre (FMC).

Email: [jennifer.swan@recoveryalberta.ca](mailto:jennifer.swan@recoveryalberta.ca)

*Her interests include adolescent and adult mental health, individual and group therapy, psychological assessment, and consultation/education within multidisciplinary teams. She is interested in working with youth, families, and adults with complex mental health problems and/or concurrent disorders. Treatment approaches include dialectical behaviour therapy, cognitive-behavioural therapy, motivational interviewing, and compassion-based approaches.*

**Carmela A. White, Ph.D.** (University of British Columbia, 2020). Foothills Medical Centre, Neuro-Rehabilitation Program.

Email: [carmela.white@ahs.ca](mailto:carmela.white@ahs.ca)

Her interests include clinical, health, and rehabilitation psychology. Her role in this setting includes supporting adult inpatients with illness adjustment, stress and coping while in hospital, quality of life, resilience and self-compassion, and behaviour change/treatment engagement. Treatment is often short-term and encompasses integrative approaches including cognitive-behavioural (often adapted for the population), acceptance and commitment, emotion regulations strategies, mindfulness and somatic strategies, and positive/strength-based psychology. Interdisciplinary collaboration and consultation are valued and important in this setting.

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

Email: [may.wong@ahs.ca](mailto: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.*

**Lauren Yallop, Ph.D.** (University of Manitoba, 2013). Carewest Operational Stress Injury Clinic.

Email: [lauren.yallop@ahs.ca](mailto:lauren.yallop@ahs.ca)

*Her interests include use of cognitive behavioral therapy, acceptance and commitment therapy, cognitive processing therapy, prolonged exposure, and motivational interviewing for the treatment of trauma, mood and anxiety disorders. Additional interests include health and rehabilitation psychology (including use of pain reprocessing therapy), psychological assessment, and program evaluation research.*

**Marley Young, Ph.D.** (University of Calgary, 2016). Sunridge Professional Centre, Forensic Assessment and Outpatient Services.

Email: [marley.young@ahs.ca](mailto:marley.young@ahs.ca)

Her interests include both individual and group therapy with adults who have been involved with the justice system, cognitive-behavioural therapy, mood and anxiety disorders, trauma-informed therapy (cognitive processing therapy), and court-requested psychological risk assessments.

## **ADJUNCT SUPERVISORS / STAFF**

**Linda E. Carlson, Ph.D.** (McGill University, 1998). Psychologist, Department of Psychosocial Oncology, Cancer Control Alberta – Holy Cross Site.

Email: [lcarlso@ucalgary.ca](mailto:lcarlso@ucalgary.ca)

Enbridge Research Chair in Psychosocial Oncology  
Professor, Department of Oncology, Cumming School of Medicine  
Adjunct Professor, Department of Psychology, Faculty of Arts  
University of Calgary.

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

**Kristin Falconer, M.C.** (Campus Alberta – University of Calgary, University of Lethbridge, Athabasca University, 2009). Addiction Centre, Adult Program.

Email: [kristin.falconer@recoveryalberta.ca](mailto:kristin.falconer@recoveryalberta.ca)

*Her work involves supervising intake assessments, individual therapy, group therapy, program development, and program evaluation.*

**Ashley Marsh, M.A.** (University of Guelph, 2010). Regional Capacity Assessment Team, Bridgeland Seniors Health Site.

Email: [ashley.marsh@ahs.ca](mailto:ashley.marsh@ahs.ca)

*Clinical experience in the specialized area of decision-making capacity assessment with adults and seniors, as well as providing education, training and consultation in the clinical-legal aspects of this area of practice.*

**Lauren Walker, Ph.D.** (University of Calgary, 2013). Department of Oncology at the University of Calgary.

Email: [lauren.walker@ahs.ca](mailto:lauren.walker@ahs.ca)

Adjunct Associate Professor in the Department of Oncology at the University of Calgary. *At the University of Calgary, she leads the **Oncology Sexual Health Lab**, where she designs and evaluates programs that support patients who commonly experience sexual dysfunction after treatment for cancer. Her work at the Tom Baker Cancer Centre has allowed for the development of sexual health resources for cancer patients (including clinical services, patient information, and health care provider education). She supervises residents and clinical fellows interested in gaining research and program evaluation experience with relation to the sexual difficulties of individuals or couples impacted by cancer. She also provides direct education to prostate cancer patients through various programs through her affiliation with the Calgary Prostate Cancer Centre.*

*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

## 2025 – 2026 training rotation request form

NAME:	Click or tap here to enter text.	UNIVERSITY:	Click or tap here to enter
TELEPHONE:	Click or tap here to enter text.	APPIC Match #:	Click or tap here to enter
EMAIL:	Click or tap here to enter text.		
STREAM(S)	Click or tap here to enter text.		

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 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	Click or tap here to enter text.
2nd choice	Click or tap here to enter text.
3rd choice	Click or tap here to enter text.
4th choice	Click or tap here to enter text.
5th choice	Click or tap here to enter text.
6th choice	Click or tap here to enter text.

Date:	Click or tap here to enter text.
-------	----------------------------------

Return this questionnaire as soon as possible after your interview. The deadline date for receipt of this questionnaire is January 13<sup>th</sup>, 2025.

Forward to Dr. Caroline Schnitzler by Email to: [caroline.schnitzler@ahs.ca](mailto:caroline.schnitzler@ahs.ca)