

Edmonton Consortium  
Clinical Psychology Residency

# Edmonton Consortium Clinical Psychology Residency Brochure

2024-2025

## Overview of the Program

The Edmonton Consortium Clinical Psychology Residency is a predoctoral training program for psychologists. We were last accredited in 2016-17 for a 6 year term by the Canadian Psychology Association\*. At the time this brochure was prepared, we are preparing for our CPA re-accreditation site visit, which will take place over Oct. 30-31, 2023. We are members of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and participate in the APPIC Matching Program (check the APPIC website ([www.appic.org](http://www.appic.org)) for information about APPIC policies and procedures). We are also a member of the Canadian Council of Professional Psychology Programs (CCPPP).

The Consortium operates under Alberta Health Services (AHS) and is comprised of multiple sites throughout the city, including hospitals and outpatient clinics. All current sites are accessible and are located within the city where public transportation is available. All of the sites have a strong emphasis on training. We offer a wide range of outstanding training experiences in assessment, treatment, and consultation with diverse client/patient populations. There are some rich opportunities to work as integral members of interdisciplinary teams. The contributions of residents to the clients/patients and program teams are greatly valued by all sites.

One of the Edmonton Consortium's greatest strengths is the breadth of experiences available which enables us to meet a wide variety of training goals. Within the Generalist stream, there are 5 positions available across rotations in Adult Mental Health, Forensics, Rehabilitation, Eating Disorders, and Pediatrics. The Neuropsychology stream offers 1 position with rotations available in Pediatric Brain Injury, a general Pediatric Neuropsychology Service, Adult Stroke, Adult Mental Health and Forensics, Adult Neurology/Neurosurgery, and Geriatrics. Our focus is on helping residents become confident professionals within a practitioner-scientist model.

We actively promote the importance of a healthy work-life balance for all of our residents.

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

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## COVID-19

At present, sites and programs within the Consortium have lifted most COVID related screening measures and almost all sites have returned to seeing patients and clients in person. However, both AHS and the Edmonton Consortium recognize that some adaptations implemented during the pandemic may continue to provide protection for patients and staff. As of June 2023, masks are no longer mandatory within AHS sites, except in areas of patient care with more vulnerable or immunocompromised individuals (largely similar to pre-pandemic guidelines for such specific areas of patient care). Masks are still freely available at AHS sites, and anyone can opt to wear a mask should they choose or should a patient request that they wear one.

Through the pandemic, service delivery and working environments have grown to include in person and virtual options that may include seeing patients remotely or options for working from home for staff (and residents). As our rotations are located across several sites and programs, there may be differences in what is expected of the residents (and psychologists) depending on the site, program, and manager. There are a number of adaptations to assessments and treatments that may continue to be used if necessary (e.g., Plexiglass barriers during assessment/testing, use of PPE where indicated) and some of our clinics and/or treatment programs have chosen to continue providing service over virtual platforms to increase access to patients that may not otherwise have been able to access services.

Supervision of residents is predominantly in person (with the option for use of appropriate PPE depending on resident and supervisor preferences) but may also include supervision over Zoom where indicated (i.e., if supervisor and resident are at different sites or working from home during scheduled supervision time).

Some of our weekly supervision and teaching seminars have continued to be offered through Zoom, but we have also begun to resume in-person sessions for an increasing number of these seminars/meetings. This process will likely continue to evolve as time goes on, as we have recognized the benefits of both in-person and virtual platforms for seminars and administrative meetings.

We recognize the impact that COVID may have had on practicum hours, which we take into consideration during our selection process. For more information, please look at the section on Application Eligibility and Requirements further on in the brochure.

# Philosophy Goals & Training Objectives

## Our Philosophy & Goals of Training

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

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

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

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

1. Developing assessment skills to increase competency and independence
2. Developing skills in diagnosis to increase appropriate autonomy in working with clients
3. Developing intervention skills to increase appropriate autonomy in working with clients
4. Increasing competency in consultation and effective functioning on interdisciplinary teams

5. Developing appropriate interpersonal relations in all areas of work including with clients (e.g., therapeutic rapport), supervisors, colleagues, the community, and administration
6. Focusing on awareness and application of ethics and standards of psychology, particularly within health care
7. Increasing awareness and knowledge of issues of individual differences and diversity
8. Being sophisticated consumers of research within health care to support evidence-based practice and developing skills in program evaluation or development and applied clinical research
9. Increasing knowledge and practice of supervision
10. Engaging in a healthy balance between work and personal life
11. Functioning competently and independently as a psychologist

## General Information

### Predoctoral Residency Program Streams

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

For residents in the Generalist stream, the emphasis is to provide breadth and depth of training in the clinical knowledge and skills necessary to practice psychology across different settings and with different populations and presenting issues. Residents are exposed to different clinical approaches as they work with supervisors from various theoretical orientations. They complete two 6-month major rotations (3 days a week) and one minor rotation (1 day a week) that extends throughout the year.

The Neuropsychology stream offers advanced training in clinical neuropsychology across the lifespan. The aim of this stream is to broaden the skills and knowledge of applicants who are currently enrolled in a doctorate program with specialized training in clinical neuropsychology. It is expected that applicants will have completed prerequisite coursework and practicum placements in neuropsychological assessment or neuropsychological

intervention/neurorehabilitation as part of their doctoral training. Residents will complete three 4-month major rotations in Neuropsychology allowing a depth of experience with a specific population (e.g., children or adults) or broad exposure across the lifespan. Residents also complete a minor rotation (1 day a week) throughout the year to gain breadth of experience. The minor will generally be focused on intervention and may be through the Neuropsychology stream or the Generalist stream.

Although applicants are **permitted** to apply for both streams, **we strongly recommend only applying for one stream**. We find that if applicants are trying to submit an application that highlights skills and interest in both streams simultaneously, they are less likely to receive an interview from either stream.

## Resident Positions

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

The stipend is set at \$35,000 for the residency year. We also offer 3 weeks of holiday which are paid out in lieu at a rate of 5% and statutory holidays paid out in lieu at a rate of 3.6% per hour. Residents also have 10 sick days, professional development time (approved by the Director on a case-by-case basis), and medical and dental coverage. Additionally, we have allocated 5 paid days over the course of the year that residents can access to work on their dissertations. Each hospital provides excellent secretarial support and computer access for residents with access to the Internet. There are designated resident offices at most sites, as well as access to various databases (e.g., Medline and PsychINFO). The library card residents receive also allows access to the University of Alberta Library system.

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

## Supervision & Evaluation

### Supervision

Residents in both streams are provided with extensive supervision throughout the residency year. All supervisors are registered to provide psychological and, when appropriate, neuropsychological services within the province of Alberta. Consistent with CPA standards, residents receive a **minimum** of 4 hours of supervision per week with at least 3 hours being individual supervision. Additional supervision may occur in a group format. On a regular basis, there are opportunities for residents to discuss issues related to supervision and develop their own supervisory skills. In both streams, on a case-by-case basis, there may be opportunities to work with psychologists or neuropsychologists other than the primary supervisor(s) associated with a specific rotation. Moreover, although it is the primary responsibility of the Consortium faculty to supervise residents, members of other health disciplines may assist.

### Resident Evaluation

Evaluation is an important mechanism for the Edmonton Consortium to provide feedback on a resident's progress, to allow supervisors and residents to determine whether the training objectives are met, and to ensure that any difficulties are dealt with promptly. Formal evaluations are conducted at the midpoint and end of each rotation. Academic Directors of Clinical Training receive a progress report at the midpoint and again at the end of the training year to document the progress of the residents.

### Program Evaluation

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

## Educational Opportunities

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

**A. Seminar Series.** This weekly clinical seminar series is held on Wednesdays which are protected as non-clinical days. Psychologists and other invited professionals present seminars



on a wide range of topics and issues. The topics presented include ethics, standards and practices, supervision, assessment, treatment, consultation, psychopathology, self-care, diversity and individual differences, as well as special topics in the practice of psychology. There are opportunities for discussion around the ethical decision-making process surrounding roles, values, and ethical problems associated with private practice, institutional practice, supervision, and research. All residents attend this seminar series. These seminars are open to faculty of the Consortium to attend and may also be coordinated with other residency programs in the Edmonton zone where appropriate.

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

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

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

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

## Research Experiences

The Consortium places emphasis on the practitioner side of the practitioner-scientist model but is still committed to the importance of research and empirically based practice. Thus, we want our

residents to develop an appreciation of the relationship between research and clinical practice. In addition to using empirical literature to inform their work with clients and patients, over the course of the residency, residents are required to work on a small clinical research project with a focus on applicability and improvement of clinical service delivery within AHS. Past examples of such projects have included developing new service programs/groups with pre/post evaluation, adapting existing programs to the COVID pandemic, and developing education/programming to help reduce patient anxiety while attending outpatient clinics.

A portion of the weekly non-clinical day (typically Wednesday afternoons) is dedicated time for residents to work on their research projects.

Toward the end of the year, residents present their research at the Residency Research Day to the other residents and the faculty. Additionally, residents are expected to engage one other form of relevant knowledge mobilization (e.g., presenting the project findings to the program in which the research was conducted). Residents have the support of a dedicated research coordinator as well as a direct research supervisor, and a small number of the Wednesday seminars will be focused on applied clinical research and knowledge mobilization.

In addition to being involved in research, residents are also given 5 days to work on their dissertation. If residents have completed their dissertations, this time can be used for working on the process of registering as a psychologist including studying for the EPPP, preparing a manuscript for publication, or other research related activities.

## Generalist Stream

### Description of the Generalist Stream

Give readers a summary of your report and outline what information they'll find in the following sections.

#### **Providing Comprehensive Training in Assessment, Intervention & Consultation**

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

**Psychological Assessment and Diagnosis.** Residents become familiar with a variety of psychological assessment tools and clinical interview styles and how to use these with clients or patients from diverse backgrounds and with a variety of presenting issues. They learn to select appropriate assessment tools to address the referral question while at the same time matching

the assessment process to the clinical setting and client needs. Residents will gain exposure to a wide variety of mental health issues related primarily to psychiatric, neurological, and medical/health conditions. There are ample opportunities for differential diagnoses across rotations. Residents expand upon their case conceptualization skills and develop the ability to generate clinical recommendations that are realistic, helpful, and coincide with the needs of the client and available resources.

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

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

### **Development of Awareness of Ethical Principles & Diversity Issues**

Issues of diversity, individual differences, ethics, and professional development are examined through the professional seminar series and resident group discussions on Wednesdays. There is also an annual professional seminar that comprehensively addresses how to attend to diversity within the supervisory relationship as well as the therapeutic alliance. In addition, residents are exposed to issues of diversity and individual differences, working with clients from various ethnic, cultural, religious, age, gender, sexual orientation, socio-economic, and disability groups across the rotations. Issues related to diversity, ethics, and professional principles are explored through supervision as situations arise with clients or within the work setting.

### **Development of Research Skills in Clinical Practice**

Reviewing relevant literature for particular rotations or presenting issues is an important part of learning to use research to guide assessment and intervention. Additionally, a resident may choose to complete their research project (described previously) in one of their clinical rotations.

### **Increasing Knowledge in Practice of Supervision**

Seminars on supervision are integrated into the weekly seminar series. Throughout the year, each resident will facilitate a 90-minute discussion-based presentation on a supervision topic of interest to them, and this presentation will be followed by either a 90-minute peer consultation session (during which residents can discuss challenging or interesting cases / issues) or simulated supervision experiences with each resident rotating through the roles of supervisor and supervisee at various points in the year.

When available, residents may be involved in co-supervision of a junior psychology student.

### **Promoting Work-Life Balance**

In all the rotations, it is considered important that the residents develop a sense of balance between their personal and professional lives. Accordingly, the Rotation Coordinators and supervisors work directly with the residents to ensure that workloads can be managed within a 38.75-hour work week. In addition, during regular Wednesday group meetings with the residents, the Director of Training and Associate Directors monitor the experiences of the residents within each rotation to ensure that the workload and expectations of all supervisors are reasonable.

### **Development of Skills Necessary to be a Professional Psychologist**

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

The Generalist stream provides breadth in training experiences by having the residents complete two major rotations and one minor rotation. Depth of training is generally through the major rotations where a resident may elect to work in an area of interest and focus on further developing specific skills. Residents are given the opportunity to work in areas that are new for them and are given the level of supervision required to allow them to be successful in this new learning. Residents will also have the opportunity to work with diverse patient populations and will receive supervision exploring diversity at a patient-centered level as well as inclusion issues within Psychology.

## **Generalist Stream Rotations**

Within the Generalist stream, residents complete two major rotations, each lasting six months. Residents also complete a minor rotation for one day a week extending over the entire residency year. There is some flexibility in the organization of the minor experience both in terms of opportunities and scheduling. Decisions regarding which rotations the residents will complete

occur collaboratively after Match Day. Incoming residents are guaranteed an experience (either the six-month rotation, or the minor rotation) in **at least one of their top two rotation choices**. Residents are not required to have experience or background in the areas of the rotations.

Of note, some rotations may give residents the unique opportunity to explore the impact and challenges associated with providing clinical services in community/outpatient settings, as well as within a hospital setting.

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

### **A. Adult Mental Health**

**Locations:** Clinical Psychology Services (College Plaza), Operation Stress Injury Clinic (OSI), Alberta Hospital Edmonton

#### **Primary Supervisors:**

Kristina Devoulyte, Ph.D., R.Psych. (Coordinator)  
Laura LeClair, Ph.D., R.Psych.  
Tom Pearson, Ph.D., R. Psych.  
Cody House, Ph.D., R. Psych.  
Kirstyn Krause, Ph.D., R. Psych.  
Graham Gaine, Ph.D., R.Psych.

Minor experience available.

This rotation is based out of three locations: the Clinical Psychology Service (CPS) at College Plaza, the Edmonton Operational Stress Injury Clinic (OSI) and Alberta Hospital Edmonton (AHE). Residents may participate in providing services at one, two or all three locations, depending on their interests and program availability. The AMH rotation offers experience in the primary domains of assessment and both individual and group intervention, with some opportunities for consultation as well. CPS and the OSI Clinic offer opportunities for outpatient experiences, while AHE has acute inpatient experiences available. Clients present with a wide range of psychiatric diagnoses including affective disorders, anxiety disorders, psychotic disorders, addictions, trauma, developmental disorders, personality disorders and so on. There is exposure to clients from different minority groups (e.g., ethnic and cultural, financial, disability, LGBTQ+, etc.) and residents gain awareness of the different issues facing these patients and how to adapt interventions and assessment methods to accommodate each patient's unique needs.

The CPS program offers experiences in therapy (individual and group), assessment, and occasional consultation. It is possible to participate in program development and evaluation as new groups are being implemented. At CPS, treatment emphasizes a cognitive-behavioural approach, but other perspectives such as interpersonal psychotherapy, acceptance and

commitment therapy, motivational interviewing, emotion-focused therapy, cognitive processing therapy (CPT), and CBT for insomnia (CBT-I) are also incorporated depending on the needs of the client. The program offers CBT and CBT-I groups and a CPT group for trauma is under development. Assessment questions range from intellectual and/or cognitive functioning to diagnostic clarification/differential diagnosis to treatment recommendations. A variety of psychometric measures are utilized depending on the referral question.

The OSI clinic is a specialized outpatient program that serves Veterans, current Canadian Forces members, and eligible members of the Royal Canadian Mounted Police (RCMP), as well as families. This clinic provides specialized psychodiagnostic assessment and treatment services to clients who have experienced mental health “injuries” secondary to operational service (e.g., posttraumatic stress, depression, anxiety, problematic substance use, sleep disturbance, chronic pain, emotion dysregulation). Treatment may involve individual and group approaches and residents will have an opportunity to be a part of multidisciplinary team. The OSI clinic uses a number of evidence-based approaches, including CPT, prolonged exposure, dialectic behaviour therapy (DBT), CBT, CBT-I, and 3MDR (Multi-modular Motion-Assisted Memory Desensitization and Reconsolidation). Psychodiagnostic assessments are supplemented by semi-structured diagnostic interviews and self-report symptom measures. Opportunities for psychological testing are available from time to time to aid in differential diagnosis and/or case formulation in relation to complex clinical presentations. The clinic utilizes routine outcome monitoring to guide treatment and residents learn to use psychometrically supported symptom monitoring measures (e.g., OQ-45, PCL-5) to guide and adjust treatment as necessary.

The exact experience of each resident varies depending on their needs, particular interest and the timing of the groups. We aim to provide a resident with an opportunity to conduct 6-8 assessments per rotation as well as to provide individual and group psychotherapy. Typically, residents in major rotation receive three hours of supervision per week specifically related to that rotation, and a resident in minor rotation receives one hour of supervision. Wednesdays are non-clinical days devoted to the seminar series, supervision, research, and professional development.

## **B. Eating Disorders**

**Location:** University of Alberta Hospital

### **Primary Supervisors:**

Jody Sark, PhD., R.Psych. (Acting Coordinator)  
Elisabeth Mundorf, Ph.D., R.Psych.  
Crystal Morrow, PhD., R.Psych.

Minor experience **may occasionally be** available.

The Eating Disorders Program (EDP) is a unique and innovative blend of inpatient and outpatient services aimed at the treatment of anorexia nervosa and bulimia nervosa. Patients are aged 13 through later adulthood and come from Alberta and other parts of Canada. In addition to eating disorders, patients often present with comorbid depressive, anxiety, substance use, and personality disorders, as well as self-harm behaviours and suicidality. The

EDP, which is structured to deliver medical and psychiatric/psychological treatment flexibly to each patient's individual needs, utilizes the efforts of a highly trained interdisciplinary team that includes psychiatrists and psychiatric residents, dietitians, nurses, occupational therapist, recreation therapist, unit manager, school teachers, as well as psychologists and psychology residents. Continuity of care across the recovery process is enhanced by having the same staff follow and treat patients through levels of care, which include inpatient hospitalization, partial hospitalization, and outpatient services. The EDP views the etiology of eating disorders as multifactorial and therefore the treatment approach involves a combination of physiological, developmental, behavioural, cognitive, family-based, neurobiologically informed, and process-oriented modalities. Patients' treatment tends to be long-term due to the usually protracted nature of recovery from eating disorders.

The rotation provides rich opportunities in intervention and the emphasis on treatment means there is little or no opportunity for formal assessment experience. Residents are granted the opportunity to employ the treatment approach they consider most appropriate, while providing a rationale for their interventions. Most patients present with comorbidities and often elicit countertransference challenges. This requires clinicians to match treatment interventions to the patient's degree of severity, complexity, and personal circumstances. More often than not, treatments represent meaningful learning opportunities for residents, who are expected to acquire new skills and expand the scope of their competencies. Residents who are generally open-minded, curious learners with tolerance for ambiguity should be able to benefit from this rotation to a significant extent.

Furthermore, an excellent match to this rotation would be a resident inclined to self-reflect, pursue learning opportunities, and welcome a growing level of comfort with non-linear treatment progress. A typical week in the Eating Disorders rotation includes participation in case conferences with the interdisciplinary team and rounds with the psychology/psychiatry team, conducting individual therapy and family treatment, developing and implementing group programs, and having between 2-3 hours of supervision in the rotation.

### **C. Forensic**

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

#### **Primary Supervisors:**

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

Debra Jellicoe, Psy.D., R.Psych.

Gabriela Corabian, Ph.D., R.Psych.

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

Jeremy Cheng, Ph.D., R. Psych.

Minor experience available.

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

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

Outpatient experiences in this rotation allow for forensic mental health assessments (i.e., risk for reoffending) and psychological consultations (e.g., cognitive, personality, diagnostic clarification). The assessments are mainly used for treatment purposes, but still must be at the quality to be defensible in Court. There are also possibilities for group therapy (e.g., sexual offending, intimate partner violence, trauma, emotional regulation) and/or individual therapy (e.g., general mental health treatment, individual curriculums of group treatments, risk management). There is exposure to a diverse population (e.g., cultural, language, socioeconomic, LGBT2A+) as well as a range of presenting problems (e.g., depression, anxiety, psychosis, personality). Additional activities may include participation in interdisciplinary case conferences, psychology discipline meetings, consultations with community partners (e.g., probation, police), and on-going trainings offered within the clinic.

A typical week in the Forensic Psychology rotation includes participating in a group, attending up to three interdisciplinary case conferences, doing between one to three assessments per week (depending on the resident's workload), possibly seeing one to three individual clients (depending on the resident's workload and the availability of clients for individual therapy), and having four to



six hours of supervision. Fridays are non-clinical days, devoted to the seminar series, supervision, research, and professional development.

#### **D. Paediatric**

**Locations:** Glenrose Rehabilitation Hospital

**Primary Supervisors:**

Heather Dyck, Ph.D., R.Psych. (Coordinator)

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

**Secondary Supervisors:**

Jessica Zvonkovic, Ph.D., R. Psych.

Minor experience available.

The paediatric rotation includes assessment, short-term treatment, and consultation experiences. There are opportunities to work with both inpatient and outpatient populations with greater focus on outpatient services. In paediatrics the resident can have a diverse experience with a broad range of populations, ages, and presenting issues as well as opportunities for enhancing skills in specific areas of interest.

At the Glenrose Rehabilitation Hospital (GRH), diagnostic assessments are completed for children aged four months to 18 years who present with various challenges such as developmental delays, behaviour/emotional problems, psychiatric diagnoses, physical and/or sensory impairments, learning disabilities, attention deficit hyperactivity disorder, and autism spectrum disorder. Many assessments are completed through multidisciplinary clinics, including medicine, physical therapy, occupational therapy, speech-language pathology, social work and audiology. Opportunities for psychology-only assessments are available as well.

Treatment is another focus of the rotation and includes both group and individual services. At the GRH, outpatient groups are being developed and are expected to be running in the Fall 2022. Group topics include: behaviour management skill-building group for parents of children with complex needs, an anxiety group for school-age children and their parents, parent group for children with extremely picky eating. There may be opportunity to develop your own group to fit additional areas of treatment need (e.g., adjustment to condition). Individual treatment options are similar to what would present in a community mental health setting, but all the patients will have concurrent medical and/or rehabilitation issues.

The resident will also have different consultation opportunities at GRH ranging from working within the context of an interdisciplinary team to more traditional referrals received from hospital units or physicians.

In the rotation, residents become aware of the issues related to assessment and treatment of a paediatric population, both in terms of efficacy of treatment approaches and assessments based upon research and the recent literature and ethical issues particular to a paediatric population. They have the opportunity to be exposed to CBT treatment of childhood and youth problems, developmental issues, health issues in acute or rehabilitation settings, early intervention

strategies, parent education, assessments across different ages and presenting problems, behavioural intervention, parent education, and community liaison. The experience the residents have depends on what will best meet their learning goals and round out their training. There is a commitment to allowing the resident to receive supervision from various supervisors within a reasonable number (two to four supervisors is the guideline). A typical week in the Paediatric rotation varies depending on the training goals of the resident but generally includes participation in a group-based intervention with children or youth, seeing two to four individual clients, working on and consulting to interdisciplinary teams, conducting assessments, and having a minimum of four hours of supervision per week. Wednesdays are non-clinical days devoted to the seminar series, supervision, research, and professional development.

## E. Rehabilitation

**Locations:** Glenrose Rehabilitation Hospital, Kaye Edmonton Clinic, College Plaza

### **Supervisors:**

Sharon Gaine, Ph.D., R.Psych. – General Rehabilitation (Co-coordinator)  
Ann Marcoccia, Ph.D., R.Psych. – Neurology (Co-coordinator)  
Norm Thoms, Ph.D., R.Psych. - Brain Injury and Stroke  
Amy Anderson, Ph.D., R.Psych. - Brain Injury  
Desmond Cheung, Ph.D., R.Psych. – Inpatient Rehabilitation  
Bruce Dick, Ph.D., R.Psych. – Chronic Pain  
Paige Ethridge, Ph.D., R. Psych. – Stroke/Specialized Rehabilitation Outpatient Program

### **Secondary Supervisor:**

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

Minor experience available.

Many of the Rehabilitation experiences are offered at the Glenrose Rehabilitation Hospital (GRH), a tertiary rehabilitation centre with a catchment area that includes Central and Northern Alberta, Northern British Columbia, as well as the Yukon and Northwest Territories. At the GRH, residents could be involved in clinics connected with assessment and/or treatment (both individual and group) of orthotics/amputation, spinal cord injury, traumatic brain injury (TBI), and stroke/cerebrovascular accident (CVA). There may also be an opportunity for experiences in the Sexual Health Service. GRH services offer interdisciplinary teamwork and consultation with various disciplines including occupational therapy, social work, speech and language pathology, recreation therapy, and physical therapy. inpatient and outpatient experiences provide an opportunity for individual and group treatment of patients (and occasionally their partners) adjusting to injury or chronic illness (e.g., MS, spinal cord injury, amputation, TBI, CVA) using a bio-psycho-social approach and multiple treatment modalities (I.e., CBT, Mindfulness-based, ACT, Process/Client Centered).

Other experiences in the Rehabilitation rotation are located in the Kaye Edmonton Clinic (Chronic Pain Clinic) and College Plaza (chronic neurological conditions). Residents learn to assess the psychological factors associated with medical recovery, as well as traditional psychological factors such as personality and cognitive ability and their implications for treatment. A bio-psychosocial approach to health, coping, and acceptance is emphasized, often focusing on helping patients to adjust and adapt to challenges brought on by their illnesses or injuries. There are opportunities for group and individual treatment. Cognitive-behavioural, insight-oriented, interpersonal, ACT, and Mindfulness-based therapies are some of the therapeutic approaches utilized. Residents regularly participate in interdisciplinary team conferences and consult with other members of the treatment team. The degree of participation in team conferences versus more traditional consultation varies depending on the particular program the resident chooses.

A typical week in the Rehabilitation rotation varies according to the resident's particular interests but typically includes participating in two or three of the opportunities within the rotation. Each week, residents can expect to engage in at least one interdisciplinary team conference, likely participate in group therapy, see individual patients/clients, and may have options to complete assessment activities (learning the measures, administering, scoring, interpreting, writing the report, providing feedback to the patient and the interdisciplinary team), and have three to six hours of supervision. The exact workload varies according to the residents' interests. A small research project could be undertaken in any of the Rehabilitation locations.

## Neuropsychology Stream

### Description of Neuropsychology Stream

#### **Providing Comprehensive Training in Assessment, Intervention, and Consultation**

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

#### **Development of Awareness of Ethical Principles and Diversity Issues**

Issues of diversity, individual differences, ethics, and professional development are examined through the professional seminar series and resident group discussions on Wednesdays. In addition, the resident is exposed to issues of diversity and individual differences through their work with clients from a variety of backgrounds, identities, orientations, ability levels, ages,

economic status, etc. Issues related to diversity, ethics, and professional principles are explored through supervision as situations arise with clients and within the work setting.

### **Development of Research Skills in Clinical Practice**

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

### **Increasing Knowledge in Practice of Supervision**

Seminars on supervision are integrated into the weekly seminar series. In addition, residents will be asked to develop a presentation on a supervision topic of interest to them. For Neuropsychology residents, the focus of this presentation can be on issues related to supervision and training specifically in neuropsychology. When available, residents will be involved in co-supervision of a junior psychology student. Unfortunately, because there are no local post-secondary programs with emphasis on neuropsychological assessment, this is not typically possible.

### **Promoting Work-Life Balance**

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

### **Development of Skills Necessary to be a Professional Psychologist**

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

## Neuropsychology Stream Rotations

The Neuropsychology stream offers experiences across the lifespan through rotations in Paediatrics, Adult, and Geriatrics. The resident will complete three 4-month major rotations. Residents can select to have experiences that focus more on one area or across the entire age span, but a balance of breadth and depth is encouraged as well as accessing opportunities at multiple hospital or clinic sites. In addition to the Neuropsychology major rotations, the resident will also complete 1 day a week in a minor experience. The minor is typically from the Generalist stream. The goal of the minor is on expanding breadth and generally will have an intervention focus. One day per week is devoted to non-clinical professional development and research. Rotations will be determined in consultation with the Neuropsychology stream coordinator/Associate Director.

### A. Paediatric Brain Injury

**Location:** Glenrose Rehabilitation Hospital

**Supervisors:** Kate Randall, Ph.D., R.Psych.  
Jenny Carstens, Ph.D., R. Psych.

This neuropsychology assessment rotation allows the resident experiences with children from birth to 18 years with a variety of presenting issues, ranging from acquired brain injury to complex diagnostic neurodevelopmental queries. There are opportunities for assessment and intervention within the inpatient Pediatric Brain Injury Rehabilitation Program. In this program, children and adolescents with moderate to severe acquired brain injury due to varying etiologies (e.g., traumatic brain injury, stroke, and encephalitis) are seen at various stages of recovery. Numerous outpatient assessment opportunities are also available through a variety of hospital clinics, which may include Fetal Alcohol Spectrum Disorder Clinic, Brain Injury Clinic, Physical Medicine Clinic, and the School-age Neurodevelopmental Assessment Clinic.

Within this rotation, the resident will have the opportunity to work directly within multidisciplinary inpatient and/or outpatient teams. Primary roles for the resident include neuropsychological assessment (including test administration, scoring, and interpretation), team consultation and conferencing, providing feedback at family and school conferences, and report writing.

### B. Paediatric Neuropsychology Service (UAH)

**Location:** University of Alberta Hospital

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

The Paediatric Neuropsychology Service provides inpatient and outpatient consultation to physicians, paediatric psychologists, parents, and teachers for a very diverse population of infants, children, and adolescents from Alberta and across Canada. Inpatient referrals derive from almost every medical program at the Stollery with the majority involving clients with neurological

disorders (e.g., epilepsy, tumors, hypoxic/ischemic injury, and CNS infections) and candidates for organ transplants (heart, liver, lung, kidney). Routine outpatient referrals include clients with genetic/metabolic disorders like PKU and Galactosemia, complex psychiatric disorders, and a large variety of neurodevelopmental disorders.

Core experiences within this service include completing standard and specialized neuropsychological assessments; active participation in seizure conferences regarding epilepsy surgery based on video-EEG, neuroimaging, and neuropsychology results; direct observation of paediatric neurological examinations, reading EEGs, and neuroimaging; attending teaching rounds in neuroscience, neuropsychology, clinical psychology, and child psychiatry; observation of functional MRI for language localization; and involvement in multidisciplinary research or collaborative research of the resident's interest. Treatment and education planning and monitoring of surgical outcome are primary purposes of assessments and include parent/client/teacher education and consultation with paediatric psychologists and psychiatrists. As well, there may be opportunities to work with medical residents from Neurology and Psychiatry who are completing rotations through this service.

### C. Adult Neuropsychology Service (General)

**Location:** University of Alberta Hospital/Kaye Edmonton Clinic

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

The Neuropsychology Division at the University of Alberta Hospital/Kaye Edmonton Clinic includes a general adult service. This service receives referrals from a wide range of outpatient clinics (i.e., Movement Disorders, Multiple Sclerosis, Epilepsy, Transplant, Cardiac, Oncology, Metabolic, Psychiatry/Psychology, Neurology/Neurosurgery, Stroke, Occupational Medicine, Sleep, Immunology, Rheumatology) in addition to all inpatient units. Most of the clients seen in this service are outpatients but assessments are regularly conducted with inpatients as well. Pre- and post-surgical assessments for epilepsy surgery and deep brain stimulation surgery to treat movement disorders are a focus, and neuropsychology plays an important role in surgical planning with results being presented in multidisciplinary epilepsy and movement disorder team meetings. Residents are expected to gain a broad range of exposure to patients with various neurological conditions in addition to medical conditions resulting in neurocognitive compromise. Although residents will do some testing themselves, they will primarily be collaborating with psychometrists. Other supplementary experiences which may be available include observation of deep brain stimulation surgery, shadowing a neurology clinic, observation of functional MRI for language localization, observation and planning of awake craniotomy for preservation of language during neurosurgery, interacting with medical residents from other disciplines (e.g., Neurology, Psychiatry, and Occupational Medicine), and attending a variety of academic and clinical rounds (e.g., Psychiatry, Psychology, Stroke, Geriatrics, etc.).

## **D. Geriatric Neuropsychology Service**

**Location:** Glenrose Rehabilitation Hospital

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

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

## **E. Adult Stroke Service (Neuropsychology)**

**Location:** Glenrose Rehabilitation Hospital

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

This rotation will provide the resident an opportunity to work with both adult and geriatric inpatients and outpatients who have sustained a stroke secondary to various etiologies. The resident will be involved in neuropsychological assessment including patient and collateral interviews, test administration/interpretation, working with psychometrists, feedback to patient/family and report writing. The rotation will also include consultation with a multidisciplinary team and team/family conferences. The resident will have the opportunity to co-facilitate an inpatient cognitive rehabilitation group.

## Applicant Eligibility & Requirements

In addition to CPA accreditation, our residency program is a member of the Canadian Council of Professional Psychology Programs (CCPPP), and the Association of Psychology Postdoctoral and Internship Centers (APPIC). APPIC has developed uniform guidelines regarding application and acceptance procedures that we follow when selecting and offering internship positions to applicants. You will find these guidelines at the APPIC website at <http://www.appic.org/>. This year, our interviews will be virtual and held during the middle of December. We will also follow the CCPPP guideline for notification of interview which will be the first Friday in December with universal response day for booking interviews on the following Monday.

Graduate students at the doctoral level in CPA and/or APA approved clinical or counselling psychology programs (or equivalent) will be considered for admission. Preference is given to Canadian applicants or applicants with appropriate work visas in place.

Alberta Health Services and the Edmonton Consortium are committed to employment equity. We welcome diversity in our workplace and encourage applications from all qualified individuals including members of visible minorities, indigenous persons, and persons with disabilities. Further, we endeavor to provide an accessible work place for all residents. For example, all sites can provide office space, parking (paid or unpaid depending on the site), and equipment to meet the needs of residents with disabilities and in the past we have made accommodations for residents with disabilities.

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

## Application Procedures

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

- all core course work;
- comprehensive/candidacy exams;
- 600 hours or more of clinical training which includes 300 hours of direct practicum experiences (combination of assessment and intervention) and 150 hours of supervision (please note: that most successful applicants will exceed these minimum requirements). *We are aware that the COVID 19 pandemic may have limited opportunities for direct contact interactions in assessment and treatment. As such, some flexibility in the composition of those hours (i.e. telephone contact or virtual video-conference) interaction) will be considered in counting clinical hours.*



- a dissertation proposal (please note: most successful applicants tend to have progressed further than the proposal stage in their dissertations)

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

- a cover letter which includes the stream to which you are applying and the rotations of primary interest (3 majors, 1 minor for neuropsychology applicants; 2 majors, 1 minor for generalist applicants)
- a curriculum vitae,
- the completed APPIC Online application, (which includes essays and the DCT's verification of eligibility and readiness),
- all graduate transcripts,
- three letters of recommendation **including at least two with a focus on clinical skills** (using APPIC required format). For the Neuropsychology stream, at least one letter of reference should be from a neuropsychologist or supervisors from a neuropsychology practicum.

## Interview & Selection Procedures

Applications are reviewed and evaluated by the selection committees for the generalist or neuropsychology streams. We will notify applicants (via email) who are successful in obtaining an interview by the first Friday in December. Please do not list an e-mail address unless you check it regularly. The Universal Response date is the following Monday when applicants can contact the sites that have offered interviews to accept the interview and arrange the specific times.

**Note:** Given COVID-19, we will be taking into consideration how practicum experiences may have been impacted. As practicum hours may be lower, we encourage you to discuss any limitations in your training due to COVID-19 in your cover letter and/or ask your Director of Clinical Training to discuss the challenges in the verification of readiness letter.

The selection process for the generalist stream involves two steps. The first is a paper review of more objective information (e.g., hours of intervention, number of integrated assessment reports). Most residents who will gain an offer of interview have **at minimum** 100 hours of assessment and 200 hours of intervention with 150 hours of supervision included in the required 600 total hours (from summary table on APPI). We tend to look carefully at assessment experiences including: 10 integrated reports (see APPIC definition of integrated report) and experience with administration and interpretation of approximately 10 standardized formal tests (e.g. WAIS-IV) and 5 personality assessments (e.g., MMPI-II). These are guidelines only and the numbers could

vary based on the overall levels seen in a particular year's applications. We will also consider anticipated hours and work experiences that are not reflected under this category.

If applicants have successfully passed through this first step, we then move on to the second step of the evaluation. In the second step, we review the applications that remain. Two reviewers independently look at an application, blind to the ratings of the other reviewer. Applications that receive a positive rating from each reviewer are then invited for an interview. Reviewers are looking for the best fit with our program and this may include the essays, reference letters, and information about practicum sites.

For the neuropsychology stream, the applications are reviewed by the coordinator and each of the neuropsychology supervisors. There is a strong emphasis on neuropsychological assessment hours and reports completed, neuropsychology-specific practica, and course work relevant to the theory and practice of neuropsychology. As a result, individuals who have completed a formal neuropsychology specialization through their graduate program tend to be competitive, though applicants from non-specialized programs who have adequate coursework and practicum experience are also encouraged to apply. Most applicants who are offered an interview typically have at minimum: more than 150 hours of neuropsychology practicum hours, 30 written neuropsychological reports, multiple neuropsychology courses, and a strong background in neuropsychological testing as well as proficiency with global intellectual measures (e.g., Wechsler scales). Again, guidelines and numbers can vary. The coordinator reviews all applications based on this information and successful applications will then be moved on to the second step. In the second phase, each rotation makes independent judgments about whether an interview should be offered and the applicants with the most support from the supervisors will be offered an interview.

It is important to note that the selection process is not mainly about hours but more about how well the applicants match with our program. Applicants that are a good fit for our program are then invited for an interview. We offer approximately 30 interview slots for the Generalist stream and 6 for the Neuropsychology stream. Following the recently implemented national interview schedule proposed by CCPPP, for the 2024-25 application cycle the interviews will occur in the second and third weeks of December 2023. Occasionally, we may interview slightly outside these times. Again, in accordance with CCPPP and APPIIC recommendations, **for the foreseeable future we have elected to only offer virtual interviews through Zoom.**

For the generalist stream, the interview will involve meetings with the director, rotation coordinators, and one of the current residents. The duration of the interview is approximately 4 hours. Our interview is focused on sharing information between the consortium and the applicant. Applicants will also be asked several questions to help us get a better sense of their fit with our program.

For the neuropsychology stream, the interview will involve 4 supervisors from different rotations. The interview will last around 90 minutes and be composed of several questions and 1 case study.

The current residents participate as members of the selection committee in the generalist stream and a resident is involved in one of the formal interviews. For both the neuropsychology and generalist streams, applicants will be able to speak to a current resident to gain informal and more

candid information about the residency. We believe it is important that applicants are able to obtain a resident's view of our program in order to make decisions about how well the residency fits with the applicant's own goals and training objectives.

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

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

Applicants may apply to both the generalist stream (NMS program code 180411) and the neuropsychology stream (NMS program code 180412). **However, applicants will only be accepted into one stream (either the generalist or the neuropsychology).** We follow the APPIC guidelines, and our rank order of applicants is submitted to the National Matching Service. In addition, we wish to emphasize that this site agrees to abide by the APPIC policy that **no person at this training facility will solicit, accept, or use any ranking-related information from any applicant.**

## Policy on Handling Your Personal Information

In accordance with federal privacy legislation (Personal Information Protection and Electronics Documents Act - <https://laws.justice.gc.ca/eng/acts/P-8.6/index.html>), you should be aware that we are committed to collecting only the information in your application that is required to process your application.

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

## About the History of Our Program

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

In 1996, the internship at AHE initiated the process of joining with the internship at Glenrose Rehabilitation Hospital (GRH) (which has offered an internship since 1980) to form Edmonton's first internship consortium. Since 1997 we have offered AHE and GRH as an internship consortium. The Division of Clinical Psychology at the University of Alberta Hospital (UAH) has provided supervision and practicum placements for graduate students in counselling psychology since 1980. In 1988 a more formalized internship program was established at UAH. The UAH (now called AHS Clinical Psychology Service) was added as a consortium partner in 2005. At present, the programs formerly related to AHE and UAH have been integrated into AHS Addiction and Mental Health. As such, the consortium presently has two funding and administrative partners: AHS Addiction and Mental Health and the Glenrose Rehabilitation Hospital.

It is our belief that this partnership provides a broader array of clinical experiences than those that are available to residents at any single site. The client population now covers the entire age spectrum from infants to elderly people and focuses on health as well as psychiatric disorders. Clinical experiences are available in programs which provide services for psychiatric problems, developmental disorders, forensic psychology, cognitive rehabilitation, neuropsychology, health psychology, eating disorders and family-centered practice.

The consortium is accredited by the Canadian Psychological Association.

## About Our Former Residents

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

## About Our Supervisors & Staff

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

### Primary Supervisors

- **Amy Anderson**, Ph.D. (2009) University of Manitoba, R.Psych. – Brain Injury – GRH.  
\*Evaluation and intervention after acquired brain injury; individual and group psychotherapy; cognitive rehabilitation.
- **Jeremy Cheng**, Ph.D. (2021), University of Saskatchewan, Saskatoon, SK, R. Psych.-- Forensics--Alberta Hospital Edmonton
- **Desmond Cheung**, Ph.D. (2006) Cornell University; Respecialization in Clinical Psychology (2013) Pacific University – Health – GRH.  
\*Anxiety disorders, rehabilitation, trauma, couples therapy
- **Gabriela Corabian**, Ph.D., (2017) University of Saskatchewan, R.Psych. – Forensics – AHE.  
\*Attitudes towards sex offenders.
- **Kristina Devoulyte**, Ph.D. (2006) Dalhousie University, R.Psych. – Adult Mental Health Coordinator – CP  
\*Clinical, health, and rehabilitation psychology, personality disorders, anxiety and mood disorders, impulse control disorders
- **Bruce Dick**, Ph.D. (2002) Dalhousie University, R.Psych. - Rehabilitation - UAH.  
\*Pain management, chronic pain, measurement of pain.
- **Paige Ethridge**, Ph.D.(2021), McGill University, Montreal, QC, R. Psych.--SROP --GRH
- **Nancy Fisher**, Ph.D. (1998) University of Windsor, R.Psych. - Neuropsychology.  
\*Alzheimer's disease subtypes, movement disorders, medical neuropsychology.
- **Roy Frenzel**, Ph.D. (1996) University of Alberta, R.Psych. - Forensic Co-Coordinator - Centerpoint.  
\*Forensic assessment and treatment, sex offenders, cognitive behavioural therapy, psychophysiological correlates of offending behaviour.

- **Robert Frerichs**, Ph.D. (2003) University of Victoria, R.Psych. – Geriatric Neuropsychology - GRH.  
\*Geriatric neuropsychology, assessment and intervention with older adults presenting with mild cognitive impairment, dementias, and psychiatric conditions, capacity assessment.
- **Graham Gaine**, Ph.D. (2011) University of Waterloo, R.Psych. – Consortium Research Coordinator – Addiction and Mental Health – Edmonton Zone.  
\*Routine outcome monitoring, early intervention, treatment engagement, multimethod assessment, stepped care.
- **Sharon Gaine**, Ph.D. (2014) University of Waterloo, R.Psych. – Associate Director of Training and Rehabilitation Co-coordinator – GRH.  
\*Health psychology with a focus on adjustment to injury or chronic illness (e.g., MS, chronic neurological disorders, amputation, spinal cord or orthopedic injury, chronic pain, etc.).
- **Andrew Haag**, Ph.D. (2005) University of Calgary, R.Psych. – Forensic Co-coordinator – AHE.  
\* Forensic psychology, assessment, teaching, research, and counseling.
- **Cody House, Psy.D.** (2014) Arizona School of Professional Psychology at Argosy University, Phoenix, AZ., R. Psych.—Operational Stress Injury Clinic
- **Debra Jellicoe**, Psy.D. (2011) Illinois School of Professional Psychology, R. Psych. – Forensics – FACS  
\* Forensic mental health assessment; interventions with individuals at high risk for violent recidivism; spousal violence treatment.
- **Kirstyn Krause, Ph.D.**(2021), Toronto Metropolitan University, Toronto, ON., R. Psych— Adult Mental Health -- College Plaza
- **Laura LeClair**, Ph.D. (1999) University of Windsor, R.Psych. – Adult Mental Health –OSI  
\*Cognitive-behavioural therapy, mood disorders, anxiety disorders.
- **Annunziata Marcoccia**, Ph.D. (2015) University of Windsor, R.Psych. – Associate Director of Training and Rehabilitation Co-coordinator – CP  
\*Adjustment to chronic illness, disability identity, and emotion-focused therapy.
- **Crystal Morrow**, Ph.D. (1999) University of Alberta, R.Psych. - Eating Disorders Coordinator - UAH.  
\*Eating disorders, personality disorders, depression, self-harm, anxiety disorders.
- **Elisabeth Mundorf**, Ph.D. (2013) University of Windsor, R.Psych. – Eating Disorders – UAH.  
\*Emotion-focused therapy, complex trauma, eating disorders treatment.  
\*Psychiatric neuropsychology, early onset psychosis, adult ADHD
- **Tom Pearson, Ph.D.** (2016), University of Alberta, Edmonton, AB, R. Psych— Adult Mental Health-- College Plaza
- **Tiffany Pursoo**, Ph.D. (2013) University of Ottawa, R.Psych. – Paediatrics GRH  
\*Youth forensic assessment, individual and group psychotherapy, sex offender treatment
- **Kate Randall**, Ph.D. (2011) University of Victoria, R.Psych. – Neuropsychology – GRH.

\*Paediatric neuropsychology, acquired brain injury, neurodevelopmental issues, social-emotional development.

- **Jody Sark**, Ph.D. (2005) University of Alberta, R.Psych. - Eating Disorders - UAH.

\*Family and neurobiological treatments for eating disorders

- **Simita Schwartzberg**, Ph.D. (1994) University of Alberta, R.Psych. – Neuropsychology – GRH

\*Adult and geriatric neuropsychology, stroke, dementias and other neurological disorders.

- **Tom Snyder**, Ph.D. (1979) Virginia Commonwealth University, R.Psych. - Neuropsychology - UAH.

\*Epilepsy, developmental disabilities.

- **Norm Thoms**, PhD. (2005) University of Windsor, Adult Clinical, R.Psych. - Brain Injury Program/SROP – GRH, Edmonton Consortium Clinical Psychology Residency Director of Training.

\*Assessment and treatment of outpatient stroke survivors with focus on adjustment and coping, mood disorders/dysregulation, cognitive rehabilitation, and group psychotherapy.

- **Jordan Urlacher**, Ph.D. (2014) University of Windsor, R.Psych. – Adult Neuropsychology – UAH.

\*Assessment of individuals with psychiatric and neurological conditions for diagnosis, treatment planning, neurosurgical outcome evaluation.

- **Sophie Yeung**, Ph.D. (2014) Simon Fraser University, R.Psych. – Associate Director of Training and Coordinator of Neuropsychology Stream – Geriatric Neuropsychology – GRH.

\*Geriatric neuropsychology, assessment and intervention with older adults presenting with cognitive impairment, dementia, and psychiatric conditions, vascular risk factors for cognitive decline.

- **Shelley Ylioja**, Ph.D. (2012) University of Windsor, R.Psych. – Neuropsychology – GRH,

\*Clinical neuropsychology across the lifespan, stroke, traumatic brain injury, rehabilitation.

## Research Consultant

- **John Reddon**, Ph.D. (1984) University of Western Ontario, R.Psych. – AHE

\* Clinical research, program evaluation.

## Secondary Supervisors

- **Connie Finlay-Joy, M.A.** (2001) Gonzaga University, Spokane WA, R.Psych. – Brain Injury – GRH.

- **Jessica Zvonkovic, Ph.D. (2019) Southern Illinois University, Carbondale, IL, R. Psych.-Pediatrics/SROP-GRH**

## Clinical/Instructional Contributors

- **Jennifer Flynn**, B.A. (1993), University of Alberta, Psychometrist, GRH, Brain Injury, Stroke
- **Carolyn French**, B.A. (1988), University of Alberta, Psychometrist, AHE Adult Psychiatry Program.
- **Nicole Kostiuk**, Ph.D. (2012), University of Alberta, R. Psych., Psychologist,
- **Philip Naude**, M.Psych. (1991) University of the Western Cape - South Africa, R. Psych., Psychologist, Forensics - Centerpoint.
- **Lori Harper, Ph.D., R.Psych.** (2000), University of Calgary, Calgary, AB., Psychologist, Geriatric Assessment, Villa Caritas/Covenant Health

## About Our Hospitals

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

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

**Alberta Hospital Edmonton (AHE)**, under the authority of Alberta Health Services, is the largest psychiatric treatment centre in Alberta. It provides comprehensive inpatient and outpatient or community-based mental health care to people from Edmonton as well as northern Alberta, the Northwest Territories, the Yukon, and part of Nunavut. AHE inpatient services are provided on a



peaceful 170-acre site in northeast Edmonton, while community services are primarily located in downtown Edmonton. At the hospital site, two programs, Acute Adult Psychiatry and Forensic Psychiatry provide diagnostic and therapeutic specialty services to patients. Community services or outpatient follow-up is provided through a number of specialty clinics which provide assessment and treatment services to adults with mental illnesses, and adolescent and adult offenders with psychiatric problems. Day support programs and consultation services are also offered to these populations, often in partnership with other agencies.

## About Our Clinics

The **Addiction and Mental Health Clinical Psychology Service (CPS)** office is located in College Plaza, an office building two blocks away from the University of Alberta Hospital. The team is comprised of four clinical psychologists (one of whom currently works predominantly with MS patients as a part of the Rehabilitation rotation), one part-time neuropsychologist, two part-time psychometrists, admin support, and clinical psychology and psychiatry residents.

The **Operational Stress Injury (OSI) Clinic** is located on the north side of Edmonton. This clinic is federally funded by Veteran Affairs Canada to provide services to eligible members of the Canadian Armed Forces, RCMP personnel, and veterans. The OSI team consists of psychologists, social workers, nurses, psychiatrists, and occupational therapists.

The **Kaye Edmonton Clinic** is an outpatient facility attached to the University of Alberta Hospital. It includes several clinics that a Psychology or Neuropsychology resident might be involved with, including the HIV clinic, the Chronic Pain clinic, and the Neuroscience (Neurology/Neurosurgery) clinic.

**Forensic Assessment and Community Services (FACS)** and **Centerpoint** are forensic outpatient clinics under the umbrella of the Alberta Hospital Edmonton forensic program and are located in downtown Edmonton to provide outpatient forensic assessment and treatment services to adults (FACS) and youths (Centerpoint) under a court order. Both clinics are made up of a multidisciplinary team including psychologists, psychometrists, social work, psychiatry, nursing, and administration staff.

## About Our City

Edmonton is a city of approximately 1.5 million people. The city is large and spread over a sizeable area. The North Saskatchewan River runs through the city and we have an outstanding river valley park system, with jogging, biking, and ski trails running through the city.

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

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

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

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

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