



Psychology Residency Program

**For the Training Year
2012 - 13**

12 Month Predoctoral Residency Training in Clinical Psychology

Saskatoon, Saskatchewan, Canada

http://www.saskatoonhealthregion.ca/join_our_team/hp_psychology_internship.htm

Established in 1982

Accreditation* by:

**The Canadian Psychological Association &
Accreditation Panel**

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*Site visit completed in August 2011; reaccreditation decision pending October panel meeting.

Affiliated with:

**The Canadian Council of Professional Psychology Programs &
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Mission Statement

Experience

Excellence

Diversity

Unity

Our mission is to provide a predoctoral residency in general clinical psychology to students from accredited clinical, university-based training programs.

We honour diversity by accepting qualified persons from all geographical regions, regardless of race, sex, age, sexual orientation, religion, or disability. We strive to attain unity in our profession by basing our training practices on national standards. We endorse our profession's scientific tradition by encouraging research and incorporating research-based clinical practices in our program.

As a generalist program, we provide diverse supervised experiences, involving a variety of different professional roles, client populations (e.g., individuals, parents, families, groups), and patient problems. As supervisors, we wish to be inspiring role models in a wide range of settings, as we, in turn, benefit from the stimulation of educating the practitioners of tomorrow. As responsible members of our profession and community, we foster public well-being through our efforts in professional development, health promotion, and quality service provision.

Our Context

Program History

The *Psychology Residency Program*, a twelve-month predoctoral residency was developed in the training year 1980-81. A record of training was already established as faculty in the department had supervised practicum students from the University of Saskatchewan's Clinical Psychology Program for the previous six years. Under the initiation of Dr. Carl von Baeyer, the first Training Director, and Dr. Larry F. Shepel, Head of the Division of Psychology, a training plan was developed and funding for a position was secured from hospital administration. A three-page letter advertising the internship was sent to university training directors, and the first intern was accepted for the training year 1982-83. Early training experiences included many rotations still present (e.g., health psychology, child developmental), as well as others that are no longer involved (e.g., Saskatoon City Hospital Psychiatry inpatient unit).

Accreditation Criteria for Clinical Psychology Programmes and Internships were approved by the *Canadian Psychological Association (CPA)* Board of Directors in 1983. Thus, for the first time CPA was able to offer accreditation status to clinical internships and graduate departments. The *Psychology Internship Program* responded with an application for accreditation, and in October 1986 had the first CPA site visit for accreditation of a predoctoral clinical internship. The outcome was provisional accreditation of the program, granted for a period of three years. Along with programs at Manitoba Health Sciences Centre and Kitchener-Waterloo, Royal University Hospital was one of the first internship programs accredited by CPA, in the training year 1986-87. In response to site visit feedback, ensuing program developments at the *Psychology Internship Program* included explicating program policies and procedures (e.g., brochure; manual; policies; mission statement) and increasing administrative independence from the Department of Psychiatry.

During the first accreditation term, other rotations joined the internship program, including MacNeill Clinic (now Mental Health and Addiction Services, Child and Youth Programs). Dr. von Baeyer left the department to pursue his career on faculty at the University of Saskatchewan, and Dr. Linda Carroll, the program's first intern, assumed the role of Training Director. In her first year as director (1989), she hosted the second accreditation site visit, and the program was granted full accreditation for a five-year term by CPA. Also, in that training year, the program added the Regional Psychiatric Centre's rotation in Adult Forensic Service and Neuropsychology in the home department. Thus, by 1990, the program had achieved fully accredited status and organized the rotations and supplementary activities that have become its core.

Advancing on its early success, an application for joint accreditation by CPA and the *American Psychological Association (APA)* was made on the occasion of the next review in 1994, with receipt of five years' full accreditation by both CPA and APA. A review of the program occurred in 1999. At this time, Dr. Carroll was leaving to pursue an academic career at the University of Alberta. However, prior to leaving, she and the new training director, Dr. Laurene Wilson, prepared the self-study for both CPA and APA. Once again, the program received a five-year term of full accreditation from both organizations (1998-99 to 2003-4), the longest period available to Canadian internship programs at the time. In

2004, the program again received the longest term available (now 7 years). On its renewal for 2011, with the sun-setting of APA Accreditation in Canada, the program elected to proceed with Accreditation by the Canadian Psychological Association alone. The site visit occurred in August 2011, and the program awaits news of its status following the next meeting of the CPA Accreditation Panel in October 2011.

During the course of the program's development, noteworthy changes were occurring in the organizational settings in which it is located. With respect to the local organization, the department was originally known as the Division of Psychology, and it functioned within the Department of Psychiatry. In January 1992, the organization was altered in order to make the division an independent department. At that time, the group of staff and its programs became known as the *Department of Clinical Health Psychology*, to reflect their focus in Health Psychology and to distinguish them from other mental health services provided in the geographical area.

In recent years, the program has been pleased to join with our colleagues at other sites to add training opportunities at FIT for Active Living (Rehabilitation Health), Student Counselling Services (University of Saskatchewan), Youth Resource Centre, Inpatient Addictions, the Chronic Pain Centre (Chronic Pain Management), Long Term Care and Senior's Health and Prince Albert Mental Health (Northern Community Mental Health).

Throughout the history of the program, there has been continuity in the core features of the program: generalist training in child and adult practice, didactic/seminar experience, dedicated research time, and supervision of graduate students in clinical psychology. In reviewing our history, it appears that the long-standing stability of the program has resulted from the solid foundation laid at the beginning of the program. Consequently, while residents and supervisors have moved on to other settings, the program has remained stable and successful, as reflected in the applicants and residents attracted from across Canada and the United States.

Rationale for the Psychology Residency Program

This residency program is embedded within the educational and training tradition and mission and of the Royal University Hospital and Saskatoon Health Region. Royal University Hospital and Saskatoon Health Region not only provide health services, but also offer training to a wide array of health-care professionals. As such, the presence of a psychology residency program for psychologists, a discipline that complements and enhances the quality of health care provided is consistent with the hospital's and region's mission.

The residency program is unique and necessary within the province of Saskatchewan. It was the first nationally accredited, full year, doctoral psychology residency in the province. It provides a residency opportunity for students from the province who can train without the expense of moving to training centers in other parts of Canada or the United States. Also, the program provides the means for attracting qualified professionals nearing the completion of their studies into the province where they can experience and work in our health care system. Their understanding and appreciation of our province and its health care services increases the potential for recruiting educated professionals into psychology positions throughout the province. Third, as a program with a broad training perspective and many affiliated sub-specialties (e.g., health psychology;

neuropsychology; forensics), the program offers training experiences not offered in other areas of the province or all centers in Canada. Residents are attracted from a variety of centers in North America. Residents bring skills and information to our province which aid in keeping professionals and their services up-to-date with developments in other health centers.

The residency program offers additional benefits to our services and the region. The opportunity to collaborate with and learn from professionals in a variety of health care services promotes the useful exchange of information and expertise. Interdisciplinary training and collaborative interventions serve to fulfill our services' and region's mission of exemplary patient care. In addition, the program complements other training programs. It provides the important interdisciplinary exchange of information between students in a variety of health care professions. The residency also enhances the quality of clinical services offered throughout our training sites. Qualified residents trained in other educational centers bring a variety of skills which support and extend the expertise and knowledge of existing staff and programs. The task of training residents and the requirements of the accreditation process itself facilitate activities and processes that enhance the quality of the professional psychology services in the region. For example, in achieving accreditation, the program must demonstrate standards of ethical competence, professional skill and knowledge, and documentation of patient care and quality assurance procedures.

The residency program also complements graduate training in the Department of Psychology at the University of Saskatchewan as that program complements the residency. Predoctoral residents participate in placements across the region and interact with university's practicum students. Psychology residents in turn learn supervision skills through exchanges and the mutual training opportunity further enhances the quality of psychology resources in the province.

In summary, as the first accredited program of this type in the province, the doctoral psychology residency program offers opportunities for mutual support and important contributions towards the achievement of goals and objectives for our province, health services, the health region, the host department, the university and the profession of psychology.

Saskatoon Health Region, Program Administration & Location

The residency is administered through the Department of Clinical Health Psychology. The department operates under the administrative authority of the Saskatoon Health Region and is located at Royal University Hospital.

Saskatoon Health Region (SHR) is the administrative board responsible for health care services in Saskatoon and the surrounding area. It is the main teaching and tertiary service agency in the province. In 2002, Saskatoon became a regional health authority (RHA), through amalgamation of three adjacent, rural health districts, bringing the population served to nearly 300,000 people in more than 100 cities, towns and rural municipalities. Our Region has over 12,000 employees and physicians. Within Saskatoon, more than 8,000 staff provide services in three hospitals with about 950 beds, and community-based services,

including ambulance and rehabilitation, community and mental health, and long-term and special care. In fact, people from across the province come to Saskatoon for hospital care and specialized services. On a given day, about half of the patients requiring an overnight stay come from outside the Region. As leaders at regionalization and at provincial collaboration, SHR derives strength and success from integration and our many unique, strong and very positive relationships with affiliates, such as St. Paul's Hospital, University of Saskatchewan, Saskatchewan Institute of Applied Sciences & Technology, Regina-Qu'Appelle Health Region and University of Regina through the Academic Health Sciences Network. Current emphases within SHR include strong community programs focusing on wellness and management of chronic diseases, addressing health disparities and the needs of our aboriginal community.

Royal University Hospital (RUH) offers numerous diagnostic and treatment services unavailable elsewhere in the province. Opening in 1955, the hospital became a national leader in cancer radiotherapy, kidney transplant surgery, cardiac care, and psychiatric home care. RUH housed the first MRI in the province. Within the region, RUH now specializes in pediatrics, neurology and neurosurgery, women's reproductive and children's services, and trauma services. The mission of Royal University Hospital is to provide exemplary patient care in an academic environment that fosters enlightened teaching and scholarly research.

SHR is affiliated with the **University of Saskatchewan** which is located adjacent to RUH. The university is the city's largest employer, with over 19,000 full-time and part-time students. It is the only Canadian university with colleges in five major life and health sciences: Medicine, Dentistry, Nursing, Pharmacy & Nutrition, and Physical Therapy. Residents can readily access the university's main, education and health sciences libraries, as well as other resources, which are only a few minutes walk away.

Prince Albert Parkland Health Region

The Prince Albert Parkland Health Region is located in north central Saskatchewan and is the third-largest of the province's RHA. We provide a range of specialty services to more than 77,000 people in one city, and 40 towns, villages and rural municipalities, as well as 12 First Nations. It is a major referral centre for health-care services for residents of northern Saskatchewan.

For More information on PAPHR see: www.princealberttourism.com

Our Communities: Saskatoon & Prince Albert

Saskatoon is a medium-sized city with a population of approximately 250,000. The community is rich in diversity, with varied ethnic origins, traditions, religions, and languages. Reflections of the diversity include our large Aboriginal community (10% First Nations, Metis, and Inuit), many immigrants (8.5% of the population), and people with disabilities (7.8%). Saskatoon is the largest city in the province of Saskatchewan, situated on the banks of the South Saskatchewan River. As the educational, scientific, medical, and cultural centre for the northern two-thirds of the province, Saskatoon offers a greater variety of activities and urban amenities than cities of similar size in more densely populated provinces.

The city boasts a symphony orchestra, professional theatre companies, art galleries, museums, a zoo, and many parks. *Wanuskewin Heritage Park* is a national heritage site whose name means "seeking peace of mind." It is promoted as a place to re-establish harmony with nature. Set on land inhabited by tribes of the Northern Plains for over 6000 thousand years, it provides an exemplary setting for learning about and understanding Aboriginal culture and heritage. At the end of June, the city's annual *Jazz Festival* attracts major talent each year in jazz, blues, world and many other genres of music. About 50,000 people attend this event which lasts ten days. *Shakespeare on the Saskatchewan* sees two of the bard's scripts re-created each July and August under tents on the shore of the river. A highlight of the year in Saskatoon is *FolkFest*, a three-day multicultural summer festival with up to thirty pavilions celebrating the ethnic diversity of the city's heritage. Another special event is the *Fringe Festival*, a ten-day festival featuring alternative theatre groups from all over the world, street musicians, and other entertainment. Other events include the *Children's Festival*, *Meewasin Dragon Boat Festival*, the *Exhibition*, a *Taste of Saskatchewan*, and *Cruise Night*.

Recreational and sports activities abound with fishing, bird-watching, canoeing, skiing, hunting, and camping within city limits or easy reach of town. The Meewasin Valley Trail is over 20 kilometers in length and spans both banks of the South Saskatchewan River from the city's core and beyond. It provides splendid recreation for walking, roller-blading and biking in summer, as well as cross-country skiing in winter. For the sports fan, Saskatoon offers the University of Saskatchewan Huskies, whose football and hockey teams are perennially placed in the top 10 of Canadian university sports. Saskatoon is also home to a major junior hockey team, the Saskatoon Blades and the Saskatoon Hilltops.

Weather-wise, Saskatoon has warm, dry summers and cold, clear winters. Like other prairie locations, year-round, Saskatoon has more days of sunshine than most other Canadian cities. The air is clear and free of pollution and the water quality is good. Industry, agriculture, and technology contribute to success in employment sectors. Public and separate schools are readily available and are of excellent quality. The recent addition of the *Canadian Light Source* synchrotron attracts international scientific attention, interest and visiting scholars. Because of these qualities and many more, Saskatoon is perennially rated as having one of Canada's foremost levels of life quality.

Prince Albert has a population of just over 40,000 people and is the 3rd largest City in Saskatchewan. It is situated on the banks of the North Saskatchewan River with rich agricultural land to the south and the boreal forest to the north. Although Prince Albert is centrally located in Saskatchewan it is the most northern city in the province. This physical location has led to the creation of the slogan "Gateway to the North." Much of Prince Albert is built on the sloping south bank of the North Saskatchewan River while the north bank provides a spectacular view of mixed forest, typical of northern Saskatchewan.

Prince Albert celebrated its one-hundredth birthday in 2004. As one of the oldest settlements in the province, this city has enjoyed a rich and celebrated history. Settled in 1866 by Reverend James Nisbet, the area seemed like the ideal spot to build a life on the Prairies. Nisbet named his new settlement Prince Albert, in honour of the Prince Consort to England's Queen Victoria.

The Prince Albert Region was originally known as Kisi-Saskatchewan, the name for our fast moving rivers and the name later adopted by the Province. Other names like Pehonan and Kistapinanihk (the great meeting place, the important or protected place) marked

this territory. This region is home to millions of acres of parks, lakelands, mixed and boreal forests. The Prince Albert National Park is a great area for nature enthusiasts to enjoy the great outdoors and once home of famous conservationist Archibald Belaney, the Englishman who posed as the Native known as Grey Owl.

The beginning of the 21st century marked a period of growth in the city, including the building of the Cornerstone Development Shopping District, the E.A. Rawlinson Centre for the Arts, and the Provincial Forestry Centre. With diamond exploration in the Prince Albert Area, growth in the commercial and industrial sectors, and an active cultural and recreational community, Prince Albert's future promises to be as exciting as its past!

Prince Albert experiences variable temperature changes. The daily normal mean temperature varies from 17.4 C in July to -21.5 C in January with recorded extremes from 39.4 C to below -42 C. Bright sunshine hours in Prince Albert are among the highest in Canada with an annual average of 2170.6 hours per year or about 6 hours per day.

Facts about Prince Albert:

Prince Albert has been the home riding of three of Canada's Prime Ministers, including Sir Wilfrid Laurier (1896), William Lyon MacKenzie-King (1926), and John G. Diefenbaker (1953).

Prince Albert has twice been rated as one of the best cities in which to live in Canada by Chatelaine magazine.

In February of 2007, Prince Albert was selected as one of four cities in Saskatchewan to provide free-of-charge wireless Internet access. The free Internet access, made possible through the Government of Saskatchewan's "The Saskatchewan Connected Initiative", will be available to the City's downtown area, as well as the Saskatchewan Institute of Applied Science and Technology (SIAST) Woodland Campus.

For more information on Prince Albert see: www.princealberttourism.ca. For pictures of Prince Albert see: www.citypa.ca/Visiting/CityPhotoAlbum/tabid/62/Default.aspx

Our Approach to Training

Philosophy & Model of Training

"Research conveys a mode of thought. It teaches how to be inquisitive and skeptical, how to think logically, how to formulate hypotheses and to test them, how to gather data rather than opinion, how to analyze those data and draw inferences from them, and how to make a balanced presentation of the findings. These are skills that help professional psychologists to rise above the technician level." (Meltzoff, 1984, p. 209)

"Clinical psychology is both a science and an art calling for scientific rigor tempered by personal and social sensitivity." (Committee, 1947, p. 540)

The Psychology Residency Program endorses the scientist-practitioner model of training in clinical psychology. As outlined more than a half century ago, the Boulder model included recommendations for: 1) doctoral level training to adequately prepare a qualified professional; 2) comparable knowledge base to experimental psychologists; 3) broad, applied and theoretical knowledge of diagnosis, therapy and research, with extensive, rigorous training, including clerkships and a full-year residency to provide sound foundations for later specialty training; 4) careful integration of theory and practice; and 5) settings facilitating increased maturity and growth, including momentum for and appreciation of the need for active, lifelong learning. Responsibility to client populations, cooperation with professionals on a multidisciplinary team, sensitivity to social implications of one's work, and concern for research implications, including regularly asking "how", "why", and "what's the evidence" were also basic points in the original description of the scientist-practitioner model (Committee, 1947). These are the traditions of psychologists at the Psychology Residency Program and this is the model that is in keeping with our approach to our work and training.

Because of the fact that graduate training programs in clinical psychology typically emphasize acquisition of knowledge, understanding of theory, and production of research, with limited practical application in clinical settings, we call the model of training during the residency year practitioner-scientist to recognize the emphasis on practical experience at this point of training, which provides a balance in professional development included in the Boulder model. It is believed that an emphasis on supervised practical experience during the predoctoral residency year is very much appreciated by students and assists them in developing expertise and a professional identity as both a scientist and an increasingly independent practitioner. This development is achieved through provision of a wide variety of supervised clinical experiences (e.g., diversity in presenting problems and clientele, variety in types of assessments and intervention, approaches and orientations, supervision, consultation, program development). These supervised experiences are designed to provide an optimal learning experience, as tasks and roles become increasingly challenging and independent throughout the year.

While there is an emphasis on practitioner, the identity of scientist remains important in several ways. Residents are encouraged to reflect on the scientific foundations brought from years in doctoral training, applying their professional knowledge base to new, expanded, applied areas that they have not previously encountered. Residents are expected to generalize and utilize strategies of scholarly inquiry acquired in doctoral

training, to practice their professional work in a responsible and informed fashion, consistent with the tradition of a scientist-practitioner. More specifically, for example, students are expected to know how to formulate a question, undertake a literature review, evaluate literature critically, draw conclusions about the knowledge base, and consider where additional knowledge is required or how to apply existing knowledge in clinical practice. Residents are expected to understand diverse means to seeking answers (e.g., research; review; meta-analysis). Whether for research consultation meetings, program evaluation, decisions about interventions or assessment approaches, or clinical case presentations, residents are expected to understand and apply such strategies in the presentation of information or analysis of others' work. Practitioners including residents employ practices endorsed by scientific evidence (e.g., searching on-line resources, as well as scientific journals and scholarly books; communications from memberships in professional associations; attending conferences; utilizing scholarly resources; learning and using evidence based treatments). Also, practitioners are encouraged to utilize their critical thinking developed in training as scientists in their work with client populations. Finally, residents engage in scientific research activity (e.g., data proposal, collection, analysis, manuscript preparation) as a requirement of the residency program, as do some of the supervising staff.

Values & Principles of the Residency

Engaging in diverse roles, establishing broad competencies

In developing their professional identity and increasing clinical competence, trainees at the pre-doctoral level should not yet limit their practice to one narrow field. Working with a variety of populations and roles is important at this level. Both direct contact with client populations as well as developing competence in other professional responsibilities (e.g., supervision, consultation, administration, teaching, research, and program development) is critical to a comprehensive experience in the practitioner role at this level of training.

Progressive independence with supportive training

Following preparatory experiences in graduate programs, including coursework and preliminary practica, immersion in the clinical setting on a full-time basis provides a logical progression in developing the in-training psychologist's competency. Throughout the training year, residents should receive maximum responsibility of which they are capable (which progressively increases throughout the year and depends on the individual's unique characteristics), while receiving ample exposure to role models and supervision of their clinical work.

Emphasizing learning – practice-based, balanced, self-directed, and standardized

The residency year is a time for pre-doctoral trainees to learn about clinical practice. Trainees enter with limited clinical experience in the variety of activities in which a psychologist may be expected to engage. The pre-doctoral residency year is a time to immerse oneself in these various responsibilities and roles, following preparatory training in the graduate program. Rather than service provision per se, though, residents should learn

new skills, with a balanced schedule that provides broad experiences, time for review, study, and supervision. Trainees are encouraged to seek out challenges and opportunities for learning that are of personal interest, and trainers respond to these expressions of interest. While this learning is somewhat self-directed, there are also core experiences that maintain standards of competence in psychology and must be monitored by trainers throughout the year to ensure this standardization.

Emphasizing practice, valuing our scientific tradition

While we subscribe to a scientist-practitioner model of training in clinical psychology generally and for the graduate training program, we feel a reversal of roles—*practitioner-scientist*—is most appropriate for the residency year. Consequently, there is an emphasis on practice in the residency, but the identity of scientist is valued and honoured as the foundation of the trainee's residency experience. This endorsement and utilization is achieved in many ways, including use of practices endorsed by scientific evidence, use of critical thinking in work with client populations, and engaging in scientific research as a requirement.

Diversity & unity

The population of our city and province is infused with diversity, as reflected in its people's ethnic origin, race, religion, gender, sexual orientation, ability levels, age, family structure, socioeconomic status, and geographic locale, for example, which bring immeasurable richness to our context. Like staff, residents appreciate the diversity and inform their practices with appropriate awareness, while continually attending to increasing understanding of how such characteristics interact with professional issues. Accepting and encouraging inclusion of our client populations, professional colleagues, and residents from all geographic areas without discrimination based on personal characteristics increases coherence and unity in the community and profession, while we practice in a professional and ethical fashion. Simultaneously, we are granted the opportunity to share in the diversity as individuals join together in local practice.

Professional development & the advancement of psychology

Provision of quality training is a critical component of practicing psychologists' contribution back to the profession of psychology. In providing an accredited residency experience, and accepting students from accredited training programs, our program works collaboratively with our colleagues toward the advancement of our profession. Simultaneously, the education and supervision of students is a stimulating and rewarding experience that benefits the educator, as well as the trainee and profession as a whole.

Community & social welfare

Exemplary service provision benefits the population we serve. Further, developing and expanding the role of psychology through training benefits public health and serves the public interest. Furthermore, as the integrated, cooperative provision of service throughout our health region best serves the public interest and professional practice, integrated inclusion of different services in the residency is similarly beneficial.

Goals & Objectives

The over-arching goal of the training program is to provide a high quality training experience, required for the completion of trainees' doctoral degrees and advancing competency development. The training is intended to prepare trainees for entry level positions where they will continue to progress toward fully independent practice. In order to achieve these goals, specific objectives are set for the advancement of competency in a wide array of foundational (e.g., personal skills, professional conduct, interpersonal relationships), clinical (e.g., assessment, intervention, consultation) and other professional skills (e.g., program development and evaluation, administration, research).

Psychological Assessment Proficiency

- Interpersonal knowledge and skills with client populations: Demonstrates respect, helpful approach, good listening, rapport-building, accurate empathic reflection, clarification/summarizing appropriate to assessment situations, including interviewing and testing. Awareness of power relationships, working relationship, fluctuations in the relationship as function of setting. Demonstrates both through verbal and non-verbal behaviours with all populations served. Establishes and maintains rapport and working alliance involving trust and respect with appropriate professional boundaries. Appropriately manages conflicts/differences.
- Preparation: Clarifies nature and appropriateness of referral question; formulates hypotheses; selects appropriate methods for assessment question(s), responsive to and respectful of client populations.
- Clinical interviewing: Makes observations, systematically gathers appropriately detailed information in appropriate areas, seeks clarification through inquiry (e.g. nature and severity of problems, working hypotheses about factors contributing to problems).
- Psychological testing: Standardized administration, knowledge of test manual, appropriate scoring and use of norms. Systematic data-gathering and interpretation. Where standards departed from, reasons and implications clear and understood. Appropriate knowledge of psychometric issues (e.g., test construction, validity, reliability).
- Knowledge of psychological problems & diagnosis: Sound understanding of psychological problems including knowledge of and ability to use the DSM-IV. Able to describe major features of common psychological problems. Recognizes the limitations of current diagnostic approaches. Makes appropriate diagnoses, considering assessment findings.
- Multidimensional case conceptualization: Conceptualizes cases with biopsychosocial model; conceptualizes problems as a function of biological, social, cognitive, interpersonal and emotional factors. Presents it clearly in formulation. Provides plan of action appropriate to assessment, context (e.g., setting, client resources) and referral question.
- Report writing & related professional communications: Produces clear, succinct reports comprehensively integrating information gleaned from a variety of sources

(e.g., behavioral observations, tests, interview, chart), including a coherent case conceptualization. Demonstrates multidimensional thinking and good writing skills. Prepares other relevant written communications (e.g., letters) appropriately.

- Individual and cultural differences (ICD; e.g., cultural, racial, gender, religious, sexual orientation, SES, rural-urban, ability level): Demonstrates awareness of and respect for individual and cultural factors in the assessment process, how they may be relevant, and how to integrate them in final conclusions and recommendations. Demonstrates understanding of one's own ICD characteristics relative to client population's dimensions of ICD.

Psychological Intervention & Consultation Proficiency

- Interpersonal knowledge and skills with client populations: Demonstrates respect, helpful approach, good listening, rapport-building, accurate empathic reflection, clarification/summarizing appropriate to intervention modality and approach being utilized. Awareness of power relationships, therapeutic alliance, fluctuations in the relationship as function of setting. Demonstrates these both through verbal and non-verbal behaviours with all populations served. Establishes and maintains rapport and working alliance involving trust and respect with appropriate professional boundaries. Appropriately manages conflicts/differences.
- Formulation of treatment/ management plan: Identifies cases where psychological intervention is needed and would be beneficial. Considers appropriateness of preventive, developmental and remedial interventions (e.g., psychoeducation, crisis/emergency, psychotherapy) to promote, restore, sustain, and/or enhance positive functioning and well-being in client populations. Identifies modalities and formulates plans/goals/conceptual framework that are appropriate, effective and practical. Communicates and collaborates appropriately with client populations regarding plans; incorporates client's/clients' perspective(s) as appropriate.
- Individual psychotherapy: Conducts competent psychotherapy using chosen theoretical approach(es). Incorporates appropriate evaluation of treatment progress and outcome. Includes some empirically supported treatment and/or understanding of evidentiary basis for intervention.
- Other intervention modality (e.g., group, couple or family therapy): Conducts competent psychotherapy using chosen theoretical approach(es). Includes some empirically supported treatment and/or understanding of evidentiary basis for intervention.
- Crisis intervention: Recognizes, evaluates, and manages psychological crises such as suicidal risk, other behavioral risk, or psychotic event. Consults in an appropriate and timely fashion with supervisor, consistent with program policies. Includes some empirically supported treatment.
- Individual and cultural differences (ICD): Demonstrates awareness of and respect for individual and cultural factors in intervention, how they may be relevant, and how to integrate them in practice. Demonstrates understanding of one's own ICD situation relative to client population's dimensions of ICD. Specify theoretical approach & note EST if applicable in rotation training plan.

- Consultation: Provides consultation, in a manner that is useful and appropriate to the particular consultee (e.g., other professionals, program administrators, teachers, family members, etc. Consultation involves provision of professional opinion that will facilitate other individual's care for the client population.) Demonstrates awareness of consultees' unique client-related roles. Consultation systematically addresses referral questions in a jargon-free, organized, succinct, useful, relevant fashion.
- Provision of clinical supervision: Provide clinical supervision to a less experienced professional-in-training (e.g., practicum student; psychiatry resident) in an area of sufficient competence, when the prospective trainee is interested and available. Sensitive to power issues; develop clear learning objectives with trainee; create open participatory climate; link learning to specific evaluation criteria; differentiate supervision from therapy; demonstrates awareness of own strengths and weaknesses; prepare coherent evaluation.
- Education: Provides competent educational presentations to psychology professionals and/or allied health professionals (e.g., at least one seminar to program faculty in the Residents' Seminar Series in a clinical area, clinical case presentations during rotations to team staff) and provision of an educational seminar to other professionals (e.g., medical students; multidisciplinary team).

Personal Skills, Professional Conduct & Interpersonal Relationships

- Ethical & legal knowledge and practice: Demonstrates commitment to and knowledge of ethical practice (e.g., Canadian Code of Ethics, Standards of Practice, etc. endorsed by CPA). Aware of legislation relevant to psychological practice. Applies and demonstrates these in professional activities in the program (e.g., respect for others, sensitivity, honesty, integrity, beneficence, non-maleficence). Identifies ethical and legal issues that arise. Follows ethical decision-making process and supervisor/consultation procedures to address conflicts and resolve them in appropriate fashion (proactively when possible).
- Effective use of supervision and supervisory support: Engages in supervision in an open fashion, self-reflects and self-evaluates, discusses personal responses to client populations (e.g., motivation, values, attitudes, biases, behaviours, personal impact), prepares appropriately, works collaboratively (e.g., develops and works using common goals) and uses supervision feedback effectively, i.e., in an integrated manner, incorporating the ideas in their clinical repertoire. Also, seeks input and feedback as required and when appropriate (e.g., at mid-rotation evaluation). Negotiates autonomy from and dependency on supervisor appropriately.
- Effective work skills including cognitive and expressive skills: Respects, works collaboratively with, and meets commitments to client populations, support staff, colleagues, supervisors, other professionals and the institution. Supports the work of others (e.g., helpful feedback). Demonstrates problem-solving, critical thinking, organized reasoning, intellectual curiosity, and flexibility. Communicates well in verbal and non-verbal modes, concerning ideas, feelings, and information. Follows required procedures and policies. Acknowledges and corrects errors. Organizes day efficiently to incorporate time for notes and rest/recovery. Work is completed

in a timely and appropriately independent fashion, so that the resident is considered responsible, organized, and dependable.

- Personal & interpersonal knowledge and skills, including affective, expressive, and reflective capacities: Works with others in a manner that fosters cooperation and learning (e.g., desire to help; open to new ideas). Self-identifies and manages own personal stress, adjustment and personal responses in appropriate fashion, seeking assistance as needed. Demonstrates affect tolerance, tolerance/understanding of interpersonal conflict, tolerance of ambiguity and uncertainty. Appropriate dress and hygiene for the professional environment.
- Scientific, theoretical, empirical, contextual approach: Seeks, applies, understands, and demonstrates/ communicates theoretical, contextual and scientific perspectives and critical/analytic skills (e.g., reasoning, research, skills, and knowledge) in the practice of clinical and other professional work (e.g., educational seminar; examining relevant clinical literature).

Program Development & Evaluation, Administration, Continuing Education, & Research

- Program development & evaluation, administrative activity/proficiency: Functioning program committee member; undertakes tasks (e.g., minute taking; screening documents; contributing to policy development) as a member. Collaborates in program development through attendance at rotation staff meetings and involvement in special projects. Recognizes purpose and structure of meetings and how to run them. Engages in other program development & evaluation specific to treatment as available and able on their rotations (e.g., assessment method, population of focus).
- Observes clinical role models: A valuable opportunity on the program is the opportunity to observe clinical supervisors, and/or the other resident, and may seek out observation of others with whom one is not seeing cases.
- Ample supervision: Accreditation standards set minimum standards; the resident is assertive in seeking these, as well as additional contacts as desired or required. Four hours per week must be with doctoral registered psychologists. Additional hours and training experiences may be pursued with other professionals, in consultation with rotation coordinator.
- Self-directed learning: Having personally experienced all their previous training experiences, the resident is uniquely qualified to reflect on additional learning experiences that will benefit them, "rounding out" training; sets goals with training director & rotation coordinator. This document is the major mechanism by which the resident documents this process.
- Continued development of program: Residents have a unique perspective to offer, in continuing to develop the program. Undertake this by committee work and rotation evaluation, as well as additional ad hoc assignments. When completed, the recommended evaluation protocols are the major mechanism for documenting this. Ad hoc contributions as they arise and contributions at the RAC are also major contributions

- Continuing education: Making and taking time for reading, library searches, discussions of clinical issues with supervisors & colleagues, attending seminars & rounds, some of which are required, and other self-directed. Program provides up to \$300 to attend a conference or workshops.
- Active research production: Spend up to a half day per week doing research, as planned on "research goal-setting form". Attends research seminars when scheduled. This time may also be used for program development and evaluation competency development.

Overview of the Residency

Core Clinical Experiences

In making their application, prospective residents need to identify either two OR three major rotations of interest to them. Rotations will then be either four or six months' duration each (totaling 12 months). Rotations are organized in an order that best meets the needs of the resident and the participating agencies (e.g., increasing complexity over the year; supervisor availability). The rotations are tailored to meet the resident's training needs through choice of specific cases, as well as through selection of minor rotations incorporated at the request of the resident, as available.

During core experiences, residents are expected to carry five to eight individual clients/families in treatment at any one time, and may facilitate a group, to average approximately ten hours of clinical contact time per week minimum. In the selection of cases for residents, a variety of client diversity characteristics is preferred and considered. Common ICD issues encountered in practice at the rotation settings include: Aboriginal, rural and traditional ethnicity/culture; immigration; disability; sexual orientation; family structure; socioeconomic; religion; age; and gender. Residents generally undertake several comprehensive psychological assessments (involving psychometric testing) per rotation, although this varies depending on the nature of the rotation and the perceived needs of the resident. Residents carry at least one long-term case through two or three rotations to provide longer-term therapy experience. The opportunity to supervise the clinical work of a psychiatry resident or junior clinical psychology graduate student on clinical practicum is often available during the year.

In all rotations, residents are encouraged to develop a commitment to professional and social responsibility. In particular, residents are expected to demonstrate understanding of ethical issues for vulnerable populations with respect to informed consent, confidentiality, fair treatment and due process. They are guided in considering cultural issues when providing services to their client populations, especially for rural, aboriginal, and immigrant client populations. Residents learn how their personalities have impact upon their client populations and other professionals, and to recognize their own biases and preconceptions. They are expected to write reports that are easily understood and relatively free of jargon, particularly when reports are sent to anyone without training in psychology (e.g., clients themselves, family members, other professionals). Residents have access to library and internet resources at each site, and attend staff in-service education sessions, conferences and workshops when these are scheduled. Research contributions to current knowledge and practice are modeled and valued.

Selecting Your Training Rotations

The following sections describe the unique experiences available on major rotations in the Psychology Residency Program. In application letters, prospective residents should identify either two OR three major rotations of interest that will be either four or six months' duration respectively (to total 12 months). We cannot promise that you will be placed in all of your

major rotation choices, however, we guarantee that you will get one of your major rotation selections.

Optional electives that can be incorporated within major rotations (e.g., on a one-day or half-day per week basis) are also described. These are not required, but can be incorporated to tailor the training experience to the resident's interests, training goals and objectives. An applicant considering these options should express interest in their application. One of these may be added within a major rotation with the approval of the major rotation coordinator (e.g., considering the resident's experience level; capability to establish sufficient competencies on the major rotation).

Major Rotations & Within Rotation Electives

Major rotations are numbered 1, 2, 3, etc.; within rotation electives are listed below major rotations with which they can be scheduled.

1. Clinical Health Psychology

Department of Clinical Health Psychology, Royal University Hospital, Saskatoon Health Region

Training Site: The **Department of Clinical Health Psychology**, located at Royal University Hospital is a small, independent department within Saskatoon Health Region (SHR). The department provides consultation services to hospital departments and other health agencies served by SHR, operating an active clinical outpatient service. Psychologists see client populations from neurology/neurosciences, family practitioners, rehabilitation medicine, cardiac rehab, diabetes services, cancer services, transplant services, and other region units and services. Services are offered to adults and children upon referral from a health professional. The range of clinical services includes psychological treatment, consultation, and assessment services to individuals experiencing medical and psychological problems related to their health, including challenges in adjustment, coping, stress related problems, anxiety disorders, affective disorders, somatoform disorders, pain related to an injury or disease, and characterological issues. Family members may also be seen. The department also offers neuropsychological assessment services and support, consultation, or intervention as appropriate to patients and their families. The department collaborates with other hospital departments, as well as the accredited graduate clinical psychology program at the University of Saskatchewan. The Department of Clinical Health Psychology is administratively responsible for the predoctoral residency.

Training Experience: This rotation exposes the resident to the psychology of illness, injury, and health. The resident can concentrate on work with adult or pediatric populations. The resident participates in psychological assessment, individual therapy, group therapy, consultation, and treatment planning for a diverse population of clients with health problems, who are experiencing mental health concerns or difficulties managing their illness. The department of Clinical Health Psychology is primarily an outpatient facility, but some inpatient experience may be available, especially with the pediatric service. Referrals are often received for patients who are coping with chronic stress, acute or chronic illness, and terminal conditions (e.g., cardiac problems, diabetes, obesity, headache, multiple sclerosis, somatoform disorders, cancer, IBD, HCV, HIV, AIDS, burn and

infertility). Co-morbid mental health problems include characterological issues, anxiety, and depression. Residents should have an understanding of the complex relationship between personality, psychopathology and physical health. Process-oriented or short-term dynamic psychotherapy is used to address characterological issues with adults. Problem-solving, cognitive, and behavioral approaches are used to address problems with health management. **NOTE:** For the Health Psychology rotation, residents are asked to select either an adult or pediatric focus, and to mention this in their application for residency as this impacts the assignment of the rotation coordinator.

Within rotation electives¹

Student Counselling, Student Counselling Services, University of Saskatchewan

Training Site: Student Counselling Services is a unit within the Student and Enrolment Services Division at the University of Saskatchewan. Student Counselling Services provides a setting in which students registered at the University are able to receive a full range of psychological services. Psychological services include intake assessments, formal psychological testing, crisis management, brief problem-focused counselling, process-oriented psychotherapy, consultation and referral. Individual, couples and group treatment are available. Consultation to academic departments and other units within the Student and Enrolment Services Division (Aboriginal Students' Centre, International Students' Office, Disability Services for Students, Student Health Centre) is provided.

Training Experience: In this experience, residents have the opportunity to provide individual psychotherapy services to a student population. Clients are usually self-referred. Common presenting concerns of clients seeking personal counselling include adjustment difficulties, relationship problems, depression, anxiety, stress, anger, effects of past or current physical, sexual and emotional abuse, sexual assault, eating disorders, self-esteem, bereavement, and issues regarding sexuality. The focus of training is on developing advanced skills in process-oriented psychotherapy. There may also be the opportunity to participate in intake assessments. In conjunction with Clinical Health Psychology, this elective may be taken on a one day-per-week basis.

Inpatient Addictions, Calder Centre, Addictions Services, Saskatoon Health Region

Training Site: The **Calder Centre** provides substance abuse treatment for youth and adults from across the province of Saskatchewan in a multidisciplinary, residential setting, south-east of the university campus. Individuals are referred whose alcohol and drug problems have been refractory to outpatient services. Intake for the 12 youth and 32 adult beds occurs on a continual basis. There are separate programs and units for adults and youth (e.g., separate process-oriented groups for adult women). The majority of clients have co-occurring disorders of an addiction, mental health and medical nature. In order to meet the clients' diverse needs, multidisciplinary services are provided (e.g., psychology, psychiatry, family medical practitioner, nursing, recreational therapy, addictions counselors, and spiritual care). The psychoeducational content of the addictions treatment programming is set on a 4-week schedule, with additional programming and services for clients based on individual need.

¹ These are not required, but can be incorporated to tailor the training experience to the resident's interests, training goals and objectives, with approval from the rotation coordinator, considering a resident's experience & training needs.

Training Experience: This experience involves working with the doctoral psychologist as part of a multidisciplinary team one day per week in providing assessments, consultation, and individual therapy. This elective typically begins with seeing adult clients in the morning and attending the adult case conference in the afternoon. As the resident gains experience, there may be an opportunity to become involved in adolescent programs and services. Addictions counselors refer clients to the psychologist when acute mental health or learning issues are interfering with the client's ability to participate in group programs. Initial contact typically involves a time-sensitive, diagnostic interview. Supportive therapy follows when indicated, on a short-term basis given the length of client's stays. The opportunity to work in group-based addiction treatment sessions is also available to residents able to attend all sessions on a daily basis for one week. This elective may be taken on a one day-per-week basis in alternate years (i.e., 2007-8; 2009-10)

Chronic Pain Centre, Rehabilitation, Saskatoon Health Region

Training Site: The Chronic Pain Centre is affiliated with the Rehabilitation Care Group, Saskatoon Health Region. The Chronic Pain Centre offers assessment and treatment services to clients (both public and insurance sponsored) experiencing chronic nonmalignant pain conditions (i.e., musculoskeletal, neuropathic, and headaches). Psychologists in this program conduct psychological screening assessments, provide clients with brief individual and group therapy and work closely with an interdisciplinary team of professionals from medicine, physiotherapy, occupational therapy, and nursing.

Training Experience: Training at this centre involves the opportunity to conduct assessments and provide education, relaxation classes, brief individual therapy, and brief group therapy to clients with a variety of chronic pain conditions. The treatment program is a 6-week, half-day program offering education about the Neuromatrix (formerly Gate Control) model of pain, behavioral activation therapy, relaxation training, and brief individual and group psychotherapy. Key themes for therapy often involve helping clients overcome pain catastrophizing and fear of pain/reinjury, as well as anger, loss, perfectionism, a high need for control, low assertiveness, low acceptance and intolerance of uncertainty. Common comorbidities seen in chronic pain clients include major depression, dysthymia, generalized anxiety, panic disorder, post-traumatic stress disorder, opioid dependence, and personality disorders. A variety of therapy approaches can be taken including cognitive behavioural therapy, contextual behavioural/acceptance-based therapies (ACT), motivational interviewing, and interpersonal therapy. In conjunction with Clinical Health Psychology, this elective may be taken on a one-half or full day-per-week basis. Note: this minor rotation could also be chosen during the Rehabilitation Health Major Rotation.

Mental Health and Addiction Services, Community Adult Programs, Saskatoon Health Region

Training Site: Community Adult Programs provide mental health and addiction services to adults, families, groups and communities that are experiencing significant distress or dysfunction related to mental health and/or addiction difficulties, unresolved trauma, cumulative stress or problems in living. The goal of all interventions is to promote optimal health and well-being. This is achieved by enhancing the ability of the individual, family and group to interact effectively with their environment and by expanding the capacity of the community to embrace policy and practices that reduce the incidence, prevalence, and impact of mental health problems. Adults aged 18 years and over in the community of Saskatoon can self-refer or have a third party referral sent to our Centralized

Intake office. Our Intake Workers sort out with prospective clients the kinds of services that are most suited to their current needs and will then connect them to the relevant team of professionals. Multi-disciplinary teams that deliver accessible community-based services may include: Community Mental Health Nurses, Occupational Therapists, Psychologists, Recreation Therapists, Social Workers, Psychiatrists, Addiction Counsellors, and Nutritionists. Services can include: Individual, couples, family and group counselling; psychological assessment; addictions counselling; case management services; residential services; psychiatric consult services; assistance with housing placements; and recreational and exercise programs.

Training Experience: The clinical psychology resident would work with a doctoral level psychologist at the 4th Avenue site:

- The 4th Avenue site houses a multidisciplinary team that works to address the needs of people who have been diagnosed with mental illness, such as schizophrenia, bipolar affective disorder, longstanding depression, complex PTSD, as well as people who are struggling with eating and body image concern. Training here could involve individual and group therapy with family/couple involvement as appropriate. Narrative and Interpersonal Therapy approaches are the primary modality offered for supervision. Psychological assessment, specifically as it pertains to treatment planning, may also be offered.

2. Neuropsychology

Department of Clinical Health Psychology, Royal University Hospital, Saskatoon Health Region

Training Site: see description above, at 1.

Training Experience: Activities in this rotation involve working with neurologically impaired adults, including those in the geriatric age range. Some involvement with neurologically impaired children may be arranged. The work with adults consists of neuropsychological assessments of a wide range of neurological disorders (e.g., focal brain disease, neurodegenerative disorders, and acquired and/or traumatic brain injury) and exposure to special procedures such as WADA testing prior to surgery for control of epilepsy. The geriatric component is integrated within an interprofessional research and clinical team that is focused on the assessment of early-stage dementia for rural and remote residents and their family members. Residents will gain experience with telehealth and cross-cultural assessment and consultation. Other opportunities in the neuropsychology rotation include involvement in various research activities, interdisciplinary consultation, and attendance at neurology and neuropsychology rounds. Foundational coursework (i.e., neuropsychological assessment; neuropathology) and prior neuropsychological assessment experience is a prerequisite for this rotation. *Six month rotation length is recommended for this rotation.*

3. Rehabilitation Health Psychology

F.I.T. For Active Living, Saskatoon City Hospital, Saskatoon Health Region

Training Site: F.I.T. for Active Living is an active rehabilitation (day) program located at Saskatoon City Hospital, Saskatoon Health Region. Psychologists in this program work with

a team of professionals, including physiatrists, occupational therapists, physiotherapists, exercise therapists, dietitians, pharmacists, and others. The F.I.T. (*functional, interdisciplinary, therapeutic*) program provides tertiary assessment and treatment services to people living in central and northern Saskatchewan who have sustained injuries (e.g., musculoskeletal, upper- and lower-extremity, vestibular dysfunction, post-concussive syndrome and brain injury, and others) in motor vehicle collisions. Clients seen at the F.I.T. program have filed personal injury claims with the provincial auto insurer (Saskatchewan Government Insurance, or SGI), and their assessment and treatment at F.I.T. is funded by SGI. The F.I.T. program is designed to enhance rehabilitation of the injured individual, minimize chronic disability and return that person to optimal health and well-being and, when possible, back to appropriate employment. In addition to Canadian hospital accreditation (CCHSA) the program has CARF accreditation (Council on the Accreditation of Rehabilitation Facilities).

Training Experience: The resident completing this rehabilitation health psychology rotation can expect to receive training in both assessment and treatment, with particular emphasis on adult clients experiencing chronic pain. Psychologists/residents in this setting work closely with other health care providers as part of an interdisciplinary team. The resident will be involved in conducting psychological assessments, providing individual therapy, co-facilitating psychoeducational groups (e.g., Coping with Pain, Stress Management) and process-oriented groups (e.g., Living with Loss & Change), leading relaxation-training sessions, and participating in program planning and evaluation activities. There is a range of potential presenting issues in this client group, including posttraumatic stress disorder, chronic pain, depression, adjustment issues, anxiety (e.g., driving anxiety, fear of reinjury), and complicated/traumatic loss. Residents are encouraged to explore rehabilitation health psychology issues from a range of psychotherapeutic/counselling perspectives (e.g., cognitive-behavioural, interpersonal, existential, behavioural, psychodynamic, psychotherapy integration).

4. Developmental

Alvin Buckwold Child Development Program, Department of Pediatrics, Royal University Hospital, Saskatoon Health Region

Training Site: The **Alvin Buckwold Child Development Program** at the Kinsmen Children's Centre is affiliated with the Royal University Hospital Department of Pediatrics and Saskatoon Health Region. It is located in the residential neighborhood adjacent to the University of Saskatchewan. Teams of professionals, including psychologists, medical specialists, dietitians, nurses, social workers, speech and language pathologists, occupational therapists, and physiotherapists serve children with developmental (cognitive and/or physical) disabilities or delays and/or genetic metabolic disorders.

Training Experience: Residents learn about common developmental disabilities (both intellectual and physical) and psychological problems emerging in childhood, and about the impact of such problems on children and families. Residents interview children and families, administer and interpret standardized tests, and observe children's behavior in various contexts. Residents adjust their interview styles and techniques to the developmental level of the child and are expected to relate to individuals with developmental disabilities as people first, regardless of their age or severity of their disability. Residents develop their understanding of the child and family within the wider community, by visiting and consulting with schools, preschools, day care settings and other

community based services. Residents may participate in a two-day traveling clinic to a rural or northern community, which often becomes the most memorable part of the training experience. Residents become members of interprofessional teams, and develop an understanding of the contributions of their professional team members (e.g., occupational therapists, physicians, speech/language pathologists).

5. Child & Youth Mental Health & Addictions

Child & Youth Program, Mental Health & Addiction Services, Saskatoon Health Region

Training Site: **Child and Youth Program** is a group of services in Saskatoon Health Region for children and families from Saskatoon and surrounding areas. There are multiple sites offering community-based, multidisciplinary mental health and addiction services to children, youth and their families. At this program, residents can gain experience on one of the following multidisciplinary teams:

5.A. The Young Offender (YO) Team is composed of six psychologists (including the team leader) and three social workers under the umbrella of the Child and Youth Program of the Saskatoon Health Region. The YO team provides specialized forensic mental health services to adjudicated youth (male and female) between the ages of 12 and 18 and their families. The team works in collaboration with other professionals and agencies (e.g., the province of Saskatchewan's Ministry of Corrections and Public Safety and Policing). Saskatoon has one secure custody facility and one open custody facility for youth. YO team members work with young people who are in both facilities and in the community, and attempt to follow the youths as they transition from one facility/location to another. Youth in conflict with the law come from a variety of ethnic backgrounds. In Saskatchewan, a disproportionate number of Aboriginal youths find themselves involved in the criminal justice system. Most of the YO team clients come from disadvantaged backgrounds, are exposed to high levels of violence/trauma, and struggle with community disorganization (including gang violence).

Training Experience: A resident choosing a rotation with the YO team would have the opportunity to conduct assessment, consultation, and treatment in collaboration with other team members and under the supervision of two or three doctoral psychologists. The resident would have a variety of assessment and treatment options. Assessments include court mandated reports designed to assist in sentencing and disposition. These reports may address a variety of questions including risk for general, violent, and sexual reoffending; mental health issues; or queries regarding learning problems. Social workers conduct court ordered substance abuse assessments. Non-court mandated assessments may include mental health, self-harm, suicide, vocational, and/or general psychological assessments. Treatment is usually conducted individually depending on client need and staff availability. Some treatment groups are available to address sexual offending, anger and aggression management, and substance abuse. Therapy approaches differ somewhat among staff members, but generally follow a skill-based, cognitive-behavioral, approach with an emphasis on safety planning. As the YO Team clients can be difficult to engage, part of treatment usually involves finding ways to develop working relationships to foster motivation to change. Where appropriate, family interventions are provided to assist parents to respond to adjudicated youth who are in crisis, present with mental health problems, and are involved in criminal activity. **NOTE:** During the 2012/2013 year, this team may offer a Major Rotation. Applicants interested in this rotation can receive

updates on the status of the rotation during the interview process or at any time after application deadline from the Training Director.

5.B. The Children's Services Team of the Child and Youth Program provides mental health services to children birth to 12 years old and to their families and other caregivers. Referral problems include anxiety, depression, aggression, oppositional behaviour, attentional difficulties, trauma, attachment issues, abuse and neglect, social difficulties, and parenting difficulties. Team members include clinical psychologists and educational psychologists/behavioural consultants, clinical social workers, case manager social workers, community mental health nurses, trainers, a speech language pathologist, and a consulting psychiatrist. Some clinicians primarily provide clinical services within their offices and others primarily provide services at school settings, at childcare settings, or at homes and in the community. Team members also collaborate with other professionals and agencies (e.g., Ministry of Social Services workers, teachers, and childcare providers).

Training Experience: Residents complete child and family assessments primarily through interviewing, behavioural observations, and obtaining collateral information but also may complete some formal psychological assessments with psychometric measures. Referred children are assessed within the contexts of their families, alternate caregivers, and communities and cognitive/developmental, personality, emotional/behavioural, and systemic issues are considered. Residents also gain intervention experience with children and families and may gain experience in family therapy, parent counselling, play therapy, child psychotherapy, parenting groups, and/or children's therapy groups. Supervising psychologists use a variety of theoretical orientations including family systems, cognitive-behavioural, and attachment. Residents also gain experience providing feedback and consultation to others who are working with the referred children. **NOTE:** During the 2012/2013 year, this team may offer either a Major or a Minor Rotation. Applicants interested in this rotation can receive updates on the status of the rotation timeframe during the interview process or at any time after application deadline from the Training Director.

6. *Adult Forensic*

Regional Psychiatric Centre (Prairies), Correctional Services of Canada

Training Site: The **Regional Psychiatric Centre (Prairies; RPC)** is a fully accredited (CCHSA), forensic mental health facility owned and operated by the Correctional Service of Canada on land belonging to the University of Saskatchewan. The RPC admits offenders from federal penitentiaries, Saskatchewan courts (on remand), and occasionally, Saskatchewan Correctional Centers. A few patients are certified under the Mental Health Act of Saskatchewan; but most admissions are voluntary. Offenders are referred to the RPC if their mental health, or mental disability, precludes their benefiting from structured programs in the regular penitentiaries. Thus, patients at the RPC tend to be diagnosed with Axis I or severe Axis II disorders. The majority of RPC patients on all the units are coping with organic impairments of various kinds. In general, all the patients at the RPC may be seen as "high needs", and many are also "high risk".

Training Experience: The RPC is a teaching hospital that offers clinical placements to students in psychology, psychiatry, nursing, and social work. It provides inpatient treatment and assessment services in the context of a maximum security environment. It

includes an eight-bed medical wing for federal offenders who require 24-hour nursing care. There are currently four psychiatric care units focused as follows:

- Bow Unit contains a 100-bed psychosocial rehabilitation program for patients with acute and chronic Axis I disorders, dual diagnoses, and intellectual impairments. Bow Unit includes a group home for patients ready for more independent living arrangements;
- Churchill Unit currently contains an 11-bed individualized treatment program for women from CSC's regional facilities for federal women offenders, primarily Edmonton Institution for Women. Churchill Unit will be expanded and relocated within the RPC this fall so that it may offer further services to women with extreme cases of self-harming behaviour;
- Clearwater Unit currently contains a 48-bed program for cognitively impaired sex offenders. Besides large group sex offender programming, Clearwater offers small group sex offender programs which rely on non-verbal and creative means of instruction: w functioning sex offenders with separate areas to address active treatment and maintenance;
- Mackenzie Unit contains a 24-bed long-term, chronic care treatment program for patients with a demonstrated inability to function "normally" when housed in regular association with other mental health patients. These patients usually need ongoing help with basic adaptive daily living activities such as personal hygiene, nutrition, exercise, and social interactions.

RPC programs tend to be based on a cognitive-behavioural, relapse prevention approach designed for patients with limited cognitive skills. The resident is oriented to the facility by the rotation coordinator and then chooses his/her training experiences. Residents are primarily involved in the provision of comprehensive treatment services to voluntary admissions from federal institutions in the Prairie Provinces. Experience will also be gained in clinical assessments and National Parole Board assessments which focus on risk for future violence. Prior to placement at the RPC, residents must pass the enhanced security clearance procedure of the Correctional Service of Canada. RPC much prefers residents with a specific interest in forensic clients. However, RPC staff believes that the clinical issues, presenting problems, and treatment approaches provided at the RPC may be applicable to any clinician's practice.

7. Community Mental Health (Northern, Prince Albert)

Prince Albert Mental Health Centre, Prince Albert Parkland Health Region

Training Site: The Prince Albert Mental Health Centre (PAMHC) is a fully integrated, multidisciplinary agency. We offer our services to individuals of all ages from urban and rural settings who have a broad range of psychological, behavioural and emotional difficulties. We are a multidisciplinary centre with psychology, psychiatry, social work and community mental health nursing team members. Staff members represent all major theoretical perspectives and services are offered in individual, family, play and group contexts. Teams are organized around the adult, child and youth, and community forensic populations. PAMHC also has two inpatient psychiatric villas with a capacity of 48 beds for which we provide services. Outpatient clinical services are delivered in a central office setting, as well as in rural clinic locations. Specialty services offered at PAMHC include

spousal violence programming, eating disorders programming, group programs for depression and anxiety, and child psychiatry.

Training Experience: The Prince Albert Mental Health Centre is a multidisciplinary setting providing services to a diverse population of clients over a large, mainly rural geographic area. A resident coming to PAMHC will train primarily in a central office but may have an opportunity to visit one of our rural clinic locations. Our service area also provides ample opportunity to work with aboriginal people from urban and reserve backgrounds. Outpatient services are the focus of the rotation but opportunities exist for involvement with psychiatric inpatients. In addition to two inpatient psychiatric villas with 48 beds, four major outpatient team services are represented at PAMHC: (1) child and youth team, (2) adult outpatient team, (3) community forensic mental health team, and (4) psychiatric rehabilitation team. As such, the resident has opportunity to work in a variety of assessment and individual, group and family psychotherapy contexts with both in- and out-patients. Presenting problems are wide ranging and include all usual diagnostic categories. The rotation is designed to allow the resident to select experiences consistent with their training needs and interests. However, the resident will be expected to complete assessments of both cognitive and personality functioning. The development of skills in the areas of psychotherapy and consultation will also be required. The ratio of different tasks is determined through negotiation between the resident, the supervisors, and rotation coordinator.

8. Long Term Care and Senior's Health (Parkridge Centre, Saskatoon)

Training Site: Parkridge Centre is one of 29 Long Term Care facilities in the Saskatoon Health Region (SHR). It is located in the west end of the city and functions as the primary base out of which the psychologist works. The individuals who live in these long term care homes are unable to live independently in the community for a variety of health, mental health, cognitive, and/or behavioural reasons. The conditions with which individuals suffer include alcohol-related dementia, acquired brain injuries, complex medical conditions such as quadriplegia, morbid obesity, and post-stroke syndromes. Common to residents living in care are neurodegenerative conditions too, such as Huntington's disease, Parkinson's disease, other degenerative dementias, as well as genetic/congenital disorders (e.g., prader willi syndrome, spina bifida, cerebral palsy). As with any community, there is a full range of mental health issues and diagnoses, including bipolar disorder, schizophrenia, depression, anxiety, as well as individuals with characterological issues. The full lifespan is represented here with people ranging in age from 3 - 105 years old. Some of these folks have lived in long term care for all or most of their lives, for others, LTC is a new experience.

Training Experience: This rotation exposes the resident to the psychology of systems and culture change as well as the psychology of chronic disability, injury, and health. Residents will have an opportunity to navigate through the politics of multidisciplinary team dynamics, and gain exposure to the scope of many different disciplines.

The resident participates in psychological assessment, individual therapy, and consultation to a diverse population of individuals living in care. The assessment component includes behavioural, cognitive, and capacity assessments. Consultation is accomplished through an outreach team comprised of nursing, social work, psychology, and speech-language therapy. This team meets weekly to review and prioritize referrals. Individual therapy is provided to residents who are either self-referred or referred by their care team. The

presenting problems are often related to coping, anxiety, depression, and anger or grief. Short-term psychodynamic therapy is the therapeutic model used for case conceptualization. There are also opportunities to integrate CBT and Interpersonal Therapy components in the therapeutic work. Depending on the referral question, there may be opportunities for diagnostic formulation as well.

Research & Scholarly Activity

Residents may engage in some research and teaching during their year on residency. One-half day per week is allotted for research purposes. Residents develop goals for use of their research time during each rotation, and provide reports on their progress. In the past, many residents have worked on their dissertation research while on residency or publications when their dissertation was already defended. Others collaborated with residency faculty members, and still others have carried out independent systematic case studies and program evaluations. Research programs are in place at some residency sites, and collaboration can be explored with faculty, whether or not a resident is taking a rotation at the setting.

Continuing education experiences are also core components of the residency experience. The *Resident's Seminar Series* is a weekly event organized by the residents and Seminar Coordinator, generally held in the Department of Clinical Health Psychology. The seminars address ethical, professional, and clinical issues considered core to training, as well as special topics of interest to staff and residents. Seminars are presented by residency faculty and invited guest speakers. Examples of seminars held in the recent past are: Understanding & Treating Addiction—a Neuroscience Perspective; Headache Management; Suicide Assessment and Crisis Intervention; Psychopharmacology; The Neuropsychology of Autism; Considerations in the Assessment and Treatment of Aboriginal Clients; and Psychology—Our Evil Past.

Case presentations and other clinically relevant information sharing are a regular occurrence at staff/team meetings on each rotation. Residents may also attend rounds or in-service presentations at hospital settings or in the department or agency where they are taking a rotation. Residents are encouraged to attend conferences and workshops both in and outside Saskatoon, and partial funding is offered for such trips.

The residency faculty has ties with the University of Saskatchewan's Department of Psychology via cross-appointments with the university. They may be appointed as Adjunct Professors or Professional Affiliates. Residency faculty is involved in graduate and undergraduate teaching and clinical and research supervision of graduate-level clinical psychology students. Predoctoral residents are invited to attend and participate in Department of Psychology colloquia on Tuesday afternoons. Residency faculty also engages in training of medical students in the hospital, providing the opportunity for residents to participate in the education of other professionals.

Sample Work Weeks

| MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
|---|---|--|---|---|
| 8:30: reading/prep 9:30: ped therapy 11:00: long-term therapy (adult) | 9:00-10:30: individual supervision 10:00-12:00: research | 8:30: off site (all day)—minor rotation: assessment, scoring, reports, supervision | 8:30: research | 8:30: individual supervision 10:00: in-patient (testing) |
| LUNCH (noon - 1 p.m.) **lunch w/ TD**: once/month | | | | |
| 1:00: reports 2:30: new peds client & parents 4:00: reports/notes ***seminar day***: once/ month when resident in PA | 1:00-2:00: Ped rounds 2:00: paperwork 2:30: new peds client & family 4:30: file note | 1:15-2:15— RAC—1 st Wed. of month | 1:00-2:00: long-term therapy sup 2:00: peer support (coffee break w/ other resident) 3:00: reports, reading | 1:00: client 2:00: reading & notes, reports |

| MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
|--|---|---|--|---|
| 8:00: minor rotation @ Chronic Pain: client; individual supervision; reports; | 9:00-10:30: individual supervision 10:30-12:00: research | 8:30-9:30: clinical dept meeting 10:00: reading & prep assessment | 8:00: off site for minor rotation @ Chronic Pain: team meeting (client review) & client & reports | 9:00-10:00: individual client 10:00: note & prep sup. 10:30: supervision |
| LUNCH (noon - 1 p.m.) **lunch w/ TD**: once/month | | | | |
| 1:00-2:00: long-term therapy client (at CHP) 2:00-5:00: report, file review | 1:00-5:00: interview, psychological testing; other weeks: individual clients | 1:15-2:15— RAC—1 st Wed. of month (at CHP) 2:30: research | 1:00-2:00: individual supervision 2:00: individual client 3:15: individual client | 1:00: prep case presentation (next Wed. a.m.) 2:30: reading, prep 3:30: individual client |

Stipend & Benefits

Two positions are currently available. We are, however, in the process of developing a third residency position that will focus primarily on training with forensic populations, both adult and youth. We are hopeful that information about this third position will be available at the time of interviews in January, 2012.

The residency stipend is **\$30,580**. Other benefits include:

- Thirteen paid statutory holidays.
- Residents earn 1.25 days of paid vacation per month (up to 15 days/annum).
- Since 2003, residents of the Psychology Residency Program became eligible for training bursaries from the Saskatchewan Health. During the training year, residents can apply for a bursary of up to \$8,000. If successful, this money will be supplied over and above the usual training stipend, for students who wish to stay and work in Saskatchewan for a stipulated period following residency. More information is available at the Saskatchewan Health website, Health & Human Resource Planning, Bursaries for allied health professionals, final clinical placements: http://www.health.gov.sk.ca/hhrp_bursaries.html
- The budget allows for up to \$300 for continuing education per resident.
- When residents take the Community Mental Health (Northern) rotation, free accommodations for people affiliated with the hospital (e.g., residents in training, nurses) have historically been available. Future availability is expected, but can not be guaranteed. Please contact Dr. Berg-Kolody for details and availability.
- As temporary full-time employees, residents are eligible for the following benefits after 6 months on staff: dental plan, extended health (e.g., eye glasses; EFAP), and group life insurance (first \$25,000 employer funded). (Eligibility is determined by factors such as percentage of time working; i.e., greater than 40%). Former health region employees may also qualify for the employee pension plan.
- Residents earn 1.25 days of paid sick time per month (up to 15 days per annum).
- There are 5 paid professional days to attend activities such as conferences and workshops. When planning to use this time and vacation, residents are required to consult with their Rotation Coordinator and the Training Director.
- Canadian residents from outside Saskatchewan retain the health coverage from the province in which they currently reside. U.S. residents are eligible for Saskatchewan health coverage (on application to Saskatchewan Health, using the documentation received upon entry into the country).

Program Administration

Supervision

In accordance with accreditation criteria, residents are given a minimum of four hours weekly, scheduled, individual, intensive supervision with doctoral, registered psychologists. Supervision normally involves the review of videotapes or discussion of work that was observed live. The predominant approaches to supervision are developmental, collaborative, and insight-oriented. In addition, residents have frequent informal contacts with their supervisors when advice is needed outside the scheduled supervisory hour. They also participate in group supervision and consultation, as opportunities arise at particular sites. Quality is maintained in supervision both through feedback by the residents and through consultation/discussion of supervision issues among faculty.

Resources & Equipment

Visitors to the *Psychology Residency Program* frequently comment on the quality of our facilities and the warm, collegial atmosphere.

- Adequate, quiet workspace, including secure, locking storage is available at each training site, according to accreditation requirements.
- Clerical support is also provided at each site in keeping with accreditation requirements.
- Residents have a private office in the Department of Clinical Health Psychology with telephone and voicemail for the entire training year.
- Training sites have observation rooms, videotape equipment, and audio tape recorders available for the purposes of clinical supervision. (Where recording is not permitted, live supervision is employed.)
- Individual clinical supervision is scheduled for four or more hours each week.
- Residents have an SHR computer account for e-mail and internet access.
- Residents have access to computers at each site.
- Reference materials are available at each site, as well as through the health region's on-line library. Residents may readily walk to the university medical and main libraries from Clinical Health Psychology. In order to have borrowing privileges at the University of Saskatchewan, residents speak to their own university librarian about their graduate student status, the pending move to a different city, desiring library privileges at U of S, and can obtain documentation to allow such borrowing privileges.
- Up to one-half day per week is available for research activity.
- Residents are encouraged to meet to meet during office hours when on site at CHP for mutual support.

- A Resident Advisor who is a mentor/consultant (and is not a supervising psychologist) for questions, support, and trouble-shooting on the residency.

Administrative Structure

The residency is administered by the Training Director, with the assistance of the Residency Advisory Committee, and Director of the Department of Clinical Health Psychology. The residents are committee members on the Residency Advisory Committee, along with a rotation coordinator from each training site and the training director. Committee meetings are held monthly on the first Wednesday afternoon. The committee deals with applications, program self-study and program evaluation, and other planning.

Program Line of Authority

Ms. Maura Davies
President & Chief Executive Officer
Saskatoon Health Region

Ms. Petrina McGrath
V.P. Interprofessional Practice &
Chief Nursing Officer
Saskatoon Health Region

Ms. Jane McPhee
Director and Professional Leader, OT
Coordinator for Interprofessional Affairs,
Saskatoon Health Region

Dr. Rupal Bonli
Training Director
Psychology Residency Program
Saskatoon Health Region
Department of Clinical Health Psychology

2011/2012 Residency Advisory Committee

(Note: this list will change in 2012/2013 with the change of rotation coordinators and supervisors):

| Rotation Coordinators | Rotation (M = Major; m = minor) | | Site |
|-----------------------------------|--|-----|--|
| Drs. Dawn Phillips & Sarah Hillis | <i>Clinical Health Psychology – adult rotation</i> | (M) | Department of Clinical Health Psychology |
| Dr. Ruthanne Bell | <i>Children’s Services</i> | (M) | Child and Youth Services, Mental Health and Addiction Services |
| Dr. Bryan Acton | <i>Developmental</i> | (M) | Alvin Buckwold Child Development Program |
| Dr. Marc Sheckter | <i>Rehabilitation Health Psychology</i> | (M) | FIT for Active Living: Saskatoon City Hospital |
| Dr. Cindy Pressé | <i>Forensic</i> | (M) | Regional Psychiatric Centre |
| Dr. Lisa Berg-Kolody | <i>Community Mental Health (Northern)</i> | (M) | Prince Albert Mental Health Centre |
| Dr. Bruce McMurtry | <i>Chronic Pain Centre – serving on the PRC- external</i> | | Saskatoon City Hospital |
| Dr. Brian Acton | <i>Alvin Buckwold Child Development Program – serving on the PRC- external</i> | | Kinsmen Children’s Centre |
| Dr. Rupal Bonli | <i>Training Director</i> | | Department of Clinical Health Psychology |
| Current residents | | | |

Evaluation Procedures

Evaluation of the Resident

Evaluations are grounded on training goals established by the resident, Rotation Coordinator, and clinical supervisors at the outset of a rotation. Supervisors are asked to give frequent feedback during regular supervision sessions. In addition, more formal meetings are scheduled for feedback at mid-rotation and at the end of each rotation. Written evaluations are prepared by each supervisor at mid-term and end of each rotation and the Rotation Coordinator prepares a report compiling the resident's activities and progress, once again considering the resident's rotation goals. The resulting progress report is discussed with the resident and forwarded to the Training Director who sends a copy to the resident's university Director of Training.

Resident Self-Evaluation

In addition to evaluation by supervisors, residents are asked to evaluate their own progress, in both clinical work and research activities. They engage in the process of self-study, revising goals as required, at the end of each rotation. The development of self-evaluative capacities is a necessary skill for professional entry and life-long skill reflection/development.

Evaluation by the Resident

Residents are asked to give frequent feedback to their supervisors on the opportunities for learning, the appropriateness of case selection, and the quality of supervision. In addition to reviewing each supervisor, residents are asked to review the rotation more generally. Written reports on these areas are expected at the end of each rotation, using forms designed for these purposes. Residents also evaluate other aspects of the residency, including the seminar series and the residency as a whole.

Faculty: Clinical & Research Interests

All supervisors are registered, unless indicated (e.g., registration in progress).

Department of Clinical Health Psychology & Affiliates

Training experience: Clinical Health/Adult Mental Health Psychology; Neuropsychology; Major rotations

Laurene Wilson, Ph.D. (Simon Fraser University, 1998). Rotation coordinator. Adult mental health & health psychology; psychological services in primary health settings; interprofessional care.

Sarah Hillis, Ph.D. (University of Saskatchewan, 1997). Rotation coordinator. Health psychology, clinical psychology and neuropsychology; short-term dynamic psychotherapy.

Dawn Phillips, Ph.D. (University of Saskatchewan, 2001). Rotation coordinator. Short-term psychodynamic psychotherapy; child, adolescent, and adult mental health and health psychology; personality and cognitive assessment; process-oriented group psychotherapy.

Mirna Vrbancic, Ph.D. (University of Waterloo, 1989). Rotation coordinator. Clinical & experimental neuropsychology; acquired brain disease; memory and attention; hemispheric asymmetry of function and sex-related differences.

Rupal Bonli, Ph.D. (University of Saskatchewan, 2005). Residency Training Director. Rotation coordinator. Rehabilitation and health psychology; neuropsychology, pediatric health psychology, Autism Spectrum Disorders.

Margaret Crossley, Ph.D. (University of Saskatchewan, 1989). (Affiliated supervisor— Director, Rural & Remote Memory Clinic; Faculty, Department of Psychology, University of Saskatchewan.) Geriatric neuropsychology; psychopathology and psychosocial rehabilitation.

Mental Health and Addiction Services, Community Adult Programs, Saskatoon Health Region

Training experience: Mental Health Rehabilitation; Major or minor rotation

Lynn Corbett, Ph.D. (University of Saskatchewan, 1996). Rotation coordinator. Narrative therapy; individual, couples and group psychotherapy; interpersonal trauma; relationship and family of origin issues; impact of sociocultural experiences; language and psychotherapy.

Rehabilitation - Long Term Care, Saskatoon Health Region

Training experience: Psychology of injury, disability and health; Major or minor rotation

Bette Brazier, Ph.D. (University of New Brunswick, 2006). Rotation coordinator. Health Psychology, Clinical Psychology, Acquired Brain Injury, Geriatric Psychology, Behavioural Assessment & Consultation for challenging behaviours in a Long Term Care environment.

Calder Centre

Training experience: Addictions; Minor rotation

Gerald Block, Ph.D. (University of Saskatchewan, 2000). Rotation coordinator. Addictions; co-occurring disorders; neuropsychology.

Student Counselling Services

Training experience: Student Counselling; Minor rotation

Susan Hurst, Ph.D. (University of Saskatchewan, 1994). Rotation coordinator. Adult assessment, individual psychotherapy, couples therapy, and group psychotherapy; interpersonal-relationship issues, women and depression, trauma, sexual orientation issues.

Chronic Pain Management Centre

Training experience: Chronic Pain Management; Minor rotation

Bruce McMurtry, Ph.D. (University of British Columbia, 2004). Coordinator/supervisor. Health/rehabilitation psychology, anxiety, and depression, emphasising cognitive behavioural and acceptance-based interventions, incorporating interpersonal and emotion-focused strategies.

FIT for Active Living

Training experience: Rehabilitation Health Psychology; Major rotation

Marc Sheckter, Ph.D. (University of Saskatchewan, 2001). Rotation coordinator. Depression, anxiety disorders, self-esteem, stress-management, chronic pain and health/rehabilitation psychology; psychotherapeutic approaches include cognitive-behavioral in a solution-focused framework, and existential.

Annalyn Mercado, Ph.D. (University of Saskatchewan, 2003). Supervisor. Rehabilitation and health psychology; chronic pain and pain coping behaviour; anxiety; depression; cognitive behavioural therapy; interpersonal psychodynamic therapy.

Michelle Presniak, Ph.D. (University of Saskatchewan, 2009). Supervisor. Health/rehabilitation psychology, chronic pain, personality disorders, cognitive behavioural and interpersonal psychodynamic psychotherapy (group and individual)

Trevor Olson, Ph.D. (University of Saskatchewan, 2008). Supervisor. Depression, anxiety, personality disorders, personality assessment, health/rehabilitation psychology, cognitive behavioural therapy, psychodynamic therapy. Additional interests include defense mechanisms, cognitive errors, and psychotherapy research.

Alvin Buckwold Child Development Program & Affiliate

Training experience: Developmental; Major rotation

Bryan Acton, Ph.D. (Simon Fraser University, 1995). Rotation coordinator. Behavior management, brain injury, learning disabilities, and forensic issues.

Lara Spagrud, Ph.D. (University of Saskatchewan, 2008). On leave effective January, 2012 to December, 2012. Supervisor. Diagnostic assessment (especially pervasive developmental disorders, externalizing behaviour disorders, and FASD), short-term treatment of anxiety and externalizing behaviour, interdisciplinary feeding assessment/consultation, and pediatric psychology.

Lisa Lejbak, Ph.D. (University of Saskatchewan, 2010). Supervisor. Neuropsychological and developmental assessment, intervention with children and youth, presentations on acquired brain injury, neurodevelopmental disorders, spinal cord injuries and FASD.

Child & Youth Program, Mental Health & Addictions Services

Training experience: Child & Youth Mental Health & Addictions; Major rotation

Ruthanne Bell, Ph.D. (University of Saskatchewan, 1990). Rotation coordinator. Assessment, intervention, and consultation in regard to young children, elementary school aged children, and their families/caregivers; play therapy, parent-child therapy, family therapy, and parent counselling; community partnerships; trauma.

Sue Nadon, Ph.D. (University of Manitoba, 2002). Supervisor. Child assessment, treatment, and consultation; family assessment and intervention; play therapy; behavioural interventions.

Marilee Zaharia, Ph.D. (Carleton University, 1998; Postdoctoral Respecialization Program in Clinical Psychology, University of Ottawa, 2002). Supervisor. Special Consultant in Psychology to Heartland and Prairie North Health Regions. Rural consultation; Adolescent court-ordered assessments; neuropsychological screening; violence prevention and treatment; program development; rural services.

Donna Torrens, Ph.D. (University of Saskatchewan, 2005). Supervisor. Child and family assessment and treatment; mood and anxiety disorders; parent-child relationships; psychosocial impact on family functioning.

Ellen Legault, Ph.D. (Concordia University, 2002). Coordinator/supervisor. Young Offender Team, Child and Youth Program. Assessment, treatment, and consultation regarding youth in conflict with the law, including specialized assessments of youth considered for the Intensive Rehabilitative Custody and Supervision program for youth who have committed serious violent offences.

Timothy Greenough, Ph.D. (University of Western Ontario, 1976). Manager, Child & Youth Mental Health Services. Disorders of children and their families; adolescent sexual disorders; addictive disorders; sexual and physical abuse.

Keira Stockdale, Ph.D. (University of Saskatchewan, 2008) Registration in progress. Supervisor. Assessment, treatment, and consultation services to youth who have committed serious violent offences and have significant mental health concerns as part of the

Intensive Rehabilitative Custody and Supervision (IRCS) Program. Ongoing research in the areas of: risk assessment, youth violence, and program evaluation.

Regional Psychiatric Services

Training experience: Adult Forensic; Major rotation.

Lucinda Pressé, Ph.D. (Queen's University, 1984). Rotation coordinator. Chief psychologist; adjunct faculty, University of Saskatchewan. Female offenders; psychopathy; forensic clinical interventions and assessments, program evaluation and development.

Therese Daniels, Ph.D. (University of Saskatchewan, 2008). Supervisor. Clearwater Unit psychologist. Boundary issues, sex offender treatment for low functioning offenders, risk assessments, treatment responsiveness.

Natalie Polvi, Ph.D. (Simon Fraser University, 1999). Supervisor. Mackenzie Unit psychologist. Violence prediction and assessment; treatment for aggressive offenders; suicide assessment and management.

Prince Albert Mental Health Centre

Training experiences: Child & Youth Mental Health; Adult Mental Health (including inpatient); Major rotation.

Lisa Berg-Kolody, Ph.D. (University of Saskatchewan, 2002). Rotation coordinator. Adults and geriatric clients. Cognitive behavioural and interpersonal therapies, group psychotherapy, mood disorders, personality disorders, geriatric assessment and treatment.

Douglas Jurgens, Ph.D. (University of Saskatchewan, 1996). Supervisor. Director of Child and Youth Services. Coordinator of Eating Disorders Program, dual diagnosis, behavioural, cognitive behavioural, and emotion-focused treatment, forensic assessment and treatment.

Margaret Ralston, Ph.D. (University of Windsor, 2006). Supervisor. Cognitive behavioral therapy, emotion - focused therapy, and interpersonal therapy for adults with depression, anxiety, bipolar disorder, interpersonal and personality issues; adult survivors of childhood abuse; health psychology; cognitive and personality assessment; CBT group therapy for depression and anxiety.

Beyond Residency

Initial Professional Work Settings of Graduates (1993/4 to present)

| Setting | Number |
|---|--------|
| Hospital-based services | 6 |
| Community health/mental health centre | 11 |
| Correctional services | 2 |
| Rehabilitation centre | 2 |
| Student counselling services/educational psychology | 2 |
| Independent Practice | 6 |
| Academic/Research | 5 |
| Student/completing dissertation/degree | 3 |

Due to the continuing expansion of psychological services in Saskatoon and the province over many years, employment opportunities have been readily available to program graduates interested in remaining for work. Numerous SHR sites and programs have employed former residents, including Clinical Health Psychology, Alvin Buckwold Child Development Program, Child and Youth Mental Health Services, Adult Mental Health Services, FIT for Active Living, Chronic Pain Management Centre, and the Acquired Brain Injury team. Other health regions of the province (Prince Albert and Swift Current) have also welcomed the opportunity to recruit our graduates. Former residents have also worked at the Student Counselling Centre and the Regional Psychiatric Centre, following completion of the residency. Saskatoon also offers ample private practice opportunities, an opportunity accepted by practitioners on a supplementary or full-time basis.

Since 2003, residents of the Psychology Residency Program became eligible for training bursaries from the Saskatchewan Health. During the training year, residents can apply for a bursary of up to \$8,000. If successful, this money will be supplied over and above the usual training stipend, for students who wish to stay and work in Saskatchewan for a stipulated period following residency. More information is available at the Saskatchewan Health website, Health & Human Resource Planning, Bursaries for allied health professionals, final clinical placements: http://www.health.gov.sk.ca/hhrp_bursaries.html

Professional Registration

In Saskatchewan, registration with the Saskatchewan College of Psychologists can be achieved with either a master's or doctoral degree. Following the completion of one's doctoral degree (including predoctoral residency), registration requirements include passing a criminal record check, writing the EPPP, being interviewed (regarding areas of declared competency, ethics and jurisprudence), and obtaining additional supervision during the process of registration as required to establish competencies. Informative websites detail registration requirements in various jurisdictions in Canada (<http://www.cpa.ca/licensing.html>) and the United States (<http://www.asppb.org>).

Applications & Selection

Qualifications

Applicants to the residency should be Ph.D. or Psy.D. students in accredited university-based, clinical psychology training programs who have completed the requirements for their doctorate (other than dissertation), and have been certified by their Director of Training as being ready for the full-year predoctoral residency.

In accordance with CPA and APA criteria, applicants should have had at least 600 hours of supervised experience prior to beginning the residency. Because this residency is general in scope and offers contact with clients ranging from infancy through late adulthood, it is desirable for applicants to have had some practicum experience with both children and adults. Candidates successful in matching to our program have typically acquired 1000-1200 hours of practicum experience at the time of their APPIC application.

Preference will be given to applicants who are Canadian citizens or who have landed immigrant status in Canada. Qualified U.S. applicants are welcome to apply.

Successful candidates matched to the program are required to provide successful results from a criminal record check prior to the start of the training year. Once on the job, residents will be required to complete a health history form and to have any necessary immunizations dependent on their immunization history and rotation placements.

Diversity & Non-Discrimination Policy

The Psychology Residency Program welcomes diversity in its staff and residents, and does not discriminate on the basis of personal characteristics such as race, ethnicity, culture, age, sex, sexual orientation, or religion. Otherwise qualified individuals are not subject to discrimination on the basis of disability. Persons with disabilities and members of visible or non-visible minorities are encouraged to apply for admission to the residency program, and to self-identify if they so desire.

Application Procedures

Being a member of the **Canadian Council of Professional Psychology Programs (CCPPP)**, the Psychology Residency Program subscribes to its voluntary policies for uniform application. These are posted at: www.ccppp.ca. Essential elements are summarized below.

As a member of the **Association of Psychology Postdoctoral and Internship Centers (APPIC)**, the program adheres to APPIC's policies and procedures regarding applications, acceptance and notification, including the following: *This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept or use any ranking-related information from any intern applicant.* These policies are posted at [APPIC: www.appic.org](http://www.appic.org). Match registration information for applicants is available by contacting National Matching Services at www.natmatch.com/psychint/reglink.htm or (416) 977-3431.

Contents

Beginning in fall 2009, we will require the AAPI on-line: application materials provided through the on-line APPIC Centralized Application Service. No printed application materials are required or accepted. Our program requires the following application components in the AAPI on-line:

- Complete APPIC Application for Psychology Internship (AAPI), including certification of readiness by the applicant's academic Director of Training.
- Cover letter indicating applicant's plans and special interests in this program (e.g., major and minor rotations preferred).
- Curriculum vita.
- Transcripts of all graduate education.
- Four letters of recommendation from those familiar with the applicant's background in psychology. One letter should be from either the Director of Training or primary research supervisor, speaking to the applicant's progress on the dissertation. *At least two letters* should come from registered doctoral psychologists who have provided *direct clinical supervision* for the applicant's practicum experiences. Please note that clinical supervisors' letters of reference regarding clinical work should *follow CCPPP guidelines for letters of recommendation to internship*, <http://www.ccppp.ca/en/letters-guidelines.html>, which begin with information regarding the factual nature of the supervisor's contact with the student (e.g., types of clients seen, services offered, theoretical orientation, *hours of direct contact* supervised, total hours of supervision, *nature of supervision*--discussion, audiotape, videotape), to provide a context for the recommendation.

Deadline

Complete applications should be submitted by **November 15**. The full details for application are available on the APPIC website and the website for CCPPP listed above.

Interviews

Interviews for the 2011/2012 training year will be conducted in the first two weeks of January (if possible) and include two (or more) interviewers and the applicant. The duration of an interview is approximately 1.5 hours. Following a series of questions, candidates are provided with time for their questions about the residency. Candidates are also provided with the opportunity to speak confidentially with current residents at another time about their experiences in the program. Some rotation coordinators will speak to the applicant at a different time to answer additional questions and become familiar with a candidate.

Because of the expense for applicants, in-person interviews are not required. Telephone interviews are conducted at the expense of the residency. If an interest is expressed,

applicants may also speak to other program supervisors with additional questions, at another time.

For those interested in attending, in-person interviews are welcomed. These are arranged for applicants who wish to visit Saskatoon to learn more about the program. In addition to an interview at a designated site, we will arrange visits to other site/rotations of interest to the applicant, so that these facilities can also be toured.

Selection

Memberships in and adherence to CCPPP and APPIC membership policy includes participation in the APPIC computer match processes, as described above.

Privacy Information & Application Retention-Disposal Policy

In accordance with federal privacy legislation, we are committed to collecting only information that is relevant to your application. This information is stored at the Department of Clinical Health Psychology, Royal University Hospital, Saskatoon Health Region and is shared only with individuals involved in the evaluation of your residency application. If you are not matched with our program, the information you submitted is destroyed following the release of match results. If you are matched with our program, your application file will be transferred to our personnel files in the Department of Clinical Health Psychology and made available only to those involved in your supervision and training including your clinical supervisors, the Director of Clinical Training, the director of Clinical Health Psychology, and associated administrative support staff.