12 Month Predoctoral Residency Training in Clinical Psychology

We have 5 fully funded residency positions, including two in Forensic Psychology.

Established in 1982; Accredited to August 31st, 2024 by:
The Canadian Psychological Association Accreditation Panel
141 Laurier Ave. West, Suite 702 Ottawa, Ontario K1P 5J3
(613) 237-2144 1-888-472-0657 www.cpa.ca

Our program brochure can also be found at:
https://www.saskatoonhealthregion.ca/locations_services/Services/cdm/Pages/Programs/SHR-Psychology-Residency-Program.aspx

Affiliated with:
The Canadian Council of Professional Psychology Programs (CCPPP) &
The Association of Psychology Postdoctoral and Internship Centers (APPIC)
Pictures of some of our training sites.

Gym facility at the FIT for Active Living Program, Saskatoon City Hospital

The Kinsmen Children’s Centre
Victoria Hospital in Prince Albert, Saskatchewan

The Regional Psychiatric Centre in Saskatoon
Main Entrance of the Royal University Hospital in Saskatoon

Saskatoon City Hospital
Contents
Pictures of some of our training sites 1-3
Contents 4
Mission Statement 6

Our Context 7
Program history 7
Rationale for the Psychology Residency Program 8
Saskatoon Health Region, Program Administration and Location 10
Our Communities: Saskatoon, Prince Albert and North Battleford 11

Our Approach to Training 14
Philosophy and Model of Training 14
Values and Principles of Training 15
Engaging in diverse roles, establishing broad competencies 15
Progressive independence with supportive training 16
Emphasizing learning – practice-based, balanced, self-directed and standardized 16
Emphasizing practice, valuing our scientific tradition 16
Diversity and unity 17
Professional development and the advancement of psychology 17
Community and social welfare 17
Goals and Objectives 17
Psychological Assessment Proficiency 17
Psychological Intervention & Consultation Proficiency 18
Personal skills, Professional Conduct and Interpersonal Relationships 20
Program Development & Evaluation, Administration, Continuing Education and Research 21

Overview of the Residency 21
Core Clinical Experiences 21
Selecting your Training Rotations 23
Chart of Rotation Offerings 23
Major Rotations 24
1. Clinical Health Psychology Rotations: Adult 24
2. Clinical Health Psychology Pediatric Focus 24
3. Adult Neuropsychology 25
4. Rehabilitation Health Psychology 26
5. Developmental at Kinsmen Children’s Centre 26
6. Child and Youth: Children’s Mental Health Services Team 27
7. Rural Consultation Team 28
8. Adult Forensic: Regional Psychiatric Centre 28
9. Adult Forensic: Saskatoon Police Service SVOR 30
10. Adult Forensic: Saskatchewan Hospital Forensic Unit 31
11. Community Mental Health - Northern, Prince Albert 32
12. Inpatient Psychiatric Unit: Saskatchewan Hospital 33
13. Long Term Care and Seniors’ Health 34

Specialized Minor Rotations

m1. Student Counselling Services: University of Saskatchewan 35
m2. Calder Centre: Inpatient Addictions 35
m3. Pediatric Neuropsychology at Kinsmen Children’s Centre 36
m4. Young Offender Team: Child and Youth Mental Health 36
m5. In-patient Rehabilitation Centre, Saskatoon City Hospital 37

Research and Scholarly Activity 38
Sample Work Week 39
Stipend and Benefits 40

Program Administration 41

Supervision 41
Resources & Equipment 41
Administrative Structure 42
Program Line of Authority 42
Residency Advisory Committee 43
Evaluation Procedures 44
- Evaluation of the Resident 44
- Resident Self-Evaluation 44
- Evaluation by the Resident 44

Faculty: Clinical and Research Interests 45

Beyond Residency 50

Initial Professional Work Settings of Graduates (1993 to present) 50
Professional Registration 51

Applications & Selection 51

Qualifications 51
Diversity & Non-Discriminatory Policy 52
Application Procedures 52
Application Contents 52
Deadline 53
Interviews 53
Selection 53
Privacy Information & Application Retention-Disposition Policy 54
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 honor 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.
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 was awarded reaccreditation status with CPA until the end of August 2017. We have just had our Accreditation Site Visit (July 24th and 25th 2017) and are now awaiting the official site visitor report and decision.

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, Long Term Care and Senior’s Health and Prince Albert Mental Health (Northern Community Mental Health). For the current year and the 2018/2019 training year, we are thrilled to have five residency spots, including two that will be dedicated solely to the training of forensic psychologists. For these spots, we welcome our colleagues from Provincial Corrections, the Saskatoon Police Service and most recently, the forensic unit at the Saskatchewan Hospital in North Battleford. (See description of Forensic rotations on Pages 28-30).

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 the opportunity for supervision of practicum students in clinical psychology from the University of Saskatchewan. 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 of the Royal University Hospital and Saskatoon Health Region. Royal University Hospital and other sites both within Saskatoon Health Region and the surrounding health regions, not only provide health services, but also offer training to a wide array of healthcare 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; pediatric and 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 regions, the host department, the university and the profession of psychology.

---

**Saskatoon Health Region, Program Administration & Location**

The Saskatoon Health Region is a large organization that provides services and programs in more than 74 facilities, including nine hospitals (including three tertiary hospitals in
long term care facilities, and numerous primary health care sites, public health centres, mental health and addictions centres, and community-based settings. The psychology residency is administered through the Department of Clinical Health Psychology. The department currently 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 318,000 people in more than 100 cities, towns and rural municipalities. Our Region has over 15,000 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 Polytechnic (formerly the 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 Indigenous 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 25,000 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. Note: In the fall of 2019, the 12 health regions in the province will come under the administration of one provincial health authority. We are not anticipating significant changes to the psychology residency program within this new administrative structure.
Our Communities: Saskatoon, Prince Albert and North Battleford

Saskatoon is a medium-sized city with a population of approximately 275,000. The community is rich in diversity, with varied ethnic origins, traditions, religions, and languages. Reflections of the diversity include our large Indigenous 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 center 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 of Saskatoon 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 years, it provides an exemplary setting for learning about and understanding Indigenous 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 South Saskatchewan 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 summer 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 within easy reach. 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, running, rollerblading 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 football team.

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. The distance from Saskatoon to Prince Albert is 141 Km (87 miles) with a driving time of approximately 1.5 hours. 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 honor 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 Belany, the Englishman who posed 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.

For more information on the Prince Albert Health Region see: [www.paphr.ca](http://www.paphr.ca)

For more information on Prince Albert tourism, see [www.princealberttottourism.com](http://www.princealberttottourism.com)
North Battleford: The City of North Battleford is a unique community nestled next door to the South Town of Battleford. Separated by the scenic North Saskatchewan River, together these two neighbourly communities make up a unified hub of excitement called the Battlefords, with a combined population of around 20,000. The Battlefords is situated attractively as an accessible travel destination 139 kilometres east of the Alberta/Saskatchewan border city of Lloydminster and 138 kilometres northwest from the city of Saskatoon. With a beautiful location, the Battlefords and area are proud of a healthy local economy with a strong foundation in agriculture. With over 6,000 years of Indigenous and pioneer history, the community’s grass roots beginning helps create a heartland for residents wanting big city amenities with the benefits of a family-based small town feel.

The Battlefords boasts everything under the sun and draws both regional traffic and tourists for shopping, arts and culture, sports tournaments, recreation, historical attractions, and an abundance of year round activities, including major events and entertainment. Fort Battleford National Historic Site, the Western Development Museum Heritage Farm & Village, the Fred Light Museum, the Chapel Gallery, the Allan Sapp Gallery, and the Golden Eagle Casino are just a few of the local attractions. The residents of the Battlefords are privileged with the convenience of many recreational facilities including the newly constructed Credit Union CUplex, a large state of the art recreation complex that includes the Battlefords Co-op Aquatic Centre, Dekker Centre for the Performing Arts, Northland Power Curling Centre and NationsWEST Fieldhouse. The North Battleford Civic Centre is the perfect arena for community events (Annual Kinsmen Indoor Rodeo and Battlefords Wildlife Smoker), hockey tournaments and figure skating. Travel fifteen minutes north of the Battlefords and you’re in Jackfish country, which is situated in a fertile park belt and surrounds two beautiful lakes: Jackfish and Murray. The tourism industry flourishes here in the summer months and the population increases to in excess of 5,000 people. Outdoor adventure also abounds at the Blue Mountain Outdoor Adventure Centre and the Table Mountain Regional Park ski facility.
Complete with lakes, trails, rivers, diverse local amenities, a local college, biking, hiking, forests, parks, a bustling community and affordable shopping, the Battlefords blends the beauty and tranquility of nature with the excitement and entertainment of local activities and attractions. Our youthful and vibrant community is wholesome, unforgettable and thick with fun and Canadian history.

**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 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 honored 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 overarching 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 behaviors 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, and 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-V. 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 behaviors 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 treatments 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-malfeasance). 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, behaviors, 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).

- **Observation of 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. The residency program provides up to $300.00 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 be of 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 specialized minor rotations incorporated at the request of the resident, as available.

During core experiences, residents are expected to carry anywhere from ten to twenty individual clients/families in treatment at any one time, and may facilitate a group, to average a minimum of ten hours of clinical contact time per week. 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 rotations to provide an opportunity for a longer-term therapy experience. The opportunity to supervise the clinical work of a junior clinical psychology graduate student on clinical practicum is often available during the year.

In both major 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 for the 13 major rotations and 5 specialized minor rotations in the Psychology Residency Program.

In application letters, prospective residents should identify either two OR three major rotations of interest. Please note that you will do only two rotations of six months duration respectively (to total 12 months) and that we guarantee placement in only one of your major rotation selections. We will strive, however, to fill both rotations with those from your list of rotations of interest, if at all possible.

Note: Due to our funding sources, there is an expectation that individuals interested in Forensic Training will choose two of the three Adult Forensic Rotations (#8, #9, and/or #10) or a combination of the Adult Forensic Rotations and the Young Offender Rotation (#m4). See below for descriptions.

Specialized minor rotations 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).

Please see the chart that follows (Page 23) for a list of all major and specialized minor rotations with information about whether or not they will be offered for the 2018/2019 training year.
Saskatoon Health Region Psychology Residency Program – Rotation Offerings

We have 13 Major rotations and 5 Specialized Minor rotations across the lifespan. (M = Major or 6 month rotation; m = specialized minor rotation, i.e., one day per week)

*** Indicates that this rotation will be offered for the 2018/2019 training year.

Clinical Health Psychology Rotations (Adult Therapy):
  Adult Focus (M) ***  Pediatric Focus (M) ***

Neuropsychology Rotations:
  Adult (M) ***  Pediatrics (m) ***

Rehabilitation Health Psychology Rotation: (M) ***

Developmental Rotation: (Kinsmen Children’s Centre) (M) ***

Child and Youth Mental Health Rotations:
  Children’s Mental Health Services Team (M)
  Rural Consultation Team (M) ***
  Young Offender Team (m); usually offered within an adult forensic rotation ***

Adult Forensic Rotations:
  Regional Psychiatric Centre (Federal Corrections) (M) ***
  Saskatoon Police Service Serious Violent Offender Response (M) ***
  Adult Forensic Unit at Saskatchewan Hospital (Psychiatric Facility) (M) ***

Rural or Community Rotations:
  Prince Albert Community Mental Health and Addictions (M)
  Inpatient Psychiatric Rehabilitation– Saskatchewan Hospital, North Battleford (M) ***

Seniors’ Health and Long Term Care Rotation: (M) ***

Other specialized minor rotations offered in conjunction with most major rotations:
  Student Counselling Adult Therapy at the University of Saskatchewan (m) ***
  In-patient Addictions Services at the Calder Centre in Saskatoon (m)
  In-patient Rehabilitation Centre at Saskatoon City Hospital (m) ***
Major Rotations - Six months full time.

1. Clinical Health Psychology; Adult Focus

Training Site: The Department of Clinical Health Psychology, located at Royal University Hospital is a department within Saskatoon Health Region (SHR), affiliated with LiveWell Chronic Disease Management. The department provides consultation and treatment services to hospital departments and other health agencies served by SHR, operating an active clinical outpatient service. Psychologists see client populations from other LiveWell programs (e.g., cardiac rehab; pulmonary rehab; diabetes; rheumatology; gastroenterology), as well as neurology/neurosciences, infectious diseases, family practitioners, rehabilitation medicine, cancer services, transplant services, and other region units and services. Services are offered to adults 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, somatic symptom disorders, pain related to an injury or disease, and characterological issues. Family members may also be seen as an adjunct to individual service or in their own therapy. 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 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 can be expected. Referrals are often received for patients who are coping with chronic stress, acute or chronic illness and/or terminal conditions. These conditions include cardiac problems, diabetes, obesity, chronic pain, headache, multiple sclerosis, somatic symptom disorders, cancer, IBS, IBD, HCV, and HIV. Co-morbid mental health problems include characterological issues, anxiety, and depression. Residents will develop an understanding of the complex relationship between personality, psychopathology and physical health. Process-oriented and short-term dynamic psychotherapy are the primary treatment modalities used to address characterological issues with adults. Problem-solving, cognitive, and behavioral approaches are also used to address problems with health management.

2. Clinical Health Psychology; Pediatric Focus

Training Site: The Department of Clinical Health Psychology (see description of training site above). In the Clinical Health Psychology: Pediatric Health Rotation residents may acquire supervised experience in several areas. The main focus of the rotation is individual psychotherapy. Because of the range of ages and types of presentations training in numerous empirically-supported approaches to psychotherapy are provided during the rotation. These experiences may include early-age interventions such as Parent-Child Interaction Therapy (MacNeil & Hembree-Kigin, 2011), behavioural approaches for specific
phobias, such as needle phobia, Cognitive-Behavioural Therapy for pain and adjustment to health conditions (e.g., Barlow, 2001; Goddard, 2011), and Short-Term Dynamic Therapy for adolescents with issues of management and adjustment to somatic concerns (e.g., Abbass, Town, & Driessen, 2012). Exposure to hypnotherapy, particularly for Irritable Bowel Syndrome as well as for Crohn’s Disease and Collitis (Miller et al., 2014), is also a possibility. Limited opportunities for involvement in groups are present from time to time.

As well, recently we have added an Early Childhood Psychology (ECP) component to the rotation. This experience is treated as an elective within the rotation. Focus in ECP can be on assessment or psychotherapy. Assessment experience is primarily focused on discriminating developmental or mental health concerns from typical concerns in normal development. This experience can be used to provide the assessment competency needed in an overall residency year that does not include a major rotation in a setting that is assessment focused. Psychotherapy options are typically around behavioral issues, which may be mild to severe. Clients from the ECP elective can be used to broaden and strengthen the psychotherapy experience of those in the Pediatric Health Rotation.

**NOTE:** Residents are asked to select either an adult or pediatric focus. For the 2018/2019 training year, CHP will offer two major rotations with either an adult and pediatric focus.

3. Adult Neuropsychology

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

**Training Site:** The Department of Clinical Health Psychology (see description of training site above).

**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 neuroscience rounds. Foundational coursework (i.e., neuropsychological assessment; neuropathology) and prior neuropsychological assessment experience is a prerequisite for this rotation. A full six-month rotation length is recommended for this rotation.
4. 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 physicians, 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, and others, including occasional brain injury) 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. The program is accredited via the Canadian Council on Health Services Accreditation (CCHSA).

**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-behavioral, interpersonal, existential, behavioral, psychodynamic, psychotherapy integration).

5. Developmental Rotation

**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 a variety of developmental disabilities (e.g., Intellectual Disability, Autism Spectrum Disorder, and Cerebral Palsy) and co-morbid psychological problems (e.g., anxiety, ADHD) in clients 0-18 years old and about the impact of such challenges on children and families.
Residents will interview children and families, observe children’s behavior in various contexts, administer and interpret standardized tests, and hone skills in differential diagnosis. Residents learn to plan and administer interventions including individual child therapy, parent management training, and co-therapy with multidisciplinary colleagues (e.g., SLP, OT). Both short-term and long-term therapy clients are possible. Residents learn to adjust their clinical skills and techniques to the developmental level of their clients and develop an understanding of the child and family within the wider community. There are also opportunities to collaborate with our full-time psychometrist.

Residents become members of interprofessional teams which provide a rich opportunity to solidify their professional identities while benefitting from the support and expertise of team members (e.g., occupational therapists, physicians, speech/language pathologists).

6. Child & Youth Mental Health & Addictions Rotation; The Children’s Mental Health Services Team

**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.

The Child and Youth Program provides mental health services to children birth to 11 years old and to their families and other caregivers. Referal problems include anxiety, depression, aggression, oppositional behavior, attentional difficulties, trauma, attachment issues, abuse and neglect, social difficulties, and parenting difficulties. Team members include clinical psychologists and educational psychologists/behavioral 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, behavioral 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/behavioral, 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-behavioral, and attachment. Residents also gain experience providing feedback and consultation to others who are working with the referred children.

**Note:** For the 2018/2019 training year, the Children’s Mental Health Services Team will **not** be offering a major rotation.
7. The Rural Consultation Program

The Child and Youth Rural Consultation Program rotation is a newer rotation that began during the 2015-2016 Clinical Health Psychology Residency year. Residents will be offered assessment, some treatment, and primarily consultative experiences involving clients, families, and mental health staff from rural communities within the Heartland, Prairie North, and Saskatoon health regions. As the Province of Saskatchewan gradually transitions to 2 large health regions, the Rural Consultation Program may serve additional child and youth areas.

The clinical population that our program serves includes children and youth 0 to 18 years with a wide range of presenting clinical disorders, including some forensic issues. Residents will be provided the opportunity to learn consultation strategies useful in assisting front-line staff to work with children and youth within home, academic and community settings. Use of direct and indirect (phone and Telehealth) assessment and consultation strategies will be explored as part of timely and effective clinical consultative service provision. Residents will learn how to use clinical data and translate these into effective (and realistic) intervention strategies for front-line clinical staff given available community services/supports. Discussions and strategies for effective inter-professional practice will likewise be explored.

Some travel with the Child and Youth Rural Consultation Program staff (transportation provided) will be required (e.g., our Lloydminster clinic that occurs about 3-4 times per year). Finally, residents will also be offered some “in-house” assessment and consultation opportunities among youth participating in the school-based Day Program (co-housed with the Rural Consultation Program at the Youth Resource Centre).

Adult Forensic Rotations

**Note:** For the 2018/2019 year, due to our funding source, there is an expectation that individuals interested in Forensic Training will choose two of the three Adult Forensic Rotations (#8, #9, #10) or a combination, including two Adult Forensic Rotations and the Young Offender Rotation (#m4) offered one day per week.

8. 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 (CSC) on land belonging to the University of Saskatchewan. The RPC admits male and female offenders from federal penitentiaries, Saskatchewan courts (on remand), and periodically, Saskatchewan Correctional Centers. A portion of patients are certified under the Mental Health Act of Saskatchewan; but most admissions are non-emergent and voluntary. Admitted offenders typically have acute and/or chronic mental health disorders as well as dual diagnoses. Offenders with cognitive impairments, neurological impairments, and severe personality-disorders (with significant behavioural dysregulation or impairment, including chronic or persistent self-harming) are common. Many patients at the RPC may be seen as “high needs” and/or “high risk”. Finally, the RPC includes an eight-
bed medical wing for federal offenders who require 24-hour nursing care for acute physical healthcare.

**Training Experience:** The RPC is a teaching hospital that offers clinical placements to students in psychology, psychiatry, nursing, and social work. Interdisciplinary treatment and assessment services are provided in the context of a maximum security environment. The Psychology Resident is oriented to the facility by the rotation coordinator and supervisor(s). His/her training experiences are identified and planned. A breadth of experiences is encouraged and efforts are directed toward same. Residents are primarily involved in the provision of comprehensive treatment services to admissions from federal institutions in the Prairie Provinces. Experience will also be gained in clinical and psychological assessments as well as Parole Board of Canada psychological risk assessments which focus on risk for future violence and recommendations for risk management. Prior to placement at the RPC, residents must pass the enhanced security clearance procedure of the Correctional Service of Canada. RPC 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.

In 2015 the Correctional Services of Canada (CSC) began the transition to a revised model of mental health care wherein three levels of care are provided to federally sentenced offenders. Primary Mental Health Care is provided to offenders with moderate or mild mental health care needs by institutional mental health care teams in regular federal institutions. Intermediate Mental Health Care is provided to offenders who need more mental health care than that which is available at the primary care level but doesn’t meet the threshold of psychiatric hospital care need. Psychiatric Inpatient Hospital Care is provided to offenders with severe mental health concerns; a level of care unavailable at regular institutions.

As CSC transitioned to a revised model of care of mental health care, so did the Regional Psychiatric Centre such that over two-thirds of the Psychiatric Inpatient Hospital beds were changed to Intermediate Care beds. Effective April 1, 2016 an associated change in organizational structure was implemented at RPC, with its configuration being consistent with the levels of mental health care provided at RPC.

In terms of male offenders, at RPC there are 60 beds for Psychiatric Inpatient Hospital Care and 124 beds for Intermediate Mental Health Care. In turn, the Intermediate beds are divided into High Intensity Care (100 beds) and Moderate Intensity Care (24 beds; eight of which are located in a group home for patients ready for more independent living arrangements). In terms of female offenders, at RPC there are 8 Psychiatric Inpatient Hospital Care beds and 12 Intermediate Care beds (all High Intensity beds).

In addition to mental health treatment and psychosocial rehabilitation programs, RPC provides structured CSC-developed programs that target criminogenic factors such as substance abuse, violent behavior, and sexual offending. In particular, when RPC patients have mental health and/or cognitive impairment which preclude their benefitting from these structured programs in the regular penitentiaries, such access to these programs at RPC represents an important component of treatment and rehabilitation. CSC’s structured programs and RPC’s mental health programs are based upon cognitive-behavioral and relapse prevention principles.
9. Saskatoon Police Service - Serious Violent Offender Response

Training site: The Saskatoon Police Service. The Serious Violent Offender Response (SVOR) is an innovative, multidisciplinary, evidence-based community response designed to reduce the threat posed by high-risk offenders in the province of Saskatchewan (SK). The response was formally implemented in May 2013 as part of the SK Ministry of Justice’s larger Building Partnerships to Reduce Crime Initiative and is currently operational in two geographic regions of the province, one urban (Saskatoon) and one rural (North Battleford).

The SVOR has two very unique elements: (1) a daily living support program for offenders with mental health concerns operated by the Canadian Mental Health Association - SK Division; and (2) the involvement of a Clinical Psychologist of Policing. While most clinical psychologists working for police agencies provide assessment and treatment services to police employees, the Clinical Psychologist of Policing is responsible for providing clinical and behavioral science expertise/knowledge to the design and implementation of police and integrated community practices in order to decrease crime and increase community safety. This includes providing consultation to police services regarding forensic and mental health issues, conducting applied research, and developing and implementing skill-based training.

Based at the Saskatoon Police Service, the Clinical Psychologist of Policing provides on-site consultation to both the Saskatoon and North Battleford SVOR. As such, the types of training sites residents may be exposed to while working with the Clinical Psychologist of Policing may range from a new, state of the art police station in Saskatoon, to rural and urban probation offices, and possibly inpatient psychiatric units and provincial correctional facilities. The resident, however, will be based at the Department of Clinical Health Psychology, Royal University Hospital where they will be assigned an office. Given the nature of the work, successful completion of both regular and enhanced security screening is required.

Training experience: Under the supervision of the Clinical Psychologist of Policing, residents would have opportunity to train and work within an interprofessional framework including a community-based forensic service delivery team comprised of municipal and federal police services, justice community support workers, adult probation officers, public prosecutions, and directors within the SK Ministry of Justice, all associated with the SVOR. Residents would be invited to participate in SVOR admission, discharge, and case management processes. In terms of direct service delivery, residents would have opportunity to conduct a range of psychological assessments (e.g., mental health, cognitive functioning, and risk assessments) and provide individual treatment. The clientele are most typically high risk-need cases with complex clinical presentations and comorbid mental health conditions. There may also be opportunities for residents to engage in applied research. The Saskatoon Police Service has recently established a Predictive Analytics Lab in partnership in partnership with the University of Saskatchewan and SK Ministry of Justice, which stands to offer some unique research opportunities that may be of interest to some residents. As projects will evolve over time, the resident becoming involved with the Lab will join an existing project team, participating in the preparation, analysis, and interpretation of research data. Participation in applied research being carried out by the Predictive Analytics Lab is restricted to those who have made sufficient
progress on their dissertation as a minimum time commitment of one half day per week is required. Priority will be given to residents in dedicated forensic residency positions.

10. Adult Forensic Psychology Rotation, Saskatchewan Hospital, North Battleford (SHNB)

Prairie North Health Region covers a large and geographically diverse area in the northwest part of central Saskatchewan. Employing more than 3,300 individuals across 25 different facilities, Prairie North is believed to be the single largest employer in the geographic area. Saskatchewan's only provincial psychiatric rehabilitation hospital - Saskatchewan Hospital North Battleford (SHNB) - is located in the Prairie North Health Region. Once The Battlefords' single largest employer and known provincially and nationally for its innovation in the provision of mental health services, the SHNB, its clients and programming continue to occupy a special place of “ownership” in the community’s consciousness. SHNB is also home to the province’s Forensic Services program.

Training Site: Saskatchewan Hospital, located in North Battleford, is a long-term psychiatric rehabilitation hospital, typically providing treatment for a minimum of six months. The SHNB is Saskatchewan’s only provincial psychiatric rehabilitation hospital. The hospital’s multidisciplinary teams work in partnership with community mental health agencies, Regional Health Authorities and provincial government authorities to ensure continuity of care for individuals with mental health difficulties. The SHNB’s rehabilitation approach is one of graduated steps toward independence to ensure a successful reintegration into the community. As such, the SHNB’s residential structure includes an admissions unit, three general rehabilitation units, a transitional unit, two residential units (one on campus and one located in the community), as well as a forensic unit. This structure allows for a stepwise return to the community, though where placement in the community is not feasible or readily available, patients may reside indefinitely at the hospital. Approximately half of the 156 patients have been diagnosed with one of the Schizophrenia Spectrum Disorders, and the remainder may have severe and/or treatment resistant Neurodevelopmental Disorders, Bipolar Disorder, Major Depressive Disorder, Persistent Depressive Disorder, Obsessive Compulsive Disorder, Trauma and Stress-Related Disorders, Anxiety Disorders, Personality Disorders, and Substance-Related and Addictive Disorders, as well as various psychiatric and medical comorbidities.

Opening in September, 2018, the new Saskatchewan Hospital (188 beds, plus 96 secure beds for mentally ill serving prisoners), offers a uniquely designed setting (400,000 square foot building area), shaped by the principles set out by the patients including connections to nature and an abundance of natural light in patient spaces. The common areas of the new facility include innovative space for individual or group activities including music, art, exercise, and learning practical skills for life. The state-of-the-art design of this new facility includes better patient, staff and supply flows including supportive infrastructure, technology and programming for optimal patient care and treatment. The design of this one of a kind facility represents the input from patients and staff to ensure that the best care, treatment and recovery can be achieved.
The Forensic Psychology rotation is offered through the Forensic Program at the SHNB. The Forensic Program consists of the Forensic Unit, a 24 bed secure inpatient unit that admits individuals remanded for assessment, serving prisoners requiring mental health treatment, and individuals under the auspices of the Saskatchewan Criminal Review Board (individuals who have been found Unfit to Stand Trial or Not Criminally Responsible Due to Mental Disorder (NCRMD)). Individuals under the auspices of the Criminal Review Board may also reside on units other than the Forensic Unit as part of the SHNB’s short-term rehabilitation or extended rehabilitation programs, when appropriate. The Forensic Services program is part of Saskatchewan’s health care system; however, it also has close ties to the judicial and correctional systems. Patients accessing this service are individuals who have come into conflict with the law and have mental health issues. Examples of presenting problems include psychosis, mood disorders, personality disorders, substance use problems, impulse control disorders, and problems with violence. Individuals admitted to the program also have a wide range of charges including breaches, breaking and entering, and theft to more serious violent offences such as sexual assault and murder.

Training Experience: The rotation focuses primarily on court-ordered assessment (using a variety of assessment tools) on individuals who have come into contact with the law and have (suspected) mental health difficulties. There are also opportunities to provide short-term individual therapy, and risk assessments on those found Unfit to Stand Trial or NCRMD. Residents will also have the opportunity to attend Criminal Review Board hearings and court appearances to observe the proceedings. Residents are exposed to various referral questions that are unique to this area, such as multidisciplinary team assessments of criminal responsibility and fitness to stand trial, risk of future offending, mental health issues, and suitability for treatment while a serving prisoner or under the auspices of the Criminal Review Board. A rotation of this type also permits residents to learn how specific factors, such as involuntary committal, major mental illness, poor insight, or reluctance to participate in treatment, have an impact on treatment and assessment.

11. Community Mental Health Rotation (Northern, Prince Albert)

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, behavioral and emotional difficulties. We are a multidisciplinary center 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. We also have seven consultant psychiatrists, including a Child Psychiatrist, who provide psychiatric assessment and treatment services to both inpatient and outpatient clients. PAPHR also has two inpatient psychiatric villas with a capacity of 40 beds (30 adult and 10 pediatric) for which we provide services. Outpatient clinical services are delivered in a central office setting, as well as in rural clinic locations.

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 Indigenous peoples. Outpatient services are the focus of the rotation. Limited opportunities for inpatient assessment may be possible. The resident has opportunity to work in a variety of assessment and individual psychotherapy contexts with
outpatients. Presenting problems are wide ranging and include all usual diagnostic categories. 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. Residents will also have the opportunity to participate in the Walk-In Service which provides a same-day response for clients needing immediate counseling support. This service is designed to offer a brief counseling session with the goals of answering the client’s questions, offering solution-focused interventions, and providing an intake/triage conduit for those persons requiring further, more extensive services.

Note: During the 2018/2019 year, the Prince Albert Mental Health Centre will not be offering a rotation.

12. Rotation in Adult Inpatient Psychiatric Rehabilitation, Saskatchewan Hospital North Battleford (SHNB)

Training site: See description on page 29, 30.

The Adult Inpatient Psychiatric Rehabilitation rotation offers experiences in individual and group psychotherapy, assessment, and consultation in the psychiatric rehabilitation program at the SHNB. The primary therapeutic modalities utilized are cognitive behavioral, interpersonal, behavioral, client-centered, humanistic-existential, and psychodynamic. Treatment also focuses on community reintegration for individuals with a variety of psychiatric conditions. Assessment questions range from intellectual and/or cognitive functioning to diagnostic clarification/differential diagnosis to treatment recommendations. A variety of assessment tools are utilized depending on the referral question. There are also opportunities for formal consultation and work on multidisciplinary teams.

Training Experience: This rotation offers experience in the primary domains of psychotherapy (individual and group) and consultation with inpatients within the Psychiatric Rehabilitation Program at the SHNB. The psychologists, clinical psychology graduate students and clinical psychology residents participate in team meetings addressing patients’ therapeutic needs, and case conferences which allow patients to meet with their clinical teams. Residents are expected to tour the dozen programming areas (including educational, vocational, leisure, and psychoeducational programming, as well as others), and to drop in periodically to see how their patients are progressing in these settings. Residents are also expected to spend some time on the residential units, to facilitate their understanding of the patients’ living environments. The patient population is quite diverse, including a wide range of psychiatric diagnoses and various cultural and socioeconomic backgrounds. The patient population varies in age from age 18 to those in their senior years. Although the focus of this rotation is psychotherapy, interested residents will be provided with opportunities to conduct formal (including forensic) assessments as patients from the 24-bed Forensic Unit are sometimes transferred to the rehabilitation side of the hospital. As such, residents can expect to have some exposure to patients deemed Not Criminally Responsible Due to Mental Disorder or Unfit to Stand Trial.
13. Long Term Care and Senior’s Health Rotation

Parkridge Centre, Saskatoon and Long Term Care Facilities

Training Site: Parkridge Centre is one of 30 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 behavioral 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, Spine Bifida, and 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 behavioral, cognitive, and capacity assessments. Consultation is accomplished through an outreach team comprised of nursing, geriatric psychiatry, 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.
Specialized Minor Rotations

m1: Student Counselling, Student Counselling Services, University of Saskatchewan

Training Site: 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, 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 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, and 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.

m2. 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 psycho-educational content of the addictions treatment programming is set on a 4-week schedule, with additional programming and services for clients based on individual need.

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 is offered one day a week for six months or as an intensive experience for six weeks during a major rotation. Please note that this specialized minor rotation will not be offered during the 2018/2019 training year.

m3. Pediatric Neuropsychology (1 to 1.5 days per week); Alvin Buckwold Child Development Program, Department of Pediatrics

Training Site: Alvin Buckwold Child Development Program (See below; Pg. 26).
Training Experience: Activities in this rotation involve working with children and youth who have neurodevelopmental disabilities and/or acquired neurological involvement. Opportunity for work with preschoolers can also be arranged. The work of our pediatric neuropsychologist is a general service but mainly consists of neurodevelopmental assessment for Fetal Alcohol Spectrum Disorder and neuropsychology assessment for acquired brain injury. Common referral questions include pre- and post-assessment for epilepsy surgery, assessment of recovery from acquired brain injury, and assessment of complex neurodevelopmental presentations. Residents would get experience administering a wide range of standardized neuropsychological tests including measures of intelligence, achievement, memory, executive functioning, language, attention, and others. Residents will have the experience of working with our full time psychometrist as well as the opportunity for interdisciplinary collaboration with our developmental pediatrics and colleagues from allied health fields.

m4. The Young Offender (YO) Team

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.

Training experience: The Young Offender (YO) Team is composed of five psychologists and two 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, 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.

This specialized minor rotation is offered to forensic students only for one to two days per week in conjunction with 2 of 3 major adult forensic rotations.

**M 5. In-Patient Rehabilitation Centre, Saskatoon City Hospital**

**Training Site:** The Rehabilitation Centre, 7th Floor, Saskatoon City Hospital. Includes an inpatient (34 bed unit) and outpatient rehabilitation services.

**Training Experience:** Clients include inpatients and outpatients with significant physical injuries such as spinal cord injury, stroke, and acquired brain injury. Age ranges from 14 to 85+. Psychological issues include depression, grief, anxiety, PTSD, and adjustment. Assessments are typically a diagnostic interview tailored to the individual client's cognitive and language abilities. This information is used to plan any needed psychological treatment as well as to assist the inter-professional team in treatment approach and planning. Therapy is usually time-limited and intensive and requires flexibility in therapeutic approaches. Most commonly used therapeutic approaches are cognitive-behavioral, interpersonal, and existential. Therapy is tailored to the patient's cognitive and language abilities, and often involves simplification of concepts and the use of supportive communication. Therapy work is primarily individual, but family members are often involved at some points. Inter-professional collaboration with a full range of rehabilitation specialists is a core component of the psychology services.
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 have 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 Residents' Seminar Series is usually held for a half day every second week and is 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 Week

<table>
<thead>
<tr>
<th>Time</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00</td>
<td>Emails etc.</td>
<td>9:00</td>
<td>10:00</td>
<td>11:00</td>
<td>12:00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Client 1</td>
<td>Supervision</td>
<td>Supervision</td>
<td>Lunch</td>
</tr>
<tr>
<td>9:00</td>
<td>Client 1</td>
<td>Client 4</td>
<td>Report writing-Client 4</td>
<td>Read</td>
<td>Note- Client 10</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10:00</td>
<td>Supervision</td>
<td></td>
<td>Read</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11:00</td>
<td></td>
<td></td>
<td>Supervision</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Note- Client 10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12:00</td>
<td>Lunch</td>
<td></td>
<td>Lunch</td>
<td></td>
<td>Lunch</td>
</tr>
<tr>
<td>1:00</td>
<td>Note- Client 1</td>
<td></td>
<td>Note- Client 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2:00</td>
<td>Note- Client 2</td>
<td></td>
<td></td>
<td>Read</td>
<td></td>
</tr>
<tr>
<td>3:00</td>
<td>Client 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4:00</td>
<td>Note- Client 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5:00</td>
<td>Read</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>File Review</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Notes:**
- Individual/group supervision
- Seminar (half day every other week)
- Research Time (half day every week)
- Inpatient time
Stipend & Benefits

Five residency positions will be available for the 2018/2019 training year, including two positions with a strictly forensic focus.

The residency stipend for the 2018/2019 training year is $33,180.00. In addition to the stipend, benefits (an additional 20%) 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 $14,000. 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 $300 for continuing education per resident. This may increase if budgets allow.
- 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 cannot 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 and group, intensive supervision with doctoral, registered psychologists. Individual 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 private or semi-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 independent research activity.
- Residents are encouraged to meet together during office hours when on site at CHP for mutual support.
- A Resident Advisor, called the “External” acts as 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 Chief Psychologist: Education and Training for the residency. 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**

- **Mr. Dan Florizone**  
  President and Chief Executive Officer  
  Saskatoon Health Region

- **Ms. Diane Shendruk**  
  V.P. Integrated Health Services  
  Saskatoon Health Region

- **Ms. Cristina Ugolini**  
  Director: Primary Health Care and Chronic Disease Management  
  Saskatoon Health Region

- **Ms. Leslie Worth**  
  Senior Manager  
  Chronic Disease Management  
  Saskatoon Health Region

- **Dr. Bryan Acton**  
  Chief Psychologist: Education and Training  
  Psychology Residency Program  
  Department of Clinical Health Psychology  
  Saskatoon Health Region

- **Dr. Rupal Bonli**  
  Training Director  
  Psychology Residency Program  
  Department of Clinical Health Psychology  
  Saskatoon Health Region
### 2017/2018 Residency Advisory Committee (RAC)

(Note: this list will change in 2018/2019 with the change of rotation coordinators and supervisors):

<table>
<thead>
<tr>
<th>Rotation Coordinators and/or Site Representatives</th>
<th>Rotation (M) = Major Rotation Coordinator or (SR) = Site Representative for 2017/18 Training Year</th>
<th>Site</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Dawn Phillip; Dr. Sarah Hillis; Dr. Laurene Wilson</td>
<td>Clinical Health Psychology - Adult rotation coordinators (x3)</td>
<td>Department of Clinical Health Psychology; RUH</td>
</tr>
<tr>
<td>Dr. Marilee Zaharia</td>
<td>Rural Consultation rotation coordinator</td>
<td>Youth Resource Centre</td>
</tr>
<tr>
<td>Dr. Lara Spagrud</td>
<td>Developmental rotation Coordinator</td>
<td>Alvin Buckwold Child Development Program, Kinsmen Children’s Centre</td>
</tr>
<tr>
<td>Dr. Marc Sheckter</td>
<td>Rehabilitation Health Psychology Rotation Coordinator</td>
<td>FIT for Active Living: Saskatoon City Hospital</td>
</tr>
<tr>
<td>Dr. Natalie Polvi</td>
<td>Forensic Rotation Coordinator</td>
<td>Regional Psychiatric Centre</td>
</tr>
<tr>
<td>Dr. Katelyn Harker</td>
<td>Young Offender Program Rotation Coordinator</td>
<td>Youth Resource Centre</td>
</tr>
<tr>
<td>Dr. Lisa Berg-Kolody</td>
<td>Community Mental Health (Northern) Coordinator</td>
<td>Prince Albert Mental Health Centre</td>
</tr>
<tr>
<td>Dr. Stacy Podetz</td>
<td>Long Term Care and Seniors’ Health Rotation Coordinator</td>
<td>Parkridge Centre</td>
</tr>
<tr>
<td>Dr. Bryan Acton</td>
<td>Chief - Residency Program Rotation Coordinator</td>
<td>Department of Clinical Health Psychology (Pediatric rotation), RUH</td>
</tr>
<tr>
<td>Dr. Rupal Bonli</td>
<td>Training Director - Residency Program</td>
<td>Department of Clinical Health Psychology</td>
</tr>
<tr>
<td>Dr. Keira Stockdale</td>
<td>Saskatoon Police Service Rotation Coordinator</td>
<td>Saskatoon Police Service</td>
</tr>
<tr>
<td>Current residents (5)</td>
<td>Involved in two major rotations each</td>
<td>All sites</td>
</tr>
</tbody>
</table>
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 doctoral psychologists, unless indicated (e.g., registration in progress).

1. Department of Clinical Health Psychology

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.

Mima 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). Training Director, Psychology Residency Program. Health psychology (adult and child); specialty in pain management, clinical hypnosis and hypnotherapeutic techniques. Additional interests: Adult Autism Spectrum Disorders.


2. Calder Centre

Training experience: Addictions; Specialized minor rotation

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

3. Student Counselling Services

Training experience: Student Counselling; Specialized 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.


Regan Hart, Ph.D. (University of Regina, 2008). Seminar presenter. Adult assessment, individual psychotherapy and group psychotherapy; depression, anxiety, trauma, and personality disorders. DBT and CBT therapy approaches.

Lila McCormick, Ph.D. (University of Guelph, 2015). Seminar presenter/supervisor. Adult assessment and individual psychotherapy; anxiety and depression, trauma, parenting, interpersonal and personality issues; psychotherapeutic approaches include cognitive-behavioral therapy and short-term dynamic psychotherapy.

4. **FIT for Active Living**

**Training experience: Rehabilitation Health Psychology; Major rotation**

Marc Scheckter, 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 behavior; anxiety; depression; cognitive behavioral therapy; interpersonal psychodynamic therapy.

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

Bruce McMurtry, Ph.D. (University of British Columbia, 2004). Supervisor. Health/rehabilitation psychology, chronic pain, anxiety, depression and personality. Conceptualization/therapy approaches include Cognitive Behavioral (including mindfulness/acceptance) and Short term Psychodynamic.

Allyson Clarke, Ph.D. (Ontario Institute for Studies in Education at the University of Toronto, 2014). Supervisor. Anxiety, trauma, depression, stress management, identity and relationship concerns, health/rehabilitation psychology; psychotherapeutic approaches include cognitive-behavioral therapy, solution-focused therapy, and eye movement desensitization and reprocessing (EMDR).

5. **Alvin Buckwold Child Development Program & Affiliate**

**Training experience: Developmental; Major rotation**


6. Child & Youth Programs; Mental Health & Addictions Services, Rural Consultation and Young Offender Programs

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

Ruthanne Bell, Ph.D. (University of Saskatchewan, 1990). Supervisor. Child and Youth Mental Health. 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). Rotation Coordinator. Child and Youth Mental Health. Child assessment, treatment, and consultation; family assessment and intervention; play therapy; behavioral interventions.

Rural Consultation; Major rotation

Marilee Zaharia, Ph.D. (Carleton University, 1998); Postdoctoral Respecialization Program in Clinical Psychology, University of Ottawa, 2002). Rotation Coordinator. Rural Psychology Consultant to Heartland, Prairie North, and Saskatoon (Rural) Health Regions. Rural consultation on complex cases (0-18 years); violence/threat assessment, prevention in rural areas, consultation to families, rural mental health staff and other associated service providers (e.g., physicians) to promote rural mental health in harder-to-serve areas.

Young Offender Team; Specialized minor rotation

Katelyn Harker, Ph.D. (University of Saskatchewan, 2014). Rotation Coordinator, Young Offender Team. Assessment, treatment, and consultation regarding juvenile offenders. Treatment modalities include cognitive - behavioural therapy, interpersonal therapy,
motivational interviewing; group and individual. Particular interest in violent offenders, sex offenders, and FASD in the justice system.

Donna Tomens, Ph.D. (University of Saskatchewan, 2005). Supervisor, Young Offender Team. Forensic and mental health assessment and treatment, primarily focused on working with violent young offenders and their families. Involved in specialized court assessments and treatment including IRCS (Intensive Rehabilitative Custody Sentence) and HRVYOI (High Risk Violent Young Offender Initiative).

Ellen Legault, Ph.D. (Concordia University, 2002). Supervisor, Young Offender Team. 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.

7. Regional Psychiatric Services

Training experience: Adult Forensic; Major rotation.

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

Justina Sowden, Ph.D. (University of Saskatchewan, 2013). Rotation Coordinator/Supervisor. Assessment and treatment of recidivism risk, self-harm and suicide risk, major mental disorders, personality disorders, cognitive disorders. Intervention modalities include individual, group, crisis, short-term, and long-term using cognitive-behavioural therapy, behavioural therapy, cognitive processing therapy, dialectical behaviour therapy, motivational interviewing, and solution focused therapy. Co-facilitation of animal assisted therapy. Publications related to risk assessment with sexual offenders.

Tyson Kurtenbach, Ph.D. (University of Saskatchewan, 2016). Supervisor. Adult offender assessment, diagnosis, and intervention (criminal recidivism risk, suicide and self-injury, major mental illness, cognitive functioning). Treatment modalities focus on CBT, DBT, cognitive processing therapy, and schema therapy. Primary clinical and research area of interest related to sex offender assessment and treatment.

8. Saskatoon Police Service

Training experience: Adult Forensic; Serious Violent Offender Response; Major rotation

Keira Stockdale, Ph.D. (University of Saskatchewan, 2008). Rotation Coordinator/supervisor. Clinical Psychologist of Policing, Saskatoon Police Service. Adjunct Professor, Department of Psychology, University of Saskatchewan. Assessment, treatment, and consultation regarding adult and juvenile offenders. Clinical consultation to police services. Development, implementation, and evaluation of integrated community practices to decrease crime and increase community safety.
9. 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/supervisor. Adult and geriatric psychological therapy, assessment, and diagnosis. Integrative therapies (primarily interpersonal dynamic and CBT approaches). Mood and anxiety disorders (including PTSD), personality disorders, health psychology, grief and existential issues and childhood abuse.

Margaret Ralston, Ph.D. (University of Windsor, 2006). Supervisor. Integrative psychotherapy (cognitive behavioural, interpersonal, psychodynamic, and emotion-focused) for adults with depression, anxiety, bipolar disorder, interpersonal and personality issues; adult survivors of childhood abuse; health psychology; diagnostic, cognitive, and personality assessments.

Lyndsay Foster, Ph.D. (University of New Brunswick, 2012). Supervisor. Child, adolescent and adult therapy and assessment; diagnostic assessments for child and youth neurodevelopmental disorders; Autism Spectrum Disorders, Fetal Alcohol Spectrum Disorders and ADHD; consultation to other mental health providers in Northern Saskatchewan health regions.

10. Saskatchewan Hospital North Battleford

Lindsay Robertson, Ph.D. (University of Saskatchewan, 2013). Rotation Coordinator/supervisor. Chief Psychologist and Director of Forensic Services, Saskatchewan Hospital North Battleford. Assessment, treatment, and consultation regarding adult and juvenile offenders. Risk assessment and treatment for those found Unfit to Stand Trial and Not Criminally Responsible Due to Mental Disorder.

David Jackson, Ph.D. (University of Manitoba, 1991). Supervisor. Individual and group psychotherapy with patients on the psychiatric rehabilitation units. Consultation concerning the treatment programs of the psychiatric patients.

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

Stacy Podetz, Psy. D. (Antioch University, New England, 2013). Rotation Coordinator/Supervisor. Adult therapy with an emphasis on geriatrics and complex medical needs. Diagnostic assessments and consultation regarding individuals with dementia, trauma, grief and loss, personality disorders and other cognitive and/or comorbid mental health disorders.

12. In-patient Rehabilitation Centre, Saskatoon City Hospital

Fern Stockdale Winder, Ph.D. (University of Saskatchewan, 1997). Rotation Coordinator. Assessment, psychotherapy, and inter-professional collaboration; grief, adjustment, health, aging, and mental health advocacy; psychotherapeutic approaches include cognitive-behavioral therapy and interpersonal.
Beyond Residency

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

<table>
<thead>
<tr>
<th>Setting</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital-based services</td>
<td>13</td>
</tr>
<tr>
<td>Community health/mental health centre</td>
<td>15</td>
</tr>
<tr>
<td>Correctional services</td>
<td>4</td>
</tr>
<tr>
<td>Rehabilitation centre</td>
<td>4</td>
</tr>
<tr>
<td>Student counselling services/education</td>
<td>3</td>
</tr>
<tr>
<td>psychology</td>
<td></td>
</tr>
<tr>
<td>Independent Practice</td>
<td>8</td>
</tr>
<tr>
<td>Academic/Research</td>
<td>6</td>
</tr>
<tr>
<td>Student/still completing dissertation/</td>
<td>3</td>
</tr>
<tr>
<td>degree</td>
<td></td>
</tr>
</tbody>
</table>

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 Prince Albert Mental Health Services. Other health regions of the province 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 $14,000. 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](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 in Ph.D. or Psy. D. accredited, university-based, clinical psychology training programs. They should 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. We now require three letters of reference, two of which are clinical in nature.

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 has historically been general in scope and has offered contact with clients ranging from infancy through late adulthood, it has been desirable for applicants to have had some practicum experience with both children and adults. With the addition of the three adult forensic spots, this requirement is not necessary. 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, gender, 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. Match registration information for applicants is available by contacting National Matching Services at www.natmatch.com/psychint/reglink.htm or (416) 977-3431.

Application Contents

Since the fall of 2009, we have participated in the APPIC match and 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.
- Three letters of recommendation from those familiar with the applicant's background in psychology. One letter could 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 should utilize the new APPIC Standardized reference form. We will no longer accept the Canadian Reference form, which has been used in the past.

### Deadline

Complete applications should be submitted by **November 15th, 2017**. The full details for application are available on the APPIC website and the website for CCPPP listed above.

### Interviews

As per all of the residency/internship training sites west of Thunder Bay, interviews here for the 2018/2019 training year will be conducted during the second full week of January 2018. **The dates for the interviews in the Saskatoon Health Region for the 2018/2019 training year have already been decided.**

Interviews will be held the second week in **January 2018 and will be conducted on January 8th, 9th, 10th, 11th, and possibly the 12th**. All applicants chosen to interview will be invited to attend an informal meet and great breakfast in the home department (Clinical Health Psychology at Royal University Hospital) in the morning of their interview day and will then have an opportunity to meet individually with the supervisors of at least two of their preferred rotation sites. Candidates will be provided with the opportunity to speak confidentially with current residents during the lunch hour about their experiences in the program.

Because of the expense for applicants, **in-person interviews are not mandatory**. 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.

### 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 Chief of Residency, and associated administrative support staff.