CLINICAL PSYCHOLOGY PRE-DOCTORAL RESIDENCY PROGRAM

Brochure for 2027-2028 Residency Year

NL Health Services

St. John's, Newfoundland & Labrador

https://nlhealthservices.ca/careers/student-opportunities-links/pre-doctoral-residency-in-clinical-psychology/

Table of Contents

OVERVIEW 3
ABOUT OUR CITY 4
PHILOSOPHY, MISSION, AND TRAINING MODEL 5
VALUES, GOALS AND OBJECTIVES 6
MENTAL HEALTH STREAM 12
HEALTH STREAM 14
MINOR ROTATIONS 15
REQUIRED ADDITIONAL TRAINING 19
TRAINING STAFF 19
SALARY AND BENEFITS 23
CONDITIONS OF EMPLOYMENT 24
ACCREDITATION 24
APPLICANT REQUIREMENTS 24
APPLICATION PROCEDURES 24
CONTACT INFORMATION: 25

NL Health Services (formerly Eastern Health)

Clinical Psychology Pre-Doctoral Residency Program

OVERVIEW

Newfoundland and Labrador (NL) Health Services offers a twelve-month pre-doctoral residency in clinical psychology (minimum of 1600 hours), which is accredited by the Canadian Psychological Association (CPA). The residency program is also a member of APPIC and of the Canadian Council of Professional Psychology Programs (CCPPP). The annual stipend for the residency is $61,171.50 (with a possibility of increase pending union salary negotiations), and benefits include vacation, educational and sick leave, health insurance, and reimbursement of travel costs for moving to the province. Further details pertaining to the benefits can be found in the Salary and Benefits section of this brochure.

The Setting

NL Health Services is the publicly-funded integrated health authority in Newfoundland and Labrador. Our goal is to create a health-care system that is more integrated, accessible, technologically enhanced, equitable and sustainable for everyone in the province. By operating under one unified provincial authority, we can streamline services, improve efficiency and work toward better health outcomes for all people of the province. NL Health Services is responsible for the care of almost 550,000 residents and offers a full continuum of health and community services, including public health, long-term care, community services, hospital care and unique provincial programs and services with over 22000 employees, 1100 affiliated physicians and 1800 volunteers. At present, our rotations are within the Eastern - Urban and Eastern - Rural Zones, with one minor rotation in the Western Zone (Corner Brook) with the Flexible Assertive Treatment (FACT) team.

NL Health Services promotes the following organizational values:

- **Innovation:** We are creative and collaborative. We use the talent and ideas of our employees and partners in seeking solutions.
- **Compassion:** We are kind, caring and committed to people-centred care.
- **Accountability:** We are honest, transparent, responsible and serve with integrity. We build relationships based on open communication.
- **Respect:** We are inclusive and embrace diversity. We provide care in ways that are fair and reflective of the knowledge, values, beliefs, and cultures of the people we serve.
- **Excellence:** We deliver safe high-quality care and measure our performance in pursuit of continuous improvement.

Values influence all decision making as we take steps toward the mission of working together to improve health outcomes through an innovative, integrated and sustainable health system for the people of Newfoundland and Labrador.

ABOUT OUR CITY

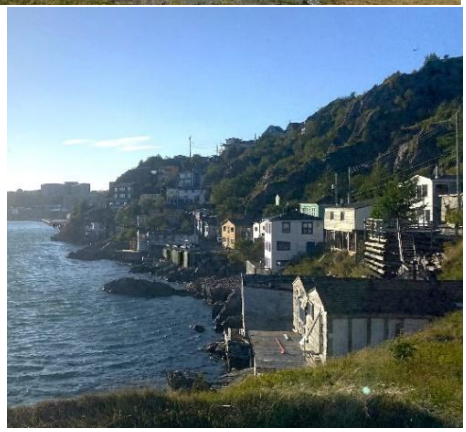
Most of our rotations are in St. John's, NL, the largest city in the province with over 210,000 people in St. John's and surrounding area. Our city and province are built for nature lovers, and all rotation sites are within minutes of the 330 km East Coast Trail. These trails often run along the coast of the Atlantic Ocean, with icebergs and whale sightings at various times of the year.

In addition to nature, the city is known for its Arts and Culture community. There is local live music playing every night at venues downtown, in addition to many music festivals throughout the Spring and Summer months. Further, there are a variety of film, theatre, and performing arts groups hosting events and festivals such as the St. John's International Circus Fest, St. John's International Women's Film Festival, The Festival of New Dance and the Nickel Film Festival.

A variety of recreational sports leagues and leisure groups are also available throughout the city for both indoor and outdoor fun. St. John's has many arenas and community centres to ensure that activities remain available even in the colder months.

The weather can leave much to be desired, as being near the coast means lots of rain, drizzle, and fog. We also get snow and ice in the winter months, particularly the end of December into January/February. However, the scenic beauty cannot be overstated despite the climate.



PHILOSOPHY, MISSION, AND TRAINING MODEL

The pre-doctoral residency program endorses the scholar-practitioner training model. Whenever possible, didactic training precedes the supervised implementation of learning in the delivery of psychological services. The importance of evidence-based practice informed by the empirical literature is emphasized. Residents are therefore encouraged to continue developing their skills in scientific thinking as these skills apply to providing evidence-based practice within an interdisciplinary health care environment. The training staff aspires to model NL Health Services values in conducting the residency program, being especially mindful of offering a respectful, caring environment for facilitating Residents' progress toward independent practice as professional psychologists. Further, as a generalist program we provide diverse supervised experiences to Residents, involving different professional roles, client populations and treatment modalities, both in mental health and in other areas of health care.

Program Structure and Core Competencies

The Clinical Psychology Pre-Doctoral Residency Program at NL Health Services offers a 12-month (minimum 1600 hours) comprehensive training experience to doctoral graduate students enrolled in CPA accredited clinical psychology programs (or their equivalent).

For the upcoming year, we have two streams, and three positions:

Mental Health (2 Residents)

Health (1 Resident)

The goal of the training program is to provide supervised training in the core competencies of psychological practice. Each of the core competency areas will be extensively evaluated at the mid- and endpoint of each rotation. Residents will be expected to meet minimum levels of competency at the end of residency to render them eligible for registration in any jurisdiction in Canada. The residency training manual details specific expectations for minimum levels of competent practice for each of the core competencies.

The residency program is designed to provide supervised training in the functional competencies of psychological practice:

- Psychological Assessment
- Intervention
- Consultation
- Program Development and Evaluation
- Supervision

Training in functional competencies is informed by training across foundational competencies:

- Individual, social, and cultural diversity
- Indigenous interculturalism

- Evidence-based knowledge and methods
- Professionalism
- Interpersonal skills and communication
- Bias evaluation and reflective practice
- Ethics, standards, laws, and policies
- Interprofessional collaboration

Competency training is accomplished through the development of an *Individualized Training Plan* consisting of major and minor rotations, professional development activities, and other training goals, which will be developed in consultation with supervisors and the Provincial Coordinator of Clinical Training – Psychology (PCCT).

The residency experience consists of one required major rotation at one of the primary site(s). Additional minor rotations provide opportunities to address core competencies and individualized training goals. These minor rotations may include intervention with specialized populations, assessment focused rotations, and residents complete a required supervision rotation. Descriptions of the major and minor rotations can be found in the pages that follow.

To support the continued training of Residents, no more than two-thirds of their work time will be allotted to providing direct professional services to clients. In addition to the clinically directed major and minor rotations, residents will spend time in seminars, group supervision and professional development activities (e.g., committee work, research, program evaluation, readings).

Supervision and Training

Consistent with the CPA accreditation criteria, residents are provided a minimum of four hours per week of supervision, including three to four hours of individual supervision, and one hour of group supervision. Residents will also participate in a two-to-three hour weekly Resident Seminar. Resident Seminar topics include those relevant to all residents, as well as those more relevant to the needs of residents completing specific rotations.

Additional supervision and training is provided as needed, to support the completion of all competency requirements, and to support resident specialization interests. Residents are also encouraged to attend additional professional development activities, such as grand rounds and workshops.

VALUES, GOALS AND OBJECTIVES

Ethical and Responsible Practice. We endorse and support the Canadian Psychology Association's Code of Ethics, as well as the Practice Guidelines for Providers of Psychological Services. Psychologists and Residents will be aware of and in compliance with relevant

provincial and federal laws. Psychologists and Residents are aware of their areas of competence and only offer service (direct and indirect) within their scope of practice.

Goal #1: Residents will engage in ethical problem solving and responsible practice.

Objective 1A: Residents will participate in seminars, workshops and other educational opportunities on professional practice issues, ethics, and responsible decision-making.

Objective 1B: Residents will complete seminars on risk assessment prior to engaging in direct clinical services.

Objective 1C: Residents will discuss ethical issues as they arise in their clinical work with their supervisors. Supervisors will evaluate and give feedback to Residents on their knowledge and application of ethical standards and their commitment to professional responsibility.

Objective1D: Residents will demonstrate competency in their ability to recognize, evaluate and manage psychological crises such as suicidal risk, other behavioral risks, or psychotic events.

Objective 1E Residents will present at least one case that highlights an ethical issue.

Goal #2: Residents will develop professional practices that encourage self-care and the prevention of burnout, vicarious trauma, and/or compassion fatigue.

Objective 2A: Residents will participate in seminars, workshops and other educational opportunities relating to self-care and problems in professional competency, burnout, compassion fatigue and trauma.

Objective 2B: Residents will receive feedback on their ability to seek consultation appropriately and to use positive coping strategies.

Objective 2C: Residents will gain experience in managing diverse time demands and prioritizing their efforts to reach attainable goals. Residents will be provided feedback on their abilities to complete work in a timely manner.

Goal #3 Residents will further develop their professional identity and transition to early career psychologists.

Objective 3A: Residents will participate in seminars, workshops and other educational opportunities relating to early career development.

Objective 3B: Residents will develop and demonstrate an awareness of their clinical strengths, as well as their limits of clinical competence through goal setting, evaluation, and supervision.

Diversity. Psychology practice should be grounded in an appreciation of cultural diversity. Competent practice requires the adaptation of assessment and treatment approaches and the qualification of data in response to individual differences. St. John's continues to evolve as a heterogeneous city and psychologists need to be able to interact competently with persons from a wide variety of cultural and ethnic groups, socioeconomic backgrounds, sexual orientations, abilities, gender identities, and ages. Further, our understanding of diversity is influenced by our geography. We are a geographically isolated province, and many of the persons served by NL Health Services live in rural and/or isolated areas. Rural and isolated communities pose special challenges in the delivery of high-quality and accessible health care services. Finally, competent practice requires an understanding of unique aspects of Newfoundland culture.

Goal #4: Residents will become competent in the assessment, intervention, consultation, and supervision with individuals of different age, gender, sexual orientations, cultural/ethnic and socioeconomic backgrounds.

Objective 4A: Residents will have exposure to clinical practice issues across the developmental lifespan.

Objective 4B: Residents will have exposure to clinical practice issues relating to rural and isolated practice.

Objective 4C: Residents will have exposure to different agencies that provide services to specific cultural groups (e.g., First Light).

Objective 4D: Residents will assess and treat clients with diverse gender identities and sexual orientations, including those who identify as sexual and/or gender minorities.

Objective 4E: Residents will assess and treat clients from diverse cultural/ethnic and/or linguistic backgrounds.

Objective 4F: Residents will present at least one case with a significant cultural or diversity component.

Objective 4G: Residents will be formally evaluated with respect to competency in individual and cultural diversity.

Generalist Training. We believe that training at the Residency level should be broad in nature. In developing a Resident's professional identity and increasing clinical competence, training at the pre-doctoral level should not limit practice to a single narrow field. Working with a variety of populations, treatment modalities, and theoretical orientations is important at this level of training. Engaging in other professional responsibilities is also critical to a comprehensive experience.

Goal #5*:* Residents will receive a broad generalist training and will apply psychological knowledge and skills to new clinical areas or populations, both in mental health and in other areas of health care.

Objective 5A: Residents will participate in didactic seminars that provide exposure to different theoretical orientations, treatment modalities and assessment procedures for clients across the lifespan.

Objective 5B: Residents will complete at least one minor rotation involving patient populations with whom they have not yet worked, assessment or treatment modalities that they have not previously had significant experience with, or in settings where they have not previously worked.

Objective 5C: Resident will provide clinical services with at least one client whose primary presenting problem relates to a physical health concern for those completing their major rotation with a primarily mental health population. Residents completing their major rotation with a primarily health psychology population will provide clinical services with at least one client whose primary presenting problem relates to a mental health concern.

Objective 5D: Each Resident will conduct competent psychotherapy from at least two different evidence-based theoretical models, including long- and short-term approaches.

Objective 5E: Residents will provide competent psychotherapy from group, family, and/or couple intervention modalities. Each Resident will be expected to co-lead two groups, or one group and one family or couple intervention.

Objective 5F: Residents will utilize a variety of assessment approaches.

Objective 5G: Residents will become familiar with the work of psychologist in multiple settings and roles.

Goal #6: Residents will receive comprehensive training that encourages the development of a broad professional identity, including opportunities to engage in professional activities that support clinical work (e.g., advocacy, program development/evaluation, research).

Objective 6A: Residents will participate in didactic seminars that provide exposure to the various professional roles of a clinical psychologist (e.g., program development, advocacy, consultation).

Objective 6B: Residents' schedules will include protected time to devote to professional development activities that are consistent with their goals and objectives. Professional development activities will be identified and agreed upon with the supervising psychologist and PCCT.

Scholar-Practitioner Model. The pre-doctoral residency program endorses the scholar-practitioner training model. Whenever possible, didactic training precedes the supervised implementation of learning in the delivery of psychological services.

Goal #7. Residents will continue developing their skills in scientific thinking as these skills apply to providing evidence-based practice within an interdisciplinary health care environment.

Objective 7A: Residents will routinely seek out current scientific knowledge and apply this knowledge to ensure ethical and responsible clinical practice.

Objective 7B: Residents will be evaluated on their application of current scientific knowledge to practice.

Objective 7C: Residents will attend educational events, including seminars that focus on evidence-based practice and research in applied health settings.

Objective 7D: Residents will present at least one case during case presentation that highlights the application of current scientific knowledge to clinical practice.

Competency Based Training. We adhere to a competency-based training model to provide consistent, quality training that is focused on a Resident's development as a professional psychologist. Our goal is to provide training such that Residents have sufficient knowledge and skill in the core competency areas to render them eligible for registration in any jurisdiction in Canada. Residents receive training in seven core competencies (psychological assessment, intervention, consultation, program development and evaluation, interpersonal relationships, professional standards and ethics, and supervision).

Goal #8: Residents will demonstrate an awareness of the core competencies of professional practice and will engage in regular self-evaluation of their competencies and development.

Objective 8 A: Residents will regularly participate in group and individual supervision that focuses on the development of their core competencies.

Objective 8B: Residents will be formally evaluated using the core competency framework; goals and objectives will also be developed through the framework.

Objective 8C: Residents will be encouraged to use the competency framework to engage in regular self-reflection and evaluation regarding their professional development.

Goal #9: Residents will demonstrate proficiency in comprehensive psychological assessment through clinical interviews, analysis of background information, psychological testing, integrative report writing and feedback to clients, their families, and other professionals.

Objective 9A: Residents will complete a minimum of three comprehensive assessments, including integrative reports.

Objective 9B: Residents will attend educational events, including seminars that focus on assessments across the lifespan.

Objective 9C: Residents will be formally evaluated on their competency in psychological diagnosis and assessment.

Goal #10: Residents will demonstrate competence in theories and methods of effective psychotherapeutic intervention.

Objective 10A: Residents will provide individual psychotherapy to a minimum of 10 individual clients, and participate in either group, family, and/or couple therapy (2 total).

Objective 10B: Residents will attend educational events, including seminars that relate to the provision of empirically support treatments for individual and group therapy with children, adolescents, and adults.

Objective 10C: Residents will be formally evaluated on their competency in theories and methods of psychotherapeutic intervention.

Goal #11: Residents will demonstrate competency in engaging in effective and appropriate consultation to improve client care and the provision of psychological services.

Objective 11A: Residents will enhance their ability to function within a team. Residents will be formally evaluated on their ability to function effectively as a team member, including appreciation of the contributions of other members, the role of the psychologist within the team, and the ability to work collaboratively.

Objective 11B: Where possible, residents will participate in formal consultation arrangements that exist between NL Health Services and other agencies (e.g., Waypoints, Daybreak Child Care Centre).

Objective 11C: Residents will regularly engage in consultation for treatment planning and will be formally evaluated on their abilities to effectively provide and receive consultation.

Objective 11D: Residents will attend educational events, including seminars that relate to the professional consultation role.

Goal #12: Residents will demonstrate competency in program development and evaluation.

Objective 12A: Residents will attend educational events, including seminars that relate to program development and evaluation.

Objective 12B: Residents will conduct at least one program development and evaluation project during their residency year.

Goal #13: Residents will demonstrate competency in the provision of supervision.

Objective 13A: Residents will attend educational events that provide training in supervision, including seminars and group supervision.

Objective 13B: Residents will supervise a practicum student during their residency year.

Objective 13C: Residents will receive supervision of supervision.

Objective 13D: Residents will be formally evaluated on their performance as a supervisor.

Goal # 14: Residents will demonstrate competency in interpersonal relationships.

Objective 14A: Residents will attend educational events that provide training in interpersonal relationships, including seminars and group supervision.

Objective 14B: Residents will demonstrate knowledge of the unique interpersonal dynamics in their individual therapy relationships evaluated in supervision.

Objective 14C: Residents will learn and utilize techniques to deepen the therapeutic relationship, and to work through resistance and ruptures.

Objective 14D: Residents will demonstrate a working knowledge of transference and countertransference as it applies to the therapeutic relationship, and they will demonstrate such knowledge in supervision.

Objective 14E: Residents will demonstrate a working knowledge of the impact of interpersonal boundaries on the therapeutic relationship through discussions in supervision.

Objective 14F: Residents will learn about the termination process and will demonstrate knowledge of same with individual clients.

MENTAL HEALTH STREAM

The major rotation site options for the mental health stream include Traumatic Stress Services, and Community Mental Health.

Major Rotation Options:

Traumatic Stress Services / Cordage Place Site

Traumatic Stress Services is an outpatient program that works with adult clients presenting with complex trauma. Services are primarily group-based, though individual services are offered to clients in cases where group is not appropriate or when client need dictates. Services are provided by an interprofessional team made up of psychology, social work, occupational therapy, and nursing.

Both group and individual services are phase-based and typically involve progressing through an education and safety/stabilization phase before beginning any required trauma memory processing. Clients attending the program's core group attend a two-hour, weekly session over the course of 28-30 weeks. Examples of modules presented during the core series include recovery and wellness, impacts of trauma, safety, and triggers, thinking patterns, relationship dynamics/boundaries, Dialectical Behaviour Therapy skills, attachment/trust, anger, guilt/shame, grief, goal setting, and resolution.

Following the core series, or equivalent individual work, clients are provided with the opportunity to participate in reconnection services offered by the program. These include the Healthy Relationships group (8 weeks), Intimacy group (7 weeks), Future Focus group (8 weeks; focused on processing client photographs taken around recovery-based themes), and Natural Connections group (7 weeks; focused on connecting with activities within the community). Clients can also take part in monthly social events, a gardening group, and/or aftercare services to support their transition to community-based activities.

Psychology services are integrative in nature, and may draw on humanistic/existential, emotion-focused, Acceptance and Commitment Therapy (ACT), interpersonal/experiential, Dialectical Behavioural Therapy (DBT), and Cognitive Behavioural Therapy (CBT) approaches. Residents completing a year-long major rotation with Traumatic Stress Services will co-facilitate a core group, as well as reconnection groups/workshops as available. There are also opportunities to carry an individual caseload, conduct assessment aimed at informing treatment planning, and collaborate with team members. Opportunities for skill development typically include implementing trauma-informed and trauma-specific approaches to work with clients, treatment planning within long-term therapy, applying a "trauma lens" to a resident's existing intervention/assessment approaches, and developing awareness around vicarious trauma.

Community Mental Health – East End Clinic, Major's Path; Centre City Team, LeMarchant House; West End Team, Topsail Rd.; Clarenville Team

The East End Clinic, Centre City Team, West End Team, and Clarenville Team provide community-based mental health services for adults. They are staffed by interprofessional teams including psychology, psychiatry, social work, occupational therapy, and recreation therapy, among others. Psychologists at the clinics provide individual and group therapy for adults presenting with a range of diagnostic issues, including mood disorders, anxiety disorders, relationship and identity concerns, traumatic stress disorders and personality disorders. The clinicians primarily model an integrative approach to intervention, typically including acceptance and commitment, cognitive-behavioral, interpersonal, and dialectical-behavioral. The interprofessional teams allows for opportunities for collaboration. Additionally, there may be opportunities for program development and evaluation within this rotation.

This rotation allows residents opportunities to further develop their skills in diagnostic interviewing, individual and group therapy, and assessment. Residents participate in referral and

case conceptualization meetings with psychology staff. In these meetings referrals are reviewed for goodness of fit, and difficult or challenging cases are discussed for consultation purposes.

HEALTH STREAM

The major rotation site options for the health stream include Medicine Surgery and Cardiology, and Chronic Pain and Disability Management.

Major Rotation Options

Chronic Pain and Disability Management – Southcott Hall, 100 Forest Road
The Centre for Pain and Disability Management (CPDM) is an interdisciplinary team that works collaboratively to provide comprehensive treatment to clients living with chronic pain. The primary aspect of this program is a 5-week intensive day program in which clients participate in group and individual treatment with all of the professionals on the team, including Psychology, Social Work, Occupational Therapy, Physiotherapy, Recreation Therapy, Nursing, Registered Dietitian, and a Physician. CPDM was developed by a Psychologist, and the program is based in evidence-based practice and provides a biopsychosocial approach to pain management. Psychology's role on the team is providing psychoeducation to clients about pain science (including the role of perceptions, emotions, memories, trauma, and neuroplasticity), the stress response system and stress management, and mindfulness. Additionally, you will provide skills and strategies to approach their pain experience differently using Cognitive-Behavioral, Acceptance and Commitment, Mindfulness and Self-Compassion, and Dialectical Behavioral Therapy approaches.

The CPDM team works collaboratively, and additional responsibilities in the rotation include regular case consultation (including one full day and two half days per group to ensure alignment in the client's goals and collaborative care to achieve them), screening clients for suitability for the program, and interpretation of measures administered at screening, post-treatment, and 3 month follow up. You will also have the opportunity to provide treatment to follow-up clients who have completed the intensive day program and require additional treatment to achieve their goals related to pain management.

Medicine, Surgery, and Cardiology Programs – St. Clare's Mercy Hospital
During this rotation, residents will have an opportunity to provide specialty diagnostic and treatment services to the Medicine, Surgery, and Cardiology Programs at the St. Clare's Mercy and General Hospital sites. The resident will gain experience in providing psychodiagnostic assessment and therapeutic services (including therapy on coping with pain or medical illness, adjustment, adherence to medication or medical treatments, sleep disorders including insomnia, end-of-life issues, and grief) to inpatient and outpatient population in the area of clinical health psychology. Opportunities may exist for the resident to co-facilitate psychoeducational groups with the cardiac rehabilitation program. Residents will frequently consult with physicians, nurse

practitioners, and other health care providers in ICU, CCU, Surgery, Genetics, Transplant, Dialysis, and other Medicine programs.

MINOR ROTATIONS

Minor rotations provide the opportunity to individualize residency training. Current structured options are described below. Based on residents' prior experience and professional interests, additional individualized rotation options may be available. Prior to the start of residency, each resident is given the opportunity to rank their interests for minor rotations. Residents typically complete one to two of the minor rotations that they have ranked highly (in their top 3 rankings).

Each of the major rotations listed above are also optional rotations for minor rotations. All rotations are assigned based on a combination of resident training needs, interest, and supervisor availability. A complete updated list of available major and minor rotations will be provided to applicants at the time of interview.

Exposure opportunities, such as a single comprehensive assessment, may also be available at various locations throughout the Health Authority not included below dependent on resident experience/interest, and supervisor availability. Sites could include the Adult Mental Health and Addictions Facility Acute Inpatient Psychiatry Unit, Her Majesty's Penitentiary Correctional Health Services, L. A. Miller Centre Adult Neurological and Spinal Rehabilitation. If a resident is interested in a specific area that is not listed, they are encouraged to discuss this with the PCCT to determine whether this would be able to be arranged.

Clinical Sexology Program – Mount Pearl Square

The sexology program is an outpatient service staffed by two Clinical Sexologists. The Sexologist uses therapeutic skills to educate and counsel clients with sexual concerns. These concerns include but are not limited to sexual dysfunctions, Couples therapy where sexual concerns are the primary problem, paraphilia and atypical sexual variances, and transgender transition issues. The Sexologist provides consultation to other health care professionals who are treating clients with sexual issues. With each client the Sexologist begins with an assessment that entails an interview with the client to gain an understanding of the presenting issue and how it has impacted their relationships and overall quality of life. When applicable, the client's partner may be asked to join the sessions. After the presenting problem is discussed, the Sexologist will inquire about the client's psychosexual history focusing on early sexual experiences, previous sources of information on sexuality, past and current sexual behaviors/interests/fantasies, level of sexual and relationship satisfaction, sexual orientation and gender identity, and medical conditions and medications that may impact sexual functioning. The clinical sexologist will then work with the client to establish therapeutic goals and a treatment plan that is tailored to their unique concerns. This usually includes education about sexual health, anatomy, and sexual response, and the assignment of individual and/or couple exercises. This minor rotation allows

residents to gain experience in clinical assessment, individual therapy and couple therapy with adults who have sexual concerns.

Concurrent Addictions Specialized Treatment (CAST) – Topsail Road
The Concurrent Addictions Specialized Treatment program is an outpatient treatment clinic. It is staffed by an interprofessional team that includes psychology, social work, and occupational therapy. The psychologist at the clinic provides psychodiagnostic assessment for a range of different DSM-5-TR disorders, with the most common being ADHD, personality disorders, and PTSD. The psychologist also provides individual therapy for adults presenting with concurrent disorders (i.e., substance use co-occurring with serious mental health issues, including mood disorders, anxiety disorders, obsessive-compulsive disorder, traumatic stress disorders, and personality disorders). In addition, the psychologist co-facilitates groups with the social workers and occupational therapist (e.g., DBT Skills group, Aftercare group, Social Activity group). The individual therapy provided by the CAST team primarily incorporates cognitive-behavioural (CBT), dialectical-behavioural (DBT), acceptance and commitment (ACT), and psychodynamic approaches. Rotations at this clinic allow residents to further develop their skills in clinical interviewing, diagnostic assessment, and individual and group therapy. Moreover, residents will gain valuable experience in working with a complex client population who have concurrent substance use issues and mental health-related issues.

Flexible Assertive Community Treatment Team (FACTT) – Corner Brook
The Flexible Assertive Community Treatment Team (FACTT) is an interdisciplinary team which provides hands-on assistance in daily living activities and recovery support for adult individuals with severe and persistent mental illness and addiction. The FACT team is comprised of registered nurses, social workers, peer support workers, mental health crisis interveners, psychiatrists, psychologists, and psychometrists.

The FACT team strives to ensure continuity of care and prevent admission to hospital by providing intensive services for individuals within their communities through assertive community outreach. The FACT team provides long-term care for people with major mental illness who might otherwise require hospital admission, particularly during episodes of acute mental illness. Clients receiving services from FACTT will often have a diagnosis schizophrenia, major mood disorders, personality disorders and/or substance use disorders. Individuals receiving FACTT services often face barriers related to housing, self-care, education, employment, finances, and access to psychiatric services. FACTT clients commonly lack community supports, and struggle with adaptive functioning due to their persistent complex mental illness. A number of FACTT clients will require a high level of intervention, support and supervision, and would therefore receive “high intensity” services. Clients receiving high intensity services are typically those who have experienced a noticeable increase in symptoms, a deterioration in psychosocial functioning, regular admissions to hospital, and acute crisis.

The psychologists on the FACT team provide psychotherapeutic intervention, crisis intervention, psycho-diagnostic assessment, and consultation to the multi-disciplinary team. The role of the

psychology resident may include formal assessment and diagnosis, group and individual psychotherapy, and crisis intervention. Residents will have exposure to a number of treatment modalities including, but not limited to, cognitive behavioral therapy, dialectical behavior therapy, and motivational enhancement therapy. Residents will receive experience in conducting psycho-diagnostic interviews, psychometric test administration and interpretation, and report writing.

This is a 6-week, 4-day/week rotation which will take place during the summer months in Corner Brook, NL, and is dependent on access to accommodations.

Geriatric Medicine Specialized Geriatric Service – Southcott Hall

The Specialized Geriatric Service rotation provides advanced training in clinical geriatric psychology across both outpatient and inpatient settings within a multidisciplinary Specialized Geriatric Service led by Geriatric Medicine. Residents work with older adults presenting with complex cognitive, emotional, behavioural, and functional concerns, including mild cognitive impairment, dementia, delirium, depression, anxiety, adjustment to chronic illness, and caregiver distress.

The outpatient component emphasizes evidence-based intervention using approaches such as Cognitive Behavioural Therapy (CBT) and Acceptance and Commitment Therapy (ACT). Residents gain experience in interdisciplinary case formulation, behavioural and psychological symptoms of dementia (BPSD), caregiver intervention, and collaboration with geriatricians, nurses, occupational therapists, social workers, and other allied health professionals. Clinical care is delivered using a person-centred, frailty-informed approach that supports aging in place and optimizes quality of life.

The inpatient component takes place within a 10-bed Restorative Care Unit (RCU) at the L.A. Miller Centre, where residents will participate in the assessment and management of older adults recovering from acute illness and functional decline. Training includes delirium assessment and monitoring, comprehensive cognitive assessment, and administration and interpretation of standardized neuropsychological measures. Residents conduct pre- and post-admission cognitive evaluations to monitor recovery, contribute to interdisciplinary rehabilitation planning, and assist with differential diagnosis among delirium, dementia, and other neurocognitive and psychological disorders. Opportunities also exist to participate in quality improvement initiatives, program evaluation, and clinical research within specialized geriatric services.

Janeway Child Rehabilitation Psychology Service – Janeway Hospital

This is an assessment-focused rotation within the Janeway Child Rehab (JCR) Psychology Consult Service at the Janeway Hospital. The patient population of the JCR Psychology Service includes children with spina bifida, spinal-related disorders, cerebral palsy, neuromuscular disorders, and disorders with craniofacial differences. Child Rehab also services children and adolescents with acute traumatic brain injury (TBI) and functional neurological disorders (FNDs).

Typical testing batteries include intelligence, academic achievement, memory, executive functioning, and behavioral questionnaires. There may be opportunities for more in-depth assessments, as well as brief psychological consultation for families, schools, and/or other members of the Rehab team. There may also be opportunity for behaviourally based individual and caregiver intervention. The opportunity to attend and present assessment results at school and/or team meetings may be available in many cases. Residents may have the opportunity to attend and/or present a case during regular child psychology meetings at the Janeway Hospital.

Services provided by a resident would likely be offered on an out-patient basis, although there may be opportunity for day patient and/or inpatient service delivery as well. JCR is a provincial program, meaning that we service children and adolescents with neurological disorders across the province.

Prerequisites for this rotation include proficiency with basic assessment tools for children and adolescents. Previous clinical experience with children and adolescents is required.

Neurobehavioural Consultation Team – Pippy Place
This is an interdisciplinary community outpatient program that serves individuals 18 and older with acquired brain injury or intellectual disability, who have concurrent mental health/psychiatric concerns. A resident placement within this program would provide opportunities for psycho-diagnostic assessment, adapted psychotherapy, and consultation-liaison.

Supervision Rotation
Residents will complete a 4-month, two day/week rotation in providing clinical supervision. Please note that this rotation is completed following a four-month rotation at either the Chronic Pain and Disability Management Program, the Community Mental Health Program, or the Medicine Surgery Cardiology Program. Residents will supervise a PsyD student during their practicum placement at NL Health Services. Residents will function as the primary supervisor, though each practicum student will have opportunities to engage in co-therapy and/or assessment with a registered psychologist.

At the Chronic Pain and Disability Management Program, practicum students co-facilitate groups, provide individual intervention as appropriate, and are involved in interdisciplinary consultation. Additional opportunities can be negotiated to meet the training needs of the practicum student and/or resident, such as psychological assessment.

In the Community Mental Health Program, practicum students provide individual and group-based therapy. Typical client population includes those living with OCD, Severe Anxiety Disorders, and ADHD. Additional opportunities can be negotiated to meet the training needs of the practicum student and/or resident.

At the Medicine Surgery Cardiology Program, practicum students participate in primarily individual psychotherapy with outpatients. Additional opportunities can be negotiated to meet the training needs of the practicum student and/or resident.

To support a resident's competency in clinical supervision, the Resident Seminar Series will focus on providing training in clinical supervision prior to this rotation. As well, each resident will receive an additional 1 hour/week of individual supervision from their rotation supervisor related to the practicum placement. Across all sites, video review of client care is a requirement of this rotation. Finally, during the supervision rotation, the focus of group supervision will be supervision of supervision, particularly the resident's professional development of as a supervisor.

REQUIRED ADDITIONAL TRAINING

Program Development and/or Evaluation

Each resident is required to complete a minimum of 1 Program Development or Evaluation project throughout the residency year. Prior to September 1 of the new cohort, the PCCT receives ideas for program development and/or evaluation from the training committee members and NL Health Services staff. During the first month of the residency program, each resident meets with the PCCT and is presented with a list of potential projects. Collaboratively, based on the resident's training needs and goals, the resident and PCCT select a project. The resident is required to contact the Consultant (i.e., staff who proposed the project) and meet with them to develop a plan of action to carry out the program development and/or evaluation project. The resident and assigned Supervisor meet throughout the various stages of the project; additionally, during the regular resident-PCCT meetings (e.g., 4 times per year), the resident provides updates to the PCCT. Examples of program development and/or evaluation completed by residents include Training on Motivational Interviewing; Resource material for families who have experienced a Traumatic Brain Injury (TBI); Group development for adolescents with addictions; Group evaluation of existing trauma program for children; literature review of best practices for adolescent addictions; participation in ongoing research through the HOPE program. These projects contribute significantly to the program areas, and are often continued as group programing, resources, and useful research after residents have graduated from the program.

TRAINING STAFF

Afshan Afsahi (she/her), Psy.D., R. Psych, Medicine/Surgery/Cardiology (St. Clare's Mercy Hospital)

Education: Clinical Psychology, Antioch University New England

Professional interests: Children, adolescents, and adults presenting with mood disorders, anxiety, eating disorders, body image issues, PTSD, coping with health and medical issues, loss, grief, and interpersonal difficulties. Primary intervention models include integrative theoretical

orientation with emphasis on psychodynamic therapy, narrative therapy, interpersonal process therapy, and mindfulness.

Krista Benson (she/her), BN, RN, M.S. (Sexology), Clinical Sexology Program (Topsail Road Plaza)
Education: Nursing, Memorial University of Newfoundland; Clinical Sexology, Curtin University
Professional Interests: Psychoeducation, assessment, and intervention with adults (individuals and couples) presenting with sexual dysfunctions and adults presenting with gender dysphoria and transition-related concerns. Approach to treatment is sex-positive, humanistic, and integrative, drawing from traditional sex therapy interventions, mindfulness-based cognitive behavioural therapy, and emotion focused therapy.

Susan Doyle (she/her), PhD, R.Psych., Clinical Psychologist – Janeway Child Rehab Program
Education: Clinical Psychology (PhD), University of Toledo; Experimental Psychology (MSc), Memorial University of Newfoundland
Professional interests: Psychological assessment of children and adolescents, behaviorally based interventions with children, adolescents, and families with various mental health and relationship concerns (for example, anxiety, depression, emotion and behavior regulation, parenting, and attachment issues).

Susan Gillingham (she/her), Ph.D., R.Psych, Geriatric Psychiatry (Mental Health and Addictions Centre)
Education: Experimental and Clinical Psychology (Neuropsychology), University of Toronto
Professional interests: Neuropsychological assessment (primarily) and cognitive intervention, with a special focus in neurodegenerative disorders and psychiatric disorders in older adults. Secondary interests include neuropsychological assessment across the full adult age range. Assessment procedures include the full range of neuropsychological tools/procedures, in addition to some psychodiagnostic and personality assessment. Interventions are primarily focused on cognition, delivered in both individual and group format. Group intervention involves a specific program focused on intervening on mild changes in memory for older people living with memory-based Mild Cognitive Impairment, with additional supportive therapy for family (Learning the Ropes for Living with Mild Cognitive Impairment Intervention Program). Individual therapy involves a wider range of intervention approaches, including the Learning the Ropes program in addition to individual-specific intervention based upon the particular cognitive challenge of the patient (e.g., goal setting, organization, attention management, understanding the influence of mood on cognition).

Ben Goddard, Ph.D, Psy.D., R. Psych., LeMarchant House (Centre City Team)
Education: Psy.D. (Clinical Psychology), Memorial University of Newfoundland; Ph.D. (Cognitive Neuroscience), University of Guelph

Professional interests: Primary Interests include the Assessment and Treatment of Anxiety Disorders, Mood Disorders, OCD, PTSD, Grief and Loss, Chronic Pain, and Health Psychology. Acceptance and Commitment Therapy, Solution Focused Therapy, and Interpersonal represent some of the approaches utilized.

Megan Grant (she/her), Psy.D., R. Psych., Traumatic Stress Service (Cordage Place)
Education: Clinical Psychology, University of Indianapolis
Professional interests: Assessment and intervention with adults presenting with complex/interpersonal trauma. Interests in trauma-informed assessment and trauma-informed individual/group therapy. Approach to treatment is client-centered and integrative, drawing from humanistic/existential psychology, interpersonal and experiential approaches, dialectical behaviour therapy, emotion-focused therapy, and acceptance and commitment therapy.

Janine Hubbard (she/her), Ph.D., R.Psych., Janeway Hospital
Education: Clinical-Developmental Psychology, York University
Professional interests: Pediatric psychology and behavioral medicine; psychometric assessments; parenting and behavioral interventions; siblings of children with disabilities.

Ellie King (she/her), PsyD., R.Psych. Concurrent Addictions Specialized Treatment (CAST) Program and Opioid Treatment Centre (OTC)
Education: Clinical Psychology, Memorial University of Newfoundland
Professional interests: Substance use disorders, psychodiagnostic assessment, ADHD, personality disorders, trauma/PTSD, emotional dysregulation, and interpersonal difficulties, mood, and anxiety disorders. Individual and group therapy. Specific modalities used include Acceptance and Commitment Therapy, Dialectical Behaviour Therapy, and Cognitive Behavioural Therapy.

Jessica Menard (she/her), Ph.D., R.Psych., Janeway Lifestyles Program (Janeway Hospital)
Education: Child-Clinical Psychology, University of Windsor
Professional interests: Assessment and treatment of adolescents presenting with difficulties in mood, anxiety, emotional dysregulation, family dysfunction, and limited coping skills. Integrative theoretical orientation including cognitive-behavioral, interpersonal, and Acceptance and Commitment Therapy.

Quinn Morris (she/her), Psy.D., R.Psych.(Provisionally Registered), Centre City Clinic
Education: Clinical Psychology, Memorial University of Newfoundland
Professional Interests: Anxiety Disorders, OCD, Complex Trauma, Attachment, Integrative and Trauma-Informed approaches to Psychodynamic, Humanistic, Systems-Based, and Cognitive Behavioural Therapies.

Emily Pond (she/her), Psy.D., R. Psych., Janeway Family Centre, Southcott Hall (currently on extended leave; anticipated return Fall 2026)
Education: Clinical Psychology, Memorial University of Newfoundland

Professional interests: Assessment and treatment of children and adolescents with mental health concerns. Special interest in mood and anxiety disorders, obsessive compulsive disorder, trauma and autism spectrum disorder. Integrative theoretical orientation with an emphasis on cognitive behavioural approaches (cognitive behavioural therapy, acceptance and commitment therapy).

Hilary Power (she/her), M. A. Ph.D., R.Psych. (Provisional), Community Mental Health Clarenville
Education: Clinical Psychology, University of Regina
Professional Interests: OCD, Anxiety and Mood Disorders, Neurodevelopmental Disorders, Acceptance and Commitment Therapy, Interpersonal Psychotherapy, Cognitive Behavioural Therapy, Assessment and Intervention across the lifespan, Rural Practice.

Dr. Heather Quinlan (she/her), PsyD., R. Psych, Clinical Psychologist III – Correctional Health Services, Her Majesty's Penitentiary
Education: Doctor of Psychology, Memorial University
Professional Interests: Dr. Quinlan has a particular interest in the treatment of concurrent mental and substance use disorders, as well as trauma/stress related disorders, depressive and anxiety disorders, and personality disorders. She has an interest in adult intervention using an integrative approach (acceptance and commitment therapy, cognitive behavioral therapy, dialectical behavior therapy, interpersonal psychotherapy, and emotion-focused therapy), as well as adult psycho-diagnostic and cognitive/psychoeducation assessment.

Alysha Renouf (she/her), Psy.D., R.Psych., Provincial Coordinator of Clinical Training - Psychology
Education: Clinical Psychology, Memorial University of Newfoundland
Professional Interests: Health Psychology, Eating Disorders, Trauma, Attachment, Psychodynamic Therapy, Cognitive Behavioral Therapy, Compassion Focused Therapy, Humanistic Therapy

Emma Schmelefske, Ph.D., R.Psych (Provisional) (she/her), Community Mental Health & Addictions - West
Education: Counselling Psychology, McGill University
Professional Interests: Intervention with adults presenting with anxiety and mood disorders, OCD, trauma, and personality disorders, as well as adult psychodiagnostic assessment. Primary intervention models include cognitive behavioural therapy, mindfulness- and compassion-based approaches, and attachment theory with individuals and groups.

Samantha (Sam) Scurrey (she/her), Psy.D, R. Psych, Transitions Eating Disorder Program
Education: Clinical Psychology, Memorial University of Newfoundland
Professional Interests: Eating Disorders, Trauma, Mood and Anxiety Disorders. Client-Centered and Integrative Approach (Cognitive Behavioral Therapy, Emotion-Focused Therapy, Compassion Focused Therapy).

Jodi Spiegel, Psy.D., R. Psych., Chronic Pain and Disability Management
Education: Clinical Psychology (Health Psychology emphasis), Alliant International University – Fresno, CA (formerly California School of Professional Psychology)
Professional interests: Assessment and Treatment of Mood Disorders, Adjustment Disorders, Anxiety Disorders, OCD, PTSD, Eating Disorders, Grief and Loss, Health Psychology, Illness and Chronic Pain, History of Abuse, Workplace Issues and Stress, and Interpersonal Relationship Difficulties. Interpersonal, Acceptance and Commitment Therapy, and Dialectical Behavioral approaches are utilized within an integrative framework.

Jodi Stuckless (she/her), Psy.D, R.Psych. (provisionally registered), Community Mental Health East Clinic
Education: Clinical Psychology, Memorial University of Newfoundland
Professional Interests: Particular interest in treating adults with concurrent mental health and neurodevelopmental disorders, including ADHD, OCD, Autism Spectrum Disorder, Trauma/Stress-Related Disorders, Personality Disorders and Attachment. Interested in adult intervention (both group and individual) using an integrative approach (acceptance and commitment therapy, emotion-focused therapy, interpersonal psychotherapy, cognitive behavioural therapy and dialectical behaviour therapy) as well as adult psycho-diagnostic and cognitive/educational assessment.

Rachel Tarrant (she/her), Psy.D., R. Psych., Direct Home & Autism Services Program (Cordage Place)
Education; Clinical Psychology, Memorial University of Newfoundland
Professional Interests: Dual Diagnosis across the Lifespan, Intersection of Disability & Mental Health, Autism Spectrum Disorder, Intellectual Disability, Transprofessional & Interprofessional Practice

Elizabeth Wallack (she/her), Psy.D., R.Psych. (Provisional), Specialized Geriatric Service (L. A. Miller Centre)
Education; Clinical Psychology, Memorial University of Newfoundland
Professional Interests: psychological assessment, consultation, and intervention for older adults across outpatient and inpatient geriatric services, with a clinical focus on neurocognitive disorders, delirium, behavioural and psychological symptoms of dementia (BPSD), caregiver support, and interdisciplinary geriatric care.

SALARY AND BENEFITS

The annual stipend for the residency is $61,171.50 CAD (with possibility of increase based on union salary negotiations). Residents receive three weeks of paid vacation, ten statutory holidays, five days of paid educational leave, and 12 days of sick leave. Additional benefits include health insurance (individual and family), life insurance, accidental death and dismemberment insurance, and employment insurance. Residents are also able to access a travel incentive when moving to the province. NLHS will reimburse the travel cost for the resident following the beginning of

employment, up to a maximum of the most economical travel (air or car) and provide interim housing for up to 14 calendar days while the Resident is sourcing housing.

CONDITIONS OF EMPLOYMENT

The starting date for this residency is **September 1, 2027.** Prior to commencing the residency, residents must provide the following: 1) a satisfactory criminal records check completed within 6 months of the start date; 2) a signed Privacy/Confidentiality Oath of Affirmation; 3) a satisfactory completed Pre-Placement Screening form which includes an up-to-date immunization record and TB testing; and 4) a PHIA (Personal Health Information Act) Certificate.

ACCREDITATION

The NL Health Services Residency Training program is accredited by the Canadian Psychological Association for a term of 5 years (2025-2030) following our site visit with CPA in September 2025. Our next self-study will be due December 2029.

Office of Accreditation
Canadian Psychological Association
1101 Prince of Wales Drive, Suite 230
Ottawa, Ontario
K2C 3W7
Email: accreditationoffice@cpa.ca
Phone: 613-237-2144 x1333 or x1334 or 1-888-472-0657 x1333 or x1334

APPLICANT REQUIREMENTS

Applicants must be enrolled in a CPA or an APA accredited clinical psychology graduate program or its equivalent. Applicants must be permitted to work in Canada and complete their residency in Canada as part of their doctoral degree.

Applicants are expected to have a minimum of 600 practicum hours (between intervention, assessment, and supervision). Applicants should have experience in assessment including test administration and integrative report writing. It is preferable for applicants to have assessment experience with the predominant age range they will be working with during residence (e.g., children/adolescents vs. adults).

APPLICATION PROCEDURES

This residency program participates as a member in the APPIC Matching Program. We abide by all APPIC guidelines regarding the residency application and selection process and fully endorse the APPIC policy summarized in the following statement:

"This residency 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."
To complete our application process, please access the AAPI Online at http://www.appic.org/. We do not require any materials supplemental to the AAPI Online, ***but we do ask that two of your three letters of recommendation are from persons familiar with your clinical work.***

The application deadline for the 2027-2028 training year is **November 1, 2026.** Applicants will be notified of an interview on the CCPPP Universal Notification Date - https://ccppp.ca/ (December 4, 2026) regarding whether or not they are being offered interviews (by Zoom only). Interview booking will be conducted through NMS Interview Scheduler, and will begin December 4, 2026, at 11am EST. Interviews will be conducted with selected applicants January 7 to 21, 2027.

Applicants selected for interview will be interviewed by a panel of 2-3 psychologists, at least one of whom is a major supervisor for the rotation(s) identified in their application. Interviews approximately 1 hour and include a list of standardized questions, as well as time for the applicant to ask questions to the panel. Additionally, applicants will partake in a group meet and greet with a brief presentation to provide more information about the sites, and opportunity to ask questions about the program.

CONTACT INFORMATION:

Alysha Renouf, Psy.D., R. Psych. (she/her)
Provincial Coordinator of Clinical Training-Psychology
Room 709, Southcott Hall, Dr. L.A. Miller Centre
100 Forest Road, St. John's, NL, Canada A1A 1E5
T: 709-777-7889
Email: alysha.renouf@nlhealthservices.ca