



HALIFAX CLINICAL PSYCHOLOGY RESIDENCY PROGRAM BROCHURE 2018 - 2019 TRAINING YEAR



TABLE OF CONTENTS

1.	Program Overview.....	Page 3
	a. Description	
	b. Philosophy, Goals and Objectives	
2.	Halifax	Page 3
3.	Nova Scotia Health Authority	Page 4
4.	Program Structure.....	Page 5
5.	Psychology Services.....	Page 8
	a. Health Psychology Track	
	b. Neuropsychology Track	
	c. Mental Health and Addictions Track	
6.	Educational Activities	Page 17
7.	Supervision	Page 18
8.	Evaluation	Page 18
9.	Stipend and Benefits	Page 19
10.	Transportation	Page 19
11.	Eligibility and Application Procedure	Page 19
12.	Psychology Supervisors	Page 21
13.	Psychology Staff	Page 28
14.	Appendix	Page 30

1) Program Overview

a) Description

Our pre-doctoral Clinical Psychology residency program provides 12 months of training in a range of adult settings that includes Health Psychology, Neuropsychology and Mental Health and Addictions. We provide training crucial to professional development as a psychologist, emphasizing client care, consultation, and interdisciplinary teamwork within a scientist-practitioner model. We have **four full-time** positions for the 2017-2018 year. The stipend is \$35,000 per year.

b) Philosophy, Goals and Objectives

The residency is designed to provide an intensive 12-month training experience for advanced graduate students in Clinical Psychology. Our program supports the goals and objectives of the scientist-practitioner model of training for clinical psychologists with a focus on work with adults. The fundamental goal is to transition residents towards independent practice as a professional psychologist. It is our belief that this goal is best accomplished by meeting the objectives of providing residents with extensive, supervised experience with a variety of patient populations and presenting problems, within the context of the appreciation for and understanding of individual differences.

We are particularly interested in helping residents gain knowledge and skills in areas of central importance to practice as outlined in the Mutual Recognition Agreement (MRA; <http://www.cpa.ca/documents/MRA.pdf>), which delineates expectations for professional practice in psychology across Canada. Applicants who are pursuing registration in Canada are encouraged to be familiar with this document and implications for residency training and evaluation.

Residents are expected to become active members of interdisciplinary teams, developing their consultation skills and taking advantage of opportunities to provide education and training to staff and clients. Residents are exposed to a wide variety of presenting problems and professional roles, and training experiences are structured to provide maximum exposure to a broad range of therapeutic and assessment issues. Clinical case conferences, small group seminars, and intensive supervision are structured to foster the development of effective clinical skills, a professional identity and individual style, and an appreciation of the complex ethical, legal, and social issues faced by psychologists.

In sum, we provide residents with the following: (a) opportunities to learn and develop both a solid core of clinical skills and some specialty skills; (b) exposure to a variety of populations and presenting problems; and (c) the opportunity to acquire skills in a wide range of clinical psychology areas. This comprehensive training experience results in readiness for pursuit of registration and relatively independent practice at the end of the residency year.

2) Halifax

As the largest city in Atlantic Canada, Halifax is the major centre for commerce, government, transportation, shopping, tourism, entertainment, education and health care. Founded in 1749, Halifax is recognized as one of North America's most beautiful cities with its historic harbour side development, Victorian architecture, vibrant downtown, and its 17-acre Victorian style Public Gardens. With a population of approximately 400,000,

the city offers countless points of interest, including the Halifax Citadel (Canada's most-visited historical site), the ocean side escape of Point Pleasant Park, and the vibrant Historic Properties on the Halifax Harbour front. With five universities, the city boasts the highest ratio of educational facilities to population in North America. Halifax is a cosmopolitan city with exciting nightlife, theatres, galleries, museums, fine dining, and a wide range of recreational activities. The city has a particularly vibrant live music scene, with artists such as Jill Barber, Classified, Rose Cousins, David Myles, Joel Plaskett, and Sloan all having roots in the city. Rebecca Cohn Auditorium and the downtown Scotia Bank Centre regularly present nationally and residentially renowned entertainers, as well as theatrical and dance performances.

Residents place a strong emphasis on preserving a relaxed pace and a high quality of life. As "Canada's Ocean Playground," all the recreational and sightseeing attractions of our province are easily accessible from the metro area. Wonderful ocean beaches abound within 45 minutes of downtown Halifax-Dartmouth. Halifax enjoys temperate, maritime climate with an average temperature of 22 degrees C in summer. The UNESCO seaside heritage town of Lunenburg is an hour away. The interior of the province is ruggedly beautiful with thousands of lakes which provide the perfect setting for camping, hiking, and skiing just minutes from the city.

Just a short trip across Halifax harbour (by car, bus, bicycle, or passenger ferry) is the city of Dartmouth, known as the "City of Lakes", which boasts at least 23 lakes within its boundaries. It is residentially known as the site of World Championship canoeing and kayaking. Dartmouth is home to the Nova Scotia Hospital, the original location for mental health services in the area. Dartmouth is a charming urban center with a small town atmosphere. The city is known for its parks, nearby ocean beaches, historic sites, and shopping.

Metro Halifax has a public transportation system that integrates bus and passenger ferry services. Rental accommodation is readily available; however, as in most cities, rent varies considerably depending on location.

3) Nova Scotia Health Authority

The Nova Scotia Health Authority (NSHA) was established in 2015 bringing together the nine previous district health authorities across the province. All publically funded health services in Nova Scotia fall within the NSHA with the exception of the IWK Health Sciences Centre, the province's specialized pediatric centre in Halifax. The NSHA mission is To achieve excellence in health, healing and learning through working together and its vision is Healthy people, healthy communities – for generations. Administratively, NSHA is comprised of four zones, Central Zone, Northern Zone (Truro and Amherst areas), Western Zone (Annapolis Valley, Yarmouth and South Shore areas) and Eastern Zone (Cape Breton and Antigonish areas).

Within Central Zone, health care services are provided at a variety of sites throughout the greater Halifax area (Halifax, Dartmouth, Bedford) including the Halifax Infirmity and Victoria General Hospital Sites (in Halifax), the Nova Scotia Hospital and East Coast Forensic Hospitals Sites (in Dartmouth) and at a variety of community locations. (Please see NSHA Central Zone map in the Appendix).

Working throughout these sites, Psychology has two major discipline groups. One consists of Psychologists who work within medicine at the Halifax Infirmity and Victoria General Hospital Sites. Here, Psychology provides a wide range of psychological services that may occur in inpatient or outpatient settings. Dedicated clinical psychological services exist for cardiology and cardiac rehabilitation, HIV, medical rehabilitation, organ transplantation, multiple sclerosis, internal medicine, oncology, pain management, family medicine, and sleep disorders programs. Dedicated neuropsychology services are also provided to patients with neurodegenerative

disorders, cerebral vascular disorders, epilepsy, and acquired brain injury. Dr. Maria Angelopoulos is the Professional Practice Coordinator for this Psychology discipline group.

The other discipline group consists of Psychologists who work within Mental Health and Addictions at the Halifax Infirmary, the Nova Scotia Hospital and East Coast Forensic Hospital Sites and at a variety of community locations. Services are clustered within community mental health and addiction services, inpatient mental health and addiction services, forensic services, specialty mental health services and services devoted to those with severe and persistent mental illness. Dr. Andrew Starzomski is the Psychology Professional Practice Leader for the Psychologists working within Mental Health and Addictions.

NSHA employs master's and doctoral-level registered Psychologists, as well as psychometrists. Psychologists are involved in a range of activities including assessment, treatment, consultation, teaching, training, supervision, research, and program development and evaluation. Many Psychologists are also involved in providing psychotherapy training and supervision to psychology practicum students, medical students, family medicine and psychiatry residents, as well as clinical staff from a range of disciplines including social work, nursing, and occupational therapy. There are opportunities for residents to become involved in training and supervision of other staff and students and to receive their own training in providing clinical supervision.

NSHA Psychologists endorse a scientist-practitioner model and practice from a range of theoretical orientations, including acceptance-based therapy, dialectical behaviour therapy, experiential therapy, feminist therapy, interpersonal therapy, mindfulness-based approaches, and psychodynamic therapy although cognitive-behavioural approaches to intervention predominate. Clinical research is highly valued. Most of the supervisors have active research programs and are cross-appointed at Dalhousie University. There are opportunities for residents to develop clinical, academic, and research collaborations with professionals from other hospitals and universities within the province.

Some of the training resources available to the residents include the following: psychological test collections; computer equipment with an array of clinical and research software; observation rooms with one-way mirrors; audiovisual and digital recording equipment for recording sessions for supervision; and a well-stocked library.

4) Program Structure

The Halifax Clinical Psychology Residency Program provides training in the delivery of psychological services to adults in a range of clinical settings: **health psychology, neuropsychology, and mental health and addictions.**

The residency is structured as a full-time training commitment for 12 consecutive months, and is divided into two six-month training semesters (September to February and March to August). Our Program has four residency positions for the 2018 – 2019 training year. All our positions are applied to and filled in adherence with the Association of Psychology Postdoctoral and Internship Centers (APPIC) policies.

Applicants are matched into one of the following tracks:

- Health Psychology Track (1 position);
- Neuropsychology Track (1 position); or
- Mental Health and Addictions Track (2 positions)

Applicants may apply to more than one track. Note that specific training and experience is required to be considered for the Neuropsychology Track.

Each track requires a resident to have a minimum of 75% of their time within that track's rotations. Please note that the Neuropsychology Track requires 75% of a resident's time within that track's rotations and 25% within rotations either from Health Psychology or from Mental Health and Addictions. Within each track, residents are encouraged to select rotations that will provide experience with a variety of presenting problems, within a diverse range of clinical services. Options to receive training in providing clinical supervision and in long-term psychotherapy as well as conducting program evaluation can be built into most track rotations.

Most rotations tend to encompass two days per week though there are options for longer rotations in some areas. Residents will be discouraged from taking more than two rotations at any one point in time.

The Health Psychology Track provides training experiences in a range of medical programs. Training opportunities in seven health psychology rotations provide residents with experience with a number of general issues including: adherence, adjustment, and lifestyle modification as well as the specific issues outlined in the rotation descriptions below. Residents in this track may select from any of these seven rotations with a minimum of 75% of their time comprised of Health Psychology rotations. While not mandatory, residents are encouraged to complete one rotation in the Mental Health and Addictions area (see rotations under this section below).

The Neuropsychology Track is comprised of five rotations (described below). The pre-requisites to be considered for this track include a graduate course in adult psychological assessment, interviewing techniques, and a graduate course in human neuropsychology. The general goals of this track are to enhance skills in neuropsychological assessment, case conceptualization report writing, and case management, and to expand and apply the residents' knowledge of brain and behaviour relationships to the clinical setting. Residents in this track may select from any of these five rotations and are further required to select rotations from the areas of Health Psychology or Mental Health and Addictions constituting 25% of their residency time. In the Neuropsychology Track, residents will complete a total of four clinical rotations over the course of the year. Three of those rotations will be in Neuropsychology. To fulfill the breadth requirement of residency training in Clinical Psychology, residents must also select one rotation from either the Health Psychology Track or the Mental Health and Addictions Track, which can be completed either during the first or the second semester.

The Mental Health and Addictions Track includes rotations in a number of different settings: (a) community mental health and addictions (several settings are available); (b) a specialty service (Borderline Personality Disorder Treatment Program, Centre for Emotions and Health, Eating Disorders Clinic, Mood Disorders, Operational Stress Injury Clinic, and Seniors' Mental Health); and (c) forensics (East Coast Forensic Hospital and Forensic Sexual Behaviour Program). Residents in this track complete between two and four rotations. While not mandatory, residents are encouraged to complete one rotation in the area of Health Psychology or in Clinical Neuropsychology (assuming the resident has the prerequisite experience).

Residents' schedules are developed in consultation with the Director of Training and take into account residents' interests and career goals, previous experience, and gaps in their training, particularly as they relate to the five core competencies recognized by the MRA (namely, assessment and evaluation, intervention, research, ethics and standards, and interpersonal relationships). For Health Psychology and Mental Health and Addictions Tracks, we also require that residents are exposed to at least two different models of psychotherapy during their residency, develop their individual and group therapy skills, and refine their skills in each of assessment, treatment, and consultation.

Our residency abides by the standard that no more than two-thirds of the resident's time is spent in direct client service.

In addition to the clinical requirements, residents are encouraged to use 10% of their residency time for research and research-related activities. This time can be spent on either dissertation research or on program-based research in conjunction with a residency supervisor.

Track	Rotation	Site
Health	Cardiology	Halifax Infirmary
	Insomnia Clinic / Family Medicine	Halifax Infirmary/Community
	Internal Medicine (Diabetes & GI) / Behaviour Change Institute	Victoria General Hospital / Community
	Multiple Sclerosis / HIV	Victoria General Hospital
	Oncology	Victoria General Hospital
	Pain Management Clinic	Victoria General Hospital
	Multi-Organ Transplant	Victoria General Hospital
Neuropsychology	Acquired Brain Injury (Inpatient)	Nova Scotia Rehabilitation Center
	Acquired Brain Injury (Outpatient)	Nova Scotia Rehabilitation Center
	Mental Health	Nova Scotia Hospital
	Neurodegenerative Disorders & Dementia	Halifax Infirmary
	Surgical Epilepsy Program	Halifax Infirmary
Mental Health & Addictions	Borderline Personality Disorder Treatment Program	Nova Scotia Hospital
	Centre for Emotions and Health	Halifax Infirmary
	Community Mental Health & Addictions	Community (Halifax, Bedford-Sackville, Dartmouth & West Hants-Windsor)
	Eating Disorders Clinic	Halifax Infirmary
	Forensics Services	East Coast Forensic Hospital
	Forensic Sexual Behaviour Program	Nova Scotia Hospital
	Mood Disorders Clinic	Halifax Infirmary
	Operational Stress Injury Clinic	Community (Dartmouth)
	Seniors Mental Health	Nova Scotia Hospital / Halifax Infirmary

5) Psychology Services:

A. HEALTH PSYCHOLOGY TRACK

Psychological services within Health Psychology cover an extensive range of medical programs. Training opportunities in seven Health Psychology rotations will enable residents to gain experience with a number of general issues, including: adherence, adjustment, and lifestyle modification as well as the specific issues outlined in these rotation descriptions.

The Psychology program provides a wide range of psychological services that may occur in inpatient or outpatient settings. Dedicated clinical psychological services exist for cardiology and cardiac rehabilitation, geriatrics, HIV, medical rehabilitation, organ transplantation, multiple sclerosis, internal medicine, oncology, pain management, family medicine, and sleep disorders programs. Service delivery occurs across the three main sites of the NSHA (please see site map in Appendix), all of which are within a 10-15 minute walk of each other. Psychology offices are located in each of these sites.

Health Psychology Rotations

1. Pain Rotation (Supervisors: Dr. Douglas Cane, Dr. Mary McCarthy). This rotation is located at the Pain Management Unit in the Dickson Building of the VG Site. The goal of this rotation is for the resident to obtain experience in the provision of various psychological services (including assessment, delivery of intervention in both individual and group formats, and outcome evaluation) to individuals with ongoing pain (typically seven or more years). The objectives of the rotation include (a) participating in the assessment and selection of patients for an interdisciplinary, group pain management program; (b) participating in the assessment of individuals with ongoing pain for individual treatment; (c) scoring and interpreting frequently used pain self-report measures; (d) providing psychological treatment / interventions in both individual and group contexts to patients with ongoing pain; and (e) interpreting, documenting and reporting treatment outcomes assessed using self-report measures. Meeting these objectives will demonstrate that the resident is competent in: (a) conducting semi-structured interviews of patients being considered for treatment; (b) while under supervision, autonomously organizing the delivery of psychological interventions to both individuals and groups; and (c) interpreting measures of pain and functioning and documenting treatment outcomes.

2. Cardiology Rotation (Supervisor: Dr. Gordon Butler). This rotation involves the Cardiology units and clinics which are located in the Halifax Infirmary (HI) Building of the HI Site. The Rotation Goal is for the Resident to gain experience in the provision of psychological assessment and intervention services to cardiac outpatients using brief and focused interventions. There are also limited opportunities for working with cardiac inpatients and with a stress management group for patients attending the Cardiovascular and Pulmonary Health in Motion Program. Referred patients typically (a) are having difficulty coping with and making adjustments to their cardiac status (e.g., post-MI; angina), (b) are being considered for cardiac transplantation or Ventricular Assist Device (VAD), or (c) may benefit from anxiety or stress management to better control symptoms associated with their cardiac problems. The objectives of the rotation are for the resident to (a) participate in conducting stress management groups, (b) participate in assessment of adjustment and coping in individuals pre/post transplant or VAD; (c) provide psychological interventions to both groups and individuals regarding lifestyle changes, anxiety or depression; and (d) report on treatment outcomes using self-report measures. Meeting these objectives will demonstrate that the resident is competent in: (a) conducting stress management groups, (b) pre-post assessment of adjustment and coping in cardiac transplant/VAD, (c) assessment and intervention with individuals and groups with adjustment or clinical problems, and (d) outcome evaluation of psychological services with cardiac patients.

3. Internal Medicine and Behaviour Change Rotation (Supervisor: Dr. Michael Vallis). Psychological services involve diabetes, obesity and gastroenterology. Within diabetes, referrals deal with both Type 1 and Type 2 diabetes concerning acceptance of diabetes, nonadherence to treatment regimens, and adjustment to diabetes complications. Residents participate in an interdisciplinary team context guided by the self-management support model. Obesity management includes surgery for morbid obesity, clinical management of obesity and population health interventions to better manage obesity in primary care settings. Residents are involved in screening for surgery, preparation for surgery and general obesity management either individually or in groups. Within Gastroenterology, patients with inflammatory bowel disease, irritable bowel syndrome, or chronic abdominal pain are seen on an inpatient and outpatient basis (majority outpatients). Referrals involve issues such as adjustment to inflammatory bowel disease, coping with chronic illness, stress reduction, assessment and management of chronic abdominal pain, and consultation surrounding surgery issues (e.g., coping with ostomies, or anxiety about surgical and investigative procedures).

In addition to these more traditional clinical services Dr. Vallis also runs the Behaviour Change Institute, which provides training to health care providers in behaviour change strategies. Theory-driven, evidence-based and competency-based training in motivational enhancement, behaviour modification and emotional management training programs of varying lengths and intensities are offered. Residents have the opportunity to participate in this program. The objectives of this unit are to (a) become familiar with knowledge translation efforts to support health behaviour change within a broad professional context, (b) become aware of the role of the psychologist in the capacity of a mentor to other health care providers who deliver competent behaviour change interventions. Meeting these objectives will demonstrate that the resident has developed competency in knowledge translation methods and participating in a broad health care system approach to health behaviour change.

4. Oncology Rotation (Supervisor: Dr. Janice Howes). This rotation involves the Cancer Care Program located at the VG Site, of the QE II HSC. The rotation goal for the resident is to gain experience in the provision of psychological services (i.e., consultation, assessment, and psychotherapy) to patients dealing with cancer (primarily ambulatory). The range of patients seen through the Cancer Program is wide. Patients are referred with various types of cancer and at various points throughout the cancer care trajectory (e.g., initial diagnosis, during medical treatment, survivorship, recurrence, metastatic disease, and palliative care). The objectives of the rotation for the resident are to: (a) gain an understanding of the psychological, emotional, social and physical impact of cancer; (b) participate in the assessment of individuals with cancer to understand/identify psychological needs/concerns; (c) provide psychotherapy, using cognitive, interpersonal, behavioral, and/or supportive approaches, to help patients and/or family members deal/cope with emotional reactions (e.g., distress, anxiety, depression); adjustment to/living with life-threatening illness, cancer-related fears, and uncertainty; coping with medical treatments; loss and grief; (d) interact with other health care disciplines in the Oncology services. Meeting these objectives will demonstrate that the resident is competent in (a) understanding/assessing psychological concerns/needs of patients with cancer; (b) while under supervision, providing psychological intervention to individuals dealing with cancer; (c) and providing consultation within a team framework.

5. Multi-Organ Transplant Rotation (Supervisors: Dr. Dayna Lee-Baggley, Dr. Maria Angelopoulos). This rotation is part of the Multi-Organ Transplant Program which is located in the Centennial Building of the VG Site. Dr. Dayna Lee-Baggley works with patients in the liver service, and living kidney donors, while Dr. Angelopoulos works with patients in the kidney service, which includes both kidney and kidney-pancreas recipients. Services are provided to both inpatients and outpatients. The Rotation Goal for the Resident is to

gain experience in the provision of psychological assessment of individuals being considered for transplantation or for patients post-transplantation.

Rotation objectives are for the resident are to: (a) participate in formal assessment of individuals prior to transplant; (b) to provide interventions (as needed) for psychological issues or disorders before and after transplantation; (c) administer, score, and interpret self-report measures of psychological symptoms and personality; (d) document and report on patients' appropriateness for transplantation from a psychological perspective; (e) participate in multidisciplinary patient rounds/conferences; and (f) provide consultation to the multidisciplinary team on incorporating psychological principles into care plans. At the end of the rotation the resident should be competent with minimal supervision in: (a) conducting semi-structured interviews of patients being considered for liver, kidney, or kidney/pancreas transplantation; (b) interpreting measures of psychological symptomatology and personality; (c) providing psychological interventions to individuals from a transplant population with adjustment and/or clinical problems; (d) documenting and reporting on the above; (e) communicating psychological findings to health professionals in other disciplines; and (f) providing consultation to members of multidisciplinary teams.

6. Multiple Sclerosis/HIV Rotation (Supervisor: Dr. Jennifer Hendrick). The Multiple Sclerosis Clinic, located at the Rehab site, QEII, serves adults in Nova Scotia. Residents typically see patients in their resident office at the Bethune Building, VG Site, QEII. A separate minor rotation (1 day/week only over 6 or 12 months) is also available working with adult patients from the HIV Clinic, at the VG Site, QEII. The objectives, competencies, and assessment and treatment activities are generally similar for both the MS and HIV rotations.

Objectives include (a) participate in assessments of patients' psychological functioning, including psychopathology, maladaptive behaviours, coping styles, adjustment to medical diagnosis and treatment, adherence to medical treatment, social support, etc., and (b) participate in providing evidence-based psychological interventions to address patient needs identified in the assessment process. Meeting these objectives will demonstrate that the resident is competent in: (a) assessment-related activities including: review of health records; obtain information from collateral sources; interview patient using a mental health intake assessment plus assessment of the impact of medical diagnosis and treatment on psychological functioning; administer self-report standardized measures of mood and coping (e.g. BDI-II, BAI); prepare assessment reports that integrate information from all sources, include a DSM-based diagnosis (if appropriate), and outline a case formulation and intervention suggestions; (b) intervention-related competencies such as: formulate case conceptualization; formulate evidence-based treatment plan; apply evidence-based interventions appropriate to patient needs (e.g. psycho-education, cognitive-behavioural treatments for anxiety, depression, stress, complicated grief, poor adherence, strategies to compensate for memory deficits, fatigue management, coping with physical limitations); evaluate and document efficacy of interventions.

7. Insomnia Clinic/Family Medicine Rotation (Supervisor: Dr. Steven Jefferson). This rotation combines the Insomnia Clinic and Family Medicine services. This rotation is situated in the Abbie J. Lane Building at the Halifax Infirmity site and the Spryfield Family Medicine Clinic, which is about 7 kilometers from the Abbie J. Lane Building. Common sleep complaints encountered in the Insomnia service include difficulty falling asleep and prolonged, night-time awakenings. The objectives in the Insomnia service are to conduct an initial assessment, develop a treatment plan, and track patients' progress. Two reports per patient are sent to the referring physician: An initial assessment report and a final report, which summarizes patient's treatment response. Meeting these objectives indicates that the resident is competent in clinical interviewing, developing a CBT-oriented treatment for sleep problems, and evaluating the effectiveness of the treatment plan.

In the Family Medicine service, residents gain experience in the provision of psychological services in an adult outpatient setting. Common mental health issues encountered include phobias, mood disorders, and adjustment problems. The objectives of the Family Medicine service are to participate in the initial assessment of patients, develop a treatment plan based on the assessment findings, and to evaluate (and possibly modify) treatment over the course of therapy. Typically, two reports per patient are sent to the referring physician: An initial assessment report, and a termination report. Meeting these objectives will provide evidence that the resident is competent in clinical interviewing and developing and evaluating a treatment plan.

B. NEUROPSYCHOLOGY TRACK

There are five rotations within the Neuropsychology Track. The pre-requisites for a focus in Clinical Neuropsychology include graduate courses in adult psychological assessment, interviewing techniques and a graduate course in human neuropsychology. The general goals of the neuropsychology section are to enhance skills in neuropsychological assessment, case conceptualization, report writing, and case management, and to expand and apply the resident's knowledge of brain and behaviour relationships to the clinical setting. The following competencies have been identified as performance standards that, at the end of a six month rotation in Neuropsychology, the resident will demonstrate the ability to:

1. Read a referral note and health care record in order to extract the relevant material that will provide the context for a neuropsychological evaluation.
2. Communicate effectively with the patients and health care providers about the purpose and limitations of a neuropsychological assessment.
3. Conduct an assessment interview gathering information pertinent to the purpose of the evaluation.
4. Be guided by a strong knowledge base and by ethical considerations in the approach to a neuropsychological assessment.
5. Accurately administer, score and interpret a variety of questionnaires, neuropsychological instruments and tests relevant to the patient population served.
6. Demonstrate flexibility and consistency in test selection, in order to maximize the usefulness of psychometric data, and assist in decisions to interrupt (or terminate) test sessions.
7. Formulate an initial conceptualization of the case, being able to discuss with the supervising psychologist an analysis, and subsequent integration of information found in the health records, interview data, test results, and observations.
8. Provide appropriate feedback to the client and other relevant parties concerning the results and recommendation of the neuropsychological evaluation.
9. Know how and when to initiate a referral to another health care professional.
10. Develop report writing skills that are clear, organized, and pertinent to the referral question(s).
11. Integrate and apply knowledge obtained from journal articles and textbooks on specialty topics in neuropsychology.
12. Present case material to other health professionals that highlight the relevant history, problems for investigation, outcome, and knowledge of the clinical literature.
13. Develop positive collegial relationships with the supervisor(s), other hospital staff, and community contacts, as appropriate.
14. Develop an appreciation of differences of professional opinions and methods of dealing with these through straightforward communication skills and negotiation.

Neuropsychology services are provided across a continuum of care from acute hospitalization, through neurorehabilitation programs, to ambulatory care clinics, as described in the following rotation descriptions.

Additional educational opportunities within the Neuropsychology rotations include rounds in Neurosciences, Geriatric Medicine, Psychiatry and Neuropsychology.

Neuropsychology Rotations

1. Neurodegenerative Disorders Rotation (Supervisor: Dr. John Fisk). This rotation is based at the Camp Hill and Halifax Infirmity Sites and involves neuropsychological assessment services to a variety of ambulatory care clinics and regional programs. These include the Memory Disability Clinic of the Division of Geriatric Medicine, the Behavioural Neurology and General Neurology clinics, the Dalhousie Multiple Sclerosis Research Unit, the Movement Disorders and Huntington's disease clinics and the Neuromodulation Program of the Division of Neurosurgery, which provides Deep Brain Stimulation surgery for treatment of Parkinson's disease and other movement disorders. The goals of this rotation include competencies in the provision of comprehensive neuropsychological services. This includes competency in the differential diagnosis of complex or atypical presentations of neurodegenerative disorders. Experiences with patient populations in whom diagnoses are already established focus on competencies in characterization of cognitive impairments and abilities for patient education and management, as well as for treatment planning decisions. Most often this rotation will provide experience with a broad range of patient populations but the structure of the rotation can be more narrowly focused if required, in order to meet specific training goals. Please refer to the Neuropsychology Section above for expected competencies upon completion of the rotation.

2. Acquired Brain Injury Outpatient Rotation (Supervisor: Dr. Brigitte Patry). This rotation, based at the Nova Scotia Rehabilitation Centre, involves the provision of outpatient neuropsychological services to individuals referred from various QEII clinics, primarily Physical Medicine and Rehabilitation, Neurosurgery, and Neurology. The rotation goal for the resident is to gain experience in neuropsychological assessment, consultation, psychoeducation, and cognitive rehabilitation (through provision of appropriate cognitive compensatory strategies) for individuals with acquired brain injury. The primary diagnosis is traumatic brain injury but individuals may also present with anoxia, brain tumours, brain infections, or hemorrhagic strokes or other vascular conditions. Neuropsychological assessments are comprehensive and guided by referral questions pertaining mostly to the ability to return to premorbid activities (e.g., employment, school), monitoring of recovery, and identification of appropriate compensatory strategies. Objectives for this rotation are to (a) plan and complete neuropsychological assessments to address referral questions, including review of the health record, selection, administration, and scoring of neuropsychological tests, semi-structured patient and collateral interviews, and interpretation of assessment findings; (b) provide feedback to patients, families, and multidisciplinary team members; (c) write comprehensive assessment reports (including provision of relevant recommendations) and, depending on cases, a summary of results and recommendations in everyday language for use by patients and families; (d) provide psychoeducation to patients and families regarding the emotional, cognitive, and behavioural consequences of acquired brain injury and relevant management strategies; and (e) participate as a multidisciplinary team member. The rotation is largely assessment-focused but there may be an opportunity to provide cognitive intervention, depending on time, availability of cases, and resident interest.

3. Acquired Brain Injury Inpatient Rotation (Supervisors: Dr. Vanessa DeFreitas; Dr. Sherri Carter). This rotation involves becoming familiar with the neuropsychologist's role providing care to inpatients admitted to the Acquired Brain Injury Unit located in the Nova Scotia Rehabilitation Centre at the VG site. The rotation goal for the resident is to gain experience in the provision of a variety of neuropsychological services (including assessment, consultation, psychoeducation, and possibly cognitive rehabilitation) for inpatients with acquired brain injury (including traumatic brain injury, ischemic and hemorrhagic stroke, hypoxia, brain infections, and brain tumours). Inpatient assessments typically involve brief, flexible screening batteries addressing referral

questions such as discharge and rehabilitation planning, return to premorbid activities (e.g., employment or school), differential diagnosis, and identification of appropriate compensatory strategies for cognitive dysfunction. The objectives of the rotation are for the resident to (a) plan and conduct brief neuropsychological assessments; (b) conduct semi-structured patient and collateral interviews; (c) administer, score, and interpret common neuropsychological measures; (d) provide feedback of neuropsychological test results to patients, families, and multidisciplinary team members; (e) document assessment results; (f) provide psychoeducation to patients and family regarding the consequences and management of acquired brain injury; (g) facilitate group-based psychoeducation on cognitive sequelae of ABI and compensatory strategies; and (h) participate as an multidisciplinary team member. There may also be opportunities to provide individual or group-based cognitive intervention, and to complete one or two comprehensive neuropsychological assessments with outpatients with neurovascular conditions if time permits and/or if desired by the resident. Please refer to the Neuropsychology section above for expected competencies upon completion of the rotation.

4. Surgical Epilepsy Program Rotation (Supervisor: Dr. Antonina Omisade). This rotation is based at the Abbie J. Lane Building. The main goals of this rotation include conducting neuropsychological assessments with patients who have seizure disorders and learning to work as part of a multidisciplinary team. The objectives are (a) to conduct neuropsychological assessments with patients who are being considered for epilepsy surgery for prediction of cognitive risk, (b) to complete post-operative neuropsychological evaluations with individuals who have undergone neurosurgery, (c) to provide comprehensive neuropsychological assessments for differential diagnosis, and (d) to communicate assessment results to patients, families, and to the members of the epilepsy team at weekly clinical rounds. Depending on their personal training goals, residents may choose to gain experience in pre-surgical functional MRI. Residents wishing to complete this rotation must have a good knowledge of functional neuroanatomy and previous psychometric testing experience.

5. Mental Health Rotation (Supervisor: Dr. Karen Chipman). This rotation is based at the Nova Scotia Hospital (located in Dartmouth) and involves the provision of services to the Mental Health and Addictions Program. The rotation goal for the resident is to gain experience in neuropsychological assessment and consultation for a range of clinical populations in both inpatient and outpatient mental health settings. Individuals referred typically have diagnoses that include psychotic, mood, anxiety, substance use, and personality disorders; intellectual disabilities; possible neurodegenerative disorders; and, in some cases, comorbid neurologic disorders such as stroke and TBI. Assessments are aimed at addressing referral questions related to psychosocial rehabilitation planning (e.g., return to work and school issues) and differential diagnosis of dementia. Objectives for the rotation include planning, administering, scoring, and interpreting a comprehensive battery of neuropsychological measures; conducting client and collateral interviews; writing reports that incorporate individually-tailored recommendations; providing feedback and psychoeducation to clients, families, and treatment teams; and consulting with other disciplines as appropriate. This rotation is largely assessment-focused, although there may be an opportunity to provide individual or group-based cognitive intervention, depending on cases. Please refer to the Neuropsychology section above for expected competencies upon completion of the rotation.

Rotation Structure

For those residents who pursue neuropsychology as a primary area of practice, rotations are arranged in accordance with the training guidelines outlined at the Houston Conference on Specialty Education and Training in Clinical Neuropsychology (*Archives of Clinical Neuropsychology*, 13, 157-250). In the Neuropsychology Track, residents will complete a total of four clinical rotations over the course of the year. Three of those rotations will be in neuropsychology. The resident will typically spend two days a week in each

rotation, which means that two neuropsychology rotations will be completed in one semester and one in the other. To fulfill the breadth requirement of residency training in Clinical Psychology, residents must also select one rotation (also two days/week) from either the Health Psychology Track or the Mental Health and Addictions Track, which can be completed either during the first or the second semester. Residents are encouraged to select rotations that will meet their interests, training goals, and provide the opportunities to fulfill the residency program Standards of Completion (including core competencies of assessment, intervention, and consultation).

On occasion, a rotation of special interest may be taken twice (i.e., continued in both the first and the second semester to count as two neuropsychology rotations). This option would allow the resident to obtain experience with a different population but in the same area (e.g., general neurology and dementia) or to obtain greater depth within the population or service of interest. There may also be opportunities to accommodate a fourth neuropsychology rotation of a shorter duration to increase breadth of exposure within the track. Availability of these options is not guaranteed, but depends on supervisor availability and clinical demands within each service area/rotation.

C. MENTAL HEALTH AND ADDICTIONS TRACK

Psychological services within Mental Health and Addictions span a wide variety of service areas across multiple NSHA sites. Services are clustered within Community Mental Health and Addiction settings, Specialized Mental Health settings and Forensics settings.

Mental Health & Addictions Rotations

Community Mental Health and Addiction Rotations

1. Community Mental Health Rotation (Supervisors: Dr. Stacy Bradley, Dr. Scott Christie, Dr. Paul Freeman, Dr. Shaindl Diamond, Dr. Valerie Grant, Dr. Sandra Reyno, Dr. Marcia Voges). This rotation is located at several Community Mental Health and Addictions clinics (in Halifax, Bedford-Sackville, downtown Dartmouth, Cole Harbour and West Hants-Windsor). This rotation offers experience in the provision of psychological services to an outpatient population presenting with a variety of mental health difficulties, including: anxiety disorders, depressive disorders, obsessive-compulsive and related disorders, trauma-related disorders, and personality disorders. The objectives of the rotation may include: (a) completion of comprehensive DSM-based mental health assessments, (b) writing comprehensive assessment and discharge reports, (c) provision of feedback to clients, (d) provision of individual psychological therapy, (e) provision of group therapy (recent groups that trainees have co-facilitated have included CBT for depression and ACT for anxiety), and (f) consultation with multidisciplinary staff. Meeting these objectives will demonstrate that the resident is competent in: (a) conducting comprehensive interviews of patients being considered for treatment; (b) developing a treatment plan; and (c) provision of psychological intervention.

Specialized Mental Health Rotations

2. Borderline Personality Disorder Treatment Program Rotation (Supervisors: Dr. Jacquie Cohen, Dr. Marie-Eve Couture). The Borderline Personality Disorder Treatment Program (BPDTP), located at the Nova Scotia Hospital, provides comprehensive, specialized treatment for adults with severe borderline personality disorder (BPD). The program adheres to the structure and format of Dialectical Behaviour Therapy (DBT) in that clients participate in weekly individual therapy, a DBT Skills Group, and have access to telephone coaching within office hours. Clients also participate in a Process group and a Wellness/Values-based group. The latter

integrates principles and interventions from Acceptance and Commitment Therapy and Positive Psychology. Residents for whom this rotation will be a major part of their residency experience will carry their own cases, co-facilitate one of the DBT Skills Groups, provide telephone coaching during office hours, and participate in weekly consultation team meetings. Residents (from any track) seeking only exposure to DBT, process groups, or the population could co-facilitate one of the groups but would not carry a caseload or be expected to attend the consultation team meetings. There may also be opportunities to co-facilitate groups in DBT for Addictions or Radically Open-DBT, both of which are offered on an intermittent basis (as indicated by client needs and clinic resources). Residents can also gain experience in semi-structured assessments, consultation, and program evaluation. Residents completing a major rotation are expected to emerge with a strong understanding of the DBT model and skills in the delivery of a broad range of DBT interventions (e.g., change, validation, and dialectical strategies). Prior experience in DBT is not required; however, a strong foundation in cognitive behaviour therapy is necessary to be considered for a major rotation. Program website.

<http://www.cdha.nshealth.ca/mental-health-and-addictions-central-zone-nsha-halifax-area-eastern-shore-and-west-hants/programs-and-services/mental-health--20>

3. Centre for Emotions and Health, Intensive Short Term Dynamic Psychotherapy Rotation (Supervisor: Dr. K. Ryan Wilson). This rotation is situated within the Centre for Emotions and Health, located in the Abbie J. Lane Building. Clients within this service present with a range of difficulties including depressive and anxiety disorders, personality disorders, and somatization. The primary focus of this rotation is to help the resident acquire skill and knowledge in the application of Intensive Short-Term Dynamic Psychotherapy (ISTDP) in an outpatient setting. The resident will: (a) conduct individual psychological assessments using ISTDP metapsychology, (b) deliver individually tailored interventions based on psychodiagnostic assessment, and (c) integrate self-report measures and clinical observation to generate appropriate documentation regarding treatment outcomes. Residents will also participate in weekly supervision based on video-tape review of psychotherapy sessions. There may also be an opportunity to attend a weekly 1.5 hour course that teaches core principals of ISTDP (This course entails teaching of psychotherapy and discussions using videotaped case series illustrating ISTDP applied with different patient population). By the end of this rotation the resident will demonstrate (a) a basic understanding of the core principles that underlie ISTDP metapsychology (b) the ability to identify active emotional and defensive processes in a therapy session (c) the ability to, with some support, select the appropriate intervention for each observed process and (d) the ability to communicate these findings to other health professionals. For optimal outcomes it is highly recommended (though not necessary) that residents have some previous experience with psychodynamic therapy experience prior to their residency year.

4. Eating Disorders Service Rotation (Supervisors: Dr. Cheryl Aubie, Dr. Susan Gamberg, Dr. Yvette Scattolon). The Eating Disorder Service is located in the Abbie J. Lane Memorial Building on the Halifax Infirmary site. This Clinic provides multi-disciplinary outpatient treatment for adult individuals (ages 18 and up) with anorexia nervosa and bulimia nervosa. It services individuals in all four Atlantic Provinces. This rotation would provide opportunities for residents to develop skills in the diagnosis, assessment, and treatment (both individual and group) of individuals with eating disorders. The objectives of the rotation are for the resident to: (a) participate in the assessment, diagnosis, and treatment planning of individuals with EDs; (b) provide psychological interventions in a group context including meal experiences; (c) provide longer-term (6 to 12 months) psychological treatment with a small number (1-3) of individuals. Meeting these objectives will demonstrate that the resident is competent in autonomously: (a) assessing and diagnosing individuals with EDs; (b) devising treatment plans; (c) providing psychological treatment/interventions in both individual and group contexts that consider both the medical/behavioural aspects and emotional factors inherent in an eating disorder. Also, there may be research and program evaluation opportunities. Note that a rotation with the Eating Disorders Service requires previous practicum experience in eating disorders work.

5. Mood Disorders Program Rotation (Supervisor: Dr. Barbara Pavlova). The Mood Disorders Program is a tertiary specialist service for people with severe and complex mood disorders located in the Abbie J. Lane Building of the Halifax Infirmary site. It provides assessment and treatment to people with bipolar disorder and severe major depressive disorder. The group carries out research projects to advance the understanding, prevention, treatment and outcomes of mood disorders. The trainees will: work collaboratively with a team of professionals and trainees from various disciplines; conduct assessments of psychological factors contributing to the development and maintenance of patients' mental health problems and their suitability for cognitive behavioural therapy (CBT); deliver individual CBT for mood disorders and comorbid anxiety disorders using evidence-based disorder-specific CBT protocols; evaluate therapy outcome using disorder-specific measures, including questionnaires and interviews; record all their therapy sessions; have their CBT competence evaluated using the Cognitive Therapy Rating Scale; have an opportunity to get involved with the research endeavors of the program (<http://medicine.dal.ca/departments/department-sites/psychiatry/research/mood-disorders.html>); and have an opportunity to carry out structured diagnostic interviews as a part of a research study that looks at what helps young people develop healthily (<http://forbow.org>). It is expected that by the end of the rotation the trainees will be able to assess suitability for CBT, competently deliver CBT protocols, and evaluate the outcome of therapy. This placement is suitable for trainees who have experience in delivering disorder-specific CBT protocols and are interested in using them to improve outcomes of people with severe mood disorders.

6. Operational Stress Injury (OSI) Clinic Rotation (Supervisors: Dr. Carissa Clement, Dr. Elizabeth McFadden). This rotation provides residents with the opportunity to work in the Operational Stress Injury (OSI) Clinic with Veterans and members of the Canadian Armed Forces and RCMP. Opened in 2015, the Nova Scotia OSI Clinic is part of a national network of OSI clinics funded by Veterans Affairs Canada. These clinics help patients who experience a number of conditions that can result from being exposed to military trauma. In addition, the network of OSI clinics is helping to develop new standards of OSI treatment through education and research. Residents will work as part of an interprofessional team of health professionals that includes psychiatrists, nurses, clinical social workers, and occupational therapists who work together to develop treatment plans tailored to the individual needs of each client. Psychology residents complete assessments for treatment planning and disability-award purposes, typically involving clinical interviews, structured diagnostic interviews, and self-report symptom-focused and personality measures. Psychology residents also provide individual psychotherapy and the opportunity to co-facilitate a psychoeducation or treatment group is sometimes available. Common clinical issues include post-traumatic stress disorder, anxiety, depression, relational difficulties, chronic pain, and addictions resulting from or aggravated by service-related trauma. Core trauma therapies include Prolonged Exposure, Eye-Movement Desensitization and Reprocessing, and Cognitive Processing Therapy (CPT) but adjunctive therapies are also utilized to best meet the client's needs. Residents are expected to have background experience with CBT and diagnostic assessment and to have an interest in learning about or previous knowledge about the culture in military and police populations.

7. Senior's Mental Health Seniors Mental Health Rotation (Supervisor: Dr. Karen Cochrane). The Seniors Mental Health Program is an interdisciplinary service that provides assessment, consultation and/or short term treatment to meet the mental health needs of seniors. This rotation is located on the Willow Hall unit in the Mount Hope Building of the Nova Scotia Hospital site. The rotation goal for the resident is to gain experience providing a variety of psychological services to adults age 65 and older with late-onset mental illness. The objectives of the rotation are for the resident to (a) participate in psychological assessment of seniors with a variety of mental health disorders; (b) utilize, score and interpret frequently used mood and cognitive screening measures with seniors; (c) participate in interdisciplinary treatment planning and consultation; and (d) provide psychological treatment / interventions to seniors in both individual and group formats.

Meeting these objectives will demonstrate that the resident is competent in: (a) conducting psychological assessments of seniors; (b) writing psychological assessment reports; (c) providing psychological interventions to both individuals and groups; and (d) documenting treatment outcomes. Prior experience working with seniors and experience with Cognitive Behavioural Therapy are assets.

Forensic Rotations

8. Forensic Hospital Rotation (Dr. Brad Kelln, Dr. Andrew Starzomski, Ms. Sarah McCathie). The East Coast Forensic Hospital (ECFH), located in the Burnside area of Dartmouth, is an inpatient rehabilitation program for approximately 60 persons found Not Criminally Responsible by Reason of Mental Disorder (NCR/MD) or Unfit to Stand Trial. The hospital also operates a seven-bed transition program offering semi-independent living for patients expecting to return to the community. The ECFH also includes a community based program for patients residing in the community but still under the jurisdiction of the Criminal Code Review Board (CCRB). The ECFH also operates a pre-trial assessment unit for individuals remanded by the courts for evaluation of mental state at time of offense and/or fitness for trial. Psychologists frequently provide consultation for these diagnostic cases. Residents completing this forensic rotation may be involved in the following: (a) assessment (risk, cognition, diagnosis, malingering) and treatment (group, individual) of individuals found NCR/MD; (b) multidisciplinary case conferences; (c) providing evidence at CCRB hearings; (d) assessment of individuals remanded for a pretrial assessment; (d) staff training, and/or (e) consultation to the community team regarding discharged patients. Residents will have the opportunity to advance their autonomy with complex assessment and treatment issues, concurrent disorders, violence risk management, delivering evidence at hearings and interprofessional collaboration. Some forensic background is desirable but not essential.

9. Forensic Sexual Behaviour Program Rotation (Supervisors: Dr. Angela Connors, Dr. Michelle St Amand-Johnson). This rotation is located in the Purdy Building of the Nova Scotia Hospital in Dartmouth, NS. The FSBP provides assessment and treatment for adults who have crossed legal sexual boundaries and been sentenced to a period of community supervision (e.g., Probation). Residents may select an assessment-focused rotation or a treatment-focused rotation. In the former, the goal is to gain experience completing comprehensive forensic sexual behaviour assessments of individuals who have sexually offended. This involves conducting a semi-structured interview (including the PCL-R interview), accurately scoring empirically-validated risk instruments, developing recommendations to address areas of risk/need, and writing reports that integrate biopsychosocial history, personality test results, and phallometric (PPG) assessment results. Meeting these objectives will foster competence in identifying both criminogenic and protective factors, interpreting personality test and PPG results, formulating and articulating practical strategies to reduce risk, and providing feedback to clients. For the treatment rotation, residents co-facilitate a cognitive-behavioural treatment group specialized to address issues relevant to sexual offending. Competencies gained from this rotation include experience delivering CBT to a forensic population and preparing pre- and post-treatment progress reports. Both rotations also promote competence in working with resistant clients, recognizing personal biases, and processing counter transference. Prior forensic coursework and/or experience working in a forensic setting are assets but are not required.

6) Educational Activities

The residency program includes a mandatory didactic seminar series that focuses on professional practice and clinical issues. Residents participate in this provincial seminar series as well as peer support sessions that include residents from the IWK Children's Hospital (Halifax) and the Valley Regional Hospital (Kentville). These

seminar and peer support sessions occur at various sites on Friday afternoons throughout the academic year. In addition to the clinical rotations, residents are encouraged to attend various Dalhousie University departmental rounds and interprofessional education series hosted throughout the facility. These presentations are available at most sites in person or via videoconferencing. It is expected that residents will present at one rounds during their residency year.

Research: Residents are encouraged to use 10% of their residency time for research and research-related activities. This time can be spent on either dissertation research or on program-based research in conjunction with a residency supervisor. This takes the form of a half-day per week, typically on Friday mornings. Residents can use up to five days for educational leave (for workshops or other training experiences), pending approval by the Training Director.

7) Supervision

In accordance with the accreditation guidelines established by the Canadian Psychological Association (CPA), residents receive a minimum of four hours of supervision per week. Three of these hours must be in individual supervision. Additional supervisory meetings are scheduled according to the training needs and level of clinical skill of the resident. Supervision is likely to include co-therapy sessions, discussion/application of directed readings, direct observation, and audio- and videotape reviews of therapy and assessment sessions. The type of supervision will vary as a function of supervisors' perceptions of residents' needs and abilities. As a resident progresses successfully through training experiences, the nature and focus of supervision typically changes in order to further enhance resident's development and autonomy. Residents may also have the opportunity to take part in multidisciplinary psychotherapy supervision groups and seminars.

8) Evaluation

Supervisors are required to provide interns with feedback on an ongoing basis throughout the residency year. The object is to create a transparent and open exchange of feedback about the supervision and learning process so as to maximize the quality of the resident's training experience. Formal evaluation of residents occurs midway and at the end of each rotation. Supervisors meet routinely with one another and the Director of Training to share perspectives on residents' progress. Residents also are asked to evaluate their experiences and provide feedback regarding their supervision at the mid-point and end of each rotation, as well as at the end of the residency year.

Our evaluation processes are structured to align with the core competency areas embodied by the Mutual Recognition Agreement. These evaluations are reviewed with the resident. The mid-year and final evaluation summaries are forwarded to the Director of Clinical Training at the resident's graduate program. At the end of the residency year, the Training Director prepares a summary of the resident's activities and progress.

Residents are asked to submit written evaluations of their training experiences and the quality of the supervision they receive. They are encouraged to discuss their feedback directly with supervisors, but written evaluations are not made available to supervisors until the end of the residency year, so as to maximize candid feedback to the program. The program welcomes resident feedback as a key way to continue making improvements to the training experience.

9) Stipend and Benefits

The residency program offers four full-time predoctoral residency positions. The residency begins September 1, 2018 and ends August 31, 2019. The stipend for the 2018-19 residency year is **\$35,000** and includes **sick leave**. Paid benefits include three weeks of **vacation plus** one week of approved **educational leave**.

10) Transportation

Rotation sites are located across the greater Halifax metropolitan area (please see NSHA Central Zone map in the Appendix). All of the rotation sites are accessible by bicycle-friendly public transportation. However, the time required to travel between sites can be lengthy by bus and/or ferry. While rotations can be scheduled to minimize travel time (e.g., making sure residents have full days at single sites) and residents can choose rotations that will allow minimal commuting time, the latter can compromise the options available. As such, residents who have had their own vehicle have appreciated the flexibility it provided. The residency program has a fund to cover some of the residents' transportation and parking costs.

11) Eligibility, Application Process and Accreditation

Applicants to the residency program should be PhD or PsyD students in a recognized university program in Clinical Psychology. Students from Counselling Psychology are also eligible, however training and experience working with serious mental health problems is required. Preference will be given to applicants registered at CPA- or APA-accredited academic programs.

At the time of application, we expect that applicants will have completed a minimum of 600 hours of supervised practica. Those selected for interviews have usually completed 1000 hours (Note that these hours include both direct service and support activities.). At the time of application, we expect that an applicant's dissertation proposal will have been accepted.

Prior to beginning the residency, applicants must have completed all of the requirements of their doctoral program with the exception of the dissertation.

Applicant rankings are based on many factors, including the following:

- breadth and depth of assessment and treatment experience (as opposed to number of hours);
- relevant didactic training (e.g., coursework, workshops attended);
- notable progress toward completion of their PhD including dissertation research;
- letters of recommendation;
- impressions from the interviews (e.g., interpersonal and communication skills, capacity to think "on the spot");
- research experience, particularly if related to adult mental health;
- quality of writing samples (e.g., responses to essays on the APPIC application); and
- other information from the application materials.

Our program is mindful of the guidelines on application for residency that have been advanced by the Canadian Council of Professional Psychology Programs (CCPPP), a group representing academic clinical training programs and training sites. Please see information at the end of this brochure for exact terms of the expectations that have been endorsed by the membership of CCPPP. The general idea is that applicants are strongly encouraged to have made substantial progress on their dissertations (e.g., have data collection completed and a draft of their dissertation underway) by the time they start residency. It is the impression of most training programs and academic departments that students' professional development suffers in the long term when they cannot graduate very soon after residency. The other important issue relates to acquiring particular types of experiences rather than a high number of hours as part of practicum training before residency. Please feel free to e-mail our Director of Training if you have any questions or concerns on these matters.

It is preferred that residents will have collected their dissertation data prior to arriving for residency. Individuals with a doctoral degree in Psychology that was not in Clinical Psychology but who have completed all the relevant course work and practica under a Clinical Psychology retraining program will also be considered. Preference will be given to applicants who are Canadian citizens or who have landed immigrant status, however applicants from the United States and other countries are invited to apply.

Diversity

The resident selection committee encourages applications from persons from all visible and non-visible groups, including but not limited to those who are Aboriginal, disabled, transgender, gay, lesbian, or a member of another sexual-minority group, a member of a racially visible group, or a member of any other minority group. The resident selection committee abides by the principle of equality in selecting residents. You may voluntarily identify yourself as a member of a designated group on your application.

Application Deadlines and Notification Procedures

Applications should be received by the end of the day on Friday, November 3rd, 2017 in order to guarantee appropriate consideration for the following academic year. All applicants will be notified of their interview status by e-mail on or before Friday, December 1st, 2017.

Interviews will take place between January 15th and 26th, 2018. During that time period, we will offer specific days for in-person interviews, information sessions, and opportunities to meet clinical staff and current residents. Telephone interviews will also be scheduled within this time period for those who select that option. No differential weighting will be given to mode of interview.

Our 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 resident applicant.

Accreditation Status

We are a new residency program that represents the coming together of two CPA-accredited programs: The Nova Scotia Capital District Mental Health Psychology Internship Program was re-accredited for a six-year term in November 2014 and the Queen Elizabeth II Health Sciences Centre Internship Program was re-accredited for the same term in October 2011, and then granted a one-year extension.

The Halifax Clinical Psychology Residency Program will apply for accreditation in September 2018. This is the soonest we are eligible to apply given that this is when we will our first class of residents on site.

For more information about CPA accreditation, please visit <http://www.cpa.ca/accreditation/>. You may also contact the Canadian Psychological Association Head Office at 141 Laurier Avenue West, Suite 702, Ottawa, ON, K1P 5J3. TEL 613-237-2144 or 1-888-472-0657; EMAIL accreditationoffice@cpa.ca.

Application Procedures

Our program uses the APPIC online application system, available at www.appic.org. A complete application includes the following: (a) a completed AAPIC Application for Psychology Residency (AAPI); (b) your curriculum vitae; (c) your graduate transcripts; (d) three letters of reference (see below); and (e) a cover letter.

TRACKS: Please make sure that in your cover letter you clearly specify which track (or tracks) that you are applying for and which rotations you are interested in, listing rotations in order of preference (first choice, second choice, etc.). Please further specify if you are interested in options for clinical supervision, program evaluation and long-term therapy which can be built into most rotations. When you rank, please ensure that you use the appropriate APPIC track numbers and note that you may rank multiple tracks.

With regard to letters of reference, two should be submitted using the AAPIC Standardized Reference Form. The third should be from your Director of Training. In this case, the attestation to your readiness for residency that the Director of Training provides as part of the AAPI is sufficient and we do not require a separate letter from them.

As per AAPIC requirements, your letters of reference (with the exception of the attestation to your readiness for residency that the Director of Training completes as part of the AAPI) are to be submitted using the APPIC Standardized Reference Form (SRF). This is in lieu of free-form letters of recommendation and letters using the CCPPP format. Applicants should ensure that their referees are informed about the requirement to use the SRF. A copy of the APPIC SRF may be downloaded here

http://www.appic.org/Portals/0/downloads/Standardized_Reference_Form_Final_1.27.15.doc

FAQs about the SRF may be downloaded here

http://www.appic.org/Portals/0/downloads/FAQ_SRF_2.5.15.docx

Successful candidates will be required to provide a criminal record check, including a vulnerable sector search, to Human Resources at the Nova Scotia Health Authority prior to beginning their residency. They will also need to be medically cleared by Occupational Health (which means providing evidence that various inoculations are up-to-date).

Please direct inquiries to: Dr. Antonina Omisade (tonya.omisade@nshealth.ca) or Dr. Jacquie Cohen (jacquie.cohen@nshealth.ca).

12) Psychology Supervisors

Maria Angelopoulos, PhD (Dalhousie University, 1999). I provide psychological services to the Multi-Organ Transplant Program, which serves all of Atlantic Canada. My theoretical orientations include interpersonal, psychodynamic, and cognitive behavioural. My supervision approach is collaborative and I follow a developmental approach, with an emphasis on encouraging greater resident professional independence as

rotation progresses. I am the Professional Practice Coordinator for Psychology at the QEII. I am an Adjunct Assistant Professor in the Department of Psychology and Neuroscience at Dalhousie University.

maria.angelopoulos@nshealth.ca

Cate Archibald, PhD (Dalhousie University, 1998). Registered Psychologist, West Hants Community Mental Health & Addictions Services. Interests: Complex cases, anxiety disorders, PTSD, ADHD, Cognitive Behavioural Therapy, Mindfulness-based Cognitive Therapy, EMDR, Humanistic/Existential approaches.

cate.archibald@nshealth.ca

Cheryl Aubie, PhD (University of Windsor, 2006). Registered Psychologist, Eating Disorder Clinic. My clinical and research interests include treatment of eating disorders, emotion-focused therapy/emotion focused family therapy, group psychotherapy, and self-compassion. My theoretical orientation is integrative with a focus on EFT and other process-experiential approaches and therefore focus primarily on process issues in supervision.

cheryl.aubie@nshealth.ca

Alim Awadia, DCLinPsy (University College London, 2011). Clinical Psychologist, Connections Mental Health Services. I work with staff and patients who are linked with Connections in Halifax, Dartmouth and Sackville. Connections is a service that provides psycho-social support to adults living with psychosis (and related functional impairments) in the community. I also work on several research trials, delivering manualised CBT to both adults and children. My interests are mostly about how best to practically deliver technical/process interventions in CBT and psychodynamic therapy. I offer both CBT and psychodynamic therapy/supervision.

alim.awadia@nshealth.ca

Gordon Butler, PhD (Queen's University, 1986). I provide service to the Cardiology in-patient units and to many of the Cardiology Ambulatory Care Clinics. I also provide limited psychological services to Respiriology (particularly the Adult Cystic Fibrosis Program), Hematology and other inpatients throughout the Halifax Infirmary. Cardiology is the primary focus for residents who work with me, with some opportunity for exposure to other populations. I primarily use a CBT approach with patients and a developmental approach for supervision.

gordon.butler@nshealth.ca

Douglas Cane, PhD (University of Western Ontario, 1988). Psychologist, Pain Management Unit. I provide psychological services to the Pain Management Unit, an interdisciplinary, tertiary-care pain clinic. My research interests include identifying factors that predict or mediate treatment outcomes and exploring the relationship between pain-related activity patterns and functioning. My theoretical orientation and approach to therapy and assessment is cognitive-behavioural. I employ a developmental approach to supervision adapting my supervisory style to match the needs of the resident.

douglas.cane@nshealth.ca

Sherri Carter, PhD (University of Windsor, 2001). I provide neuropsychological services for neurovascular cases for inpatient acute and rehabilitation programs. Services provided include neuropsychological assessment, consultation with a multidisciplinary rehabilitation team, and intervention. Neuropsychological assessment is typically a brief, flexible screening assessment. Referral questions may involve differential diagnosis, functional evaluation, family education, directions for rehabilitation or discharge planning, and return to premorbid activities (e.g., employment).

sherri.carter@nshealth.ca

Karen Chipman, PhD (University of Western Ontario, 2005). Psychologist, Neuropsychology Service, Mental Health and Addictions (Nova Scotia Hospital, Dartmouth). Clinical interests include neuropsychological assessment and intervention in an adult mental health setting; differential diagnosis of dementia; memory strategy training in Mild Cognitive Impairment. Research interests include neuropsychological interventions in mental health and aging populations. A flexible battery approach is used in conducting assessments, and supervision is tailored to the resident's needs and skill level.

karen.chipman@nshealth.ca

Carissa Clement, PsyD (Michigan School of Professional Psychology, 2012). Registered Psychologist, Operational Stress Injury Clinic. Clinical interests: Law enforcement, military and forensic populations; PTSD, anxiety and depression. Theoretical orientation is grounded in humanistic psychology and informed by cognitive-behavioural, psychodynamic and mindfulness based approaches. Formal training in Mindfulness Based Cognitive Therapy and Trauma focused therapies (Prolonged Exposure, EMDR and CPT).

carissa.clement@nshealth.ca

Karen Cochrane, PhD (University of Alberta, 2009). Registered Psychologist, Seniors Mental Health Program. Clinical and Research Interests: Cognitive Behavioural Therapy; depression and anxiety disorders in older adults; memory interventions in normal aging and dementia. Theoretical orientation: Cognitive Behavioural.

karen.cochrane@nshealth.ca

Jacqueline Cohen, PhD (University of New Brunswick, 2008). Psychologist and Co-Lead, Borderline Personality Disorder Treatment Program. Clinical and research interests include borderline personality disorder, post-traumatic stress disorder, obsessive-compulsive disorder, and working with marginalized and minority populations (sexual and gender minorities, Aboriginal persons, immigrants and refugees). I practice and provide supervision in Dialectical Behaviour Therapy (DBT) yet also draw on techniques from Radically Open-DBT, Mentalization-Based Therapy, and Acceptance and Commitment Therapy.

jacque.cohen@nshealth.ca

Marie-Eve Couture, PhD Candidate (Dalhousie University, Expected 2017). Marie-Eve works as a Psychology Clinician in the Borderline Personality Disorder Treatment Program. Her interests include: adult mental health, personality disorders, substance use/addictions, diagnostic assessment, and forensic psychology. Her theoretical orientation is cognitive-behavioural, with a particular interest in 3rd wave approaches (Dialectical Behaviour Therapy, Acceptance and Commitment Therapy, Mindfulness).

marie-eve.couture@nshealth.ca

Angela Connors, PhD (Simon Fraser University, 1996). Dr. Connors is a native of Nova Scotia who earned a PhD in Clinical Psychology, as well as a Certificate in Law and Psychology, from Simon Fraser University in 1996. For the past 18 years she has been the Clinical Lead for the NS Forensic Sexual Behaviour Program. Her current research interests include primary prevention, and predicting sexual recidivism, and treatment evaluation. While much of Dr. Connors' practice at the FSBP involves CBT intervention, her approach to understanding clients is informed by the psychodynamic roots of her training, which translates into her focus in supervision.

angela.connors@nshealth.ca

Colin DeFreitas, PhD (Simon Fraser University, 2015). Registered Psychologist, Mental Health and Addictions Recovery and Integration Portfolio. Interests: Clinically, I am interested in Cognitive-Behavioral Therapy for psychosis, mindfulness-based approaches, and mentalization-based therapy. In terms of research, I am interested in the interplay between cognitive functioning, symptoms of illness, and mood regulation.

Theoretical Orientation: I work with an integrative lens, and tailor intervention based on the client's presenting problem.

colin.defreitas@nshealth.ca

Vanessa DeFreitas, PhD (Simon Fraser University, 2014). I provide neuropsychological services (including neuropsychological assessment, consultation, psychoeducation, and cognitive rehabilitation) to inpatients and outpatients with acquired brain injury. Inpatient services are provided for patients with various types of brain injuries (e.g., traumatic brain injury, neurovascular events, brain infections, brain tumours) and involve brief screening assessments, psychoeducation, and regular consultation with a multidisciplinary rehabilitation team. Outpatient services are primarily provided for patients with ischemic stroke and involve comprehensive neuropsychological assessments. I use a hypothesis-driven, flexible battery approach to assessments and a developmental approach in supervision. Research interests include cognitive dysfunction and rehabilitation in acquired brain injury.

vanessa.defreitas@nshealth.ca

Shaindl Diamond, PhD (University of Toronto, 2012). Clinical Psychologist, Community Mental Health Research Interests: Development and delivery of services to marginalized populations; intersectionality; sexuality and gender; trauma. Theoretical Orientation: I use an integrative therapy approach that draws primarily on emotion focused, mindfulness-based, and cognitive behavioural modalities.

shaindl.Diamond@nshealth.ca

John Fisk, PhD (University of Western Ontario, 1984). I provide consultative neuropsychological assessment services using a flexible battery approach to a variety of ambulatory care clinics and regional programs associated with Neurology, Neurosurgery and Geriatric Medicine. These include the Memory Disability Clinic of the Division of Geriatric Medicine, the Behavioural Neurology and General Neurology clinics, the Dalhousie Multiple Sclerosis Research Unit, the Movement Disorders and Huntington's disease clinics and the Neuromodulation Program of the Division of Neurosurgery, which provides Deep Brain Stimulation surgery for treatment of Parkinson's disease and other movement disorders. My research interests and grant-funded research programs include neuroimaging biomarkers of cognitive dysfunction in neurologic disorders as well as the epidemiology and outcomes of neurologic and other immune-mediated inflammatory disorders and relations to cognition, mental health and quality of life.

john.fisk@nshealth.ca

Amber Fougere, PhD (Monash University, 2012). Dr Fougere earned a Doctor of Clinical Psychology (Forensic Specialization) from Monash University in Australia in 2012. She works part time at the FSBP conducting assessments, and has previously worked in both community and prison settings conducting risk assessments and delivering offence-specific treatment. She is particularly interested in personality disorders. Dr. Fougere's primary theoretical orientation is cognitive-behavioural, and she is especially influenced by "third-wave" therapies such as DBT. Her supervision style takes a developmental approach that is process-focused with a strong emphasis on case conceptualization/formulation.

amber.fougere@nshealth.ca

Paul Freeman, PhD (University of Manitoba, 2004). Community Mental Health (Dartmouth). Interests: Adult mental health, supervision and training. Acceptance and Commitment Therapy, CBT. Specializing in anxiety and depressive disorders.

paul.freeman@nshealth.ca

Susan Gamberg, PhD (McGill University, 2015). Registered Psychologist, Eating Disorder Clinic. Interests: motivation; psychotherapy supervision and training; multicultural competencies; self-compassion. Theoretical orientation: trained in Cognitive Behavioral therapy, Dialectical Behavior therapy and Interpersonal therapy, I also draw upon Compassion-focused and Emotion-focused methods, as well as Mindfulness and Motivational approaches. I am a Clinical Associate in the Dalhousie University Department of Psychology and Neuroscience. susan.gamberg@nshealth.ca

Valerie Grant, PhD (Dalhousie University, 2010). Community Mental Health (Bayers Road). Dr. Grant's clinical interests include anxiety disorders and depressive disorders. Theoretical orientation is primarily cognitive-behavioural. valerie.grant@nshealth.ca

Jennifer Hendrick, PhD (Queen's University, 1991). I provide clinical services to individual, adult patients from the HIV Clinic, MS Clinic, and STD Clinic. My therapeutic orientations include cognitive-behavioural, psychodynamic, and psychoeducational. I have supervised predoctoral psychology residents and practica students since 1993. I am a Clinical Associate in the Department of Psychology and Neuroscience at Dalhousie University. jennifer.hendrick@nshealth.ca

Janice Howes, PhD (University of Western Ontario, 1984). I provide psychological services in Health Psychology, primarily in Psychosocial Oncology. I see adult patients dealing with various cancers throughout the illness trajectory, from initial diagnosis through to survivorship, and death and dying. I work within a broad-based biopsychosocial model and my therapeutic orientation is cognitive/interpersonal with an existential focus. I am Psychosocial Oncology Clinical Lead for the Program of Care for Cancer in Nova Scotia, and I chair the Supportive Care Cancer Site Team. I am a Clinical Associate in the Department of Psychology and Neuroscience, Dalhousie University. Current research and quality improvement interests include: psychosocial oncology services and program development, and clinical initiatives to improve patient experience and person-centered care. janice.howes@nshealth.ca

Steven Jefferson, PhD (2006, University of New Brunswick). I provide psychological services in two domains: The Insomnia Clinic and Family Medicine. My work in the Insomnia Clinic is focused on the assessment and treatment of sleep problems. The Family Medicine service entails working with outpatients with general mental health problems (e.g., anxiety, low mood, etc.). My clinical interests include information processing errors in anxious and/or depressed individuals and the relationship between sleep and mood. My treatment approach is generally cognitive-behavioural in nature and my supervisory style is highly collaborative. steven.jefferson@nshealth.ca

Brad Kelln, PhD (University of Calgary, 1998). Clinical & Forensic Psychologist (East Coast Forensic Hospital), Dr. Kelln is an expert in violence, risk prediction, and understanding elopement risk from secure custody. He is currently developing an assessment tool for elopement (Structure Guide to AWOL Risk). More recently he has taken an interest in the harmful effect of compulsive Internet pornography use and routinely assesses and treats individuals in this area. His supervisory approach is tailored to maximize the growth of the student / resident and tends towards encouraging autonomous practice. His primary theoretical orientation is CBT using Motivational Interviewing strategies. brad.kelln@nshealth.ca

Dayna Lee-Baggley, PhD (University of British Columbia, 2006). I provide assessment and therapy services to liver transplant candidates and recipients and kidney donors in the Multi-Organ Transplant program. I am also a core faculty of the Behaviour Change Institute where I provide training to healthcare providers on behaviour change skills and professional resiliency. I have an active research program on obesity, chronic health conditions, professional resiliency, and health behavior change. My theoretical orientation includes motivational interviewing, behaviour modification, and acceptance and commitment therapy. My supervision is focused on fostering the development of a professional identity as a health psychologist.

dayna.lee-baggley@nshealth.ca

Mary McCarthy, PhD (Dalhousie University, 2001). Psychologist & Former Registered Nurse, Pain Management Unit. I provide psychological services to the Pain Management Unit, an interdisciplinary, tertiary-care pain clinic. My research interests include identifying factors that impact well-being and optimal functioning in pain patients, as well as exploring the role of self-compassion in pain management. My theoretical orientation and approaches to therapy and assessment are cognitive-behavioural and eclectic in nature. I tailor my supervision approach to best meet the needs of the individual resident and enjoy teaching methods of self-care.

mary.mccarthy@cdha.nshealth.ca

Elizabeth McFadden, PhD (University of Waterloo, 2013). Registered Psychologist, Operational Stress Injury Program. Interests: Military and first responder populations; Moral Injury & PTSD, depression, anxiety disorders. Theoretical Orientation: Collaborative client-centered care informed by cognitive-behavioral approaches, mindfulness strategies, motivational interviewing, and acceptance & commitment therapy; Trained in Prolonged Exposure, Cognitive Processing Therapy & EMDR.

elizabeth.mcfadden@nshealth.ca

Antonina Omisade, PhD (Dalhousie University, 2009). I am a clinical neuropsychologist with the Surgical Epilepsy Program. Clinical interests include neuropsychological assessment aimed at localization of dysfunction and differential diagnosis in patients with seizure disorders. Research interests include cognition in new-onset epilepsy, neuroimaging markers of cognitive outcomes in epilepsy, functional neuroimaging, and accelerated long-term forgetting. Supervision style is generally developmental with strong emphasis on developing autonomy within a supportive/collaborative supervision relationship.

tonya.omisade@nshealth.ca

Brigitte Patry, PhD (University of Victoria, 2007). I provide neuropsychological services, including neuropsychological assessment, consultation, psychoeducation, and cognitive rehabilitation, for outpatients with acquired brain injury. Services are provided in the context of a multidisciplinary rehabilitation team. Assessments are comprehensive and based on a hypothesis-driven, flexible battery approach. I follow the developmental model of supervision for residents and students. My research interests include the assessment of effort and both cognitive dysfunction and rehabilitation in individuals with traumatic brain injury.

brigitte.patry@nshealth.ca

Barbara Pavlova, PhD (Charles University, 2008). Dr. Pavlova also holds a Doctorate in Clinical Psychology (DClinPsy, 2009) and a Postgraduate Diploma in Cognitive Behavioural Therapy (PgDip CBT, 2010), both from the Institute of Psychiatry, King's College London, UK. She is a Clinical Psychologist and Cognitive Behavioural Therapist (CACBT accredited) in the Mood Disorders Program. Her clinical and research interests include cognitive behavioural therapy for people with mood disorders, identifying and treating comorbid anxiety disorders in people with bipolar disorder, and early interventions to prevent mental health problems in youth. Dr Pavlova is a CBT supervisor.

barbara.pavlova@nshealth.ca

David Pilon, PhD (University of Waterloo, 1990). Program Leader, Education and Training, Mental Health & Addictions. My work is largely administrative with responsibility to support competency development in the delivery of evidence based treatment within the provincial mental health and addiction workforce. Clinical work throughout my career has been largely devoted to service provision within the Eating Disorder Clinic. david.pilon@nshealth.ca

Sandra Reyno, PhD (Dalhousie University, 2011). Mental Health Day Treatment Program (research), Community Mental Health and Addictions (group-based and individual therapy). Clinical interests include complex trauma, obsessive compulsive disorder, generalized anxiety disorder, depression and borderline personality disorder. My research is focused on the neurobiology and treatment of complex trauma. Theoretical orientation - CBT, DBT, ACT. Supervision Style – Collaborative goal setting and planning sandra.reyno@nshealth.ca

Yvette Scattolon, PhD (University of New Brunswick, 1999). Registered Psychologist, Eating Disorder Clinic. My clinical interests include eating disorders, women’s issues, and grief/loss. My current research interest is the application of a smart phone app in the treatment of eating disorders. Both my clinical work and supervisory style are informed by an emotion-focused approach and attachment theory within the context of a feminist model. yvette.scattolon@nshealth.ca

Michelle St Amand-Johnson, PhD (Queen’s University, 2003). She joined the FSBP as a resident in 2002, and decided to stay. Dr. St Amand-Johnson’s training included clinical work with both community-based and federally sentenced adult men, and she has conducted research with men about to be released from prison. Her current research interests include prediction of sexual and violent recidivism and evaluation of treatment. Dr. St Amand-Johnson’s primary theoretical orientation is cognitive-behavioural. She takes a developmental approach to supervision, which occurs via case and personal-process discussion, review of written work, and direct observation. michelle.stamand@nshealth.ca

Andrew Starzomski, PhD (University of British Columbia, 1999). Psychologist (East Coast Forensic Hospital), Professional Practice Leader for the NSHA Central Zone Mental Health & Addictions Program. Professional interests: violence risk assessment & risk management, clinical applications of positive psychology, delivery of expert evidence & reports in justice contexts, engagement & recovery work with multi-problem clients, forensic applications of Third Wave approaches. Dr. Starzomski is interested in helping residents participate in personally meaningful learning experiences and increasingly autonomous professional development opportunities within the forensic rotation. andrew.starzomski@nshealth.ca

Michael Vallis, PhD (University of Western Ontario, 1983). His main area of expertise is adult health psychology, with an emphasis on diabetes, obesity, cardiovascular risk and gastroenterology. He has developed the Behaviour Change Institute, a training program for lifestyle counselling skills for physicians, nurses, dietitians and other healthcare providers. He is an Associate Editor of the Canadian Journal of Diabetes and Clinical Obesity and was recently awarded a Queen’s Diamond Jubilee Medal by the Government of Canada on the recommendation of the Canadian Diabetes Association. t.michael.vallis@nshealth.ca

Nicolle Vincent, PhD (Dalhousie University, 2016). I provide psychological services to inpatients at the Nova Scotia Rehabilitation & Arthritis Centre. I receive referrals and work with multidisciplinary teams from three

medical programs: Acquired Brain Injury, Neurology & Spinal Cord Injury, and Amputee/Musculoskeletal. My therapeutic orientation is primarily cognitive-behavioural with an acceptance and commitment therapy approach. Research interests include evaluating interventions for behaviour change, knowledge translation, and health provider resiliency. I am on the Candidate Register (anticipated until Nov 2017).

nicolle.vincent@nshealth.ca

Marcia Voges, PhD (University of Calgary, 2005). Community Mental Health (Bayers Road). Dr. Voges' clinical interests include anxiety disorders with a special interest in panic disorder with agoraphobia . Theoretical orientation is integrative with an emphasis on CBT and Interpersonal process therapy.

marcia.voges@nshealth.ca

13) Psychology Staff

Dawnette Benedict-Thomas, MA (Mount Saint Vincent University, 1994). I currently work with Dr. Antonina Omisade in the Neuropsychology Service in the Epilepsy Program. I provide psychometric testing for clients with diagnoses of epilepsy and other seizure-related disorders for the purposes of pre-surgical and post-surgical evaluations, language mapping, eSAM procedures, and general cognitive functioning. Training in test administration and other psychometric skills is provided to practicum students and residents under the supervision of Dr. Omisade.

dawnette.benedict-thomas@nshealth.ca

Jan Evans, MSc (University of Surrey, 1999). She relocated to Nova Scotia from the United Kingdom in 2007. She is trained as a forensic psychologist and has extensive experience in this field. Beginning in 1999, she worked with adult males in custodial settings (the UK Prison Service and Broadmoor High Security Hospital), specializing in the assessment and treatment of those whose sexual behaviour has crossed legal boundaries. Since 2007 she has worked for the Forensic Sexual Behaviour Program, providing assessment and treatment services to community-based individuals within the criminal justice system.

jan.evans@nshealth.ca

Michael Hennessey, MA (City University of New York, 2001). Mr. Hennessey earned his Master's degree in Forensic Psychology from John Jay College of Criminal Justice, City University of New York. Upon graduation he was fortunate enough to gain employment with the NS Forensic Sexual Behavior Program (at that time called the Provincial Sexual Offender Program) and has worked for the service ever since, offering treatment and assessment. His current research interests include primary prevention of sexual offending behavior and prediction of sexual recidivism. Mr. Hennessey's main theoretical orientation is cognitive-behavioral.

michael.hennessey@nshealth.ca

Heather Hines, MSc (Saint Mary's University, 2009). Heather holds a Masters of Science degree in Applied Psychology with a concentration in Industrial/Organizational psychology from Saint Mary's University. Working in the Seniors' Health Psychology group in the Abbie Lane Building, her clinical responsibilities include administration and scoring of standardized psychological tests to patients with neurodegenerative disorders under the supervision of Dr. John Fisk. Heather is also involved in training of research assistants, residents, and PhD students who work with Dr. Fisk.

heather.hines@nshealth.ca

Sarah McCathie, MSc (Acadia University, 2014). Psychologist, Candidate Register, East Coast Forensic Hospital Professional practice and interests include violence risk assessment and risk management, cognitive, personality, and malingering assessment, and providing supervision and recovery support to a diverse multiple-needs client population. Training in these forensic assessment and intervention measures can be provided to practicum and residency students under the supervision of Drs. Kelln and Starzomski. Her theoretical orientation includes CBT and Motivational Interviewing techniques.

sarah.mccathie@nshealth.ca

Iwona McEwen, MSc (St. Mary's University, 2009). Iwona works as a psychometrist in the Acquired Brain Injury division at the Nova Scotia Rehabilitation & Arthritis Centre, assessing both inpatients and outpatients under the supervision of Dr. Vanessa DeFreitas and Dr. Brigitte Patry.

iwona.mcewen@nshealth.ca

Shirley Munk, MA (Lakehead University, 1986). My current work is with Dr. Karen Chipman in the Neuropsychology Service in the Mental Health and Addictions Program where I provide psychometric testing for clients with diagnoses of dementia, schizophrenia, bipolar disorder and other mental illnesses. Training in test administration and other psychometric skills is provided to practicum and residency students under the supervision of Dr. Chipman.

shirley.munk@nshealth.ca

Patti Pattenden, MSc (Dalhousie University, 2012). Patti holds two positions, one as a Research and Data Assistant in the Insomnia Clinic at the Abbie J. Lane Building and the other as a Psychometrist with the Pain Self-Management Program at the Dickson Centre. Research Interests include CFQ Qigong and its relationship to the management of chronic pain, depression and anxiety.

patricia.pattenden@nshealth.ca

Sonja Svensson, BA (St. Mary's University, 2009). Sonja graduated with a BA (hons) in psychology from St. Mary's University in 2009. She has been working as the sole psychology technician at the FSBP since 2010, where she administers the Penile Plethysmograph (PPG), and manages the program's databases. She is actively involved in many projects within the program, including the ongoing recidivism research project and co-chairing the Forensic Quality Team.

sonja.svensson@nshealth.ca

Richard T. Zehr, MA (Mount Saint Vincent University 1988). Psychologist, Centre for Emotions and Health (CEH), Abbie J. Lane Building, Halifax, and Nova Scotia Integrated Chronic Care Service (ICCS) (formally the Nova Scotia Environmental Health Centre) Primary Health Care Service, Fall River. Mr. Zehr is interested in how repressed/blocked emotions contribute to an individual's health. The psychotherapy approach is Intensive Short Term Dynamic Psychotherapy (ISTDP). In addition he is interested in identifying specific elements that contribute to good results and outcomes for the patient engaged in ISTDP. He works on a multidisciplinary team at the (ICCS) site and is interested in that team atmosphere and working effectively for the patient. He provides lectures for the CEH and supervises NSBEP candidates and practicum trainees.

richard.zehr@nshealth.ca

Appendix: NSHA Central Zone Map

A - West Hants-Windsor Community Mental Health & Addictions

B - Cobequid Community Health Centre

C - East Coast Forensic Hospital

D - Cole Harbour Community Mental Health & Addictions

E - Nova Scotia Hospital

F - Downtown Dartmouth Community Mental Health & Addictions

G - Bayers Road Community Mental Health & Addictions

H - Mumford Professional Centre

