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CLINICAL PSYCHOLOGY RESIDENCY 2020–2021

The Department of Clinical Health Psychology in the Rady Faculty of Health Sciences at the University of Manitoba, offers a twelve-month Pre-doctoral Residency in Clinical Psychology beginning September 1, 2020 and ending August 31, 2021. The residency program has been continuously accredited since the 1970s, and is currently accredited by the Canadian Psychological Association through the 2023-2024 academic year. For information on accreditation standards, please see: [http://www.cpa.ca/education/accreditation/](http://www.cpa.ca/education/accreditation/).

The Department of Clinical Health Psychology is both an academic department within the Rady College of Medicine at the University of Manitoba, and a Clinical Program within the Winnipeg Regional Health Authority. Our residency endorses the Scientist-Practitioner model of training for professional psychologists. The goal of our residency is to train generalist clinical psychologists with the skills to work with a variety of populations and the ability to apply research skills and knowledge to the analysis and solution of health problems.

Five different streams or areas of emphasis are available within our residency:

- **Adult Stream** (4 residents)
- **Child & Adolescent Stream** (3 residents)
- **Adult Neuropsychology Stream** (1 resident)
- **Rural Stream-Generalist** (2 residents)
  1. Interlake-Eastern Health Region (Selkirk)
  2. Southern Health Region (Steinbach)
- **Rural Stream-Adult Lifespan** (1 resident)
  Brandon

Descriptions of each stream are described in the pages that follow. Applicants may apply to one or more of these five streams. Interviewing and ranking of applicants are conducted independently by supervisors from the Adult, Child, Neuropsychology, and Rural Streams.

All residents participate in minor rotations (of one half-day per week for six months), seminars on professional and clinical issues, case presentations, and departmental Grand Rounds. Thus, residents have the opportunity to acquire knowledge and develop competence in a variety of areas of clinical and clinical health psychology, regardless of which area of emphasis they have chosen. Additional cross-cultural and inter-professional experience is also fostered through four Diversity Minor (half-day) experiences.

The stipend for the residency is $57,187 for the year. Psychology residents are members of the Professional Association of Residents and Interns of Manitoba (P.A.R.I.M.), and have salary and benefit parity with first year medical residents in the Max Rady College of Medicine, University of Manitoba.
This residency participates in the APPIC Computer Matching Program. All materials should be submitted electronically via the AAPI Online application process.

Only Canadian citizens or landed immigrants are eligible to apply for positions as psychology residents. The University of Manitoba encourages applications from qualified women and men, including members of visible minorities, aboriginal people, and persons with disabilities. Applicants from CPA or APA accredited doctoral programs in Clinical Psychology are preferred.

This residency abides by all guidelines of the Association of Psychology Postdoctoral and Resident Centres (APPIC) regarding offers of resident positions and communication with applicants. A copy of the APPIC Guidelines is available from the APPIC web site: www.appic.org. Our residency program is a member of the Canadian Council of Professional Psychology Programs (CCPPP).

The application deadline for the 2020-2021 training year is November 1, 2019

Our program abides by the recommendations of the CCPPP for a uniform interview notification date (Friday, December 6, 2019) and a regionalized scheduling of interviews in January. For 2020, our interviews will be scheduled during the week of January 13-17. In person interviews provide the applicant with important information about our program, its facilities, and the city of Winnipeg. Applicants who are offered an interview but cannot travel to Winnipeg will have telephone interviews arranged with clinical supervisors, current residents, and the Training Director. From a ranking perspective, there is no preferential treatment for applicants who choose in person versus telephone interviews.
VALUES OF OUR RESIDENCY PROGRAM

*Ethical and responsible practice.* We endorse and support the Code of Ethics of the Canadian Psychological Association. Psychologists are aware of and in compliance with relevant provincial and federal laws and statutes, which govern health care. Psychologists are aware of the limits of their competence, and practice within their areas of competence.

*Science-based practice.* The practice of clinical psychology is based in science and psychologists make ongoing contributions to knowledge to promote the well-being of patients and society as a whole. We adhere to the “Scientist-Practitioner” model of practice and training in psychology. Psychological interventions should be evidence-based.

*Professional autonomy.* Psychology is an independent, self-regulating profession. Psychologists are advocates for the well-being of their patients, society, and the profession. Psychologists assume an appropriate degree of primary responsibility for effectively managing a variety of patient care problems and responding to societal issues within their scope of professional expertise. Furthermore, psychologists must work to ensure the removal of unnecessary barriers restricting access to needed services. In order to ensure that the public has reasonable access to high quality psychological services and expertise as needed, psychologists work to facilitate the development of appropriate facilities, administrative structures, and protective regulatory legislation. Psychologists identify and articulate their unique contributions to patient welfare and the betterment of society through research, evaluation, and cost-effective interventions. As a self-regulating profession, psychologists assume responsibility for the maintenance of professional standards, ongoing quality assurance, ensuring opportunities for continuing education and individual development.

*Diversity.* Psychological practice should be grounded in an appreciation of cultural diversity and psychologists should be competent in adapting their assessment and treatment approaches and qualifying their interpretations of data in response to individual differences. Manitoba is a culturally diverse province, and Winnipeg is a very heterogeneous city, where psychologists need to be able to interact competently with persons from a wide variety of cultural and ethnic groups, socioeconomic backgrounds, sexual and gender orientations, disabilities, and ages.

*Expanding role of psychology.* The role of psychology in health care is expanding, and psychologists should be capable of applying their skills and knowledge to new areas of health care. We believe that clinical psychologists should apply their skills to a wide variety of problems. These domains of practice include the area of mental health, where psychology has a traditional expertise, plus other areas of service that expand to include the health care system as a whole. This expanded focus also includes the areas of primary prevention and health promotion. We believe that in the future, career opportunities for psychologists and opportunities to improve population health will increasingly be found in non-traditional areas of psychology practice. Psychologists have a social responsibility to apply their skills and knowledge to areas in which human health and well-being can be improved through their interventions.
**Generalist training.** We believe that training at the pre-doctoral residency level should be broad in nature, in order to produce generalist clinical psychologists who are prepared for potential careers in health care, clinical research, and teaching. We believe that residency should be a broadening experience for students rather than an experience of increasingly narrow specialization. We believe that broad generalist skills best equip graduates for the changing job market and the expanding role of the profession. Increasingly, in Canada, psychologists are self-employed in independent practice settings and the trend shows no signs of abating. There is a shift from institutional practice, where psychologists are often consultants to other health professionals, to the primary care role, where psychologists contract directly with clients for service; and from salaried positions to positions funded by direct client billing or third party payers. We believe that it is a responsibility of the residency to prepare residents as much as possible for the many different roles that may be required in their future careers as professional psychologists.

The goals and objectives that follow from these values are:

**Goals:**

I. Residents will engage in professional conduct, ethical problem solving, and responsible practice.

Objectives:

- Residents will participate in seminars, and other department-sponsored educational activities on professional practice issues, ethics, and responsible decision-making.
- Residents will discuss ethical issues as they arise in clinical cases with their supervisors. Supervisors will evaluate and give feedback to residents on professional behaviour and ethical decision-making.
- Residents will highlight and discuss an ethical issue in one of their four case presentations.
- Residents will learn about professionalism and ethics within the broader, interdisciplinary health care context.

II. Residents will have opportunities to apply research-based approaches to clinical problems, and to learn about the practicalities of research in clinical settings.

Objectives:

- Residents will routinely seek out current scientific knowledge and apply this knowledge as required to ensure responsible clinical practice. Case presentations will be scientifically informed.
- Supervisors will evaluate residents’ application of current scientific knowledge to practice.
- Residents will attend departmental, hospital, and university-based rounds, colloquia, seminars, and journal clubs to learn about evidence-based practice and research in an applied health setting.
III. Residency year will facilitate a transition from graduate student to professional psychologist. Residents will solidify their professional identities as psychologists and increase their awareness of issues affecting the profession and the health care system, including the diversity of roles and settings in which psychologists function. They will be prepared to proceed to registration/licensure and to take an active role in professional self-governance to advance the profession of psychology, for the benefit of society.

Objectives:
- Residents attend and participate in departmental staff meetings and gain understanding of professional governance and administrative issues at the departmental, hospital, city, provincial and national levels.
- Residents participate in the Education and Training Committee meetings.
- Residents have opportunities to participate in other university and hospital administrative activities such as search committees, Standards Committee, Continuing Education Committee.
- Residents will have an opportunity to participate in teaching clinical skills to undergraduate medical students.
- Residents have opportunities to participate in the activities of the Professional Association of Residents and Interns of Manitoba (PARIM), and the Manitoba Psychological Society (MPS).
- Residents will complete learning sessions (Professional Boundaries; Residents in the Learning Environment) through the Core Curriculum series for all residents enrolled within the Max Rady College of Medicine.
- Residents are exposed to important information regarding regulatory issues, professional licensing requirements, and practical information on beginning their professional careers.

IV. Residents will become competent in assessment, treatment, and consultation with clients of different age, gender, cultural/ethnic and social backgrounds.

Objectives:
- Residents will have exposure to clinical practice issues across the developmental age span.
- Residents will assess and treat patients from diverse socioeconomic, cultural, and linguistic backgrounds.
- Residents will make at least one clinical case presentation to the group about a case with a significant cultural or diversity component and describe how they modified their clinical approach or understanding of the case based on their appreciation of these differences.
- Residents will complete four Diversity Minor Rotation experiences over the course of the year.
V. Residents will receive broad generalist training: learn to apply psychological knowledge and skills to new clinical problems or populations, both in the area of mental health and in other areas of health care.

- Residents will complete some options outside of their core/major rotations involving patient populations they have not worked with before, assessment or treatment modalities they have not previously had significant experience with, or in settings where they have not previously worked.
- Each resident will assess and treat some patients with primary health concerns (e.g. patients whose primary reason for being seen by psychology is not a mental disorder).
- Residents will conduct therapy from at least two different theoretical models.
- Residents will conduct group or family therapy.
- Residents will utilize a variety of assessment approaches including interview, observation, self-report and projective measures.
- Residents will become familiar with the work of psychologists in multiple settings and roles.
ADULT STREAM  
(APPIC Code 180912, four positions)

Residents complete two, six-month major rotations, at two of the following hospital sites: Health Sciences Centre, St. Boniface Hospital, Victoria General Hospital, and the Operational Stress Injury Clinic at Deer Lodge Centre. Across all of these rotations, there is an overall orientation toward promoting the resident's professional identity and distinctiveness as a psychologist within the broader health care system. Residents also experience the opportunity to provide psychological services in a setting where psychology has more professional independence than in most other jurisdictions. Our goal is to help the resident develop both competence and confidence in clinical practice, with a strong professional identity as a psychologist. Upon completion of the Adult Stream rotations, the aim is for the resident to function as a true scientist-practitioner with a variety of therapeutic strategies drawn from different orientations. In addition, the resident will have become aware of how to be more effective with patients in session through a focus on therapeutic language and attention to therapy process issues. Residents will increase their breadth and depth of knowledge about specific health conditions, and further develop their understanding of the interaction of psychological factors with physical health. They will also hone their assessment and consultation skills by seeing patients in various settings for a variety of referral questions.

Irrespective of the two settings in which residents complete their Adult Stream training, core experiences will include all of the following:

- Mix of inpatient and outpatient assessment, with exposure to major psychopathology/diagnostic evaluations, and cognitive disorders.
- Psychotherapy from both an integrative and evidence-based CBT perspective with diverse presenting problems, including disorders of mood, anxiety, personality, and PTSD. All residents receive supervision in multiple theoretical orientations across the training year.
- Health psychology options (typically 1½ days per week across one of the six month rotations, but this can vary and is flexible based on the interests and goals of the resident). Health psychology options include the following: Bariatric Clinic assessments and occasionally short term treatment; groups and individual therapy for Chronic Pain—CBT or ACT-Mindfulness; inpatient hospital consultations on medical wards; Cardiac (brief assessments and treatment); sleep disorders; gastrointestinal disorder treatment groups and individual therapy.

Increasing job opportunities are emerging in the area of Primary Care across the country. We have several clinics that operate from a model of Primary/Shared Care. Opportunities are available for residents to gain experience in these types of clinics (with flexibility to pursue as part of a major rotation or as a minor rotation).

The Adult Stream residents will also complete two minor rotations (one each term) and have the opportunity to have a long-term psychotherapy case that extends over the full year. Please see page 22 for descriptions of these experiences.

A competitive applicant for the Adult Stream would typically have completed during clinical practica at least 100 hours of direct assessment time, 300 hours of direct treatment time, and 200 hours of supervision, with a significant proportion of the latter including individual supervision. Practica experience across a range of settings, with some exposure to more complex
psychodiagnostic and cognitive assessment tools, and more than one therapeutic modality are also seen as strengths for an applicant. In addition, evidence of scientific activity to complement the practitioner work (e.g., national grants, publications, presentations) is valued.

**Adult Stream Major Rotations:**

The next sections provide more detail about the major rotation offerings at the four sites (each adult stream resident will work at only two of these sites).

**St. Boniface Hospital (SBH):**

This six-month rotation provides hospital-based experiences with a significant emphasis on (a) adult assessment and consultation, and (b) cognitive behaviour therapy targeting anxiety and associated mental health problems with adult outpatients.

**Assessment:**

Assessment referrals come from inpatient psychiatry, outpatient mental health programs, medical practitioners, geriatric services, and from community settings. Various neurocognitive and diagnostic techniques are used with these referrals. The resident is expected to develop strengths in navigating practice issues in a hospital setting, integrating test results into a conceptually sophisticated report, and to become increasingly efficient in delivering assessment services in a focused and timely manner. Either introductory or advanced training in the clinical use of projective tests is available. Reasons for assessment referrals include mood disorders, psychotic disorders, organic brain impairment, dementia, developmental disabilities, and personality disorders. Approximately two-thirds of the major rotation time is focused on assessment/consultation.

**Anxiety Disorders Treatment:**

Residents will also have the opportunity to develop their cognitive-behavioral assessment and intervention skills in the SBH Anxiety Disorders Clinic. Individual treatment cases may involve various anxiety disorders including panic disorder, social anxiety disorder, obsessive-compulsive disorder, generalized anxiety disorder, and post-traumatic stress disorder. Perinatal anxiety presentations, requiring prompt intervention, are also regularly seen through the clinic. Opportunities for training in the treatment of health anxiety may also be provided. Patients offered individual treatment in our program tend to have complex and challenging presentations, often with co-morbid mood and/or personality disorders. Residents will also have the opportunity to co-lead an anxiety treatment group: our service offers CBT groups for panic disorder, social anxiety disorder, mixed anxiety, perinatal anxiety, health anxiety, posttraumatic stress, and OCD. The Anxiety Disorders Clinic emphasizes the importance of empirically validated approaches to treatment and the service has an active research program. Opportunities for residents to be involved in ongoing projects may be available. Approximately one-third of the major rotation time is focused on evaluation and treatment of outpatients with anxiety.

**Health Sciences Centre (HSC):**

This six-month rotation can be either a combination of (a) intensive psychotherapy and (b) health psychology or (c) assessment. The Table at the end of this section will be helpful in understanding the layout of these options.
Intensive Psychotherapy:

This component of the major rotation emphasizes psychological intervention with outpatients presenting with primary mental health or health psychology-related problems. The rotation will be characterized by opportunities to develop informative conceptualizations of therapy cases and to use a spectrum of therapy approaches (e.g. Acceptance and Commitment Therapy, Dialectical Behavior Therapy, Cognitive Processing/Planned Exposure Therapies, and Complicated Grief Treatment). There will be opportunities and indeed an emphasis on working in a different style than what the resident is accustomed. An opportunity to utilize hypnotherapy is available for interested residents. Also, there is a focus on developing a high level of therapy process skills, and on increasing the resident’s effectiveness as a therapist. The goal is to help the resident refine and advance therapeutic skills, and to promote growth as a therapist.

The intensive psychotherapy training clinic provides an opportunity for the resident to conduct therapy with patients experiencing a range of presentations. Common problems include mood, anxiety, post-traumatic stress disorder, grief/bereavement, and sleep-wake disorders. Many sessions will be conducted before a one-way mirror to provide the resident with an opportunity to receive ongoing and timely feedback and to observe other styles of therapy. Residents are given some choice as to the type of patients they wish to treat and are usually expected to see between five and seven patients on a continuous basis. Group and individual supervision is offered. In some cases, patients may be seen in co-therapy with the supervisor.

Health Psychology:

The resident will also have the opportunity to develop assessment and intervention skills in the area of health psychology, providing therapy to medical patients with chronic illness, where stress, anxiety, or pain are often contributory or central to their medical disorder. Residents are able to choose amongst several areas of health psychology, typically electing to focus intensively on one area but also obtaining exposure to others. Group and individual treatment of gastrointestinal disorders (e.g. Irritable Bowel Syndrome, Inflammatory Bowel Disease), chronic pain (using either CBT or ACT approaches), and cardiac care are all available. All residents are expected to co-lead at least one structured group treatment in the area of health psychology. Program evaluation is a strong component of this experience, and the resident will have the opportunity to observe how program evaluation is conducted in an applied setting.

Assessment:

Assessment referrals come from inpatient psychiatry, outpatient mental health programs, medical practitioners, geriatric services, and community settings. A portion of the resident’s time is spent at the Early Psychosis Prevention and Intervention Service (EPPIS), an outpatient service for adolescents and young adults with early onset psychosis. Various neurocognitive and diagnostic techniques are used with these referrals. The resident is expected to develop strengths in navigating practice issues in a hospital setting, integrating test results into a conceptually sophisticated report, and to become increasingly efficient in delivering assessment services in a focused and timely manner. Advanced training in the clinical use of personality/psychopathology measures and projective tests is provided. Reasons for assessment referrals include mood disorders, psychotic disorders, organic brain impairment, dementia, developmental disabilities, intellectual disabilities and personality disorders. Approximately two-thirds of the major rotation time is focused on assessment/consultation.
**Victoria General Hospital (VGH):**

**Assessment:**

Assessment referrals come primarily from inpatient psychiatry, as well as outpatient mental health programs, medical practitioners, geriatric services, and from community settings. Various neurocognitive and diagnostic techniques are used with these referrals. The resident is expected to develop strengths in navigating practice issues in a hospital setting, integrating test results into a conceptually sophisticated report, and to become increasingly efficient in delivering assessment services in a focused and timely manner. Training in the clinical use of projective tests and personality measures is provided. Reasons for assessment referrals include mood disorders, psychotic disorders, organic brain impairment, dementia, developmental and intellectual disabilities, and personality disorders. Opportunities to supervise practicum students in assessment cases may be available.

**Psychotherapy:**

This component of the major rotation emphasizes psychological intervention skills with outpatients presenting with primary mental health problems. The core experience will be with the CHP Depression Treatment Service. Treatment cases may involve various depressive disorders including major depression, persistent depressive disorder, and bipolar disorder, as well as those experiencing grief/loss. Residents will have the opportunity to co-lead a group for depression, which is a 10-session CBT group. Residents are given some choice as to the type of individual patients they wish to treat and are usually expected to see approximately five patients on a continuous basis. Patients offered individual treatment in our program tend to have complex and challenging presentations, often with co-morbid anxiety, personality disorders, trauma, and substance use. The rotation will be characterized by opportunities to develop informative conceptualizations of therapy cases and to use a spectrum of therapy approaches where appropriate (e.g., ACT, DBT, CBT). There will be opportunities for working in a different style than what the resident is accustomed. Also, there is a focus on developing a high level of therapy process skills, and on increasing the resident’s effectiveness as a therapist. The goal is to help the resident refine and advance therapeutic skills, and to promote growth as a therapist. Supervision will be direct observation (group) and through use of audio recording and/or in depth case discussion. There may be opportunities to conduct intake consultation appointments for depression services, or to supervise practicum students delivering individual treatment.

**Health Psychology:**

Residents will have the opportunity to develop assessment and intervention skills in the area of health psychology. A main component of this experience will be in the Bariatric Clinic, providing pre-surgical assessments of suitability for bariatric surgery and post-operative treatment interventions. Presenting concerns post-op typically include body image disturbance, mood and anxiety concerns, transfer addictions, adherence to post-op lifestyle (including medical management of co-morbid health conditions) and relationship conflict. Residents in this rotation will have experience working closely with and consulting within a multidisciplinary team. Opportunities for supervision of a practicum student may be available. Additional experiences in this rotation may include inpatient hospital consultations on medical wards (e.g., mood and anxiety issues, adjustment to illness, medication or treatment compliance issues), or individual outpatient treatment for patients presenting with comorbid mood and health related problems (e.g., depression secondary to stroke). Exposure to a primary care model of psychological intervention and consultation is easily accessible at the nearby Access Fort Garry. Opportunities for outpatient assessment and consultation in primary care are available; typical referrals include assessment of ADHD, autism, health anxiety,
and patients with complex medical histories. Residents may experience opportunities to provide in-person consultation and feedback to primary care providers.

**Operational Stress Injury Clinic (OSIC):**

Assessment and treatment of adults occur at the Operational Stress Injury Clinic at Deer Lodge Centre, where residents have the opportunity to work with active-duty military, veterans and police who experience diverse presenting problems such as trauma and stressor related disorders, anxiety disorders, mood disorders, personality disorders, and substance use problems. Residents will be involved in both assessment and treatment services. Assessments are primarily psychodiagnostic in nature, to answer questions of differential diagnosis and to formulate a comprehensive treatment plan. Additionally, the assessment also involves determining whether the individual's psychological distress is in full or part related to their work in the military or police force for the purposes of adjudication of disability pensions. Training in various personality measures is available. Finally, there is also the opportunity to complete assessment and follow through with therapy for the same individual. This provides a unique opportunity to tailor the therapy to the individuals’ needs and personality style (based on the results of the psychometric measures). There will be opportunities to provide service at-a-distance using videoconferencing and become familiar with apps as treatment adjuncts. Specialized training working with individuals who have experienced trauma, including individual and group evidence-based PTSD approaches, such as Cognitive Processing Therapy and Prolonged Exposure, are available to interested residents. DBT, Chronic Pain, and other group treatments are also conducted at the OSIC, and available to co-lead for interested residents.

In order to broaden residents’ experience during this rotation, time will also be spent at the Access Winnipeg West and providing medical consultations at the adjoining Grace Hospital (located close to the OSIC). In general, services involve both health and mental health aspects. At Access Winnipeg West, this typically involves working with the primary care and mental health teams through attending team meetings, providing consultations and assisting in program development. In addition, residents can be involved in providing a wide variety of services including psychological assessments, brief consultations, workshops, group classes and group treatment. At the Grace Hospital, residents can be involved in consultations to the medical inpatient wards of the hospital for issues such as behavioural management, brief behavioural health interventions and brief mental health interventions.

**Sample of major rotation layouts for Adult Stream residents:**

<table>
<thead>
<tr>
<th>Resident 1</th>
<th>September-February</th>
<th>March-August</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>HSC: Intensive Psychotherapy</td>
<td>SBH: Assessment</td>
</tr>
<tr>
<td></td>
<td>2 days/week (Dr. Vincent)</td>
<td>2 days/wk (Dr. Keates)</td>
</tr>
<tr>
<td></td>
<td>Health Psychology 1 ½ days/week (e.g., pain rotation)</td>
<td>Anxiety Disorders 1 ½ days/wk (Dr. Alcolado)</td>
</tr>
<tr>
<td>Resident 2</td>
<td>SBH: Assessment</td>
<td>HSC: Intensive Psychotherapy</td>
</tr>
<tr>
<td></td>
<td>2 days/wk (Dr. Keates)</td>
<td>2 days/wk (Dr. Vincent)</td>
</tr>
<tr>
<td></td>
<td>Anxiety Disorders 1 ½ days/week (Dr. Alcolado)</td>
<td>Health Psychology 1 ½ days/week (e.g., pain)</td>
</tr>
<tr>
<td>Resident 3</td>
<td>HSC: Assessment, including early psychosis program 2 days/week (Drs. Piotrowski &amp; Murphy) + Intensive Psychotherapy 1 ½ days/wk (Dr. Holmqvist)</td>
<td>VGH: Psychotherapy 2 days/week (Dr. Krysanski) + Health Psychology 1 ½ days/wk (e.g., bariatric surgery)</td>
</tr>
<tr>
<td>-----------</td>
<td>-------------------------------------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Resident 4</td>
<td>VGH: Psychotherapy &amp; assessment 2 days/week (Dr. Krysanski) + Health Psychology 1 ½ days/wk (e.g., bariatric surgery)</td>
<td>OSIC: Psychotherapy &amp; assessment 2 ½ days/week (Dr. Chaulk) + GGH: Primary care &amp; hospital consults 1 day/wk (Dr. Unger)</td>
</tr>
</tbody>
</table>

The table above reflects our goal that each adult stream resident will have opportunity to get significant training in assessment, treatment, and health psychology. Discussion will be held with the Training Director after Match Day to determine which combination of these major rotations are best suited to each resident’s training needs and goals.

The major rotation experiences described above involve a total of 3 ½ days per week each semester. The remainder of the week is filled with a minor rotation (1/2 day rotation for a six month period), the opportunity to see one long-term psychotherapy patient with intensive supervision, and the academic half-day which is shared with all 11 CHP residents. These experiences allow for increasing the breadth of your training during residency. Please see page 22 for a description of these experiences.
CHILD AND ADOLESCENT STREAM
APPIC Code: 180913 (three positions)

The Child and Adolescent Psychology Service, based primarily at The Health Sciences Centre, provides a variety of services to children, adolescents, and their families at the PsycHealth Centre, Specialized Services for Children and Youth (SSCY) Centre, and Children's Hospital. Residents are members of the Clinical Health Psychology Child and Adolescent Consultation Service, participating in group supervision together, along with the larger team of clinical child psychologists. Residents in the Child and Adolescent Stream complete two, six-month major rotations, having one major rotation supervisor for each rotation. Each major rotation has a specific focus, but there can be considerable overlap between the two major rotations in terms of types of cases seen.

The overriding goal of the Child and Adolescent Stream is for the resident to acquire generalist outpatient-based training through exposure to a wide variety of presenting problems, ages, and assessment and therapeutic approaches, in the domains of both mental health and pediatric health psychology. In addition to ensuring that core clinical competencies are established over the course of the training year, more specialized experiences with specific populations are often available to meet individual training needs and interests (e.g., adolescents with eating disorders, youth with gender dysphoria, or preschoolers presenting with a wide range of developmental and emotional difficulties).

Child & Adolescent Psychology Service: Consultation/Assessment Rotation

Residents routinely conduct comprehensive assessments of children and adolescents with a wide range of presenting problems. As a tertiary care facility, most referrals involve children and adolescents with a complex presentation, including medical, developmental and/or mental health problems. Common assessment questions include the cognitive and behavioural effects of traumatic brain injury, FASD, epilepsy and other neuropsychological problems, or evaluation of children with suspected learning disabilities or other developmental disorders such as Autism Spectrum Disorder. Other assessment questions involve differential diagnosis of adolescents presenting with primary mental health concerns (depression, anxiety, psychosis, personality disorders). Opportunities to conduct psychodiagnostic assessments with children and adolescents admitted to the inpatient psychiatric unit are also provided.

Child & Adolescent Psychology Service: Intervention Rotation

Residents on this rotation will spend their time delivering evidence-based psychological interventions to children, adolescents, and families. Residents will gain considerable exposure to evidence-based cognitive-behavioural interventions, although an emphasis will be placed on integrative treatment approaches. Treatment referrals are typically quite broad in scope, but frequently include mental health referrals (e.g., anxiety, mood, family-based problems) as well as problems within the domain of health psychology (e.g., treatment adherence, pain management, adjustment to illness) in the context of conditions such as pediatric diabetes, encopresis, or feeding disorders.

Other core training opportunities for residents in the Child and Adolescent Stream include participation throughout the year in the Family Therapy service and the Child Protection Center (typically carrying one long-term therapy case with a young child from an attachment-play based perspective). Opportunities for group therapy with children or adolescents are also often available.
ADULT NEUROPSYCHOLOGY STREAM
APPIC Code: 180914, one position.

The main objective of this stream is to further develop knowledge and skills in applying neuropsychological assessment and intervention methods to individuals with known or suspected brain injury or neurological disorder. Emphasis is placed on carrying out comprehensive assessments of individuals’ cognitive strengths and weaknesses and overall psychological functioning in the context of neurological / brain impairment. Residents will develop skills in communicating assessment results and recommendations to patients, families, referral sources, and multidisciplinary teams. They will also develop experience in delivering evidence-based cognitive interventions for both individuals and groups. This stream is intended to provide residents with the language, skills, experiences, and confidence necessary to function within the general health care system. Prior training (i.e., courses and experience) in Neuropsychology is required.

The structure of the major rotation is divided into two rotations of six months:

1) **Neuropsychological Assessment Rotation (Primary Supervisor: Dr. Lesley Ritchie).** In this rotation, emphasis is placed on neuropsychological assessment for: i) a General Neuropsychology Outpatient Waitlist/Clinic and ii) inpatient or pre-operative neuropsychological assessment. The resident will select referrals from the General Neuropsychology waitlist at the PsychHealth Center at Health Sciences Centre (HSC). This service receives referrals from family physicians and a wide variety of medical specialists from within the health region. Presenting problems typically include, but are not limited to the following: brain tumours, traumatic brain injury, cerebrovascular accidents, multiple sclerosis, movement disorders, neurodegenerative disorders, infectious processes, and comorbid cognitive and psychiatric difficulties. In this rotation, the resident will also gain experience in completing inpatient or pre-operative neuropsychological assessments. At HSC, we receive referrals for pre-operative neuropsychological evaluations, particularly for epilepsy surgery and deep brain stimulation for movement disorders. Residents may also have the opportunity to participate in intracarotid anaesthetic procedures and to observe neurosurgery. Finally, under the supervision of Dr. Ritchie, the resident will have the opportunity to conduct neuropsychological assessments for youth diagnosed with concussion at the Pan Am Concussion Clinic – the only publically funded youth concussion program in Canada. Please note – access to a vehicle is required for engagement in resident activities at the Concussion Clinic, as public transportation does not extend to the location of the clinic.

2) **Neuropsychological Rehabilitation Rotation (Primary Supervisor: Dr. Ronak Patel).** In this rotation, emphasis is placed on neuropsychological assessment and intervention services for individuals with traumatic brain injury (TBI) or stroke/cerebrovascular accidents (CVAs). Residents will gain in-depth experience in completing neuropsychological screening assessments (inpatient service) as well as more comprehensive neuropsychological assessments (outpatient service) for individuals who are in the later stages of recovery. Typical referral questions relate to return to school/work/driving, vocational planning, and informing prognoses for cognitive recovery/rehabilitation. In addition to developing competence in neuropsychological assessment, emphasis is placed on developing competence in the delivery of evidence-based cognitive interventions. The resident will co-facilitate a group-based cognitive rehabilitation program (Training of Executive Attention and Memory - TEAM) that draws on various evidence-based techniques including mindfulness-based attention training, goal management training, and external memory aid training using errorless learning. Residents may also have the opportunity to develop and deliver tailored interventions for individuals affected by memory impairment and/or executive dysfunction.

Finally, across the residency year, the resident will conduct a series of geriatric neuropsychological
assessments. The resident will gain experience in differential diagnosis for a range of age-related and neurodegenerative conditions, such as mild cognitive impairment, Alzheimer’s disease, Fronto-Temporal Dementia, and subcortical dementias.

Throughout the year, the Neuropsychology resident will be required to attend rounds. These rounds include neuroscience, movement disorder, epilepsy, brain cutting, neuroradiology and rehabilitation medicine rounds. Participation in neuropsychology rounds is also required, with the expectation of one presentation by the resident.

In addition to the two major rotations outlined above, residents will also complete two minor (half-day per week) rotations of six months each in the broad domain of adult clinical psychology. Residents typically complete one minor rotation in an area of health psychology (most often the Chronic Pain Service) and one minor rotation in a broader area of adult mental health (one of several psychotherapy-focused rotations, depending on the residents’ prior experience and interests).

RURAL STREAM—GENERALIST
Interlake-Eastern & Southern Health Regions
APPIC Code 180915 Rural Stream-Selkirk (one position)
APPIC Code 180917 Rural Stream-Steinbach (one position)

The goals of this stream are to provide residents with closely supervised clinical experiences in culturally appropriate service provision with a broad diversity of primary care activities and opportunities for collaboration with multi-disciplinary teams. Ideally, applicants for this stream will have had a balanced complement of practica across the developmental spectrum during their graduate training. Practicum experience beyond coursework requirements in assessment involving cognitive, personality, and diagnostic clarification with both children and adults is an asset for applicants. Individuals with particular interest in community-based approaches and rural mental health, working with under-served populations, cultural factors in health, and consultation may find this stream of our program especially attractive. We hope that graduates of this stream will pursue careers in rural practice. This stream is unique within our residency program in that all residents acquire skills working with patient populations across the developmental lifespan.

Urban (Winnipeg) Rotation

The residents’ first six months (September through February) will be spent in clinical rotations in Winnipeg teaching hospitals, designed to provide broad training with adult and child clinical populations.

Child training for these two positions occurs at the Manitoba Adolescent Treatment Centre (MATC) within the context of several multidisciplinary service teams. Residents receive broad-based exposure to mental health problems in youth. Specialty training opportunities in areas of ADHD, or residential treatment for severe mental health problems are available. Residents will complete this rotation with broad exposure to assessment and intervention techniques across the range of mental health problems for which youth typically seek services from psychologists (internalizing and externalizing problems, and neurodevelopmental concerns including autism spectrum and other developmental disorders).

Adult training for this stream occurs at St. Boniface Hospital. Residents’ caseloads are drawn from
three broad clinical domains: evidence-based treatment of anxiety disorders, Women’s Health (perinatal health, post-partum mood and anxiety disorders), and Chronic Illness adjustment.

*Training experiences in this rotation are individualized to meet each resident’s training needs and interests.*

**Rural Community Rotation – Interlake-Eastern or Southern Health Region**

The residents’ second six months (March through August) will be spent in full-time clinical training in a rural region of Manitoba’s Interlake-Eastern or Southern Health-Santé Sud Regions (both of which are commutable to or from Winnipeg). Supervision will be provided by a psychologist based in the region. The “home base” for the residents will vary from year to year, but typically occurs in the communities of Selkirk, Oakbank, or Steinbach. The rural residents will maintain contact with residents in Winnipeg one day per week, through weekly case conferences, seminars, and other departmental activities. For the 2019-2020 training year, one resident will be located in Selkirk and the other in Steinbach.

The **Interlake-Eastern Health Region** (population 118,000) occupies approximately 61,000 square kilometers. It includes the land mass north of Winnipeg, between Lake Manitoba and Lake Winnipeg and extends eastward to the Ontario border. Health centres are located in a number of communities within the Interlake-Eastern Region including Selkirk, Gimli, Stonewall, Ashern, Oakbank, Beausejour, Lac du Bonnet, Pine Falls, and Pinawa. The region also includes a number of First Nations Communities as well as some Hutterite colonies and a French Canadian community. The resident may have an opportunity to spend a portion of this rotation at the Selkirk Mental Health Centre (SMHC), an inpatient facility providing short-term and long-term treatment, forensic and psychogeriatric programs for the region as well as to the entire province and beyond, including the Inuit residents of Nunavut. The resident(s) role at SMHC is typically in the inpatient Dialectical Behaviour Therapy Program. The resident(s) primary office is located in either Selkirk or Oakbank.

The city of Steinbach is located within **Southern Health-Santé Sud**. Steinbach is one of the fastest growing areas of Manitoba, and has recently been proclaimed the third largest city in Manitoba (after Winnipeg and Brandon) with a population of approximately 18,000 people. The Steinbach area has a strong cultural heritage that includes Mennonite and French cultures; approximately 19% of individuals in the area speak a language other than English at home (e.g., German, French). In addition to the many recreational opportunities in Steinbach (e.g., aquatic centre, hockey clubs, skating arenas), the city of Steinbach is located approximately 110km west of the beautiful Whiteshell Provincial Park which features an abundance of recreational opportunities on the edge of the Canadian Shield. As part of the Community Mental Health program within Southern Health-Santé Sud, this rural stream of the residency program provides services to individuals across diverse ages, backgrounds, and presenting problems to individuals from the city of Steinbach and the surrounding rural communities (e.g., Ste. Anne, St. Pierre-Jolys, La Broquerie, Niverville, and Vita). Opportunities to provide consultation to staff based at the Crisis Stabilization Unit in Steinbach and behavioural recommendations for older adults with dementia (i.e., residing in long-term care facilities) are also available through this rotation.

Both positions in our Rural Stream are intended to expose residents to a community-based consultative service delivery model. Within this framework, residents have opportunities to complete psychological assessments and provide therapy services (individual, family, groups) to clients across diverse ages, backgrounds, and presenting problems. Residents also provide consultative services to community mental health workers and other health care professionals based in several rural communities, and may be involved in programme development and evaluation, and health promotion and illness prevention efforts. It is also expected that the rural resident will provide one educational workshop or community presentation during the course of this rotation.
The content and format of these presentations has varied considerably across residents and are based on the particular resident’s interests and expertise.

The rural rotation involves travel within the region, although the resident can quite easily live in Winnipeg and commute daily to their home base of Selkirk, Oakbank, or Steinbach (35, 30, and 65 km outside Winnipeg, respectively). Some travel time between communities is also expected. A valid driver’s license and a vehicle are required for this residency position.

**RURAL STREAM- ADULT LIFESPAN BRANDON**
**APPIC Code: 180916 Rural Stream-Brandon (one position)**

The goal of this stream is to prepare a generalist psychologist with experiences throughout the adult lifespan while providing the opportunity to gain experience outside typical urban training sites. To that end, the resident in this stream spend half of their year in Winnipeg, similar to all other residents, and the second half of their training year in Brandon, Manitoba. The Winnipeg based training experience is divided between the Operational Stress Injury Clinic at Deer Lodge Centre and the Geriatric Psychology Services at St. Boniface Hospital. The Brandon based training experience is divided between the Adult Community Mental Health Services program and the Clinical Health Psychology service at the Brandon Regional Health Centre. In Brandon, there is also the option to train in the inpatient psychiatry unit.

To meet the goal of preparing a generalist psychologist, residents will pursue supervised clinical experiences in assessment, treatment, and consultation/collaboration with multi-disciplinary teams. Across all of these rotations, there is an overall orientation toward promoting the resident's professional identity and distinctiveness as a psychologist within a variety of service delivery systems and health regions. Residents also experience the opportunity to provide psychological services in settings where psychology has more professional independence than in most other jurisdictions. Our goal is to help the resident develop both competence and confidence in clinical practice, with a strong professional identity as a psychologist. Upon completion of the Adult Lifespan Stream rotations, the aim is for the resident to function as a true scientist-practitioner with a variety of therapeutic strategies and an understanding of how to apply these strategies to diverse presenting problems (i.e., trauma, geriatric, health, community) within different living contexts (i.e., rural and urban). In addition, the resident will also become aware of how to be more effective with patients in session through a focus on therapeutic language and attention to therapy process issues.

Core experiences will include the following:
- Individual and group psychotherapy using evidence-based CBT and ACT-Mindfulness based approaches
- Providing consultation to other members of a multi-disciplinary team
- Clinical work in a variety of contexts – inpatient, outpatient, community, federally-funded clinic, hospital-based, and via Telehealth
- Administration, scoring, interpretation and information provision (i.e. face-to-face feedback, written reports) of cognitive and psychodiagnostic assessment instruments, and the use of clinical interviewing, behavioral observations and collateral information collection for the purposes of diagnostic clarification and treatment recommendations to a multi-disciplinary team.

Candidates should demonstrate a flexible attitude, a willingness to learn and meet new people, and
ability to work well both independently and within team settings. The ideal candidate would come to us with broad assessment and intervention experience, although we certainly do not expect each candidate to have prior experiences in all of the areas in which we provide training. The Rural-Adult Lifespan Stream will appeal to applicants who are seeking generalist adult clinical and clinical health psychology training. Specialized opportunities during the first six months to work at the Operational Stress Injuries Clinic (with a primary focus on learning evidence-based treatments for PTSD) and the geriatric psychology service in addition to the rural community health and mental health focus of the second six months in Brandon, distinguishes this stream from the others.

**Urban (Winnipeg) Rotation**

The resident’s first six months (September to February) will be spent in clinical rotations in Winnipeg teaching hospitals. The resident will participate in two major *adult-focused* rotations for these six months.

Assessment and treatment of adults occur at the **Operational Stress Injury Clinic** (OSIC) at Deer Lodge Centre, where residents have the opportunity to work with active-duty military, veterans and police who experience diverse presenting problems such as trauma and stress-related disorders, anxiety disorders, mood disorders, personality disorders, and addictions. There will be opportunities to provide service at-a-distance using videoconferencing and become familiar with apps as treatment adjuncts. Specialized training working with individuals who have experienced trauma, including evidence-based PTSD approaches, such as Cognitive Processing Therapy and Prolonged Exposure, are available to interested residents. Dialectical Behavioral Therapy (DBT), chronic pain, and other group treatments are also conducted at OSIC and available for residents to co-lead.

Residents spend the other half of this rotation at St. Boniface Hospital with an emphasis on assessment and treatment of **older adults** (age 55+). Residents will learn case conceptualization skills specific to older adults, including the consideration of medical problems/medications, mental health concerns, along with age-related changes in biological, psychological, and adaptive functioning. Referral issues may include treatment for depression, anxiety, adjustment to medical concerns, caregiving distress, and assessment/management of challenging behaviors secondary to dementia.

The resident will also participate in the **Early Cognitive Change Clinic for Older Adults** (ECCCOA) at St. Boniface Hospital. Specifically, the resident will conduct psychological assessments for caregivers of individuals referred for assessment of Mild Cognitive Impairment (MCI). Additionally, the resident will co-facilitate an 8-week intervention group for individuals with MCI and their program partners. The group sessions emphasize education regarding MCI, mood/stress concerns, and practical strategies to improve everyday memory and brain health. Additionally, caregiver support and education are provided.

**Rural (Brandon) Rotation**

The resident’s second six months (March through August) will be spent in full-time clinical training in Brandon, MB, a small city 200 km west of Winnipeg. Contact with the other residents will be maintained during this rotation by weekly videoconference, monthly journal club meetings with the rural faculty and other rural residents, along with occasional trips into Winnipeg for special didactic sessions.

The Brandon rotation provides the resident with training opportunities in the areas of psychological assessment and therapy with clients of diverse ages, ethnic backgrounds, and presenting problems.
There is a wide range of diagnostic groups seen in this rotation, with exposure to both mental health and health psychology service areas. Another major role for the resident is to provide consultation to other professionals including community mental health workers, multidisciplinary inpatient treatment teams, and family physicians. It is also expected that the Adult Lifespan resident will provide one educational workshop or community presentation during the course of this rotation.

The **Adult Community Mental Health** program provides service to clients with a wide range of diagnostic presentations that include but are not limited to, depressive disorders, anxiety-related disorders (such as generalized anxiety, phobias, and panic symptoms), obsessive-compulsive disorder, post-traumatic stress and abuse issues, adjustment disorders, and personality disorders. Referral sources to the program include medical practitioners, other community services, and self-referrals, however psychology is considered a specialist service and referrals to psychology are made by other members of the mental health team. The resident will have the opportunity to provided short-term individual therapy to clients, consultation to staff, and assessment services, including cognitive assessments (i.e. intelligence testing, adaptive functioning, learning barriers), and psycho-diagnostic queries. In addition, the resident may have an opportunity to spend a portion of this rotation at the **Centre for Adult Psychiatry**, an inpatient facility providing diagnostic assessment, consultation, and short-term treatment for the region. There is also an opportunity for the resident to provide DBT-informed group treatment throughout the rotation.

The **Clinical Health Psychology** component is housed in the Brandon Regional Health Centre, a 300+ bed hospital and rehabilitation centre. Residents will have the opportunity to provide outpatient services to individuals with chronic disease such chronic pain, cardiac disease, pulmonary disease, renal failure and diabetes for behavioral disease management and/or adjustment; health anxiety; weight-related disorders; and medical based trauma. The resident would be expected to collaborate with members of multi-disciplinary teams. The resident may provide service to inpatients on the medical units within the hospital. Services provided include individual psychotherapy and biofeedback, Mindfulness-based Cognitive Therapy group therapy, and psychoeducational presentations.
MINOR ROTATIONS AND INTENSIVE PSYCHOTHERAPY CASE

Residents in the Adult, Child & Adolescent, and Adult Neuropsychology Streams will also complete two, six-month, minor (half-day per week) rotations outside of their primary, major rotations. These minor rotations will be chosen in consultation with the Training Director with the goal of ensuring that residents complete their training year with broad, generalist skills and exposure to working with other populations, age groups, clinical settings, or modalities of assessment and treatment than the ones they encounter in their major rotations. Given the breadth of training and multiple locations involved in the Rural Streams, those residents do not typically complete additional minor rotations or long-term/intensive psychotherapy cases.

Minor Rotations that are available will vary slightly from year to year, but usually include:

- Clinical Geriatric Psychology / Neuropsychology
- Clinical Child Psychology - Child Protection Centre
- Adult Eating Disorders
- Adult Inpatient Assessment
- Women’s Health
- Chronic Pain Service
- Cardiac Psychology
- Clinical Child Psychology, Health Psychology, Neuropsychology
- Combat-Related Trauma and Military Psychology (Operational Stress Injury Clinic)
- Anxiety Disorders (with specialization in OCD possible)
- Forensic Psychology – (Adult or Youth)
- Adult Health Psychology (various areas)
- Primary Care/Shared Care Clinic
- Aboriginal Health and Wellness Centre
- Early Psychosis Prevention and Intervention Service
- Group treatment for Depression
- DBT group treatment in the Crisis Response Centre
- Transgender health clinic
- Complex Case Consultation to Mandated Child Protection Agencies

Many other minor rotations can be arranged if the resident expresses a specific interest in a clinical service domain offered by a faculty member working within our university department or hospital program (see list of faculty in this brochure). Assignment to minor rotations occurs early in September, based on an assessment of the resident's training needs, the resident's goals and interests, and the demand for particular minor rotations. Because the minor rotations available in any given year depend upon the availability of supervisors and the number of residents requesting particular experiences, it is not possible to guarantee residents particular minor rotations at the time they are accepted into the residency.

Residents in the Adult and Child Streams are also assigned one intensive, long-term psychotherapy supervisor/case. In the Adult Stream, this case will typically involve a process oriented emphasis with clinical problems not typically amenable to shorter-term models of psychotherapy. Residents in the Child Stream are assigned a case that is appropriate for play-based psychotherapy with a younger child, most often within the context of child protection issues and trauma.
**DIDACTICS**

*Clinical and Professional Issues Seminars* (1.5 hours per week). These seminars deal with a variety of topics relevant to clinical practice. A list of sample seminar topics can be seen below.

*Undergraduate Medical Teaching.* Over the course of the year, residents participate as facilitators and co-facilitators, in small group, applied teaching sessions with undergraduate medical students on topics such as motivational interviewing and solution-focused behavioural change skills.

*Clinical Case Presentations* (1 hour per week) Residents present assessment and therapy cases, in rotation, several times throughout the year. Staff members also attend, and present cases several times throughout the year. Cases will frequently be selected to highlight particular diagnostic, ethical, or cross-cultural issues.

*Departmental Grand Rounds* Residents have ample opportunity to attend both department sponsored Grand Rounds as well as medical specialty rounds of relevance to their specific training interests and needs.

**Clinical and Professional Issues**
*(sample seminar topics vary from year to year)*

- Bereavement and the elderly
- DBT Strategies with Eating Disorder patients
- Expert Testimony/Psychologists in the court
- Ethical and professional issues
- Cross-cultural Psychology/Clinical Psychology in Developing Countries
- Forensic Psychology/Risk Assessment
- Working with Gay/Lesbian/Transgender clients
- Getting a Job in Psychology
- Intro to Psychopharmacology
- Psychological Consultation as a competency domain
- Professional advocacy
- Neuropsychology
- Private practice issues
- Professional standards and registration in Manitoba and Canada
- Program evaluation
- Acceptance and Commitment Therapy
- Suicide Risk Assessment & Intervention
- Clinical Supervision
- Trauma and the Military

**ADMINISTRATIVE EXPERIENCE**

*Education and Training Committee.* All psychology residents are members of the Education and Training Committee, chaired by the Director of Training, and participate in the administrative operations of the program. Residents also participate in the resident applicant interview process. Residents may also serve on university or departmental committees, such as Standards or Continuing Education, and on faculty search committees.
PSYCHOLOGY STAFF

St. Boniface General Hospital (SBGH)

Gillian ALCOLADO, Ph.D. Anxiety Disorders Clinic. Major Rotation Supervisor (Adult Stream)

Patricia FURER, Ph.D. Anxiety Disorders Clinic. Residency Program Training Director

George KAOUKIS, Ph.D. Health Psychology Service. Supervisor, Cardiac Rehabilitation Minor Rotation.

Jeany KEATES, Ph.D. Inpatient and Outpatient Assessment/Consultation. Major Rotation Supervisor (Adult Stream).

Lesley KOVEN, Ph.D. Health Psychology; Geriatric Service. Major Rotation Supervisor (Rural-Adult Lifespan Stream).

Carrie LIONBERG, Ph.D. Women’s Health. Major Rotation Supervisor (Rural Stream). Minor Rotation Supervisor (Women’s Health).

Lorne SEXTON, Ph.D. Psychology Program Site Manager, SBGH and Associate Head, Department of Clinical Health Psychology, University of Manitoba. Supervisor, Adult Psychotherapy. Adult and Elderly outpatient services.

Health Sciences Centre (HSC)

John ARNETT, Ph.D. Neuropsychology.

Jane BOW, Ph.D. Child and Adolescent Psychology and Neuropsychology. Major Rotation Supervisor (Child and Adolescent Stream); Minor rotation supervisor.

Sabrina DEMETRIOFF. Forensic Psychology. Minor rotation supervisor.

Jennifer DUCHARMER, Ph.D. Major Rotation Supervisor (Child & Adolescent Stream).

Patricia FERGUSSON, Ph.D. Eating Disorders Service (Adult & Child/Adolescent); Minor Rotation Supervisor.

Lesley GRAFF, Ph.D. Head, Dept. of Clinical Health Psychology. Health Psychology Consultation Service.

Leonard GREENWOOD, Ph.D. Child Protection Center; Child psychotherapy and Minor Rotation supervisor.

Diane HIEBERT-MURPHY, Ph.D. Major Rotation Supervisor, Couple and Family Therapy.

David Hill, Ph.D. Forensic Psychology. Minor rotation supervisor.

Maxine HOLMQVIST, Ph.D. Adult Outpatient Treatment (Adult Major Rotation Supervisor).


Heather MCKENZIE, Ph.D. Children’s Services/Diabetes team. Major Rotation Supervisor (Child & Adolescent Stream).

Ronak PATEL, Ph.D. Major Rotation Supervisor (Adult Neuropsychology Stream).


Lesley RITCHIE, Ph.D. Major Rotation Supervisor (Adult Neuropsychology Stream).

Brigitte SABOURIN, Ph.D. Pain Service . Minor rotation supervisor.

Nicole TAYLOR, Ph.D. Child and Adolescent Psychology/FASD Clinic. Major Rotation Supervisor (Child & Adolescent Stream).

Michael TESCHUK, Ph.D. Child and Adolescent Psychology. Child & Adolescent Psychology.
Norah VINCENT, Ph.D.  Adult Outpatient Psychology.  **Major Rotation Supervisor (Adult Stream).**

**Elsewhere in Winnipeg**

Lauren CHANCE, Ph.D.  Manitoba Adolescent Treatment Centre.  **Major Rotation Supervisor (Rural Stream)**
Sarah CHAULK, PsyD.  Operational Stress Injuries Clinic.  Minor Rotation supervisor.
Garry FISHER, Ph.D.  Youth Forensics.  Minor Rotation supervisor
Pan HOLENS, Ph.D.  Operational Stress Injuries Clinic.  Minor Rotation supervisor.
Jean Valerie KRYSANSKI, Ph.D.  Victoria General Hospital.  **Major Rotation Supervisor, Adult Stream Rotation.**
Jaye MILES, Ph.D.  Manitoba Adolescent Treatment Centre.  **Major Rotation Supervisor (Rural Stream).**
Colleen MILLIKIN, Ph.D.  Geriatric Psychology, Early Cognitive Change Clinic for Older Adults, St. Boniface Hospital.  Minor rotation supervisor.
Colleen MURPHY, Ph.D.  **Major Rotation Supervisor (Adult Stream),** Early Psychosis service.
David PODNAR, Ph.D.  Operational Stress Injury Clinic, **Major Rotation Supervisor (Rural Adult Lifespan rotation).**
Aynsley SCOTT, Ph.D.  Bariatric Clinic, Victoria General Hospital.  **Minor Rotation supervisor.**
Gregg TKACHUK, Ph.D.  Pan Am Pain Clinic.  **Minor Rotation Supervisor.**
Jo Ann UNGER, Ph.D.  **Minor rotation supervisor,** Shared/Primary Care Psychology (Access Winnipeg West)
Robin WESTMACOTT, Ph.D.  Transgender Health Clinic .  Adult Intensive Psychotherapy Supervisor.  **Minor rotation supervisor.**
Debbie WHITNEY, Ph.D.  Deer Lodge Centre, Operational Stress Injuries.

**Rural Manitoba**

AnnaMarie CARLSON, Ph.D.  Health Psychology & Chronic Illness Prevention, Brandon, Manitoba.  **Major Rotation Supervisor, Rural Stream.**
Greg GIBSON, Ph.D.  Community Mental Health Services, Brandon, Manitoba.  **Major Rotation Supervisor, Rural Stream.**
Susan HOLM, Ph.D.  Selkirk Mental Health Centre.  Minor Rotation Supervisor ( Rural Stream).
Jolene KINLEY, Ph.D., Selkirk, Manitoba.  **Major Rotation Supervisor (Rural Stream).**
Amanda LINTS-MARTINDALE, Ph.D.  Steinbach, Manitoba.  **Major Rotation Supervisor ( Rural Stream).**
Karen NARDUZZI, Ph.D.  Centre for Adult Psychiatry, Brandon Manitoba.  **Minor Rotation Supervisor (Rural Stream).**
RESEARCH

To illustrate the research interests of the psychology staff, a listing of recent publications appears below. Names of faculty members and residents appear in bold.

2017


Holens, P., Buhler, J., Klassen, K. (2017) Preliminary trial of an online acceptance-based behavioural treatment for military, police, and veterans with chronic pain *Journal of Military, Veteran and Family Health*


2016


Erickson, J., El-Gabalawy, R., Politsky, D., Mackenzie, C., Patten, S., & Sareen, J, (2016) Educational attainment as a protective factor for psychiatric disorders: Findings from a nationally representative longitudinal study Depression and Anxiety 33, 1013–1022


Alzheimer pathology, are associated with development of psychosis in Alzheimer’s disease. Journal of Alzheimer’s Disease, 50(1), 283-295


Mikocka-Walus A, Knowles S, Keefer L, Graff LA. (2016) Controversies revisited: a systematic review of the comorbidity of depression and anxiety with inflammatory bowel diseases. Inflammatory Bowel Diseases 22(3); 752-62 Invited Review

Mikocka-Walus A, Knowles S, Keefer L, Graff LA. (2016) Addressing psychological needs of patients with inflammatory bowel disease is necessary. Inflammatory Bowel Diseases 22(6); E20-21


2015


Quirk, S., **El-Gabalawy, R.**, Brennan, S., Williams, L., Bolton, J., & Sareen, J. (2015) Personality disorders and physical comorbidities in adults from the United States: Data from the National Epidemiologic Survey on


Synnes, A. et al., Bow, J. et al. (2015) Predicting severe motor impairment in preterm children at age 5 years *Arch Dis Child, 100*(8), 748-753.


Weiner, M., Monin, J.K., Mota, N., Pietrzak, R.H. (2015) Age Differences in the Association of Social Support and Mental Health in Male U.S. Veterans: Results from the National Health and Resilience in Veterans Study. *American Journal of Geriatric Psychiatry*


2014

Beaulac, J., Vincent, N., & Walsh, K. (2014). Dissemination of an Internet-Based Treatment for Chronic Insomnia into Primary Care. *Behavioral Sleep Medicine, 12*, 1–16


2013


STIPEND, BENEFITS, AND CONDITIONS

**Stipend**
The stipend for a pre-doctoral resident during the 2020-2021 year is $57,187.

**Professional Association**
Psychology residents are members of the Professional Association of Residents and Interns of Manitoba (PARIM), which negotiates pay, benefits, and working conditions on behalf of all residents and interns. A dental plan is provided to PARIM members and their dependents.

**University Registration**
Psychology Residents are registered as postgraduate students in the Max Rady College of Medicine at the University of Manitoba. The Winnipeg Regional Health Authority pays the registration fee for the year. The resident has access to all University of Manitoba libraries and computer facilities, and is covered by all University policies and regulations.

**Professional Liability Insurance**
We require all pre-doctoral residents to purchase personal professional liability insurance through the Canadian Psychological Association. Coverage must be in effect by the first day of residency. Information on professional liability insurance is available from the head office of CPA, as is information on becoming a member of CPA.

**Criminal Records, Child Abuse Registry, and Immunizations**
All residents are required to have a criminal records and child abuse registry check. In addition, all residents must have up-to-date immunizations. Forms will be sent out for completion prior to residency.

**Vacation**
Pre-doctoral residents receive four weeks paid vacation (two weeks in first term and two weeks in second term) and twelve statutory holidays during the year.

**Education Leave**
We encourage residents to complete their dissertations before residency or to have made sufficient progress to enable them to defend their dissertations during the residency year, as this enables them to accept job opportunities or post-doctoral training immediately after residency. At the discretion of the Residency Training Director, residents may request up to five additional days off with pay (Educational Leave), which can be used for the purpose of dissertation defense, writing licensing examinations, or attending an academic conference.

**Parking**
Reciprocal parking passes, which can be used at both teaching hospitals, can be purchased by residents.

**Wheelchair Access**
The facilities at both the Health Sciences Centre and St. Boniface Hospital are fully wheelchair accessible.

**Citizenship Requirement**
Only Canadian citizens or landed immigrants are eligible for employment as psychology residents.
APPLYING FOR RESIDENCY

Are You Ready to Apply for Residency?

Since application for a residency position typically occurs almost a year before the residency actually begins, it is important to determine, by consulting the Director of Clinical Training in your doctoral program, whether or not you are eligible to participate in the APPIC Computer Match Program.

APPIC regulations make it clear that acceptance of a resident position is binding. Doctoral programs which permit a student to apply for and be matched with a residency position are thereby making a commitment to the student and to the residency, and must not later retract the student's permission to begin residency because a requirement is not completed between the time of the match and the start of residency in September. We consider it unfair for a doctoral program to allow a student to apply for and to be matched with a residency if permission to begin residency is conditional on the successful completion of program requirements that are still unmet at the time of the match. We therefore ask that applicants and their Directors of Training or Department Heads carefully review their program's requirements for releasing the student to go on residency, to ensure that students who are applying for residency positions will indeed be allowed to begin residency September 3, 2019, and also that there will be no foreseen academic limitations (i.e. impending disciplinary hearings or appeals) that may preclude successful completion of the residency year.

Dissertation proposals must be approved by application deadline (November 1, 2019). Applicants who have not defended their proposal by the application date will not be considered. We prefer that students’ data has been collected by the application deadline and that dissertations be completed prior to beginning residency.

Application Procedures

Applicants from Clinical Psychology doctoral programs accredited by the Canadian Psychological Association and/or the American Psychological Association are preferred. This residency abides by the Canadian Psychological Association policy regarding re-training in Clinical Psychology by students holding degrees in non-clinical specialties.

Applicants should follow the procedures outlined on the APPIC website. All materials should be submitted electronically (via the AAPI Online applicant portal), including the verification of internship eligibility and readiness by the academic Director of Clinical Training (DCT Portal). Three reference letters should also be included and submitted via the AAPI Online Reference Portal. Two letters should be from supervisors directly familiar with applicants’ clinical work. Letters should comply with the APPIC standardized reference letter policy.

In your cover letter, please clearly indicate the Stream(s) to which you are applying.

NOTE: Our program may contact references or the applicant’s DCT for further information.

Interviews

Unfortunately, we cannot interview all applicants. We will contact you by e-mail with regard to your interview status on the CCPPP uniform interview notification day (December 6, 2019). Our department can assist you with accommodation arrangements should you choose a personal interview. Personal interviews include meeting with supervisors of the stream(s), a separate interview with the Director of
Training, and a meeting with current residents. Interviews will be held according to CCPPP guidelines. Interviews will be conducted during a one week period (January 13-17, 2020). Applicants who are unable to travel to Winnipeg for personal interviews will have a series of telephone interviews scheduled with the Residency Director, one or more supervisors from the stream(s), and a current resident.

**APPIC Computerized Matching Program**
This residency site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept or use any ranking-related information from any resident applicant.

Further enquiries can be directed to:

Dr. Patricia Furer,
Residency Program Training Director

c/o Ms. Kate Walsh, Residency Administrator,
Department of Clinical Health Psychology
Max Rady College of Medicine,
University of Manitoba
PZ 350, 771 Bannatyne Avenue
Winnipeg, Manitoba, R3E 3N4

Phone: (204) 787-3876
Fax: (204) 787-3755
Email: PFURER@sbgh.mb.ca
THE DEADLINE FOR RECEIPT OF COMPLETED APPLICATIONS IS NOVEMBER 1, 2019.

NOTE: The specific details of the residency program, rotations, and staff described in this brochure are subject to change from time to time, due to unforeseen organizational changes, staffing and other circumstances. For the most up-to-date information, contact the Director of Training and refer to our website.

NOTE: In accordance with federal privacy legislation (Personal Information Protection and Electronics Documents Act - http://laws.justice.gc.ca/en/P-8.6/) you should be aware that we are committed to only collecting the information in your application that is required to process your application. This information is secured within the Department of Clinical Health Psychology at the University of Manitoba and is shared only with those individuals involved in the evaluation of your residency application. If you are not matched with our program, your personal information is destroyed within 4 months of Match Day. If you are matched with our residency program, your application and CV will be available only to those involved in your supervision and training including your rotation supervisors, the Director of Clinical Training, and relevant administrative support staff.