



Department of Clinical Health Psychology
Max Rady College of Medicine

Residency Brochure
2024-2025

Residency Program Director: Patricia Furer, Ph.D., C.Psych.
pfurer@sbgh.mb.ca

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Visit us the Clinical Health Psychology website at:

<https://umanitoba.ca/medicine/departments/clinical-health-psychology>

2024-2025 Program Summary



Clinical Health Psychology Residency Program,
Max Rady College of Medicine

We are a **generalist training program**- all residents obtain experience in the following:

- Assessment and treatment
- Medical and mental health populations
- Inpatient and outpatient services
- Opportunities to work from various theoretical orientations

Important Dates

Application deadline November 1, 2023

Interview notifications December 1, 2023

Virtual Interviews January 15-19, 2024

12 Resident Positions

Adult Stream: 4 residents	Adult mental health, health, assessment, consultation, intervention
Health Stream: 2 residents	Adult health intervention, consultation, assessment, mental health
Adult Neuropsychology: 1 resident	Outpatient assessment (epilepsy, movement disorders, concussion, neuro degenerative conditions); rehabilitation (inpatient and outpatient, ABI assessment and cognitive rehab)
Child & Adolescent stream: 2 residents	C & A health, mental health, assessment, consultation, intervention
Rural Generalist stream: 2 residents	Combination of Adult and Child & Adolescent rotations 6 months urban, 6 months rural (30-65 km outside of Winnipeg) Intervention, assessment, consultation
Rural Adult Brandon: 1 resident	6 months urban, 6 months rural (30-65 km outside of Winnipeg) Intervention, assessment, consultation

Excellent salary and benefits:

- Salary for 2024-2025 is \$62,663
- 4 weeks holiday plus extended health and dental benefits
- Members of Professional Association of Residents and Interns of Manitoba

**Other Highlights of our CPA accredited Residency:**

- Continuously accredited since the 1970s
- Weekly academic half day (seminars, grand rounds, case conferences) with all 12 residents
- Exciting range of major rotations
- Opportunity to select up to two minor rotations (see brochure for listing)
- Training in emerging and expanding areas of care
- Teaching opportunities with other health sciences trainees (e.g., medical students)
- Supervision of clinical psychology practicum students
- Option of protected research time
- Post-residency employment opportunities in our clinical program/academic department

Visit us online at: <https://umanitoba.ca/medicine/clinical-health-psychology-residency>

University of Manitoba Clinical Health Psychology Residency Program 2024–2025

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, 2024 and ending August 31, 2025. 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 the CPA website: <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 provincial clinical program under Shared Health Manitoba, with responsibility for psychological services across all 5 health regions in the province. 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.

Six different streams or areas of emphasis are available within our program with a total of 12 residency positions. In your application cover letter, please indicate clearly which stream(s) you are applying to:

Adult Stream 4 residents -APPIC match code 180912

Adult Health Stream 2 residents - APPIC match code 180911

Adult Neuropsychology Stream 1 resident - APPIC match code 180914

Child & Adolescent Stream 2 residents - APPIC match code 180913

Rural Stream-Generalist 2 residents

1. Interlake-Eastern Health Region (Selkirk) - APPIC match code 180915
2. Southern Health Region (Steinbach) - APPIC match code 180917

Rural Stream-Adult 1 resident

1. Brandon - APPIC match code 180916

Descriptions of each stream are provided below. Applicants may apply to one or more of these six streams. Interviewing and ranking of applicants are conducted independently by supervisors from the Adult, Health, Child, Neuropsychology, and Rural Streams.

The CHP residency is a generalist program and we pride ourselves on our dedication to resident training. Our overarching goals for the residency year are that residents feel supported in their learning, challenged with various opportunities for growth and development, and seamlessly make the transition from graduate students to autonomous professionals. In addition to the major rotations which form the core

experiences of each stream, most residents also complete 1-2 minor/elective rotations (one half-day per week for six months) over the course of the year. Residents thus have the opportunity to acquire knowledge and develop competence in a variety of areas in clinical psychology and health psychology, regardless of which area of emphasis they have chosen.

Each of the streams presents distinct training opportunities. However, there are also shared experiences across the streams that support the development of a strong residency cohort. All 12 residents participate in weekly seminars on professional and clinical issues, as well as case presentations, diversity experiences, and departmental Grand Rounds. Various social events hosted by the department and by the Professional Association of Residents and Interns of Manitoba (PARIM) ensure a fun year with opportunities to develop friendships and enjoy Manitoba.

Residents have opportunities to supervise clinical psychology practicum students and Rady Faculty of Health Sciences trainees during the course of the residency year. Teaching opportunities with medical students are quite unique to our program and often cited as a highlight by our residents.

Residents have the option of taking ½ day per week protected research time for up to six months. This can be used for dissertation completion or for other CHP research endeavors. This is arranged in discussion with the Residency Director. Exposure to program evaluation is also a component of the residency year.

The current annual salary for the residency is **\$62,663** plus benefits. Psychology residents are members of PARIM and have salary and benefits parity with first year medical residents in the Max Rady College of Medicine, University of Manitoba.

What makes a strong applicant for the CHP residency?

A competitive applicant for our residency would typically have completed clinical practica across a range of health settings including hospitals, and with a variety of clinical presentations. We value training in both intervention and assessment. Supervised experience working from more than one therapeutic modality is also seen as a strength. **We recognize that the COVID-19 pandemic may have impacted availability of training experiences for some applicants and we will take this into consideration.** You are welcome to make note of COVID-related impacts on your training in your cover letter.

Evidence of scientific activity to complement the practitioner work (e.g., national grants, publications, presentations) is valued, especially as it pertains to the area of clinical health psychology. Significant progress towards dissertation completion is particularly important.

Candidates are encouraged to highlight potentially relevant strengths and experiences developed both in and outside of formal training settings, including work or volunteering within community or healthcare settings, experience with culturally diverse populations, leadership experiences, interprofessional training, advocacy, and commitment to public service.

An inclusive, open and diverse community is essential to excellence in training and fosters voices that have been ignored or discouraged. In the spirit of the Rady Faculty of Health Sciences commitment to equity, diversity and inclusion, and in recognition of the under-representation of members of historically and currently excluded groups, we take proactive measures throughout our residency admissions process in striving for diversity and cultural safety. This includes implicit bias training for all interview panels, and

prioritizing self-identified Indigenous applicants for interview. We encourage you to self-identify any aspect of diversity in your cover letter, noting disclosure is of course, completely optional.

Details about the residency application process are provided at the end of this document.

Values of Our Residency Program

- I. **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.
- II. **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 assessment methods and interventions should be evidence-based.
- III. **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.
- IV. **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.
- V. **Indigenous Interculturalism and Reconciliation.** The Department of Clinical Health Psychology supports the University of Manitoba Rady Faculty of Health Sciences’ Reconciliation Action Plan which guides our renewed relationships with the First Nations, Metis, and Inuit peoples. We also join with and adhere to the Canadian Psychological Association’s explicit commitment to reconciliation between the field of psychology and the Indigenous Peoples of Canada (CPA, 2018).

We are committed to providing and developing learning opportunities for residents, faculty, and staff to expand our knowledge and understanding of Indigenous Peoples, who are recognized as being a substantially diverse group. As recommended by CPA, our training goals include awareness of the Truth and Reconciliation Commission of Canada’s Report, the history and legacy of harm caused by colonialism, and the many sequelae of these oppressive forces (e.g., residential schools, the Sixties

Scoop, intergenerational trauma, missing and murdered Indigenous women and children). We are committed to providing training in culturally-appropriate and strength-based approaches linked to functional competencies.

- VI. **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 and to a wide variety of problems. These domains of practice include the area of mental health, where psychology has well-established expertise, plus other areas of service that include the health care system as a whole. This expanded focus includes health psychology and the areas of primary prevention and health promotion. We believe that 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.
- VII. **Generalist training.** We believe that training at the pre-doctoral residency level should be broad in nature to optimally prepare clinical health psychologists for a range of potential careers in health care, clinical research, and academia. We believe that residency should be a broadening experience for students that supports new growth in addition to depth, rather than an experience of increasingly narrow specialization. We believe that broad generalist skills best equip graduates for the evolving job market and the expanding role of the profession. In Canada, psychologists are increasingly working in new clinical areas and settings, where they can provide leadership in high quality, science-based clinical care, and in support of system changes. 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:

- I. Residents will engage in professional conduct, ethical problem solving, and responsible practice.
- Specific 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 case presentations during academic half-day.
 - Residents will learn about professionalism and ethics as they apply to psychology and to other disciplines 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 conducting and applying research in clinical settings.

Specific 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. The 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.

Specific 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 Residency Program Committee meetings.
- Residents may have opportunities to participate in other university and hospital administrative activities such as search committees, Standards Committee, Continuing Education Committee, and the Cultural Safety Committee.
- Residents will have an opportunity to participate in teaching clinical skills to other learners in the Rady Faculty of Health Sciences including undergraduate medical students, genetic counselling Masters-levels students, and/or physician assistant students.
- Residents will have the opportunity to provide supervised clinical supervision to clinical psychology practicum students and/or other learners.
- Residents may 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 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 ages, genders, and cultural/ethnic and social backgrounds.

Specific objectives:

- Residents will have exposure to clinical practice issues across the developmental age span (as appropriate dependent on residency stream).
- Residents will assess and treat patients from diverse socioeconomic, cultural, and linguistic backgrounds.
- Several of the resident clinical case presentations will focus on cases with a significant cultural or diversity component and residents will discuss how to modify their clinical approach or understanding of the case based on their appreciation of these differences.
- Over the course of the year, residents will attend several Academic Half-Day seminars and other learning experiences which focus on diversity issues.

V. Residents will have opportunities to expand their knowledge regarding the Indigenous Peoples of Canada.

Specific objectives:

- Our residency is working towards the inclusion of Indigenous ways of knowing and concepts of wellness into our training.
- Residents will complete the Manitoba Indigenous Cultural Safety Training (8-hour online program).
- A minimum of two Academic Half Day seminars and/or CHP Rounds will focus on expanding knowledge and understanding of Indigenous Peoples of Canada.
- Residents will participate in an Indigenous Sweat Lodge Teachings Workshop (when available).

VI. Residents will receive broad generalist training. They will learn to apply psychological knowledge and skills to new clinical problems or populations, both in the area of mental health and in health psychology.

Specific objectives:

- Residents will have training opportunities 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 have opportunity to facilitate or co-facilitate group treatment.
- Residents will utilize a variety of assessment approaches including interview, observation, self-report, cognitive, personality 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 **four, 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 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.

All residents in the Adult Stream complete the following **four major rotations**:

- **Assessment** rotation: Mix of inpatient and outpatient assessment, with exposure to major psychopathology/diagnostic evaluations and cognitive disorders. **One 6-month rotation, 2 days per week.**
- **Two Psychotherapy** rotations: Evidence-based individual and group treatments with diverse presentations, including disorders of mood, anxiety, sleep, personality, and PTSD. All residents receive supervision in at least two theoretical orientations (CBT, ACT, DBT, CPT, IPT) across the training year. **Two 6-month rotations, 1 ½-2 days per week.**
- **Health Psychology** rotation: Assessment and intervention with medical patients with chronic illness, including chronic pain, gastrointestinal disorders, bariatric surgery, and cardiac services. **One 6-month rotation, 1-2 days per week.**

Adult Stream residents will also complete **two minor rotations** (1/2 day per week, one each term) and have the opportunity to have a **long-term psychotherapy** case that extends over the full year.

A competitive applicant for the Adult Stream would typically have completed during clinical practica at least 100 direct assessment hours (with typically a minimum of 10 integrated reports), 300 intervention hours, and 200 hours of supervision, with a significant proportion of the latter being individual supervision. Practica experience across a range of settings (including hospitals), 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. **We recognize that the COVID-19 pandemic may have impacted availability of training experiences, particularly in assessment, and we will take this into consideration.**

Adult Stream Major Rotations:

Assessment Major Rotation (one 6-month rotation, 2 days per week):

Assessment referrals come from inpatient mental health, outpatient mental health programs, medical practitioners, geriatric services, and 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. Advanced training in personality, psychopathology, and cognitive measures and either introductory or advanced training in the clinical use of projective tests is provided. Reasons for assessment referrals include mood disorders, psychotic disorders, organic brain impairment, dementia, developmental disabilities, intellectual disabilities and personality disorders. If the Assessment Rotation is being completed at HSC, a portion of the resident's time may be spent at the Early Psychosis Prevention and Intervention Service (EPPIS), an outpatient service for adolescents and young adults with early onset psychosis. If the assessment rotation is being completed at SBH, there will be opportunity to provide brief consultations with medical patients/health care providers on medical units.

***NEW* Forensic Psychology Major Rotation:**

We are offering a new assessment-focused major rotation in Forensic Psychology. This rotation is based in the adult provincial forensic mental health service at HSC, which provides pretrial court-ordered assessments and annual disposition reviews for accused persons under the Manitoba Criminal Code Review Board. The resident will gain experience in forensic psychological assessment and report writing, including criminal responsibility and violence risk assessments for individuals referred by the criminal justice system. In addition, training in diagnostic, personality, and cognitive assessment with justice-involved individuals with severe and persistent mental illness will be provided. Residents may also gain experience with specialized forensic assessment measures in areas such as malingering and violence risk assessment. Residents will work with clinical psychology supervisors who are part of a multidisciplinary forensic service, thus gaining some exposure to consultation in a team setting.

Psychotherapy Major Rotations (two 6-month rotations, 1 ½-2 days per week):

The resident will complete **two major rotations in psychotherapy** (one each term), typically one that is broad-based and one that is more specialized in focus.

The **broad-based Psychotherapy Major Rotation** emphasizes psychological intervention (individual and group) with outpatients presenting with a variety of primary mental health or health psychology-related problems. Common problems include mood, anxiety, post-traumatic stress disorder, bipolar disorder, grief/bereavement, personality, chronic disease adjustment, and sleep disorders. Group treatment opportunities are typically in sleep disorders and depression. The rotation will be characterized by opportunities to develop informative conceptualizations of therapy cases and to use a spectrum of

therapy approaches (e.g., CBT, ACT, DBT, IPT, Cognitive Processing/Planned Exposure Therapies, and Complicated Grief Treatment). An opportunity to utilize hypnotherapy may be available for interested residents. 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 may be in both individual and group formats; some sessions may be conducted live, virtually or with a one-way mirror to provide the resident with an opportunity to receive ongoing and timely feedback and to observe other styles of therapy; audio-recorded session review is also commonly used in supervision. The broad-based Psychotherapy Rotation is offered at HSC and VGH.

More **specialized intervention Major Rotations** are offered at the Anxiety Disorders Clinic (SBH), the Crisis Response Centre (HSC), the Early Psychosis Prevention and Intervention Service (EPPIS; HSC), and the Occupational Stress Injuries Clinic (OSIC; Deer Lodge).

Anxiety Disorders Clinic major rotation:

The Anxiety Disorders major rotation focuses on cognitive-behavioral assessment and intervention skills. Individual treatment cases may involve various anxiety disorders including panic disorder, social anxiety disorder, obsessive-compulsive disorder, generalized anxiety disorder, health anxiety, and post-traumatic stress disorder. Perinatal anxiety presentations are also regularly seen through the clinic. Patients offered individual treatment in our program tend to have complex and challenging presentations, often with comorbid 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, 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.

***NEW* Crisis Response Centre major rotation:**

Residents completing the CRC rotation will have the opportunity to work on an interdisciplinary team that provides short-term follow-up service to adults who have recently accessed crisis services (i.e., through the Crisis Response Centre walk-in service or a local Emergency Department/Urgent Care Centre) due to an acute mental health crisis. Individuals referred to these follow-up services present with a wide range of mental health difficulties, including depression, anxiety, and trauma-related disorders, substance use, acute suicide ideation, and emotion dysregulation difficulties. Cases tend to be complex with co-occurring disorders and a variety of psychosocial stressors further complicating the clinical presentation. The primary responsibilities of the psychology resident would be providing both group-based and individual intervention services, and consultation to the interdisciplinary team. Group-based treatments are skills-focused and rooted in CBT and DBT, while individual therapy cases often require a flexible therapeutic approach, allowing the resident to integrate various therapeutic orientations to help patients return to their pre-crisis level of functioning. There may also be opportunities for psychodiagnostic assessment and program development or evaluation during the rotation.

***NEW* The Early Psychosis Prevention and Intervention major rotation:**

EPPIS provides community-based, recovery-oriented care to adolescents and young adults who have experienced a first episode of psychosis. An interdisciplinary team (i.e., psychiatry, social work, nursing, occupational therapy, psychology) provides support to the individual for a period of two years. Residents will have the opportunity to gain experience with both assessment and treatment. Core treatment experiences include co-facilitating a 16-session Cognitive Behavioural Therapy for psychosis (CBTp) group, and/or an Action-Based Cognitive Remediation group. Additional treatment experiences, such as co-facilitating the Be Outspoken and Overcome Stigmatizing Thoughts (BOOST) group alongside a peer-support worker or the family psychoeducation group, as well as individual CBTp, may also be available. Assessments are primarily focused on cognitive evaluations for the purpose of treatment planning (e.g., return to work/school); referrals might also seek diagnostic clarity regarding co-morbid neurodevelopmental conditions (e.g., attention deficit/hyperactivity disorder, learning disabilities, autism, intellectual developmental disorder). If available, residents will have the chance to supervise clinical psychology practicum students and to become involved in ongoing research projects (e.g., program evaluation, grant-funded research).

Occupational Stress Injuries Clinic major rotation:

In the OSIC major rotation, 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. Training in various personality measures is available. There is also the opportunity to complete assessment and follow through with therapy for the same individual. 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. All residents will be involved in both individual and group treatments, including DBT and chronic pain groups.

Health Psychology Major Rotation (one 6-month rotation, 1-2 days per week):

The resident will have the opportunity to develop diagnostic 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, including chronic pain, gastrointestinal disorders, bariatric surgery, geriatric health, and cardiac services. The bariatric surgery rotation (at VGH) focuses on pre-surgical assessments of suitability for bariatric surgery and brief post-operative treatment interventions. Residents choosing the bariatric surgery rotation will have experience working closely with and consulting within a multidisciplinary team. Other health rotations focus on group and individual treatment, typically with CBT and ACT approaches. 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 also available. The Health Psychology Rotation also provides the resident with the opportunity to be involved in program evaluation in an applied setting. **Please see the Health Stream section of this manual for more detailed descriptions of the Health Psychology rotation options (pp. 19-21).**

Information about sites:

The Adult stream rotations described above are offered at four different sites as summarized below. Residents will typically be at one or two sites each term (taking into account both major and minor rotations). Highlights of the major rotation experiences at each site are noted.

Major Rotations offered at St. Boniface Hospital (SBH):

- Assessment Rotation
- Anxiety Disorders Rotation
- Geriatric Psychology Rotation

Major Rotations offered at Health Sciences Centre (HSC):

- Assessment Rotation
- Psychotherapy Rotation
- Health Psychology

Major Rotations offered at Victoria Hospital (VH):

- Assessment Rotation
- Psychotherapy Rotation
- Health Psychology

Major Rotations offered at Operational Stress Injury Clinic (OSIC):

- Psychotherapy Rotation with some assessment and neuropsychological assessment opportunities

Table 1 Sample Major Rotation Layouts for Adult Stream Residents

	September-February	March-August
Resident 1	<u>HSC:</u> Psychotherapy, 2 days/week Health Psychology, 1 ½ days/week (e.g., pain rotation)	<u>SBH:</u> Assessment, 2 days/week Anxiety Disorders, 1 ½ days/week
Resident 2	<u>SBH:</u> Assessment, 2 days/week Anxiety Disorders, 1 ½ days/week	<u>HSC:</u> Psychotherapy, 2 days/week Health Psychology, 1 ½ days/week (e.g., pain)
Resident 3	<u>HSC:</u> Forensic Assessment, 2 days/week EPPIS program, 1 ½ days/week	<u>VGH:</u> Psychotherapy, 2 days/week Health Psychology, 1 ½ days/week (e.g., bariatric surgery)
Resident 4	<u>VGH:</u> Assessment + Psychotherapy, 2 ½ days/week Health Psychology, 1 day/week	<u>OSIC:</u> Psychotherapy, 2 ½ days/week <u>HSC:</u> Health Psychology, 1 day/week (e.g., GI disorders)

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 Residency 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 3-3 ½ days per week each term. The remainder of the week is filled with a **minor rotation** (½ day per week for six months), the **academic half-day** which is shared with all 12 CHP residents (see page 37), and the option of ½ day per week of **protected research time** (for a maximum of 6 months). Residents in the Adult Stream may also opt to have one **intensive, long-term psychotherapy** case that would continue for the full year. This case will typically involve a process-oriented emphasis with clinical problems not typically amenable to shorter-term models of psychotherapy. These experiences allow for increasing the breadth of training during residency.

Please see page 36 for a list of minor rotations.

Adult Health Psychology Stream

APPIC Code 180911, two positions

The Adult Health stream resident completes **four 6-month major rotations in Health Psychology (two per term)**, at two of three acute care hospital sites: Health Sciences Centre, St. Boniface Hospital, and Victoria General Hospital. Across all of these rotations, there is an overall orientation toward promoting the resident's professional identity and distinctiveness as a clinical health psychologist within the broader health care system. Residents have the opportunity to provide psychological services in a setting where psychologists have strong partnerships with their medical colleagues and hold professional autonomy around clinical service development and delivery, which is not always evident in other jurisdictions.

Health psychologists are experts in the intersection of health and behavior, with core knowledge of the biological, psychological, and sociocultural factors which influence health and illness. They are uniquely trained in behavioural principles and psychological therapies to address acute and chronic disease management. Our goal is to help the resident establish both competence and confidence in clinical practice with medical patients building a strong professional identity as a Clinical Health Psychologist, and working comfortably with medical specialists and interdisciplinary teams. Upon completion of the Health Stream rotations, the aim is for the resident to function as a clinician-scientist, able to evaluate the psychological needs of the medical patient, and provide evidence-based interventions, utilizing a variety of therapeutic approaches. In addition, the resident will have developed the ability to work effectively with patients utilizing (a) an understanding of the shared pathways and bidirectional impacts of medical conditions and psychological processes, (b) skills to identify and decrease disease-related distress and promote adjustment to illness or injury, and (c) enhanced skills to treat comorbid mental health conditions in the context of medical illness.

A competitive applicant for the Health Psychology Stream would typically have completed at least 400 direct contact hours during clinical practica and 200 hours of supervision, with a significant proportion of the latter being individual supervision. Practica experience across a range of health settings with various medical populations is seen as a strength for the applicant.

Core experiences in the Health Stream will include all of the following:

- **Four 6-month major rotations** (typically 1 ½ days per week each; two rotations per term) in Health Psychology working with diverse medical populations (e.g., chronic pain, bariatric surgery, medical trauma/adverse medical events, cardiac sciences, gastrointestinal disorders, geriatric health). See below for descriptions of these rotations.
- **One general clinical psychology psychotherapy rotation** (typically 1 day per week across one term). This rotation will focus on mental health presentations in areas such as anxiety disorders, depression, geriatric psychology, perinatal mental health, and primary care*.
- **One comprehensive assessment rotation** (typically 1 day per week across one term). This rotation ensures opportunity to develop and refine skills in integrated psychodiagnostic assessments as well as cognitive and personality assessments. Assessments are conducted in inpatient and/or outpatient settings.

- **Two 6-month minor rotations** (one 1/2 day per week per term) to ensure breadth of clinical training (e.g., anxiety disorders, depression, trauma, psychosis, forensic psychology). See page 36 for list of potential minor rotations.
- **Optional ½ day protected research time** (for a maximum of 6 months). This time can be used to advance dissertation progress or to conduct new research within health psychology.
- **Weekly Academic Half Days with all 12 residents.** See page 37

*NOTE: Job opportunities are emerging in primary care settings across the country. We have several psychologists who work in primary care clinics and can offer opportunities for residents to gain experience in this setting (with flexibility to arrange this as a core experience in general clinical psychotherapy or comprehensive assessment, or as a minor rotation).

Health Psychology Major Rotations (1 ½ days per week)

The next sections provide more detail about the core rotation offerings. The resident will obtain experience in a total of four of the areas listed below.

Chronic Pain:

The resident will have the opportunity to work with patients with chronic pain presentations related to disease and/or injury. They will work with an interdisciplinary team in an outpatient tertiary pain clinic. The resident will develop and/or enhance a variety of clinical skills including psychological evaluation to determine appropriateness of a behavioral treatment approach; facilitating the Pain Tools for Life psychoeducation group-based program; delivering individual Acceptance and Commitment Based Treatment (ACT), Self-Compassion (SC), or CBT-based therapy; co-facilitating pain management groups based on a SC or ACT approach; and conducting pre-surgical assessment for surgically-implanted pain-modifying devices. (This rotation is located at Health Sciences Centre)

Gastrointestinal Disorders:

In this rotation the resident will gain experience in assessing and treating outpatients and inpatients with a range of gastrointestinal illnesses including functional GI disorders such as irritable bowel syndrome, dyspepsia and cyclical vomiting, as well as immune-mediated disorders such as inflammatory bowel disease (IBD) and celiac disease. The resident will have the opportunity to provide individual therapy and co-facilitate a CBT-based IBS program delivered in group format. The resident may also have the opportunity to participate in a new model of coordinated care for IBD patients, integrating medical, psychological and dietitian services. (Health Sciences Centre)

Medical Trauma and Adverse Medical Events:

This rotation can involve both clinical and research experience with adverse psychological responses to medical events. The resident will have the opportunity to provide both inpatient and outpatient assessments and treatment of adults with adjustment difficulties related to onset of illness (e.g., terminal

diagnoses, chronic or acute illness) and post-medical trauma (e.g., surgical complications such as anesthetic awareness, ICU stays, amputation, etc.). The resident may also have the opportunity to provide intensive short-term interventions for significant pre-operative anxiety. The resident will be exposed to a range of therapeutic approaches, particularly trauma-related interventions (e.g., Cognitive Processing Therapy, Prolonged Exposure). With respect to research, interested residents will also have the option to participate in complementary ongoing research projects in the area of medical trauma/adverse health events including interventional research, or use existing data to lead a study on medical trauma, with a publication as the goal. (Health Sciences Centre)

Sleep Disorders/ Insomnia:

The sleep disorders rotation involves structured assessment and treatment of a variety of sleep and fatigue disorders, which may include insomnia, parasomnias, circadian rhythm disorders, hypersomnolence, chronic fatigue, and CPAP non-adherence. The resident is able to gain experience with a stepped care model of service which includes online CBT for insomnia, group-based intervention and individual treatment. The resident will have opportunities to provide individual treatment, as cases are often complex with considerable comorbidity, and to co-facilitate group-delivered treatment. (Health Sciences Centre)

Cardiac Sciences:

This rotation provides the resident with a variety of experiences in the assessment and treatment of individuals having difficulty adjusting to the challenges of different types of cardiovascular disease, acute cardiac events (e.g., post MI), and interventions such as surgery for coronary bypass, valve replacement, or the implantation of devices (ICD, pacemaker, LVAD). Clinical services are provided to cardiac inpatient units and a variety of outpatient clinics in the Cardiac Sciences Program including the Heart Failure, Pacemaker and Congenital Heart Disease clinics. Psychology clinics are also conducted at the two community-based cardiac rehabilitation centres. The resident will also be involved in the regional screening program for cardiac patients, carrying out assessments on patients identified as at risk for psychological problems and identifying psychological barriers to discharge for inpatients. Treatment experiences include short-term individual therapy (3-4 sessions) and large group-based interventions for stress management, relaxation and lifestyle adherence. In addition, the resident will have the opportunity to develop modules for the large group interventions and provide training to clinical staff at the cardiac rehabilitation centres and outpatient units. Research opportunities with cardiac populations are available. (St Boniface Hospital, Reh-Fit Centre).

Geriatric Health Psychology:

The resident will have the opportunity to develop assessment and psychological treatment skills for cognitive impairment, adjustment to medical conditions (e.g., anxiety and depression associated with Parkinson's, Stroke, health decline), and family caregiver burden and stress associated with dementia and medical disabilities. Working with a team of two clinical geropsychologists and a neuropsychologist,

experience can be gained in the Early Cognitive Change Clinic for Older Adults (which can include assessment and group cognitive rehabilitation intervention), outpatient referrals for individual psychological treatment, Personal Care Home consultations, Geriatric Rehabilitation inpatient consultations, and medical inpatient consultations. (St Boniface Hospital)

Bariatric Surgery Clinic:

The resident will have the opportunity to develop assessment and intervention skills at the Bariatric Surgery Clinic, providing pre-surgical assessments of readiness for bariatric surgery, pre-surgical behavioral interventions to optimize surgery outcomes, and post-operative 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 gain experience working closely and consulting within a multidisciplinary team. Additional experiences in this rotation may include inpatient hospital consultations on medical units (e.g., adjustment to illness, medication or treatment compliance issues, comorbid mood and anxiety issues), or individual outpatient treatment for patients presenting with comorbid mood and health related problems such as depression secondary to stroke. (Victoria General Hospital).

General Clinical Psychology Rotations (1 day per week, one each term)

These rotations support the generalist clinical training core value of our residency. The resident will complete one assessment-focused rotation and one intervention-focused rotation.

The **comprehensive assessment rotation** (1 day per week across one term) focuses on integrated psychodiagnostics, cognitive, and personality assessments. Assessments are conducted in inpatient and/or outpatient settings.

The general clinical psychology psychotherapy rotation (1 day per week across one term) will provide a focus on mental health interventions. Potential general clinical rotations include: anxiety disorders, depression, primary care, advanced psychotherapy, women's health, and eating disorders. **Please see the relevant sections in the Adult Stream and Rural Stream descriptions for more information on these rotations (pp. 13-15, 29-35).**

Table 2 Sample Major Rotation Layouts for Adult Health Stream Residents

September-February	March-August
<p>HP Major Rotation 1: Chronic Pain, 1 ½ days/week</p> <p>HP Major Rotation 2: Medical Trauma/ Adverse Medical Events, 1 ½ day/week</p> <p>General Clinical Rotation 1: Outpatient Mental Health Assessment, 1 day per week</p> <p>Minor rotation 1: Sleep Disorders ½ day per week</p> <p>Academic Half Day ½ day per week</p>	<p>HP Major Rotation 3: Cardiac Sciences, 1 ½ days/week</p> <p>HP Major Rotation 4: Geriatric Health Clinic, 1 ½ days/week</p> <p>General Clinical Rotation 2: Primary Care 1 day/week</p> <p>Minor rotation 2: Anxiety Disorders ½ day per week</p> <p>Academic Half Day ½ day per week</p>

The table above reflects the goal that the Health Psychology stream residents will have the opportunity to obtain significant training in assessment and treatment in health psychology as well as general training in additional areas of clinical psychology. Discussion will be held with the Residency Training Director after Match Day to determine which specific combination of these rotations are best suited to the resident’s training needs and goals.

There is also the option of **½ day per week of protected research time** for up to six months of the year. This time can be used to advance dissertation progress or to conduct new research within health psychology. This ½ day is typically taken from major rotation time.

Child and Adolescent Stream

APPIC Code: 18091, two positions

The Child and Adolescent Psychology Service, based primarily at Health Sciences Centre, provides a variety of services to children, adolescents, and their families at the PsychHealth Centre, Specialized Services for Children and Youth (SSCY) Centre, and the Children's Hospital. Child and Adolescent stream 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.

The overarching goal of the Child and Adolescent Stream is for the resident to acquire generalist training through exposure to a wide variety of presenting problems, ages, and assessment and therapeutic approaches, in the domain of pediatric health psychology; most youth have comorbid mental health, developmental and/or family or parenting difficulties. This work is typically provided via outpatient services although opportunities for inpatient assessment and consultation are often also offered.

Residents in the Child and Adolescent Stream complete two, six-month major rotations (2-2 ½ days/week), each with a primary supervisor from the Consult Service team. Assessment and intervention training will be balanced over the full year, depending on the particular expertise of the primary supervisor. Residents will be provided the opportunity to select two additional 6-month specialty area training experiences (one each term; 1 ½ - 2 days/week). In general, residents should expect to complete 10 hours of direct contact time and 4 hours of supervision (individual and group) per week. This will often involve the completion of approximately 10-12 comprehensive diagnostic assessments, 4 inpatient consultations/assessments and 6-8 individual and group therapy hours per week over the course of the year.

Child & Adolescent Psychology Consult Service (2-2 ½ days/week for 12 months)

Assessment Training:

Residents 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 complex presentations, including medical, developmental and/or mental health problems. Common assessment questions include the cognitive and behavioural impact of various medical conditions (e.g., epilepsy, autoimmune disease, kidney disease), evaluation of suspected learning disabilities or other developmental disorders such as autism, and mental health concerns (e.g., gender dysphoria, depression, anxiety, psychosis, personality disorders). Opportunities to conduct psychodiagnostic assessments with children and adolescents admitted to the inpatient psychiatric unit are also provided.

Intervention Training:

Residents will deliver evidence-based psychological interventions to children, adolescents, and families, across all developmental stages. Residents will gain considerable exposure to evidence-based

interventions (including CBT, ACT, Motivational Interviewing, and Collaborative Problem Solving) with individual and parent-mediated approaches; an emphasis will be placed on integrative treatment approaches given the complexity of our patients' needs. Treatment referrals are typically quite broad in scope and encompass 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, gastrointestinal conditions, and feeding disorders. Comorbid mental health concerns (e.g., anxiety and mood disorders) are common and may also include developmental and family-based problems.

Child Specialty Services (1 ½ - 2 days/week)

Residents choose two of the following six-month rotations (one each term).

Early years assessment and treatment:

Residents are involved in providing assessment, consultation and intervention services to pre-school children and their families. These services are embedded within a multidisciplinary team at the Child Development Clinic located at SSCY. Experience in providing cognitive, developmental, and attachment-based assessments will be provided. There is also opportunity to provide consultation to the multidisciplinary team as well as intervention with families. Depending on clinical need, there may be opportunity to be involved in facilitating a Circle of Security group.

FASD, cognitive, multidisciplinary team assessment:

Residents receive training and supervised practice in the completion of comprehensive psychological assessments, including measures of cognitive functioning, academic achievement, attention, memory functioning, executive functioning, adaptive functioning, and behavioural and emotional functioning. These assessments are completed as part of the Manitoba FASD Centre multidisciplinary team located at Specialized Service for Children and Youth (SSCY). Evaluation of the impact of prenatal alcohol exposure on children requires the assessment of a number of neurocognitive domains. Diagnoses commonly provided include FASD, ID, ADHD, and Specific Learning Disorders. Opportunities for participation in multidisciplinary assessment process and feedback sessions or clinics are also available.

Family-focused intervention:

Residents are provided with training and supervised practice in the use of family therapy models where the family and their interactions are the primary or identified client. The training portion will involve a wide range of selected readings in family therapy, as this is often not a focus of teaching in many graduate programs. Supervised practice may include co-therapy with the supervisor and/or other residents, and live supervision. Sessions may involve work with the whole family, individual members and family subsets. This rotation may include consultation and intervention where an eating disorder is the primary diagnosis of the child.

*** NEW* Rural Child Consultation:**

Specialized rotations focusing on Child and Adolescent services are available in the Interlake-Eastern Regional Health Authority (based in Selkirk, Mb) and the Southern Health-Santé Sud health region (based in Steinbach). These specialized rotations will offer residents the unique opportunity to work within a community-based consultative service delivery model. Psychologists within the consultative model provide both group and individual consultation to the team with the goal of enhancing client care. Psychologists hold a leadership role in guiding clinical services within the mental health teams (e.g., assessment, treatment, and program development and delivery).

Although consultation-based work will be emphasized, this specialized rotation will also offer specific experiences that are tailored to residents' training goals. Depending on resident interests, learners will participate in case consultation to community mental health workers, provide comprehensive psychological assessments, and/or provide therapy services (individual, group, family) across a wide range of presenting problems for clients with varied backgrounds.

Residents can opt to complete this rotation at the rural site (both of which are readily commutable from Winnipeg) or virtually from Winnipeg.

Trauma-Focused CBT:

Residents are provided training and supervised practice in the delivery of trauma-focused CBT for children. Services are provided through the Child Protection Centre, connected to the Health Sciences Centre. Referrals for service come through the hospital, child and family services agencies, and the CHP child and adolescent consult service. Delivery of treatment is offered flexibly and based on the clinical needs of the child and the case formulation developed. Residents may also be provided with additional assessment opportunities based on the presentation and clinical needs of the child.

In addition to the major rotations (totaling 3 ½ - 4 days per week), residents also select two minor rotations (1/2 day/week; one minor rotation each term) to allow for increased breadth of training during residency. Please see page 36 for a description of these additional experiences. There may also be opportunities to travel into Northern Manitoban communities to provide assessments through Jordan's principle.

Child Stream residents also participate in the weekly academic half-day attended by all 12 CHP residents (see page 37). There is also an option of ½ day per week of protected research time for up to six months.

Table 3 Sample Rotation Schedule for Child Stream Residents

	September – February	March - August
Sample 1	<p>Consult Service: 2 days/week</p> <p>Family-Focused Intervention: 1.5 days/week</p> <p>Minor Rotation: .5 days/week</p> <p>Protected Research Time: .5 days/week</p>	<p>Consult Service: 2.5 days/week</p> <p>Trauma-Focused CBT: 1.5 days/week</p> <p>Minor Rotation: .5 days/week</p>
Sample 2	<p>Consult Service: 2 days/week</p> <p>Early Years Assessment and Intervention: 2 days/week</p> <p>Minor Rotation: .5 days/week</p>	<p>Consult Service: 2.5 days/week</p> <p>FASD, cognitive, multidisciplinary team assessment: 1.5 days/week</p> <p>Minor Rotation: .5 days/week</p>
Sample 3	<p>Consult Service: 2.5 days/week</p> <p>Trauma-Focused CBT: 1.5 days/week</p> <p>Minor Rotation: .5 days/week</p>	<p>Consult Service: 2 days/week</p> <p>Early Years Assessment and Intervention: 2 days/week</p> <p>Minor Rotation: .5 days/week</p>
All residents	<p>Academic Half-Day: .5 days/week</p>	<p>Academic Half-Day: .5 days/week</p>

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 practicum experience) in Neuropsychology is required.

The resident completes **two six-month Major Rotations in Neuropsychology** (one each term):

1. **Neuropsychological Assessment Rotation (Primary Supervisor: Dr. Lesley Ritchie, ABPP-CN).** In this rotation, emphasis is placed on neuropsychological assessment for outpatient pre- and post-operative neuropsychological assessment. Referrals are primarily for patients with epilepsy who are being evaluated for resective surgery and patients with movement disorders being considered for deep brain stimulation. Residents may also have the opportunity to participate in intracarotid anaesthetic procedures and to observe neurosurgery. Cases from the General Neuropsychology waitlist at the PsychHealth Center at Health Sciences Centre (HSC) will also be selected. 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 tumors, traumatic brain injury, cerebrovascular accidents, multiple sclerosis, movement disorders, neurodegenerative disorders, infectious processes, and comorbid cognitive and psychiatric difficulties. 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 publicly funded youth concussion program in Canada. 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, ABPP-CN).** 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, neuroradiology and rehabilitation medicine rounds.

In addition to the two major rotations outlined above, neuropsychology residents will also complete two **minor rotations** (half-day per week) of six months each in the broad domain of adult clinical psychology. Residents typically complete one minor rotation in an area of health psychology (e.g., chronic pain) and one minor rotation in a broader area of adult mental health (one of several psychotherapy-focused rotations, depending on the resident's prior experience and interests). See page 36 for a list of minor rotations. The neuropsychology resident also participates in the weekly **academic half-day** which is shared with all 12 CHP residents (see page 37) and may have the option of $\frac{1}{2}$ day per week of **protected research time for up to six months**.

Rural Stream- Generalist

Interlake-Easter & 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 a breadth of experiences in assessment, treatment, and multidisciplinary consultation with patients across the developmental lifespan in both urban and rural populations. This true generalist experience is unique within our program and rare across the country. Ideally, applicants for this stream will have had a balanced complement of practica across the developmental spectrum during their graduate training, including in assessment involving cognitive, personality, and diagnostic clarification with both children and adults. 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.

Training experiences in all rotations are individualized to meet each resident's training needs and interests.

Urban (Winnipeg) Rotation

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

The resident will spend two days per week focused on **Child & Adolescent training** at the Health Sciences Centre. The Child and Adolescent Psychology Service provides a variety of services to children, adolescents, and their families at the PsychHealth Centre, Specialized Services for Children and Youth (SSCY) Centre, and the Children's Hospital. The resident will select 1-2 rotations from the following options:

Early years assessment and treatment:

Residents are involved in providing assessment, consultation and intervention services to pre-school children and their families. These services are embedded within a multidisciplinary team at the Child Development Clinic located at SSCY. Experience in providing cognitive, developmental, and attachment-based assessments will be provided. There is also opportunity to provide consultation to the multi-disciplinary team as well as intervention with families. Depending on clinical need, there may be opportunity to be involved in facilitating a Circle of Security group.

FASD, cognitive, multidisciplinary team assessment:

Residents are provided training and supervised practice in the completion of comprehensive psychological assessments, including measures of cognitive functioning, academic achievement, attention, memory functioning, executive functioning, adaptive functioning, and behavioural and emotional functioning. These assessments are completed as part of the Manitoba FASD Centre multidisciplinary team located at Specialized Service for Children and Youth (SSCY). Evaluation of the impact of prenatal alcohol exposure on children requires the assessment of a number of neurocognitive domains. Diagnoses commonly provided include FASD, ID, ADHD, and Specific Learning Disorders. Opportunities for participation in multidisciplinary assessment process and feedback sessions or clinics are also available.

Family-focused intervention:

Residents are provided with training and supervised practice in the use of family therapy models where the family and their interactions are the primary or identified client. The training portion will involve a wide range of selected readings in family therapy, as this is often not a focus of teaching in many graduate programs. Supervised practice may include co-therapy with the supervisor and/or other residents, and live supervision. Sessions may involve work with the whole family, individual members and family subsets. This rotation may include consultation and intervention where an eating disorder is the primary diagnosis of the child.

Adult rotations for this stream occur at St. Boniface Hospital (SBH) and at Health Sciences Centre (HSC). The resident will spend one day per week with the SBH Adult Anxiety Disorders Clinic to develop their cognitive-behavioral assessment and intervention skills. Individual treatment cases may involve various anxiety disorders including panic disorder, social anxiety disorder, obsessive-compulsive disorder, generalized anxiety disorder, health anxiety, and post-traumatic stress disorder. Patients offered individual treatment in our program tend to have complex and challenging presentations, often with comorbid mood and/or personality disorders. Residents may 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, and OCD.

The resident will also spend one day per week at the Women's Hospital at HSC. The Women's Health rotation involves diagnostic assessment and individual intervention focusing on perinatal health, postpartum mood and anxiety disorders, birth trauma, and perinatal or neonatal loss. Referrals often include opportunity to work with patients with significant cultural and individual differences that inform treatment approach and format. Intervention may be integrative or specific treatment modalities, drawn from a range of therapeutic frameworks including cognitive-behavioural, interpersonal process, ACT, mindfulness, etc. The resident often has occasion to work in consultation with Women's Hospital physicians, nurse practitioners, dietitians and social workers.

Rural Community Rotation – Interlake-Eastern or Southern Health Region

The resident's second six months (March through August) will be spent in a rural region of Manitoba's Interlake-Eastern or Southern Health-Santé Sud Regions (both of which are readily commutable 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 is in the communities of Selkirk, Oakbank, or Steinbach. The rural residents will maintain contact with residents in Winnipeg at least one day per week, through Academic Half-Days and other departmental activities. For the 2024- 2025 training year, one resident will be located in Selkirk and the other in Steinbach.

Both positions in our Rural Stream 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 program development and evaluation. It is also expected that the rural resident will provide one educational workshop or community presentation during 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 Interlake-Eastern Health Region (population over 124,000) 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. The region includes a number of First Nations Communities as well as some Hutterite colonies and a French-Canadian community. Seasonal recreation is abundant with a multitude of lakes and beaches within the region boundaries. The region is economically diverse with large sectors of agriculture, fishing, mining, forestry, hydroelectric power, and tourism. There is also significant disparity in health and economic status. 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 entire province and beyond, including the Inuit residents of Nunavut.

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.

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 these two residency positions.

The rural residents also participate in the weekly **academic half-day** (see page 38) which is shared with all 12 CHP residents and have the option of ½ day per week of **protected research time** for up to six months.

Rural Stream- Adult 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 spends half of their year in Winnipeg, similar to all other CHP 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 Service 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 a minor rotation 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 training year, 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, DBT, 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 videoconferencing
- 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 Brandon Rural-Adult 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: the **Operational Stress Injuries Clinic (OSIC) and Geriatric Psychology Services**.

OSIC Major Rotation:

Assessment and treatment of adults occur at the **Operational Stress Injuries 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 virtual service and become familiar with apps as treatment adjuncts. Specialized training working with individuals who have experienced trauma, including trauma-focused assessment, evidence-based PTSD treatment 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. The resident also had the ability to participate in a multidisciplinary team including psychiatry and social work.

Geriatric Psychology Major Rotation:

This rotation is offered at St. Boniface Hospital and emphasizes 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, Manitoba. Brandon is the second largest city in Manitoba, with a population of nearly 50,000. It is situated approximately 200km west of Winnipeg, in the south west region of the province between the banks of the Assiniboine River and the rolling Brandon Hills. It also is approximately one hour south of Riding Mountain National Park; the diverse terrain in this region allows for a variety of outdoor pursuits and recreational activities. Brandon, known as The Wheat City, is primarily driven by the agricultural industry and hosts a number of agricultural events each year, including the Royal Manitoba Winter Fair. It also is home to a host of sports and cultural events and programs, including the Brandon Wheat Kings WHL team, Brandon University's sports and music programs, and the Art Gallery of Southwestern Manitoba.

Brandon is located in the Prairie Mountain Health region that covers 64,800km² and serves approximately 171,000 residents. Approximately 18% of the residents identify as Indigenous; this region is located on Treaty 2 territory, the traditional territories of the Cree, Dakota, Ojibway, Oji-Cree, and homelands of the Métis.

The Brandon rotation provides the resident with training opportunities in assessment and therapeutic intervention with clients of diverse ethnic backgrounds and presenting problems, set in a rural and semi-urban context. There is a wide range of diagnostic groups seen in this rotation, with exposure to both mental health and health psychology service areas. The resident also provides consultation to other professionals including community mental health workers, multidisciplinary inpatient treatment teams, and family physicians. It is also expected that the Brandon resident will provide one educational workshop or community presentation during the course of this rotation.

Adult Community Mental Health Major 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, mood and mood-related disorders, anxiety disorders (such as generalized anxiety, phobias, and panic disorder), obsessive-compulsive disorder, trauma and adjustment related disorders, and personality disorders. The outpatient program receives referrals from medical practitioners, other community services, and self-referrals; however, psychology is a specialist service within the program and direct referrals are made to psychology by other members of the mental health team. The resident will have the opportunity to provide short-term individual therapy to clients, as well as individual and group consultation to allied mental health professionals located on site in Brandon and in more rural areas across southwest Manitoba. The resident will be responsible for providing assessment services, including cognitive assessments (i.e., intelligence testing, adaptive functioning, learning barriers), and psycho-diagnostic queries.

Health Psychology Major Rotation:

The Health Psychology service 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 as 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 will 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 for pain, and psychoeducational presentations (e.g., to patients of the cardiac rehabilitation program).

Centre for Adult Psychiatry Minor Rotation:

The resident will also participate in a minor rotation at the Centre for Adult Psychiatry, an inpatient facility providing diagnostic assessment, consultation, and short-term treatment for the region. The resident will have the opportunity to participate in various training experiences on the unit (i.e., assessment observation, multidisciplinary team consultation) and/or provide outpatient DBT-informed group treatment.

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 training.

The Brandon resident also participates in the weekly **academic half-day** along with all 12 CHP residents (see page 37) and has the option of **½ day per week of protected research time** for up to six months.

Minor Rotations

Residents in the Adult, Health, Child & Adolescent, and Adult Neuropsychology Streams will complete two six-month minor rotations outside of their primary, major rotations. The minor rotations involve a ½ day per week including supervision. These minor rotations will be chosen in consultation with the Residency 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 three residents do not typically complete additional minor rotations.

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

- Adult Eating Disorders
- Adult Forensic Psychology
- Adult Health Psychology (various areas)
- Anxiety Disorders (with specialization in OCD or perinatal anxiety if desired)
- Behaviour Resource and Consultation Team (BRaCT)
- Cardiac Psychology
- Chronic Pain Service
- Clinical Child Psychology Consult Service
- Clinical or Research Rotation in Medical Trauma
- Combat-Related Trauma and Military Psychology (Operational Stress Injury Clinic)
- DBT group treatment in the Crisis Response Centre
- Early Psychosis Prevention and Intervention Service
- Geriatric Psychology
- Group treatment for Depression
- Newcomer Mental Health Program
- Pediatric Health Psychology
- Primary Care/Shared Care Clinic
- Transgender Health Clinic
- Women's Health

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 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.

Didactics

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.

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.

All residents participate in our weekly Academic Half-Days. These are comprised of:

- 1. Clinical and Professional Issues Seminars** (1.5-2 hours per week). These seminars deal with a variety of topics relevant to clinical practice. A list of sample seminar topics is provided below.
- 2. Clinical Case Presentations.** Residents present assessment and therapy cases 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.

Clinical and Professional Issues: sample seminars (topics vary from year to year)

- Ethical and professional issues
- Culturally-sensitive therapy
- Suicide Risk Assessment & Intervention
- Working with LGBTQ+ clients
- Getting a job in psychology
- Intro to psychopharmacology
- Psychological consultation as a competency domain
- Licensure and regulatory issues
- Neuropsychological rehabilitation
- Program evaluation
- Acceptance and Commitment Therapy
- Considerations for psychotherapy with older adults
- Clinical Supervision
- Psychological responses after community trauma
- Trauma interventions
- Working with Northern communities in Manitoba
- Global mental health and refugee trauma
- Early psychosis assessment and intervention
- Clinical practice guidelines

Administrative Experience

Residency Program Committee. All psychology residents are members of the Residency Program Committee, chaired by the Residency Director, and participate in the administrative operations of the program. Residents also participate in the resident applicant interview process (in a non-evaluative role).

Residents may also serve on university or departmental committees, such as Standards or Continuing Education, and on faculty search committees. We also welcome Resident involvement in our Cultural Safety Committee.

Psychology Staff

All supervisors are doctoral level psychologists registered with the Psychological Association of Manitoba (all faculty below have C.Psych. status with PAM).

St. Boniface Hospital (SBH)

Gillian Alcolado	Anxiety Disorders Clinic
Brooke Beatie	Assessment Service
Patricia Furer	Residency Program Director Anxiety Disorders Clinic
George Kaoukis	Health Psychology Service, Cardiac
Lesley Koven	Health Psychology; Geriatric Service
Colleen Millikin	Neuropsychology, Geriatric Service
Lorne Sexton	Geriatric Service;
Laine Torgrud	Anxiety Disorders Clinic

Health Sciences Centre (HSC)

John Arnett	Neuropsychology
Lauren Chance	Child Psychology
Melissa Chalmers	Child Protection Centre
Kristene Cheung	FASD/SSCY Centre
Kylee Clayton	Child Psychology
Sabrina Demetriooff	Forensic Psychology
Renée El-Gabalawy	Health

Patricia Fergusson	Eating Disorders Service Adult & Child/Adolescent
Lesley Graff	Head , Dept. of Clinical Health Psychology Health
Christine Henriksen	Crisis Response Center
David Hill	Forensic Psychology
Maxine Holmqvist	Adult Outpatient Treatment
Erin Johns	Shared Care
Maia Kredentser	Health
Carrie Lionberg	Women's Health
Chantel Mayo	Neuropsychology
Sayma Malik	Child Development Clinic/Preschool Service
Jennifer MacMullin	Child Psychology
Colleen Murphy	Early Psychosis service
Ronak Patel	Neuropsychology
Andrea Piotrowski	Adult Inpatient Mental Health
Lesley Ritchie	Neuropsychology
Brigitte Sabourin	Pain Service
Jo Ann Unger	Child Psychology
Norah Vincent	Adult Outpatient Psychology
David Willoughby	Child Protection Centre

Manitoba Adolescent Treatment Centre

Michelle Warren	Community Child Outpatient Psychology
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Occupational Stress Injuries Clinic at Deer Lodge (OSIC)

Kevin Barber	Adult Outpatient Mental Health
Carmen Bodkyn	Adult Outpatient Mental Health
Pam Holens	Adult Outpatient Mental Health

Natalie Mota	Adult Outpatient Mental Health
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Victoria Hospital

Valerie Krysanski	Adult Inpatient and Outpatient Mental Health
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Other locations in Winnipeg

Joanna Bhaskaran	Newcomer Mental Health Program
Jessica Dupasquier	Klinik Community Health
Erin Johns	Access Downtown
Darren Neufeld	Access Fort Garry
Zoe Therrien	Centre de santé Saint- Boniface
Gregg Tkachuk	Pan Am Pain Clinic

Rural Manitoba

AnnaMarie Carlson	Psychology & Chronic Illness Prevention, Brandon, Manitoba
Anastasia Gibson	Community Mental Health Services, Brandon, Manitoba
Jolene Kinley	Selkirk, Manitoba
Alejandra Ogando	Selkirk Mental Health Centre
Amanda Lints-Martindale	Steinbach, Manitoba
Karen Narduzzi	Centre for Adult Psychiatry, Brandon Manitoba

Research

Our faculty are engaged in a wide variety of research areas. Our department's main webpage highlights a number of prominent research projects, honours and achievements, and can be accessed at <https://umanitoba.ca/medicine/departement-clinical-health-psychology>. A full listing of publications and presentations by our department can be viewed in our annual research report, which can be requested by emailing kate.walsh@umanitoba.ca.

Applying to residency

The application deadline for the 2024-2025 residency year is November 1, 2023

This residency participates in the Association of Psychology Postdoctoral and Internship Centers (APPIC) Computer Matching Program. All materials should be submitted electronically via the AAPI Online application process. This includes the verification of internship eligibility and readiness by the academic Director of Clinical Training. Three reference letters should also be included and submitted via the AAPI Online Reference Portal. A minimum of two letters should be from supervisors directly familiar with the applicant's clinical work. Letters should comply with the APPIC standardized reference letter policy. Our program may contact references or the applicant's DCT for further information.

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

Canadian citizens and permanent residents are eligible to apply for positions as Clinical Health Psychology residents. The University of Manitoba encourages applications from qualified women and men, including members of visible minorities, Indigenous peoples, and persons with disabilities. Applicants from CPA or APA accredited doctoral programs in Clinical Psychology are preferred. Applicants from Counselling doctoral programs are considered. We do not accept applicants from School Psychology programs.

An inclusive, open and diverse community is essential to excellence in training and fosters voices that have been ignored or discouraged. To address the Rady Faculty of Health Sciences commitment to equity, diversity and inclusion, and in recognition of the under-representation of members of historically and currently excluded groups, we take proactive measures throughout our residency admissions process striving for diversity and cultural safety. This includes implicit bias training for all interview panels, and prioritizing self-identified Indigenous applicants for interview. We encourage you to self-identify any aspect of diversity in your cover letter, noting disclosure is of course, completely optional.

Dissertation proposals must be approved by the residency application deadline. 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.

This residency abides by all guidelines of APPIC regarding offers of resident positions and communication with applicants. This residency abides by the APPIC policy that no person at this training site will solicit, accept, or use any ranking-related information from any applicant. 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).

Residency interviews

As recommended by CCPPP and APPIC, we will offer **exclusively virtual interviews during the week of January 15-19, 2024**. Unfortunately, we cannot interview all applicants. We will contact you by e-mail about your interview status on the CCPPP uniform interview notification day (**Friday December 1, 2023**). Virtual interviews include meeting with supervisors of the stream(s), a small group meeting with the Residency Director, and a meeting with current residents.

Public Disclosure Information: - Residency Positions and Applications over past 7 years

Academic Year/Cohort	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24
CHP Positions	8	8	8	11	11	11	12	11
Applications	99	93	101	91	112	101	100	83
Interviewed/Short-Listed	69	68	70	58	68	68	79	64
Ranked	59	64	67	52	58	59	71	58
Matched	8	8	8	11	11	11	12	11
Matched as % Applications	8%	9%	8%	12%	10%	11%	12%	13%

Public Disclosure Table: Our Residents

Academic Year/Cohort	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24
Males	4	1	0	1	1	3	1	2
Self-Identify as Diverse (ie, minority, disability, LGBTQ)				2	2	3	2	3
From Outside of Province	5	8	7	9	8	7	7	5
From Outside of Canada	0	1	1	1	1	1	0	0
Mean Practicum Hours on APPI – Assessment and Intervention			756	673	653	630.6	653.09	599.45
Mean Practicum Hours on APPI-Supervision			347	328	393	274	299	334
Mean Practicum Hours on APPI-Support/Indirect			990	1,001	927	760	875	1,222
Mean Total Hours (Automatic)	1,909	1,718	2,093	2,002	1,973	1,665	1,827	2,156
Salary	\$55,621	\$57,187	\$57,187	\$57,187	\$60,404	\$60,404	\$60,404	\$62,663

Additional information for applicants

University Registration

Clinical Health Psychology Residents are registered as postgraduate students in the Max Rady College of Medicine at the University of Manitoba. Shared Health 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 (provided by BMS). Coverage must be in effect by the first day of residency and be renewed to continue coverage to the end of the residency year. 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 and thirteen 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

Parking passes, which can be used at the teaching hospitals, can be purchased by residents.

University of Manitoba Accessibility Policy

The University of Manitoba is committed to reasonable accommodation of the needs of residents with documented disabilities by making efforts to create a barrier-free learning environment and by providing other supports and services within the limits of available resources. The University of Manitoba will endeavour to meet the identified needs of each resident by adapting services, courses, and programs if feasible and as resources allow, while maintaining appropriate academic standards. The University expects that the responsibility for making reasonable accommodations will be shared by the resident, employer, instructors and support staff. Within the College of Medicine, each resident with a disability is entitled to reasonable accommodation that will assist them to meet the academic as well as the technical standards, full policy can be accessed on the University of Manitoba website: <https://umanitoba.ca/accessibility/>

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 Residency Director.

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 Residency Director, and relevant administrative support staff.

Please don't hesitate to reach out to us if you have any questions.

Dr. Patricia Furer

Residency Program Training Director

pfurer@sbgh.mb.ca

(204) 237-2616

Ms. Kate Walsh, Academic Administration Lead

Kate.walsh@umanitoba.ca

Department of Clinical Health Psychology Max Rady College of Medicine, University of Manitoba

PZ 350, 771 Bannatyne Avenue, Winnipeg, Manitoba, R3E 3N4

Why Live in Manitoba?



There is something for everyone!

<https://www.tourismwinnipeg.com/video> <https://www.travelmanitoba.com/>

Winnipeg is one of the sunniest cities in Canada (averaging 316 sunny days per year), located in the geographical centre of our country. It is the capital of Manitoba. The population is 750,000, and its location far from other Canadian city centres gives it a “big” small city vibe. You can reach anywhere within city limits in 30 minutes, the city boasts an impressive amount of green space and trails along its two rivers and near its many parks, and there is excellent cottage and lake country nearby (including Grand Beach, ranked one of the top 10 beaches in Canada). Housing is affordable in this family- friendly city with excellent arts, food, and sports scenes. There is something for everyone in the friendliest province!

Top Winnipeg Tourist Attractions:

- The Forks National Historic Site, market, and river trail (the longest outdoor skating rink in Canada)
- Canadian Museum for Human Rights (the only national museum outside of Ottawa)
- Assiniboine Park Zoo and polar bear conservation centre

3 Professional Sports Teams:

- Winnipeg Jets NHL
- Winnipeg Blue Bombers CFL
- Winnipeg Goldeyes (Professional Baseball)

Food Scene:

- Varied multicultural and affordable Restaurants
- More than 17 craft breweries and distilleries

Arts:

- Winnipeg Symphony Orchestra
- Royal Winnipeg Ballet
- Royal Manitoba Theatre Centre
- Manitoba Opera
- Canada Life Centre entertainment events

Major Festivals:

- Festival du Voyageur (winter festival honoring Franco Manitoban heritage)
- Fringe Theatre Festival
- Jazz Festival
- Folk Festival (outdoor music festival)
- Folklorama (multicultural festival)
- ManyFest (food truck wars)
- Countryfest (Dauphin)
- Icelandic Festival (Gimli)

Elsewhere in Manitoba:

- Bird’s Hill Provincial Park (30 minutes from the city)
- Riding Mountain National Park
- Whiteshell Provincial Park Churchill (polar bears and beluga whales)

Out of Province:

- Two hours from the border of Ontario for more excellent cottage country (e.g., Kenora, Lake of the Woods)
- Minneapolis is an 8-hour drive for a long-weekend trip