DEPARTMENT OF
CLINICAL HEALTH
PSYCHOLOGY

RESIDENCY PROGRAM
2015- 2016

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# Table of Contents

CLINICAL PSYCHOLOGY RESIDENCY 2015-2016..........................................................3

Values of our Residency Program........................................................................5

ADULT STREAM ........................................................................................................9

CHILD and ADOLESCENT STREAM ....................................................................12

ADULT NEUROPSYCHOLOGY STREAM.................................................................14

RURAL STREAM .....................................................................................................15

MINOR ROTATIONS/OPTIONS.............................................................................20

DIDACTICS.............................................................................................................22

ADMINISTRATIVE EXPERIENCE.........................................................................23

PSYCHOLOGY STAFF.........................................................................................24

RESEARCH .........................................................................................................27

STIPEND, BENEFITS, AND CONDITIONS .......................................................32

APPLYING FOR RESIDENCY .............................................................................34
The Department of Clinical Health Psychology in the College of Medicine, Faculty of Health Sciences at the University of Manitoba, offers a twelve-month Pre-doctoral Residency in Clinical Psychology beginning September 1, 2015 and ending August 31, 2016. Our internship is fully accredited by the Canadian Psychological Association through the 2017-2018 training year.


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

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

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

Descriptions of each stream are described in the pages that follow. Applicants may apply to one or more of these four streams. Interviewing and ranking of applicants are conducted independently by supervisors from the Adult, Child, and Neuropsychology Streams. The Rural Stream interviews are conducted jointly by supervisors across all three health regions; however, rankings for these positions occur independently (e.g. applicants apply to interview in this stream, but rankings will be submitted separately for each of the three positions).

All residents participate in seminars on professional and clinical issues, case presentations, teaching rounds and departmental Grand Rounds. Thus, residents have the opportunity to acquire knowledge and develop competence in a variety of areas of clinical health psychology, regardless of which area of emphasis they have chosen. Additional cross-cultural and inter-professional experience is also fostered through four Diversity Minor (half-day) experiences.
The stipend for the residency is $54,956 for the year. Psychology residents are members of the Professional Association of Residents and Interns of Manitoba (P.A.R.I.M.), and have salary and benefit parity with first year medical residents in the College of Medicine, University of Manitoba.

This residency participates in the APPIC Computer Matching Program. All materials should be submitted electronically via the AAPI Online application process.

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

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

The application deadline for the 2015 - 2016 training year is November 1, 2014

Our program abides by the recommendations of the CCPPP for a uniform interview notification date of December 5 and a regionalized scheduling of interviews in January. For 2015, our interviews will be scheduled during the week of the 19th to the 23rd. Personal interviews provide the applicant with important information about our program, its facilities, and the city of Winnipeg. Applicants who are offered an interview but cannot travel to Winnipeg will have telephone (or Skype) interviews arranged with clinical supervisors, current residents, and the Director of Training.
Values of our Residency Program

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

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

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

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

**Expanding role of psychology.** The role of psychology in health care is expanding, and psychologists should be capable of applying their skills and knowledge to new areas of health care. We believe that clinical psychologists should apply their skills to a wide variety of problems. These domains of practice include the area of mental health, where psychology has a traditional expertise, plus other areas of service that expand to include the health care system as a whole.
This expanded focus also includes the areas of primary prevention and health promotion. We believe that in the future, career opportunities for psychologists and opportunities to improve population health will increasingly be found in non-traditional areas of psychology practice. Psychologists have a social responsibility to apply their skills and knowledge to areas in which human health and well-being can be improved through their interventions.

**Generalist training.** We believe that training at the pre-doctoral residency level should be broad in nature, in order to produce generalist clinical psychologists who are prepared for providing primary care and for entry into advanced or specialized training or careers in clinical research and teaching. We believe that residency should be a broadening experience for students rather than an experience of increasingly narrow specialization. We believe that post-doctoral training is the appropriate place for intensive specialization. We believe that broad generalist skills best equip graduates for the changing job market and the expanding role of the profession. Increasingly, in Canada, psychologists are self-employed in independent practice settings and the trend shows no signs of abating. There is a shift from institutional practice, where psychologists are often consultants to other health professionals, to the primary care role, where psychologists contract directly with clients for service; and from salaried positions to positions funded by direct client billing or third party payers. We believe that it is a responsibility of the residency to prepare residents as much as possible for the many different roles that may be required in their future careers as professional psychologists.

The goals and objectives that follow from these values are:

**Goals:**

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

**Objectives:**

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

Objectives:
- Residents will routinely seek out current scientific knowledge and apply this knowledge as required to ensure responsible clinical practice. Case presentations will be scientifically informed.
- Supervisors will evaluate residents’ application of current scientific knowledge to practice.
- Residents will attend departmental, hospital, and university-based rounds, colloquia, seminars, and journal clubs to learn about evidence-based practice and research in an applied health setting.

III. Residency year will facilitate a transition from graduate student to professional psychologist. Residents will solidify their professional identities as psychologists and increase their awareness of issues affecting the profession and the health care system, including the diversity of roles and settings in which psychologists function. They will be prepared to proceed to registration/licensure and to take an active role in professional self-governance to advance the profession of psychology, for the benefit of society.

Objectives:
- Residents attend and participate in departmental staff meetings and gain understanding of professional governance and administrative issues at the departmental, hospital, city, provincial and national levels.
- Residents participate in the Education and Training Committee meetings.
- Residents have opportunities to participate in other university and hospital administrative activities such as search committees, Standards Committee, Continuing Education Committee.
- Residents will have an opportunity to participate in teaching clinical skills to undergraduate medical students.
- Residents have opportunities to participate in the activities of the Professional Association of Residents and Interns of Manitoba (PARIM), and the Manitoba Psychological Society (MPS).
- Residents are exposed to important information regarding regulatory issues, professional licensing requirements, and practical information on beginning their professional careers.
IV. Residents will become competent in assessment, treatment, and consultation with clients of different age, gender, cultural/ethnic and social backgrounds.

Objectives:
- Residents will have exposure to clinical practice issues across the developmental age span.
- Residents will assess and treat both males and females.
- Residents will assess and treat clients or patients from diverse cultural/ethnic and linguistic backgrounds.
- Residents will assess or treat at least one patient from a rural or northern community.
- Residents will make at least one clinical case presentation to the group about a case with a significant cultural or diversity component and describe how they modified their clinical approach or understanding of the case based on their appreciation of these differences.
- Residents will complete four Diversity Minor Rotation experiences over the course of the year.

V. Residents will receive broad generalist training: learn to apply psychological knowledge and skills to new clinical problems or populations, both in the area of mental health and in other areas of health care.

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

Across both major rotations in the Adult Stream, there is an overall orientation toward promoting the resident's professional identity and distinctiveness as a psychologist within a system where the predominant model is medical. Residents also experience opportunities for the development of 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.

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

Adult Psychology Services, St. Boniface Hospital: Psychodiagnostic and Cognitive Assessment/Anxiety disorders interventions

This rotation provides hospital-based experiences with a significant emphasis on adult assessment and consultation, and on cognitive behaviour therapy targeting anxiety with adult outpatients.

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

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

**Adult Psychology Outpatient Services, Health Sciences Centre**

**Advanced Psychotherapy/ Health Psychology:**

This rotation emphasizes psychological intervention with outpatients presenting with primary mental health or health psychology-related problems. The rotation will be characterized by opportunities to conceptualize therapy cases using different orientations (e.g., cognitive-behavioural, interpersonal, solution-focused), and there will be opportunities and indeed an emphasis on working in a different style than what the resident is accustomed. Also, there is a focus on developing a high level of therapy process skills, and on increasing the resident’s effectiveness as a therapist. The prime focus is on identifying variables that enhance the therapeutic relationship/outcome and on increasing the resident’s effectiveness as a therapist. The goal is to help the resident refine/advance therapeutic skills and to promote growth as a therapist by integrating past experiences, new learning and the self.

The intensive psychotherapy training clinic provides an opportunity for the resident to conduct therapy with patients experiencing a range of health problems. Common problems include sleep disorders, unexplained chronic fatigue, as well as primary mood, anxiety, and personality disorders. There will also be an opportunity for group therapy in the areas of depression and sleep disorders. Many sessions will be conducted before a one-way mirror to provide the resident with an opportunity to receive ongoing and timely feedback and to observe other styles of therapy. Residents are given some choice as to the type of patients they wish to treat and are usually expected to see four patients on a continuous basis. Group and individual supervision is offered. In some cases, patients may be seen in co-therapy with the supervisor. Approximately two-thirds of the major rotation time is focused on advanced psychotherapy skills through this approach.

The resident will also have the opportunity to develop assessment and intervention skills in the area of health psychology, providing therapy to medical patients with chronic illness, where stress, anxiety, or pain are often contributory or central to their medical disorder. The resident will be able to co-lead a structured group treatment program for adults with irritable bowel syndrome. The treatment approach offered is cognitive-behavioral, and patients are typically referred from internal medicine or from family physicians. The resident will be involved in patient selection, intake interviews, report writing, and homework monitoring, as well as a relapse prevention follow-up session. Program evaluation is a strong component of this experience, and the resident will have the opportunity to observe how program evaluation is conducted in an applied setting. Residents
also typically provide more tailored individual treatment to 2-4 patients with chronic disease, including illness-related chronic pain in order to solidify therapy skills in this subspecialty area. Approximately one-third of the major rotation time is focused on this health psychology component.

Upon completion of this rotation, the aim is for the resident to function as a true scientist-practitioner with a variety of therapeutic strategies drawn from different orientations. In addition, the resident will have become aware of how to be more effective with patients in session through a focus on therapeutic language and attention to therapy process issues. Residents will increase their breadth and depth of knowledge about specific health conditions, and further develop their understanding of the interaction of psychological factors with physical health.
CHILD and ADOLESCENT STREAM

Child and Adolescent Psychology at Health Sciences Centre provides a variety of services to children, adolescents, and their families at the PsycheHealth Centre and Children's Hospital. Residents in the Child and Adolescent Stream complete two, six-month major rotations at Health Sciences Centre.

Child & Adolescent Rotation, Health Sciences Centre Consultation/Assessment Service

Residents routinely conduct comprehensive assessments of children and adolescents with a wide range of presenting problems. Most referrals from Children's Hospital involve children and adolescents with an identified medical or developmental problem. Common assessment questions include the cognitive and behavioural effects of traumatic brain injury, epilepsy or other neuropsychological problems. Referrals from the Mental Health Program often involve differential diagnosis of adolescents presenting with primary mental health concerns (depression, anxiety, psychosis, personality disorders), or evaluation of children with suspected learning disabilities, or other developmental disorders.

Although the goal of the rotation is for the resident to acquire generalist outpatient-based training through exposure to a wide variety of presenting problems, ages, and approaches, more specialized experiences with specific populations are often available to meet individual training needs and interests. For example, many residents have chosen to gain some experience conducting psychodiagnostic assessments with children and adolescents in the PsycheHealth inpatient psychiatric unit. Residents may also choose some involvement as a member of a multidisciplinary Pediatric Brain Injury Team. Other special populations that may be included in an individual's caseload, depending on the resident's previous experience and interests, include adolescents with eating disorders, or preschoolers presenting with a wide range of developmental and emotional difficulties.

Child & Adolescent Rotation, Health Sciences Centre Outpatient Intervention Service

Residents on this rotation will spend their time delivering evidence-based psychological interventions to children, adolescents, and families. Treatment referrals are typically quite broad in scope, but frequently include mental health referrals (i.e. anxiety, mood, family-based problems) as well as problems within the domain of health psychology such as encopresis, coping with illness or disability, and somatoform disorders (e.g. pain management, conversion symptoms), or problems in the domain of parent-child interaction. Treatment referrals from other mental health professionals most often comprise requests for behavioural or cognitive-behavioural interventions. Opportunities to provide consultation and intervention to youth and families from the pediatric diabetes service, facing issues such as treatment adherence, adjustment to illness, family stressors and conflict, all within the context of a chronic illness is also part of this rotation. An emphasis will be placed on integrative treatment approaches. Residents will gain considerable exposure to evidence-based cognitive-behavioural interventions. Opportunities for group therapy with children or adolescents
are also often available. Finally, all residents will, during this rotation, carry a caseload of family therapy clients where the predominant theoretical orientation will be family systems theory.
ADULT NEUROPSYCHOLOGY STREAM

The main objective of this stream is to further develop knowledge and skills in applying neuropsychological assessment 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. This Stream is intended to provide residents with the language, skills, experiences, and confidence necessary to function within the general health care system. Prior training (i.e., courses and experience) in Neuropsychology is required.

During the first four months of the training year (September to December), the resident will complete rotations within the broad domains of adult clinical and health psychology. Typical rotations would include some exposure to the following three core domains, although exposure to other clinical populations and approaches are available in response to the individual training needs and objectives of the resident:

1. Pain or other Health Psychology Service
2. Manitoba Public Insurance (exposure to the role of the consultant clinical/neuropsychologist in the area of disability insurance)
3. Adult Psychotherapy Service

The resident will also actively carry one adult psychotherapy therapy case throughout the 12-month residency.

The remaining eight months (January to August) will be devoted to the major rotation in adult neuropsychology. The structure of the major rotation is divided roughly into three semesters. The first semester will emphasize general neuropsychological assessment. The resident will select referrals from the General Neuropsychology waitlist at the PsycHealth Center at Health Sciences Centre. This service receives referrals from family physicians and a wide variety of medical specialists from within the health region. Presenting problems typically include, but are not limited to the following: brain tumours, ruptured aneurysms, multiple sclerosis, movement disorders, dementias, infectious processes, and comorbid cognitive and psychiatric difficulties.

In the second semester, the resident will complete inpatient or pre-operative neuropsychological assessments. At HSC, we receive referrals for pre-operative neuropsychological evaluations, particularly for epilepsy surgery and deep brain stimulation for movement disorders. Residents may have the opportunity to participate in intracarotid anaesthetic procedures and to observe neurosurgery.
In addition to presurgical assessments, the resident will continue to see patients from the General Neuropsychology Waitlist.

In the third semester, residents will have the opportunity to work with individuals who have experienced stroke, traumatic brain injury, spinal cord damage, limb amputation, acute and/or chronic pain, and the sequelae of these conditions. Typical referrals include requests for assessments of rehabilitation potential, ability to return to independent living, vocational planning, and aiding adjustment to chronic illness. Dr. Ritchie also provides neuropsychological rehabilitation services on an individual or group basis. The resident will have the opportunity to participate in or inform neurocognitive rehabilitation with patients.

Finally, across the residency year, the resident will have opportunities to participate in the Early Cognitive Change Clinic for Older Adults at St. Boniface Hospital. The assessment component of this program involves a 2-hour visit in which a patient is evaluated by a Clinical Neuropsychologist, and the patient’s program partner (i.e., significant other) meets with a Clinical Geropsychologist. In the afternoons, the ECCC program runs an intervention program (i.e., Partners in Memory group) consisting of 10 weekly two-hour group sessions involving patients and their program partner. The sessions emphasize education regarding Mild Cognitive Impairment, memory and mood difficulties. Participants learn practical cognitive and lifestyle strategies to improve everyday memory and help maintain brain health. Additionally, caregiver support and education are provided.

Throughout the year, the Neuropsychology resident will be required to attend rounds. These rounds include neuroscience, movement disorder, epilepsy, brain cutting, neuroradiology and rehabilitation medicine rounds. Participation in the monthly neuropsychology journal club is also required, with the expectation of one presentation by the resident.
RURAL STREAM—Interlake-Eastern & Southern Health Regions

The goals of this stream are to provide residents with closely supervised clinical experiences in culturally appropriate service provision with a broad diversity of primary care activities and opportunities for collaboration with multi-disciplinary teams. Given that it is not possible to predict from one year to the next the proportion of clinical cases involving children, adolescents, and adults during the second six months of the Rural Rotation, applicants who have been most successful in recent years tend to have a balanced complement of training in work with clients across the developmental spectrum. The second six months also typically involves the completion of several complex psychometric psychological assessments. As a result, experience beyond coursework requirements in assessment involving cognitive, personality, and diagnostic clarification with both children and adults would be an additional asset for applicants. Individuals with particular interest in community-based approaches and rural mental health, working with underserved 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.

Urban Rotations
The resident’s first six months (September through February) will be spent in clinical rotations in Winnipeg teaching hospitals.

Residents in the Interlake-Eastern and Southern positions will complete training experiences with both adult and child oriented rotations designed to provide the resident with a breadth of clinical experiences in the area of child and adolescent mental health.

Child training for these two positions occurs at the Manitoba Adolescent Treatment Centre (MATC) within the context of two multidisciplinary service teams (Tourette Syndrome Clinic and the Community Child and Adolescent Treatment Service or C-CATS). These clinics provide the resident with broad-based exposure to mental health problems in youth within the context of a multidisciplinary team-based approach. Specialty training opportunities in areas of ADHD, youth forensics, or residential treatment for severe mental health problems may also be available. Residents will complete this rotation with broad exposure to assessment and intervention techniques across the range of mental health problems with which youth typically seek services from psychologists (internalizing and externalizing problems, and neurodevelopmental concerns including autism spectrum and other developmental disorders).

Adult training for the Interlake-Eastern and Southern positions will typically occur at St. Boniface Hospital. Training modules will include psychodiagnostic assessment, evidence-based treatment of anxiety and related disorders, in addition to specialty exposure to such areas as Women’s Health (Perinatal health, post-partum mood and anxiety disorders), Chronic Illness adjustment, Cardiac Psychology, and geriatric psychology.
Training experiences in this rotation are individualized to meet each resident’s training needs and interests.

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

The resident’s second six months (March through August) will be spent in full-time clinical training in a rural region of Manitoba’s Interlake-Eastern or Southern Health Regions (both of which are commutable to or from Winnipeg). Supervision will be provided by a psychologist based in the region. The “home base” for the resident will vary from year to year, but typically occurs in the communities of Selkirk, Oakbank, or Steinbach. The rural resident will maintain contact with residents in Winnipeg one day per week, through weekly case conferences, seminars, and other departmental activities. The specific location of the rotations will be announced in the fall, well before our application deadline of November 1.

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

The city of Steinbach is located within the Southern Regional Health Authority. 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 Southern Regional Health Authority, this rural stream of the residency program provides services to individuals across diverse ages, backgrounds, and presenting problems to individuals from the city of Steinbach and the surrounding rural communities (e.g., Ste. Anne, St. Pierre-Jolys, La Broquerie, Niverville, and Vita). Opportunities to provide consultation to staff based at the Crisis Stabilization Unit in Steinbach and behavioural recommendations for older adults with dementia (i.e., residing in long-term care facilities) are also available through this rotation.
Both positions in our Rural Stream are intended to expose the resident to a community-based consultative service delivery model. Within this framework, residents have opportunities to complete psychological assessments and provide therapy services (individual, family, groups) to clients across diverse ages, backgrounds, and presenting problems. Residents also provide consultative services to community mental health workers and other health care professionals based in several rural communities, and may be involved in programme development and evaluation, and health promotion and illness prevention efforts. It is also expected that the rural resident will provide one educational workshop or community presentation during the course of this rotation. The content and format of these presentations has varied considerably across residents and are based on the particular resident’s interests and expertise.

The rural rotation involves travel within the region, although the resident can quite easily live in Winnipeg and commute daily to their home base of Selkirk, Oakbank, or Steinbach (35, 30, and 65 km outside Winnipeg, respectively). An average of 2-3 hours per week of travel time between communities is also expected. A valid driver’s license and a vehicle are required for this residency position.

RURAL STREAM- Adult Lifespan-Brandon

Residents in this stream spend half of their year in urban rotations, similar to all other residents, and the second half of their training year in Brandon, Manitoba. The goals of this stream are to provide residents with supervised clinical experiences in provision of assessment, treatment, and consultation, as well as opportunities for collaboration with multi-disciplinary teams. Individuals with particular interests in community-based approaches, cultural factors in health, and opportunities to provide consultation and to be embedded in a multi-disciplinary team structure, may find this stream of our program especially attractive. This stream is also unique in that it provides opportunities to work clinically with individuals across the adult lifespan, and in a variety of contexts (outpatient, inpatient, community), with a focus on trauma–related concerns, geriatric psychology, community mental health, and health psychology. Candidates should demonstrate a flexible attitude, willingness to learn, and ability to work well both independently and within team settings. The ideal candidate would come to us with both assessment and intervention experience.

Urban Rotation

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

Assessment and treatment of young and middle adult populations occur at the Operational Stress Injury Clinic at Deer Lodge Centre, where residents have the opportunity to work with active-duty
military, veterans and police who experience diverse presenting problems such as anxiety disorders (especially trauma), mood disorders, personality disorders, and addictions. There will be opportunities to provide service at-a-distance using videoconferencing and become familiar with apps as treatment adjuncts.

Assessment and treatment of older adults (age 55+) occur in the McEwen Building at St. Boniface Hospital. This component of the major rotation emphasizes training in treatment services with older adults. 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 of caregivers for 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.

**Brandon Community Rotation**

The resident’s second six months (March through August) will be spent in full-time clinical training in Brandon, MB, a small city 200 km west of Winnipeg. Contact with the other residents will be maintained during this rotation by weekly videoconference.

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

There is a wide range of diagnostic groups seen in this rotation, with exposure to both mental health and health psychology service areas. The most common diagnostic presentations in adult community mental health services include, but are not limited to, depressive disorders, anxiety-related disorders (such as generalized anxiety, phobias, and panic symptoms), obsessive-compulsive disorder, hoarding, post-traumatic stress and abuse issues, adjustment disorders, and personality related disorder. Cognitive assessments include intelligence testing, adaptive functioning, learning barriers, and diagnostic queries. The Health Psychology component is housed in the Brandon Regional Health Centre, a 300+ bed hospital and rehabilitation centre.
Residents will have the opportunity to provide service to the following groups: outpatients with chronic pain, cardiac disease, pulmonary disease, renal failure and diabetes, as part of a multi-disciplinary treatment team; inpatients on the medical units within the hospital. Services provided include individual psychotherapy and biofeedback, group therapy, and psychoeducational presentations.
MINOR ROTATIONS/OPTIONS

Although we offer residents a choice of one of the four streams or areas of emphasis (Adult, Child & Adolescent, Adult Neuropsychology, Rural) every resident will work with a considerable diversity of clients of different ages, cultural and socioeconomic backgrounds, lifestyles, and disabilities, and every resident will have the opportunity to work in a variety of clinical settings. In order to provide a breadth of training experiences, residents will complete minor rotations or options in domains outside of their primary, major rotations. These options will be chosen in consultation with the Training Director with the goal of ensuring that residents complete their training year with broad, generalist skills and exposure to working with other populations, age groups, clinical settings, or modalities of assessment and treatment than the ones they encounter in their major rotations.

Minor Rotation/Options that are available will vary slightly from year to year, but usually include:

- Clinical Geriatric Psychology / Neuropsychology
- Clinical Child Psychology - Child Protection Centre
- Adult Eating Disorders
- Adult Inpatient Assessment
- Women's Health
- Chronic Pain Service
- Cardiac Psychology
- Clinical Child Psychology/Neuropsychology
- Combat-Related Trauma and Military Psychology
- Anxiety Disorders (child or adult teams)
- Forensic Psychology – (Adult or Youth)
- Adult Health Psychology
- Primary/Shared Care Clinic
- Aboriginal Health and Wellness Centre and/or Northern Connections Clinic
- Intensive/Long term Psychotherapy Case (child or adult)

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

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

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

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

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

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

- Bereavement and the elderly
- Eating Disorders in adolescents
- Empirical basis of the Rorschach
- Ethical and professional issues
- Ethics and intro to child psychotherapy
- Forensic Psychology/Risk Assessment
- Working with Gay/Lesbian clients
- Getting a Job in Psychology
- Intro to Psychopharmacology
- Living with Schizophrenia
- Neuropsychology
- Private practice issues
- Professional standards and registration in Manitoba and Canada
- Program evaluation (Cost-effectiveness)
- Program evaluation (Treatment effectiveness)
- Recent advances in cognitive-behaviour therapy
- Suicide Risk Assessment & Intervention
- Supervision Issues
- Trauma and the Military
ADMINISTRATIVE EXPERIENCE

*Education and Training Committee.* All psychology residents are members of the Education and Training Committee, chaired by the Director of Training, and participate in the administrative operations of the program. Residents also participate in the resident applicant interview process. Residents may also serve on University or Departmental committees, such as Standards, Quality Assurance and Search committees.
PSYCHOLOGY STAFF

St. Boniface General Hospital (SBGH)

Rehman ABDULREHMAN, Ph.D.  Anxiety Disorders Clinic. Cross cultural psychology and application of cognitive behavioral therapy with cross cultural and global populations.
Patricia FURER, Ph.D.  Anxiety Disorders Clinic: Panic Disorder, Intense Illness Concern.  
Major Rotation Supervisor (Adult).

George KAOUKIS, Ph.D.  Health Psychology Service.  Supervisor, Adult Psychotherapy, Stress & Anger Management, Cardiac Rehabilitation Minor Rotation.

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

Lesley KOVEN, Ph.D.  Health Psychology Service.  Supervisor, Adult Psychotherapy, Geriatric Neuropsychology Minor.

Carrie LIONBERG, Ph.D.  Health Psychology: Pelvic Pain, CBT for Depression.  Major Rotation Supervisor, Rural Stream.  Minor Rotation Supervisor (Women’s Health).

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

Health Sciences Centre (HSC)

John ARNETT, Ph.D.  Neuropsychology.

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

Patricia FERGUSSON, Ph.D.  Eating Disorders Service (Adult & Child/Adolescent); Minor Rotation Supervisor.
Lesley GRAFF, Ph.D.  Health Psychology Consultation Service.  **Major Rotation Supervisor, Adult Stream**, Health Psychology

Leonard GREENWOOD, Ph.D.  Child Protection Center; Supervisor, Psychotherapy and Minor Rotation

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

Maxine HOLMQVIST, Ph.D.  Adult Outpatient Treatment. Aboriginal and health psychology.

Robert McILWRAITH, Ph.D.  **Head, Dept. of Clinical Health Psychology**.  Adult Inpatient Mental Health

Andrea PIOTROWSKI, Ph.D.  Adult Inpatient Mental Health. Minor rotation supervisor.

Lesley RITCHIE, Ph.D.  **Supervisor, Adult Neuropsychology Stream**

Nicole TAYLOR, Ph.D.  Child and Adolescent Psychology. Minor Rotation Supervisor.
Michael TESCHUK, Ph.D.  Child and Adolescent Psychology.  **Training Director**.  Child Psychology Services.

Norah VINCENT, Ph.D.  Adult Outpatient Psychology.  **Major Rotation Supervisor, Adult Stream**.

**Elsewhere in Winnipeg**

Jason EDIGER, Ph.D.  Seven Oaks General Hospital. Minor Rotation Supervisor.

Garry FISHER, Ph.D.  Youth Forensics.  Minor Rotation Supervisor
Pam HOLENS, Ph.D.  Operational Stress Injuries, Deer Lodge Centre. Adult Psychotherapy Supervisor.

Debbie WHITNEY, Ph.D.  Deer Lodge Centre, Operational Stress Injuries, **Major Rotation Supervisor, Rural Stream**.

Jean Valerie KRYSANSKI, Ph.D.  Victoria General Hospital. Inpatient and Outpatient Mental Health. Minor Rotation Supervisor.
Jaye MILES, Ph.D.  Manitoba Adolescent Treatment Centre.  **Major Rotation Supervisor, Rural Stream**.
Colleen MILLIKIN, Ph.D.  Geriatric Psychology, Deer Lodge Centre
Gary SHADY, Ph.D. Pediatric Psychology Clinic and Tourette's Clinic. Major Rotation Supervisor, Rural Stream
Gregg TKACHUK, Ph.D. Pan Am Pain Clinic. Minor Rotation Supervisor.
Laine TORGRUD, Ph.D. Grace General Hospital. Major Rotation Supervisor, Rural Stream.

Rural and Northern Manitoba

Karen DYCK, Ph.D. Interlake Region. Major Rotation Supervisor, Rural Stream. Director, Rural & Northern Psychology Program

AnnaMarie CARLSON, Ph.D. Health Psychology & Chronic Illness Prevention, Brandon, Manitoba. Major Rotation Supervisor, Rural Stream.

Greg GIBSON, Ph.D. Community Mental Health Services, Brandon, Manitoba. Major Rotation Supervisor, Rural Stream.

Michelle HAUGHEN, Psy D. Dauphin, Manitoba. Major Rotation Supervisor, Rural Stream.


Susan HOLM, Ph.D. Selkirk Mental Health Centre. Minor Rotation Supervisor, Rural Stream.
Amanda LINTS-MARTINDALE, Ph.D. Steinbach, Manitoba. Major Rotation Supervisor, Rural Stream.
Tiffany LIPPENS, Ph.D. Portage la Prairie, Morden-Winkler, Manitoba.
RESEARCH

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


**Dyck, K.G.** &** Hardy, C.** (2013) Enhancing access to psychologically informed mental health services in rural and northern communities. Invited submission, CPA award for distinguished contribution to psychology as a profession. *Canadian Psychology*, 54 (1), 30-37


Vincent, N., & Walsh, K. (2013) Hyperarousal, sleep scheduling, and time in bed as mediators of outcome in computerized cognitive-behavioral therapy (eCBT) for insomnia. *Behaviour Research and Therapy, 51*, 161-166


Books:


STIPEND, BENEFITS, AND CONDITIONS

Stipend
The stipend for a pre-doctoral resident during the 2015-2016 year is $54,956.

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

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

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

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

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

Education Leave
We encourage residents to complete their dissertations before residency or to have made sufficient progress to enable them to defend their dissertations during the residency year, as this enables them to accept job opportunities or post-doctoral training immediately after residency. The PARIM contract allows residents up to five days paid Educational Leave, which can be used for the purpose of dissertation defense, writing licensing examinations, or attending an academic conference.
Parking
Reciprocal parking passes, which can be used at both teaching hospitals, can be purchased by residents.

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

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

Are You Ready to Apply for Residency?

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

APPIC regulations make it clear that acceptance of a resident position is binding. Doctoral programs which permit a student to apply for and be matched with a residency position are thereby making a commitment to the student and to the residency, and must not later retract the student's permission to begin residency because a requirement is not completed between the time of the match and the start of residency in September. We consider it unfair for a doctoral program to allow a student to apply for and to be matched with a residency if permission to begin residency is conditional on the successful completion of program requirements that are still unmet at the time of the match. We therefore ask that applicants and their Directors of Training or Department Heads carefully review their program's requirements for releasing the student to go on residency, to ensure that students who are applying for residency positions will indeed be allowed to begin residency September 1, 2015.

Dissertation proposals must be approved by application deadline (November 1, 2014). Applicants who have not defended their proposal by the application date cannot be considered. We prefer that students’ data has been collected by the application deadline and that dissertations be completed prior to beginning residency.

Application Procedures

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

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

In your cover letter, please clearly indicate the Stream(s) to which you are applying.
NOTE: Our program may contact references for further information.

**Interviews**
When we have received all of the materials, we will begin scheduling interviews. We will contact you with regard to your interview status by December 5, 2014 at the latest. Our department can assist you with accommodation arrangements, should you choose a personal interview. Personal interviews include meeting with supervisors of the stream(s), a separate interview with the Director of Training, and a meeting with current residents. Interviews will be held during the week of January 19-23, 2015.

Applicants who are unable to travel to Winnipeg for personal interviews will have a series of telephone (or Skype) interviews scheduled, with the Residency Director, one or more supervisors from the stream(s), and a current resident.

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

Further enquiries can be directed to:

Dr. Mike Teschuk, Director of Training  
Department of Clinical Health Psychology  
Faculty of Medicine, University of Manitoba  
PZ 350, 771 Bannatyne Avenue  
Winnipeg, Manitoba, R3E 3N4  

Phone: (204) 787-3876  
Fax: (204) 787-3755  
Email: mteschuk@hsc.mb.ca
THE DEADLINE FOR RECEIPT OF COMPLETED APPLICATIONS IS NOVEMBER 1, 2014.

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

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

**CCPPP Form/Guidelines for Letters of Recommendation to Canadian Pre-Doctoral Internship Settings**

Obtain from: