Edmonton Cross-Speciality Psychology Residency Consortium (ECPRC)

Policies & Procedures Handbook for 2022-2023

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1,0 INTRODUCTION

The Edmonton Cross-Speciality Psychology Residency Consortium (ECPRC) is located within the greater area of Edmonton, Alberta, Canada – a large city with a metropolitan population of over 1.4 million people. Edmonton is the fifth largest city in Canada and is situated in central Alberta along the North Saskatchewan River.

The Edmonton Cross-Speciality Psychology Residency Consortium is delighted to offer a clinical and counselling psychology residency training program that is hosted by The University of Alberta, Millard Health (WCB Alberta), the YWCA Edmonton, and Cross Cancer Institute (Alberta Health Services). Our main areas of training focus on clinical and counselling psychology across the lifespan, including specialized training in interventions, formal assessment, health psychology, and school and child clinical psychology.

Several of our partner sites have been providing doctoral residencies in the Edmonton area for decades. One of our partner sites (Millard Health) maintained a strong CPA Accredited Doctoral residency program for many years. They bring us a wealth of important experience related to running a CPA accredited program, given that one of our long-term objectives is to attain accreditation. For the past 10 years, members of our consortium have worked closely together to start building a strong training program. We are currently APPIC members, and we are in the process of applying with the Canadian Psychological Association (CPA) for accreditation. In our current composition, the consortium is in its third year as a training program.

There are five primary training tracks:

- **Adult - Health, Clinical and Counselling Psychology.** The Cross Cancer Institute (AHS) residency position focuses on both health psychology and counselling/clinical psychology.

- **Adult - Health, Clinical and Counselling Psychology.** Millard Health (WCB) offers a residency position that focuses on health psychology (including work focused rehabilitation), counselling/clinical psychology as well as general/formal assessment.

- **Lifespan - Clinical and Counselling Psychology.** The YWCA residency position focuses exclusively on clinical and counselling training. This training position offers skill development in working with individuals across the lifespan, though typically from adolescence onward.

- **Lifespan - Clinical and Counselling Psychology.** The University of Alberta offers one residency position that primarily focuses on counselling/clinical psychology as well as formal assessment training. This training position offers skill development in working with individuals across the lifespan including children.

- **Early Lifespan – School and Child Clinical Psychology.** The University of Alberta offers one residency position that primarily focuses on skill development in the areas of

school and child clinical psychology. This training position offers skill development in working with individuals from early childhood to early adulthood (25 years of age or younger). This position also offers formal assessment training as it relates to school and child clinical psychology.

Our training program is a full-time 12-month program that takes place between September to August. Our program exceeds 2000 hours (average of 2080 hours with a minimum of 2072 hours).

1.1 Philosophy of Residency Program

The shared goal of the EHCP consortium is to support Residents to develop competency in clinical, counselling, and health psychology specialities. We also offer opportunities for specialized training in the professional activities of diagnosis, treatment and intervention, psychological assessment, consultation and program evaluation. We aim for Residents to experience diverse training in the public sector and community focused settings with clients across the lifespan.

1.2 Training Goals of the EHCP Consortium Program

In our consortium, we support our Doctoral Residents as they develop into competent independent practitioners, our leaders for the future. To that end, our goals are to help our Doctoral Residents:

1) Develop competency in clinical and counselling psychology interventions such as general assessment and counselling.
2) Develop competency in health psychology interventions such as general assessment and counselling.
3) Develop competency with a broad range of individuals from across the lifespan from young children to older adults.
4) Develop competency in formal assessment including potential experiences with cognitive, neuropsychological, psychoeducational, vocational and personality testing as well as therapeutic assessment.
5) Develop clinical supervision skills by providing mentorship (meta-supervision) to junior students while receiving supervision related to these activities.
6) Develop competency working in multidisciplinary settings where Residents will have regular opportunities to consult with a range of health professionals.
7) Function as exemplar Scientist-Practitioners through various training opportunities by integrating research into practice and by participating in program evaluation activities.

More specifically, our objectives by the end of the residency year can include:

Assessment/consultation:
Residents are expected to achieve competence in the following skills and judgments required for psychological assessment and consultation: interviewing; selecting psychological tests; administering and scoring psychological tests; interpreting test results; integrating findings

from various sources; conceptualizing cases; diagnosing psychological disorders; formulating treatment recommendations; writing assessment/consultation reports; and giving feedback to clients/patients, families, and other professionals.

Treatment:
Residents are expected to achieve competence in the following skills and judgments required for psychological treatment: evaluating treatment needs, working with clients to set realistic treatment goals, selecting interventions, operating effectively within the chosen theoretical orientation(s), responding flexibly to clients' needs as they arise, managing crises, recognizing the need for consultation, and managing termination.

Sensitivity to differences:
Residents are expected to demonstrate sensitivity to individual and group differences by including relevant cultural, ethnic, gender, and sexuality differences when conceptualizing and diagnosing, and adjusting assessment and treatment approaches to meet the needs of patients representing various cultures, lifestyles, and levels of functioning.

Professional identity and functioning:
Residents are expected to demonstrate identification with the psychologist's professional role and values by understanding the psychologist's role on the multidisciplinary clinical team; participating actively in multidisciplinary clinical teams; participating in activities specific to psychologists; interacting respectfully with other disciplines; understanding the roles of other disciplines; showing awareness of ethical standards of psychological practice; showing awareness of mental-health and other relevant legislation; behaving ethically toward patients, colleagues, and other staff; managing workload responsibly; completing work promptly; integrating readings and research findings into clinical practice; and interacting with community partners (e.g., schools, probation, physicians) to facilitate client care.

Research grounding:
Residents will be comfortable in evaluating practice-related research and will base decisions about their work (assessment, intervention, consultation) with clients on current findings. They will be able to evaluate the quality of evidence used to support clinical decisions.

In order to ensure that this residency meets professionally agreed upon standards and ensures employment mobility for our graduates, our program adheres to the CPA standards and criteria. We are accepted members of the Canadian Council for Professional Programs in Psychology (CCPPP) and the Association of Psychology Post-Doctoral and Residency Centers (APPIC). We participate in the APPIC Computerized Matching Program and adhere to APPIC guidelines.

2.0 ADMINISTRATIVE STRUCTURE OF THE CONSORTIUM

The consortium is comprised of five partners, each having a representative (site coordinator) participating in the Consortium Committee. The consortium has a Director of Training who is presently based in the Faculty of Education at the University of Alberta.

2.1 Responsibilities of the Director of Training (DoT)

The Consortium Director of Training (DoT) is Dr. Kevin Wallace whose responsibility it is to oversee all aspects of the Consortium. The Director of Training ensures the proper and adequate supervision for the Psychology residents is being met during their rotations. The Faculty of Education, Clinical Services, at the University of Alberta presently hosts the Edmonton Cross-Speciality Psychology Residency Consortium.

The Director of Training is responsible for:

1. Planning and chairing regular Consortium Committee meetings.
2. Coordinating yearly consortium activities, including: (a) updating, printing, and distribution of the program brochure; (b) coordination of resident and supervisor goal setting and evaluations; (c) coordination of the resident selection process; (d) provision, delegation and coordination of didactic/professional development opportunities; (e) coordination and facilitation of consortium faculty meetings.
3. Communication with consortium-related membership/accreditation organizations and attendance at consortium-related professional meetings, representing the consortium and connecting with other DoT's, thereby serving as a source of information for the Consortium Committee on specific training and supervision issues in the profession.
4. Meeting with the residents as a group on a regular basis for seminars, didactics, resident meetings as well as meeting individually with each resident a minimum of three times per year.
5. Serve as a resource for residents, rotation Supervisors or site coordinators on issues relating to a specific resident's training and evaluation.
6. Communication with each resident's academic graduate program to report on their progress or, if necessary, regarding concerns.
7. Enact the due process and grievance procedures, unless it is deemed most appropriate for the Professional Practice Leader to take on that role.

Contact information:
Dr. Kevin Wallace
Kevin.wallace@ualberta.ca

2.2 Professional Practice Leader

The Professional Practice Leader (PPL) of the Consortium is Dr. Terilyn Pott. Her role is one of being an advisor to the DoT and to the Consortium. She is involved in the Due Process and Grievance Procedures should an issue not be resolved satisfactorily within the Consortium

Committee or with the DoT. The Professional Practice Leader may also take on some of the responsibilities of the Director of Training as necessary.

Contact information:
Dr. Terilyn Pott
t.pott@ywcaedm.org
Phone: 780-405-0537

2.3 Consortium Committee Representatives

The Consortium Director is advised by a group of professional staff involved in the consortium's training who represent each of the settings involved in the consortium. The Consortium Committee coordinates and sets policy for the selection and evaluation of residents, the interview process, and clinical training activities for the residents selected for our programme. It is composed of a Site Coordinator from each organization, a Psychology Lead and the Consortium Director.

Site Coordinators from each partner organization have a responsibility to assist with the brochure description of their site, its staff, and the rotations at their site, and to liaise with the management of their member organization regarding site specific issues *(e.g., office space, access to resources)* as well as participating in the Consortium Committee.

Site Coordinators are also responsible for assisting in the selection of residents by identifying members in their organization who will review applications, interview applicants, participate in the rank ordering of psychology residency candidates for submission to the National Matching Service, and assist in the development of the resident rotations.

All members of the Consortium Committee attend regular Consortium Committee meetings (or send an alternate representative), report Consortium Committee activities to respective constituencies, represent site-specific training issues at the Consortium Committee meetings, maintain awareness of specific training issues ongoing in the Profession of Psychology, and facilitate implementation of the Consortium Committee policy.

The 2022-2023 Consortium Committee is comprised of the following complement of professionals:

- Dr. Jill Turner: Primary Supervisor (and site coordinator) of Cross Cancer Institute (Alberta Health Services)
- Dr. Kyle Schalk, Primary Supervisor (and site coordinator) of Millard Health (Workers' Compensation Board Edmonton)
- Dr. Karen Cook, Primary Supervisor (and site coordinator) of School and Clinical Child Psychology Program at University of Alberta.
- Dr. Terilyn Pott: Psychology Lead for the EHCP Residency Consortium and Primary Supervisor (and site coordinator) of YWCA Edmonton
- Dr. Kevin Wallace: Dr. Kevin Wallace: Director of Clinical Training, Edmonton Cross-Speciality Psychology Residency Consortium (hosted by Faculty of Education, U

of A.) and Primary Supervisor (and site coordinator) of Clinical Services, University of Alberta.

2.4 Consortium Training Committee

In addition to the Consortium Committee, we have a Training Committee which consists of a subset of the full partner group which will meet a minimum of four times a year. Resident representatives are invited to participate in these meetings. A resident representative is a volunteer elected by the current residents.

This Committee oversees issues of quality and consistency across sites of the training program, as well as receiving a resident update at each meeting. A standing agenda item in these meetings is the "Resident Report," in which the resident representative is asked to report any concerns, questions, and/or ideas that they would like addressed by the Consortium Committee. Input is thus provided from a resident perspective on issues and discussions addressed within the Committee meetings. Resident participation is valued in all aspects of program planning and development.

Quarterly meetings of the Consortium Committee are held to plan current and future program directions and review the progress of the psychology residents while on placement.

2.5 Responsibilities of Consortium Collaborating Partners

A primary goal of the Consortium is to provide a high-quality training program. Therefore, each Consortium Collaborating Partner carries a responsibility for maintaining physical and professional standards.

Partner responsibilities include:

1. Overseeing the training program and administrative requirements of the residents at their sites.
2. Establishing a residential review mechanism to ensure all supervising Psychologists are registered with the College of Psychologists of Alberta Psychologists' and follow the Canadian Code of Ethics for Psychologists, 4th Edition (2017),
3. Developing and distributing descriptive materials, to be included in the program brochure and Policy and Procedures, in which the goals and content of the training programme and agencies are accurately described,
4. Participating in developing and maintaining methods of evaluating residents and the effectiveness of the Consortium programme,
5. Providing adequate space, clerical support and physical aids which support the resident,
6. Providing adequate supervision time for each resident which will sum 4 hours per week, 3 of which must be individual supervision,
7. Ensuring residents follow the organizational policies of each site while on placement,
8. Participating in Consortium Committee meetings and in the interviewing process for new residents.

3.0 RESIDENT RECRUITMENT

The Consortium participates in the Association of Psychology Postdoctoral and Residency Center's (APPIC) matching program and abides by all APPIC guidelines regarding the residency application and selection process. The Director of Training completes the initial screening of applicants and then passes on the eligible applications to members of the Consortium Committee and training sites for further, more in-depth reviews.

Decisions are made by the Consortium Committee regarding which students will be invited to an interview. Decisions about ranking of potential residents will be made by the Consortium Committee. Residents will be selected on the basis of merit without regard to race, national or ethnic origin, colour, religion, age, sex, sexual orientation, marital/family status or physical handicap.

For two of the consortium positions, preference is given to qualifying University of Alberta applicants.

4.0 REVIEW MECHANISMS

Throughout the training year, residents are encouraged to provide any formative feedback they may have about the operations of the consortium or about their own training experiences. Concerns are welcome both informally and formally (via. The Grievance Process outlined below).

In addition to soliciting ongoing informal feedback, an annual review of the consortium programme will occur every fall. Residents have the opportunity to evaluate their experience within the Consortium. Feedback is sought via the use of both an residency feedback survey and a resident exit interview. Based upon this feedback, the Consortium will examine the operating structure, content and experience afforded to the residents.

5.0 CONSORTIUM COLLABORATING PARTNERS

The EHCP Residency Consortium has five partner sites:

1) Alberta Health Services – Department of Psychosocial and Spiritual Resources, Cancer Control, Cross Cancer Institute
2) Millard Health, Alberta Workers' Compensation Board
3) University of Alberta, Faculty of Education – Clinical Services
4) University of Alberta, Faculty of Education - School and Clinical Child Psychology
5) YWCA Edmonton

Each site is briefly described in the following pages. As we are a consortium, Residents receive multiple frequent opportunities to access all of the training sites. Residents will participate in one major and two minor rotations as well as didactic training activities that will take place across all four sites.

We encourage interested applicants to review the brief descriptions below provided for each site and to feel free to contact the designated psychologist at each site for more details. Prospective applicants will be asked to rank their interest in sites and identify which they prefer as major and minor rotations.

5.1 Alberta Health Services – Department of Psychosocial and Spiritual Resources, Cancer Control

Provides one-to-one counselling for inpatients, outpatients and families impacted by cancer. Services are offered to people of all cultures, spiritual beliefs, and life orientations, including people who are:

- in distress and wanting one-to-one counselling and/or group counselling
- struggling with meaning in life and death
- living with experiences of loss, self-worth, being in the hospital, or feelings of being isolated
- coming to terms with bad news or with a future which has become more uncertain

Services include:

- counselling about how to deal with difficult emotions, loss, grief, stress and adjustment.

The Department of Psychosocial and Spiritual Resources is offering one Doctoral focused primarily on Health and Clinical Psychology. This entails providing services to inpatients, outpatients and families impacted by cancer. These services are provided in a multidisciplinary setting that includes numerous health professionals. Activities include the provision of individual and group counselling, as well as general assessment of relevant clinical and counselling issues. Assessment activities may include the use of clinical interviews,

background information and self-report questionnaires. Doctoral Residents may also have an opportunity to provide mentorship to doctoral practicum students placed at the site.

https://www.albertahealthservices.ca/findhealth/Service.aspx?serviceAtFacilityId=1081971

Contact Psychologist:
Dr. Jill Turner, jill.turner@albertahealthservices.ca

5.2 Millard Treatment Centre, Alberta Workers' Compensation Board

The Millard Health Centre delivers a full continuum of rehabilitation and disability management services. Located in Edmonton since 1952, Millard Health is a division of the Workers' Compensation Board of Alberta and employs over 200 professionals who provide services to over 5000 clients per year.

Our client base is broad and diverse, and primarily includes referrals from WCB Alberta case managers. Rehabilitation services that include psychology intervention are provided through a number of interdisciplinary programs, as follows:

Return to Work Program (RWP): This program is designed for clients who have experienced mild-to-moderate complications from physical injury, most of whom are in an acute phase of recovery.

Return to Work Complex (RWC): This program is designed for clients who have experienced significant barriers in their recovery from physical injury, many presenting with chronic or complex pain.

Head Trauma Program (HT): Clients referred to this program have incurred a head injury, ranging from mild to severe.

Traumatic Psychological Injury Program (TPI): These clients have a confirmed or suspected diagnosis of PTSD or other trauma related diagnosis, often with a concomitant physical injury.

Cumulative Psychological Injury Program (CPI): These clients have encountered bullying/harassment or burnout at work.

Post-COVID program (COVID): This program includes clients with long-COVID symptoms including associated psychological difficulties.

All programs provide an individualized, structured, and goal-oriented approach to rehabilitation, with a major focus on preparation for return to work. Psychology services are designed to facilitate program goals by assisting clients in minimizing psycho-social barriers to employability (barriers such as depression, anxiety, insomnia, relationship conflict etc.). Length of program per client typically ranges from one to four months, with daily attendance for several hours.

Each program is comprised of an interdisciplinary treatment team including members from the following disciplines: psychology, physical therapy, occupational therapy, exercise therapy, medical, rehabilitation coordination, and vocational training.

The residency program will consist of general and formal psychological assessment, individual counselling, group counselling, interdisciplinary team process, administrative practices and documentation, and supervision. General assessment activities may include the use of clinical interviews, background information and self-report questionnaires. General assessment activities may include the use of clinical interviews, background information and self-report questionnaires, applied to the following types of assessments: psychological injury assessment, mild traumatic brain injury assessment, and complex pain assessment. Formal assessment may include neuropsychological and vocational assessments. Residency faculty consists of several doctorate level psychologists including a neuropsychologist. All residency faculty members are fully registered with the College of Alberta Psychologists.

https://www.wcb.ab.ca/millard-treatment-centre/

Contact Psychologist:
Dr. Kyle Schalk, kyle.schalk@millardhealth.com

5.3 University of Alberta, Faculty of Education – Clinical Services

The Education Clinic at the University of Alberta supports professional development and research by providing graduate students with a quality training experience in the areas of counselling and formal psychological assessment. Clinical Services at the University of Alberta is committed to the community at large through the provision of low-cost services to the general public.

Clinical Services is offering two doctoral residency placements. One is in Counselling Psychology, which entails providing counselling services to any or all of the following populations: children, adolescents, adults, couples, families and groups. This residency includes training and experiences in general and formal assessment. General assessment activities may include the use of clinical interviews, background information and self-report questionnaires. Formal assessment activities may focus on psychoeducational, personality, neuropsychological, vocational or therapeutic assessment related issues.

At clinical services, we also offer a residency in School and Child Clinical Psychology. This entails providing counselling interventions and assessment services to children and young adults (up to age 25). This also may include services to families and groups. This residency also offers training and experiences in general and formal assessment. Formal assessments are conducted in partnership with local school boards, as well as within clinical services. These assessment may include psychoeducational, vocational, and clinical assessments.

Successful candidates who have a major rotation in Clinical Services are expected to serve as a Senior Associate Clinician. This entails providing some meta-supervision support as well as administrative functions within the clinic. Additionally, under supervision, residents are

expected to take responsibility for clinic administration related to professional practice. Residents may also provide mentorship or meta-supervision to masters and doctoral level practicum students in Counselling Psychology.

https://www.ualberta.ca/educational-psychology/centres-and-institutes/clinical-services

Contact Psychologists:
Dr. Kevin Wallace, kevin.wallace@ualberta.ca – Counselling
Dr. Karen Cook, karen.cook@ualberta.ca – School and Child Clinical

5.4 YWCA Edmonton

YWCA Edmonton Counselling Services

YWCA Edmonton is offering one doctoral residency focused primarily on Counselling Psychology. Doctoral Residents will have the opportunity to provide counselling to any or all of the following populations: adults, children, adolescents and groups. This doctoral residency may also include training and experiences in crisis management and brief-focused therapies by providing counselling at a local women's shelter. Doctoral Residents will be trained to work with issues including but not limited to domestic violence and trauma and will be expected to run at minimum one women's group throughout their doctoral residency. General assessment of clinical and counselling related issues is also expected to occur. General assessment activities may include the use of clinical interviews, background information and self-report questionnaires. As the YWCA has a no session limit policy, residents will be trained in providing long-term psychotherapy. Residents may also provide mentorship to masters practicum students and volunteer counsellors. As the YWCA has a no-session-limit policy, residents will be trained in providing long-term psychotherapy. Residents may also provide mentorship to masters practicum students and volunteer counsellors.

This Residency will give the Resident an opportunity to learn and practice in a high-performing and supportive environment, working with clients from a range of ethno-cultural backgrounds. YWCA psychologists have extensive experience and expertise around the issues of domestic violence, human trafficking, and persons with disabilities. In our practice, as in the larger YWCA, we live by the values of equity and inclusion. Many of our students return to the YWCA as staff or volunteers, drawn to the supportive team, engaging work, and meaningful impact on our clients.

YWCA Edmonton is a powerful voice for equity and has been leading social change and progress for women and families since 1907. Part of an residencyational movement, YWCA Edmonton is a trusted provider of services, programs and advocacy work that transforms lives and helps build a stronger, healthier and equitable community for all.

Each year, YWCA Edmonton serves thousands in our community through leadership programs, counselling services, supporting people with disabilities, outdoor education, and sexual wellness supports. For over a century we've been at the forefront of social change and a

movement to fight gender-based violence, advocate for equity and foster leadership in women and girls. YWCA Edmonton works to reduce barriers to social supports, advance gender equity and achieve economic equality by responding to urgent needs in the community while creating sustainable systemic change. Counselling Services are a key part of our services. We believe providing access to quality mental health supports is critical to building a resilient and vibrant community.

History & Model

YWCA Edmonton started offering Counselling Services in 1972 in response to a growing need for affordable psychological services. We offer support to all who need us, but our clients are typically women with lower incomes who are suffering from trauma and are often in crisis. In 2020:

- 79% were low income or below the poverty line.
- 86% of sessions provided were for women and girls.
- 80% of new clients reported having experience with family violence or felt unsafe in a current relationship.

Our clients are dealing with issues of domestic violence, anger management, childhood abuse, sexual abuse, divorce, suicide, and/or a desire for healthier relationships. These clients often present symptoms of low self-esteem, anxiety, depression, impulsivity, and feelings of worthlessness, hopelessness, and guilt.

In 2020, our Counselling Services provided approximately 4779 counselling sessions to nearly 358 clients. Ninety-nine percent of these sessions were partially or fully subsidized. Additionally, our psychologists provide individual counselling directly within local women's shelters, supporting the most vulnerable population when and where they need us most.

Guiding Principles

Empowerment, Advocacy, & Education | We aim to empower our clients to make informed choices and decisions about their lives. By providing counselling services, advocacy, and education, we support our clients in increasing their personal efficacy in establishing healthy relationships and ending the cycle of violence.

Personalized Care | Our services operate based on the assumption that each individual has the capacity for positive growth. Our counsellors and psychologists assist clients to identify their positive qualities and strengths and help them generate solutions to their problems. The counsellors work with clients to construct a new and better reality. Recovery may be facilitated holistically by using solution-focused strategies, cognitive behavioural techniques, emotion-focused therapy, Eye Movement Desensitization Reprocessing (EMDR), narrative therapy, hypnosis, and sensorimotor work in combination with relaxation and guided imagery training.

Community Focus | We believe that in order to best meet the needs of our clients we must work collaboratively with other organizations to create a cohesive network of support for the individuals and communities we serve. No one organization can be everything to everyone, but together we can create positive change.

Professional Services | Our Counselling Services includes a team of trained psychologists and master's-level practicum students offering quality services and expertise. We provide professional services that encompass a diverse range of evidence-based therapeutic practices, including emotion-focused and person-centered therapies, gender-related and feminist therapy, EMDR, Acceptance and Commitment Therapy, and play therapy. We place a special emphasis on working within a supportive, trauma-informed model.

Impact
By providing resources, support, education, and compassion to those who walk through our doors we offer hope and healing to hundreds of people every year. A recent survey of our clients tells us that:

- 90% of clients indicated they had a better understanding of the issues they face
- 86% of clients said they have learned better coping strategies for the problems they face
- 86% of clients saw positive changes in their lives
- 92% of clients expressed satisfaction with their counselling experience at YWCA Edmonton.
- 97% of clients stated they felt heard and validated by their therapist.
- 100% of clients agreed that they would consider coming back to YWCA Counselling if needed.

Additional Programs and Services
In addition to Counselling Services, we offer:

Advocacy | to create equity in our community, inclusive of all. We work to create lasting change, influencing public policy, empowering people to stand up for social justice and foster healthy, equitable communities. Our advocacy aims to end gender-based violence, achieve economic equality, reduce barriers to social support and foster leadership in women and girls.

Camp Yowochas | regarded as one of Alberta's finest summer camps and outdoor education centres. Every year nearly 8,300 children, youth, and adults experience the exceptional team building, leadership development and environmental education Camp Yowochas has to offer.

Disability Services | empowering individuals with disabilities to achieve their full potential with the support of their community. We provide nearly 100,000 hours and 4,700 full days of support to approximately 188 children and adults annually.

Youth Programs| providing youth a safe place to ask important questions, learn critical thinking skills, and support one another. These programs reduce the risk of violence in girls' lives, improves their mental health, and sets the stage for their development into strong, healthy, young women leaders.

Website:https://www.ywcaofedmonton.org/?gclid=Cj0KCQjwyLDpBRCxARIsAEENsrK_KF0w0wJoelY3GPCqSoZ_25XWM8Kpw07C8tKkYuoXFUDdMAePD6AaAjkIEALw_wcB

Contact Psychologist:

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6.0 OVERVIEW OF ROTATIONS

In each week, residents will be expected to spend a minimum of 20 hours and maximum of 25 hours per week in face-to-face service delivery. Direct time will not exceed two thirds of training time. The schedule below is true for 4 of the 5 residency positions. The School and Child Clinical Psychology resident will have a slightly different rotation pattern.

Rotation	Days/ week	Months	Location	Description
Major Rotations	Mondays, Wednesday (AM), Thursdays, Fridays	Sept. – Aug.	At individual major rotation sites	Residents will spend roughly 3.5 days per week at their major rotation site as agreed upon in their training plan.
Minor Rotation #1	Tuesdays	Sept. – Feb	At individual minor rotation sites	Residents will spend roughly 1 day per week at their minor rotation site for six months, as agreed upon in their training plan.
Minor Rotation #2	Tuesdays	Mar – Aug.	At individual minor rotation sites	Residents will spend roughly 1 day per week at their minor rotation site for six months, as agreed upon in their training plan.
Weekly Meetings and Didactic Training	Wednesdays PM .5 days	Sept. – Aug.	Various Sites, rotating schedule	Didactic seminars, professional development, peer support, group supervision, resident meetings.

6.1 Major Rotations

The structure of rotations is such that Doctoral residents will spend most of their time during the entire training year at one site. This will be the Resident's major rotation. We anticipate that roughly 0.75 FTE will be spent at major rotations given each Resident a unique opportunity to specialize.

6.2 Minor Rotations

While residents are largely designated to individual sites, each Resident will have substantial access to other consortium sites during the training year. Each Resident in our consortium will have an opportunity to participate in at least two different minor rotations. Minor rotations will span 6 months and will involve roughly 0.25 FTE. Residents will each participate in consecutive minor rotations while they remain at their major rotation throughout the year.

Note that the School and Child Clinical Psychology resident has a different rotation pattern. For this residency, we will offer minor rotation opportunities within local school districts.

6.3 Rotation Selection Process

Residents should clearly indicate their preferences for major and minor rotations, in rank order, on their application. The consortium aims to match students to their particular major and minor rotations based on expressed interests and demonstrated readiness for training. Residents will be notified of the matches to major and minor rotations as soon as possible, once the APPIC matching process is complete. Then, residents will coordinate with their major rotation matches to complete site appropriate Human Resources paperwork as well as completing required documentation to all for placement at the minor rotation sites.

7.0 PEER CONSULTATION / DIDACTIC TRAINING

Residents are provided with regular opportunities for Peer supervision and didactic training.

Peer Consultation
Each week, residents will participate in a 30-minute case consultation with peers. This meeting may include supervisors or other consultative professionals, as required and/or requested by the residents. In addition, we encourage regular informal peer consultations across all sites as needed. In past years, our residents have spoken very highly of the benefits of regular formal and informal consultation.

Didactic Training
Residents will receive an average of 2.07 hours of didactic training per week, with a minimum of 2 hours of didactic training per week. This totals a minimum of 9 hours of Didactic learning a month. Didactic learning involves: directed reading/training, group presentations, and monthly in-service seminars. Didactic training is directly relevant to the major and minor rotations. Didactic training is intended to be both progressive and graduated in nature.

Weekly Didactic Training: Once per week, per the training schedule in Appendix D, residents will engage in didactic training activities. Weekly didactic activities alternate from week to week per the schedule.

- **Week A**
  Bi-weekly (2 hours bi-weekly, with the exception of monthly in-service training days).
  Early in their training residents are assigned readings and/or trainings depending on the requirements of their major or minor rotations. These readings are outlined in Appendix D. Note that readings are specific to the major and minor rotations. As the training year progresses, residents will be given the opportunity to choose additional topics for self-study. Self-study may entail:
    - Professional development focused specific therapy interventions or assessment procedures;
    - Reading or review of books/articles/websites/videos relevant to specific training goals;
    - Seeking certifications in specialized area.

- **Week B**
  Bi-weekly (2.0 hours bi-weekly, with the exception of monthly in-service training days).
  In a group setting, Residents are to present and discuss the topic they have been personally examining from the previous week. Residents will each have about 30 minutes to present.

Monthly Didactic Training: Once per month, a 3 hour in-service training will be offered by the training staff, external speakers and/or doctoral residents. Topics will range from year to year and will reflect the interests of training staff and residents. In-Service Workshops are coordinated by the Director of Training and the Psychology Practice Lead and include a range of topics including: Professional ethics, Private Practice Issues, Working with High Conflict

Divorce, Cross-Cultural Issues, Acceptance and Commitment Therapy, Emotion Focused Therapy, Dissociation, etc – to be confirmed through the year. These didactic trainings aim to be progressive in starting with therapeutic orientations or important issues in practice and advancing to broader topics of psychologist identity, private practice, and other related topics.

Other Didactic Training: Also, Clinical Services at the University of Alberta offers annual workshops in clinical supervision from leading researchers in the area. Doctoral residents in our consortium are encouraged to attend. In 2023, we anticipate having Dr. Edward Shafranske present on the topic of Clinical Supervision. Residents are also provided with professional development funds at each site (amounts vary). Residents are encouraged to use the funds to access additional training workshops throughout the year.

8.0 CLINICAL SUPERVISION

Psychological services provided by the resident is supervised by professionals who are doctoral-level and experienced psychologists, registered within their jurisdiction of practice, and deemed competent to provide the kind of psychological service for which they are providing supervision. Residents receive supervision by staff members, who are doctoral-level psychologists, from each of the partner sites. Supervisors are clinically responsible for psychological services provided by the residents they are supervising. That is, supervision is intended to focus on the psychological services rendered directly by the resident. Supervisors are expected to have their name identified on all treatment plans/client files and are also expected to countersign all letters or reports produced for a clinical file. These requirements are in line with the Standards for Supervision (Form A & B) and the Supervision Manual of the College of Alberta Psychologists.

Psychological service is defined as either time directly spent interviewing, assessing, or intervening with patients/clients or time spent indirectly in activities related to patient/client care (e.g., progress/session notes, report writing, etc.).

8.1 Frequency of Supervision

According to CPA accreditation standards 5th revision 2011, residents will receive at least four hours of scheduled supervision time per week, at least three of which are individual supervision. The fourth hour may be individual supervision or can be directed towards any other training or service related activity (group supervision). This works out to a ratio of approximately 1 hour of supervision for every 10 residency hours, with a ratio of approximately 1 hour of individual supervision for every 13 residency hours.

The supervision hours for each resident will be spread across major and minor rotation sites. Supervision time should be regularly scheduled, with dedicated time set aside. Supervisors will provide residents with a minimum of one hour per week of formal supervision at each of the consortium rotation sites, including minor rotation sites.

It is expected that the hours of clinical supervision provided each week will increase at times, depending on clinical need. All supervision will be face-to-face, though tele-supervision may take place when a clinician is at a rural site or when unusual circumstances arise such as the COVID-19 pandemic.

8.2 Supervision Format

Supervision can take place within an individual or group format.

According to CPA standards, **individual supervision** may take place

> "between the supervisor and supervisee as the only participants, or in a group format among a number of supervisors and supervisees. However, individual supervision only occurs in a group format if it is structured such that each student has a designated and

regular amount of time to present his or her case(s)".

CPA accreditation standards further define individual supervision as visual and/or verbal communication in person between a supervisor and supervisee and may include case discussion, direct observation, co-therapy for individuals or groups, or review of audio or video tapes. The fourth hour of supervision may be provided in an individual or group format, and may include discussion of specific psychological disorders, assessment or therapy techniques, or professional and ethical issues.

Group supervision is defined as activities or meetings in which:

a) Students participate in the supervision of psychological service received by another resident or trainee, or
b) Residents and supervisor(s) meet to review or discuss some method or technique of psychological service delivery, particular problems or disorders, or professional or ethical issues affecting practice.

Residents are required to complete logs of supervision activities and return their logs to the Director of Training on a monthly basis.

8.3 Site Specific Supervisors

At the Cross-Cancer Institute (Alberta Health Services, Cancer Care), supervision will consist of primarily of weekly 1:1 meetings offered by Drs. Ceinwen Cumming, Karen Cogan and Jill Turner.

At the Millard Health Centre (WCB-AB), supervision will consist primarily of weekly 1:1 meetings offered by various psychologists on site. Specific supervisors are Drs. Kyle Schalk, Abigail Abada, Lori Rossi, Wendy Salvisberg(away on leave), and Annette Colangelo.

At Clinical Services, University of Alberta (Faculty of Education), supervision will consist primarily of weekly 1:1 meetings offered by Drs. Karen Cook, Kevin Wallace and Rebecca Hudson-Breen.

At the YWCA Edmonton, supervision will consist primarily of weekly 1:1 meetings offered by Dr. Terilyn Pott and Dr. Jim Eliuk.

8.4 Training Faculty

Below is a brief listing and descriptions of the EHCP Consortium's training faculty. Residents participating in our consortium will have access to all of these faculty at various times either directly through 1:1 supervision or indirectly through group supervision or case consultations.

Name & Credentials	Title	Practice Area and Contact Information
Kevin Wallace, PhD, R. Psych	**Consortium: Director of Training** Clinical Supervisor Clinical Services & Counselling Psychology Program (CPA-accredited)	Dr. Wallace has specialized knowledge and experience in the areas of: professional ethics, clinical supervision, common factors psychology, health psychology, personal growth and development, career counselling and formal assessment. *kevin.wallace@ualberta.ca*
Jill Turner, PhD, R. Psych	Supportive Care Lead, North CancerControl Alberta Site: Cross Cancer Institute	Dr. Jill Turner has specialized knowledge and experience in psychosocial oncology. She has worked with cancer patients and their families for 20 years in both outpatient and inpatient settings. She is currently the Supportive Care Lead, North for CancerControl Alberta leading psychosocial oncology and rehabilitation medicine oncology. *jill.turner@albertahealthservices.ca*
Abigail Abada, PhD, R.Psych	Registered Psychologist	Dr. Abada works specifically in the Traumatic Psychological Injury / Cumulative Psychological Injury programs at Millard Health. *abigail.abada@millardhealth.com*
Annette Colangelo, PhD, R. Psych	Neuropsychologist	Dr. Colangelo works specifically in the Brain Injury program at Millard Health. *annette.colangelo@millardhealth.com*
Karen Cook, PhD, R. Psych	Clinical Supervisor, Clinical Services & School and Child Clinical Psychology Program (CPA Accredited)	Dr. Cook is experienced in assessment, treatment, and consultation in infant and preschool mental health and children's mental health (public sector), and individual and group counselling in the private sector. Her research interests focussed on early parent-child relationships and individual differences. *kcook@ualberta.ca*
Ceinwen Cumming, PhD, R. Psych	Registered Psychologist, Cross Cancer Institute	Dr. Cumming specializes in psychosocial oncology. *ceinwen.cumming@albertahealthservices.ca*
Karen Cogan, PhD, R. Psych	Registered Psychologist, Cross Cancer Institute	Dr. Cogan has specialized knowledge and experience in the area of health psychology, anxiety and depression, trauma, grief and loss, individual and marital therapy. She has worked for over 20 years in

		multi-disciplinary hospital and school teams and in private practice settings. Her clinical work is informed by an eclectic approach to meet the diverse and varied needs of the people with whom she works. *karen.b.cogan@albertahealthservices.ca*
Terilyn Pott, PhD, R. Psych	**Consortium: Psych Lead** Registered Psychologist YWCA Edmonton	Dr. Pott's practice area is health psychology, trauma, and domestic violence. She has speciality knowledge in the area of supervision, clinical hypnosis and depression. She works with children, adolescents, adults and groups utilizing primarily an Acceptance and Commitment Therapy approach. *t.pott@ywcaedm.org*
Lori Rossi, PhD, R. Psych	Registered Psychologist	Dr. Rossi works specifically in the Traumatic Psychological Injury / Cumulative Psychological Injury programs at Millard Health *lori.rossi@millardhealth.com*
Kyle Schalk, PhD, R. Psych	Registered Psychologist	Dr. Schalk works specifically in the Post-COVID Program at Millard Health. He also assists with the Traumatic Psychological Injury program. *kyle.schalk@millardhealth.com*
Wendy Salvisberg, R. Psych	Registered Psychologist	Ms. Salvisberg works specifically in the Traumatic Psychological Injury program at Millard Health. *wendy.salvisberg@millardhealth.com (On leave)*
Rebecca Hudson-Breen, PhD, R. Psych	Registered Psychologist, Associate Professor Counselling Psychology University of Alberta	Dr. Hudson Breen has experience across a range of ir including integrative and constructivist approaches, Behavioural Therapy. hudsonbr@ualberta.ca
Holly Whyte, PhD, R. Psych	Registered Psychologist	Dr. Whyte works specifically in the Traumatic Psychological Injury Program at Millard Health *holly.whyte@millardhealth.com (presently on leave)*
Kim Crosby, PhD. R. Psych	Registered Psychologist	Dr. Crosby currently works at the Cross Cancer Institute.

8.5 Additional Clinical Staff That Support Training

Kingsley Chan, R. Psych – Millard Health
Dustin Marcinkevics, R. Psych (Phd)
Larissa Brosninsky, R. Psych (MEd.)
Ashley Lim, R.Psych – YWCA
Jessie McElheran, R. Psych – Cross Cancer Institute
Dr. Christina Rinaldi, R. Psych
Dr. Marty Mrazik, R. Psych – U of A
Additional U of A Counselling Psychology Program faculty as appropriate
Additional U of A School and Child Clinical Program faculty as appropriate

8.6 Guidelines for Resident Training by Master's Level Registered Psychologists or Non-Psychologist Staff:

Under certain circumstances, and on a case-by-case basis, the Site Coordinator may approve supplementation of the resident's regular training with that from a Master's level Registered Psychologists or non-Psychologist staff member. Such staff members may include members of other professions who are in a position to provide important training experiences not otherwise available. Such training experiences supplement regular supervision and do not imply delegation of the supervising Psychologist's responsibility for patient care to a non-registered staff member. The preceding does not refer to observation of other professionals in an inter-professional team setting, but rather to specific direct training of a resident in some professional activity.

Consultations provided by a Master's level Psychologist or non-Psychologist staff member do not replace supervision that would be otherwise provided by the supervisor.

In order to ensure required standards of care and appropriate supervision to the resident, the following process should occur:

- The Site Coordinator will review and approve the nature and amount of supervision to be provided by the Master's level psychologist or non-Psychologist member,
- Supervision meetings between the resident and the Site Coordinator will include discussion of the training provided by the Master's level psychologist or non-Psychologist supervisor.
- The DoT and/or the Site Supervisor will discuss regularly with the Master's level psychologist or non-Psychologist staff member the resident's progress.

9.0 RIGHTS AND RESPONSIBILITIES OF RESIDENTS AND SUPERVISORS

9.1 Duties and Responsibilities of Supervisors:

- Assumes responsibility for welfare of supervisee's clients. Note this does not completely relieve the supervisee of liability and responsibility for client care.
- Attends to all aspects of client care, including but not limited to, case conceptualization and treatment planning; assessment; and intervention, including emergent circumstances, duty to warn and protect, legal, ethical, and regulatory standards, diversity factors, dynamics in client-supervisee relationship, strains to the supervisory relationship.
- Is available within a reasonable timeframe when the supervisee is providing client services (e.g., within 24 business hours in non-emergency situations, and in accordance with site protocols in emergency situations).
- Reviews and signs off on reports, case notes, and communications.
- Develops and maintains a respectful, collaborative, and professional supervisory relationship.
- Describes supervisor's theoretical orientation(s) for supervision and therapy, and distinguishes between central purposes of supervision and those of psychotherapy.
- Assists the supervisee in setting and attaining supervisee goals.
- Provides feedback anchored in supervisee training goals and professional competencies.
- Provides ongoing formative and end-of-supervisory-relationship summative evaluation.
- Informs supervisee when supervisee is not meeting training and supervision goals, and contacts course instructor to discuss possible remedial steps to assist the supervisee's development. Guidelines for processes that may be implemented in such cases are outlined in this Policy and Procedures manual.
- Discloses training, licensure, areas of specialty and special expertise, previous supervision training and experience, and areas in which the supervisor has previously supervised.
- Makes a good-faith effort to reschedule a supervision session or provide alternative supervisory coverage if circumstances arise when the supervisor or supervisee cancels or misses a supervision session.
- Maintains documentation of the clinical supervision and services provided.
  Seeks supervisee feedback on the nature, quality, and overall process of supervision.
  Provides supervision in a manner that adheres to ethical and professional standards and guidelines specified in the Canadian Psychological Association *Code of Ethics for Psychologists* as well as the standards specified by the College of Alberta Psychologists.

9.2 Duties and Responsibilities of Residents:

- Understands the liability (direct and vicarious) and responsibility of the supervisor for all supervisee professional practice and behaviour. Note this does not completely relieve the supervisee of liability and responsibility for client care.
- Implements supervisor directives, and discloses clinical issues, concerns, and errors as

they arise.

- Identifies to clients the supervisee's status as a supervisee and the name of the clinical supervisor, describes the supervisory structure (including supervisor access to all aspects of case documentation and records), and obtains clients' informed consent to discuss all aspects of the clinical work with supervisor.
- Prepares adequately for supervision sessions. Examples of such preparation include completed case notes and case conceptualization, client progress, clinical and ethics questions, and literature on relevant evidence-based practices.
- Discusses with supervisor the supervisee's beliefs, values, social/cultural context, reactions, and personal stressors affecting ethical client care.
- Integrates supervisor feedback into practice and provides feedback on the nature, quality, and overall process of supervision.
- Seeks out and receives immediate supervision and consultation in emergency situations and is aware of site-specific policies.
- Makes a good-faith effort to reschedule a supervision session if circumstances arise when supervisee misses a supervision session.
- Participate fully in the supervisory process and log supervision encounters.
- Maintain a supervision log of all formal supervisory meetings, to be signed by both the resident and supervisor. These will be reviewed by the DoT quarterly over the course of the year.

  Behaves in accordance with the ethical and professional standards and guidelines specified in the Canadian Psychological Association *Code of Ethics for Psychologists* as well as the standards specified by the College of Alberta Psychologists.

Due Process and Grievance Guidelines and Procedures:
See Appendix A for the full document of procedures in the case of resident complaints, problems in training or with some aspects of the program.

9.3 Employment Policy:

The primary employers for each resident will be the same as the major rotation. That is, the employer for the resident at Clinical Services (U of A) will be the U of A and the employer for the resident at Alberta Health Services, Cross Cancer Institute (CCI) will be CCI, etc. As employees, residents will adhere to the employment policies of their respective employers. Residents will also adhere to the operational policies of all organizations hosting a training rotation.

Where a conflict exists between this Policies and Procedures Due Process procedures and the employee policy of a Collaborating Partner, the employee policy for that Collaborating Partner takes precedence. It is understood that each Collaborating Partner will also have due process procedures as an employer of their respective Resident with respect to all work-related activities. Residents should understand that the due process procedures of the Consortium apply primarily to their training activities and the due process procedures of their employer apply to all of their work-related activities.

Procedure

1. Residents will familiarize themselves with the employment policies of the host organizations by reading relevant policies and attending orientation activities.
2. Employment policies provide information about hours of work, notification of absences, compensation.
3. Residents will also familiarize themselves with operating policies of participating agencies for which they are completing rotations by reading relevant documentation and receiving orientation from the rotation supervisor.
4. Typical rotation policies include safety and security polices, professionalism, clinical recording guidelines, client booking procedures, collection of fees (where applicable).
5. If the resident is uncertain about which policy applies to which situations, she or he will discuss this with the primary rotation supervisor.

9.4 Time Requirements

Our program is a 12 month full-time training experience. All residents in our consortium are expected to complete a minimum of 2000 hours. This total is derived as follows: In accordance with CPA-accreditation requirements, residents must complete a **minimum** of 1600 residency hours. Residents who plan to practice and register in Alberta are required to complete a minimum of 1707 training hours, which includes a minimum of 1600 hours of practice and a minimum of 107 hours of clinical supervision. As sites vary somewhat regarding the amount of time off for vacation and holidays, the exact number of hours each individual resident completes during their residency will vary from site to site. Total hours including approved time off must not be less than 2000 total hours.

Residents are expected to spend no more than two-thirds of their time in direct service provision. Residents will keep track of their hours and other data that the residency requires and submit a monthly log to the DoT.

9.5 Leaves of Absence

Should a resident not be able to complete a portion of his or her residency due to illness, pregnancy and/or childbirth, or other acceptable reasons, an appropriate schedule to complete the residency's minimal requirements may be negotiated between the resident, his or her supervisor or site coordinator, and the Consortium Director of Training. However, the potential for such an arrangement will depend on the length of the leave of absence, the future availability of supervisors, funding and office space, and cannot be guaranteed.

In addition, residents should be aware that financial support will not be available beyond the regular contract period. It is expected that all cases will be unique in their specific circumstances and, as such, they will be addressed on a case-by-case basis. Residency completion certificates will be issued only to residents who have met the minimum requirements of the residency.

9.6 Mandatory Attendance

Residents are expected to attend all of the following meetings:

- Resident Orientation
- Resident meetings
- "Clinical/Professional" In-Service Seminars

- Programme- related team meetings
- Site-specific required meetings and activities

9.7 Resident Pre-orientation and Resident Orientation

All residents are welcomed to a pre-orientation meeting whereby they will be invited the week before the start of their residency to meet with the outgoing residents from the previous year. This is an informal gathering facilitated by the Director of Training and/or the Psychology Practice Lead. The purpose of this gathering is to allow new residents to meet each other as well as to meet the outgoing residents.

It is mandatory that all residents attend the residency orientation meeting, which is held on the first Wednesday afternoon of the new residency year. This gathering will be facilitated by the Director of Training and the Psychology Practice Lead. Additional supervisors are welcomed to join, including the members of the Consortium Training Committee. The purpose of this gathering is to meet each other and to review the Policies and Procedures including the due process and grievances sections.

9.8 Resident Meetings

Because of the geographic layout of the consortium and the placement of residents at various sites, residents may have little day to day contact with one another. In order to facilitate the development of collegial relationships as well as to provide additional face-to-face contact, Residents attend weekly peer supervision, group supervision and didactic training events. These meetings will be held at various sites on a rotational basis.

9.9 Goal Forms and Evaluation

The resident's individual goals and objectives are set through mutual consultation with their supervisors at the start of each rotation, and are incorporated into a written, learning contract (see Appendix A). These goal forms and supervision agreements should be submitted to the Director of Training within the first month of training. All residents are encouraged to regularly revisit and revise these goals, as needed.

At the end of rotations, residents will be asked to rate themselves on a number of required clinical competencies, and these ratings will assist with the choice of clinical activities and development plan. Regular feedback and evaluations are designed to facilitate growth and positive identification with the profession of psychology.

10.0 EVALUATION

In the EHCP Consortium, we strive to offer a high level of clinical supervision. We recognize clinical supervision as a competency that entails transparent and fair evaluation. As such, our evaluation process begins with the establishment of a supervision contract at the outset of rotations. Each contract outlines the expectations and goals for training. Residents can expect to receive ongoing formative feedback related to their supervision contract.

In addition to the ongoing formative feedback, formal summative feedback is offered twice during the residency. We have adopted and adapted the American Psychological Association's Competency Benchmarks for our evaluation. Residents will receive a written summative evaluation reflecting their progress. Any concerns related to problems of professional competency will be outlined clearly during this evaluation and plans to address these will be outlined. A final summative evaluation will be produced at the end of the residency.

Each resident will be evaluated by their primary supervisor for each major and minor rotation. Written evaluations are conducted at the midpoint and end of each rotation (Competency Assessment Form, Appendix C). Residents receive a formal, written evaluation of their clinical skills and performance at the mid-point (sixth month) and end (twelfth month) of the residency year. These evaluations are reviewed with the resident and rotation supervisor and are then sent to the Director of Training (DoT) to be reviewed. It is expected by the end of the residency that residents will be rated on all items within the top two categories. Residents also complete written evaluations about their rotations and for each supervisor at the end of their rotations. Residents are encouraged to provide feedback on the quality of supervision, the time commitments involved in the rotation, the balance between direct and indirect hours, and other aspects of the rotation experience. The DoT is responsible for communicating with the resident's home academic institution regarding the residents' progress. Written feedback is sent to the home institution at the midpoint and at the time of completion of the residency.

10.1 Resident Evaluation of Faculty, Rotations, and Residency

There are a number of different mechanisms by which the residents evaluate the residency programme.

- Feedback and evaluation are carried on informally in interactions between supervisor(s) and the resident throughout the Rotation. Residents are encouraged to provide continual feedback to supervisors to ensure that the Rotations are meeting their needs and expectations.
- The Residency Evaluation Form assesses the strengths and weaknesses of the Program as a whole. The residents complete this form at the end of the programme. In addition to providing feedback about the quality of the clinical training, it allows for feedback on the competencies achieved by the end of the residency as a result of the training provided.
- Formal evaluations of supervisors and rotations are completed at the end of each Rotation by each resident. Supervisors are rated on the quantity and quality of supervision and aspects of the supervisory relationship. The DoT retains all of the evaluation of the supervisors until s/he has received all the supervisors' evaluations of all

the residents. This process minimizes the perception that the supervisor's evaluation of the resident could possibly be affected by the resident's feedback regarding the supervisor. Following receipt of all the evaluations, and only once there are sufficient numbers of evaluations of the supervisor (after two or more years, to maintain anonymity) a copy of the evaluation is sent to each supervisor and the DoT retains a copy. The DoT reviews all supervisor evaluations completed by the residents, and discusses any significant concerns or a pattern of feedback of concern with each supervisor. The supervisor has the option of writing a formal response to any concerns raised. If the matter is not resolved, the DT will discuss the issue with the Training Committee. If the DoT has a conflict of interest (e.g., dual roles), the Training Committee will request that Professional Practice Leader review the material and offer an opinion to the Training Committee.

- Annual review of the residency Policy and Procedure Manual by the residents ensures that the manual is clear, accurate and up-to-date in its description of the Programme and its Policies.

10.2 Criteria for Successful Completion of the Residency

1) Completion of a minimum of 2000 hours of training, which includes clinical supervision and approved time off.

2) In order to successfully complete a major rotation, at the point of the final evaluation, all items are expected to be rated at the 3-5 (average to very high levels of competency) with no items rated two or less. While we aim for most of our competency ratings to be in the 4-5 range, a rating of 3 (average level of competency) still meets the standard for successful completion of our residency. Our expectation is that while ratings of 3 may be acceptable, our goal is that no more than 20% of items relating to a specific competency area will be in that range.

3) Completion of a program evaluation or research project to be presented in one of the resident seminars towards the end of the residency. This can be done in conjunction with ongoing research or program evaluation at one of the sites or as a new project. A short 2-page summary will be required in addition to the presentation.

4) Regular attendance at the resident meetings.

5) Maintenance and quarterly submission to the DoT of supervision logs and monthly activity logs.

A certificate of successful completion will be prepared for residents once all of the above criteria have been met.

11.0 PLACEMENT REQUIREMENTS

A requirement of our consortium is that all incoming residents must have completed adequate prerequisite training prior to the residency. This includes completion of formal academic coursework at a degree-granting program in professional psychology (clinical, counselling, school) as well as completion of closely supervised experiential training in professional psychology skills conducted in a non-classroom setting. All applicants are required to demonstrate evidence of these prior to starting their residency. A letter from the student's degree-granting program confirming readiness for residency (completion of Doctoral candidacy examinations) is required. Similarly, confirmation of completion of past experiential training (eg. Doctoral Practicum) must be provided prior to starting the residency.

Various sites have specific requirements for all who work on the site. Residents may be required to produce immunization records and proof of professional liability insurance. ***Residents at all sites*** are required to produce a recent criminal record check with vulnerable sector evaluation. Please discuss these requirements with your site supervisor.

11.1 Health and Criminal Reference Check

Prior to commencement of the placement, residents must provide proof of the following to the DoT and to their placement supervisors (when required by the site, please check with your site):

- A Vulnerable Sectors Criminal Records Check, which is dated within the previous six months (if required by assigned sites)
- Youth Intervention Checks may also be required/ are mandatory at YWCA Edmonton.

Some sites may also require:

- Vaccination records
- Privacy training and confidentiality agreements

11.2 Professional Liability Insurance

Prior to placement residents are advised to obtain Professional Liability Insurance either through their universities or liability insurance can be obtained through CPA's insurance brokers. Membership in the Canadian Psychological Association or the provincial psychological association is a requirement to obtain the insurance. There are student rates both for membership in the professional organizations and through the brokers.

12.0 APPLICATION PROCESS

12.1 How to apply

Note that for the 2023-24 training year, we will be participating in the APPIC match / APPI online.

Those interested in applying are asked to submit their application using APPI online: https://www.appic.org/AAPI.

For the APPIC application, you will need:

- A cover letter that describes your plans and interests including your preference for rotations.
- Your Curriculum Vitae
- A summary of your practicum hours
- The APPIC Application for Psychology residency
- The APPIC Academic Program Verification of residency Eligibility and Readiness
- Autobiographical Essays.
- Graduate Transcripts
- Three letters of reference. We may contact your referees for further information.

  Further to these, some of our sites require that candidates provide a Police Information Check with Vulnerable Sector Search as well as current vaccination records.

Our application deadline is: **November 1, 2022**

For further information, please contact our Director of Training:

Dr. Kevin Wallace, R.Psych.
Director, Edmonton Cross-Speciality Psychology Residency Consortium
Clinical Services 1-135 Education North University of Alberta Edmonton, AB T6G 2G5
Phone: 780.492-8963
Email: kevin.wallace@ualberta.ca

12.1 Acceptance and Notification Procedures

The EHCP consortium will contact applicants for interviews by **November 30, 2022** and interviews will virtually in mid to late December 2022, potentially early January 2023.

APPIC's Phase I Rank Order List Deadline is February 3, 2023
APPIC's Phase I Match Date is February 17, 2023
APPIC's Phase II Rank Order List Deadline is March 15, 2023
APPIC's Phase II Match date is March 22, 2023
Post Vacancy Match begins March 22, 2023.

12.3 Diversity/Non-Discrimination

All consortium partners within the EHCP training program are committed to employment equity. We value equity, diversity and inclusion in our workplaces. Qualified candidates from all ethnicities, races, genders, sexual/gender identities, cultural backgrounds, abilities and beliefs are encouraged to apply. We are also committed to providing an inclusive and accessible workplace. Individuals who may have questions or require any accommodations are encouraged to contact the Director of Training so that appropriate accommodations may be put in place.

12.4 STIPEND

As this is a consortium, we have made every effort to ensure that all residents receive fair compensation. Residents in our consortium are paid directly by their major rotation thus exact compensation may slightly vary. We have sought to ensure that benefits and compensation are roughly equal and are in line with other Canadian Doctoral residency sites.

Presently, our financial compensation average around $33,704 CAD per year, plus benefits which differ from site to site. These are rough averages. The exact compensation from each site will be indicated during the interview process.

REVIEW OF POLICIES AND PROCEDURES

This handbook will be reviewed and revised annually. Consortium Collaborating Partners will review and approve all revisions to this Policies and Procedures manual. Should there be any significant changes to any aspect of the programme, the consortium will contact the CCPPP within one month to advise of the changes.

Edmonton Cross-Speciality Psychology Residency Consortium

Appendix A - DUE PROCESS /CONFLICT RESOLUTION or GRIEVANCE GUIDELINES AND PROCEDURES

1.0 Due Process Policy on the Management of Resident Problems/Concerns

This document provides guidelines for managing problematic psychology resident conduct and/or performance. These guidelines are consistent with APPIC and CPA and CCPPP standards. These guidelines emphasize due process and ensure fairness in the program's decision about the resident. There are avenues of appeal that allow the resident to handle grievances and dispute program decisions.

All due process should be provided to Residents in writing prior to the start of their residency. Further, all due process and grievance procedures are to be reviewed with all residents at the orientation provided during the first week of training.

1.1 General Guidelines

Due Process ensures that decisions made about the residents are not arbitrarily or personally based. It requires that the training program identify specific evaluation procedures that are applied to all residents and provide appropriate appeal procedures available to the resident. All steps must be appropriately implemented and documented.

The general due process guidelines include the following steps:

1. Present trainees with the program expectations regarding professional functioning at the start of the training year.
2. Specify evaluative procedures, including the time frame and the method.
3. Define "skill deficiencies" and "problematic behavior."
4. Use input from multiple professional sources, including the primary and secondary supervisor at the affiliated training site, when making decisions or recommendations regarding the trainee's performance.
5. Provide notice: Communicate early and often with the graduate program about any difficulties and seek input from the programs about how to address the difficulties. Notice should preferentially begin with informal notice. Notice may escalate to more formal verbal notice and/or written notice.
6. Provide Hearing: The consortium will provide a formal process by which a problematic resident has an opportunity to hear concern and to respond to those concerns.
7. Provide a remediation plan for skill deficiencies or problematic behavior, including a time frame for remediation and the consequences of not rectifying the deficiencies or problematic behavior.
8. Appeals: Provide trainees with a written description of procedures they may use to appeal decisions and to file grievances.
9. Ensure that trainees have sufficient time to respond to any action taken by the program that affects them.

10. Document, in writing and to all relevant parties, the action(s) taken and its (their) rationale.

These steps are articulated in more detail below.

1.2 Evaluation Process

The Consortium Residency Sites continually assesses each resident's performance and conduct. Feedback from the evaluations facilitates the resident's professional growth by acknowledging strengths and identifying performance and conduct areas that need improvement. At the mid- point and end of each rotation, supervisors provide written evaluations and meet with the resident to discuss their assessment, review progress, and offer recommendations. The evaluation clearly identifies the resident as performing adequately or not in their rotation. The written evaluation is then signed by both the supervisor and the resident to indicate that it has been reviewed. The evaluation is then forwarded to the Consortium Director who sends a copy of each mid-term evaluation to the resident's graduate program Training Director. Any concerns or difficulties that are identified on these rotation evaluations may be addressed using the appropriate steps listed under Procedures for Responding to Problematic Performance and/or Conduct.

1.3 Communication with Residents' Graduate Programs

The Consortium DoT is responsible for communicating with each resident's graduate program about the resident's activities and progress. At the mid-point of each rotation, a copy of the supervisor's evaluation is forwarded to the resident's academic Training Director. At any time, if a problem arises that requires sanctions and brings into question the resident's ability to successfully complete the residency program, the Consortium DoT will inform the academic Training Director of the sponsoring graduate program. The academic Training Director will be encouraged to provide input to assist in resolving the problem.

1.4 Problem Identification

Problematic behavior is defined broadly as personal behaviour or job performance which interferes with professional functioning and which is reflected in one or more of the following ways:

1. An inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behaviour;
2. An inability to acquire professional skills in order to reach an acceptable level of competency; and/or
3. An inability to control personal stress, strong emotional reactions, and/or psychological dysfunction which interferes with professional functioning" (Lamb, Cochran, & Jackson, 1991; 291-292).

Problematic behaviour may include skill deficits, such as poor theoretical, assessment or interpersonal skills, poor clinical judgment, or unprofessional or unethical actions.

A distinction needs to be made between when a resident's behaviors, attitudes, or characteristics are of concern versus when they are determined to be problematic. Making this distinction requires the professional judgment of the training staff as they identify and document the facts relevant to the observed behaviors that are of concern.

Concerns may include a resident's behaviors, attitudes, or characteristics that are revealed in the performance of professional duties that are **not** unexpected or excessive for professionals in training but which require verbal coaching and/or a remediation plan.

Examples of concerns that a resident may demonstrate include the following:

- Lack of punctuality
- Does not keep up with site documentation requirements
- Lack of organization
- Minor areas of skill deficits

Concerns should be dealt with at the supervisory level first, before escalating.

Problems are typically identified when one or more of the following characteristics are occurring:

1. The resident does not acknowledge, understand, or address the problem when it is identified;
2. The problems are not merely a reflection of a skill deficit which can be rectified by academic, experiential or didactic training;
3. The quality of services delivered by the resident is sufficiently negatively affected;
4. The problem is not restricted to one area of professional functioning;
5. A disproportionate amount of attention by training personnel is required;
6. The problematic behaviour has potential for ethical or legal ramifications if not addressed or changed;
7. The resident's behavior does not change as a function of feedback, remediation efforts, and/or time;
8. The resident's personal behaviour or job task performance negatively impacts relationships with peers (resident cohort), supervisors, or other staff in a manner that disrupts normal work activities.

1.5 Defining Problems

Problems are defined broadly as personal behaviours or job performance that interfere with a resident's ability to meet their work responsibilities in an adequate manner. This could include significant skill deficits, major misconduct, unethical or unprofessional behavior.

Problems typically fall into one of two areas:

A. Skill Deficiency

Skill deficiencies are defined as significantly inadequate academic competencies, professional attitudes, or supervised training experiences to successfully complete the Consortium

program of training.
Examples of skill deficiencies at the residency level of training may include:

- Insufficient knowledge of ethical principles and practices;
- Prejudicial attitudes toward culturally different client populations;
- Insufficient knowledge of pertinent research within psychology;
- Inadequate skill and experience with test administration and interpretation;
- Difficulty forming therapeutic alliances with patients/clients/students;
- Limited skills in differential diagnosis, conceptualization and intervention with patients/clients/students.

B. Problematic Behaviour

Resident behaviors are identified as problematic behaviours if they include one or more of the following characteristics:

- The trainee does not adhere to the policies and procedures of the Consortium or the training site, including attendance, participation, documentation, and evaluation;
- The resident is resistant to appropriate opportunities for supervision and training;
- The resident disregards the direction and guidance of the affiliated site supervisors or training staff;
- The resident is conducting activities beyond the trainee's ability or scope of practice;
- The resident engages in behaviour which is disruptive of the daily operations of the affiliated training site or Consortium;
- The resident does not acknowledge, understand, or address the problem when it is identified;
- The quality of services delivered by the resident at the training site is sufficiently negatively affected;
- A disproportionate amount of time and attention by supervisory and training staff is required for monitoring and remediation;
- The resident's behaviour does not change as a function of feedback, remediation efforts, and/or time;
- The resident engages in unprofessional, unethical, or illegal behaviours
- The resident jeopardizes the safety or welfare of patients/clients/students, other trainees, training staff, or affiliated training site supervisors or personnel.

1.6 Procedures for Responding to Problematic Performance and/or Conduct

If a resident receives an "unacceptable rating" from his/her supervisor on an evaluation indicating inadequate skill development, or indicating concerns about the resident's behaviors at any time (e.g., ethical or legal violation and professional competence), the following procedures will be initiated:

1. If the resident is not performing at a satisfactory level, the supervisor is expected to discuss this with the resident, increase the resident's supervision, and direct the resident to other appropriate resources to address the deficit area (e.g., assign

readings). The Consortium Director is notified of the concern at this time, and the supervisor will keep a written record of the discussion and corrective steps agreed upon.

2. If the problem addressed in Step 1 persists, or a problem arises that is judged to be a serious violation that cannot be remedied by actions outlined in Step 1, the supervisor will communicate his/her concerns with the Consortium Director of Training. The Consortium DoT will meet with the resident and his/her direct supervisor to discuss problematic performance and/or conduct and develop a remediation plan (to address the problematic behaviour). A remediation plan is a time- limited, remediation-oriented supervised period of training. It is designed to return the resident to an appropriate functioning level with the full expectation that the resident will complete the residency.

1.7 Notice

If procedures in 1.6 are insufficient to address the concern, notice will be given to the resident. The program will communicate with the resident about any problematic behavior has been identified and that the residency is addressing the problem. Notice may be verbal, but it is preferred that notice be written. Notice must be given within 14 days of escalation of concerns.

1.8 Hearing

Hearing: The consortium will provide a formal process by which a problematic resident has an opportunity to hear concern and to respond to those concerns. Similar to notice, residents may respond to concerns verbally, but it is preferred that responses be written. A hearing must be offered within 14 days of notice.

1.9 Remediation Plan

Each remediation plan will include the following:

1. A description of the resident's unsatisfactory performance or problematic behaviours.
2. Recommended actions needed from the resident to correct the identified problems.
3. Supportive intervention/modifications made to the resident's training program (e.g., increase supervision, change focus of supervision, require coursework or readings, reduce caseload and recommend personal therapy).
4. A timeline for correcting the problem. The action to be taken if the problem is not corrected.

Remediation plans are time limited. They should be resolved or reviewed/renewed within a maximum of 30 days. If the resident is successful in addressing the concerns, the remediation plan will be terminated. If the remediation plan developed in Step 2 is unsuccessful in addressing the problematic performance and/or conduct within the time-frame identified, the Consortium Director of Training will meet with the Consortium Training Committee to discuss further courses of action. These may include one of the sanctions or actions listed in Appendix A: 1.10, 1.11, or 1.12.

1.10 Modified Remediation Plan

It may be determined that continuing the remediation plan with specific modification is the

most appropriate intervention (repeat Step 2). As such, a modified remediation plan may be created. This too is also time limited. It should be resolved within 30 days. When the problem is considered severe, a resident may be required to complete a remediation plan and concurrently placed on probation**.**

1.11 Probation

The purpose of probation is to assess the resident's ability to complete the residency and return to an appropriate level of functioning. Probation is time limited and remediation-oriented. Probation is limited to 90 days. The resident must be notified in writing of any probation. Graduate programs will be informed in writing of any probation applied to a resident.

During this closely supervised training period, the Training Director and supervisor monitor the degree to which the resident addresses, changes, and/or otherwise improves the problem behaviors. During the probation period, the resident may be suspended from engaging in certain professional activities until there is evidence that the problem behaviours have been rectified. The resident will be given written notice of the probation that includes the following information:

1. A documented description of the problematic performance and/or conduct

2. Specific written recommendations for rectifying the problems

3. The length of the probation period, during which the problem is expected to be rectified. Note that probation periods are set for a maximum of 90 days.

4. Procedures to ascertain whether the problem has been appropriately rectified.

If probation is completed successfully, the resident will be notified in writing that the conditions of probation have been removed. The resident's graduate program will also be notified in writing that probation has been removed.

1.12 Dismissal from the Residency Program

When a combination of interventions do not rectify the problematic performance and/or conduct within a reasonable time, or when the trainee seems unable to alter his/her behavior, the Consortium Training Committee will consider the possibility of termination from the residency. Dismissal may also occur in cases of violations of the APA/CPA Code of Ethics, in particular, when imminent physical or psychological harm to a client is a major factor or when the resident is unable to complete the residency due to physical, mental or emotional illness.

If sanctions interfere with the successful completion of the training hours needed for the residency, this will be noted in the resident's file and his/her academic program will be notified. If deemed appropriate, special arrangements may be made to address this issue.

In all of the above circumstances, the Consortium Director of Training will meet with the

resident, the resident's supervisor to review the remediation requirements or the sanctions. The resident may accept these conditions, or challenge the Consortium Committee's action as outlined below. In either case, the Consortium Director will inform the resident's academic program of the problematic performance/conduct and the specified procedures implemented by the Consortium Committee to address the concern.

Note: Dismissal must include the relevant human resources department. Each resident is employed by a separate collaborating partner. As such, each collaborating partner reserves the right to dismiss a resident in accordance with their human resources policies. In such instances, every effort must be made to follow the above due process.

Residents may appeal the remedial steps or sanctions by following (Appendix A: Section 2.0) grievance procedures.

1.13 Appeal

Residents have the right to appeal or challenge the actions taken by the program in regards to any identified problematic behavior. Appeals can be brought to the Psychology Practice Lead, who is on step removed from the Director of Training. Appeals can also be brought to the Training Committee, should both the Psychology Practice Lead and the Director of Training be in conflict of interest. In such instances, these two individuals will recuse themselves from the Training Committee during the appeal.

Appeals must be brought to the Director of Training, the Psychology Practice Lead or the Training Team within 30 days of any decision.

2.0 Psychology Resident Grievance Procedures

If a resident experiences a problem with an affiliated training site supervisor, Site Coordinator, Consortium Director of Training (DoT), or Consortium Training Committee member, or if a trainee has a personal complaint about the program (including but not limited to complaints about evaluations, supervision, stipends/salary, sexual harassment, etc.) then the trainee shall proceed with the following steps for resolution:

1. Attempt to address and resolve the problem directly (informally) with the individual as soon as possible.

2. If addressing the problem directly is not successful, the individual is unavailable, or the resident prefers not to address the issue with the individual, then he or she may consult with the residency Consortium Director of Training. The Consortium Director will assist by taking one or more of the following actions:

- Serving as a consultant to assist in deciding how best to communicate with the individual;
- Facilitating a mediation session between the trainee and the individual;

- Taking the issue to the Training Committee or full Consortium Committee for consultation and problem solving;
- Consulting with the Professional Practice Leader (PPL);
- Requesting assistance from CCPPP or APPIC.

3. If the problem is with the Director of Training and was not resolved directly with the DoT to the resident's satisfaction, or the resident prefers to not address the issue with the DoT directly, the resident may consult with the Professional Practice Leader.

4. If the resident is still not satisfied with the outcome, the resident may provide a letter to the Consortium Director of Training documenting: (a) the date of the event giving rise to the complaint or (b) the date the problem was raised with the Consortium Director, c) the nature of the grievance and what attempts may already have been made to resolve the issue. Within ten working days after receipt of the letter from the resident, the Consortium Director will send a letter to the resident outlining the grievance procedure. The letter will include provisions for the resident to hear all material facts and to appear before a Review Panel, and it will provide a reasonable timeline for the Consortium Committee to respond to the grievance.

5. The Consortium Director of Training will convene a Review Panel of at least three persons, consisting of site supervisors, Consortium Committee members or members of the EHCP faculty. Any persons directly involved in the grievance will be recused from the Review Panel.

6. The Review Panel will conduct a review hearing at which the trainee's grievance is heard and the evidence presented. The trainee may attend the hearing and respond to any concerns raised. Within ten working days of the completion of the review hearing, the Review Panel will issue a report documenting its findings and recommended response to the grievance. The Review Panel's decision will be final.

7. These findings and the actions taken will be conveyed promptly and in writing to the resident, the training site and other appropriate individuals. If the action involves the resident, their academic institution will be included in this communication.

Note: The aforementioned guidelines are intended to provide the psychology resident with a means to resolve perceived conflicts that cannot be resolved by informal means. Residents who pursue grievances in good faith will not experience any adverse personal or professional consequences.

Note: The professional Practice Leader for our residency is Dr. Terilyn Pott.

Edmonton Cross-Speciality Psychology Residency Consortium

Appendix B- SUPERVISION AGREEMENT AND GOAL FORM

Edmonton Cross-Speciality Psychology RESIDENCY CONSORTIUM

SUPERVISION AGREEMENT and GOAL FORM

Date of Agreement: From _____ To _____
Name of Psychology Resident (Supervisee): _____
Name of Supervisor: _____
Name of Rotation/Site: _____ Major__ Minor rotation__

The purpose of this agreement is to clarify our roles and responsibilities as supervisee and supervisor.

Duties and Responsibilities of Supervisors:

- Assumes responsibility for welfare of supervisee's clients. Note this does not completely relieve the supervisee of liability and responsibility for client care.
- Attends to all aspects of client care, including but not limited to, case conceptualization and treatment planning; assessment; and intervention, including emergent circumstances, duty to warn and protect, legal, ethical, and regulatory standards, diversity factors, dynamics in client-supervisee relationship, strains to the supervisory relationship.
- Is available within a reasonable timeframe when the supervisee is providing client services (e.g., within 24 business hours in non-emergency situations, and in accordance with site protocols in emergency situations).
- Reviews and signs off on reports, case notes, and communications.
- Develops and maintains a respectful, collaborative, and professional supervisory relationship.
- Describes supervisor's theoretical orientation(s) for supervision and therapy, and distinguishes between central purposes of supervision and those of psychotherapy.
- Assists the supervisee in setting and attaining supervisee goals.
- Provides feedback anchored in supervisee training goals and professional competencies.
- Provides ongoing formative and end-of-supervisory-relationship summative evaluation.
- Informs supervisee when supervisee is not meeting training and supervision goals, and contacts course instructor to discuss possible remedial steps to assist the supervisee's development. Guidelines for processes that may be implemented in such cases are outlined in this Policy and Procedures manual.
- Discloses training, licensure, areas of specialty and special expertise, previous

supervision training and experience, and areas in which the supervisor has previously supervised.
- Makes a good-faith effort to reschedule a supervision session or provide alternative supervisory coverage if circumstances arise when the supervisor or supervisee cancels or misses a supervision session.
- Maintains documentation of the clinical supervision and services provided.
  Seeks supervisee feedback on the nature, quality, and overall process of supervision.
  Provides supervision in a manner that adheres to ethical and professional standards and guidelines specified in the Canadian Psychological Association *Code of Ethics for Psychologists* as well as the standards specified by the College of Alberta Psychologists.

Duties and Responsibilities of Residents:

- Understands the liability (direct and vicarious) and responsibility of the supervisor for all supervisee professional practice and behaviour. Note this does not completely relieve the supervisee of liability and responsibility for client care.
- Implements supervisor directives, and discloses clinical issues, concerns, and errors as they arise.
- Identifies to clients the supervisee's status as a supervisee and the name of the clinical supervisor, describes the supervisory structure (including supervisor access to all aspects of case documentation and records), and obtains clients' informed consent to discuss all aspects of the clinical work with supervisor.
- Prepares adequately for supervision sessions. Examples of such preparation include completed case notes and case conceptualization, client progress, clinical and ethics questions, and literature on relevant evidence-based practices.
- Discusses with supervisor the supervisee's beliefs, values, social/cultural context, reactions, and personal stressors affecting ethical client care.
- Integrates supervisor feedback into practice and provides feedback on the nature, quality, and overall process of supervision.
- Seeks out and receives immediate supervision and consultation in emergency situations and is aware of site-specific policies.
- Makes a good-faith effort to reschedule a supervision session if circumstances arise when supervisee misses a supervision session.
- Participate fully in the supervisory process and log supervision encounters.
- Maintain a supervision log of all formal supervisory meetings, to be signed by both the resident and supervisor. These will be reviewed by the DoT quarterly over the course of the year.
- Behaves in accordance with the ethical and professional standards and guidelines specified in the Canadian Psychological Association Code of Ethics for Psychologists as well as the standards specified by the College of Alberta Psychologists.

Goals for this rotation:

Please Note:

- *This form should be completed jointly by the Supervisor and the Resident.*
- *There is no specific requirement as to the number of goals that need to be set.*
- *Copies of this form should be kept by both the Supervisor and the Resident, and should be used for reference purposes when subsequent ratings forms are completed. Copies of this form should to the Director of Clinical Training.*
- *The **minimum** required amount of weekly direct individual supervision is **4 hours across all supervisors and sites, (3 hours of individual supervision and 1 hour of individual or group supervision).***

Please reflect on what you would like to achieve during the course of this specific rotation. You may wish to reflect any or all of the following elements in your goal setting (or add additional ones):

Specific : Client populations (e.g. ages, sex), presenting problems/diagnoses, experiences to gain (e.g., groups), skills to develop (e.g., type of therapy, particular test, integrated report writing skills), type of supervision, supervision of others.

Goal 1:

Goal 2:

Goal 3:

Goal 4:

The plan will be formally reviewed as necessary and may be revised at the request of supervisee or supervisor. Revisions will be made only with the joint consent of supervisee and supervisor.

We, _____(supervisee) and_____(supervisor) agree to follow the directives laid out in this supervision agreement and to conduct ourselves in keeping with our most current stated Ethical Standards and Codes of Conduct, laws, and regulations.

_____ _____
Supervisor Date
Contact Information:

Emergency Contact Info:

_____ _____
Supervisee Date
Contact Information:

Emergency Contact Info:

Edmonton Cross-Speciality Psychology Residency Consortium

Appendix C - RESIDENT COMPETENCY ASSESSMENT FORM

Edmonton Cross-Speciality Psychology RESIDENCY CONSORTIUM

RESIDENT COMPETENCY ASSESSMENT FORM

Resident:_____ Supervisor:_____

Rotation:_____ Site:_____

Date:_____ Mid -Term Assessment _____

Date:_____ Final Assessment_____

The domains of functional and foundational competence are listed below along with specific competency statements for each domain. Mark the box that best describes the resident's skills in relation to your expectations of the average psychology trainee at the same stage of professional development.

0 = Not at all/Slightly: Unsatisfactory - Demonstrates unacceptable level of competence.
1 = Somewhat: Conditional – Demonstrates below average level of competence.
2 = Moderately: Satisfactory - Demonstrates an average level of competence.
3 = Mostly :Very good – Frequently demonstrates a high level of competence.
4 = Very: Excellent – Consistently demonstrates a very high level of competence.
NA = No adequate opportunity to observe.

_____ Direct Observation
_____ Video tape
_____ Audio tape
_____ Case Presentation
_____ Review of Written Work
_____ Review of Raw Test Data
_____ Discussion of Clinical Interaction
_____ Comments from Other Staff

Describe the goals and areas focused on in supervision over the period covered by this evaluation:

Goal 1 _____

_____

Goal 2 _____

_____

Goal 3 _____

_____

SUPERVISOR EVALUATION OF STUDENT COMPETENCIES

Name of Resident: _____ Date of Evaluation: _____

Site: _____ Supervisor's Name: _____

Nature of Practicum Experience

Please state briefly the kind of experience the student had this past term including:

- Types of clients and client issues:

- Number of hours of individual supervision: ____ Number of hours of group supervision: ____

- Methods of observation by supervisor (e.g., direct observation of student's clinical work; videorecording review; review of case notes):

Please evaluate the resident you have been supervising based upon expected competencies for students at this level. In the sections below, rate each item by responding to the following question using the scale below:

How characteristic of the trainee's behavior is this competency description?

Not at All/Slightly	Somewhat	Moderately	Mostly	Very
0	1	2	3	4

If you have not had the opportunity to observe a behavior in question, please indicate this by circling "No Opportunity to Observe" [N/O].

Near the end of the rating form, you will have the opportunity to provide a narrative evaluation of the trainee's current level of competence.

FOUNDATIONAL COMPETENCIES

I. PROFESSIONALISM

1. Professional Values and Attitudes: as evidenced in behavior and comportment that reflect the values and attitudes of psychology.						
1A. Integrity - Honesty, personal responsibility and adherence to professional values						
Understanding and adherence to professional values infuses work as psychologist-in-training; recognizes situations that challenge adherence to professional values	0	1	2	3	4	[N/O]
1B. Deportment						
Communication and physical conduct (including attire) is professionally appropriate, across different settings	0	1	2	3	4	[N/O]
1C. Accountability						
Accepts responsibility for own actions	0	1	2	3	4	[N/O]
1D. Concern for the Welfare of Others						
Acts to understand and safeguard the welfare of others	0	1	2	3	4	[N/O]
1E. Professional Identity						
Displays emerging professional identity as psychologist; uses resources (e.g., supervision, literature) for professional development	0	1	2	3	4	[N/O]

2. Individual and Cultural Diversity: Awareness, sensitivity and skills in working professionally with diverse individuals, groups and communities who represent various cultural and personal background and characteristics defined broadly						
2A. Self as Shaped by Individual and Cultural Diversity (e.g., cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status **) and Context**						
Demonstrates knowledge, awareness, and understanding of one's own dimensions of diversity and attitudes toward diverse others; applies knowledge of self as a cultural being in clinical work	0	1	2	3	4	[N/O]
2B. Others as Shaped by Individual and Cultural Diversity and Context						
Applies knowledge of others as cultural beings in clinical practice	0	1	2	3	4	[N/O]
2C. Interaction of Self and Others as Shaped by Individual and Cultural Diversity and Context						
Applies knowledge of the role of culture in interactions in clinical practice with diverse others	0	1	2	3	4	[N/O]
3. Ethical Legal Standards and Policy: Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations.						
3A. Knowledge of Ethical, Legal and Professional Standards and Guidelines						
Demonstrates knowledge and understanding of the CPA *Code of Ethics for Psychologists* and other relevant ethical/professional codes, standards and guidelines, laws, statutes, rules, and regulations	0	1	2	3	4	[N/O]
3B. Awareness and Application of Ethical Decision Making						
Demonstrates knowledge and application of an ethical decision-making model; applies relevant elements of ethical decision making to a dilemma	0	1	2	3	4	[N/O]
3C. Ethical Conduct						
Integrates ethical attitudes and values in professional conduct	0	1	2	3	4	[N/O]

4. Reflective Practice/Self-Assessment/Self-Care: Practice conducted with personal and professional self-awareness and reflection; with awareness of competencies; with appropriate self-care.						
4A. Reflective Practice						
Displays broad self-awareness; utilizes self- monitoring; displays reflectivity regarding professional practice (reflection-on-action); uses resources to enhance reflectivity; demonstrates elements of reflection-in-action	0	1	2	3	4	[N/O]
4B. Self-Assessment						
Demonstrates broad, accurate self-assessment of competence; consistently monitors and evaluates practice activities; works to recognize limits of knowledge/skills, and to seek means to enhance knowledge/skills	0	1	2	3	4	[N/O]
4C. Self-Care (attention to personal health and well-being to assure effective professional functioning)						
Understands the importance of self-care in effective practice; demonstrates knowledge of self-care methods; attends to self-care; monitors issues related to self-care with supervisor	0	1	2	3	4	[N/O]
4D. Participation in Supervision Process						
Effectively participates in supervision; demonstrates straightforward, truthful, and respectful communication in supervisory relationship	0	1	2	3	4	[N/O]

II. RELATIONAL

5. Relationships: Relate effectively and meaningfully with individuals, groups, and/or communities.						
5A. Interpersonal Relationships						
Forms and maintains productive and respectful relationships with clients, peers/colleagues, supervisors and professionals from other disciplines	0	1	2	3	4	[N/O]
5B. Affective Skills						
Negotiates differences and handles conflict satisfactorily; provides effective feedback to others and receives feedback nondefensively	0	1	2	3	4	[N/O]
5C. Expressive Skills						

Communicates clearly using verbal, nonverbal, and written skills in a professional context; demonstrates clear understanding and use of professional language	0	1	2	3	4	[N/O]

III. SCIENCE

6. Scientific Knowledge and Methods: Understanding of research, research methodology, techniques of data collection and analysis, biological bases of behavior, cognitive-affective bases of behavior, and development across the lifespan. Respect for scientifically derived knowledge.						
6A. Scientific Mindedness						
Displays critical scientific thinking; values and applies scientific methods to professional practice	0	1	2	3	4	[N/O]
6B. Scientific Foundation of Psychology						
Demonstrates understanding of psychology as a science; demonstrates knowledge of core science (i.e., scientific bases of behavior)	0	1	2	3	4	[N/O]
6C. Scientific Foundation of Professional Practice						
Demonstrates knowledge, understanding, and application of the concept of evidence-based practice	0	1	2	3	4	[N/O]
7. Research/Evaluation: Generating research that contributes to the professional knowledge base and/or evaluates the effectiveness of various professional activities						
7A. Scientific Approach to Knowledge Generation						
Demonstrates development of skills and habits in seeking, applying, and evaluating theoretical and research knowledge relevant to the practice of psychology	0	1	2	3	4	[N/O]
7B. Application of Scientific Method to Practice						
Demonstrates knowledge of application of scientific methods to evaluating practices, interventions, and program	0	1	2	3	4	[N/O]

FUNCTIONAL COMPETENCIES

IV. APPLICATION

8. Evidence-Based Practice: Integration of research and clinical expertise in the context of client factors.						
8A. Knowledge and Application of Evidence-Based Practice						
Applies knowledge of evidence-based practice, including empirical bases of clinical practice, and other psychological applications, clinical expertise, and client preferences	0	1	2	3	4	[N/O]
9. Case Conceptualization and Record Keeping: Conceptualization of problems, capabilities and issues associates with individuals and/or groups.						
9A. Case Conceptualization						
Demonstrates knowledge of case conceptualization; utilizes systematic approach of gathering data to inform clinical decision making	0	1	2	3	4	[N/O]
9B. Record Keeping						
Writes adequate case/progress notes	0	1	2	3	4	[N/O]
10. Intervention: Interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations.						
10A. Intervention Planning						
Formulates and conceptualizes cases and plans interventions utilizing at least one consistent theoretical orientation, in the context of human development and diversity	0	1	2	3	4	[N/O]
10B. Skills						
Displays clinical skills	0	1	2	3	4	[N/O]
10C. Intervention Implementation						
Implements evidence-based interventions	0	1	2	3	4	[N/O]

10D. Progress Evaluation						
Evaluates treatment progress and modifies treatment planning as indicated, utilizing established outcome measures	0	1	2	3	4	[N/O]

V. SYSTEMS

11. Interdisciplinary Systems: Knowledge of key issues and concepts in related disciplines. Identify and interact with professionals in multiple disciplines.						
11A. Knowledge of the Shared and Distinctive Contributions of Other Professions						
Demonstrates beginning, basic knowledge of the viewpoints and contributions of other professions/professionals	0	1	2	3	4	[N/O]
11B. Functioning in Multidisciplinary and Interdisciplinary Contexts						
Demonstrates beginning knowledge of strategies that promote interdisciplinary collaboration vs. multidisciplinary functioning	0	1	2	3	4	[N/O]
11C. Understands How Participation in Interdisciplinary Collaboration/Consultation Enhances Outcomes						
Demonstrates knowledge of how participating in interdisciplinary collaboration/consultation can be directed toward shared goals	0	1	2	3	4	[N/O]
11D. Respectful and Productive Relationships with Individuals from Other Professions						
Develops and maintains collaborative relationships and respect for other professionals	0	1	2	3	4	[N/O]
12. Advocacy: Actions targeting the impact of social, political, economic or cultural factors to promote change at the individual (client), institutional, and/or systems level.						
12A. Empowerment						
Uses awareness of the social, political, economic or cultural factors that may impact human development in the context of service provision	0	1	2	3	4	[N/O]
12B. Systems Change						
Understands the differences between individual and institutional level interventions and systems-level change; promotes change to enhance the functioning of individuals	0	1	2	3	4	[N/O]

OVERALL ASSESSMENT OF TRAINEE'S CURRENT LEVEL OF COMPETENCE

Please provide a brief narrative summary of your overall impression of this trainee's current level of competence. In your narrative, please be sure to address the following questions:

- What are the trainee's particular strengths?

- What are the trainee's areas for growth and improvement?

- Do you believe that the trainee has reached the level of competence expected by the program at this point in training?

Supervisor's Signature: _____

Date: _____

This rating form has been adapted from American Psychological Association's Competency Benchmarks in Professional Psychology (http://www.apa.org/ed/graduate/benchmarks-evaluation-system.aspx

Mid-Year Conversation about Supervision (for discussion only, no writing necessary)

Supervision is an interactive process in which the supervisor also learns and improves. Learning and improving result from validation as well as from highlighting areas needing attention.

At this mid-year point, it would be helpful to our supervision process to include a conversation about our supervision time together in addition to reviewing your mid-year evaluation.

Please think about the questions below and come prepared to discuss them at our mid-term evaluation meeting. There is no need to answer these questions in writing.

1) Are there learning/training goals that you would like to incorporate which haven't yet been addressed?
2) Are you receiving sufficient levels of support from me? If not, in what areas would like more support? Are there areas in which you would like more independence?
3) Have I been sufficiently available to you for supervision, including times needed outside of our formal supervision time?
4) Is the way we are using our supervision time compatible with your style of learning? If not, what could we do differently?
5) What has been helpful/unhelpful to you in our supervision time?
6) Has there been sufficient coordination or communication between the supervisors at your various rotations?
7) Is there anything you have experienced or heard about from peers that you would like to incorporate into our supervision?
8) Are there any aspects of our training site (staff, programs, administration, agency in general) that could be improved upon?

Year-End Conversation about Supervision (for discussion only, no writing necessary)

Supervision is an interactive process in which the supervisor also learns and improves. Learning and improving result from validation as well as from highlighting areas needing attention.

At this point, as we end our time together, it would be helpful to include a conversation about our supervision year in addition to reviewing your final evaluation.
Please think about the questions below and come prepared to discuss them at final evaluation meeting. There is no need to answer these questions in writing.

Were there learning/training goals that you would have liked to incorporate but were not addressed?

1) Were there learning/training goals that you would have liked to incorporate but were not addressed?
2) Did you receive sufficient levels of support from me? If not, in what areas would you have liked more support? Were there areas in which you would have liked more independence?
3) Was I sufficiently available to you for supervision, including times needed outside of our formal supervision time?
4) Was the way we used our supervision time compatible with your style of learning?
5) What has been most helpful/unhelpful to you in our supervision time?
6) Was there sufficient coordination or communication between the supervisors at your various rotations? If not, what could we do differently next time?
7) Do you have any recommendations in general for our site which could improve the experience of future residents?
8) Taking everything into consideration (site, supervision, agency), how can we make this rotation even better?

Thanks for your input

Resident Comments Regarding Competency Assessment:

Resident Signature_____

Supervisor Signature _____

Date: _____

Edmonton Cross-Speciality Psychology Residency Consortium

Appendix D – DETAILS OF WEEKLY MEETINGS AND DIDACTIC TRAINING

As is outlined on page 18 of the handbook, residents will meet each Wednesday for peer consultation, didactic training and seminars. These meetings will consist of:

Peer Consultation
Each week, residents will participate in 30 minutes of case consultation with peers.

Didactic Training
Residents will receive an average of 2.07 hours of didactic training per week, with a minimum of 2 hours of didactic training per week. This totals a minimum of 9 hours of Didactic learning a month. Didactic learning involves: directed reading/training, group presentations, and monthly in-service seminars. Didactic training is directly relevant to the major and minor rotations. Didactic training is intended to be both progressive and graduated in nature.

Weekly Didactic Training: Once per week, per the training schedule in Appendix D, residents will engage in didactic training activities. Weekly didactic activities alternate from week to week per the schedule.

Week A
Bi-weekly (2 hours bi-weekly, with the exception of monthly in-service training days).
Early in their training residents are assigned readings and/or trainings depending on the requirements of their major or minor rotations. These readings/trainings are in this appendix after the training schedule. Note that readings are specific to the major and minor rotations. As the training year progresses, residents will be given the opportunity to choose additional topics for self-study. Self-study may entail:

- Professional development focused specific therapy interventions or assessment procedures;
- Reading or review of books/articles/websites/videos relevant to specific training goals;
- Seeking certifications in specialized area.

Week B
Bi-weekly (2.0 hours bi-weekly, with the exception of monthly in-service training days).
In a group setting, Residents are to present and discuss the topic they have been personally examining from the previous week. Residents will each have about 30 minutes to present.

Monthly Didactic Training: Once per month, a 3 hour in-service training will be offered by the training staff and/or doctoral residents. Topics will range from year to year but and will reflect the interests of training staff and residents. In-Service Workshops are coordinated by the Director of Training and the Psychology Practice Lead and include a range of topics including: Professional ethics, Private Practice Issues, Working with High Conflict Divorce, Cross-Cultural Issues, Acceptance and Commitment Therapy, Emotion Focused Therapy, Dissocation, etc – to be confirmed through the year.

Other Didactic Training: Also, Clinical Services at the University of Alberta offers an annual workshops in clinical supervision from leading researchers in the area. Doctoral residents in our consortium are

encouraged to attend. In 2022, we anticipate having Dr. Carol Falander present on the topic of Clinical Supervision. Residents are also provided with professional development funds at each site (amounts vary). Residents are encouraged to use the funds to access additional training workshops throughout the year.

Below, residents can find a detailed schedule as well as a list of site specific required and/or recommended readings and trainings.

2021-22 Schedule

Note: Week A and Week B didactic training activities are assigned by clinical supervisors and are site specific. As such, each resident will have an individualized training plan. A list of recommended and or required training activities and readings can be found just below this schedule. Residents should dialogue with their supervisor regarding specific week to week didactic training activities.

Date	**Didactic Activity** (1 – 3:00pm)	**Supervision** (3pm-4pm)	**Peer Consultation** (4-4:30pm)	Location
August 30, 2022	Meet and Greet and Farewell to Previous Residents			Cross Cancer Institute (Westmount)
September 7, 2022	**Introduction to Didactic Learning**	**Introduction to Case Consults**	**Introduction to Peer Consultation**	Cross Cancer Institute (Westmount)
September 14, 2022	**Didactic Learning** Week A	**Case Consults (Millard Staff plus Residents)**	***Peer Consultation***	Millard Health
September 21, 2022	***Didactic Learning:*** Week B	***Individual Supervision***	***Peer Consultation***	U of A – Clinical Services
September 28, 2022	***Didactic Learning:*** Week A	***Individual Supervision***	***Peer Consultation***	YWCA
October 5, 2022	***Didactic Learning:*** Week B	***Individual Supervision***	***Peer Consultation***	U of A - SCCP
October 12, 2022	2022 Speaker TBD 2021 Speaker Dr. Janzen, On Being An Ethical Psychologist 2020 Speaker: Dr. Carter, Family Restructuring Therapy			Zoom
October 19, 2022	***Didactic Learning:*** Week A	***Individual Supervision***	***Peer Consultation***	Cross Cancer Institute (Westmount)
October 26, 2022	***Didactic Learning:*** Week B	***Individual Supervision***	***Peer Consultation***	Millard Health
November 2, 2022	***Didactic Learning:*** Week A	***Individual Supervision***	***Peer Consultation***	U of A - Clinical Services
November 9, 2022	***Didactic Learning:*** Week B	***Individual Supervision***	***Peer Consultation***	YWCA
November 16, 2022	***Didactic Learning*** *Week A*	***Individual Supervision***	***Peer Consultation***	U of A- SCCP

November 23, 2022	2022 Speaker TBD, 2021 Speaker: Dr. Steve Knish, Coaling Technique 2020 Speaker:Dr. Steve Knish, Coaling Technique			Zoom
November 30, 2022	***Didactic Learning:*** Week B	***Individual Supervision***	***Peer Consultation***	Cross Cancer Institute (Westmount)
December 7, 2022	***Didactic Learning:*** Week A	***Individual Supervision***	***Peer Consultation***	Millard Health
December 14, 2022	***Didactic Learning:*** Week B	***Individual Supervision***	***Peer Consultation***	U of A – Clinical Services
December 21, 2022	Speaker Series : TBD 2022 Speaker: Dr. Carter, Family Systems 2021 Speaker: Kevin St.Arnauld on Psychedelics and Psychotherapy			
December 22- January 2, 2022	Break. Time used for alternate work/finishing of semester as some locations close at the end of December for holidays.			

2023 Schedule

Date	**Didactic Activity** (1 – 3 pm)	**Supervision** (2– 4 pm)	**Peer Consultation** (4 – 4:30 pm)	Location
January 4, 2023	2023 Speaker TBD, 2022: Dr. Deena Martin, CAP and Ethics 2021 Dr. Troy Janzen – Complaints			Zoom
January 11, 2023	***Didactic Learning:*** Week A	***Individual Supervision***	***Peer Consultation***	YWCA
January 18, 2023	***Didactic Learning:*** Week B	***Individual Supervision***	***Peer Consultation***	U of A - SCCP
January 25, 2024	***Didactic Learning:*** Week A	***Individual Supervision***	***Peer Consultation***	Cross Cancer Institute (Westmount)
February 1, 2023	***Didactic Learning:*** Week B	***Individual Supervision***	***Peer Consultation***	Millard Health
February 8, 2023	***Didactic Learning:*** Week A	***Individual Supervision***	***Peer Consultation***	U of A - Clinical Services
February 15, 2023	2023 Speaker TBD, 2022:Dr. Kyle Schalk, Chronic Pain 2021: Dr. Derek Truscott – Suicide Risk Assessment			Zoom

February 23, 2023	***Didactic Learning:*** Week B	***Individual Supervision***	***Didactic Learning:*** Week B	YWCA
March 1, 2023	***Didactic Learning:*** Week A	***Individual Supervision***	***Peer Consultation***	U of A -SCCP
March 8, 2023	***Didactic Learning:*** Week B	***Individual Supervision***	***Peer Consultation***	Cross Cancer Institute (Westmount)
March 15, 2023	***Didactic Learning:*** Week A	***Individual Supervision***	***Peer Consultation***	Millard Health
March 22, 2023	***Didactic Learning:*** Week B	***Individual Supervision***	***Peer Consultation***	U of A - Clinical Services
March 29, 2023	2022 Speaker TBD, 2022: Dr. Kevin Wallace, Supervision 2021: Deena Martin: Topic: Professional Guidance, Standards of Practice			Zoom
April 4, 2023	***Didactic Learning:*** Week A	***Individual Supervision***	***Peer Consultation***	YWCA
April 12, 2023	***Didactic Learning:*** Week B	***Individual Supervision***	***Peer Consultation***	U of A -SCCP
April 19, 2023	***Didactic Learning:*** Week A	***Individual Supervision***	***Peer Consultation***	Cross Cancer Institute (Westmount)
April 26, 2023	2023 Speaker TBD, 2022: Dr. Carter: Private Practice 2021: Dr. Sophie Yohani, Race and Racism			Zoom
May 3, 2023	***Didactic Learning:*** Week B	***Individual Supervision***	***Peer Consultation***	Millard Health
May 10, 2023	***Didactic Learning:*** Week A	***Individual Supervision***	***Peer Consultation***	U of A- Clinical Services
May 17, 2023	***Didactic Learning:*** Week B	***Individual Supervision***	***Peer Consultation***	YWCA
May 24, 2023	***Didactic Learning:*** Week A	***Individual Supervision***	***Peer Consultation***	U of A – SCCP
May 31, 2023	2022 Speaker TBD, 2022: Dr. Whelton, Transference 2021: Dr. Whelton, Transference Issues			Topic TBD Location TBD

June 7, 2023	***Didactic Learning:*** Week B	***Individual Supervision***	***Peer Consultation***	Cross Cancer Institute (Westmount)
June 14, 2023	***Didactic Learning:*** Week A	***Individual Supervision***	***Peer Consultation***	Millard Health
June 21, 2023	***Didactic Learning:*** Week B	***Individual Supervision***	***Peer Consultation***	U of A - Clinical Services
June 28, 2023	***Didactic Learning:*** Week A	***Individual Supervision***	***Peer Consultation***	YWCA
June 28, 2023	2022 Speaker TBD, 2022: Dr. Sophie Yohani: Racism in Counselling Dr. Steven Carter - Private Practice			Zoom
July 5, 2023	***Didactic Learning:*** Week A	***Individual Supervision***	***Peer Consultation***	U oA C - SCCP
July 12, 2023	***Didactic Learning:*** Week B	***Individual Supervision***	***Peer Consultation***	Cross Cancer Institute (Westmount)
July 19, 2023	***Didactic Learning:*** Week A	***Individual Supervision***	***Peer Consultation***	Millard Health
July 26, 2023	***Didactic Learning:*** Week B	***Individual Supervision***	***Peer Consultation***	U of A - Clinical Services
July 26, 2023	2023 Speaker TBD, 2022: Dr. Judi Malone: Rural Counselling 2021: Dr.Schalk – Chronic Pain Management			Zoom
August 2, 2023	***Didactic Learning:*** Week A	***Individual Supervision***	***Peer Consultation***	YWCA
August 9, 2023	***Didactic Learning:*** Week B	***Individual Supervision***	***Peer Consultation***	U of A - SCCP
August 16, 2023	2022 Speaker TBD, *no previous in August due to scheduling			Zoom
August 23, 2023	Farewell Celebration and Introduction to new students			CCI
August 30, 2023	Closing Celebration or Wrap up at Locations			TBD

Site Specific Required Reading and Training

Cross Cancer Institute – Mandatory Readings and Trainings

Note: This list generally outlines recommended and required trainings and readings. Clinical supervisor will review this list with residents at the start of their rotation and will indicate which readings are required and which are recommended. This will depend somewhat on training goals. Additional readings or training may be recommended by the supervisory team.

Module: Psycho-Oncology

Readings:

CAPO clinical guidelines:
http://oncology.capo.ca/public/#clinical-guidelines

Canadian Cancer Society. Cancer information.
http://www.cancer.ca/en/cancer-information/cancer-101/what-is-cancer/?region=ab

Pan-Canadian Practice Guideline: Screening, Assessment and Management of Psychosocial Distress, Depression and Anxiety in Adults
http://www.capo.ca/wp-content/uploads/2015/11/FINAL_Distress_Guideline1.pdf

Pan-Canadian Guidance on Organization and Structure of Survivorship Services and Psychosocial-Supportive Care Best Practices for Adult Cancer Survivors
http://www.capo.ca/pdf/ENGLISH_Survivorship_Guideline_Sept2011.pdf

A Pan-Canadian Clinical Practice Guideline: Assessment of Psychosocial Health Care Needs of the Adult Cancer Patient
http://www.capo.ca/pdf/ENGLISH_Adult_Assessment_Guideline_Sept2011.pdf

Algorithms for Cancer-Related Distress, Depression, & Global Anxiety
http://www.capo.ca/wp-content/uploads/2015/11/Algorithms-for-Cancer-Related-Distress-Depression-and-Global-Anxiety.pdf

A Pan-Canadian Practice Guideline: Prevention, Screening, Assessment and Treatment of Sleep Disturbances in Adults with Cancer
http://www.capo.ca/pdf/Sleep_Disturbances_Guideline_Eng.pdf

Rowland, J. H. (2016) Psycho-Oncology, Third Edition Edited by Jimmie C. Holland, William S. Breitbart, Paul B. Jacobsen, Matthew J. Loscalzo, Ruth McCorkle, and Phyllis N. Butow. Oxford University Press

- Chapters 53, 54, 55.

Module: Outpatient Care

Jacobsen PB, Jim HS. Psychosocial interventions for anxiety and depression in adult cancer patients: achievements and challenges. CA Cancer J Clin. 2008 Jul-Aug;58(4):214-30. doi: 10.3322/CA.2008.0003.

Nekolaichuk CL, Turner J, Collie K, Cumming C, Stevenson A. Cancer patients' experiences of the early phase of individual counseling in an outpatient psycho-oncology setting. Qual Health Res. 2013 May;23(5):592-604. doi: 10.1177/1049732312470567.

Nekolaichuk CL, Cumming C, Turner J, Yushchyshyn A, Sela R. Referral patterns and psychosocial distress in cancer patients accessing a psycho-oncology counseling service. Psychooncology. 2011 Mar;20(3):326-32. doi: 10.1002/pon.1765.

Spiegal, D., Classen, C. (2000) Group therapy for cancer patients. A research-based handbook of psychosocial care. Basic Books.

Module: Young Adult Cancer Patients

Readings:

Zebrack B, Isaacson S. Psychosocial care of adolescent and young adult patients with cancer and survivors. J Clin Oncol. 2012 Apr 10;30(11):1221-6. doi: 10.1200/JCO.2011.39.5467.

D'Agostino NM, Penney A, Zebrack B. Providing developmentally appropriate psychosocial care to adolescent and young adult cancer survivors. Cancer. 2011 May 15;117(10 Suppl):2329-34. doi: 10.1002/cncr.26043. PMID: 21523754.

Module: Family

Rolland, J.S. (2005). Cancer and the family: An integrative model. *Cancer (11 Suppl),* 104, 2584- 2595

Module: Stress Management

Antoni, M. H., Lehman, J. M., Kilbourn, K. M., Boyers, A. E., Culver, J. L., Alferi, S. M., et al. (2001). Cognitive behavioral stress management decreases the prevalence of depression and enhances early benefit finding among women under treatment for early-stage breast cancer. *Health Psychology, 20*, 20–32.

Penedo, F. J., Dahn, J. R., Gonzalez, J. S., Molton, I., Carver, C. S., Antoni, M. H., Roos, B., & Schneiderman, N. (2003). Perceived stress management skill mediates the relationship between optimism and positive mood following radical prostatectomy. *Health Psychology*, *22*, 220-222.

Module: Cognition and Cancer

Cancer-related cognitive impairment. *residencyational Review of Psychiatry, 26*, 102-113 doi: 10.3109/09540261.2013.864260.

Wefel J.S., Kesler S.R., Noll K.R., Shagen. S.B. (2015). Clinical characteristics, pathophysiology, and management of noncentral nervous system cancer-related cognitive impairment in adults. *CA: A Cancer Journal for Clinicians*, 65, 123-128 doi: 10.3322/caac.21258.

Module: Oncology and Sexuality, Intimacy and Survivorship Support.

Readings:

IPODE, An integrated model of sexual health.
IPODE, Cancer, Sexuality, & Men
IPODE, Cancer, Sexuality, & Women

http://www.cancer.ca/~/media/cancer.ca/CW/publications/Sexuality%20and%20cancer/Sexuality-and-cancer-2012-EN.pdf

https://myhealth.alberta.ca/HealthTopics/cancer-and-sexuality

Ålgars, M., Santtila, P., Jern, P., Johansson, A., Westerlund, M., & Sandnabba, N. K. (2011). Sexual body image and its correlates: A population-based study of Finnish women and men. *residencyational Journal of Sexual Health*, *23*(1), 26-34.

Bober, S. L., Reese, J. B., Barbera, L., Bradford, A., Carpenter, K. M., Goldfarb, S., & Carter, J. (2016). How to ask and what to do: a guide for clinical inquiry and intervention regarding female sexual health after cancer. *Current opinion in supportive and palliative care*, *10*(1), 44.

Gilbert, E., Ussher, J. M., & Hawkins, Y. (2009). Accounts of disruptions to sexuality following cancer: the perspective of informal carers who are partners of a person with cancer. *Health:*, *13*(5), 523-541.

Griebling, T. L. (2016). Sexuality and aging: a focus on lesbian, gay, bisexual, and transgender (LGBT) needs in palliative and end of life care. *Current opinion in supportive and palliative care*, *10*(1), 95-101.

Peplau, L. A., Frederick, D. A., Yee, C., Maisel, N., Lever, J., & Ghavami, N. (2009). Body image satisfaction in heterosexual, gay, and lesbian adults. *Archives of sexual behavior*, *38*(5), 713-725.

Perel, E. (2010). The double flame: Reconciling intimacy and sexuality, reviving desire. *Treating sexual desire disorders: A clinical casebook*, 23-43.

Robinson, J., Lounsberry, J. Communication about Sexuality in Cancer Care. *Handbook of Communication in Oncology and Palliative Care* (Eds. David Kissane, Barry Bultz, Phyllis Butow, Ilora Finlay) Oxford Press. (In Press)

Ussher, J. M., Perz, J., Gilbert, E., Wong, W. T., & Hobbs, K. (2013). Renegotiating sex and intimacy after cancer: Resisting the coital imperative. *Cancer Nursing*, *36*(6), 454-462.

Ussher, J. M., Perz, J., Rose, D., Dowsett, G. W., Chambers, S., Williams, S., ... & Latini, D. (2017). Threat of sexual disqualification: The consequences of erectile dysfunction and other sexual changes for gay and bisexual men with prostate cancer. *Archives of Sexual Behavior*, *46*(7), 2043-2057.

Module: Hematological cancers and bone marrow transplant

Mosher, C. E., Redd, W. H., Rini, C. M., Burkhalter, J. E., & DuHamel, K. N. (2009). Physical, psychological, and social sequelae following hematopoietic stem cell transplantation: a review of the literature. Psycho-Oncology, *18*(2), 113-127.

Baliousis M., Rennoldson, M., & Snowden, J.A. (2015). Psychological interventions for distress in adults

undergoing hematopoietic stem cell transplantation: a systematic review with meta-analysis. *Psycho-Oncology, 25*, 400–411.

Module: Medical Assistance in Dying

Alberta Health Services. (2016). Medical Assistance in Dying: Frequently asked questions for patients and family members. Alberta, Canada. Retrieved from http://www.albertahealthservices.ca/assets/info/pf/if-pf-maid-faqs-public.pdf.

YWCA – Mandatory Readings and Trainings

Note: This list generally outlines recommended and required trainings and readings. Clinical supervisor will review this list with residents at the start of their rotation and will indicate which readings are required and which are recommended. This will depend somewhat on training goals. Additional readings or training may be recommended by the supervisory team.

Module: Understanding Family Violence

- In house training PowerPoint.

Modules: Telehealth Training

Online Therapy Youtube – Ethics and Best Practices
https://www.youtube.com/watch?v=c2IasrqN6ic&list=PLFmT332_Jx4u18qpVfo5B95uWJgEnvd7A&index=2&t=0s&fbclid=IwAR1Lgsh7y9dXLVqY5wRNhMV3r3sbXYWBepOg6vm81TRagy6VvWMXezJDZLg
APA program

https://apa.content.online/catalog/product.xhtml?eid=15132&fbclid=IwAR0Z2pvssH9h1Ws53ozGcawoPdgOPIqE8lQUton6h65WpBwIw0-eeRAEaqY

Telepsych CAP guideline
https://www.cap.ab.ca/Portals/0/pdfs/Practice%20Guideline-%20Telepsychology%20Services.pdf?ver=2019-12-03-110441-087&timestamp=1575396294218

CPA guideline
https://cpa.ca/aboutcpa/committees/ethics/psychserviceselectronically/

Module: Human Trafficking

Online: https://www2.gov.bc.ca/gov/content/justice/criminal-justice/victims-of-crime/human-trafficking/human-trafficking-training

Module : Gender Based Analysis

(GBA+ training) https://www.swc-cfc.gc.ca/gba-acs/course-cours-en.html

Module: Brain Story Certification (Brain Development)

(The Brain Story) https://www.albertafamilywellness.org/training-2

Module: First Nations Training

(Indigenous-Canada) https://www.coursera.org/learn/indigenous-canada

Clinical Services, U of A – Mandatory Readings and Trainings

Note: This list generally outlines recommended and required trainings and readings. Clinical supervisor will review this list with residents at the start of their rotation and will indicate which readings are required and which are recommended. This will depend somewhat on training goals. Additional readings or training may be recommended by the supervisory team.

Module: Telehealth Training

Online Therapy Youtube – Ethics and Best Practices
https://www.youtube.com/watch?v=c2IasrqN6ic&list=PLFmT332_Jx4u18qpVfo5B95uWJgEnvd7A&index=2&t=0s&fbclid=IwAR1Lgsh7y9dXLVqY5wRNhMV3r3sbXYWBepOg6vm81TRagy6VvWMXezJDZLg
APA program

https://apa.content.online/catalog/product.xhtml?eid=15132&fbclid=IwAR0Z2pvssH9h1Ws53ozGcawoPdgOPIqE8lQUton6h65WpBwIw0-eeRAEaqY

Telepsych CAP guideline
https://www.cap.ab.ca/Portals/0/pdfs/Practice%20Guideline-%20Telepsychology%20Services.pdf?ver=2019-12-03-110441-087&timestamp=1575396294218

CPA guideline
https://cpa.ca/aboutcpa/committees/ethics/psychserviceselectronically/

Module: Therapeutic Approach

Reading:
Wampold, B. E. (2019). The basics of psychotherapy, An introduction to theory and practice (2nd Edition), APA Press.

Reading:
Harris, R. (2008). The happiness trap, How to stop struggling and how to start living, Trumpeter.

Module: Client-related

Reading:
Clarkin, J. F., & Yeomans, F. E. (Ed.), & Kernberg, O. F. (2006). *Psychotherapy for borderline personality: Focusing on object relations.* American Psychiatric Publishing, Inc..

Video:

TedTalk: "Everything You Think You Know About Addiction is Wrong" – J. Hari
https://www.ted.com/talks/johann_hari_everything_you_think_you_know_about_addiction_is_wrong

TedTalk: "This Could Be Why You're Depressed or Anxious" – J. Hari
https://www.ted.com/talks/johann_hari_this_could_be_why_you_re_depressed_or_anxious

Module: Assessment-related

Readings:
Harwood, T. M., Beutler, L. E., & Groth-Marnat, G. (2011). *Integrative assessment of adult personality* (3rd ed.). Guilford Press.

Flanagan, D. P & McDonough, E. M. (2018). Contemporary intellectual assessment, Theories, tests and issues (3rd ed). Guildford Press.

Schneider, J. (2018). Essentials of assessment report writing, (2nd Ed). Wiley.

Module: Clinical Supervision

Bernard, J. & Goodyear, R. (2019). Fundamentals of clinical supervision, (6th Ed.). Pearson.

Millard Health, WCB – Mandatory Readings and Trainings

Note: This list generally outlines recommended and required trainings and readings. Clinical supervisor will review this list with residents at the start of their rotation and will indicate which readings are required and which are recommended. This will depend somewhat on training goals. Additional readings or training may be recommended by the supervisory team.

Module – Chronic Pain

Trainings:
The mystery of Chronic Pain (Elliot Krane)
https://www.ted.com/talks/elliot_krane_the_mystery_of_chronic_pain (8 min)

Body in Mind – the role of the brain in chronic pain (Lorimer Moseley)
https://www.youtube.com/watch?v=RYoGXv22G3k (24 minutes)

A Ten Minute Guide of Understanding Pain and What to do About it:
http://www.pain-ed.com/blog/2016/05/18/a-10-minute-guide-to-understanding-pain-and-what-to-do-about-it/ (10 minutes)

Understanding Pain: Brainman Chooses
https://www.youtube.com/watch?v=jIwn9rC3rOI

Understanding Pain: Brainman Stops his Opioids
https://www.youtube.com/watch?v=MI1myFQPdCE

How Does Your Pain Respond to Pain? (Karen D. Davis)
http://ed.ted.com/lessons/how-does-your-brain-respond-to-pain-karen-d-davis

Tame the Beast – Lorimer Moseley
https://www.youtube.com/watch?v=ikUzvSph7Z4 (5 minutes)

Pain Perception and the Human Brain:
https://www.youtube.com/watch?v=3VBOTYq2E8c&feature=youtu.be&list=UL3VBOTYq2E8c (2 min)

The Drug Cabinet in the Human Brain (David Butler)
https://noijam.com/2013/02/01/the-drug-cabinet-in-the-brain/

How Do Pain Relievers Work? - George Zaidan
https://www.youtube.com/watch?v=9mcuIc5O-DE&feature=youtu.be&list=PLEgNvl4bJGxQRAnQJni3

Central Sensitivity Syndromes (4 minute neuroscience)
https://www.youtube.com/watch?v=BrMb656yJd4

Explaining chronic pain: The role that stress plays and the creation of learned nerve pathways (9 minute)
https://www.youtube.com/watch?v=XM5hdlEOSFM

Central Nervous System Mechanisms of Pain Modulation
https://www.youtube.com/watch?v=FbJF8gijf8E&feature=youtu.be&list=ULFbJF8gijf8E

TED Talk – It doesn't have to hurt (Dr. Christine Chambers)
https://www.youtube.com/watch?v=ge6RY7L2vVo&feature=youtu.be

Physiotherapy Pain Management
https://www.youtube.com/watch?v=Tclv8wswWRI

Pathway to Recovery
https://www.youtube.com/watch?v=ynj6oZVjmvc&feature=youtu.be

Exercise Guidelines
https://www.youtube.com/watch?v=gN-WwxfPIZo&feature=youtu.be

Importance of Practice
https://www.youtube.com/watch?v=UYVptpbeWq4&feature=youtu.be

Pacing: Your Superpower Against Chronic Pain (Part 1/5)
https://www.youtube.com/watch?v=waTG5noUOek

Pacing: Your Superpower Against Chronic Pain (Part 2/5)
https://www.youtube.com/watch?v=--2CCvv3dnk

Pacing: Your Superpower Against Chronic Pain (Part 3/5)
https://www.youtube.com/watch?v=XPGnkDOTUfw

Pacing: Your Superpower Against Chronic Pain (Part 4/5)
https://www.youtube.com/watch?v=Mgqpu2iyCTA

Pacing: Your Superpower Against Chronic Pain (Part 5/5)
https://www.youtube.com/watch?v=F0MbL9FQkyc

Readings:

Butler, D. & Moseley, L. (2003). Explain pain. Niogroup Publications.

Butler, D. & Moseley, L. (2015). Explain pain handbook. Niogroup Publications.

Butler, D. & Moseley, L. (2017). Explain pain supercharged: The clinician's manual. Niogroup Publications.

Butler, D., Moseley, L., Beames, T. B. & Giles, T. (2012). The graded motor imagery handbook. Niogroup.

Pearson, N. (2007). Understand pain live well again. Babybook.

Articles/websites:

My Pain, My way (client self-management website put together by the Society of Alberta Occupational Therapist)
https://www.mypainmyway.ca/

Cognitive behavioural therapy reduces central sensitizatio
http://www.bodyinmind.org/cbt-central-sensitization/

Five Myths About Chronic Pain: Why it's not all in the head
http://www.abc.net.au/news/health/2016-08-16/myths-about-chronic-pain/7704554

Exercise could be the answer to solving one of Australia's biggest health burdens (Featuring Lorimer Moseley)

http://www.smh.com.au/act-news/exercise-could-be-the-answer-to-solving-one-of-australias-biggest-health-burdens-20160809-gqo8bi.html

Alberta OT Pain Network
http://albertaotpainnetwork.wixsite.com/aotpnhome

Anxiety BC
https://www.anxietybc.com/

Pain Management Network
https://www.aci.health.nsw.gov.au/chronic-pain/chronic-pain

Cognitive Behavioral Therapy
http://www.livingcbt.com/

Mood Gym (self-management for anxiety and depression)
https://moodgym.com.au/

The Breath Project (for stress management)
http://thebreathproject.

Edmonton Cross-Speciality Psychology Residency Consortium
Appendix E – residency Feedback Survey

RESIDENCY FEEDBACK SURVEY

The following feedback is anonymous and will be collected by a neutral third-party and delivered to supervisors in an aggregated format. The data will be stored securely by the Director of Training and maintained for one year after completion of the residency.

Current Residency Experiences

Please rate the following statements

1= Strongly Disagree 2= Disagree 3= Neutral 4=Agree 5= Strongly Agree

I am supported by the training staff in the consortium _____
I am respected by the training staff in the consortium _____
I find the seminars to be beneficial to my training _____
I find the in-services to be beneficial to my training _____
I find peer supervision to be beneficial to my training _____
The workload is manageable _____
I am being sufficiently challenged in my work _____
The residency is helping me to develop professional competency in counselling _____
I am feeling more confident in my work due to the training I am receiving _____
I find my training experience to be varied in terms of exposure to issues/presentations _____
The residency is meeting my expectations _____
The residency is helping me to meet my training goals _____
I am enjoying the residency _____

What are you enjoying most about your residency experience so far?

Is there anything that you are concerned about or would like to see changed?

Supervision Experiences

Please rate the following statements

1= Strongly Disagree 2= Disagree 3= Neutral 4=Agree 5= Strongly Agree

I am supported to continue to develop my way of working as a therapist _____
My supervisor supports ways of working that are not their orientation _____
I am comfortable in sharing personal reactions to clinical work with my supervisor _____
I am encouraged in my clinical work by my supervisor _____
I am respected by my supervisor _____
My supervisor is helping me reach my learning goals _____
I feel safe when my supervisor is observing my clinical work _____
I feel safe to share/show my supervisor things that are not going well _____
The feedback my supervisor gives me is helpful _____
I can trust my supervisor's feedback relating to my clinical work _____
I can trust my supervisor's feedback relating to client issues _____
I can depend on my supervisor for honest feedback _____
How my supervisor communicates feedback to me is helpful and tactful _____
Supervision time is used effectively _____
My supervisor is open to collaboratively developing our relationship _____
My supervisor is open to feedback from me _____
My supervisor tries to understand me _____
My supervisor is organized _____
Supervision is helpful to me _____
My supervisor is a good match for me _____
If there were issues in my supervisory relationship,
I could address them with my supervisor _____

Additional Comments:

Edmonton Cross-Speciality Psychology Residency Consortium
Appendix F – residency Exit Interview

Residency Exit Interview

The following feedback will be collected by a neutral third-party and delivered to supervisors in an aggregate format.

In preparation for your upcoming exit interview, please reflect on these prompts so that we can get a good sense of your experience, what is working and what has to be tweaked or changed. Feel free to rearrange and go over the questions in an order that makes sense to you during the interview.

1. How would you describe the culture in the Edmonton Cross-Speciality Psychology Consortium?

2. How did the position match or not match your expectations?

3. What are the strengths of the residency?

4. Did you gain any new skills techniques or knowledge? Do you feel like you were able to develop your professional identity?

5. Were you given the responsibility and support to apply any new skills or knowledge?

6. Were you encouraged to reach your full potential as a clinician?

7. What was your favorite memory or experience?

8. What was your least favorite memory or experience?

9. How did you feel about your training and supervision?

10. Is there any way we can help you in your future endeavors?

11. Do you feel ready for independent practice?

12. You have fresh eyes, what did you see that we might not be seeing. What would you change in the EHCPRC?