Edmonton Cross-Specialty Psychology Residency Consortium

CPA-Accredited | APPIC-Member

Brochure

2027-2028

Alberta Health Services

UNIVERSITY OF ALBERTA

Millard Health

YWCA EDMONTON

INTRODUCTION

The Edmonton Cross-Specialty Psychology Residency Consortium (ECPRC) is delighted to offer a CPA-Accredited **clinical and counselling psychology residency training program with specialization opportunities in health/rehabilitation and school/educational psychology** hosted by The University of Alberta, Millard Health (WCB Alberta), the YWCA Edmonton, and Cross Cancer Institute (Alberta Health Services).

The 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.

It is critical for us to acknowledge that we live, learn, work and play here as uninvited guests on traditional Indigenous lands of the Treaty 6, 7 and 8 Peoples, including the Metis, Cree, Blackfoot, Iroquois, Dene, Nakota Sioux, Ojibway, Saulteaux/Anishanaabe. These lands are a sacred gift from the Creator, which have been taken from the Indigenous Peoples forcibly through Canada's sordid history of colonialism. As psychologists and psychologists-in-training, we make an active anti-racist commitment to supporting the First Peoples of this land with humility and to reconcile the harms psychology has perpetuated. This includes supporting autonomy and cultural continuity, incorporating indigenous ways of knowing and honouring, and incorporating indigenous healing methods.

We have been accredited for a 6 year term by the Canadian Psychology Association, starting 2023-2024 and lasting until 2029-2030. For any questions about CPA Accreditation, please contact the CPA Accreditation Office:

Stewart Madon, Ph.D., C.Psych.
accreditation@cpa.ca
Tel: 613-237-2144 ext. 333

All of our consortium sites have a long history of providing resident-level training. One of our partner sites previously maintained an independent CPA-Accredited Doctoral internship program and each other site has been training PhD-level students and residents for decades. Our recent CPA-Accreditation affirms the high standard of training and organization that has sustained these institutions for years.

In addition to being CPA Accredited, we are also 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.

Residency Overview

We have five residency spots across **four sites**, resulting in **five tracks**:

- **Cross Cancer Institute - Health Psychology** (1 position)
- **Millard Health - Health Psychology** (1 position)
- **UofA Clinical Services - Lifespan Community Mental Health** (1 position)
- **UofA Clinical Services - Early Lifespan School and Community Mental Health** (1 position)
- **YWCA - Community Mental Health** (1 position)

Our residency is a 1600-hour commitment, which is full-time over 12-months from September to August. This meets the registration requirements for the College of Alberta Psychologists and CPA Accreditation (6th Ed.) standards.

Track	Cross Cancer Institute	Millard Health	UofA Lifespan Community Mental Health	UofA Early Lifespan School and Community Mental Health	YWCA
Population	Adults	Adults	Lifespan	Early Lifespan	Lifespan/Early Lifespan
Setting	Medical Center (Mostly outpatient)	Medical Center	Community Mental Health Center	Community Mental Health Center School System	Community Mental Health Center
Service Delivery	In-Person	Virtual/In-Person (depending on client needs)			
Presenting Problem(s)	Cancer care, Grief & Loss, Adjustment, Palliative care	Rehabilitation Disability Traumatic Injury	Generalist Intervention Psychoeducational Psychodiagnostic Therapeutic Assessment Supervision		Domestic & Family Violence, Human Trafficking, Trauma, Women's Health
Length of Service	Brief/Moderate-term	Brief/Moderate-term	Brief/ Long-term	Brief/ Long-Term	Brief/ Long-term

Branch of Psychology	Clinical/Counselling				
	Health & Rehabilitation		Educational/ School		
Psychological Activities & Experience					
Individual Intervention	Major Area (50%+)				
Group Intervention	Experience (21-30%)	Experience (21-30%)	Exposure (1-20%)	Experience (21-30%)	Experience (21-30%)
Couple Intervention	Experience (21-30%)		Experience (21-30%)	Experience (21-30%)	
Consultation	Emphasis (31-49%)	Emphasis (31-49%)	Exposure (1-20%)	Exposure (1-20%)	Exposure (1-20%)
Interdisciplin-arity	Emphasis (31-49%)	Major Area (50%+)			Exposure (1-20%)
General Assessment	Major Area (50%+)				
Formal Assessment		Emphasis (31-49%)	Major Area (50%+)	Major Area (50%+)	
Supervision	Exposure (1-20%)	Experience (21-30%)	Major Area (50%+)	Major Area (50%+)	Exposure (1-20%)

Philosophy of Residency Program

The goal of our residency is to train pre-doctoral psychology residents to become independent in the foundational and functional competency areas as defined by the CPA's Accreditation Standards. This includes gaining experience and exposure to a diverse set of client concerns, demographics, theoretical orientations, and settings. **Graduates from our residency are equipped to start careers in multiple generalist (e.g., community, not-for-profit, private) and specific (e.g., hospital, medical, school) settings.**

As well, we believe in training the **whole** resident. This includes supporting their well-being, socialization into the profession, and navigating registration. We have built our didactics, residency forms (e.g., timesheets, competency evaluation), and supervision training to integrate these goals in your residency training.

We believe the designation of a **practitioner-scientist** model best encompasses learning opportunities for residents. We value the scientist-practitioner model and believe most residents come into residency with extensive exposure to the science of the profession. While we believe psychologists should be proficient in both research and clinical practice, our program provides more exposure to the latter. We have found success training residents from both Ph.D. and Psy.D. programs.

Training Goals of the ECPRC

By the end of our residency, we aim for residents to be rated as **independent** in their overall psychological competency, as described in the CPA's Accreditation Standards of Doctoral and Residency Programs in Professional Psychology. Given previous training experiences, we expect that residents may also end the residency with some competencies listed as needing **occasional support**.

Entry Practicum/Masters		Advanced Practicum/Doctoral	Supervised Practice/Resident	
Direct Support	**High Degree of Support**	**Routine Support**	**Occasional Support**	**Independent**
Focuses on observation while requiring high-intensity, frequent supervision to apply concepts.	Completes core tasks with regular supervision, relies on supervisor for complex presentations.	Reliably handles typical caseloads with scheduled, high-level oversight.	Handles complex cases with high autonomy, seeks specialized input.	Ready for entry-to-practice registration, functions as a junior colleague.

These competencies, and their evaluation, are fully described in our **competency evaluation form** and, briefly, here.

Competency	Description	Independent Description
Foundational Competencies		
Individual, social, and cultural diversity	*awareness and sensitivity across various cultural and personal backgrounds, including human rights and social justice*	Models advanced intersectional practice; advocates for systemic change and social justice within the profession; provides mentorship and consultation on navigating complex cultural and human rights issues.
Indigenous Interculturalism	*reconciliatory work including awareness of the TRC, colonial history and harm, and culturally appropriate strengths-based training*	Models reconciliation in practice and research; demonstrates advanced proficiency in Two-Eyed Seeing and its limitations; provides leadership in decolonizing psychological services in institutions.
Evidence-based knowledge and	*integration of scientific methods, research evidence, clinical expertise, and client*	Models sophisticated clinical reasoning through clear history of reading literature; integrates conflicting evidence; articulates limits to

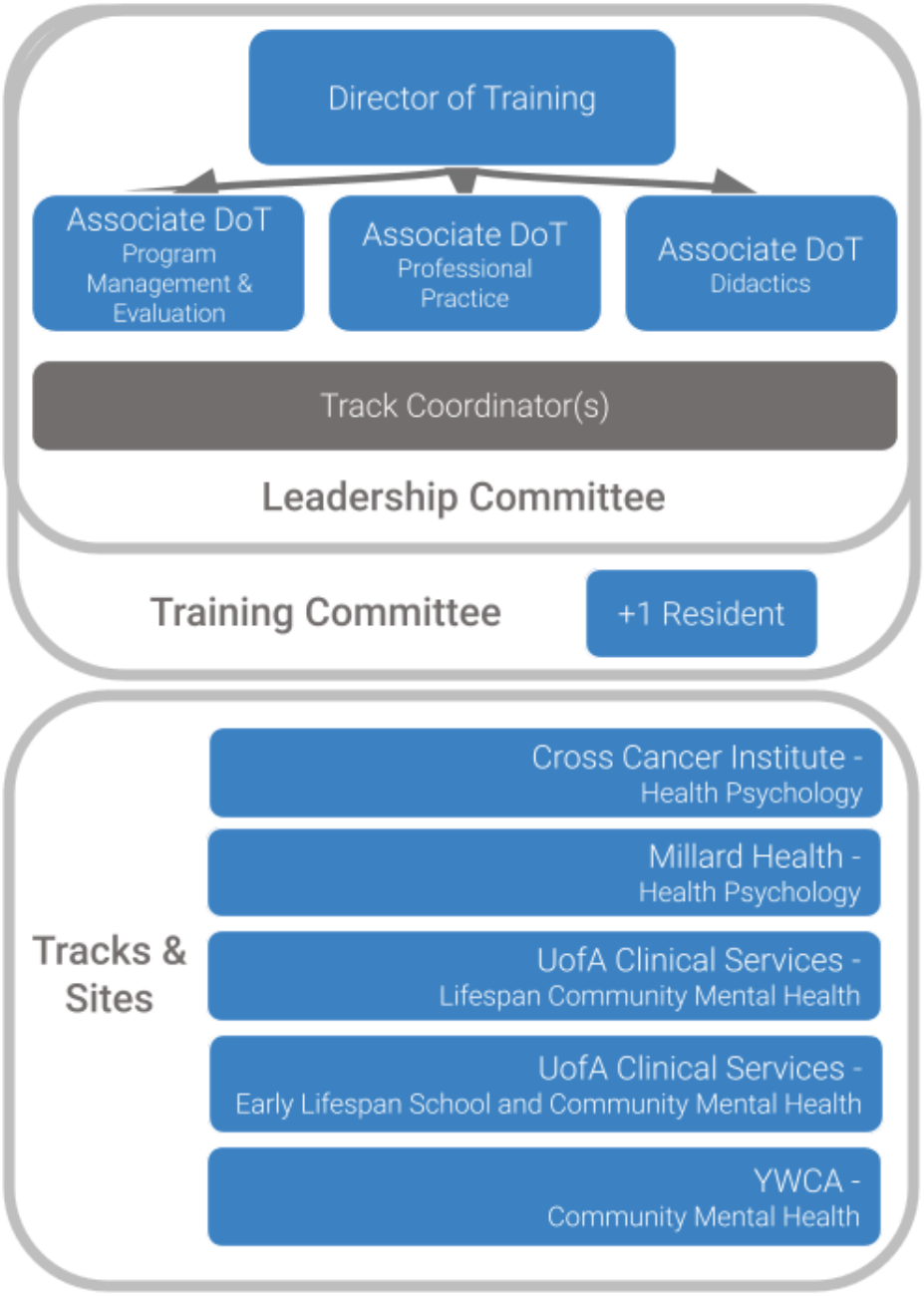
methods	*values and contextual information*	understanding and rarely overextends literature conclusions.
Professionalism	*development of professional identity and behaviours including observing boundaries of competence and self-reflection*	Uses personalized organization; models accountability; manages competence by routinely using consultation; demonstrates high adaptability and creativity; mentors others in professional identity.
Interpersonal skills and communication	*acquisition and refinement of interpersonal skills (e.g., therapeutic relationship, interactions with peers)*	Authentic personality and congruence in/out of session; builds effective relationships with all colleagues and clients; navigates intense interpersonal conflicts; leads healthy work cultures; mentors others in sophisticated empathy and communication.
Bias evaluation, reflective practice	*reflection on biases, assumptions, beliefs, power, and privilege concerning professional practice*	Has systems to help self-monitor; has reliable wellness systems and supports; articulates biases fluidly and limits their impact on clinical work; drives continuous, self-directed growth.
Ethics, standards, laws, policies	*training in professional ethics, standards of practice, laws governing psychology, and awareness of other relevant policies*	References laws and standards of practice naturally; files are error-free and managed in a timely fashion; understands and engages in positive boundary crossings.
Interprofessional collaboration and service settings	*considers interdisciplinary contexts including political and cultural dynamics of the organization*	Leads collaborative interdisciplinary teams; mediates inter-professional conflict; effectively influences organizational culture.
Functional Competencies		
Assessment	*assessment and diagnosis of mental health disorders, problems, strengths, capabilities, and contextual factors associated with clients*	Intuitive integration of multiple data sources; expertly navigates diagnostic systems and articulates limits; produces accessible, high-impact reports; provides expert oral feedback even in high-emotion settings.
Interventions	*interventions designed to alleviate suffering, treat people with mental distress, and promote health and well-being of clients*	Articulates a sophisticated understanding of psychological distress and wellness; uses multiple skills responsively; navigates complex relational dynamics with familiarity; demonstrates therapeutic effectiveness with most clients; uses measurement-based care.
Consultation	*the ability to provide expert guidance or professional assistance in response to a client's, team's, colleague's, and/or system's needs or goals*	Acts as a recognized expert resource; provides sophisticated consultation that influences systemic change or team culture; handles highly complex consultative requests autonomously.

Supervision	*enhances professional function, supporting the well-being of more junior members, and monitoring quality of services provided*	Manages complex interpersonal dynamics within the supervisory dyad; easily moves between supervision roles; comfortably facilitates difficult conversations; uses personalized supervision tools (e.g., checklists, agreements).
Program Development and Evaluation	*assessment and evaluation of program functioning, needs, and outcomes, including the program's development and maintenance*	Demonstrates an ability to oversee complex program lifecycles from inception to sustainability; integrates multi-source data that inform systemic improvements; models systemic thinking.

Each track offers specialized competencies (e.g., trauma treatment, neurocognitive assessment, competency-based supervision) that exceed the descriptions listed in our evaluation form.

STRUCTURE OF THE CONSORTIUM

The consortium is composed of four partners, each having a representative (site coordinator) participating in the Leadership Committee.



Our leadership committee consists of:

Director of Training Track Coordinator of Millard Health	Dr. Kyle Schalk	kyle.schalk@millardhealth.com
Associate Director of Training, Professional Practice Track Coordinator of Cross Cancer Institute	Dr. Kim Crosby	kimberly.crosby@cancercarealberta.ca
Associate Director of Training, Program Management and Evaluation Track Coordinator of UofA Clinical Services (Lifespan)	Dr. Jonathan Dubue	jdubue@ualberta.ca
Associate Director of Training, Didactics Co-track coordinator of YWCA	Dr. Megan England	m.england@ywcaedm.org
Co-track coordinator of YWCA	Ashley Lim	a.lim@ywcaedm.org
Track Coordinator of UofA Clinical Services (Early Lifespan)	Dr. Karen Cook	kcook@ualberta.ca

For any inquiries about our program, please contact our Director of Training.

OVERVIEW OF TRACKS

Each week, residents will be expected to spend a minimum of 20 hours and maximum of 25 hours per week in service delivery (e.g., intervention, administration). Direct time will not exceed two thirds of training time and at least one third will focus on resident development (e.g., didactics, supervision).

	ECPRC Schedule				
	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Major Rotation	Minor Rotation	Major Rotation	Major Rotation	Major Rotation
PM	Major Rotation	Minor Rotation	Didactics (online or in-person)	Major Rotation	Major Rotation

Major rotations are 12 months from Sept-Aug
Minor rotations are 6 months from Sept-Feb (#1) and Mar-Aug (#2)
Didactics include professional development seminars, peer support, group supervision, resident meetings.

Rotation Structure

Residents will spend 3.5 days/week at their major rotation (0.7 FTE) with an opportunity to specialize. Residents will also have access to the other consortium sites through minor rotations (0.2 FTE), increasing their exposure to skill development or select populations. Each resident will have an opportunity to participate in two different minor rotations, spanning 6 months each. Residents will be given the last Friday of each month to work on dissertation, professional registration, or other forms of professional development.

Rotation Selection Process

Major Rotation

Applicants should clearly indicate which major rotation track(s) they are interested in on their cover letter. During the APPIC match process, each rotation track will appear as a separate site, meaning you will be able to rank order all of our rotations in concert with your other interviewed sites.

Minor Rotation

Once the APPIC Match process is complete, we will work closely with the successful applicants to determine their minor rotations. This will involve ranking your top three choices. The committee seeks

to provide preferred minor rotations as much as possible but considers other factors including goodness of fit and exposure to all training competencies (e.g., if the major rotation does not offer formal assessment a minor rotation with assessment exposure will be considered to ensure the resident is gaining experience in this area). During this time, successful applicants will complete site appropriate Human Resources paperwork as well as required documentation to all for placement at the minor rotation sites.

Track Details

Cross Cancer Institute - Health Psychology

Population	Setting	Service Delivery	Presenting Problem(s)		Length of Service	Branch of Psychology	
Adults	Medical Center (Majority Outpatient; 6 week inpatient exposure)	Virtual and In-Person	Cancer care, Grief & Loss, Adjustment, Palliative care		Brief/ Moderate	Clinical/Counselling & Health & Rehabilitation	
Individual Intervention	**Group Intervention**	**Couple Intervention**	**Consultation**	**Interdisciplin -arity**	**General Assessment**	**Formal Assessment**	**Supervision**
Major Area (50%+)	Experience (21-30%)	Experience (21-30%)	Emphasis (31-49%)	Emphasis (31-49%)	Major Area (50%+)	None	Exposure (1-20%)

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

Site Details

The Cross Cancer Institute is a tertiary public health treatment centre providing services for people diagnosed with cancer and their families. Psychological services are provided through the Department of Psychosocial and Spiritual Resources (PSR), an interdisciplinary clinic of psychologists, social workers, psychiatrists, and spiritual health practitioners. Psychological services are provided in-person and virtually to patients and family members living in Edmonton and areas of Central/Northern Alberta.

Track Experiences + Programs

This rotation focuses primarily on Health and Clinical Psychology. This entails providing services to patients and families impacted by cancer. These services are provided in a multidisciplinary setting that includes numerous health professionals, and are primarily provided in an outpatient capacity. Activities include the provision of individual and group counselling, as well as general assessment of relevant clinical and counselling issues. General assessment activities may include the use of clinical

interviews, background information and self-report questionnaires. Residents may also have an opportunity to provide mentorship to doctoral practicum students placed at the site. Non-clinical activities may include participating in program evaluation research, engaging in staff meetings/consultation, and providing education/seminars to other health professionals.

Services are offered to adults of all cultures, spiritual beliefs, and life orientations, including people who are:

- **Newly diagnosed with cancer.** Common concerns include anxiety, adjustment to illness
- **Currently undergoing curative cancer treatment.** Common issues and concerns include: coping with cancer symptoms and treatment side effects, communicating with healthcare providers and family members, anxiety, and depression.
- **Receiving palliative care and/or treatment for advanced/chronic cancers**. Common concerns include: anxiety, depression, anticipatory grief, existential fears/anxieties. Residents may have an opportunity to gain exposure to group therapy for patients with advanced cancers.
- **Cancer survivors**. The most common concerns may include: anxiety, depression, adjustment post illness, posttraumatic stress disorder, fear of cancer recurrence. Residents may have an opportunity to gain exposure and to co-facilitate group interventions for cancer survivorship.
- **Family Caregivers**. Relevant concerns include: caregiver stress, anticipatory grief, and bereavement.

Millard Health - Health Psychology

Population	Setting	Service Delivery	Presenting Problem(s)		Length of Service	Branch of Psychology	
Adults	Medical Center	Virtual & In-Person	Rehabilitation Traumatic Injury Brain Injury		Brief/ Moderate term	Clinical/Counselling & Health & Rehabilitation	
Individual Intervention	**Group Intervention**	**Couple Intervention**	**Consultation**	**Interdisciplin -arity**	**General Assessment**	**Formal Assessment**	**Supervision**
Major Area (50%+)	Experience (21-30%)	None	Emphasis (31-49%)	Major Area (50%+)	Major Area (50%+)	Emphasis (31-49%)	Experience (21-30%)

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

Site Details

The Millard Health Centre delivers a full continuum of rehabilitation 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. Treatment services are

delivered to clients in Edmonton and extend to those living in other areas of Alberta, including rural areas, as there are opportunities to provide in-person and virtual treatment.

Millard Health fosters a culture of clinical innovation and responsiveness. When gaps in care are identified there is an openness to piloting new interventions within our scope of practice. Programs are regularly refined based on current literature and best practices, with an emphasis on empirically supported treatment. Residents are encouraged to bring forward ideas and may have opportunities to assist in pilot initiatives and program development.

Track Experiences + Programs

Our client base is broad and diverse. Psychological intervention is provided through different interdisciplinary programs:

- **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 persistent or complex pain. Common therapeutic approaches involve Cognitive Behavioral Therapy, Acceptance and Commitment Therapy, relaxation training, psychoeducation, and biofeedback.
- **Brain Injury Program (BI)**: Clients referred to this program have incurred a head injury, ranging from minor to severe. Clients access individual treatment and attend various groups. The program is typically eight weeks in length. Clients work with the treatment team to address many barriers including pain management, balance, cognitive issues and overall mental health. They often have psychological/psychiatric comorbidities and/or related psychological injuries that present barriers for return to work. This includes, depressive disorders, anxiety disorders, post-traumatic stress disorder and other trauma and stressor-related disorders, behavioral changes (e.g., lability, irritability), adjustment disorders, substance use disorders, and somatic symptom disorders. Opportunities for the resident include training in brief general and formal neurocognitive and psychological assessments, and interventions that involve interdisciplinary collaboration, as well as consultation with allied health professionals, and community providers. Common therapeutic approaches include Cognitive Behavioral Therapy, Acceptance and Commitment Therapy, relaxation training, psychoeducation, and biofeedback. While residents are on this rotation, they may be involved in assessments processes for purposes of triaging rehabilitation needs and directing service provision, leading weekly psychoeducation groups, such as Cognitive Behavioral Therapy for Insomnia, and guiding team members from other disciplines with respect to optimizing client engagement and rehabilitative progress.
- **Traumatic Psychological Injury Program (TPI)**: These clients have a diagnosis of PTSD, depression, or other trauma and anxiety related disorders. Treatment often involves first responders including police officers, correctional officers, paramedics, firefighters, and other health care professionals. Clients access individual treatment and attend various psychoeducational and process groups. Treating psychologists on this program often use EMDR, Prolonged Exposure or Cognitive Processing Therapy for trauma processing. There is close collaboration with team occupational therapists to support clients with in vivo exposure treatment. Residents will have opportunities to co-facilitate groups and complete assessments. The program is typically 12-20 weeks in length.

- **Cumulative Psychological Injury Program (CPI)**: These clients have encountered bullying/harassment and persistent stress at work with diagnoses related to depression, anxiety, trauma, and adjustment. Many clients also have diagnoses or features of personality disorders. Clients access individual treatment and attend various psychoeducational and process groups (eg. CBT-based wellness group and assertiveness/ interpersonal communication group). Residents will have opportunities to co-facilitate groups and complete assessments. The program is typically 12 weeks in length.

All programs provide an individualized, structured, and goal-oriented approach to rehabilitation, with a major focus on preparation for return to work. Each program consists of an interdisciplinary treatment team including members from the following areas: psychologists, physical therapists, occupational therapists, exercise therapists, physicians, rehabilitation coordinators, case managers, and employment specialists. The residency faculty consists of several doctorate level psychologists including a neuropsychologist. All supervisors are fully registered with the College of Alberta Psychologists. Most residents complete major and minor rotations on the TPI/CPI and Brain Injury programs.

Training at Millard Health includes learning to navigate evolving clinical needs within a structured system, and deliver care that is clinically sound, well-documented, and aligned with evidence-based standards. These competencies prepare residents to work effectively and ethically in interdisciplinary and third-party payer environments.

The training experience consists of general and formal psychological assessment and involves the use of clinical interviews, background information and self-report questionnaires. Formal assessment includes more in depth psychological injury and mild traumatic brain injury assessments. There may be opportunities for cognitive and neuropsychological assessments pending resident competency and supervisor availability.

Residents gain advanced competencies in both psychoeducational and process-oriented group psychotherapy. This includes co-facilitating structured, protocol-driven groups as well as engaging in dynamic, open-ended process groups that target interpersonal functioning, trauma recovery, and mood stabilization. Residents are involved in group formulation and supported to develop skills in group facilitation, cohesion building, and managing group dynamics.

Residents have the opportunity to supervise practicum students under a meta-supervision model. There is also a range of professional development activities including clinical workshops, guest speaker presentations, and interdisciplinary seminars. These events are designed to enhance clinical competencies and broaden perspectives on emerging issues in psychological practice. Residents have access to the staff fitness facility, supporting overall well-being during the training year.

UofA Clinical Services - Lifespan Community Mental Health

Population	Setting	Service Delivery	Presenting Problem(s)		Length of Service	Branch of Psychology	
Lifespan	Comm. Mental Health	Virtual & In-Person	Generalist Intervention Psychoeducational Psychodiagnostic Therapeutic Assessment Supervision		Brief/ Long-Term	Clinical/Counselling	
Individual Intervention	**Group Intervention**	**Couple Intervention**	**Consultation**	**Interdisciplin -arity**	**General Assessment**	**Formal Assessment**	**Supervision**
Major Area (50%+)	Exposure (1-20%)	Exposure (1-20%)	Exposure (1-20%)	None	Major Area (50%+)	Major Area (50%+)	Major Area (50%+)

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

Site Details

Clinical Services, housed within the University of Alberta, offers low-cost psychological services to the general public and university community, including intervention (individual and groups), formal assessment (psychoeducational, neurocognitive, psychodiagnostic, personality), and couples and family therapy. These services are mainly provided by masters and doctoral students from the Counselling Psychology and School and Clinical Child Psychology (CPA-Accredited) programs and are supported by two resident clinical supervisors, two Clinic Directors, and many external supervisors.

Track Experiences + Programs

Both tracks at the University of Alberta Clinical Services offer a breadth of experience across each foundational and functional competency. This includes skill development in intervention (individual, group, couples), general assessment, formal assessment (psychodiagnostic, psychoeducational, neurocognitive), and supervision. The UofA tracks have unique opportunities to (a) work with severe and complex mood and traumatic stress, (b) work on in-depth comprehensive psychological assessment answering various questions, (c) develop expertise in supervision and supervise junior students under a meta-supervision model, (d) access our vast testing library, (e) learn and use measurement-based care, and (f) interface with faculty operations (e.g., provide guest lectures, attend lectures & workshops). **Given our clinic offers a wide breadth of training opportunities, a major rotation here can be as flexible as needed to meet your residency training goals.**

Successful candidates who have a major rotation in Clinical Services are expected to support clinic operations. This means being a mentor to students in the clinic, supervising at least two students

during the school year, and covering our Monday and Thursday evenings (4:30-7p). This may sometimes include Saturday coverage, which occurs on special occasions 0-4 times/year.

The tracks at the University of Alberta differ largely regarding the population served and the expertise of your primary supervisor:

UofA Clinical Services - Lifespan Community Mental Health	This track focuses predominantly on adults (16+). The primary supervisor of this track, Dr. Jonathan Dubue, specializes in humanistic & transdiagnostic psychotherapy, measurement-based care, suicide prevention, clinical supervision, and therapeutic assessment. Jonathan has worked in community centers, psychiatric hospitals, tertiary health clinics, and university clinics. He routinely uses experiential (i.e., EFT, Gestalt), cognitive (i.e., ACT, UP), humanistic (i.e., existential), and trauma-specific (i.e., EMDR) modalities. A successful resident in this track would be interested in working with high clinical severity and complexity, learn/use integrative psychotherapy and therapeutic assessment, and develop a robust supervision practice. Residents in this track will also focus on developing their identity as a psychologist and their transition into post-graduate practice.

UofA Clinical Services - Early Lifespan School and Community Mental Health

UNIVERSITY OF ALBERTA

Population	Setting	Service Delivery	Presenting Problem(s)		Length of Service	Branch of Psychology	
Lifespan + Early Lifespan	Comm. Mental Health + School System	Virtual & In-Person	Generalist Intervention Psychoeducational Psychodiagnostic Therapeutic Assessment Supervision		Brief/ Long-Term	Clinical/Counselling Educational/School	
Individual Intervention	**Group Intervention**	**Couple Intervention**	**Consultation**	**Interdisciplin -arity**	**General Assessment**	**Formal Assessment**	**Supervision**
Major Area (50%+)	Experience (21-30%)	Exposure (1-20%)	Exposure (1-20%)	None	Major Area (50%+)	Major Area (50%+)	Major Area (50%+)

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

Site Details

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The tracks at the University of Alberta differ largely regarding the population served and the expertise of your primary supervisor:

UofA Clinical Services - Early Lifespan School and Community Mental Health	This track focuses on children, adolescents, and young adults (up to age 25). The primary supervisor of this track, Dr. Karen Cook, specializes in psychodiagnostic and educational assessment, child, adolescent, parent/family, and group intervention, incorporating play-based, and other client-centered and experiential modalities. This track also offers formal assessments in partnership with local school boards, pending availability.

Students from the School and Clinical Child Psychology Program at the University of Alberta are given preference in the selection process. This means that between equal applicants, students from the aforementioned program will be given preference. Applicants from outside this program will still be considered and are encouraged to apply.

YWCA Edmonton

Population	Setting	Service Delivery	Presenting Problem(s)		Length of Service	Branch of Psychology	
Lifespan + Early Lifespan	Comm. Mental Health	Virtual & In-Person	Domestic & Family Violence, Human Trafficking, Trauma, Women's Health		Brief/ Long-Term	Clinical/Counselling	
Individual Intervention	**Group Intervention**	**Couple Intervention**	**Consultation**	**Interdisciplin -arity**	**General Assessment**	**Formal Assessment**	**Supervision**
Major Area (50%+)	Experience (21-30%)	None	Exposure (1-20%)	Exposure (1-20%)	Experience (21-30%+)	None	Exposure (1-20%)

Learn more about YWCA Edmonton

Site Details

For more than a century, YWCA Edmonton has been a leading force for social change, gender equity, and community well-being. Since 1907, YWCA Edmonton has worked to create a community where all people can thrive, free from violence, discrimination, and systemic barriers.

Today, YWCA Edmonton serves thousands of individuals and families each year through a diverse range of programs including counselling services, disability supports, leadership development, outdoor education, community advocacy, and violence prevention initiatives. Our work is grounded in a commitment to advancing equity, reducing barriers to support, and creating meaningful systems change for women, children, families, and marginalized communities.

As one of Edmonton's largest providers of subsidized mental health services, YWCA Edmonton offers residents a unique opportunity to develop advanced clinical skills while working within a dynamic community-based organization dedicated to social justice and community impact.

Our clients often present with significant and complex life challenges, including domestic and family violence, human trafficking and sexual exploitation, sexual violence, childhood abuse and neglect, divorce and separation, parenting and high-family conflict, suicidality and self-harm, complex trauma, relationship difficulties, and emotional dysregulation.

History & Model

YWCA Edmonton established its Counselling Services program in 1972 in response to a growing need for accessible and affordable mental health care. Our department remains committed to ensuring that financial circumstances are never a barrier to receiving quality psychological support. Each year, our team provides approximately 4,000 counselling sessions to more than 500 unique clients. Nearly all services are offered at low cost or fully subsidized, ensuring access for individuals who may otherwise be unable to obtain psychological care.

Counselling Services plays a central role within YWCA Edmonton's broader continuum of support. We believe that accessible mental health care is essential to individual well-being, healthy families, and strong communities. Through counselling, advocacy, education, and collaboration, we help individuals move toward safety, healing, empowerment, and connection.

Guiding Principles

- **Empowerment, Advocacy & Education:** We believe individuals are experts in their own lives. Our role is to provide a supportive therapeutic environment that fosters self-determination, resilience, and informed decision-making. We support clients to build healthier relationships, increase personal safety, and create meaningful change in their lives.
- **Strengths-Based & Personalized Care:** Our clinical philosophy is rooted in the belief that every person possesses inherent strengths and the capacity for growth. Clinicians work collaboratively with clients to identify existing resources, enhance resilience, and develop practical solutions tailored to their unique circumstances.Residents are exposed to an integrative range of evidence-based approaches.
- **Community-Centred Practice:** Meaningful change rarely occurs in isolation. YWCA Edmonton works closely with community partners across health, social service, justice, education, and violence prevention sectors to provide coordinated and holistic support. Residents gain valuable experience navigating complex systems and collaborating within multidisciplinary environments.
- **Excellence in Professional Practice:** Our team includes registered psychologists, social workers, practicum students, residents, and community volunteers who are committed to delivering ethical, culturally responsive, and evidence-informed care. Residents benefit from close supervision, consultation, and mentorship within a collaborative learning culture that values curiosity, reflection, and professional growth.

Track Experiences + Programs

YWCA Edmonton offers a rich and diverse doctoral residency experience for emerging psychologists interested in counselling psychology, trauma treatment, community mental health, and social justice-oriented practice.

Residents work within a highly supportive training environment that emphasizes clinical excellence, professional identity development, and community engagement. Training experiences span the lifespan and provide opportunities to work with children, adolescents, adults, families, and groups.

A major rotation at YWCA Edmonton provides extensive clinical exposure to individuals affected by trauma, violence, and systemic barriers. Residents work alongside experienced psychologists serving a diverse client population, including:

- Women and families impacted by violence
- Indigenous individuals and communities
- Newcomer and ethno-cultural populations
- Transgender and gender-diverse individuals
- Persons living with disabilities
- Individuals experiencing poverty and housing instability

Our site provides residents with the following opportunities:

- **Individual counselling** utilizing both brief and longer-term therapeutic models. Our flexible service structure allows clinicians to tailor treatment based on client needs while balancing intervention, stabilization, and community resource coordination. If interested, residents have opportunities to co-facilitate psychoeducational and therapeutic groups.
- **Assessment experiences** are integrated into clinical service delivery and emphasize practical application within community mental health settings. Residents gain exposure to community-based psychological assessment through completing comprehensive clinical interviews, risk and safety assessment, and standardized self-report measures with clients
- **Participate in onsite counselling and consultation services** provided within local women's shelters and community-based programs. These experiences deepen understanding of crisis response, violence prevention, and the realities faced by individuals experiencing acute safety concerns.
- **Mentorship/supervision experiences**: As residents progress through training, opportunities exist to mentor practicum students and volunteer counsellors under supervision.

YWCA Edmonton provides a training environment that extends beyond traditional psychotherapy. Residents are encouraged to understand the broader social, cultural, and systemic factors influencing mental health and well-being. Additional opportunities may include: program development and evaluation, mental health advocacy campaigns, cross-sector collaboration with community partners, and participation in multidisciplinary case consultation.

Many former residents continue their involvement with YWCA Edmonton as staff psychologists, supervisors, consultants, and community partners. They are drawn back by the organization's commitment to meaningful clinical work, social justice, and the opportunity to create lasting impact in the lives of individuals, families, and communities.

For residents seeking rigorous clinical training within a mission-driven organization, YWCA Edmonton offers an exceptional opportunity to develop as a psychologist while contributing to positive social change.

Hours Expectations

The ECPRC values sustainable work; to help with your residency application decision, we've included an estimation of weekly work hours at each site.

Regular Work Week				
	Cross Cancer Institute	**Millard Health**	**UofA Clinical Services**	**YWCA**
Direct Hours				
Intervention (individual, couples, group)	12-14	6-8	4-6	14-16
Assessment (includes report writing)	0	4-6	4-6	0
Supervision of Students	1-2	1-2	2-4	1-2
Individual & In-vivo Supervision	2	2	2	2
Minor Rotation | Direct intervention, assessment or consultation, & Individual Supervision	3-4 (direct) 1 (supervision)			
Individual Supervision in Groups (Consortium)	1			
Peer Consultation (Consortium)	.5			
Indirect Hours				
Administration | Case notes and management (billing, scheduling, resourcing), Case prep / Learning assessments / Informal consultation	8-10	8-10	10-12	8-10
Program Evaluation/Research	0-4			
Meetings | Staff meetings, mentorship	1-2	1-3	0-4	0-4
Minor Rotation | Non-clinical time (admin, meetings)	1-2	3-4	3-4	1-2
Didactic Training (Consortium)	2-4			
TOTAL HOURS/WEEK	~37.5			
You can estimate each work day has 3-4 direct client contact hours, with the rest being indirect hours.				

Stipend

As this is a consortium, we have made every effort to ensure that all residents receive equal and fair compensation. Residents in our consortium are paid directly by their track site, thus exact compensation may slightly vary.

Presently, our remuneration is **$45,254.60 CAD/year average** across each site/track, plus benefits which differ from site to site. Below is a breakdown of each site's stipend and benefits:

Site	Stipend	Benefits	Vacation/Time off
Cross Cancer Institute	$46,273	• Health benefits	• 6% in lieu • 18 sick days (paid) • 10 research/education days (unpaid)
Millard Health	$45,000	• 4% in lieu • Access to Millard Health Facilities (e.g., gym) • Access to EFAP counselling services	• 15 vacation days • Paid days off between Dec 25th and Jan 1st
UofA Clinical Services *both tracks*	$45,000	• 4% in lieu • Access to UofA Rec/Gym Facilities	• 4% in lieu • 5 sick days + approved days as needed • Paid days off between Dec 25th and Jan 1st
YWCA Edmonton	$45,000	• Health Benefits (Chambers of Commerce)	• 12 vacation days • 12 paid personal days • Option for paid research/education days between Dec. 25th to January 1st - based on organization calendar

DIDACTIC TRAINING

As outlined in the brochure, one half-day per week is dedicated to non-clinical activities that focus on resident development in the areas of consultation, program evaluation, supervision, and didactic learning. In these Wednesday afternoons you will participate in:

1. **Individual Supervision (In a Group)** | 1 Hour
2. **Peer Consultation** | 30 minutes
3. **Didactic Learning** | 2-3 Hours

Below is a description of each activity

Individual Supervision (In a Group): Every week, residents participate in 1 hour of individual supervision in a group setting. One resident per week presents a case or issue to the group in the presence of a clinical supervisor.

Peer Consultation: In these half-hour meetings, residents discuss cases to aid in conceptualization and intervention planning. These meetings may be supported by a clinical supervisor when possible or may be run independently by residents.

Didactic Learning: Residents receive a minimum of 2 hours of didactic training per week, with a minimum of 9 hours of didactic learning a month. Didactic learning involves: directed reading/training, in-service seminars, and consultation.

This didactic learning follows a monthly schedule with the following activities:

- Self-Directed Learning (x1-2)
- Ethics/Supervision Discussion (x1-2)
- and In-Service Seminars (x1-2)

Self-Directed Learning (2-3 hours monthly) | Residents will engage in self-directed learning such as (a) professional development focused specific therapy interventions or assessment procedures, (b) reading or review of books, articles, websites, or videos relevant to specific training goals, or (c) seeking certifications in specialized areas.

- These trainings are relevant to their residency goals and to their major or minor rotations. As the training year progresses, residents will be given the opportunity to choose additional topics for self-study.
- A reading list for each track/site will be provided to residents during orientation.

Ethics/Supervision Discussion (2-3 hours monthly) | Residents will consult about an ethical dilemma and decision making process. For this conversation, residents are encouraged to:

- Bring in a relevant dilemma they faced / or are facing (if none come to mind, the committee will provide write up's that can be used for discussion)
- Consult relevant documents, including the CPA *Code of Ethics* or CAP's Regulatory documents.
- Engage in general peer consultation if this process takes less than 2 hours.
- Starting in November, 1 hour of this time will be set aside for conversations about Supervision. Supervisors will join depending on their availability.

In-Service Seminar (3-5 hours monthly) | Twice per month, residents participate in lectures and workshops from training staff, external speakers, and/or doctoral residents. Topics range from year to year to reflect the interests of training staff and residents and have included: (a) Professional Ethics, (b) Private Practice Issues, (c) Suicide Risk Assessment and Management, (d) Cross-Cultural Issues, (e) Chronic Pain, and (f) Clinical Supervision.

- These In-Service Workshops are coordinated by the Associate Director of Training (Didactics).

Other Didactic Training | Clinical Services at the University of Alberta offers annual workshops in clinical supervision from leading researchers in the area. Residents in our consortium are encouraged to attend. Residents are also provided with professional development funds at most sites (amounts vary) and are encouraged to use these funds to access additional training workshops throughout the year.

CLINICAL SUPERVISION

Clinical supervision is, by meta-synthesis of qualitative data, the most important learning activity in a psychologists' training. Your residency year will include some of the most frequent and in-depth clinical supervision you've ever received, which is why we make an active effort to ensure it is high quality and effective.

All supervision at the ECPRC starts with our **supervision agreement form**, which sets the structure you can expect from supervision and helps us keep our supervisors accountable. This includes reviewing each others' roles and responsibilities, types and frequency of supervision, trainee goals, supervisor competencies, and other important information.

One of the most stressful parts of professions psychology training is keeping, and staying on, track with clinical hours. For this reason we have developed a **resident timesheet** that automatically calculates how well you are meeting CPA criteria and registration standards set by the College of Alberta Psychologists. Your supervisors will use this timesheet to make sure you are on track and, very importantly, not overworking.

Throughout supervision you can expect formative and summative evaluations, the latter using our **competency evaluation form.** This form was developed by aggregating over 15 other universities' in Canada's evaluation forms, with an emphasis on facilitating behaviourally-anchored feedback. As part of the evaluation form, you can expect supervisors to routinely engage in **reciprocal feedback**, as we are always keen to grow our practice, support your development, and become better for the residents that come after.

ECPRC supervisors participate in an annual day-long supervision workshop where we learn from international experts in clinical supervision.

We share with you these expected practices in clinical supervision as we believe this is what makes our training effective and is what matters most to successful resident experiences. These forms and practices provide safeguards to unintentionally providing inadequate or harmful supervision, while also providing you with up-to-date models to support your own supervision practice.

Frequency of Supervision

The ECPRC follows the supervision guidelines of the CPA's Accreditation Standards for Doctoral and Residency Programs in Professional Psychology (6th Revision, 2023). This means residents will receive at least 3 hours of individual supervision with a total of 4 supervision hours per week. Supervision will predominantly be in-person, although this can include virtual supervision as needed. Residents will also receive at least 1 hour of group supervision each week, at least 10% of supervision will involve direct observation, and no more than 25% of individual supervision will be asynchronous. Since we are a

consortium, supervisors will provide residents with a minimum of one hour per week of individual supervision at each of the consortium rotation sites, including minor rotation sites.

This works out to a ratio of approximately 1 hour of supervision for every 10 residency hours.

Site Specific Supervisors

- At the **Cross Cancer Institute**, supervision will consist primarily of weekly 1:1 meetings offered by Drs., Karen Cogan, Kim Crosby, Agitha Valiakalayil, Matthew Dwyer, and Salvatore Durante.
- At **Millard Health**, 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, Dustin Marcinkevics, Nicol Patricny, Larissa Brosinsky, Annette Colangelo, Stephanie Hawryliw, and Michael Varkovetski.
- At **Clinical Services**, supervision will consist primarily of weekly 1:1 meetings offered by Drs. Karen Cook, Jonathan Dubue, and University of Alberta Faculty.
- At the **YWCA Edmonton**, supervision will consist primarily of weekly 1:1 meetings offered by Drs. Stu Hoover, Megan England, and Ms. Ashley Lim.

Training Faculty

Supervision is also supported by a wealth of additional 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	Practice Area and Contact Information
Cross Cancer Institute		
Kim Crosby	**Associate Director of Training** Doctor of Philosophy Registered Psychologist	Dr. Crosby has specialized knowledge and experience in psychosocial oncology, chronic pain, and palliative care. Her therapeutic approach includes cognitive-behavioral therapy, acceptance and commitment therapy, and existential/meaning-centered therapy. She currently works at the Cross Cancer Institute and is a Clinical Lecturer at the University of Alberta in the Department of Oncology. *kimberly.crosby@cancercarealberta.ca*
Karen Cogan	Doctor of Philosophy Registered Psychologist	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@cancercarealberta.ca*
Agitha Valiakalayil	Doctor of Philosophy Registered Psychologist	Dr. Valiakalayil has specialized knowledge and experience in the areas of health psychology, mood and anxiety disorders, grief and loss, and trauma. She has worked for over 10 years in various settings including primary care, outpatient/ inpatient mental health, rehabilitation, and private practice. Her clinical work is informed by an integrative approach to treatment, combining evidence-based practice (i.e., interpersonal process therapy, cognitive-behavioural therapy, acceptance and commitment therapy, existential therapy, etc.) with strategies that incorporate and value the diversity of the clients she sees. She currently works at the Cross Cancer Institute, maintains a private practice, and enjoys sessional teaching opportunities. *agitha.valiakalayil@cancercarealberta.ca*
Matthew Dwyer	Doctor of Philosophy Registered Psychologist	Dr. Dwyer has experience in psychosocial oncology working with issues related to anxiety, depression, insomnia, chronic pain, and trauma. His therapeutic approach includes cognitive-behavioral therapy, acceptance and commitment therapy, and existential/meaning-centered therapy. He currently works at the Edmonton General Hospital as part of the Psychosocial Oncology team. *matthew.Dwyer@cancercarealberta.ca*

Salvatore Durante	Doctor of Philosophy Registered Psychologist	Dr. Durante has specialized knowledge and experience in psychosocial oncology, trauma, grief, work-life concerns, and couples counselling. His approach to individual counselling includes humanistic-existential therapy, acceptance and commitment therapy, emotion focused therapy, and trauma-informed therapies (e.g., prolonged exposure, cognitive processing therapy, EMDR, and accelerated resolution therapy). For couples counselling, he uses emotion focused and Gottman method therapies. He currently works at the Cross Cancer Institute and in private practice. Also, he is a clinical lecturer at the University of Alberta in the Department of Oncology. *salvatore.durante@cancercarealberta.ca*
	Millard Health	
Kyle Schalk	**Director of Training** Doctor of Philosophy Registered Psychologist	Dr. Schalk is the Clinical Supervisor at Millard Health and remains involved with the Traumatic Psychological Injury, Cumulative Psychological Injury, and Complex Pain programs at Millard Health. He also assists with supervision of practicum students and provisional psychologists. He uses an integrative approach involving evidence-based treatment for trauma (EMDR, CPT, PE) as well as CBT and ACT/mindfulness-based interventions. *kyle.schalk@millardhealth.com*
Abigail Abada	Doctor of Philosophy Registered Psychologist	Dr. Abada works specifically in the Brain Injury / Traumatic Psychological Injury / Cumulative Psychological Injury programs at Millard Health. *abigail.abada@millardhealth.com*
Annette Colangelo	Doctor of Philosophy Neuropsychologist	Dr. Colangelo works specifically in the Brain Injury program at Millard Health. She completes formal assessments of neuropsychological and psychological conditions across the spectrum of traumatic brain injury severity and brain conditions of other etiologies. Assessment procedures focus on the identification of difficulties and pathways for compensation to help determine rehabilitation and return to work potential. She also assists with supervision of field placement and practicum students. *annette.colangelo@millardhealth.com*

Lori Rossi	Doctor of Philosophy Registered Psychologist	Dr. Rossi is a registered psychologist with over 20 years of experience. She works primarily in the Cumulative Psychological Injury program at Millard Health. She also remains active treating clients through the Traumatic Psychological Injury program. She specializes in integrative and evidence-based approaches to counselling. She enjoys assessment for psychological injuries. She has supervised practicum students, residents, and provisional psychologists throughout her career. *lori.rossi@millardhealth.com*
Wendy Salvisberg	Doctor of Philosophy Registered Psychologist	Dr. Salvisberg works specifically on the Traumatic Psychological Injury program at Millard Health. She uses an integrative approach involving trauma-based treatment (PE, CPT, EMDR) as well as CBT, self-compassion, and ACT/mindfulness-based interventions. *wendy.salvisberg@millardhealth.com*
Nicol Patricny	Doctor of Philosophy Registered Psychologist	Dr. Patricny works specifically in the Traumatic Psychological Injury program at Millard Health in a treatment and assessment capacity. She has been involved in clinical supervision of doctoral-level psychology residents and undergraduate psychology interns. Her theoretical orientation is integrative. She utilizes empirically supported trauma-based approaches (i.e., Prolonged Exposure, EMDR, and Cognitive Processing Therapy), Dialectical Behavior Therapy, Cognitive Behavioural Therapy, Acceptance and Commitment Therapy/Mindfulness, and Solution-Focused Therapy. *nicol.patricny@millardhealth.com*
Larissa Brosinsky	Doctor of Philosophy Registered Psychologist	Dr. Brosinsky works specifically on the Brain Injury Program at Millard Health. She uses a primarily humanistic and integrative approach to her work, often including EFT and ACT/mindfulness-based interventions. *larissa.brosinsky@millardhealth.com*
		Dr. Hawryliw works with the Psychological Injury programs at Millard Health. She works in assessment in terms of program readiness and providing treatment recommendations for psychological workplace injuries and provides individual treatment for workers who have

Stephanie Hawryliw	Doctor of Philosophy Registered Psychologist	suffered traumatic injuries, cumulative stress, and bullying/harassment in the workplace. She also assists with the supervision and mentorship of undergraduate and graduate level trainees as well as with provisional psychologists. Her approach to her work with clients is rooted in feminist psychology and utilizes evidence-based treatment modalities for the injuries she works with, including CPT, PE, EMDR, CBT, and ACT. stephanie.hawryliw@millardhealth.com
Michael Varkovetski	Doctor of Philosophy Registered Psychologist	Mr. Varkovetski works specifically in the Brain Injury program at Millard Health. His practice focuses on psychological assessment, intervention, and group psychoeducation. He also assists with supervision of undergraduate and graduate level trainees. He uses an eclectic approach involving psychoeducation, CBT, ACT/mindfulness-based interventions, and trauma-based treatment such as PE. *michael.varkovetski@millardhealth.com*
	UofA Clinical Services	
Jonathan Dubue	**Associate Director of Training** Doctor of Philosophy Registered Psychologist Lifespan Community Mental Health - Primary Supervisor	Dr. Dubue works from an integrative approach including existential-humanistic, experiential, and transdiagnostic therapy (e.g., unified protocol, EMDR). He has specialized knowledge in common factors, suicide, clinical supervision, and therapeutic assessment. *jdubue@ualberta.ca*
Karen Cook	Doctor of Philosophy Registered Psychologist Early Lifespan and School Community Mental Health - Primary Supervisor	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*
Gwendolyn Villebrun	Doctor of Philosophy Registered Psychologist Assistant Professor Counselling Psychology	Dr. Gwendolyn Villebrun (she/her) is Dene/Métis, a member of the Kátł'odeeche Dene First Nation, and a registered psychologist since 2005. Currently, she is an Assistant Professor in the Counselling Psychology program at the University of Alberta. A descendant of three generations of Indian Residential School survivors, Dr. Villebrun's clinical and academic work is deeply

		informed by family teachings, generational trauma, and cultural resurgence. Her research and practice focus on the survivance and wellness of Indigenous women navigating historical and sexual trauma. She actively advances anticolonial pedagogies, having co-created a graduate course on Indigenous psychology and developed healing circles for Indigenous women who have faced sexual violence.
Yuliya Kotelnikova	Doctor of Philosophy Registered Provisional Psychologist Associate Professor School & Clinical Child Psychology	Dr. Kotelnikova's expertise lies in the areas of developmental psychopathology, with an emphasis on multi-informant and multi-method assessment of temperament and personality across the lifespan and dimensional models of psychopathology. She is an active member of the Hierarchical Taxonomy of Psychopathology Consortium (HiTOP).
	YWCA Edmonton	
Ashley Lim	Masters of Education Registered Psychologist Director of Counselling Services	Ashley is a Registered Psychologist in Alberta and Nunavut, with over 15 years of direct front line experience working in community-based practice settings. She has worked with adults, youth, families, BIPOC and other ethnocultural minorities, 2SLGBTQ+ clients, clients with disabilities, victims of domestic violence and their families. Ashley is the current Chair of the Council of Service Providers for the Community Initiatives Against Family Violence (CIAFV) in Edmonton. Ashley with YWCA Canada's Violence Against Women Network to eradicate violence nationally.
Megan England	**Associate Director of Training** Doctor of Philosophy Registered Psychologist	Megan works with individual clients and facilitates the domestic violence support group at YWCA. She mentors and supervises graduate level trainees. Megan's approach is fundamentally client-centred & trauma informed, integrating from multiple modalities (especially emotion-focused, EMDR, feminist lenses). *m.england@ywcaedm.org*
Stu Hoover	Doctor of Philosophy Registered Psychologist	Dr. Hoover holds degrees in mathematics, economics, and counselling psychology. His practice focuses on life transitions (career, family/relationships, loss) and recovery (trauma, depression, stress/anxiety, isolation) with mature teens and adults. Dr. Hoover specializes in group psychotherapy using process & psychodrama

informed intervention. In addition to private practice work, Dr. Hoover supports the YWCA with supervision and is an Adjunct Professor at Concordia University and the University of Alberta.

Additional Clinical Staff

As needed, or as special circumstances apply, residents may be supervised by additional clinical staff not listed above. These staff members may include:

Rebecca Hudson Breen, R. Psych, PhD - UofA
Phillip Sevigny, R. Psych, PhD - UofA
Nicola Michaud, R. Psych, CCI
Rachel Stege, R. Psych CCI
Additional UofA Counselling Psychology Program or School and Child Clinical Program faculty as appropriate.

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 training experiences supplement regular supervision and do not replace supervision that would be otherwise provided by the supervisor.

EVALUATION

We recognize clinical supervision as a competency that entails transparent and fair evaluation. As detailed in our supervision agreement forms that you'll complete with each of your supervisors, you can expect formative feedback throughout your training and formal summative feedback twice (midpoint, sixth month; endpoint, twelfth month). We use a **competency evaluation form** that was designed to provide better feedback to trainees; this form utilizes an absolute scale (level of independence) and a relative scale to help trainees and supervisors identify trainee strengths and areas for growth, with the goal of avoiding common psychometric and psychological biases (e.g., ceiling effect, halo effect, anchoring heuristic). This form was developed by aggregating the competency evaluation forms from 15 other universities in Canada and is being refined for publication with the CCPPP. These summative evaluations are conducted by the primary supervisor for each major and minor rotation, are collaboratively reviewed by the supervisor and resident, then sent to the DoT for final approval. By the end of the residency, it is expected that you are rated as **Independent** in your overall level of competence. When residents are rated lower than independent in individual foundational or functional competency, they can expect a clear, behaviourally-anchored plan to support their goal towards independence.

The ECPRC also believes strongly in reciprocal feedback. As such, residents also complete written evaluations about their rotations and for each supervisor at the end of their rotations (timed to be at the midpoint and endpoint of the residency). Residents 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.

Form	Reciprocal Feedback for Supervisors Form	Supervisor Evaluation Form	Residency Feedback Survey
Mode	Verbal	Written, online	Written, online
Initial Recipient	Supervisor	DoT & aDoT Professional Practice (held until evaluations are complete)	Administrative support from host institution. Anonymized for review by Leadership Committee
Frequency	Mid- & End-Point	Mid- & End-Point	Mid- & End-Point (after residency completion)

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.

APPLICATION PROCESS

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 (e.g., Doctoral Practicum) must be provided prior to starting the residency.

Practicum Activity (AAPI)	Minimum Hours to Apply
Intervention & Assessment (Direct)	300
Supervision	150
Total (Direct + Indirect)	600

CPA suggests a minimum of 600 practicum hours with 300 hours of direct client contact and 150 hours of supervision prior to residency. As this is a training year, we endeavour to support your development in novel areas. We also welcome applications from programs that are in the process of becoming CPA-Accredited.

Application

Our application process follows that of APPIC and AAPI.
We ask that you submit your application through the APPI online portal.

https://www.appic.org/Internships/Internship-Application-AAPI-Portals/AAPI-For-Applicants

We also highly encourage you to visit our APPIC Directory Page

Our Application Deadline is **November 2rd, 2026 @ 11:59pm EST**

For an APPIC application, you will need:

1. A cover letter
    a. In this letter, please include the tracks you are interested in (please see Rotation Selection Process in the Overview of Tracks section).
2. Your Curriculum Vitae
3. A summary of your practicum hours
4. The APPIC Application for Psychology Residency
5. The APPIC Academic Program Verification of Residency Eligibility and Readiness
6. Autobiographical Essays
7. Graduate transcripts
8. Three letters of reference.
    a. We may contact your referees for further information.

For any inquiries, please contact our **Director of Training**:

Dr. Kyle Schalk, R.Psych.
780-498-3321
kyle.schalk@millardhealth.com

Review and Notification Procedures

All notification deadlines follow the guidelines provided by APPIC. Below is a brief review of our application review procedures.

1. **Nov** | Applications are screened and reviewed by our leadership committee, with at least two members completing a fulsome review of each application.
2. **Dec** | Depending on the number of available positions at the ECPRC and the number of applicants, applicants will be invited to participate in follow-up interviews.
3. **Jan** | Interviews are conducted in early January. Applicants will be judged by the quality of their written application and interview combined.
4. **Feb** | Ranks for each Track are submitted separately.
5. **Mar** | We contact each resident to begin onboarding & determine minor rotations.

A reminder that **applicants should clearly indicate which track(s) they are interested in on their cover letter**. During the APPIC match process, each rotation track will appear as a separate site, meaning you will be able to rank order all of our rotations in concert with your other interviewed sites.

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):

<table>
<tr><th></th><th>Cross Cancer Institute</th><th>Millard Health</th><th>University of Alberta (both tracks)</th><th>YWCA</th></tr>
<tr><td>Vulnerable Sectors Criminal Record Check</td><td colspan="3">Required</td><td>Required + Youth Intervention Check</td></tr>
<tr><td>Vaccination + Immunization Records</td><td>Required, with specific vaccinations completed*</td><td colspan="3">Not required but strongly encouraged to follow the Cross Cancer Institute's policies.</td></tr>
<tr><td>Privacy Training + Confidentiality Agreements</td><td colspan="4">Required</td></tr>
<tr><td colspan="5">*For the Cross Cancer Institute's Vaccination + Immunization Records:
All new employees require a mandatory Communicable Disease Assessment (CDA) and employment is contingent on this being completed. It is mandatory to be up to date on Rubella immunization per the Alberta Communicable Diseases Regulation. Other immunizations are voluntary, but employees are strongly encouraged to be up to date on all vaccines, including flu and COVID-19. Failure to complete a CDA within 90 days of start of employment may lead to termination of employment, and inability to complete the residency.</td></tr>
</table>

Diversity/Non-Discrimination

All consortium partners within the ECPRC 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.

POLICIES AND PROCEDURES

To protect both our clients and your continued academic and clinical development, residents are expected to abide by the following duties and responsibilities:

- 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.
- Connects with supervisors at the immediate onset of conflict or concerns related to clinical care. This includes making good-faith efforts to implement and receive feedback from supervisors.
- Comply with all policies and procedures from both the ECPRC and the sites where the resident is providing clinical care.

We also expect that residents attend the following meetings:

- Resident orientation
- Resident meetings
- Didactics, including all seminars
- Programme-related team meetings
- Site-specific required meetings and activities

A copy of our Policies and Procedures Handbook, can be provided upon request. These documents include information about remediation, appeals, due process, and grievance guidelines. Each site will have additional policies and procedures to observe outside of the consortium mandates.