REGINA AREA CLINICAL PSYCHOLOGY DOCTORAL RESIDENCY

BROCHURE FOR APPLICANTS FOR 2022-2023 RESIDENCY YEAR

Adult residency APPIC Match number 185311
Child residency APPIC Match number 185312

This residency has been accredited by the Canadian Psychological Association (CPA) for a five year term (2021-2026). The residency will be accepting applicants for the 2022-2023 year. This residency is a member of the Canadian Council of Professional Psychology Programs (CCPPP) and the Association of Psychology Postdoctoral and Internship Centers (APPIC). The CPA Accreditation Office may be contacted at: Canadian Psychological Association, Suite 702, 141 Laurier Ave W, Ottawa, ON, K1P 5J3.

Brochure updated July 21, 2021
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1. INTRODUCTION

The Regina Area Clinical Psychology Doctoral Residency is one of the two CPA-accredited programs in the Saskatchewan Health Authority offering residents training experiences from across the spectrum of clinical psychology services provided in our health authority including outpatient, in-patient, and internet-delivered clinical and consultative services for adults, adolescents, and children.

Each year we offer one residency placement with a focus on adult clinical assessment and treatment (APPIC match 185311) and one residency placement with a focus on child and youth clinical assessment and treatment (APPIC match 185312). Although detail differs from year to year, generally the adult rotation is therapy-heavy whereas the child rotation tends to be assessment-heavy. Please note that not all minor rotations may be available in a given residency year. Please contact the Director of Clinical Training (contact information given later in the brochure) for further information on available rotations if needed.

These primary stream rotations, along with varied minor rotations, are offered at:

- Regina Mental Health Clinic
- Child and Youth Services and its satellite programs
- Randall Kinship Centre
- Regina General Hospital
- Wascana Rehabilitation Centre (WRC)
  - Functional Rehabilitation Program
  - Children’s Program

Psychological services offered encompass a wide spectrum of assessment, treatment and community support services to pre-school and school-age children, adolescents, adults, and older adults spanning clinical assessment and neuropsychological screening, to diagnosis and discharge planning.

The residency experience is designed to support the development and application of professional Psychology skills to address the clinical needs of clients in a culturally diverse environment and to promote recognition of the importance of integrating socio-cultural awareness in clinical assessment and treatment.

An example of the monthly Telehealth training offering can be found here: http://www.rqhealth.ca/rqhr-service-lines-files/telehealth-education-calendar

Our adult stream residents provide empirically-supported therapies (individual and group) for a wide variety of presenting problems, the delivery of Internet-based CBT, and have opportunity to work with WRC’s functional rehabilitation program alongside many assessment opportunities (differential, initial, neuropsychological screening, personality, IQ, third-party payer etc.) Typically, adult stream residents’ primary placements are at the Regina Mental Health Clinic with a minor rotation available at the Functional Rehabilitation Centre.

Child-stream residents have provided a broad range of clinical services, including assessment and treatment planning for the range of neurodevelopmental disorders, disruptive, impulse-control, conduct disorders, mood/anxiety disorders, Autism, and FASD. Affiliated programs provide developmental supports to families and young children at-risk, addictions services to adolescents and adults, supports for individuals diagnosed...
with autism, and affected families, and program supports to people from diverse cultures. **Typically, child stream residents split their time between two major rotations—at Child and Youth Services and Children’s Program. Further experiences are available depending on the resident’s interests and supervisor availability.**

In addition to the supervised training offered by Psychologists responsible for clinical service delivery, seminar involvement is offered in affiliation with the University of Regina’s CPA-accredited Clinical Psychology doctoral program and with the SHA Continuing Medical Education Department.

**A. The City**

Regina, the capital city of Saskatchewan, is located on the Canadian plains, accessible in a day’s drive from Calgary, Edmonton, or Winnipeg. Its sister city, Saskatoon, is located approximately 250 kilometres north-west. The cost of living in Regina is comparable to other similar-size Canadian cities.

Regina houses the University of Regina and its affiliate, the First Nations University of Canada, two hospitals (Pasqua Hospital and Regina General Hospital), and a large medical rehabilitation facility (Wascana Rehabilitation Centre).

You will find year-long access to many recreational and entertainment venues serving an extensive range of interests. We support a symphony orchestra, many art galleries, the Royal Saskatchewan Museum, Science Centre and a comprehensive public library system. Regina’s extensive park system includes Wascana Centre, with its man-made lake giving the city the capacity to host regulation racing events and popular rowing races in summer and to provide free accessible outdoor winter skating. The park system also provides free picnic and barbecue facilities, many kilometers of walking trails, a bandstand, a wild bird sanctuary and acres of lawn that accommodate events throughout the calendar year.

Regina’s sport facilities support many teams competing at national and international calibre, including the Saskatchewan Roughriders, the Pats hockey team, and curling teams. The city boasts a large cultural mosaic and celebrates this heritage in its annual Mosaic Festival. Additional activities of interest in the Queen City (as Regina is often called) includes Festive Ale, Taste of Spring, Folk Festival, Queen City Pride Festival, Regina International Film Festival and Awards, Saskatchewan Fashion Week, Jazz Fest, Cathedral Village Arts Festival, Farmers’ Markets, Agribition, Exhibition, concerts for every taste, the Globe Theatre, and Pow Wows.

Regina “enjoys” the temperature ranges of a central plains climate ☀️ and additional information about our beautiful city can be found on line!

**Websites:**

- [www.tourismregina.com](http://www.tourismregina.com)
- [www.regina.ca](http://www.regina.ca)
- [www.youtube.com/watch?v=-VTdvubRIWU](http://www.youtube.com/watch?v=-VTdvubRIWU)

Do you want to see more of what Saskatchewan has to offer? Try out our Saskatchewan Wanderer website!

- [https://saskatchewanderer.ca/](https://saskatchewanderer.ca/)
B. The Settings

Saskatchewan’s health services are administered through the Saskatchewan Health Authority. Services based in Regina are accessed by individuals across all of Saskatchewan, with a large number of individuals accessing services from rural areas surrounding as well as within Regina. The city’s mental health services maintain central administration and clinical services in the city and psychiatric and psychology consultation to many of rural regions of southern Saskatchewan.

Additional information about the programs and services available through the SHA can be found here: www.rqhealth.ca/programs/index.shtml

More about the SHA culture of service and care can be found here: https://www.saskhealthauthority.ca/our-organization/our-direction/strategic-direction

Clinical psychology services located in Regina are provided at multiple outpatient and in-patient sites:

- Regina Mental Health Clinic (adult out-patient services):
  http://www.rqhealth.ca/department/mental-health/adult-mental-health-clinics

- Child & Youth Services (pediatric out-patient services) and its satellites, Randall Kinship Centre:
  http://www.rqhealth.ca/departments/child-and-youth

- Regina General Hospital (adult and adolescent in-patient mental health services):
  http://www.rqhealth.ca/department/mental-health/inpatient-mental-health-services

- Wascana Rehabilitation Centre (WRC), specializing in the treatment of physical and neurological disorders. WRC houses the Children’s Program. Also located at Wascana Rehabilitation Centre is the Functional Rehabilitation Program for adults who have incurred vehicular and work-generated injuries and Adult Program which houses inpatient and outpatient rehabilitation services for adults with physical health conditions: http://www.rqhealth.ca/facilities/wascana-rehabilitation-centre

Staff members and residents have access to the health authority’s comprehensive library and computer services, administrative support services and testing equipment.

Service sites provide private telephone and computer-equipped resident offices, assessment rooms equipped with one-way observation windows and assessment tools, cafeteria and/or lunch area facilities.

Please note that parking may be available at some sites. At other sites, residents and staff pay for on-street metered parking or can buy a monthly parking pass through various parking services. A free shuttle bus service for staff connects the hospitals and community sites.

Team structures at the various sites comprise combinations of psychology, social work, physician, nursing, speech/language, physical and occupational therapy and other professionals, administered by program managers. Teams may be structured around a service modality (e.g. “Rehabilitation Services”) or by age-related services (e.g. “Youth Team”).
C. Professional Psychology

Approximately 40 doctoral and master-level psychologists are involved in the delivery of SHA mental health services in Regina and area. These practitioners are responsible to program managers. All psychologists are required to be registered with the provincial regulatory body, the Saskatchewan College of Psychologists, and are accountable to that body in accordance with *The Psychologist’s Act, 1997*, which regulates the practice of Psychology in the province. [http://www.skcp.ca/](http://www.skcp.ca/)

Chief discipline consultants at service delivery sites are responsible for issues pertaining directly to the administration and quality of service delivery. Co-ordination is maintained between in-patient and community-based services.

D. Rotation Sites

(1) Regina Mental Health Clinic (Potential Adult Stream major rotation—*typical year major rotation*)

Photo: Downtown Building Housing the Regina Mental Health Clinic (Katherine Owens)

The Regina Mental Health Clinic (RMHC) is a community-based, multidisciplinary clinic. The Clinic is situated in an easily accessible downtown location and shares the building with a number of other health services (e.g., Patient Safety, Vaccination Clinic).

The Regina Mental Health Clinic is an outpatient service operated by the SHA integrated with inpatient services and has extensive linkages with allied community organizations. Programs and teams at the RMHC include
Adult Therapy (commonly work with depressive, anxiety and related, and personality disorders alongside many other clinical presentations) with a variety of empirically supported therapies including CBT, ACT, DBT, mindfulness, cognitive therapy, behaviour therapy, internet-delivered CBT, Community Recovery Services (commonly work from a Recovery model and service primarily individuals with psychosis and bipolar illness as well as their families), Dialectical Behaviour Therapy skills Group, Alternatives to Violence Program, Community Outreach and Support Team (COAST, includes transitional care, crisis response, outreach), Intake, and a Psychiatry Support Team.

Photos on page: Mental Health Clinic Waiting Room and lunch room (Meghan Woods/Katherine Owens)

The RMHC offers services to adults who present with a broad range of psychological, behavioural and emotional difficulties. Clinical programs in this multidisciplinary centre comprise psychology, psychiatry, social work and community mental health nursing team members. Psychology, psychiatry, nursing, and social work
students all receive training at the clinic. Psychologists provide testing, diagnostic, consultation and treatment services to clients in all areas of service provision offered by the Clinic.

Typically, an adult stream resident would focus their work within the Adult Therapy program providing assessment, intervention, consultation, psychometric testing, and diagnostic services. Further experiences are often available within the Dialectical Behaviour Therapy group, Alternatives to Violence Program, and Community Recovery Services program depending on resident interest, operational demands and supervisor availability.

(2) Child & Youth Mental Health Services (potential Child Stream major rotation-typical year, ½ time major rotation)

Photos on page: Child and Youth and Randal Kinship Centre (Flora Tang)

This outpatient facility provides mental health assessment and intervention services for the Regina area of ages 0 to 18 years. Staff disciplines consist of: psychiatry, social work, nursing, psychology, occupational therapy, and
speech language pathology. General clinical assessment and treatment (group and individual) services are organized in client age-based teams: Child Team (age 0 to 11 years) and Youth Team (age 12 to 18 years). The Young Offender Team provides forensic assessment and treatment services to youth charged with criminal offences. The Complex Diagnosis Assessment Team (CDAT) provides assessment services for children and youth presenting with complex developmental difficulties such as Autism Spectrum Disorder and Fetal Alcohol Spectrum Disorder (FASD). The Autism Services program provides community intervention and family support services for identified clients. The Randall Kinship Centre provides support to families of children with multiple needs who experience difficulties in accessing regularly structured services.

The primary rotation for the 2022-2023 year is on Child Team/CDAT. Typically, child stream residents conduct individual treatment/parenting support for children age 1-11 years, and assessment of children age 1-17 years (at a ratio determined together with their supervisor). There are opportunities for joint assessments of children age 5 and under with a Speech-language pathologist. Group treatment for children with anxiety and mood difficulties, and psychoeducation groups on parent management training are other opportunities. Other minor experiences are based on supervisor availability.

(3) Wascana Rehabilitation Centre

Functional Rehabilitation Program (FRP) (potential Adult Stream minor rotation)
FRP, located within the Wascana Rehabilitation Centre, is an interdisciplinary program providing assessment and treatment to individuals who sustain injuries in motor vehicle or industrial accidents. The clientele has access to treatment teams that may consist of practitioners such as a Physician, Physical Therapist, Psychologist, Occupational Therapist, Exercise Therapist, Recreation Therapist, Dietitian and Nurse.

The purpose of the program is to assist each client to regain maximum functional recovery. The length of an individual's program varies widely and is determined by a thorough assessment process, but may range from 6
to 12 weeks, or longer for more severe injuries. The team Psychologist may be involved with each client, depending on need, to aid in recovery or adaptation to disability. Issues commonly addressed in treatment may include mood disorders, anxiety disorders, pain management, and vocational counselling. The Psychologist also may be called upon to provide liaison with insurers and community services to enable the client to make a smoother transition back into the community.

Children's Program (CP) (potential Child Stream major or minor rotation- *typical year, ½ time major rotation*)

CP, a *major rotation* for the child residency, also located within the Wascana Rehabilitation Centre, supports families, health professionals and community caregivers to promote the optimal development of children with physical, neurological and/or developmental disabilities. Psychologists at the Children's Program work as a part of a multidisciplinary team to provide assessment, diagnosis, intervention, and consultation services to children and their families. Psychologists primarily provide services through outpatient therapy, clinics and family conferences. Clinics provide opportunities for the family or care providers to meet with the child's care team to review needs, share information and update goals. Outreach consultation by Psychologists in community and school settings is also available.

A Children’s Program psychologist provides assessment and consultation services also to the Developmental Assessment Clinic (DAC); Regina General Hospital. This clinic provides developmental screening for newborns requiring admission to the neonatal intensive care unit (NICU) who are at high risk for developmental delay. The role of the Psychologist is to complete developmental assessments of infants at risk and to make community referrals as appropriate. Psychologists at DAC work with the multidisciplinary team to provide support and information to families of infants at risk and to ensure appropriate referrals are in place for the child when they are discharged from the program. *Minor resident experiences* in this area may be arranged depending on resident interest and supervisor availability.
The **Adult Rehabilitation Services** at the Wascana Rehabilitation Centre offers interdisciplinary rehabilitative services to adults who are medically stable and have a physical disability. The role of psychology is as a member of both the inpatient and outpatient teams. Psychologists primarily operate on a consultation basis providing assessment and treatment services to both inpatients and outpatients. Minor resident experiences in this area may be arranged depending on operational needs and supervisor availability.

(4) **Regina General Hospital**

**Adolescent Inpatient Unit** (potential Child Stream minor rotation)

The Adolescent Psychiatry Unit (APU) provides acute inpatient care for children and adolescents during mental health crises. The APU’s multidisciplinary team includes a psychologist, psychiatrists, nurses, social workers, dieticians, child life workers, recreation therapists, and a school teacher. Admissions to this unit are focused on assessment and stabilization, and are typically short. Unit staff work closely with local agencies (e.g., Child and Youth Services, community schools, Ministry of Social Services) to ensure youth and families are well supported upon discharge.
The psychology team provides a combination of brief assessment, individual and group therapy, consultation, and case management. Families are viewed as a key part of the youth's care team, and brief parenting and family interventions may also be offered. Minor rotations in this area may be arranged depending on operational demands and supervisor availability.

Photos on this page: Top: Regina General Hospital (http://www.rqhealth.ca/facilities/regina-general-hospital), Bottom: Interview Room at the Adolescent Inpatient Unit (Alexis Arbuthnott)
2. THE RESIDENCY

A. Philosophy, Purpose and Goals:

Saskatchewan Health Authority’s services have evolved within Saskatchewan’s proud tradition of a high quality of publicly available healthcare and co-operative social supports, with a transition in 2017 from ten to a single health authority. These traditions are maintained in current endeavors to address clinical needs with methods recognizing the influential impact of cultural diversity, social structures, economic resources, relational supports and life styles on individual mental and physical health. Health service of the highest quality, based on current best-practice evidence, and provided with respect, compassion and professional accountability is the commitment articulated in the SHA’S Values statements.

- A copy of our Living Our Values brochure can be found here: [http://www.rqhealth.ca/services/master/files/living_our_values.pdf](http://www.rqhealth.ca/services/master/files/living_our_values.pdf)
- More information about region’s transition to a single health authority can be found here: [https://www.saskhealthauthority.ca/our-organization/our-direction/strategic-direction](https://www.saskhealthauthority.ca/our-organization/our-direction/strategic-direction)

Within this context, the practice of psychology is maintained in collaboration with other health disciplines and with emphasis on developing and maintaining community programs as well as individual treatments in the service of optimal individual functioning. To this end, psychologists have established conjoint relationships with schools, community recreational facilities, daycares, provincial social services and community-based organizations to establish early identification and efficacious interventions. The Saskatchewan Health Authority has been accredited by the Canadian Council on Health Services Accreditation since 2001. Our dedication to innovation and advancement of the health service delivery structure to serve the health needs of a diverse population has been recognized in the accreditation reviews.

This residency program espouses a scientist-practitioner training model and proposes to:

- Support the resident’s professional development and acquisition of knowledge, skills and abilities in accordance with currently-established scientific principles and best-practice indicators;
- Model, and counsel with respect to, competent and ethical professional practice within relevant legislation and professional practice guidelines;
- Promote an integrated perspective of functional mental and social competence that envisages optimal individual well-being supported by healthy lifestyle choices within an environment of supportive personal, societal and cultural networks;
- Model and support ongoing continuing education and optimal competence by providing and using academic liaisons and continuing education structures.

With those purposes in mind, this residency program strives to meet the following goals:

- To ensure that residents become competent in the pertinent assessment of clients, using interview and observation methods, clinical histories and relevant psychometric measures;
- To ensure that residents are fully apprised of currently applicable legal and professional practice parameters ensuring a high standard of competency in their clinical psychology practice;
• To ensure that residents are competent in planning and providing a range of empirically validated psychological treatment through individual, group and/or family-based interventions;
• To ensure that residents obtain the knowledge necessary to work with clients from diverse backgrounds and specific knowledge relating to working with First Nations clients acknowledging Saskatchewan as the traditional territory of First Nations and Métis peoples and acknowledging our professional commitment to reconciliation;
• To ensure that residents develop the personal skills, characteristics, and attitudes (including oral and written communication skills, consultation skills and the ability to work with other professionals) necessary for practice as a psychologist with clients from diverse backgrounds;
• To ensure that residents are able to integrate relevant scientific findings and clinical practice training generating a high standard of clinical service delivery.
• To offer the residents opportunity to supervise more junior students and engage in SHA research activities if desired.

B. The Program

The Regina Area Clinical Psychology Doctoral Residency offers training experience across the spectrum of clinical psychology services provided to the population served, spanning in-patient and outpatient clinical and consultative services for children, adolescents, adults, and older adults. Major and minor residency opportunities vary by year, if you’d like to know more about which sites will be available for the 2022-2023 year, please email the Director of Clinical Training, Dr. Amy Janzen Claude, at Amy.JanzenClaude@saskhealthauthority.ca. Residencies will be offered in sequential and selected placements at sites designated for clinical psychology service delivery in the province, as described, above. All activities comprising the residency experience will be coordinated by the residency’s Director of Clinical Training.

Residents will receive supervision in conducting assessments, formulating and communicating diagnoses, formulating treatment plans, maintaining client/patient files, report writing, conducting group (as available) and individual psychotherapy and consultation to other clinicians, programs and external structures. They will have ongoing opportunities to view psychologists in practice and to assist in research and in professional literature reviews conducted for staff education purposes. Residents will have the opportunity to supervise junior students while under supervision. Clinical case assignments to a resident will be conjoint, with a supervising psychologist assuming primary responsibility. A resident’s total case complement, comprising assessments, treatment contracts, and report-writing, throughout the course of the internship will be not less than 20. All written communication (file notes, reports, letters) will be signed (or authorized in the case of electronic records) by the resident (Name, degree, Psychology resident) and co-signed (or co-authorized in the case of electronic records) by the supervising psychologist.
### C. Sample Work Schedules

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<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00–9:30 Review/prepare for weekly schedule</td>
<td>8:30–10:00 Staff, team meetings</td>
<td>8:30–10:00 Grand Rounds</td>
<td>8:30–12:00 Clinical casework and documentation</td>
<td>8:00–10:00 Research activities/paperwork</td>
</tr>
<tr>
<td>10:00–12:00 Supervision</td>
<td>10:30–12:00 Clinical casework and documentation</td>
<td>10:00–12:00 Clinical casework and documentation</td>
<td></td>
<td>10:30–12:00 Didactic seminars</td>
</tr>
<tr>
<td>Lunch</td>
<td>Lunch</td>
<td>RGH Psychiatry Seminar &amp; Lunch</td>
<td>Lunch</td>
<td>Lunch</td>
</tr>
<tr>
<td>1:00–5:00 Clinical casework and documentation</td>
<td>1:00–5:00 Clinical casework and documentation</td>
<td>1:30–3:30 Clinical casework and documentation</td>
<td>1:00–5:00 Clinical case/group work and documentation</td>
<td>1:00–5:00 Program Development and Evaluation / paperwork</td>
</tr>
<tr>
<td>3:30–5:00 Group supervision/consultation</td>
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<td></td>
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<tr>
<td>6:30 –8:30PM Group work</td>
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</tbody>
</table>

Note: All scheduling will be finalized with the resident’s input to ensure maximum benefit of training experiences to the resident.

Residents will have access to in-service educational opportunities, including Continuing Medical Education seminars and didactic sessions scheduled approximately weekly. Residents will be invited to attend clinical seminars hosted by the Clinical Program of the Department of Psychology, University of Regina. The SHA also schedules Telehealth presentations throughout the year to which residents will be welcomed to attend.

An example of the monthly Telehealth training offering can be found here: [http://www.rqhealth.ca/service-lines/master/files/RQHRTelehealthSKEducationCalendarJanuary2018UPDATE.pdf](http://www.rqhealth.ca/service-lines/master/files/RQHRTelehealthSKEducationCalendarJanuary2018UPDATE.pdf)

The Director of Clinical Training will also consider requests from residents, with support from site supervisors, to attend various seminars, conferences and workshops presented throughout the year.
D. The Residency Experience

Residents, in their arranged training settings, can expect to develop proficiencies in:

- conducting clinical interviews
- selecting and administering appropriate test materials
- formulating differential diagnoses, using the DSM-5 appropriately
- conducting interventions that are reflective of appropriate evidence-based practice indicators
- writing comprehensive reports for various referral sources

Residents will also have full opportunities to participate in a range of educational seminar opportunities offered by the SHA, the University of Regina, and provincial professional associations, and will have full access to comprehensive library services. They will participate in team-based settings and have practice with the range of available professional expertise in related disciplines such as psychiatry, social work, nursing, physical, occupational and speech/language therapies. As the opportunities become available, they may be exposed to consultation supports for affiliated family support programs. Residents will co-supervise more junior students. Research competency will be addressed via providing protected time for the resident to complete ongoing research project(s) (i.e., dissertation, other research they were involved in prior to the residency) alongside involvement in a program development and evaluation project (the topic of which varies year by year). For students who have completed their dissertations and program related research projects, additional research opportunities can be explored in consultation with the DCT.

Residents will be exposed to interventions and modalities indicated to be effective with affected age groups. Those may include but are not limited to: cognitive-behavioural skill-building groups for adolescents; problem-solving skill development; coping and rehabilitation supports; parent management training for parents of child clients; individual cognitive behavioural therapy; dialectical behaviour therapy; interpersonal therapy; acceptance and commitment therapy; family therapy for families with adolescent clients; social skill-building groups for children with behaviour-management difficulties and anger-management groups; domestic violence programming, and internet-delivered CBT.

Residents will be exposed to a culturally diverse population, to a multi-disciplinary work environment, and to a range of interventions developed to minimize immediate risk and optimize the positive short- and long-term impact for the client. As an important part of the SHA, the residency strives to provide diversity training experiences. As the cultural mosaic of Canada and Saskatchewan is vast, residents will have the opportunity to participate in seminars focused on cultural competency as a key competency for psychologists. As Saskatchewan is the traditional home of First Nations and Métis people and is located on Treaty 4 territory, First Nations and Métis families make up a significant and growing proportion of the citizens we are privileged to serve. To assist with building cultural competency in this area, invitations may be given to residents to experience cultural ceremonies such as sweats and feasts and cultural teachings (COVID-19 has restricted ability to participate in in person ceremonies; however, virtual cultural teachings have been ongoing). The resident may also request the opportunity to consult with our Elders.

Residents who successfully complete this program as well as graduating with a Master’s degree in Psychology, acceptable to the Saskatchewan College of Psychologists, will have achieved the supervised experience component accepted for registration as a fully licensed psychologist in the province of Saskatchewan. The CPA-accredited residency program also provides the supervised practice required for registration as a doctoral psychologist.
E. COVID-19 Residency Information

Although it is the hope that the global state of uncertainty will be much improved by fall 2022, given the current uncertainty of the COVID-19 pandemic, this section summarizes information about how the 2019-2020 and 2020-2021 residency years unfolded during the pandemic.

All residents in both years were able to successfully complete their residency requirements albeit with modifications to typical ways of practicing. The majority of the work that could successfully move to virtual means (i.e., phone or videotherapy, web meetings) was conducted virtually. Residents either continued on site with safety precautions (i.e., masking, temperature checks, primarily virtual client care) or a mixture of at home and on-site service delivery. In person assessment and therapy continued as needed with extensive safety precautions in place (i.e., physical distancing, masking and/or face shields, Plexiglas screens, temperature checks). In all cases of in person service provision with safety precautions, residents were involved in the decision making to provide services in such a manner. None of the core supervisory staff nor residents were at risk of redeployment to other areas. Alongside the necessary changes, all program components were able to continue with such modifications and the objectives and goals of the residency were met. Should you have any questions through perusing this brochure on COVID-19 related changes, feel free to reach out to the Director of Clinical Training (information elsewhere in this brochure) for further clarification.

F. Residency Resources

Residents may expect to have office space, which may be shared with a second student between site assignments. The office will be equipped with a telephone, desk, a computer programmed for private password access and connected to accessible printers, locked storage space and chairs. Offices are cleaned daily and are maintained for public service.
The resident will have access to the full range of administrative supports, clerical materials, computerized and manual testing equipment, library resources and audio-visual materials. Observation-testing areas and playroom are accessible by booking.
Public transportation and SHA shuttle services are typically available between sites. A parking pass is available for a monthly fee in some locations. At many sites, residents and staff are responsible for their own parking (i.e., meters, 2-hour on street parking, private parking arrangements).
G. Supervision (see section 6 for a list of supervisors as of August 2021)

Residents will receive supervision that is developmentally in nature, beginning with the ability to observe registered supervisors, progressing to working with observation and then to working independently with supervised review. Supervisors will review, edit where necessary, and co-sign (or co-authorize in the case of electronic records) all file entries, correspondence and written reports. Residents will receive 4 hours of scheduled supervision, weekly, involving individual meetings with doctoral supervisors and work review and will be provided with directed reading recommendations.

Residents will receive training in various forms of therapy depending on their site and interests. Training may be provided by staff psychologists, social workers and others. Group supervision, clinic staff meetings, didactic seminars, team meetings, and psychology meetings will also take place frequently. In general most residents will find they are engaged in supervision / training for far more than 4 hours a week.

Residents will be expected to record all activities in a log. Supervisors will initial entries at least weekly, and may note comments in the resident’s log concerning the resident’s performance and progress. The resident may comment also, in writing, on activities and interactions with the supervisor. Supervisor input is intended to give written feedback to the resident of the quality of progress that is observed. A written comment that notes a performance concern is expected to be followed by a written plan to address this concern.
3. DURATION AND FUNDING OF RESIDENCY

The residency consists of one consecutive 12-month (full-time) period commencing in early September (typically after the Labour Day weekend). It is expected that residents will manage their time (including holidays and sick time) in order to complete the 1,600 hour minimum requirements of the residency before the end of August. Please note, many residents complete closer to 1,800 hours.

The resident’s employment status, for the duration of the residency, is as an out-of-scope, temporary employee, with provisions for wages and benefits decided accordingly. Currently the stipend for a full residency is $42,520 Canadian (Includes salary and benefits).

Benefits include (for full-time residents):

- eleven paid statutory holidays;
- 15 days of paid vacation;
- personal leave, in accordance with stipulated out-of-scope employee contract provisions and as approved by site supervisor and Director of Clinical Training;
- up to $300 for continuing education;
- 1.25 days of paid sick time per month (up to 15 days per annum);
- 5 paid professional days to attend activities such as conferences and workshops (this and vacation time should be planned in consultation with the site supervisor and Director of Clinical Training);
- Residents may be eligible for training bursaries from Saskatchewan Health. The availability of bursaries varies from year to year. For up-to-date information about provincial bursaries, please check here:

U.S. residents once accepted by and attending the internship program, are eligible for Saskatchewan Health coverage, on application to Saskatchewan Health, using the documentation received upon entry to Canada. U.S. residents are responsible for ensuring they have the necessary documentation to enter and complete their residency within Canada.

Residents are eligible for the dental plan and group life insurance benefits upon meeting eligibility criteria.
4. APPLICANT BACKGROUND

This residency setting welcomes applications from students enrolled in doctoral clinical psychology programs in universities in North America that are recognized by the Saskatchewan College of Psychologists. Priority will be given to applicants with Canadian citizenship.

Successful applicants will have:

- Completed their required doctoral coursework
- Completed their comprehensive examinations
- Been progressing satisfactorily with their dissertation research (i.e., minimum of dissertation proposal complete and approved)
- Received supervised experience in interviewing, administering, scoring, and interpreting pediatric and/or adult psychological assessment measures matching application stream
- Received supervised experience in providing evidence-based interventions to individuals, groups, and/or families

This residency selection process will give preference to applicants from CPA/APA accredited doctoral programs that adhere to the Scientist-Practitioner or Clinical Scientist models.

Proficiency in spoken and written English is a requirement for entrance to this program.
5. APPLICATIONS, DEADLINES AND NOTIFICATION

Residency membership includes the Canadian Council of Professional Psychology Programs (CCPPP), and the Association of Psychology Postdoctoral and Internship Centers (APPIC). As such the program adheres to APPIC's policies regarding applications, acceptance and notification, and CCPPPs universal notification dates. As per APPIC, this internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept or use any ranking-related information from any intern applicant. These policies are posted at APPIC (see link below). Match registration information for applicants is available through the National Matching Services website: https://natmatch.com/psychint/

This internship participates in the online APPIC Application for Psychology Internship (AAPI), accessible on the APPIC web site: http://www.appic.org/ Applications should include:

- A current curriculum vitae;
- Official transcript(s), documenting your graduate degree coursework;
- A letter of reference from each of three professionals, two of whom can speak to your applied psychology experiences (the Director of Clinical Training may contact referees directly to obtain further information) in standardized reference format as per APPIC;
- A cover letter to the Clinical Training Committee outlining the applicant’s preferred areas of interest for the internship.

Inquiries about this internship program may be made by contacting:

Dr. Amy Janzen Claude  
Director of Clinical Training  
SHA Regina Area Clinical Psychology Doctoral Residency  
Regina Mental Health Clinic  
2110 Hamilton St  
Regina, Saskatchewan  
S4P 2E3  
e-mail: amy.janzenclaude@saskhealthauthority.ca

All applicants who are matched with this program will be required to provide the Director of Clinical Training with:

- An official copy of a Criminal Record Check, completed no sooner than August 1 of the year in which he or she is to begin this residency;
- Their social insurance number.

Failure to successfully pass this criminal record check will constitute grounds for the applicant not to be employed as a resident in this residency program.

Completed applications must be listed by APPIC no later than November 15, 2021.
In keeping with CCPPP procedures, Canadian residency programs will notify students whether they have been selected to interview on the 1st Friday in December yearly. For this year, students can expect to be notified on Friday, December 3, 2021 if they have been selected to be interviewed. All e-mail communications will be sent to the e-mail address provided by the applicant on their applications—please ensure this information is correct.

Interviews for upcoming season will take place between January 3-17, 2022.

As recommended by CCPPP, interviews for 2022 will be held virtually. Virtual interviews will include a meeting / interview with potential supervisors, a meeting with a current or past resident if available and a meeting with the Director of Clinical Training. A link to a virtual tour will also be provided.

The focus of all interviews will be on establishing that the applicant has relevant entry-level practitioner skills and that there is a good fit between the expectations and needs of the applicant in pursuing clinical training and the service mandate(s) and functions of the relevant sites. The internship year is currently scheduled to commence on Tuesday, September 6th, 2022. Residents would have ample notice of any change to the start date.
6. RESIDENCY SUPERVISORS

Director of Clinical Training

Amy Janzen Claude, Ph.D. (University of Regina 2012); R.D. Psych.
Director of Clinical Training, Regina Area Clinical Psychology Doctoral Residency;
CACBT-ACTCC Certified in Cognitive Behaviour Therapy;
Supervising Psychologist (2020-2021);
Senior Psychologist, Adult Therapy Program

Site Supervisors at Child & Youth Services

Kirstie Walker, Ph.D. (University of Regina, 2018), R.D. Psych.
*Primary Supervisor, Child Stream, Residency Program (2022-2023)*
Performs comprehensive clinical assessments for young children (under 12 years) referred to Child Team and FASD and ASD assessment for children (age 1-17) referred to CDAT. Provides individual and family therapy primarily from a CBT framework, and group-based parent management training.

Shawna Scott, Ph.D. (University of Windsor, 2017), R.D. Psych.
Conducts assessments for children referred to Autism Centre and Complex Diagnosis Assessment Team. Works with families for parent management training. Provides CBT to children and youth.

Elisabeth Brass, Ph.D. (University of Regina, 2010); R.D. Psych.
Performs comprehensive assessments for children and youth ages six through 18 years referred to the Complex Diagnosis Assessment Team. Provides treatment for a variety of mental health conditions for children, youth, and families.

Heather Eritz, Ph.D. (University of Regina, 2015), R.D. Psych.
Performs comprehensive assessments for children ages 12 and under referred to the Autism Centre and Complex Diagnosis Assessment Team. Provides treatment for a variety of mental health conditions for children and families.

Adjunct Supervisors at Child & Youth Services; Randall Kinship Centre; Inpatient Unit

Alexis Arbuthnott, Ph.D. (University of Guelph, 2018), R.D. Psych.
Provides assessments and interventions with youth and their families predominantly within an inpatient mental health setting. Special interest in eating disorders, nonsuicidal self-injury, complex trauma, and equipping parents to support youth with mental health challenges.

Melissa Derow, M.S. (Morehead State University, 2005), R. Psych.
Senior Psychologist. Performs comprehensive clinical assessment and treatment for a variety of mental health conditions for youth and families.

Senior Psychologist. Provides court ordered and non-court ordered risk assessments and psychological assessments, treatment for youth who sexually offend and mental health therapy for the Young Offender Team.

Psychological services to families who have children, youth or adolescents with mental health and/or disruptive behavior problems including: assessment; diagnosis; treatment; case management, intervention, advocacy, and parent education. Facilitate psycho-educational groups modelled on DBT programs adapted for use with youth/adolescents and their families.

Site Supervisors at Adult Mental Health Clinic

Amy Janzen Claude, Ph.D. (University of Regina 2012); R.D. Psych.
Director of Clinical Training, Regina Area Clinical Psychology Doctoral Residency;
Primary Supervisor, Adult Stream, Residency Program (2022-2023);
CACBT-ACTCC Certified in Cognitive Behaviour Therapy;
Senior Psychologist, Adult Therapy Program: Treatment services include diagnosis and individual therapy for a range of psychiatric presentations following evidence-based treatment approaches, most commonly Cognitive Behavioural Therapy. Assessment services include cognitive screening, intelligence, personality, and diagnostic assessment. Primary clinical responsibilities are within the area of supervision of psychology students at the Master’s, Doctoral, and Predoctoral Residency level as well as Provisionally Registered Psychologists.

Katherine Owens, Ph.D. (University of Regina, 2008); R.D. Psych.
Professional Practice Leader, Residency Program (2022-2023);
CACBT-ACTCC Certified in Cognitive Behaviour Therapy;
Adjunct Professor, Faculty of Graduate Studies and Research, University of Regina;
Clinical Lecturer, Department of Psychiatry, College of Medicine, University of Saskatchewan;
Discipline Head Adult Mental Health Clinic
Clinical Director Online Therapy Team;
Senior Psychologist Adult Therapy Program.

Dufton Lewis, Ph.D. (University of Regina, 2013); R.D. Psych.
Secondary Supervisor, Adult Stream, Residency Program (2022-2023)
Adult Therapy and DBT Programs. DBT group treatment program, individual treatment for adults presenting with a range of presenting concerns, assessment services focusing on IQ, cognition, and adult autism.

Meghan Woods, Ph.D. (University of Regina 2013); R.D. Psych.
Secondary Supervisor, Adult Stream, Residency Program (2022-2023)
Community Recovery Services and Early Psychosis Intervention programs, focusing on collaborating with interdisciplinary team to provide psychological services to facilitate recovery from severe and persistent mental
illness, assessment services (IQ, cognition, and adult autism), behavioural therapy (ACT, DBT), family consultation, group intervention, and team educational seminars.

**Adjunct Supervisors at Adult Mental Health Clinic**

**Katherine Storey**, M.A. (University of Regina, 2001); R. Psych. 
Alternatives to Violence and DBT programs.

**Site Supervisors at Functional Rehabilitation/Adult Program Wascana Rehabilitation**

**Tom Robinson**, Ph.D. (University of Regina, 1999); R.D. Psych.  
*Associate DCT, Residency Program*  
Functional Rehabilitation Program: assessment and treatment of psychological conditions resulting from industrial and motor vehicle accidents (e.g., chronic pain, mood and anxiety disorders, adaptation to disability, vocational counselling).

**Shahlo Mustafaeva**, Ph.D. (University of Regina, 2016); R.D. Psych.  
Functional Rehabilitation Program: providing assessment and individual treatment for individuals involved in motor-vehicle or industrial accidents utilizing Cognitive Behavioural Therapy and mindfulness based practices.

**Adjunct Supervisors at Functional Rehabilitation/Adult Program Wascana Rehabilitation**

**Audur (Aida) S. Thorisdottir**, Ph.D. (University of Regina 2020); R.D. Psych.  
Functional Rehabilitation Program/Adult Rehabilitation Program: assessment, inpatient and outpatient individual- and group treatment of psychological conditions (e.g., posttraumatic stress disorder, adjustment related issues chronic pain, grief, mood and anxiety disorders, functional neurological symptom disorder) resulting from motor vehicle collisions and/or comorbid with chronic health conditions (e.g., recovery from a stroke, multiple sclerosis, cancer) using evidence based treatment approaches.

**Sarah Chan**, Ph.D. (University of Regina, 2014); R.D. Psych.  
Functional Rehabilitation Program: Assessment, intervention, and team consultation for third-party funded multidisciplinary rehabilitation program for individuals who experienced a motor vehicle accident and subsequent difficulties. Adult Rehabilitation Program: Assessment, intervention, and team consultation for inpatients and outpatients in rehabilitation related to health conditions (e.g., stroke, cardiac, respiratory, spinal cord, chronic pain, amputation, other injuries etc).

**Site Supervisors at Children’s Program**

**Heather Switzer**, Ph.D. (University of Regina, 2005); R.D. Psych.  
*Primary Supervisor, Child Stream, Residency Program (2022-2023)*  
Psychological services to children and adolescents with physical and intellectual disabilities including: assessment; diagnosis; intervention; school programming; advocacy; parent training; supportive counselling.
Nathalie Berard, Ph.D. (University of Regina, 2014); R.D. Psych
Psychological services to children and adolescents with physical and intellectual disabilities including: assessment; diagnosis; intervention; school programming; advocacy; parent training; supportive counselling.