

Horizon Health NB

Clinical Psychology Residency Program

Program Brochure 2024-2025

Match Number: 185111 (Adult Track)
185112 (Child/Lifespan Track)



RÉSEAU DE SANTÉ

Horizon
HEALTH NETWORK

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PROGRAM HIGHLIGHTS

Breadth and depth of experiences: Two concentrated rotations and one extended rotation.

Interns will be exposed to diverse clients, modalities and health care disciplines across three rotations during the residency year. Generalist training in assessment, intervention, supervision and research/program evaluation are included.

Interdisciplinary work: Highly valued role of psychology within teams.

Interns work in interdisciplinary teams in all health and mental health rotations.

Interns are highly valued team members who consult with other disciplines about clients, team dynamics, ethics and research/program evaluation activities.



Evidence-based practices: Learning and applying evidence-based practices.

Assessment and treatment are based on evidence-based practices of psychological disorders and health conditions. This includes exposure to various therapeutic orientations and treatment modalities (e.g., individual, group).



Building social responsiveness: Strong commitment to equity, diversity and inclusion.

Opportunities to build awareness, knowledge, and skills in working with patients from historically marginalized populations. This includes reflecting on how our diverse identities inform our clinical and professional relationships.

Work-life balance: Transitioning from students to professional.

Our program values the importance of balancing work and life commitments.

Emphasis is placed on learning how to navigate new professional roles and duties while maintaining a fulfilling personal life outside of work.



Professional development: Developing your professional identity.

Interns will have the opportunity to develop and foster their professional identity by participating in team-related and professional activities including supervision of supervision, program evaluation/research and committee work.



The ultimate goal is to prepare you for
independent practice

Our Community

Fredericton is the capital city of New Brunswick and is located in the beautiful St. John River Valley. It offers the amenities of a larger city with the feel of a small one. You will find that Maritime hospitality is like nothing else. Here, you can be one of a kind instead of one of a million.



We acknowledge that the lands on which we work are the traditional and unceded territories of the Wolastoqiyik People. We recognize and appreciate the ancestral and continued ties of Indigenous Peoples to the lands and waters in the region known on settler maps as Fredericton.

Amenities: Fredericton boasts clean and quiet streets, community and recreational activities, excellent daycare centres, shopping, theatre and festivals, public transit, and lots of restaurants from which to choose. Fredericton is also proud to be home to two universities: St. Thomas University and the University of New Brunswick. All of these wonderful amenities are available in an affordable city.

Activities: Whether summer, winter, fall or spring, Fredericton offers a variety of activities for the outdoor enthusiast, art lover, and foodie. With short (and basically non-existent commute times with an average of 13 minutes!!), you can enjoy these activities on a regular basis.



In the summer, spend your time on the banks of the St. John River. Fredericton is home to hundreds of kilometers of running/cycling trails, the beautiful Odell Park, the Playhouse, the Beaverbrook Art Gallery, the Harvest Music Festival, the Boyce Farmer's Market, the historic Garrison District, and several craft beer vendors.

In the winter, enjoy hundreds of kilometers of cross-country skiing trails, skating in lovely outdoor rinks, downhill skiing at Crabbe Mountain, or attend one of the many winter festivals (e.g., Shivering Songs Festival).

Nearby destinations: Due to its central location, Fredericton is also a great place from which to explore the Maritime Provinces. Day trips to the Bay of Fundy (Atlantic Ocean; 1hr drive), the Saint Martin UNESCO Sea Caves (1.5hr drive), Saint John (1hr drive), Moncton (1.5hr drive), the Hopewell Rocks (2hr drive), and the Northumberland Strait (the warmest waters north of the Carolinas; 2hr drive) are all just a short drive away. Explore Prince Edward Island (3hr drive), Halifax (4hr drive), and the Cabot Trail in Cape Breton (6hr drive) on a weekend trip.

For more information on Fredericton and New Brunswick:

www.tourismfredericton.ca

www.tourismnewbrunswick.ca

www.ignitefredericton.com

<https://www.youtube.com/watch?v=IUhQJBnhPuE> (English)

<https://www.youtube.com/watch?v=N9Lu-No0DN4> (French)

Horizon Health Network

The Horizon Health Network is a unified health authority for the Anglophone areas of New Brunswick. <http://en.horizonnb.ca/>

The Horizon Health NB Clinical Psychology Residency Program is set in the Fredericton and Upper River Valley Areas of the Horizon Health Network. Since we work in public health care, we see a range of diverse clients representing historically marginalized communities. It is currently comprised of five settings:

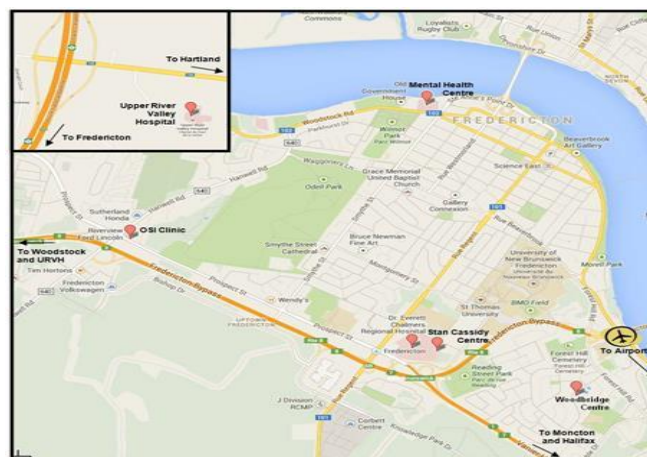
Dr. Everett Chalmers Regional Hospital (DECRH)

Stan Cassidy Centre for Rehabilitation (SCCR)

Two Addictions and Mental Health Services centres (AMHS)

Operational Stress Injury Clinic (OSI)

Upper River Valley Regional Hospital (URVH)



The Dr. Everett Chalmers Regional Hospital **(DECRH) – 700 Priestman St (Fredericton)**



The DECRH is a 330-bed regional hospital serving the greater Fredericton area and surrounding communities. Psychologists provide psychological assessment, psychotherapy, and consultative services to mental health in-and out-patients (focusing on mood, anxiety, psychotic, and personality disorders), as well as oncology, cardiology, diabetic, surgery, and dialysis patients. We also assess and treat patients with a variety of medical problems from the Family Practice inpatient unit, Geriatric and Restorative Care and Pediatric units. All Psychologists are active members of interdisciplinary teams. Opportunities for group and individual psychotherapy and a broad range of assessment and consultative procedures are available for interns.

The Stan Cassidy Centre for Rehabilitation **(SCCR) – 800 Priestman St (Fredericton)**



SCCR is the only provincial centre in New Brunswick that offers intensive interdisciplinary rehabilitation for those with complex neurological disorders and neurodegenerative diseases. SCCR offer services to children/youth (e.g., cerebral palsy, spina bifida, spinal cord injuries, moderate to severe acquired brain injury, cerebral vascular accidents, muscular dystrophy, and other neuromotor disorders) and adults (e.g., mild to severe acquired brain injury, spinal cord injury, complex cerebral vascular accidents, and progressive neurological diseases). The SCCR also houses a specialized interdisciplinary team who offers province-wide, tertiary-level services to children with autism spectrum disorder and their families or school staff. We are located in a modern facility, with 16 inpatient beds and four transitional living units. We also provide services to many out-patients. On the adult team, Psychologists are an integral part of an interdisciplinary team, and provide neuropsychological assessment and consulting,

personality and behavioural assessments, and a wide variety of interventions for mental health concerns (see attached video on Psychology's Role on the adult team at SCCR: <https://myhorizoncareer.ca/psychologist/#single/0>).

On the interdisciplinary pediatric team, the Psychologist provides neuropsychological, psycho-diagnostic, and behavioural assessments, as well as occasional short-term interventions for a variety of mental health and behavioral conditions in the context of health or rehabilitation psychology. She also serves as a consultant to other professionals who work with these children (e.g., local mental health workers, school staff, various health clinicians, etc.). The SCCR is connected to the DECRH by a skywalk. For a virtual tour of the Stan Cassidy Centre for Rehabilitation, please visit:

<https://www.youtube.com/watch?v=ZgtOg4KSMZE>

Addictions & Mental Health Services

(AMHS) – 65 Brunswick St (Fredericton) and 200 King St (Woodstock)



There are two AMHS centres in our catchment area (in Fredericton and Woodstock) with several satellite/outreach offices in outlying communities. Psychologists are part of interdisciplinary teams and provide services to children and adolescents and their families as part of the Integrated Service Delivery (ISD) program. The ISD program offers psychological services as part of an interdisciplinary team working in the school setting. AMHS also provides service to adults and seniors with addictions and mental health disorders. Both children and adults may present with a wide variety of mental health disorders and problems and may require longer-term community-based treatment and/or support. The Fredericton AMHS centre provides addiction services (including detox and outpatient counseling), single session walk-in services, an Early Psychosis Program (EPP), FACT team for individuals with severe and persistent mental illness), as well as individual and group psychotherapy in a stepped care model. There are also

groups for borderline personality disorder (STEPPS and DBT for Families), parenting groups, and addictions recovery groups (for both patients and their families).

Operational Stress Injury Clinic (OSI) –

900 Hanwell Rd (Fredericton)

The Operational Stress Injury Clinic Fredericton is one of ten OSI Clinics across Canada. It provides a specialized outpatient program that serves Veterans of the Canadian Forces, active Canadian Forces members, and members of the Royal Canadian Mounted Police (RCMP). An operational stress injury (OSI) is any constant psychological problem resulting from operational duties performed while serving in the Canadian Forces (CF) or as a member of the RCMP. OSI is used to describe a broad range of problems which can include diagnosed mental health conditions such as anxiety disorders, depression and post-traumatic stress disorder (PTSD) as well as other conditions that may be less severe, but still interfere with daily functioning.

Psychologists work on an interdisciplinary team of professionals which includes psychiatrists, social workers, occupational therapy and mental health nurses. Interns' work will include psychological assessment, consultation, and intervention, and participation on an interdisciplinary team.



Upper River Valley Hospital (URVH) –

11300 Route 130 (Waterville)

This hospital services the Upper River Valley with both primary and secondary care, inpatient and outpatient services, including an emergency department which provides 24-hour care. It is a 70-bed hospital with beds designated for obstetrics, surgery and medical patients, including palliative care and pediatrics. Surgical services



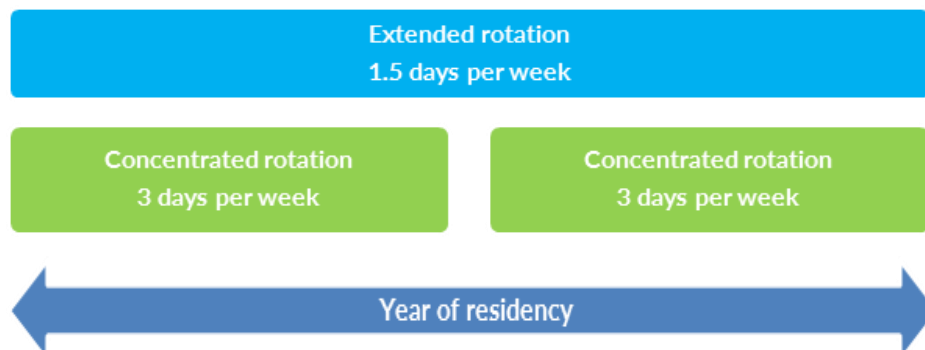
are provided from three operating rooms. The Psychologist (vacant position) works across the entire hospital providing psychological assessments and brief interventions for inpatients. She facilitates a multidisciplinary Complex Care Consultation Team, provides consultancy for the Healthy Ageing Clinic and offers various in-service training to colleagues.

The Horizon Health NB Clinical Psychology Residency Program

An Overview

This 1800 hour, 12-month Residency program will appeal to interns wanting comprehensive training at the pre-doctoral level in a scientist-practitioner atmosphere, with the expectation for training toward independent practice or academic clinical psychology. In our view, independent practice requires not only extensive knowledge of psychological assessment, intervention, consultation, and knowledge of pertinent ethics and professional issues, but also a broad view of the health care system and complementary community-based services. At present there are two positions available: one for an adult-focused trainee (Match 185111) and one for a child and youth/lifespan-focused trainee (Match 185112).

As this Residency program offers opportunities to learn in several settings, it provides a wide variety of training in both traditional mental health assessment and treatment, as well as in neuropsychology, health, and rehabilitation psychology. At all sites interns will participate actively as members of interdisciplinary teams. In consultation with faculty, each intern will choose two concentrated (6 months, 3 days/week) rotations and one extended rotation (12 months, 1.5 days/week), dependent upon their interests, previous experience, and the availability of supervision.



At present there are 17 psychologists (eleven at the doctoral level) working in six settings. We are actively recruiting five vacant positions. As a group, we meet approximately once per month to discuss professional issues.

In accordance with their interests, interns have the opportunity to work with mental health patients on an inpatient and outpatient basis, medical patients with a variety of associated mental health issues, injured military and RCMP personnel, and neurological rehabilitation patients. All interns, while working on inter-disciplinary teams, have exposure to psycho-diagnostic and cognitive assessments, and individual and group interventions. Interns can be exposed to work with families, caregivers and couples in some settings.

Many of our psychologists and clientele are bilingual/francophone, allowing for training at least partially in French if desired. However, prospective applicants need not be bilingual as the majority of the services provided through this Residency are in the English language.

Psychologists in our health region are regulated and licensed by the College of Psychologists of New Brunswick (CPNB). Our theoretical orientations vary, but derive primarily from cognitive-behavioural and interpersonal psychology, with some influence of psychodynamic, acceptance and commitment therapy, mindfulness, attachment theory, motivational communication, existential, and systemic theories, as well as neurodevelopmental and neurocognitive rehabilitation. Although there is some variability depending on area of specialization, our skills and services include psychological assessment and diagnosis, psychological treatment, and psychological consultation to clients, their families, and to other staff/professionals. We offer services in accordance with the relevant legislative acts and professional standards, guidelines, and codes of ethics.

We supervise not only interns, but also psychology graduate students on practicum placements and residents (interim members of CPNB in their final year of supervision prior to licensing). We provide formal education on issues related to the practice of psychology to our fellow staff members and members of the community. Many of us are Clinical Associates of the Department of Psychology at the University of New Brunswick, and therefore serve on university committees and assist with teaching of courses. Finally, opportunities to attend conferences and workshops for the purpose of continuing education (both in-house and in the community and province) are available.

Our Philosophy and Mission

Our psychology Residency program grew out of a recognition that we need to be part of the training of psychologists in New Brunswick. As supervisors, we also recognize the value to our profession, and to ourselves, of sharing our knowledge and mentoring those seeking to enter our profession. We recognize that a Residency is the place where senior doctoral students develop their competencies by putting into sustained, active practice the skills and knowledge obtained through graduate study. As such, interns are supported to engage in diverse roles, and to develop broad competencies with a variety of populations in keeping with our generalist focus. Interns are supported in developing competencies in all key areas of clinical psychology including assessment, diagnosis, intervention, consultation, case conceptualization, social responsiveness, supervision, research/program evaluation, and professional ethics. Interns receive progressive independence in practice over the course of the Residency, balanced with a supportive supervisory relationship. In our Residency, direct service provision is balanced with ample time for review, study, and supervision. Interns are encouraged to self-direct their program and to seek out challenges that are of personal interest to them, but this is balanced with recognition that core competencies must be acquired, and progress in skill-acquisition is monitored throughout the year. We strive to achieve this while encouraging interns to balance work and life commitments.

Social responsiveness

Interns will be exposed to diverse client populations and encouraged to expand their awareness of the interaction between professional issues and personal characteristics of both the client and the professional. We acknowledge the health inequities that arise from the ongoing and historical impact of colonialism and settler structures on the first peoples of our communities. Moreover, we honour diversity by inviting all qualified applicants to apply, and by not discriminating based on age, race, religion, gender, sexual orientation, disability, socioeconomic status or geographic location. We follow national standards for training, including an endorsement of research-based knowledge and the scientist-practitioner model. We aim to provide an atmosphere of caring, integrity, respect, and responsibility toward our patients, our community, and our profession.

What we do

The Horizon Health Residency Program is deeply committed to fostering cultural humility and diversity awareness. The overall goal of our training activities is to help interns develop sensitivity to individual differences and apply this competency in clinical settings. Interns will practice exploring how their biases, power, privilege, assumptions, and life experiences affect clinical work.

The Horizon Health Residency Program is comprised of master's and doctoral level psychologists who are committed to helping interns develop the increased awareness, knowledge, and skills necessary for working with a highly diverse patient population. The program's psychologists themselves represent a range of systemically marginalized groups.

Interested interns are encouraged to serve as Equity, Diversity, and Inclusion (EDI) committee members for their residency year. Inspired and guided by the Social

Responsiveness Toolkit¹, the EDI committee holds quarterly meetings to plan and execute changes to the residency program. Reflective discussions bring interns and staff together to provide in-depth conversations on how to improve diversity in care. They also promote inclusion in the psychology training pipeline by examining how our program attracts and selects interns with diverse life experiences. Student members are an integral part of the EDI committee, contributing to the residency program for themselves and future interns.

Examples of EDI committee initiatives include a) engaging our program's psychologists in discussions about social responsiveness during a Psychology Month workshop, b) interns presenting to staff on topics related to diversity and social responsiveness, c) reviewing our application process to include merit scores for those who may have to work through hardships to access residency, and d) reviewing our evaluation forms to include a section on diversity skills and training.

In addition to the EDI committee, the program prioritises experiences that strive toward the development of cultural humility and diversity awareness through continuing education opportunities and a didactic series led by internal and external psychologists. One goal of the didactic series is to introduce a variety of topics relevant to working with historically marginalized patient populations and to consider how elements of diversity impact other topics explored, such as termination, trauma work, concurrent disorders, etc.

Working in public health care, we see many groups representing historically marginalized people from communities all over New Brunswick. Our heterogeneous setting gives

¹ CCTC 2020: Social Responsiveness in Health Service Psychology Education and Training Toolkit at https://pr4tb8rrj317wdwt3xlafig2p-wpengine.netdna-ssl.com/wp-content/uploads/2021/05/CCTC_Socially-Responsive-HSP-Ed-Training_v7.pdf

trainees the opportunity to provide services to patients from a variety of backgrounds including historically marginalized populations.

Finally, as a program, we are committed to removing barriers to residency training by providing a competitive stipend as well as relocation reimbursement (up to \$1500) to offset some of the costs of moving to New Brunswick. Our Human Resources team can also support job searches if a loved one is moving with you and share resources on childcare services in our area. Our site also conducts virtual interviews and tours only, to minimize costs associated with the residency interview process.

Accreditation

We are accredited with the Canadian Psychological Association (CPA Accreditation Office, 141 Laurier Ave., Ottawa, K1P 5J3). As of 2020, we are re-accredited for a six-year term.



Curriculum and Objectives

1) Interns will participate in two six-month concentrated rotations (3 days/week) and one extended 12-month rotation (1.5 days/week). Each intern will carry an active caseload and will spend approximately (but not exceeding) two-thirds of their time in direct client care. Interns will also participate in interdisciplinary case rounds, workshops and conferences, independent study, and various administrative activities relevant to psychological services. A half day will be devoted to research/program evaluation activities and didactics.

2) Interns will develop the ability to review charts to extract pertinent information, formulate appropriate assessment questions, plan and conduct an assessment, hone clinical interviewing skills, and interpret and integrate objective and subjective assessment results to form sound case conceptualizations. Provision of feedback from assessment results to patients and their caregivers is also an important part of skill development.

3) Interns will learn skills in short-term and longer-term psychotherapy with primarily a cognitive-behavioural (and “third-wave” therapies) focus. They will be exposed to other forms of psychotherapy as opportunities arise. They will carry a caseload of two or three long-term (up to one year) clients/patients, as well as several short-term clients (individuals and in groups). Primary goals are to conduct assessments, develop rapport, formulate cases, plan and implement evidence-based psychological interventions, as well as to terminate therapy, with a variety of consumers.

4) Interns will be able to establish DSM-5 diagnoses (where appropriate), assess suicide risk, establish social, emotional, and cognitive status, and to learn the complex interactions between physical and mental health factors.

5) Interns will be encouraged to consider and reflect on issues related to diversity and health equity in every aspect of their clinical work. They will develop increased knowledge, skills, and awareness of the systemic and individual impacts of culture, race, religion, sexuality, class, gender, ability, and language differences.

6) Interns will develop effective written and verbal communication skills necessary for interacting with clients, their caregivers, and a variety of other professionals in interdisciplinary teams. They will learn to operate within their competencies, as well as to apply the many other ethical principles by which psychologists are required to self-monitor.

7) Research activities are considered an important part of a psychologist's training. This will be accomplished through reading and critical analysis of relevant clinical literature in the context of seminars and supervision sessions. Interns will also engage in in-house research and/or program evaluation projects, as well as present their research within the psychology department and at conferences when possible. Research and/or program evaluation project is mandatory.

8) Interns are expected to provide supervision of a more junior graduate student in Clinical Psychology. In turn, supervision activities will be overseen by faculty psychologists.

Stipend and Benefits

The annual stipend is \$39,000. Interns have access to a \$500.00 education grant for travel expenses and registration costs related to attendance at academic conferences. Interns are encouraged to attend educational opportunities (such as conferences, workshops, etc). Relocation assistance is also provided - up to \$1500 with reimbursable moving expenses.

Supervision

In keeping with the Canadian Psychological Association guidelines, interns will have at least four hours of individual supervision per week by doctoral level psychologists, shared between their supervisors from concentrated and extended rotations.

Supervision hours are protected in our interns' schedules. Further, most supervisors have an open-door policy should interns require additional supervision outside of their regularly scheduled supervision time.

Clinical supervision can take many forms. Review of audio- and/or videotapes of assessment and psychotherapy and/or co-therapy and/or observation of group or individual therapy may be appropriate. Discussion of test selection, interpretation, case formulation and diagnosis will be included in supervision, as will planning and execution of treatment, and revision of reports. Case conferences, seminars, and individual reading time will augment each intern's learning. Supervision follows a developmental model where the nature and style of supervision changes as the intern gains more skills, knowledge and autonomy. By the end of the year, supervision takes on a more consultative nature in preparation for the transition to independent practice.

Interns will meet weekly with the Residency Training Director (TD) to discuss general ethical and professional issues, review evaluations when necessary, and to provide opportunities to 'trouble-shoot' any general problems or difficulties. Other faculty will offer didactic sessions in a variety of professional issues as well.

All interns will have the opportunity (and the responsibility) to supervise a predoctoral-level clinical psychology practicum student. In turn, a member of our faculty will supervise this activity. Interns attend bimonthly journal club meetings where relevant articles on supervision are discussed.

Physical Facilities/Support Services

Interns will have access to private workspace to interact with clients/patients and to write reports. Sharing of offices may be necessary at times, but interns will have access to secure storage space for confidential documents. We have an excellent supply of testing material, scoring software, audiovisual equipment, library materials, and journals/textbooks. Private telephones and voicemail, computer access with e-mail and online abstracts are available, as well as access to the local university libraries.

Clerical support for many administrative tasks (e.g., ordering materials, scheduling appointments with outpatients, and typing dictated assessment reports) is available at most rotations.

As HHN employees, interns are entitled to workplace accommodation and health benefits. In a recent reciprocity agreement with the University of New Brunswick, interns can also access health services on campus.

Evaluation

In the Horizon Health NB Residency program, evaluation is bi-directional. At the beginning of each rotation, the supervisor and intern will collaboratively develop specific competency-based goals in writing, with the aim of becoming competent in all general areas of provision of psychological services. Interns also complete self-evaluations at the beginning, mid-year and end of the residency to help guide training opportunities. It is expected that each intern is prepared for the licensing process upon graduation from our program. Each intern's efforts to attain their goals will be reviewed regularly to monitor progress and mitigate any difficulties that arise. Goals, progress, and any concerns will be forwarded to the TD.

Supervisors and interns will complete an evaluation in writing at the end of each rotation. Both the TD and the intern will prepare a more formal evaluation at the end of the Residency program. These evaluations are established to assist each intern to recognize areas that need improvement, and to reinforce strengths. We are dedicated to providing superior training, and so we benefit from the interns' evaluative feedback. Supervisors will meet with the TD quarterly to discuss interns' progress, and all issues related to education and professional development.

Didactic Sessions

Faculty members provide didactic sessions on the topics listed below, depending upon staff availability and interns' interests. Interns will be expected to read chosen papers/chapters on these topics and to participate in discussions. Each intern will be responsible for facilitating discussion for one topic of their choice. Our interns also participate in the CCPPP National Didactic Series and attend two full-day and two half-day workshops at the University of New Brunswick in conjunction with their doctoral clinical program students. Didactics provided by in-house staff will be chosen to complement the topics presented through CCPPP and UNB. Efforts are made to integrate issues of diversity, equity and inclusion in the discussion of each topic.

Sample Schedules

We believe that as part of the Residency experience interns should learn to work a standard 8:30-4:30 day (37.5 hours work week). Thus, our interns do not work evenings, weekends, or from home. Interns complete two 6-month concentrated rotations (3 days/week) and one 12-month extended rotation (1.5 days/week). The other half day is dedicated to research or program evaluation and didactics.

Below are two samples of hypothetical rotation schedules:

Monday	Tuesday	Wednesday	Thursday	Friday
Concentrated Rotation	Concentrated Rotation	Extended Rotation	Concentrated Rotation	Extended Rotation
				Research/PE & Didactics

Monday	Tuesday	Wednesday	Thursday	Friday
Concentrated Rotation	Concentrated Rotation	Concentrated Rotation	Concentrated Rotation	Concentrated Rotation
Extended Rotation		Extended Rotation	Extended Rotation	Research/PE & Didactics

Description of Rotations

Overview

The Horizon Health NB Residency program currently offers rotations in the areas listed below. Most rotations are available as either a concentrated (6 months, 3 days/week) or extended rotation (12 month, 1.5 days/week), but this depends on supervision and availability of physical space from year to year.

Faculty members who provide supervision are listed below. All rotations offer a balance of assessment, psychotherapy, consultation, seminars, case conferences, individual learning, interdisciplinary activities, and administrative duties. We aim for interns to function as generalist practitioners by the end of the internship year. As such, we require interns to complete rotations that offer a mix of experiences in health and mental health to see various presenting problems and comorbid conditions.

The program offers two Tracks: one Adult-Focused Track (AFT – Match 185111) and one Child and Youth/Lifespan-Focused (CYLT – Match 185112) Track. For those interested in the AFT, interns can pick three adult rotations OR two adult rotations and one pediatric rotation. For those interested in the YLFT, Interns can pick three pediatric rotations OR two pediatric rotations and one adult rotation.

ADULT-FOCUSED ROTATIONS

Adult Mental Health

DECRH – Dr. V. Cyr

Adult Rehabilitation & Health Psychology

DECRH – to be determined

SCCR – Dr. Drost or Dr. Mills

Clinical Neuropsychology

SCCR –Dr. J. Savoie

Operational Stress Injury Clinic (Adult Mental Health) (Extended rotation only)

OSI –Ms. L.-A. Renaud

Adult Mental Health

AMHS –Dr. C. Gallagher

PEDIATRIC-FOCUSED ROTATIONS

Pediatric Mental Health

Integrated Service Delivery (ISD-Fredericton) –Ms. A. Otteson, Dr. J. MacLean–Legge, or Ms. E. Gaudet

Pediatric Assessment in Mental Health

ISD-Fredericton - Ms. A. Otteson, Dr. J. MacLean –Legge, or Ms. E. Gaudet

Emerging Adult Mental Health –

ISD – Fredericton - Ms. A. Otteson or Dr. J. MacLean Legge

Pediatric Health Psychology

DECRH – Dr. Kathryn Malcom

Adolescent Health (extended rotation only)

DECRH – Dr. Kathryn Malcom

Pediatric Rehabilitation

SCCR – Dr. M.-C. Paulin

Adult Mental Health – DECRH rotation

Potential Supervisor(s): Veronique Cyr, Psy.D., L.Psych.

This rotation is located on the adult inpatient psychiatry unit at the DECRH. This is an acute care unit and hospitalization of patients is relatively short. Interns work as part of an interdisciplinary team which includes psychiatrists, nurses, occupational therapists, social workers, and community outreach workers. Patients range in age from young to older adults. Many patients are diagnosed with anxiety, mood, psychotic-spectrum,

personality and adjustment disorders. On this rotation, interns maintain an active caseload including both inpatients and outpatient and are involved in assessment, consultation, and psychotherapeutic intervention. Should interns have a greater interest in assessment or therapy, they may adjust their caseload accordingly. Interns are expected to attend inpatient rounds and contribute to the care of their patients through collaboration on an interdisciplinary team and through family meetings when appropriate.

Assessment/Consultation: Referrals for assessment are received primarily for diagnostic clarification, personality, neurocognitive functioning, and discharge/treatment planning. Should interns wish to further develop their skills in the area of neurocognitive assessment, they may be able to select appropriate cases from the patient waiting list.

Intervention: Interns are responsible for the inpatient relaxation training group. Advanced training in longer term evidence-based psychotherapy is available in this rotation, and interns are encouraged to maintain a subset of their inpatients as outpatients following their discharge. Longer-term experience in outpatient intervention is therefore available up to the duration of the rotation if interest is expressed by prospective interns. This experience has allowed interns to implement a full course of treatment with patients traditionally presenting with disorders from the mood and anxiety spectrum.

Adult Health Psychology – DECRH rotation

Potential Supervisor(s): to be determined

Health psychology at DECRH provides services to most inpatient units within the hospital including palliative, cardiology, family practice, surgery, maternity and intensive care. On this rotation, interns maintain an active inpatient caseload, and engage in assessment, consultation, and therapy. Referrals are received from hospital physicians,

nurses and other therapeutic staff. Patients range in age from young to older adults. Interns contribute to the interdisciplinary care for their patients (including patient rounds and family meetings). Clinical activities in this setting include psychosocial screening, individual consultations, and patient psychoeducation. Therapy on this rotation is primarily CBT, ACT and supportive therapy and includes exposure to Motivational Interviewing.

Assessment/Consultation: Referrals tend to focus on depression/anxiety screening assessments, personality assessment, diagnostic clarification of somatic symptoms, and discharge/treatment planning.

Intervention: Inpatient therapy tends to be short-term (less than six months) and focuses on quality of life, stress management, grief and loss, anxiety and depression, adjustment to acute and chronic illness, coping with traumatic injury and chronic pain management. Interns will maintain a subset of their inpatients as outpatients following their discharge.

Pediatric Health – DECRH rotation

Potential Supervisor(s): Kathryn Malcom, Ph.D., L.Psych.

This rotation provides outpatient services to children, adolescents, and their families in the domain of pediatric health psychology. Patients range in age from preschool to adolescence. Common referral concerns may include adjustment to chronic illness, support with treatment adherence, and mental health concerns that are related to medical conditions (e.g., diabetes, gastrointestinal conditions, etc.). On this rotation, interns will carry an outpatient caseload and provide individual and/or parent-mediated intervention. Opportunity to provide consultation to the Children's Rehabilitation Team staff (URV and LRV) and psychological intervention to preschool-aged children may also occur depending on availability and intern interest. Note: Interested interns are not

required to have prior pediatric health experience; however, some experience in working with children and adolescents may be beneficial.

Assessment/Consultation: This rotation is primarily intervention focused. There is often individual consultation to multidisciplinary team members and referring physicians for treatment planning purposes.

Intervention: Interns are responsible for carrying a caseload of outpatient pediatric health clients. Interns will gain experience in providing evidence-based interventions (e.g., CBT, ACT, etc.) to pediatric health patients and their families. Depending on the nature of the referring concern, interns may have the opportunity to provide both short-term and long-term intervention.

Adolescent Health - DECRH rotation (extended rotation only)

Potential Supervisor(s): Kathryn Malcom, Ph.D., L.Psych.

This rotation involves predominantly outpatient psychological intervention to adolescents and their families in the domain of pediatric health psychology. Common referral concerns may include adjustment to chronic illness, support with treatment adherence, and mental health concerns that are related to medical conditions (e.g., diabetes, gastrointestinal conditions, etc.). On this rotation interns will be expected to carry an outpatient caseload and provide individual intervention. Opportunities may also arise to consult with various systems within which the adolescent functions (e.g., families, school, etc.). Although predominantly outpatient focused, there may be opportunity to provide pediatric health psychology inpatient consultation and direct intervention to adolescents.

Assessment/Consultation: This rotation is primarily intervention focused. There is often individual consultation to multidisciplinary team members and referring physicians for treatment planning purposes.

Intervention: Interns will be responsible for carrying a caseload of outpatient pediatric health clients. Interns will gain experience in providing evidence-based interventions (e.g., CBT, ACT, etc.) to adolescent pediatric health patients. Depending on the nature of the referring concern, interns may have the opportunity to provide both short-term and long-term intervention. Additional opportunity to provide pediatric health psychology inpatient consultation and intervention may also occur.

Adult Rehabilitation & Health Psychology – SCCR rotation

Potential Supervisor(s): Dr. Christina Drost

On this rotation, interns work as part of the SCCR interdisciplinary team, which includes nurses, physiatrists, physiotherapists, social workers, a dietician, speech language pathologists, recreation therapists, a respiratory therapist, and occupational therapists. Patients range in age from adolescents to older adults (but are mostly adults); all present with neurological injuries or neurodegenerative diseases (e.g., acquired brain injuries, CVA/stroke, spinal cord injuries, multiple sclerosis). Many patients have co-existing mental health concerns and/or cognitive impairment. Interns attend inpatient rounds and contribute to the interdisciplinary care for their patients (including family meetings). On this rotation, interns maintain an active caseload including inpatients and outpatients, and engage in assessment, consultation, and psychotherapy. Often, interns continue to treat former inpatients on an outpatient basis. This rotation provides a blend of assessment, consultation, and intervention opportunities, including groups.

Assessment/Consultation: Referral questions vary and include: neurocognitive assessment, personality and behavioural assessment, diagnostic clarification, and discharge/treatment planning.

Intervention: Inpatient intervention tends to be short-term and focuses on quality of life, chronic pain management, stress management, behaviour management, anxiety, PTSD,

and depression, grief and loss, and adjustment concerns (related to acquired brain injury, spinal cord injury, cerebral vascular accidents, and progressive neurological diseases). Longer-term psychotherapy with outpatients is available and encouraged. Psychotherapy on this rotation is primarily of CBT, Motivational Communication, Mindfulness, and Acceptance and Commitment (ACT) orientations. Cognitive rehabilitation principles are also followed.

Clinical Neuropsychology (Adult) – SCCR rotation

Potential Supervisor(s): JoAnne Savoie, Ph.D., L.Psych.

This rotation includes both in- and outpatient neuropsychological assessment for patients with neurological illness or injury (e.g., traumatic brain injury, stroke, brain tumors, multiple sclerosis). Referrals for assessment are from the physiatry, neurology, and neurosurgery departments. The purpose of the assessment is often to delineate cognitive strengths and weaknesses to facilitate treatment decisions and discharge planning as well as guide return-to-work and return-to-school programs. Consultation with the rehabilitation team is a key component of the rotation. We use a flexible battery approach to our assessments. Thus, assessments will range from initial neuropsychological screening to more comprehensive assessment with test substitutions due to the patient's limits or physical limitations. The majority of patients on the rotation are adults, and less so adolescents and seniors.

Assessment/Consultation: Referral questions range and include (not an exhaustive list): mild traumatic brain injury assessment/diagnostic clarification, dysexecutive syndrome assessment, ability/impairment assessment following acquired brain injury (e.g., CVA/stroke, TBI), and monitoring of cognitive changes related to progressive neurological diseases (e.g., multiple sclerosis). Screening for mental health concerns is typically included in the assessment and more in-depth personality and emotional functioning assessments are also required in some cases. Consultation is provided to the rehabilitation team, medical/nursing staff, as well as other community organizations

involved in the patient's care. The intern will be responsible for completing intake interviews, administration/scoring/interpretation of assessment tools, report writing and communicating results to staff/patients/families.

Intervention: This rotation is focused primarily on assessment. There may be opportunities for brief, focused interventions aimed at increasing awareness for patients and providing education to patients/families on brain injury/illnesses. Interventions with clients may also focus on optimizing participation in therapies, coping with disability and recommendations to maximize daily functioning.

Pediatric Rehabilitation– SCCR rotation

Potential supervisor: Marie-Claire Paulin, Psy.D., L.Psych.

This rotation primarily involves outpatient services to children with neuromotor diseases such as cerebral palsy, spina bifida, acquired brain injury (traumatic and nontraumatic), spinal cord injuries, muscular dystrophy and all kinds of genetic neuromotor syndromes. Some time is also spent providing consultation and occasional mental health services to the Autism Team. Province-wide consultation through community outreach and occasional inpatient admissions are also offered.

Assessment/Consultation: She conducts neuropsychological assessments to children and adolescents with a wide range of complex neuromotor impairments. The purpose of these assessments is often to help determine strengths and weaknesses, identify cognitive changes over time, and provide recommendations that will help guide interventions at home, in school, in the community, or for future planning.

Intervention: Therapy is primarily of behavioural and CBT (often integrated in play) orientations, but elements of mindfulness, motivational, strength-based and/or

interpersonal therapies may also be used. These interventions are adapted to the patient's developmental level, needs and interests. Intervention or consultation services for patients with disruptive behaviour (e.g., self-injurious behaviour or aggressivity), anxiety (including for medical procedures such as Botox injections), acute and chronic pain management, adjustment concerns, etc. are also offered. Psychoeducation to the patients, their families and other professionals such as school staff is also a big part of the interventions.

Operational Stress Injury Clinic (Adult Mental Health) – OSI rotation

Potential Supervisor(s): Lise-Anne Renaud, M.A., L.Psych.

This rotation provides outpatient services and is operated out of the Operational Stress Injury Clinic. Interns work as part of an interdisciplinary team which includes psychiatrists, mental health nurses, and social workers. On this rotation, interns maintain an active caseload of assessment, consultation, and therapy. Clients are veterans of the Canadian Forces, active Canadian Forces members, and eligible members of the Royal Canadian Mounted Police (RCMP).

Assessment/Consultation: The purpose of assessment at the OSI Clinic is to determine whether the client currently suffers from an operational stress injury. Interns complete comprehensive assessments with a focus on psycho-diagnostics and treatment recommendations.

Intervention: Common presentations include anxiety disorders, depression, post-traumatic stress disorder, substance misuse, and chronic pain as well as other conditions that may be less severe, but still interfere with daily functioning (including marital and parenting issues). Therapy on this rotation is primarily of CBT orientation with an

emphasis on utilizing evidence-based therapies (e.g., Prolonged Exposure and Cognitive Processing Therapy).

Pediatric Mental Health - Integrated Service Delivery (ISD) – AMHS Rotation

Potential Supervisor(s): Amy Otteson, M.A., L.Psych.,
Justine MacLean –Legge, Ph.D., Resident in
Psychology
Elizabeth Gaudet, M.Ed., Resident in Psychology

In Fall 2017, the government of New Brunswick implemented a new approach to child and youth treatment - Integrated Service Delivery (ISD). Under ISD, partners involved with youth from various government departments (Departments of Health, Justice, Social Development and Education) work on integrated teams to increase collaboration and coordination of service delivery. As a result, most mental health services that were traditionally delivered at outpatient community mental health clinics are now being delivered in the school setting by an interdisciplinary team that includes members from education, child and family services, justice and health. The goal of ISD is to enhance the system capacity to respond in a timely, effective and integrated manner to the strengths, risks and needs profiles of children, youth and their families (right service intensity at the right time). As such, interns who choose a rotation in pediatric mental health will have the opportunity to provide psychological services as a part of an interdisciplinary team working in the school setting.

Assessment/Consultation: Referral questions vary and include cognitive and psycho-diagnostic assessment. Common presentations include anxiety, PTSD, OCD, attachment issues, eating disorders, depression, learning disabilities, intellectual disabilities,

behavioral issues, emerging personality disorders, autism, and ADHD. Consultation with school staff is common.

Intervention: Depending on the age of the client, interns provide individual, group, or family psychotherapy. Interns are encouraged to take a systems approach, incorporating parents, caregivers, and teachers into the interventions. Interns will also work to connect families with appropriate community supports and resources. Depending on the time of the year, interns may have the opportunity to become involved in psychotherapy groups that are offered to both clients and their parents (e.g., Multifamily DBT Skills Group; CBT group for anxiety; ADHD and Circle of Security Parenting groups).

Emerging Adult Mental Health – ISD rotation (extended rotation only)

Potential Supervisor(s): Amy Otteson, M.A., L.Psych., Justine MacLean Legge, Ph.D., Resident in Psychology

Ms. Otteson and Dr. MacLean Legge are offering a Youth and Emerging Adult Rotation (clients aged 14-25). The developmental path that individuals take from dependency in childhood to independence in adulthood is now longer and more convoluted than at any point in history. The global pandemic, inflation, housing insecurity, and the polarized political atmosphere have had a direct impact on the mental health symptoms of young people. Adolescence and emerging adulthood have the potential to be very positive stages with greater opportunity for choice and exploration, but also with great challenges related to the loss of supports and structures offered by schools, family and child and family-oriented services. Greater independence requires greater reliance on one's own resources in a less structured environment. Additionally, this reduced structure is occurring in the context of still developing higher level brain capacities, such as executive functioning.

Assessment/Consultation: Referral questions vary and include cognitive and psycho-diagnostic assessment. Common presentations include anxiety, PTSD, OCD, eating disorders, depression, anxiety, learning disabilities, emerging personality disorders and ADHD.

Intervention: Depending on the age of the client, interns provide individual, group, or family psychotherapy. Interns are encouraged to take a systems approach, incorporating parents, caregivers, and teachers into the interventions. Interns will also work to connect families with appropriate community supports and resources. Depending on the time of the year, interns may have the opportunity to become involved in psychotherapy groups that are offered to both clients and/or their parents (e.g., Multifamily DBT Skills Group; CBT group anxiety; parenting groups).

Pediatric Mental Health Assessment – ISD Rotation

Potential Supervisor(s): Amy Otteson, M.A., L.Psych., Dr. Justine MacLean Legge, Ph.D., Resident in Psychology, Elizabeth Gaudet, M.Ed., Resident in Psychology

The Pediatric Mental Health Assessment rotation provides psychodiagnostic and psychoeducational assessment services for children and youth up to 19 years of age (21 if they are still in the public school system). Common presenting problems include neurodevelopmental concerns (i.e., attention-deficit/hyperactivity disorder, specific learning disorders, intellectual disability, autism), emotional concerns (e.g., anxiety, depression, anger), behavioural concerns, emerging personality disorders, and eating disorders. Interns will develop skills in clinical and collateral interviewing; measure selection, administration, scoring, and interpretation; and providing written and verbal assessment feedback to children and youth, their families, and other involved professionals.

Adult Health/Mental Health – URVH rotation

Potential Supervisor(s): Currently unavailable

One psychologist (vacant position) at URVH receives a spectrum of inpatient referrals. When the rotation is available, interns at the URVH work as part of an interdisciplinary team (Complex Care Consultation Team) which includes social workers, occupational therapists, ER psychiatric nursing, and community mental health liaison. Patients range in age from young to older adults. On this rotation, interns maintain an active caseload including inpatients and engage in assessment, consultation, and therapy. Referrals are received from hospital staff, local physicians, and from the Stan Cassidy Centre for Rehabilitation. Given the breadth of referrals, interns can build their caseload with a health psychology or adult mental health focus.

Assessment/Consultation: Referral questions vary but include behavioural challenges, mood and anxiety concerns, capacity/competency issues, neurocognitive evaluation, grief and loss, and treatment planning.

Intervention: Inpatient therapy tends to be short-term, and interns primarily provide services to the oncology and palliative units. Therapy on this rotation is primarily of trans-diagnostic CBT, Mindfulness, and Acceptance and Commitment (ACT) orientations.

Faculty

Dr. Everett Chalmers Regional Hospital (DECRH)

Leo Berk (he/him)	B.Sc. (Acadia University), M.A. (Queen's University), L. Psych (1998)
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Mr. Berk serves on the Paediatric Unit, and his work there includes consultation, short-term individual psychotherapy, and assessments of personality and cognitive functioning. His orientation is primarily cognitive-behavioural. Mr. Berk also conducts assessments of cognitive functioning for adult outpatients and inpatients.

Donna Grant (she/her)	B.Sc. (Acadia University), M.A. (University of New Brunswick), L.Psych. (1994)
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Ms. Grant provides psychological services on the Oncology Program, the Geriatric and Restorative Care Unit, the Fredericton Hemodialysis Unit, and inpatient units of the Oromocto Public Hospital. Her orientation is primarily cognitive-behavioral.

Rama Gupta-Rogers (she/her)	B.Sc. (McGill), M.A. (Lakehead University), Ph.D. (University of New Brunswick), L.Psych. (1994), UNB Clinical Associate
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Dr. Gupta-Rogers currently serves on inpatient surgical, family

practice, maternity, intensive care, and palliative care medical units. She also provides outpatient service for individuals with medically related psychological problems. She offers consultation, performs psycho-diagnostic assessments, and conducts psychotherapy for in- and outpatients with a variety of medical problems. She is currently a member of the Regional Pain Committee, Palliative Care Committee and of the Enhancing Surgical Outcomes Committee. She serves as a Psychology Representative in the HHN Therapeutic Services Clinical Practice Committee and is a member of the Residency Training Committee. Her theoretical orientation is cognitive-behavioural, and she uses motivational interviewing in some of her clinical work. More recently, she has also adopted mindfulness and acceptance and commitment therapy approaches.

Kathryn Malcom
(she/her)

B.B.A., B.A., & Ph.D. (University of New Brunswick), L.Psych
(2022)

Dr. Malcom provides outpatient and inpatient child and adolescent intervention for pediatric health populations. She also provides psychological consultation to the Children's Rehabilitation Teams multi-disciplinary staff (CRT; Fredericton & URVH), with occasional brief psychological intervention to families/children connected with the CRT. Her theoretical orientation is integrative, drawing predominantly from cognitive-behavioural, emotion-focused, acceptance and commitment, and attachment theory.

Veronique Cyr
(she/her)

B.A. (Université de Moncton), PsyD. (Université de Moncton),
CPNB Resident in Psychology (2022)

Dr. Véronique Cyr is a Resident in Psychology under the

supervision of Dr. David Colquhoun, L.Psych. She works on the acute inpatient mental health unit at the Dr. Everett Chalmers Regional Hospital. In her role, she provides neuropsychological and psychodiagnostics evaluations of in-patients with mental health difficulties or neuropsychiatric disorders. She also provides brief individual therapy to in-patients, as well as occasional out-patient services. Her orientation is primarily cognitive behavioral, and she uses an acceptance and commitment therapy approach in some of her clinical work.

Stan Cassidy Centre for Rehabilitation (SCCR)

Christina Drost
(she/her) B.A. (Saint Thomas University), M.A. and Ph.D. (University of Regina), L.Psych. (2022)

Dr. Drost is currently a psychologist on the Adult Team. She provides assessment and intervention to inpatients and outpatients with neurological injuries and disorders. Her approach to psychotherapy is integrative, with a predominate focus on cognitive-behavioural and dialectical behaviour therapy. Her role on the team also includes providing psychoeducation regarding post-injury coping/adjustment, mood, and cognitive functioning to patients/families, as well as consultation within an interdisciplinary team.

Marie-Claire Paulin
(she/her) Diploma in Health Sciences (Université Sainte-Anne, Church Point, NS) B.A. and Psy.D. (Université de Moncton), L.Psych. (2018)

Dr. Paulin is a relatively new psychologist with the Paediatrics Team. She provides assessment and intervention to children and youth with various neuromotor illnesses and injuries on the Neuromotor Team and additional

consultation to the Autism Team. Interventions can include working with disruptive behaviour, anxiety, pain management, and adjustment concerns, to name a few. Her theoretical orientation is primarily behavioural and/or CBT (often integrated in play) orientations, but elements of mindfulness, motivational, strength-based and/or interpersonal therapies may also be used. These interventions are adapted to the patient's developmental level, needs and interests. Psychoeducation to the patients, their families and other professionals such as school staff is also a big part of the interventions. Dr. Paulin is fluently bilingual.

JoAnne	<i>Residency Training Director</i>
Savoie	B.A. (Saint Thomas University), Ph.D. (University of Ottawa), Post-doctoral
(she/her)	fellowship in Neuropsychology (McLean Hospital, Harvard Medical School), L.Psych. (2000), UNB Clinical Associate

Dr. Savoie is currently a psychologist with the Adult Team. Her primary area of interest is neuropsychological assessments of individuals with neurological injuries and disorders on both an inpatient and outpatient basis. In addition to education to patients/families and consultation with the interdisciplinary team about patient's cognitive functioning, she offers psychotherapy to inpatients to address mood, adjustment and behavioral difficulties. Her orientation is primarily cognitive-behavioral. She is fluently bilingual.

Rebecca	B.A. (Queen's University), M.Sc. (University of Alberta), Ph.D. (University of
Mills	British Columbia), L.Psych. (1999), UNB Clinical Associate
(she/her)	

Dr. Mills is currently a psychologist on the Adult Team. She administers neuropsychological and psycho-diagnostic assessments to those with neurological injuries and disorders. She provides psychotherapy (adjustment, anxiety and mood disorders), pain management, consulting, and behaviour management interventions to groups and individuals in neurological rehabilitation. Her orientation is primarily cognitive-behavioural, with strong interests in psychodynamic, acceptance & commitment, and mindfulness psychotherapies, as well as motivational enhancement/communication.

Addictions and Mental Health Services

Sharon Kincade (she/her)	B.A. (Dalhousie University), M.A. (University of New Brunswick), M.C. (Athabasca/University of Lethbridge/University of Calgary), CCC, L.Psych. (2013)
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Ms. Kincade is a psychologist and a member of the Adult Team at the Fredericton Community Mental Health Centre. Her position involves providing individual therapy and assessments to adults with a variety of mental health issues. Her theoretical orientation draws primarily on cognitive-behavioral, solution-focused, and narrative approaches.

Amy Otteson (she/her)	B.A. (University of New Brunswick), M.A. (McGill University), L.Psych. (2011), UNB Clinical Associate
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Ms. Otteson is a Psychologist on the Child and Youth Integrated Service Delivery Team in the Fredericton area. She works on an interdisciplinary

team providing services to children and adolescents ranging in age from 3 to 21. Her position involves a combination of individual psychotherapy, assessments (cognitive and psycho-diagnostic), family and group interventions (including Multifamily DBT Skills Group for adolescents and their families). Her theoretical orientation is integrative, drawing strongly from cognitive-behavioural and dialectical behaviour therapy approaches. Ms. Otteson is the Team Lead for the Comprehensive DBT Program offered by ISD and has received DBT Intensive Training from Behavior Tech. She has an expertise in issues related to transgender health, is a member of both the World Professional Association of Transgender Health (WPATH) and the Canadian Professional Association for Transgender Health (CPATH), is a founding member of the NB Transgender Health Network and chairs the provincial 2SLGBTQIA+ Diversity and Inclusion Working Group. She enjoys working with gender nonconforming youth and their families.

Elizabeth Gaudet (she/her) B.A. (University of New Brunswick), M.Ed. (University of Alberta), CPNB Resident in Psychology (2020)

Ms. Gaudet is a Resident in Psychology (Interim Member of the College of Psychologists of New Brunswick) under the supervision of Amy Otteson, L. Psych. She works on the Child and Youth Integrated Service Delivery Team in the Fredericton region. In her role, she provides individual therapy and cognitive and psycho-diagnostic assessments to youth in the community. Her approach to psychotherapy is integrative, drawing largely from cognitive-behavioural, dialectical behaviour, and solution-focused therapy approaches. Ms. Gaudet has received the Dialectical Behaviour Therapy (DBT) Foundational Training from Behavior Tech

Catherine B.Sc. & B.Sc. Hons (St. Francis Xavier University), Ph.D. (University of New

Gallagher
(she/her)

Brunswick)

Dr. Gallagher is a Resident in Psychology (in process of registration with the College of Psychologists of New Brunswick) who works under the supervision of Dr. David Colquhoun, L.Psych. Dr. Gallagher works both with the Adult Addiction and Mental Health Services and the Flexible Assertive Community Treatment (FACT) teams. She provides assessment (psychodiagnostic, neurodevelopmental, cognitive), intervention, and consultation. Her orientation is integrative with a predominant focus on cognitive-behavioural, acceptance and commitment, and dialectical behaviour therapies.

Justine MacLean
Legge (she/her)

B.A. (Saint Thomas University), M.A. and Ph.D. (University of Manitoba),
CPNB Resident in Psychology (2022)

Dr. MacLean Legge is a Resident in Psychology (in process of registration with the College of Psychologists of New Brunswick). She works on an interdisciplinary Child and Youth Integrated Service Delivery Team in the Minto and Oromocto areas. She conducts psychodiagnostic and psychoeducational assessments and provides individual and family therapy services for children, youth, and families up to 21 years of age. She also conducts a Circle of Security Parenting group and provides consultation to education staff and other members of the interdisciplinary team. Her theoretical orientation is founded on family systems and attachment theories, and she uses behavioural and emotion-focused approaches, acceptance and commitment therapy (ACT), and eye movement desensitization and reprocessing (EMDR). She is especially passionate about working with families of preschool- and early school-aged children. She is fluently bilingual.

Operational Stress Injury Clinic (OSI)

Lise-Anne Renaud
(she/her) B.A. & M.A. (l'Université Laval), L.Psych. (2000), UNB Clinical Associate

Ms. Renaud is the Clinical Coordinator of OSI. Apart from administrative duties, she provides services to veterans and active members of the military and RCMP. Specifically, she provides psychological assessment, treatment and consultation. She uses Cognitive-Behavioural therapy and is also trained in trauma specific treatment. Specifically, she is a certified consultant in Cognitive Processing Therapy, and is trained in Prolonged Exposure, Accelerated Resolution Therapy and EMDR. She is fluently bilingual.

Eligibility and Application Procedures

At present there are two positions available: one Adult-Focused Track (AFT – Match 185111) and one Child and Youth/Lifespan-Focused Track (CYLT – Match 185112). Applicants can apply to one or both options and will be ranked separately within each Track if applying to both.

Applicants must be from a university-based doctoral-level clinical psychology program. They must have completed their comprehensive exams as well as defended their dissertation proposals. They must have 600 hours of practicum experience, with a minimum of 100 face-to-face assessment hours and a minimum of 100 face-to-face intervention hours (and a minimum of 300 face-to-face clinical hours). They must also have received a minimum of 150 hours of individual, doctoral-level

supervision. Preference will be given to those who have completed a minimum of five integrative reports. Emphasis is also placed on goodness of fit. Applicants looking to develop broad competencies with a variety of populations in keeping with our generalist focus will be given preference. It is recommended that applicants have collected their dissertation data (at a minimum) by the time of application as those who are more advanced in their dissertation work are able to concentrate more fully on their clinical training and graduate soon after Residency. Finally, preference will be given to those in accredited Canadian programs, as well as to Canadian citizens or landed immigrants.

All applications are due by November 15th, 2023, for the 2024-2025 year. We use the APPIC matching procedures (Match Number: 185111). Please complete the APPIC application form including certification by your Director of Training, three written references, current curriculum vitae, complete graduate transcripts, and a statement of clinical experience and interests/goals, which can be included in your cover letter.

In response to the Social Responsiveness Toolkit and in alignment with our values, we aim to offer equitable access to predoctoral training in psychology and to hire interns who represent the diverse populations that we serve. To promote equitable access, we only offer virtual interviews. We also invite you to comment on your own lived experience, clinical and/or research experience with diverse, marginalized or underserved groups. Feel free to tell us in your application if COVID and/or other hardships (e.g., adverse events, extra stressors, financial strain, added caregiving duties, etc.) have impacted your training. Extra consideration will be given to applicants who have faced adversity.

Please direct questions or concerns to:

Dr. JoAnne Savoie, L. Psych.
Training Director,
c/o Stan Cassidy Centre for Rehabilitation,
800 Priestman Street,
Fredericton, NB, E3B 0C7

Canada

Telephone: 506-447-4465

Fax: 506-447-4429

Email: dr.joanne.savoie@horizonNB.ca

Website: www.HorizonNB.ca

Tips for Interviewees

Applicants who are successfully selected for interview will be contacted by email in early December (following the recommended procedures set out by CCPPP). Our interview timeslots will be between December 11-22, 2023. Interviews will be approximately one hour in length during which interviewees will meet with a panel of three psychologists. Interviewees will have the opportunity to meet current interns in a separate virtual Meet and Greet. Interns are not part of the selection committee and conversations between our current interns and the interviewees are completely confidential. A virtual tour is offered with the Training Director, Dr. JoAnne Savoie, following the interview.

Considerations related to COVID-19

Our program understands that the current cohort of applicants may have had disruptions in training related to COVID-19, leaving them with gaps in certain competency areas. We encourage applicants to describe these gaps in their cover letter and elaborate on how they wish to address these gaps during the residency year. The selection committee will be taking this into consideration as we evaluate goodness of fit and preparedness for residency. We anticipate that some applicants will fall short of our usual requirements. Consideration will still be given to these applications and weighed alongside goodness of fit, willingness to work on gaps in training and availability of training opportunities during residency to address these gaps. We are hopeful that transparent communication about this from both parties will allow everyone to make informed decisions about residency and help you move forward in the last stage of your clinical training.