

# Horizon Health NB

## Clinical Psychology Residency Program

Program Brochure 2026-2027

### Match Numbers

Fredericton Adult Track- 185111

Fredericton Child & Youth/Lifespan Track- 185112

Saint John Generalist Lifespan Track- 185113

# TABLE OF CONTENTS

<b>Program Highlights</b>	4
<b>Our Community - Fredericton</b>	5
<b>Our Community - Saint John</b>	7
<b>Horizon Health Network</b>	9
The Dr. Everett Chalmers Regional Hospital (DECRH)	10
The Stan Cassidy Centre for Rehabilitation (SCCR)	11
Addictions and Mental Health Services (AMHS) - Fredericton	12
Operational Stress Injury Clinic (OSI)	12
The Saint John Regional Hospital (SJRH)	13
Addictions and Mental Health Services (AMHS) – Saint John	14
<b>HHNB Clinical Psychology Residency Program</b>	15
Overview	15
Our Philosophy and Mission	17
Social Responsiveness	18
Accreditation	20
Curriculum & Objectives	21
Stipend and Benefits	22
Supervision	23
Physical Facilities/Support Services	24
Evaluation	24
Didactic Sessions	25
Sample Schedule	25
<b>Description of Rotations</b>	27
<b>Overview – Fredericton Region</b>	27
Adult Mental Health – DECRH	29

Adult Health Psychology – DECRH	30
Pediatric Health – DECRH	31
Adolescent Health – DECRH	32
Adult Rehabilitation & Health Psychology – SCCR	33
Clinical Neuropsychology (Adult) – SCCR	34
Cognitive Assessment across the Lifespan - SCCR	35
Pediatric Rehabilitation - SCCR	36
Operational Stress Injury Clinic (Adult Mental Health) – OSI	38
Pediatric Mental Health - AMHS	39
Emerging Adult Mental Health - AMHS	40
Pediatric Mental Health Assessment - AMHS	41
<b>Overview – Saint John Region</b>	42
SJRH Adult Oncology	43
Pediatric Mental Health - AMHS	44
SJRH Pediatric Assessment	45
<b>Faculty</b>	46
List of Faculty at DECRH	46
List of Faculty at SCCR	48
List of Faculty at AMHS - Fredericton	50
List of Faculty at OSI	53
List of Faculty at SJRH	54
List of Faculty at AMHS – Saint John	56
<b>Eligibility and Application Procedures</b>	57
<b>Tips for Interviewees</b>	59
<b>Considerations related to COVID-19</b>	59
<b>Program Statistics</b>	60

# 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 professionals.**

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

Fredericton is the capital city of New Brunswick. We acknowledge that it is the unceded territory of the Wolastoqiyik

Peoples, meaning “*people of the beautiful and bountiful river.*” We recognize historical and ongoing harms from colonization, including forced displacement and cultural assimilation. We commit to centering Indigenous voices and knowledge for culturally responsive approaches. We pledge to foster an inclusive community valuing Indigenous perspectives and engage in partnerships that promote healing, understanding, and empowerment. We aim to build a shared future grounded in justice, reconciliation, and mutual respect, celebrating the rich cultural heritage of the Wolastoqiyik Peoples.



Amenities: The city offers the amenities of a larger city with the feel of a small one. Fredericton boasts clean and quiet streets, community and recreational activities, excellent daycare centres, shopping, theatre and festivals, public transit, and lots of stores and restaurants from which to choose. You will find that Maritime hospitality is like nothing else. Here, you can be one of a kind instead of one of a million. Fredericton is also proud to be home to two universities: St. Thomas University and the University of New Brunswick. All these wonderful amenities are available in an affordable city.



\*Photo credit – Brandi and Staci Person (program alumni)

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.

900 hectares of parkland

154 parks and playgrounds

15 breweries

2 university campuses

88 kms of walk/bike trails

Lots of green space and river views



In the summer, spend your time on the banks of the Wolastoq (Saint John River). Fredericton is home to hundreds of kilometres 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 kilometres 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; 1-hr drive), the St. Martins UNESCO Sea Caves (1.5-hr drive), Saint John (1-hr drive), Moncton (1.5-hr drive), the Hopewell Rocks (2-hr drive), and the Northumberland Strait (the warmest waters north of the

Carolinas; 2-hr drive) are all just a short drive away. Explore Prince Edward Island (3-hr drive), Halifax (4-hr drive), and the Cabot Trail in Cape Breton (6-hr drive) on a weekend trip.

More information:

[www.tourismfredericton.ca](http://www.tourismfredericton.ca)

<https://tourismnewbrunswick.ca/fredericton>

## Our Community: Saint John

Saint John is one of New Brunswick's largest cities with more than 70 thousand people. It sits on the beautiful Bay of Fundy, which boasts the largest tides in the world. Saint John and the surrounding areas of Rothesay, Quispamsis and Grand Bay-Westfield make up a vibrant small city with a maritime heart.



We acknowledge that the lands on which we work are the traditional and unceded territories of the Wolastoqiyik/Maliseet people. As Canada's oldest incorporated city, its history is rich but not without its darker aspects. It was a site where colonization and displacement began, resulting in significant impacts to the Wolastoqey and Mi'kmaq peoples through land loss and cultural disruption. Our program acknowledges these injustices and commits to reconciliation efforts. We commit to centring Indigenous voices and knowledge for culturally responsive approaches. We pledge to foster an inclusive community valuing Indigenous perspectives and engage in partnerships that promote healing, understanding, and empowerment. We aim to build a shared future grounded in justice, reconciliation, and mutual respect, celebrating the rich cultural heritage of the Wolastoqiyik Peoples.



Amenities and activities: Saint John offers a vibrant mix of community and recreational activities for those seeking both urban excitement and natural beauty. Saint John's lively Uptown district has chic boutiques and eclectic shops. Culinary adventure also awaits with everything from artisanal coffee shops to gourmet bistros overlooking the harbor.



Outdoor enthusiasts will relish Harbour Passage, an invigorating waterfront path ideal for morning jogs or leisurely strolls with stunning bay views. Rockwood Park, a sprawling urban green space, offers serene hiking trails, tranquil lakes for kayaking, and scenic picnic spots for relaxing on sunny days.

Cultural lovers can enjoy the Imperial Theatre, a grand venue hosting a diverse array of live performances from classic plays to contemporary musicals. The local community theatre scene also provides intimate, engaging productions showcasing emerging talents. Be sure to visit the historic City Market, one of Canada's oldest farmers' markets. Here, you can explore stalls filled with fresh produce, artisanal goods, and unique local specialties while enjoying the lively interaction with vendors and fellow shoppers. In Saint John, every corner promises new experiences and connections, making it an ideal spot for young professionals eager for a dynamic and welcoming community.



Nearby destinations: Within just 90 minutes of Saint John, you can explore a wealth of captivating destinations. Venture to the charming town of St. Martins, known for its



stunning sea caves and quaint coastal charm. A short drive will take you to the Fundy Trail Parkway and Fundy National Park, where you can marvel at the world's highest tides and hike through forests and rugged coastal landscapes.

For a relaxing beach day, New River Beach offers a serene escape with its sandy shores and gentle waves. It is also where *Race against the Tide* (<https://gem.cbc.ca/race-against-the-tide>) is filmed, where competitors build elaborate sand sculptures on nature's tide clock. Alternatively, immerse yourself in the historic elegance of St. Andrews by-the-Sea, a picturesque seaside town with Victorian architecture and charming boutiques.

If you're in the mood for city excitement, Fredericton and Moncton are just a short drive away. Fredericton boasts a vibrant arts scene and rich history, including annual festivals like the Harvest Music Festival (<https://harvestmusicfest.ca>). Moncton also has shops, restaurants and popular attractions like the Magnetic Hill. It is within a short drive of the Northumberland Strait's stunning coastline and beaches with the warmest ocean waters, north of the Carolinas. Each destination provides unique experiences, all within easy reach of Saint John.

More Information:

<https://www.discoversaintjohn.com/>

<https://tourismnewbrunswick.ca/listing/city-saint-john>

## 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, Upper River Valley, and Saint John regions of the Horizon Health Network. Since we work in public health care, we see a range of diverse clients representing historically marginalized communities.

Interns across sites will have opportunities to meet and learn from each other in various activities, including weekly didactics, and peer and group supervision. Interns also interact as part of professional meetings (e.g., monthly council meeting, training and EDI committees) and learning activities (e.g., supervision journal club).

Our Fredericton Tracks (Adult and Child & Youth/Lifespan) are currently comprised of four settings, all within a 10-minute drive from one another:

Dr. Everett Chalmers Regional Hospital (DECRH)  
Stan Cassidy Centre for Rehabilitation (SCCR)  
Addictions and Mental Health Services centres (AMHS)  
Operational Stress Injury Clinic (OSI)

Our Saint John Generalist Lifespan Track is currently comprised of two settings:

The Saint John Regional Hospital (SJRH)  
Addictions and Mental Health Services centres (AMHS)

## **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 progressive or nonprogressive 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 outpatients. 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://www.youtube.com/watch?v=vt8pSzBr9mc&list=PLsuZvhnL5qV8b-lcTrzngDL8hmuAXNNB5&index=86>

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://youtu.be/n86twED4yho>

## Addictions & Mental Health Services

### (AMHS) – 65 Brunswick St (Fredericton)

There are two AMHS centres in our program (in Fredericton and Saint John), with several satellite/outreach offices in outlying communities.



Psychologists in the Fredericton area are part of interdisciplinary teams and provide services to children, adolescents and their families. 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 counselling), 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). As the only provider of free mental health services in our community, our clientele is diverse and represents several historically marginalized groups (e.g., indigenous peoples, 2SLGBTQI+ folx, newcomers, people experiencing houselessness, people of colour, children in care, people with disabilities, clients with complex mental illness and neurodevelopmental disorders).

## 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.

### **The Saint John Regional Hospital – 400 university avenue (Saint John)**



The Saint John Regional Hospital is the largest tertiary care hospital in New Brunswick and is the primary health care referral centre for this area and to all New Brunswickers for major trauma and cardiac care. The New Brunswick Trauma Program, New Brunswick Heart Centre, and the New Brunswick Stem Cell

Transplant Centre are located within the hospital, as are Radiation Oncology and Nephrology services.

The Saint John Regional Hospital also serves as the centre for Dalhousie Medicine New Brunswick's distributed medical education program. The hospital services a catchment population of 170,000 people from Sussex to St Stephen.

Psychologists working at the SJRH provide assessment, intervention, and consultation to a variety of medical programs including Oncology, Nephrology, Infectious Disease, Bariatric services, and Pediatrics. Psychologists are involved in interdisciplinary teams

within their areas. Services are offered within the framework of psychology professional standards and the code of ethics.

## **Addictions & Mental Health Services (AMHS) – 55 union street (Saint John)**

There are two AMHS centres in our program (in Fredericton and Saint John).

Psychologists are part of interdisciplinary teams and provide services to children, adolescents and their families. 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. AMHS Centres provide addiction services (including detox and outpatient counselling), 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). As the only provider of free mental health services in our community, our clientele is diverse and represents several historically marginalized groups (e.g., indigenous peoples, 2SLGBTQI+ folx, newcomers, people experiencing houselessness, people of colour, children in care, people with disabilities, clients with complex mental illness and neurodevelopmental disorders).



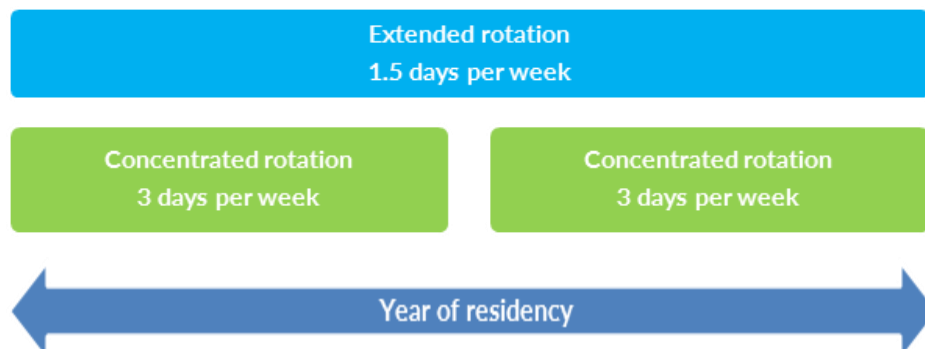
# The Horizon Health NB Clinical Psychology Residency Program

## An Overview

This 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 three positions available: one for an adult-focused trainee in Fredericton (Match 185111), one for a child and youth/lifespan-focused trainee in Fredericton (Match 185112), and one for a generalist lifespan trainee in Saint John (Match 185113).

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 16 psychologists (ten at the doctoral level) and four Residents in Psychology (supervised practice) working in six settings. We are also actively recruiting to fill currently vacant psychologist positions. As a group, we meet approximately once per month to discuss professional issues.

In accordance with their interests, interns can 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 interdisciplinary 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 most 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. We also recognize that the social and political climate in NB and other jurisdictions in Canada continues to oppress diverse groups and infringe on their freedoms. As psychologists, we stand in solidarity with these groups and encourage our interns to identify injustices and advocate for the rights of marginalized people.

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 Toolkit<sup>1</sup>, 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 prioritizes 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

---

<sup>1</sup> CCTC 2020: Social Responsiveness in Health Service Psychology Education and Training Toolkit at <https://cpa.ca/docs/File/Education/CCTC%20Socially%20Responsive%20HSP%20Ed%20Training%20FINAL.pdf>

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 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 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-TR 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 and apply the many other ethical principles by which psychologists must 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 and present their research within the psychology department and at conferences when possible. Research and/or program evaluation project are 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 \$51,600. We offer 3 weeks paid vacation, 13 paid statutory holidays, 5 days of educational leave, 7 paid sick days, and optional extended medical and dental benefits. We will also reimburse moving expenses up to a \$1500 (with receipts for eligible expenses). In addition, interns have access to a \$500 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.).

## 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 year's end, supervision is more consultative in preparation for the transition to independent practice.

Interns will meet weekly with the Residency Training Director to discuss general ethical and professional issues, review evaluations when necessary, and to provide opportunities to 'troubleshoot' any general problems or difficulties. Other faculty will also offer didactic sessions in various professional issues.

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, voicemail, computer access with e-mail and online abstracts are available, and access to Horizon Library Services.

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 bidirectional. 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, midyear and end of the residency to help guide training opportunities. It is expected that each intern will be 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 Director of Training.

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

## Didactic Sessions

Faculty members provide didactic sessions on various topics (e.g., diversity, professional identity, challenging clinical presentations, etc.), 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 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 – Fredericton Region

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

## ADULT-FOCUSED ROTATIONS

### Adult Mental Health

OSI – Ms. L.-A. Renaud or Dr. M. Coleman

DECRH – currently unavailable

AMHS (Adult) – currently unavailable

### Adult Rehabilitation & Health Psychology

SCCR – Dr. C. Drost or Dr. C. Gallagher

DECRH – currently unavailable

Clinical Neuropsychology

SCCR – Dr. J. Savoie

Cognitive Assessment across the Lifespan

SCCR – Dr. J. Savoie and Dr. M.-C. Paulin

**PEDIATRIC-FOCUSED ROTATIONS**

Pediatric Mental Health

AMHS (Child & Youth) – Ms. A. Otteson, Dr. J. MacLean Legge, Ms. E. Gaudet, Ms. P. Dewhirst, or Dr. L. Kabbash

Pediatric Assessment in Mental Health

AMHS (Child & Youth) - Ms. A. Otteson, Dr. J. MacLean Legge, Ms. E. Gaudet, Ms. P. Dewhirst, or Dr. L. Kabbash

Emerging Adult Mental Health –

AMHS (Child & Youth) - 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

Cognitive Assessment across the Lifespan

SCCR – Dr. J. Savoie and Dr. M.-C. Paulin

## Adult Mental Health – DECRH rotation

Potential Supervisor(s): currently unavailable

This rotation is 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 outpatients 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.

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 list.

Intervention: 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.

Diversity: During this rotation, residents will work with patients from rural areas who may have limited access to financial, social, and medical resources. They may have the

opportunity to work with patients with chronic or severe mental health conditions (i.e., psychotic-spectrum and bipolar-spectrum disorders). Additionally, residents may encounter individuals with intellectual disabilities, older adults, members of military and Indigenous communities, and individuals who are newcomers to Canada.

## **Adult Health Psychology – DECRH Rotation**

Potential Supervisor(s): currently unavailable

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, chronic pain, 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 (Upper River Valley and Lower River Valley) and psychological intervention to preschool-aged children may also occur depending on availability and intern interest. Although predominantly outpatient focused, there may be opportunities to provide pediatric health psychology inpatient consultation and brief intervention.

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.

Diversity: On this rotation, interns may have the opportunity to work with children and youth dealing with complex family dynamics, from diverse socioeconomic backgrounds, and with chronic and complex health conditions. Many of the clients may have other diversity considerations such as cognitive, motor, or sensory limitations, gender diversity (i.e., exploring gender expression), or who are newcomers to Canada.

## Adolescent Health - DECRH rotation (extended rotation only)

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

This rotation involves outpatient psychological intervention to adolescents and their families in 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, chronic pain, 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 opportunities 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.

Diversity: On this rotation, interns may have the opportunity to work with youth dealing with complex family dynamics, from diverse socioeconomic backgrounds, and with chronic and complex health conditions. Many of the clients may have other diversity considerations such as cognitive, motor, and sensory limitations, gender diversity (i.e., exploring gender expression), or who are newcomers to Canada.



## Adult Rehabilitation & Health Psychology – SCCR Rotation

Potential Supervisor(s): Catherine Gallagher, Ph.D., L.Psych.  
Christina Drost, Ph.D., L.Psych.

On this rotation, interns work as part of the SCCR interdisciplinary team, which includes nurses, psychiatrists, 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, 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.

Diversity: Interns will have the opportunities to see patients with diverse language profiles (i.e., English as a second language) and cognitive, motor, and sensory impairments. They also travel from rural areas and have limited access to resources (financial, medical, social). Working with our patients often require an individualized and flexible approach to assessment, treatment recommendations and discharge planning.

## **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.

Diversity: Interns will have the opportunities to see patients with diverse language profiles (i.e., English as a second language) and cognitive, motor, and sensory impairments. They also travel from rural areas and have limited access to resources (financial, medical, social). Working with our patients often require an individualized and flexible approach to assessment, treatment recommendations and discharge planning.

## **Cognitive Assessment across the Lifespan – SCCR Rotation**

Potential Supervisor(s):      JoAnne Savoie, Ph.D., L.Psych. (adult assessments)  
   Marie-Claire Paulin, Ph.D., L.Psych. (pediatric assessments)

This rotation includes cognitive or neuropsychological assessment for patients with neurological illness or injury (e.g., traumatic brain injury, stroke, brain tumors, multiple sclerosis, muscular dystrophy, cerebral palsy) across the lifespan. The intern will alternate assessments between children and adults during the rotation. The purpose of the assessment is often to delineate cognitive strengths and weaknesses to facilitate treatment decisions and integration into home, school, or work. The intern will have the opportunity to consult with both the pediatric and adult interdisciplinary teams. Assessments will range from psychoeducational assessments to comprehensive cognitive (neuropsychological) assessment with testing accommodations for patient's cognitive or physical limitations.

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, moderate to severe TBI), and monitoring of cognitive changes related to progressive neurological diseases (e.g., multiple sclerosis, muscular dystrophies), neuromotor illnesses. In the children/youth population, assessments may also be requested to monitor the cognitive impact of brain injuries on the developing brain. 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. The intern will be responsible for completing intake interviews, administration/scoring/interpretation of assessment tools, report writing and communicating results to staff/patients/families.

Diversity: Opportunities to see patients with diverse levels of education, language profiles (i.e., English as a second language), cultures, cognitive, motor and sensory impairments, chronic health illness, disadvantaged socioeconomic status, who are from rural areas, who are 2SLGBTQI+ persons, and other diversity factors that require an individualized and flexible approach to assessment and that must be considered when providing recommendations.

## **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: 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.

Diversity: As we are the only rehabilitation centre in the province, we see young people from all across the province. This also means we are lucky to serve children and families with very diverse profiles in terms of socioeconomic status, level of education, physical or intellectual abilities, spoken language, gender identity, sexual orientation, cultural background, religious and spiritual beliefs.

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

Potential Supervisor(s): Lise-Anne Renaud, M.A., L.Psych.  
Maame Esi Coleman, Ph.D., 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).

Diversity: Interns will learn about the worldviews of veterans and RCMP members, which is influenced by their professional culture, lifestyle, training, and the environments to which they have been exposed.

## Pediatric Mental Health – AMHS Rotation

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

Clinicians work on multidisciplinary teams and collaborate with all partners involved with youth from various government departments (Departments of Health, Justice, Social Development and Education) to coordinate service delivery for students and families. Many mental health services that were traditionally delivered at outpatient community mental health clinics are now being delivered in the school setting by mental health clinicians, including social workers, occupational therapists, nurses and psychologists. The goal of collaborative work between government departments 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. 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 primarily 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, behavioural 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).

Diversity: Since we are directly integrated in public schools, the students we work with are diverse and represent several historically marginalized groups (e.g., indigenous peoples, 2SLGBTQI+ folx, newcomers, people experiencing poverty, people of colour, children in care, people with disabilities, youth with complex mental illness, and youth with neurodevelopmental disorders).

## **Emerging Adult Mental Health – AMHS rotation**

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

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).

Diversity: Our clientele is diverse and represent various communities, including indigenous peoples, 2SLGBTQI+ individuals, newcomers, those experiencing poverty, people of color, individuals with disabilities, and those with complex mental illnesses and neurodevelopmental disorders. Interns will have the opportunity to work closely with these clients, learning how to tailor treatment to adapt to diversity factors.

## **Pediatric Mental Health Assessment – AMHS Rotation**

Potential Supervisor(s):                      Amy Otteson, M.A., L.Psych.,  
   Justine MacLean Legge, Ph.D., L.Psych.,  
   Elizabeth Gaudet, M.Ed., L.Psych.  
   Pendle Dewhirst, M.A., L.Psych.  
   Laura Kabbash, PhD, 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.

Diversity: We receive referrals to assess individuals from several diverse groups including Indigenous students; English second language learners; people experiencing poverty; 2SLGBTQI+ youth; newcomers; racialized students; and youth with complex mental illness, intellectual and learning disabilities, and neurodevelopmental disorders. By recognizing and embracing the diversity of human experiences and tailoring assessments accordingly, we can better support the mental health and well-being of our clients.

## Overview – Saint John Region

HHNB Residency program in Saint John - Generalist Lifespan Track (Match 185113), currently offers rotations in the areas listed below. 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. For those interested in the Saint John Generalist Lifespan Track, interns will complete three rotations to build their lifespan, generalist skills. This will include the following rotations:

Pediatric Assessment (SJRH)	
1.5 days/week all year	
Pediatric Mental Health (AMHS) 3 days/week for 6 months	Adult Oncology (SJRH) 3 days/week for 6 months

## SJRH Adult Oncology (concentrated rotation)

Supervisor: Naomi Giberson, Psy.D., L.Psych.

This rotation will give interns the opportunity to work with patients across the cancer trajectory: diagnosis, treatment, survivorship, or end of life. Patients are seen in both inpatient and outpatient settings. This rotation may include the chance to assist in conducting research on high dose psilocybin-assisted therapy (PAT) for demoralization syndrome (DS) in people with advanced cancer, though the proposed study is still pending approval by the Canadian Cancer Trials Group.

Assessment/Consultation: Assessments are conducted for triaging, treatment planning, and outcome monitoring. There is often individual consultation with multidisciplinary team members and referring physicians, as well as weekly interdisciplinary rounds on the inpatient floor.

Intervention: Interns will gain experience conducting evidence-based interventions (M-CBT, ACT, DBT, MI, EFT, Dignity Therapy, etc.). Common presenting concerns include adjustment to diagnosis, hospitalization, survivorship, or physical changes including but not limited to mastectomies; panic attacks that pose barriers to diagnostic imaging and radiation; fear of cancer recurrence; existential distress; emotion dysregulation; aversion to eating after head and neck radiation; suicidality; medication compliance, smoking cessation; and navigating pseudoscientific beliefs regarding cancer treatments. Psychotherapy is primarily individual, with occasional opportunities to conduct couple or family sessions.

Diversity: Cancer does not discriminate. A diagnosis of cancer often exacerbates the impacts of oppression. This rotation will allow interns to work with adults from 19-91+ years old from an ever-diversifying population of patients in Saint John. This population includes marginalized groups such as immigrants, refugees, people experiencing poverty

and homelessness, persons with disabilities, and members of the 2SLGBTQI+ and BIPOC communities.

## **Pediatric Mental Health - AMHS (concentrated rotation)**

Supervisor(s): Pam Dodsworth, Ph.D., L.Psych.

Clinicians work on multidisciplinary teams and collaborate with all partners involved with youth from various government departments (Departments of Health, Justice, Social Development and Education) to coordinate service delivery for students and families. Many mental health services that were traditionally delivered at outpatient community mental health clinics are now being delivered in the school setting by mental health clinicians, including social workers, occupational therapists, nurses and psychologists. The goal of collaborative work between government departments 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. 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 primarily 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, behavioural 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.

Diversity: Since we are directly integrated in public schools, the students we work with are diverse and represent several historically marginalized groups (e.g., indigenous peoples, 2SLGBTQI+ folx, newcomers, people experiencing poverty, people of colour, children in care, people with disabilities, youth with complex mental illness, and youth with neurodevelopmental disorders).

## **SJRH Pediatric Assessment (extended rotation)**

Supervisor: Robin Patterson, Ph.D., L.Psych.

Pediatric psychology addresses developmental and health/illness issues affecting children, adolescents, and their families. This includes assessment/intervention for developmental disorders, and treatment of behavioural and emotional problems associated with illness. We provide relevant assessment and intervention, work as a team with other medical and rehabilitation professionals and consult community professionals. Our program is involved with inpatients (e.g., eating disorders, feeding, encopresis, psychosomatic illness, and mental health), hospital-based clinics (Feeding Clinic and Developmental Clinic) and outpatients (medical illnesses, health, and developmental concerns).

Assessment: Assessments of children and adolescents with developmental concerns. Assessments for autism spectrum disorder and developmental delays. Toddler and preschool assessments will be completed within a multidisciplinary team.

Intervention: This rotation is focused on assessment. There may be opportunities for cognitive behavioural therapy intervention for children with health psychology concerns.

Diversity: This service works directly with a diverse population and all people, which includes various newcomers' nationalities, people experiencing poverty, children and youth with disabilities and autism spectrum disorder, children and youth with various

medical conditions (e.g., Type 1 diabetes, cancer, cystic fibrosis, arthritis, epilepsy, etc.), and youth as inpatients with complex mental illness.

## Faculty

### Dr. Everett Chalmers Regional Hospital (DECRH)

Leo Berk (he/him)	B.Sc. (Acadia University), M.A. (Queen's University), L. Psych (1998)
----------------------	--

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)
--------------------------	---

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
--------------------------------	---

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. 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 multidisciplinary 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.

Jenna Wright  
(she/her)

B.A. Hons. (Saint Francis Xavier University), Ph.D. Candidate (University of New Brunswick)

Ms. Wright plans to defend her dissertation in summer 2025. She completed her pre-doctoral clinical internship with Horizon in

2023-2024. She offers consultation, performs assessments (psycho-diagnostic and cognitive), and provides therapy for adult inpatients with a variety of medical problems. She currently serves on the surgical, stroke, and rehabilitation units. She also provides services to individuals completing treatment at the hemodialysis clinic. Her primary approach is cognitive-behavioural, including acceptance and commitment therapy. She also uses motivational interviewing and is developing skills in emotion-focused approaches.

## Stan Cassidy Centre for Rehabilitation (SCCR)

Christina      *Residency Training Director*

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

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

Paulin

(she/her)      Dr. Paulin is a psychologist with the Pediatrics 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 Savoie (she/her)	B.A. (Saint Thomas University), Ph.D. (University of Ottawa), Post-doctoral 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.

Catherine Gallagher (she/her)	B.Sc. & B.Sc. Hons. (St. Francis Xavier University), Ph.D. (University of New Brunswick), L.Psych. (2023), UNB Clinical Associate
-------------------------------------	---

Dr. Gallagher is currently a psychologist on the Adult team. She works with both inpatients and outpatients who have neurological injuries or illnesses. She provides individual and group intervention for mood/anxiety, adjustment, grief, coping, pain management, and behavioural management. Assessment includes psychodiagnostic and neuropsychological. Consultation is provided within an interdisciplinary team. Her orientation is integrative with predominant focus on cognitive-behavioural, acceptance and commitment, and dialectical behaviour therapies.

## Addictions and Mental Health Services - Fredericton

Amy Otteson    B.A. (University of New Brunswick), M.A. (McGill University),  
(she/her)       L.Psych. (2011), UNB Clinical Associate

Ms. Otteson is a Psychologist on the Addiction and Mental Health Child and Youth Services 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 (developmental, psychoeducational, psychodiagnostics, cognitive), 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 and has received DBT Intensive Training from BehaviorTech. She has an expertise in issues related to 2SLGBTQI+ populations, is a member of the World Professional Association of Transgender Health (WPATH), is a founding member of the NB Transgender Health Network, and co-chairs

the Provincial 2SLGBTQI+ Diversity and Inclusion Committee. She enjoys working with gender diverse youth and their families.

Elizabeth  
Gaudet  
(she/her)      B.A. (University of New Brunswick), M.Ed. (University of Alberta), L.Psych (2023)

Ms. Gaudet is a psychologist on the Addiction and Mental Health Child and Youth Services team in the Fredericton region. In her role, she provides individual therapy and cognitive and psychodiagnostic 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 and training from the World Professional Association of Transgender Health (WPATH).

Justine  
MacLean  
Legge  
(she/her)      B.A. (Saint Thomas University), M.A. and Ph.D. (University of Manitoba), L.Psych (2023)

Dr. MacLean Legge is a psychologist on an interdisciplinary Addiction and Mental Health Child and Youth Services 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.

Laura  
Kabbash  
(she/her)      B.A. University of British Columbia, Okanagan Campus, Ph.D., University of New Brunswick

Dr. Kabbash completed her PhD in Clinical Psychology at the University of New Brunswick in 2025 and her predoctoral internship at the Children's Hospital of Eastern Ontario in 2023-2024. She currently works as a Resident in Psychology on the Addiction and Mental Health Child and Youth Services team in the Fredericton region. In her role, she provides psychodiagnostic and cognitive assessments as well as therapy to adolescents and their families. Dr. Kabbash has received the Dialectical Behaviour Therapy (DBT) Foundational Training from Behavior Tech and is particularly passionate about working with youth struggling with emotion dysregulation and suicidality. She also has experience working with queer and trans youth and sits on the New Brunswick Trans Healthcare Network.

Pendle  
Dewhirst  
(She/Her)      B.A. St. Francis Xavier University, M.A. Mount St. Vincent University, L. Psych. (2016), UNB Clinical Associate

Ms. Dewhirst has worked as a Psychologist in the New Brunswick Public system since 2013. She began her career as a School Psychologist working with the local school district and has worked with Addiction and Mental Health Child and Youth Services since 2017. She serves children and teens on the Northside of Fredericton, including 2 rural communities. Pendle provides clinical consultation to multiple Mental Health teams, community partners and schools. She completes psychodiagnostic and

psychoeducational assessments and provides therapy to children and youth. Pendle's main area of interest is working with children and teens who have experienced traumatic events. She employs both Trauma-focused CBT and EMDR and follows the ARC model as well as the Neurosequential Model of therapeutics to guide her work. Pendle has a particular passion for supporting foster and adoptive parents. Pendle co-created a parenting course for parents of children with difficult behaviors, which she co-facilitates twice annually. Other areas of interest include the treatment of selective mutism, treating suicidality through the Collaborative Assessment and Management of Suicidality (CAMS) model and treating complex grief presentations in children.

## 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.

Maame Coleman (she/her) B.A. University of Wisconsin -Oshkosh, Ph.D. (Southern Illinois University Carbondale), L. Psych (2025).

Dr. Maame Coleman is a licensed psychologist at the OSI Clinic. She is also fully licensed to provide independent psychological services in Texas, U.S., and worked in a university counseling center for 4 years in Texas. In her current role at the OSI Clinic, Dr. Coleman 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, cognitive process therapy, mindfulness practices, and other trauma-informed treatments.

Rachel Boudreau (she/her) Psy.D. (Université de Moncton), CPNB Resident in Psychology (2024)

Dr. Rachel Boudreau is a resident in psychology. She has recently graduated from the Psy. D. program at Université de Moncton and has begun her psychology career at the OSI Clinic. She provides services both in French and English to veterans and active members of the military and RCMP. Specifically, she provides psychological assessment, treatment and consultation. She mainly uses Cognitive-Behavioural therapy and Cognitive Processing Therapy. She is also planning to soon complete the Accelerated Resolution Therapy training.

## Saint John Regional Hospital (SJRH)

Eve Beals (she/her) B.A. (Oberlin College), M.A., Ph.D. (New School for Social Research), L. Psych. (2011)

Dr. Beals serves on the Nephrology Program, Infectious Diseases Clinic, and Bariatric Surgery Program. She provides outpatient service to infectious diseases patients (typically HIV and/or Hepatitis C positive). She provides both inpatient and outpatient service to patients in the Nephrology program. For the Bariatric Surgery Program, Dr. Beals provides psychological assessments for potential bariatric surgery candidates. She has a predominantly interpersonal and psychodynamic theoretical orientation but includes cognitive-behavioural, Motivational Interviewing, Acceptance and Commitment, solution-focused and mindfulness elements in her approach.

Naomi Giberson (she/her)	B.Sc. (Saint Francis Xavier University), M.M. (University of British Columbia), Psy.D. (Adler University), L.Psych.
-----------------------------	---

Dr. Giberson provides psychological assessment and psychotherapy in both inpatient and outpatient settings at the SJRH. Her theoretical orientation is primarily third-wave cognitive-behavioural (Acceptance and Commitment Therapy, Dialectical Behaviour Therapy, Mindfulness-Based CBT, Motivational Interviewing, etc.). She sits on the Oncology Department's Local Survivorship Committee and Psychosocial Committee. Dr. Giberson is a member of the 2SLGBTQI+ community whose dedication to culturally responsive and gender affirming care is informed by her social justice-oriented graduate training in the multicultural city of Vancouver, BC.

Monica Green-Nissen (she/her)	B.A., M.A. (UNB Fredericton), L. Psych. (1998)
----------------------------------	--

Assessment and intervention for children and adolescents with health or developmental concerns. Multidisciplinary teamwork related to developmental assessments and feeding problems. Population typically includes children and adolescents with autism spectrum disorders, developmental delay, chronic or critical illness, eating disorders and

feeding issues. Interventions include cognitive behavior therapy, motivational interviewing, mindfulness strategies and family interventions.

Robin Patterson	B.Sc. (Dalhousie University), M.A. (University of Toronto),
(she/her)	Ph.D. (Dalhousie University), L.Psych (2007)

Dr. Patterson provides pediatric developmental assessments and outpatient intervention to children and adolescents with medical illnesses and developmental concerns. She also provides inpatient intervention for various health and mental health concerns. Her theoretical orientation is predominately cognitive behavioural and may integrate behavioural, motivational and/or family interventions.

## **Addictions and Mental Health Services – Saint John**

Pamela Dodsworth	BSc, BA, PhD (University of New Brunswick), MSc
(she/her)	(Memorial University of Newfoundland) L.Psych 2003,
	UNB Clinical Associate

Dr. Dodsworth is a Psychologist with the Integrated Service Delivery, Child and Youth Team in the Saint John area. She works on an interdisciplinary team providing services to children and adolescents. Services provided include individual psychotherapy, assessment (psycho-educational and psycho-diagnostic), group interventions, family interventions, and consultation with schools and community partners. Her theoretical orientation is integrated and includes cognitive behavioral, trauma focused therapy, solution focused therapy and Acceptance and commitment therapy (ACT) approaches.



## Eligibility and Application Procedures

At present there are three positions available: one Adult-Focused Track in Fredericton (Match 185111), one Child and Youth/Lifespan-Focused Track in Fredericton (Match 185112) and one Generalist Lifespan Track in Saint John (Match 185113). Applicants can apply to any and all options and will be ranked separately within each Track if applying to more than one.

Applicants must be from an accredited 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. Similarly, applicants who are further ahead in their dissertation (i.e., who have collected their dissertation data by the time of application) are also given preference as they 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, 2025, for the 2026-2027 year. We use the APPIC matching procedures (Match Numbers: 185111, 185112 and 185113). 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. Christina Drost, L. Psych.  
Training Director,  
c/o Stan Cassidy Centre for Rehabilitation,  
800 Priestman Street,  
Fredericton, NB, E3B 0C7  
Canada  
Telephone: 506-452-5991  
Fax: 506-447-4429  
Email: Dr.Christina.Drost@HorizonNB.ca  
Website: [www.HorizonNB.ca](http://www.HorizonNB.ca)

## Tips for Interviewees

Applicants selected for interview will be contacted by email in early December (following the recommended procedures set out by CCPPP). Our interview time slots will be between December 10-23, 2025. Interviews will be about one hour, during which interviewees will meet with two 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 group virtual tour is offered with the Training Director, Dr. Christina Drost.

## 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.

## Program Statistics

HHNB Interns come from the following academic programs:

- ✓ Dalhousie University
- ✓ Lakehead University
- ✓ Memorial University
- ✓ University of British Columbia
- ✓ Université de Moncton
- ✓ University of New Brunswick
- ✓ University of Ottawa
- ✓ University of Regina
- ✓ Concordia University
- ✓ Toronto Metropolitan University

## Where did interns go AFTER RESIDENCY?

20% academic positions  
60% public sector  
20% work on dissertation

## APPLICANT STATISTICS

	F2F Intervention	F2F assessment	Supervision	Support hours	Total	No. of reports
<b>All applicants</b>	413	190	406	858	1631	19
<b>Selected applicants</b>	442	192	330	830	1650	15