THE / LE ROYAL

Predoctoral Residency Program in Clinical Psychology

2027-2028

www.theroyal.ca

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THE ROYAL'S PREDOCTORAL RESIDENCY PROGRAM IN CLINICAL PSYCHOLOGY

LAND ACKNOWLEDGEMENT

The Royal acknowledges with gratitude and humility that our Ottawa campus is located on the traditional, unceded and unsurrendered lands of the Algonquin Anishinaabe People. Traditionally known as "Anishinaabe", the Algonquin are the original inhabitants of a wide swath of territory along the Ottawa River. Since time immemorial, Algonquin Anishinaabe peoples have called this place home, establishing political, social, and economic relationships with one another and with neighbouring Indigenous nations, long before European contact.

We also recognize that The Royal's Brockville campus is located on the traditional unceded, unsurrendered territory of the Wendat, Anishinaabeg, and Haudenosaunee Nations. We honour their longstanding relationships with these lands and waters.

As a mental health care provider whose services extend beyond these locations, we acknowledge the many First Nations, Inuit, and Métis communities we serve. We recognize the ongoing and intergenerational impacts of colonization, including its effects on mental health and well-being. At The Royal, we are committed to listening, learning and working in collaboration with Indigenous communities. Through humility, respect, and accountability, we aim to contribute to a future that is more equitable, inclusive, and healthy for all.

ABOUT THE ROYAL

The Royal is one of Canada's foremost mental illness and addiction treatment, research, and education hospitals, dedicated to supporting individuals aged 16 and older who are living with complex mental illness and addiction. Since opening in 1910, The Royal has grown into a trusted resource for people across eastern and northern Ontario, western Quebec, and Nunavut. With campuses in Ottawa (main and Carlingwood) and Brockville, and clinical teams working directly in homes and communities, The Royal delivers compassionate, evidence-informed care grounded in cutting-edge research, including through its partnership with the University of Ottawa and other academic and community partners. Its integrated model brings together care, research, education, and strategic partnerships to help build a future of recovery.

→ **The Royal's vision is:**
Lives reclaimed from mental illness and addiction.

→ **The Royal's mission is:**
We advance specialized care and strengthen our region's capacity to help people with mental illness and addiction through treatment, research, education and partnership.

→ **The Royal's values are:**
Innovation – We courageously and thoughtfully take risks, experiment, measure, evaluate and scale what works to deliver high-quality, efficient service, including patient-centred care with equitable impact.
Collaboration – We build trust through openness, listen to understand, stay curious and work together to improve.
Accountability – We own and follow through on our actions, act with humble integrity, and

uphold the public trust and professional standards expected in health care.
Respect – We model professionalism, listen deeply and ensure diverse perspectives shape decisions.
Excellence – We hold ourselves to high standards, make data-informed decisions, and commit to continuous quality improvement and transformation in service, care and research.

The ICARE values guide how we treat one another, care for our patients and serve our community. At The Royal, living these values is part of our everyday commitment in how we work, how we lead and how we support each other. Together, we bring them to life through our actions, big and small.

RESIDENCY PROGRAM OVERVIEW

The Royal has a long history of offering high quality, accredited Psychology Residency training across its various clinical programs. The Residency program provides generalist predoctoral training in a specialized mental health and substance use care setting, and adheres to the scientist-practitioner model of training and practice.

The Royal's residency program has evolved from a consortium with The Rehabilitation Centre (until 2005) and was accredited by the Canadian and American Psychological Associations (CPA and APA) in 2006, to span the period of 2005 (its inception) to 2013. A CPA accreditation site visit occurred in the summer of 2013. CPA re-accreditation was granted for a period of seven years from 2012-13 until 2019-2020. In the fall of 2019, we entered the CPA re-accreditation cycle. A site visit was scheduled for spring 2020 but was postponed due to the COVID-19 pandemic. A virtual site visit was completed in January 2021. In June 2021, the CPA granted The Royal a six-year reaccreditation term. The Royal will be entering the CPA re-accreditation process in 2026-27.

For more information on CPA accreditation, please contact their accreditation office. The CPA head office is located at 1101 Prince of Wales Drive, Suite #230, Ottawa, ON, K2C 3W7.

Information regarding The Royal's residency program is also available on The Royal's website. More information regarding the program will be outlined in subsequent sections.

The Royal's residency program uses a multi-track system. For the 2027-28 residency year, The Royal is offering four unique tracks each with one position available (a total of four positions). See track details on page 13. Applicants are welcome to apply to as many tracks as they would like. Applications are accepted from accredited PhD and PsyD clinical or combined clinical and counselling programs.

PHILOSOPHY AND GOALS OF THE PROGRAM

Our Mission: Pursuing excellence in Clinical Psychology Predoctoral Residency Training in a specialized mental health and substance use care setting.

Our Values:

1. The highest ethical standards for training and clinical practice
2. Effective and diverse training experiences that meets the unique training goals of each individual Resident
3. An empowering, professionally enriching, and psychologically safe learning environment

Our Principles:

1. Anchor all training in evidence-based practice
2. Build inter-professional competence
3. Develop confidence and ability filling the multiple roles of a Psychologist
4. Respond effectively with cultural humility to diverse client and system characteristics

Our Goals:

1. To provide breadth and depth of knowledge and experience to develop clinical competence in the following areas: assessment, diagnosis, treatment/intervention, consultation, care planning, therapeutic alliance building and maintenance, measure-based care, and evidence-based practice.
2. To enhance the scientist-practitioner approach by training Residents in program development and evaluation, providing opportunities for exposure to clinical research within our hospital and community settings, and fully integrating evidence-based knowledge and practice in all clinical work.
3. To train Residents to engage competently in the multiple roles of a Clinical Psychologist working within a publicly-funded hospital setting, including clinician, advocate, evaluator/researcher, teacher/supervisor, consultant, administrator, inter-professional team member, and leader.
4. To train Residents on ethical principles and practices as well as relevant legislation so that they practice in a professionally ethical manner as a Psychologist.
5. To train Residents, through a breadth of didactic, experiential, and clinical experiences, to be cognizant of the social determinants of health and health inequalities and to apply cultural humility in their practice as a Psychologist.
6. To support Residents in caring for their own well-being and developing personal-professional balance in their lives that allows them to thrive both within and outside of their roles as a Psychologist.

EDII Mission Statement

With humility, we acknowledge Psychology's contributions to systemic oppression and inequity. More specifically, we acknowledge and take accountability of harms done to Indigenous peoples and communities in Canada on the part of the profession of Psychology. We commit to developing an understanding of our role in discrimination and to identifying and eliminating barriers to training by educating our Psychology Residents and Faculty about equity, diversity, inclusion and indigeneity. Furthermore, we pledge to take meaningful actions as we strive for cultural allyship, humility, and social justice in all aspects of Psychology student and Resident training. These actions would in turn support our profession's commitment towards reconciliation with Indigenous peoples and communities in Canada.

Inclusive Hiring Policy and Workplace

We recognize the historical systemic discriminatory practices leading to the underrepresentation of Black, Indigenous, and People of Colour (BIPOC) within Clinical Psychology. Consistent with our EDII mission statement and commitment to equity, inclusion, diversity, and indigeneity in our organization, the Psychology Training Committee has adopted an inclusive hiring policy to be applied within established APPIC processes and procedures. Where all other aspects of individuals' applications are equivalent with regard to fit for our residency program, individuals who choose to self-disclose that they are a member of a BIPOC community will be given priority in interview selection and in overall ranking. Please see page 52 for "Application Procedure" section for more information.

In addition to applicants from BIPOC communities, we also strongly encourage applications from gender diverse individuals, persons with disabilities, and members of the 2SLGBTQ+ community. The Royal strives to be an inclusive workplace accommodating the diverse needs of staff and volunteers, with physical accommodations such as accessible gender-neutral washrooms, adjustable stand-up desk (in Resident's office), barrier-free parking, and elevators being in place. As part of the onboarding process, Residents will work with the Occupational Health & Safety Services team to identify their unique accommodation needs and to receive ongoing support to have these accommodations (e.g., assistive technology and tools, physical space adjustments, modifications to job tasks) be put in place. The option to receive an ergonomic assessment is available to all Residents in order to optimize their work environment.

Requests for accommodation can be made at any stage of the Residency application and interview process.

STIPEND/ADMINISTRATIVE INFORMATION

Residents receive a stipend of $45,000.00 per annum, which includes four weeks' vacation, 10 education/professional development days, and statutory holidays (including two float days; in lieu of Remembrance Day and Family Day). This stipend is subject to employment insurance and tax deductions. Canadian residents have provincial health benefits. Basic Ontario Health Care Insurance requires three months of residence within the province of Ontario prior to taking effect. Extended health care benefits covering prescription drugs, dental, vision, and paramedical coverages are the responsibility of the Resident. Residents are enrolled in The Royal's Employee Assistance Program (EAP), and benefit from receiving access to health and wellness supports as needed.

Residents are required to obtain professional liability insurance. Residents will be required to have a clear Police Record Check (for the Vulnerable Sector) dated within six months of the residency start date. Any new hires at The Royal (including Psychology Residents), prior to their first day of employment, will be required to provide proof that they have been fully vaccinated, or present supporting documentation of a valid exemption in accordance with the Ontario Human Rights Code. Employment at The Royal will be subjected to the above police record check as well as the occupational health and safety requirements.

PERSONAL-PROFESSIONAL LIFE BALANCE

Maintaining personal-professional life balance is a fundamental skill to develop during the residency year in order to promote health and longevity well into Residents' careers. In recognition of the importance of personal-professional life balance, Residents are expected to work 37.5 hours per week and no more. Moreover, in addition to 20 days paid vacation and statutory holidays, Residents are permitted 10 education/professional development days that they can use during the year for various purposes (e.g., dissertation work or meetings, attending workshops or conferences, or other professional development activities). This request is made to and approved by the Training Committee Executive. Compensation time is provided for residency activities scheduled outside regular work hours (e.g., evening groups). In addition, to ensure the pace of Resident workload promotes quality learning experiences, one half day per week is designated as "flex time" and one Friday per month as an "unscheduled work day". Residents may use this time to work on various clinical training activities, complete readings related to rotations, program development and evaluation project, or catch up on rotation-specific workload (e.g., documentation, chart review). These measures have been implemented to protect Residents' personal-professional life balance and to promote quality learning experiences.

In May 2022, The Royal approved its Disconnecting from Work policy (CORP V 200). The following is an excerpt from this policy:

> *The Royal promotes the health and wellbeing of our staff and encourages and supports its staff in prioritizing their own wellbeing. Disconnecting from work is vital for sustaining a good work-life balance. The Royal recognizes that staff members should disconnect from work outside of their normal work hours, subject to certain exceptions, such as when there is an emergency or an agreement to do so.*

WELLNESS AND SUPPORT

Residents at The Royal can participate in the Wellbeing @ The Royal program, which is a staff-focused program that supports physical, mental, and emotional health across the

organization. The program brings together resources, initiatives, and learning opportunities that promote a safe, healthy, and inclusive workplace — supporting staff to feel well, stay engaged, and do their best work. Through prevention, education, and connection, Wellbeing @ The Royal reinforces a culture where wellbeing is a shared responsibility and part of everyday work life. Some of the program offerings include access to wellbeing spaces (both at the Ottawa main and the Brockville campuses), fitness classes, massage clinic, and the staff peer support program.

Each Resident will also be paired up with a designated Psychology staff member (a staff Psychologist on the Training Committee with whom the Resident will have no evaluative relationship) for the purpose of additional support and mentorship. This support role is separate from the Ombudsperson's role and responsibilities (held by another staff Psychologist who is not presently involved in any Psychology training activities) outlined in the program's due process guidelines.

ENDURING IMPACTS OF THE COVID-19 PANDEMIC

As with many other academic health sciences centres, the COVID-19 Pandemic changed service provision models for mental health and substance use care at The Royal. While we continue to adapt as needed or required, functionally, the majority of clinical programs are engaged in hybrid service delivery with a mix of both in-person and virtual clinical activities. All Residents are supplied with the necessary infrastructure and tools to engage in virtual and in-person clinical activities as well as other residency program requirements.

The Royal takes all necessary precautions to comply with infection control and public health recommendations. This includes providing personal protective equipment (PPE) and training for the use of this equipment where necessary. Residents will be informed of the processes and procedures for the use of PPE, and updated on a regular basis when changes are made.

Although many clinical programs continue to provide virtual services, all of The Royal's staff (including Psychology Residents) are expected to abide by the corporate Working from Home/ Telework Arrangements policy of working on site for a minimum of three full days per week, of which Tuesday and Thursday are mandatory (CORP V 180). This policy is in effect at the time of the publication of this brochure, and may be subject to change at a later date.

HOSPITAL PSYCHOLOGY, ADVOCACY, & RECRUITMENT

The Psychology discipline at The Royal plays a strong advocacy role to ensure the contributions of psychologists are maximized within our publicly-funded hospital. The discipline works diligently and collaboratively with the hospital (including members of the senior leadership team) to address concerns with recruitment and retention, working to full scope of practice, maintaining the valuable role of Psychology within interprofessional teams, and other areas of difficulty present in many publicly-funded healthcare settings in Canada (Hudd et al., 2024). Psychology Residents are welcomed members of the Psychology discipline and are encouraged to attend discipline meetings to observe (and if they would like, participate in) these advocacy efforts. Through these efforts, our hope is that Residents' experiences in our program will encourage them to continue their careers at The Royal as staff Psychologists. We are proud that many former Residents have become colleagues who share our value and commitment for establishing and maintaining a strong Psychology presence in publicly-funded healthcare settings.

CORE CURRICULUM

All training at The Royal is aligned by joint administration, training philosophy, and core curriculum. Although Residents may complete rotations at different sites, peer consultation, group supervision, seminars, and other teaching activities are conducted together either at the Ottawa main campus or virtually. Residents meet at least three times per month on Fridays for peer consultation, group supervision, the residency program seminar series, Ottawa Citywide seminar series, and CCPPP National Training Seminar Series.

Residents are given the opportunity to complete rotations at The Royal's additional campuses (e.g., Carlingwood and Brockville) based on interests and training goals. Residents are responsible for their own transportation and associated transportation costs if they choose to complete a rotation outside of the Ottawa main campus. In certain circumstances, Residents may be eligible to submit claims for mileage.

The residency program provides generalist training to prepare the Resident for practice as a professional Psychologist with an emphasis on specialized mental health and substance use care. Residents will receive training in assessment, intervention/therapy, consultation, inter-professional collaboration, teaching, supervision, as well as program development and evaluation. Residents will have the opportunity to undertake assessment and intervention with inpatients and/or outpatients presenting with a variety of problem areas.

Successful completion of the 1,600-hour residency is contingent on the Resident's ability to consistently demonstrate their knowledge and skills across the foundational and functional competencies (as outlined below) covered within the residency training. By the end of the residency year, it is expected that they have achieved sufficient competence across the various Psychology scope of practice areas at a level ready to begin supervised practice/entry into the profession. All clinical and training requirements are to be completed in accordance with the ethics and standards of practice of our profession. In the event that a resident is unable to demonstrate that they have achieved the competence ready for supervised practice/entry into the profession (in one or more area[s]), the residency year may be extended at the Resident's expense (i.e., unpaid extension).

		Foundational Competencies							
		Individual, social, and cultural diversity	Indigenous intercultural-ism	Evidence-based knowledge and methods	Profession-alism	Interpersonal skills and communic-ation	Bias evaluation, reflective practice	Ethics, standards, laws and policies	Interprofess-ional collaboration and service
Functional Competencies	Assessment								
	Interventions								
	Consultation								
	Supervision								
	Program development and evaluation								

Adapted from the CPA 2023 Accreditation Standards

INDIVIDUALIZED TRAINING PLAN

Recognizing that every Resident has a unique set of knowledge and skills, areas of growth, and training goals, each Resident will develop an individualized training plan at the beginning of the year outlining their planned clinical training and activities that will support their development of the above competencies. This training plan will be developed in collaboration with their primary

rotation supervisor and secondary rotation supervisors, with input from the Director and Assistant Director of Training. The training plan is intended to be a "living document", which means it will be reviewed and refined with the Resident and their supervisors on a quarterly basis, to ensure the Resident's training activities are:

- increasing in complexity;
- developmentally appropriate with the Resident's increasing knowledge, skill, and readiness for autonomy as they progress throughout residency year; and
- well-reasoned and integrated with the Resident's training objectives and career goals, with gaps (e.g., skills and knowledge below expectations, specific training opportunities become unexpectedly unavailable) being addressed proactively.

While The Royal's residency program has historically benefitted from using a core requirement plan approach (i.e., minimum case counts), we have moved away from this to allow for greater flexibility and individually tailored training based on the Resident's skills, interests, and goals. That being said, Residents are expected to engage in three days of clinical work each week throughout the residency year, in order to achieve meaningful clinical training and professional development objectives (and in line with the CPA 2023 Accreditation Standards).

The following includes further guidance and examples of clinical activities as to how Resident will progress throughout the year towards achieving their functional competencies outlined. In addition, Residents will have opportunities to develop their knowledge and skills in Teaching as well as Leadership, Service, and Advocacy, which represent two additional functional competencies that are typically established after entry to the profession.

Assessment:

- The vast majority of the assessments completed will be comprehensive, psychometrically-based diagnostic assessments, integrating information from multiple sources, and with the inclusion of a case conceptualization and/ or a treatment plan
- Residents will be expected to conduct assessments using more than one evidence-based assessment approach (e.g., intellectual and adaptive functioning, psycho-educational, personality and emotional functioning, neuropsychological functioning, or forensic/psycho-legal)
- Residents will formulate and communicate diagnostic information (i.e., presence or absence of a diagnosis/diagnoses) in the context of assessment cases completed

Interventions:

- Residents will carry a case load consisting of longer-term/complex, short-term, and/or brief intervention cases, which will include components such as case conceptualization, treatment planning, evidence-based intervention techniques, measurement-based care, and discharge planning/ termination
- Residents will be expected to deliver intervention services in more than one mode of delivery (e.g., individual and group interventions)
- Residents will be expected to demonstrate competence in at least one evidence-based treatment approach; they are strongly encouraged to engage with interventions that represent more than one theoretical approach
- Residents may formulate and communicate diagnostic information (i.e., presence or absence of a diagnosis/diagnoses) in the context of intervention cases completed

Consultation:

- Consultation is defined as the clinical activity of verbally providing perspectives, recommendations, and/or direction on client care to a third party (e.g., interdisciplinary team member(s), family member(s), community supports, other care providers) involved in

the client's care
- Consultation can be a one-time event (about a specific client or clinical presentation) or ongoing for a period of time (to an individual clinician or a group of clinicians)

Supervision:
- Under the supervision of the supervising Psychologist, Residents will be expected to supervise a practicum student, which is most often arranged in their primary rotation
- Supervision will include activities such as interviewing potential supervisees, supporting the onboarding of the student, developing a supervision contract with the student based on the student's learning goals, supervision meetings, live observations/ asynchronous work reviews, as well as evaluating and providing feedback to the student
- In the (uncommon) event that this is not possible, other experiences designed to help the Resident gain experience in clinical supervision will be arranged

Program development and evaluation:
- A program development and evaluation project may consist of a needs assessment, an evaluability assessment, a formative evaluation, and/ or a summative evaluation of a specific clinical service or an organization-wide initiative
- Residents will work on a program development and evaluation project over the course of the year and typically spend an average of half a day per week throughout the year to complete the program development and evaluation project

Teaching:
- Residents will be expected to prepare and deliver a Grand Rounds presentation for the staff on a topic of relevance to the broader clinician audience at The Royal
- The Grand Rounds topic could include relevant past or current clinical experiences, a specific area of clinical interest, and/ or dissertation-related topics; the topic must be pre-approved by the Director and Assistant Director of Training
- Residents will have additional opportunities to lead seminars intended for their peers on topics of clinical or other professional interests

Leadership, Service, and Advocacy:
- Residents will join and actively participate in at least one hospital committee
- Past committee examples have included Psychology Training Committee, the organization's EDII Committee, and the Research Ethics Board

SUPERVISION

At minimum, Residents receive four hours of supervision per week with a registered Psychologist. Both primary and secondary Supervisors meet weekly with the Resident. The frequency and length of contact is dependent on the Resident's needs and level of development. On some rotations, both individual and group supervision may be offered. In accordance with CPA accreditation standards, up to 25% of residency supervision may be asynchronous.

The style and focus of supervision will largely be dependent on the theoretical orientation of the Supervisor as well as the Resident's past experience and current needs. Supervision is strength-based and developmental in nature. Rotations will begin with an acknowledgement of the skills the Resident brings to the program and identification of Resident training goals or needs in order to develop and refine the Resident's Individualized Training Plan. The actual training experiences will be negotiated based on this starting point through the completion of a Supervision Agreement form.

All primary and secondary Supervisors meet with the Director and Assistant Director of Training on a quarterly basis to discuss Residents' progress, areas of focus, planning of rotations and educational experiences, and continued professional development. Following these quarterly review meetings, consolidated feedback is provided to the Resident to ensure continued open dialogue and bidirectional feedback.

In addition, group supervision of all Residents is provided three times per month by the Director or Assistant Director of Training, a member of the Training Committee, or Psychology staff to allow more varied Supervisor perspectives. Residents present suitable material for discussion, which could include clinical case discussions, topics related to strengthening one's foundational competencies, topics related to Psychology as a discipline within the organization as well as the profession as a whole, or other professional development topics. A maximum of 25% group supervision sessions can be missed due to leave.

TRACKS AND SECONDARY ROTATION ASSIGNMENTS

The Royal's residency program uses a multi-track system. Each track represents the clinical program in which a Resident will complete their primary rotation (two days/week for the duration of the year). Secondary rotations (two six-month rotations each one day/week) are assigned after the APPIC Match, based on Resident interest and the pool of available secondary rotations.

The Royal is welcoming applications to the following four tracks for the 2027-28 residency year:

- Operational Stress Injury Clinic (APPIC Number 183911): 1 position
- Ontario Structured Psychotherapy Program (APPIC Number 183913): 1 position
- Adult General Psychiatry Program (APPIC Number 183914): 1 position
- Substance Use and Concurrent Disorders Program (APPIC Number 183915): 1 position

The following secondary rotations will be available during the 2027-28 residency year:

- Adult General Psychiatry Program
- Centralized Neuropsychology Service
- Community Mental Health Program
- Integrated Forensics Program
- Ontario Structured Psychotherapy Program
- Operational Stress Injury Clinic
- Substance Use and Concurrent Disorders Program/ Transitional Aged Youth Service
- Youth Program

Resident opportunities in each clinical program (as noted in the clinical program descriptions section of the brochure) are often dependent on whether a Resident is completing a primary (track) or secondary rotation in that program.

Applicants are welcome to apply to as many of the four tracks as they would like, indicating their tracks of interest in one cover letter (please **do not** include your rank order preference of primary tracks). Applicants are encouraged to identify their preferred secondary rotations in order of preference. After the APPIC match, the Director and Assistant Director of Training will work collaboratively with the incoming Residents to finalize secondary rotation arrangements based on the Resident's learning goals and preferences as well as supervisor availabilities.

PROGRAM DEVELOPMENT AND EVALUATION

A key goal of the residency program is exposure of Residents to all aspects of the scientist-practitioner model. Increasingly, the role of a hospital-based Psychologist includes engaging in or leading program development and evaluation initiatives; therefore, Residents are expected to complete a program development and evaluation project in pairs (for 2027-28) as part of their training for the year. A small pool of projects will be available for Residents to select from at the beginning of the year, based on the Residents' interests, the Supervisor's evaluation work, as well as the evaluation needs of clinical programs and the hospital. Supervision by a staff Psychologist will be provided for the program development and evaluation project.

Examples of past projects include:

- An evaluability assessment of The Royal's staff EDII-related training.
- Enhancing cultural competence of dual diagnosis services to meet the service needs of

Black, Indigenous, and People of Colour (BIPOC) clients.
- A psychological and behavioural service needs assessment of the Sleep Disorders Clinic.
- A needs assessment exploring the mental health service needs of BIPOC women in the community.

DIDACTIC AND EXPERIENTIAL LEARNING ACTIVITIES

Teaching and training is one of The Royal's strategic priorities as an academic health sciences centre. The Royal is a teaching facility of the University of Ottawa, thereby providing numerous educational opportunities within the School of Psychology, Faculty of Medicine, and other local teaching facilities. Residents participate in a number of educational opportunities including two seminar series outlined below. Additionally, Residents are welcome to attend other Grand Rounds presentations and in-service training sessions on topics of clinical interest and current research.

The Royal's Seminar Series:

The Royal's in-house seminar series is offered exclusively to the residency program's Psychology Residents and provided by The Royal's faculty. Although topics may vary from year to year due to staff availability and Residents' interests, there are two broad categories of topics. The first category of topics is professional development. In previous years, professional development topics have included career planning, post-doctoral fellowships, clinical supervision, as well as ethics and jurisprudence. Secondly, the seminar series addresses topics related to specific clinical and research issues.

The Royal's Psychology staff have specialization in several unique areas of practice and this seminar series capitalizes on this expertise through presentations on topics such as substance use, forensics, sexual offenders, intellectual disability, program development and evaluation, and various therapeutic approaches. Efforts are made to include EDII-related considerations on the different clinical topics discussed. Attendance of The Royal's seminar series is **mandatory**. A maximum of 25% seminars from the series can be missed due to leave.

Citywide Seminar Series:

The Citywide seminar series is conducted in collaboration with other residency/internship sites in the Ottawa area (e.g. University of Ottawa, The Ottawa Hospital, Children's Hospital of Eastern Ontario, Ottawa Carleton District School Board, and private practice settings). The CCPPP National Training Seminar Series is integrated into the Citywide seminar series schedule. Seminars are held typically once per month on Fridays and are presented in-person (at The Royal or other training sites) or virtually.

Past topics have included:

- Child Abuse and Neglect
- Ethics
- Research Informed Psychotherapy
- Psychopharmacology
- Supervision
- Registration and Licensure in Ontario
- Assessing Sexual Health and Functioning
- Working with Clients in High Conflict Divorces
- Professional Boundaries
- Intimate Partner Violence
- Cultural & Individual Differences
- Housing / Social Determinants of Health
- Working with Clients with Diverse Abilities
- Indigenous Peoples and Mental Health
- Sexual and Gender Diversity
- Social Justice and Decolonization

Attendance of the Citywide Seminar Series is **mandatory**. A maximum of 25% seminars from the series can be missed due to leave.

Additional Learning Opportunities:

In order to promote Indigenous interculturalism and reconciliation, as well as to increase Resident's capacity to provide culturally safe and responsive care to Indigenous peoples and members of other equity-deserving populations, Residents will be expected to complete the following learning opportunities:

- Indigenous cultural safety (virtual didactic training)
- *Wabano-win* Indigenous cultural safety (in-person experiential training at the Wabano Centre)
- Respecting gender diversity (virtual didactic training)

Depending on the Resident's interest and availabilities of the training offered during the year, they will also be expected to choose and participate in additional learning activities from a menu of didactic and experiential options. Some potential examples include:

- Didactic options: Inuit Cultural Safety, How to Provide Anti Racist Mental Health Care, 2SLGBTQ+ Foundations Course
- Experiential options: shadowing the organization's Indigenous community engagement activities, volunteering with a local Indigenous organization/ event, shadowing community outreach activities

PSYCHOLOGY RESIDENT WEEKLY SCHEDULE (EXAMPLE)

Monday	Tuesday	Wednesday	Thursday	Friday
Program Development and Evaluation Project	**Primary Rotation**	**Primary Rotation**	**Secondary Rotation**	****Resident Group Day/ Unscheduled Work Day**
***Flex Time**				

***Flex Time**
To be used at the Resident's discretion, which can be used for work including Grand Rounds, didactic and experiential learning opportunities, hospital committee duties, or additional clinical work.

****Resident Group Day**
- Occur three Fridays a month
- Include
    - Program Admin Issues
    - Group Supervision
    - Peer Consultation
    - The Royal's seminars, CCPPP or Citywide seminars
    - Unscheduled Work (to be used as additional flex time)
- One Friday/month is an "**unscheduled work day**" which can be used for various clinical, program development and evaluation project, didactic and experiential learning opportunities and/or professional development activities

DUE PROCESS GUIDELINES

The residency program has Due Process Guidelines that stipulate the steps required to address problematic behaviour. Separate Due Process Guidelines for Resident and Supervisor problematic behaviour have been developed. These guidelines are included in the residency program Training Manual, which will be made available to Residents at the beginning of the year.

Residents will have access to an Ombudsperson (who is a staff Psychologist familiar with Psychology training at The Royal but not currently involved in any training-related activities) as an additional resource for confidential consultations and additional support navigating the due process guidelines (unless the situation requires invoking the limits of confidentiality as specified by the College of Psychologists and Behaviour Analysts of Ontario).

AVAILABLE RESOURCES

The residency program has available dedicated office space, internet access, a facility wide computer network, a computerized workload measurement tracking system, automated voice mail, and laptops equipped with webcams for Residents. Each Resident office is equipped with ergonomic furniture designed to meet the diverse physical needs of our Residents. Residents have access to the Statistical Package for Social Sciences (SPSS) for the program development and evaluation project. The program also has access to a broad range of assessment instruments, educational resources, and audio-visual equipment. Access to additional assistive technology and tools are available for accommodation purposes (in consultation with The Royal's Occupational Health and Safety Services and the Information Technology departments).

The residency program has a Program Coordinator who supports the program including the Director of Training, Assistant Director of Training, and the Residents.

The Royal has a virtual library that supports the information needs of clinicians, researchers and staff. The virtual library contains multiple e-books and collections. The library subscribes to the APA Collection of databases, including PsycInfo, PsycArticles and PsycBooks. It also provides access to Medline, CINHAL, and evidence-based point of care tools such as UpToDate. The Royal's virtual library services also include literature search support, interlibrary loan, and assistance with systematic review search strategies.

TRANSPORTATION

Residents are responsible for work-related transportation (including parking), and for transportation/ parking costs associated with attending Citywide seminars and other local in-person training activities. In certain circumstances, Residents may be eligible to submit claims for mileage.

OTTAWA AND SURROUNDING AREA

The Ottawa Region has a population of approximately 1,400,000. The city is located on the border of Quebec, across the Ottawa River and has the Rideau River and the Rideau Canal flowing through it. Ottawa is a vibrant metropolitan area, with rich ethnic, linguistic, and religious diversity. This is reflected by its multicultural neighbourhoods, cuisines, arts and culture, and annual celebrations such as Odawa Powwow, Capital Pride, Festival Franco-Ontarien, and the Ottawa Lebanese Festival. Many small towns, within an hour of the city, offer historical and recreational interests. On the Quebec side, approximately a twenty-minute drive from downtown there are the Gatineau Hills with ski resorts and an abundance of lakes and wilderness experiences. There are bike paths throughout Ottawa and the Rideau Canal offers boating in the summer and skating in the winter. The city boasts several outstanding museums (e.g., Canada Science and Technology Museum, Canadian Museum of History, Canadian Museum of Nature, Canadian War Museum, and Canada Aviation and Space Museum), the National Gallery of Canada and the National Arts Centre. Ottawa is famous for the vast number of parks within the city, outdoor activities and concerts such as The Jazz Festival, Bluesfest, Folk Festival, Winterlude in February, The Tulip Festival in May, and The Busker Festival in the summer. There are three local universities (University of Ottawa, Carleton University, and Saint Paul University) and several community colleges.

For more information, visit the City of Ottawa website.

BROCKVILLE AND SURROUNDING AREA

Brockville is a historic city of 22,000 in the Thousand Island Region of the St. Lawrence River. It is located between Kingston and Montreal on the Highway 401 and is approximately one-hour driving time from Ottawa. Brockville is a popular tourist area during the summer, particularly for those who enjoy boating, sailing, golf, and outdoor activities. During the summer, it is home to festivals and summer theatre with an open-air Farmers Market. A St. Lawrence College campus is located in Brockville offering a variety of diploma courses, an active Summer School of Art, and a Bachelor of Nursing program. The city is friendly and easily accessible by car and rail. The cost of living is reasonable when compared to larger cities. Brockville is one hour from Kingston and Queen's University, and 45 minutes from Gananoque, another popular summer resort town.

For more information on the City of Brockville, please visit the Brockville website.

CLINICAL PROGRAM DESCRIPTIONS

OPERATIONAL STRESS INJURY CLINIC

2027-28 Availability:

Track (1 position) – APPIC Number 183911
Secondary rotations

Psychologists:

Isabelle Arès, Ph.D., C.Psych.
Sara Caird, Ph.D., C.Psych.
Karis Callaway, Ph.D., C.Psych.
Karianne Dion – Supervised Practice anticipated in 26/27
Gordana Eljdupovic, Ph.D., C.Psych.
Jessie Lund, Ph.D., C.Psych.
Jonah Nadler, Psy.D., C.Psych.
Averil Parker, Ph.D., C.Psych. (Interim Autonomous Practice)
Holly Wilson, Ph.D., C.Psych.

Description of Program:

The Operational Stress Injury (OSI) Clinic is a specialized outpatient program at The Royal – Ottawa campus that serves veterans of the Canadian Armed Forces (CAF), current CAF members who are releasing, and serving members and veterans of the Royal Canadian Mounted Police (RCMP). We also provide services (psychoeducation, nursing-led supportive interventions) to family members. The clinic represents a partnership between The Royal, Veterans Affairs Canada (VAC) and the RCMP, and is a part of a national network of OSI clinics across Canada. An operational stress injury is defined as any persistent psychological difficulty resulting from operational duties performed while serving in the CAF or RCMP. OSIs can include trauma- and stressor-related disorders (e.g., posttraumatic stress disorder, adjustment disorder), anxiety disorders, depressive disorders, and substance use disorders, among others. Other problem areas that may be addressed include emotion regulation difficulties, marital or family relationship difficulties, and challenges associated with re-establishing identity and transitioning to civilian life.

Clinical services are provided on an outpatient basis and are coordinated and delivered by an interdisciplinary team. Psychology staff provide comprehensive assessments for diagnosis, pension, and treatment planning, as well as consultation, and intervention in individual and group formats. For PTSD and other trauma-related disorders, individual evidence-based interventions offered include Prolonged Exposure (PE), Cognitive Processing Therapy (CPT), Written Exposure Therapy (WET), Acceptance and Commitment Therapy (ACT) and Adaptive Disclosure (AD) for moral injury (in addition to other emerging treatments for moral injury, such as Trauma-informed Guilt Reduction Therapy), and idiographic cognitive behavioural therapy. For other presenting problems (e.g., anxiety and depressive disorders), individual treatment is predominantly offered in line with cognitive behavioural therapy, including the Unified Protocol for Emotional Disorders (UP) when treating multiple anxiety and depressive disorders concurrently. If indicated, case conceptualization may suggest the integration of Dialectical Behaviour Therapy (DBT), Emotion-Focused Therapy (EFT), and/or ACT techniques in treatment. Current groups offered at the OSI clinic include CBT for Insomnia (which may include Imagery Rehearsal Therapy for nightmares).

Clinical services are provided both on-site and through telemedicine technology at the OSI Clinic, including the Arnprior and Kingston satellite sites. Outreach/networking services are provided in

locations throughout a broader catchment area (including Pembroke/Petawawa, Gatineau, Kingston, Cornwall, North Bay, and Nunavut). In addition, Psychology staff are actively involved in education, networking, community outreach, research, and program development and evaluation.

Resident Opportunities:

- Clinical assessment (including structured and clinical interviewing, and psychodiagnostic assessment).
- Evidence-based individual and group intervention.
- Consultation with interdisciplinary staff and external agencies.
- Outreach education for external agencies and community providers.
- Program development and evaluation research projects.
- Supervision of a practicum student.

ONTARIO STRUCTURED PSYCHOTHERAPY PROGRAM

2027-28 Availability:

Track (1 position) – APPIC Number 183913
Secondary rotations

Psychologists:

Jacky Chan, Ph.D., C.Psych.
Ryan J. Ferguson, Ph.D., C.Psych.
Kylie Francis, Ph.D., C.Psych.
Nathalie Freynet, Ph.D., C.Psych.
Andrew Kim, Ph.D., C.Psych.
Hilary Maxwell Ph.D., C.Psych.
Michele Todd, Ph.D., C.Psych.

Description of Program:

As a network lead organization for the provincially funded Ontario Structured Psychotherapy (OSP) program, our mandate is to improve access to evidence-based psychological treatments for all Ontarians. Our program has specific objectives for providing culturally safe and competent care to equity-deserving populations, including LGBTQ2S+ and gender affirming care, anti-racist care, and care that is sensitive and responsive to diverse ethnic or cultural backgrounds, including establishing service pathways to address the needs of Indigenous clients and communities in our area.

Our program provides evidence-based Cognitive Behavioural Therapy (CBT) for adults experiencing Posttraumatic Stress disorder (PTSD), Depression, Anxiety Disorders (Generalized Anxiety Disorder, Social Anxiety Disorder, Panic Disorder with/without Agoraphobia, Specific Phobias), Obsessive-Compulsive disorder, and Illness Anxiety Disorder, with PTSD being the most commonly referred primary problem area for treatment. The program uses measurement-based care to monitor outcomes and inform treatment planning. Clients are offered treatment within a stepped care model that includes lower intensity services (self-administered strategies with support from a coach or therapist, Internet-based CBT) to higher intensity weekly individual or group therapy with an OSP clinician. Services are provided on an outpatient basis to clients across the Champlain region; as a result of our large catchment area, many services (therapy, consultation, and teaching) are provided in both in-person and virtual formats (based on client preference or when clinically appropriate).

In addition to intervention, consulting Psychologists also provide assessment, consultation, and training. Comprehensive diagnostic assessments are offered for diagnostic clarification and treatment planning. Consulting Psychologists provide regular, ongoing individual or group consultation to all staff therapists in the program who are licensed Social Workers, Occupational Therapists, Registered Nurses, or Registered Psychotherapists.

Finally, consulting Psychologists also provide CBT training to OSP therapists province-wide through online classes, video seminars, and rating sessions using the Cognitive Therapy Rating Scale-Revised.

Resident Opportunities:

Residents completing a rotation in the OSP program will have exposure to various presenting concerns, as well as opportunities to provide culturally safe and competent care to individuals from diverse ethnic and cultural backgrounds. Specific activities will be discussed with the supervising Psychologist, arranged based on availability, and the Resident's goals for training. Residents may have the opportunity to participate in the following activities during their rotation:

- Provision of evidence-based, **individual psychotherapy** for Posttraumatic Stress Disorder (Prolonged Exposure; Cognitive Processing Therapy; Written Exposure Therapy), Depression, Panic Disorder and Agoraphobia, Social Anxiety Disorder, Generalized Anxiety Disorder, Specific Phobia, Obsessive Compulsive Disorder (Exposure and Response Prevention), and Illness Anxiety Disorder. There are also opportunities to use transdiagnostic interventions (i.e., Unified Protocol) as well as interventions for coping with stress.
- Conduct co-therapy of **CBT groups** (e.g., Depression, OCD, PTSD, and Unified Protocol, as well as specific group adaptations including a CPT group for women, a gender-based violence adapted CPT group, and an LGBTQ-Affirming Unified Protocol Group). Residents would co-lead a group with a supervising Psychologist and may in the latter half of the rotation co-lead a group with an OSP therapist.
- Conducting **comprehensive diagnostic assessments** for diagnostic clarification in order to determine the suitability of OSP services and to inform treatment planning.
- Participate in **weekly interprofessional team intake meetings** to discuss client presenting problems and outcomes of assessment, and treatment planning.
- **Develop clinical consultation skills** through the supervised provision of consultation to interdisciplinary OSP staff therapists; this may include reviewing/rating therapy sessions using the Cognitive Therapy Rating Scale-Revised (CTS-R).
- Possibility of involvement with the **provision of online CBT training** (i.e., co-facilitation of classes with consulting Psychologist).
- For primary residents, opportunities to participate in **supervision-of-supervision** for psychology practicum students.
- Engage in **program development and program evaluation** activities, particularly related to increasing access to culturally safe treatments for equity-deserving groups through relationship building with community partner organizations.
- Access to a 4 day **Intensive Workshop in Prolonged Exposure (PE) Therapy** (for primary residents, opportunities to become PE certified).
- Access to **OSP program additional learning opportunities** (recent examples include LGBTQ2S+ foundations training; anti-racist mental health care; treatment for sexual obsessions in OCD; substance use health considerations).

ADULT GENERAL PSYCHIATRY PROGRAM

2027-28 Availability:

Track (1 position) – APPIC Number 183914
Secondary rotations

Psychologists:

Kelsey Collimore, Ph.D., C.Psych.
Parastoo Jamshidi, Ph.D., C.Psych.

Description of Program:

The Adult General Psychiatry Program (formerly the Mood and Anxiety Program) is a specialty multidisciplinary unit of Psychiatrists, Psychologists, Occupational Therapists, Social Workers, and Nurses. Treatment services are offered to individuals with severe and complex conditions including depressive disorders, bipolar and related disorders, anxiety disorders, obsessive-compulsive and related disorders, trauma- and stressor-related disorders, and personality disorders.

The focus of Psychology in the program is on psychological assessment and the delivery of empirically supported treatments, with emphasis on cognitive-behavioural therapies. The role of Psychology primarily includes provision of Cognitive-Behavioural Therapy (CBT), assessments for treatment, diagnostic assessments, interdisciplinary teamwork, and program development and evaluation. Psychology also provides consultation to other members of the General Adult Psychiatry Program team; as well as, other programs within The Royal.

Clients typically present with high rates of co-morbidity (e.g., mood disorders, anxiety disorders, substance use disorders, personality disorders or traits, sleep disorders, medical conditions and chronic pain, neurodevelopmental concerns such as ADHD, and psychosis) and psychosocial/family issues to consider in the context of service delivery. Services are primarily provided in the outpatient setting.

Resident Opportunities:

- Assessment (including interviewing, assessment for treatment and psychodiagnostic assessment)
- Individual and group CBT and DBT skills training for tertiary patients with primary mood and anxiety difficulties
- Co-facilitation of a psychoeducation group for bipolar disorder drawing on motivational interviewing techniques
- Consultation and team meetings with interdisciplinary staff
- Program development and evaluation research
- Supervision of a practicum student is possible

SUBSTANCE USE & CONCURRENT DISORDERS PROGRAM

2027-28 Availability:

Track (1 position) – APPIC Number 183915
Secondary rotations

Psychologists:

Gretchen Conrad, Ph.D., C.Psych.
Sandra Krause, Ph.D., C.Psych. (Supervised Practice)
Andrew Lumb, Ph.D., C.Psych.
Heather Schultz, Ph.D., C.Psych.

Description of Program:

The Royal's Substance Use and Concurrent Disorders Program provides specialized concurrent disorders care to individuals with complex substance use disorders, moderate to severe mental health disorders, complicated physical health issues, and psychosocial vulnerabilities. Common co-occurring mental health disorders include mood disorders, anxiety disorders, schizophrenia spectrum and other psychotic disorders, obsessive compulsive disorder, posttraumatic stress disorder, attention-deficit/hyperactivity disorder, and personality disorders. Services are tailored to the unique needs of the individuals and communities we serve in Eastern Ontario and beyond. We work as a multi-disciplinary team, including addiction medicine Physicians, Nurse Practitioner, Psychiatrist, Psychologists, Social Workers, Nurses, Pharmacist, Recreation Therapist, Addiction Counsellor, and a Dietician. Our team offers a continuum of services ranging from low to high intensity. Services focus on prevention, harm reduction, and treatment. The population we serve have difficulty accessing services elsewhere.

SUCD provides specialized, evidence-based services to our target clients, as well as to their families and supporters to optimize health and well-being. We aim to provide timely, accessible service to the clients with the appropriate level of intensity. We aim to lead concurrent disorders system integration through partnerships and build regional and provincial system capacity for concurrent disorders care. SUCD strives to be leaders in concurrent disorders care, advocacy, education, training, and research.

SUCD is comprised of several programs:

Assessment and Stabilization Unit (ASU)	For medically managed substance withdrawal
Rapid Access Addition Medicine Clinic (RAAM)	For rapid assessment/intervention for alcohol and/or opioid use
Regional Opioid Intervention Service (ROIS)	Regional model of care for those with opioid use & mental health problems.
Inpatient Concurrent Disorders Unit (CDU/IP)	An intensive inpatient concurrent disorders unit for clients with severe, complex, and active substance use and mental health disorders with significant impairment in functioning
Virtual Concurrent Disorders Service (V-CDS)	An intensive virtual day treatment service for clients with moderate to severe concurrent mental health and substance use disorders.

Transitional Aged Youth Service (TAY)	See below for full explanation
Early Intervention Program (EIP)	School-based program for at risk youth.

TRANSITIONAL AGED YOUTH SERVICE

The Transitional Aged Youth (TAY) Service is currently the only program within SUCD providing training for Doctoral Residents.

The TAY Service provides outpatient community-based support to youth (ages 16-25 years) with moderate to severe concurrent substance use and mental health disorders and complex psychosocial presentations. The TAY Service provides care for up to three years or until the age of 25. The program is multidisciplinary– Psychology, Social Work, Psychiatry, and Addiction Medicine. Services are recovery focused and developmentally appropriate. Services include assessment and diagnoses, medication management, short & long-term, and individual and group therapy.

Training in assessment emphasizes differential diagnosis, case conceptualization, and communication of diagnoses and treatment recommendations. Treatment is highly integrative and may involve the following approaches: Motivational Interviewing, Cognitive Behavioural Therapy, third-wave CBT approaches, Dialectical Behaviour Therapy, Prolonged Exposure Therapy, Cognitive Processing Therapy, and Strength-Based Psychotherapy. The TAY Service offers Residents the opportunity to co-facilitate groups for concurrent disorders (i.e., 12-wk; DBT informed skills). There are weekly multidisciplinary meetings where shared cases are discussed. Residents are encouraged to collaborate with professionals from the different disciplines to coordinate care for each of their clients.

The TAY Service encompasses the Champlain region, collaborating with both urban and rural agencies. The TAY Service has partnerships with other programs within The Royal and with community mental health and addiction agencies for shared care, education, capacity building, and consultation.

CONCURRENT DISORDERS SERVICE

The Concurrent Disorders Service is an intensive concurrent disorders program for clients with severe, complex, and active substance use and mental health disorders. The multidisciplinary team offers concurrent disorders (mental health and substance use) stabilization, assessment, diagnostic clarification, and treatment (individual and group).

Patients entering into this 5-week intensive treatment program receives:

- Individual addiction medicine support from an addictions medicine physician
- Individual case management from a social worker
- Consultation with psychology as needed for diagnostic assessments, consultations for case conceptualization and treatment recommendation, and/or individual therapy
- Daily group-based, structured, evidence-based psychotherapy, including Motivational Interviewing, CBT, DBT skills, relapse prevention skills targeting substance use and mental health problems
- Daily recreation therapy groups
- Individual consultation with a dietician, as needed

The Concurrent Disorders Service is made up of a warm and collaborative interdisciplinary team of healthcare professionals, and psychology is responsible for the mental health component of

clients' care. There are weekly multidisciplinary meetings where all cases are discussed and offer an opportunity for psychologists and psychology residents to consult on the mental health needs of clients and provide suggestions to the team on ways to best accomplish these goals.

Inpatient Concurrent Disorders Unit (CDU-IP)

The inpatient Concurrent Disorders Unit (CDU-IP) is an intensive 5-week inpatient program for those with severe, complex, and active substance use and mental health disorders. The inpatient program is designed for those who require more intensive psychological and/or medical support, attempted residential substance use treatments in the past, have a history of frequent hospitalizations and/or emergency room visits for mental health and/or substance use concerns, and/or those with complex psychosocial needs.

Virtual Concurrent Disorders Service (V-CDS)

The Virtual Concurrent Disorders Service (V-CDS) is the virtual format of the Concurrent Disorders Service, offering an intensive day treatment service remotely. In partnership with rural community partner agencies, the V-CDS program is structured to improve access to concurrent disorders care to those who might not qualify for, or be able to participate in an inpatient or residential treatment of this kind for a variety of reasons. For example, the V-CDS program caters to those living in rural areas, people with demands at home that prevent them from being able to participate in an inpatient program (e.g., childcare, work), less severe/complex presentations that do not require hospitalization).

Resident Opportunities:

Residents will work in the Transitional Aged Youth (TAY) Service and/or the inpatient Concurrent Disorders Unit/Virtual Concurrent Disorders Service, with opportunities for exposure to the other programs within SUCD.

Residents may have the opportunity to participate in the following activities:

- Clinical assessment and differential diagnosis of inpatients and outpatients with complex concurrent substance use and mental health disorders
- Clinical consultation, including opportunities within inpatient and outpatient settings
- Individual and group psychotherapy (Cognitive Behavioural Therapy, Motivational Interviewing, Dialectical Behaviour Therapy)
- Consultation with interdisciplinary staff and range of community service providers
- Interdisciplinary team involvement
- Training and use of electronic medical records
- Involvement in ongoing research and/or program evaluation projects
- When possible, supervision of Psychology practicum students

There are training opportunities available in each of these domains across the TAY and CDS services. Specific resident activities will be determined collaboratively with residents and tailored to meet the specific clinical and professional training goals of our residents.

COMMUNITY MENTAL HEALTH PROGRAM

2027-28 Availability:

Secondary rotations

Psychologist:

Philip Grandia, Ph.D., C.Psych.

Description of Program:

The Community Mental Health Program (CMHP) is an off-site program of The Royal located at the Carlingwood Shopping Centre. There are eight teams/services at CMHP: two Flexible Assertive Community Treatment (FACT) teams, two Flexible Assertive Community Treatment Teams for Persons Dually Diagnosed (FACTT-DD), the Regional Dual Diagnosis Consultation Team (RDDCT), the Psychiatric Outreach Team, Homes for Special Care, and Community Treatment Order coordination. Six of the eight teams have clinical training opportunities for Psychology Residents.

Flexible Assertive Community Treatment (FACT) Teams:

There are four FACT teams at CMHP. The first FACT team offers services to persons with a diagnosis of schizophrenia and concurrent disorders. The second FACT team offers services to persons with a broader range of mental health diagnoses. There are also two FACT teams that provide services for Persons Dually Diagnosed (FACT-DD). These teams deliver specialized services to adults with comorbid intellectual disability and mental illness; one team is based in Ottawa and the other in Brockville. Both teams offer an extended model of community-based care.

The FACT and FACTT-DD teams are community-based interprofessional teams of mental health professionals working in partnership with clients living in the community with serious and persistent mental illness often with histories of hospitalization. FACT teams and FACTT-DD teams promote recovery, improved quality of life and assist clients in achieving their goals through supportive treatment and rehabilitation. Individualized treatment and rehabilitation plans are developed with each client. The teams offer after-hours emergency services for clients. Services offered include assessment, psychosocial and behavioural interventions, concurrent disorder services, rehabilitation planning and promotion of recovery, medication prescription, education, monitoring and advocacy. In addition to these services, the FACTT teams also offer less intensive case management services.

Clinical activities on these teams involve a substantial degree of collaboration and consultation with other disciplines including Psychiatry, Nursing, Social Work, Behaviour Therapy, Occupational Therapy, Recreation Therapy, Community Mental Health Workers, Developmental Service Workers and Peer Specialists. The role of Psychology includes the provision of services in diverse areas of assessment, differential diagnosis, case conceptualization, consultation, treatment planning, individual therapy and group therapy (at times), education to care provider networks, advocacy, interprofessional team work and the direction of clinical evaluation research. Psychology also provides supervision to Behaviour Therapists on the dual diagnosis and FACT teams.

Resident Opportunities:

Specific activities will be arranged based on availability and Resident's goals for training.

Residents may have the opportunity to participate in the following activities:

- Comprehensive case conceptualization to inform treatment planning
- Assessment (psychodiagnostic, intellectual and adaptive functioning, mental health, personality, systems)Individual or group psychotherapy (cognitive-behavioural, dialectical behaviour therapy, interpersonal, systemic therapy)
- Consultation with interprofessional staff and range of community service providers
- Interprofessional team involvement
- Education and treatment plan development
- Involvement in ongoing research and/or evaluation research projects
- Residents may supervise a Psychology practicum student

Regional Dual Diagnosis Consultation Team:

The Regional Dual Diagnosis Consultation Team (RDDCT) offers services to older adolescents and adults with an intellectual disability and mental health difficulties. This is a specialized team based on an eight-week consultation model. RDDCT provides multidisciplinary clinical assessments, consultation, education and treatment recommendations for the persons with a dual diagnosis. The team serves the residents of the Champlain Local Health Integration Network that includes both urban and rural catchment areas.

Services are provided mainly in the community in which the client resides. Clinical work involves a substantial degree of multidisciplinary team work and consultation with other disciplines including Psychiatry, Nursing and Behaviour Therapy. The role of Psychology includes the provision of services in diverse areas of assessment, differential diagnosis, consultation, treatment planning, education to care provider networks, advocacy, multidisciplinary team work and the direction of clinical evaluation research.

Resident Opportunities:

Specific activities will be discussed and arranged based on availability and Resident's goals for training.

Residents may have the opportunity to participate in the following activities:

- Clinical Assessment (psychodiagnostic, intellectual and adaptive functioning, mental health, personality, systems)
- Consultation with interprofessional staff and a range of community service providers
- Interprofessional team involvement
- Education and treatment plan development
- Involvement in ongoing research and/or evaluation research projects

Psychiatric Outreach Team:

The Psychiatric Outreach Team offers services to adolescents and adults who are homeless or at

risk of homelessness who have a severe and persistent mental illness including a concurrent disorder (addictions and mental illness). The team provides direct client service and consultation and education to its broad range of community partners. Community partners include emergency shelters, rooming houses, residential care facilities, drop-in centers and community health centers in Ottawa and Renfrew County. Clinical work involves a substantial degree of interprofessional team work and consultation with other disciplines including Addiction Specialists, Psychiatry, Nursing, Social Work, Occupational Therapy and Recreation Therapy. The team uses an outreach consultation model to provide assessment, short-term treatment and limited emergency intervention services within the partner agency locations. The role of Psychology includes the provision of services in diverse areas of assessment, differential diagnosis, consultation, treatment planning, education to care provider networks, advocacy, interprofessional team work and the direction of clinical evaluation research.

Resident Opportunities:

Specific activities will be discussed and arranged based on availability and Resident's goals for training.

Residents may have the opportunity to participate in the following activities:

- Clinical assessment (psychodiagnostic, intellectual and adaptive functioning, mental health, systems) within a community setting
- Clinical consultation (within a community and often inter-agency setting)
- Consultation with interprofessional staff and a range of community service providers
- Interprofessional team involvement
- Education and treatment plan development
- Involvement in ongoing research and/or evaluation research projects
- Residents may supervise Psychology practicum student

CENTRALIZED NEUROPSYCHOLOGY SERVICE

2027-28 Availability:

Secondary rotations
Tertiary rotations (i.e., opportunities for Neuropsychological Assessment cases outside primary and secondary rotations)

Psychologist:

Nerehis Tzivanopoulos, Psy.D., C.Psych.

Description of Program:

Following a centralized service model, the Centralized Neuropsychology Service provides comprehensive neuropsychological assessments to youth and adult inpatients and outpatients across a variety of hospital programs. Referrals are prioritized.

Resident Opportunities:

Neuropsychology offers Residents exposure to the comprehensive neuropsychological assessment of psychiatric disorders. The Resident will gain comfort with all aspects of the evaluation including clinical interviewing, test selection, administration and scoring of tests, provision of feedback to clients, families, and multidisciplinary teams, and report-writing. Residents will also gain experience in differential diagnosis.

Typical referral questions:

1) Providing a differential diagnosis (e.g., is the etiology of cognitive deficits associated with psychiatric illness or a neurodegenerative process?)
2) Providing diagnostic clarification, treatment, and rehabilitation recommendations
3) Addressing return to work/school issues in the context of mental illness

Didactic training in the form of short readings related to the ethical considerations in the delivery of neuropsychology services and attendance at some Psychiatry Rounds may also form a part of the rotation. Since consultations are requested from throughout the hospital, the Resident would play an important role in selecting the cases that best suit their training needs.

Please note: The residency program does not, at this time, offer the breadth and depth of training in neuropsychology to equip Residents for post-residency competency in neuropsychology.

INTEGRATED FORENSIC PROGRAM
(OTTAWA AND BROCKVILLE CAMPUSES)

2027-28 Availability:

Secondary rotations

IFP – Ottawa

Psychologist:

Jessie Doyle, Ph.D., C.Psych. (Supervised Practice)

Description of Program:

In partnership with the judicial system, community agencies and stakeholders, the **Integrated Forensic Program (IFP) – Ottawa** offers services aimed at addressing psycho-legal needs for patients with complex, co-occurring disorders who are involved in the criminal justice system, and primarily the forensic mental health system (FMHS). The Ontario Review Board (ORB) runs parallel to the FMHS. The ORB is the independent tribunal established under the Criminal Code of Canada that issues and reviews Dispositions for individuals found Not Criminally Responsible (NCR) on account of mental disorder or Unfit to Stand Trial.

Within the **IFP-Ottawa**, the role of psychology includes contributing diagnostic, personality, and malingering evaluations to court-ordered assessments, psychological risk assessments (violence, general recidivism), general diagnostic clarification assessments, development and implementation of RNR-based programming, psychotherapy groups, individual psychotherapy for complex and high risk/high needs patients, consultation, and interprofessional teamwork. Empirically supported treatments for forensic patients are prioritized in the provision of psychotherapy and are forensically-relevant. Psychology is also highly involved in generating and contributing to various programs of research and education.

Forensic Inpatient Services

The **Inpatient Forensic Assessment Unit (FAU)** is a 21-bed secure unit that provides court-ordered assessments for fitness to stand trial and criminal responsibility to adults. The goals of the service are to 1) complete a specialized, comprehensive interprofessional court-ordered assessment that clarifies issues of fitness for trial and criminal responsibility to the Court, and 2) to stabilize clients under the purview of the Ontario Review Board (ORB) as required.

The **Inpatient Forensic Rehabilitation Unit (FRU)** is a 25-bed secure unit that provides specialized comprehensive interprofessional assessment, treatment and psychosocial rehabilitation within a Risk-Need-Responsivity (RNR) and mental health recovery framework. Services are provided to adults who have been found NCR or Unfit to Stand Trial. The goals of the program are to reduce risk to self and others, reduce symptom distress, increase psychosocial skills and coping strategies, and successful community reintegration.

Forensic Outpatient Services

The **Forensic Outpatient Assessment and Rehabilitation Service** provides assessment, treatment and psychosocial rehabilitation within a RNR and mental health recovery framework.

Services are provided to adults who have been involved in the criminal justice system and whose functioning and legal status allows them to live in the community. The goals of the service are to provide specialized comprehensive interprofessional assessment and recommendations to the Court, provide treatment and rehabilitation to reduce symptom distress, increase psychosocial skills and coping strategies, and to improve overall well-being to maintain successful community living. Longer-term desired outcomes include reduced recidivism, decreased hospital re-admissions and eventual discharge from the Integrated Forensic Program (IFP).

Specialized Forensic Clinics

The **Sexual Behaviours Clinic** provides specialized comprehensive interdisciplinary assessment and treatment within a community mental health recovery framework. Services are provided to individuals who have been, or are at risk of being, involved in the criminal justice system because of their sexual behaviour. The goals of the clinic are to provide assessment and treatment to manage the sexual behaviour-related problems, reduce symptom distress, increase psychosocial skills and coping strategies, and to improve overall well-being to maintain successful community living. Longer-term desired outcomes include reduced recidivism, prevention of hospital admissions and eventual discharge from the Integrated Forensic Program (*a rotation is not offered in the Sexual Behaviours Clinic*).

The **Family Court Clinic** provides court-mandated specialized comprehensive interprofessional assessment of families, children and adolescents. The goal of the clinic is to provide the Court with recommendations that promote the mental health and well-being of the families, children and adolescents seen at the clinic (*a rotation is not offered in the Family Court Clinic*).

Resident Opportunities:

Specific activities will be discussed and arranged based on Supervisor availability and Resident's goals for training.

Residents may have the opportunity to participate in the following activities:

- Diagnostic, personality, malingering, and violence risk assessment
- Consultation for psychiatric assessments of fitness or criminal responsibility
- RNR-informed group psychotherapy
- Individual psychotherapy
- Consultation with and for interprofessional staff
- Interprofessional team involvement (e.g. clinical team meetings and case conferences)

IFP – Brockville

The Integrated Forensic Program at the Brockville campus of The Royal is comprised of two services:

1) The **Forensic Treatment Unit**, a 64-bed inpatient mental health facility with also outpatient service, which serves a forensic population of individuals with serious mental illness who have come into conflict with the law; and

2) The **Secure Treatment Unit**, a 100-bed provincial correctional facility, which serves a corrections population of individuals with serious mental disorders who are serving sentences of less than two years.

FORENSIC TREATMENT UNIT (FTU):

Psychologist:

Allison Leeming, Ph.D., C.Psych. (Supervised Practice)

Description of Program:

The Forensic Treatment Unit (FTU) at the Brockville campus of The Royal primarily provides treatment to forensic patients with a range of clinical conditions, particularly severe mental illnesses such as schizophrenia, schizoaffective disorder, or bipolar disorder; as well as, severe personality disorders (e.g., borderline personality disorders, antisocial personality disorders); dual diagnoses (i.e., intellectual deficits and an axis I disorder) or neurological conditions (i.e., dementia, severe head traumas). Those diagnoses are often concomitant with a diagnosis of a substance use disorder. This offers the possibility to assess and treat a variety of different clinical conditions. As such, applicants from both clinical and forensic (adult) backgrounds will benefit from this rotation.

The FTU program in Brockville provides inpatient services on units with different levels of security; as well as, services to outpatients who have re-integrated into the community. For all units, clinical work is carried out within an interdisciplinary framework, and Psychology works closely with Psychiatry, Social Work, Occupational Therapy, Family Medicine, Nursing, Recreational Therapy, Vocational Therapy and Pastoral Care. Team discussion and decisions are made at monthly case conferences. The role of Psychology includes conducting assessments, developing group programming, providing individual and group psychotherapy; as well as, offering consultation, advocacy, program evaluation, and conducting research projects.

A rotation within the Forensic Treatment Unit would provide the Resident with a well-rounded experience in Clinical Psychology; as well as, forensic assessment and treatment for a wide range of clients and primary diagnoses. Specific activities can be negotiated based on Resident interests, goals and schedule, depending on clinical demands.

Resident Opportunities:

- Clinical Assessments (including psychodiagnostic assessments; comprehensive psychological risk assessments; psychoeducational assessments; personality assessments, assessment for malingering).
- Individual psychotherapy using evidenced based modalities (such as CBT, DBT, PE, CPT)
- Group psychotherapy (e.g., CBT for Psychosis; DBT skills training groups).
- Ongoing forensic and clinical research, including assistance with evaluation research.

SECURE TREATMENT UNIT (STU):

Psychologist:

Andrew Gray, Ph.D., C.Psych. (Supervised Practice)

Other Psychology Staff:

Alison Davis, M.A., Psychometrist

Emily De Souza, M.A., Psychometrist
Nicola Mussett, M.A., Psychometrist

Description of Program:

The STU is a 100-bed facility for provincially sentenced, mentally disordered offenders (MDOs). Similar to the FTU, individuals present with a range of mental illnesses, such as schizophrenia, bipolar disorder, mood disorders, personality disorders, and dual diagnoses. This provides an opportunity to assess and treat a variety of clinical conditions along with factors relevant to reducing risk of recidivism. The STU has four 25-bed units (for a total of 100 MDOs): The **Assessment and Stabilization Unit**, **Sexual Disorders Unit**, **Aggressive Behaviour Modulation Unit** and **Trauma Disorders Unit**. MDOs typically have multiple diagnoses and all services are provided on an inpatient basis. The average length of stay for MDOs is approximately 5-months. The services provided include assessment and treatment targeting PTSD, ADHD, substance use, effective relationships, anger management, domestic violence, sexual disorders; as well as, antisocial thinking, and other relevant mental health needs. Considerable emphasis is placed on group therapy.

Clinical work involves an interdisciplinary team approach (Psychology, Psychiatry, Social Work, Family Medicine, Nursing, Occupational Therapy, Addictions Counseling, Recreational Therapy, Vocational Therapy and Pastoral Care). The provision of all services is empirically-based and ongoing research continues to evaluate many aspects of the tasks at the STU. Interdisciplinary case conferences are held weekly.

Resident Opportunities:

- Clinical Assessments (including psychodiagnostic assessments; comprehensive psychological risk assessments; personality assessments, assessment for malingering).
- Group psychotherapy (e.g., anger management, reasoning and rehabilitation, self-regulation for sexual offenders, groups to address domestic violence).
- Ongoing forensic and clinical research, including assistance with evaluation research.

YOUTH PROGRAM

2027-2028 Availability:

Secondary rotations

Psychologist:

Eamon Colvin, Ph.D., C.Psych.

Description of Program:

The Youth Program is an intensive and specialized psychiatric and mental health program offering consultation, assessment, and multi-modal treatment services to youth (16 to 24 years of age), and their families. This is a generalist program that focuses on youth with complex moderate to severe mental health concerns, often with multiple comorbidities.

The Youth Program offers a stepped-care approach, with a full continuum of services: Inpatient, Partial Hospitalization, Day Treatment (Section 23 McHugh School), and Outpatient services.

Inpatient Unit

This is a nine-bed unit for youth who have serious mental health concerns, and are unable to function in less-controlled environments or with their families. As part of an interdisciplinary team, the Psychologist on the unit provides consultation, brief assessments, and brief intervention.

Youth Partial Hospitalization Unit

This is a full-day intensive group treatment program serving up to 10 youth who attend four days per week. It provides comprehensive treatment by an interdisciplinary team for youth with serious psychiatric difficulties; YPHU participants require intensive treatment but are able to live outside hospital. Youth can have access to a teacher while in YPHU if they are interested in continuing their education while receiving treatment.

Adolescent Day Treatment Unit (Section 23 McHugh School)

The Adolescent Day Treatment Unit (ADTU) is a community-based program housed in an independent unit within a regular high school setting (Brookfield High School). The ADTU service is run in partnership with the M.F. McHugh Education Centre. ADTU serves a population of up to 22 adolescents 13 to 18 years of age who have psychiatric and/or serious emotional problems that interfere with their ability to participate in a regular school curriculum. The program is designed to be rehabilitative, so that youth may return to a regular school or work setting following two semesters within this therapeutic setting. There is currently no Psychologist working at ADTU, though there may be opportunities for Residents to get involved.

Youth Outpatient Service

The Youth Outpatient program provides individual and group psychotherapy and case management to youth. It is common for youth to be invited to attend a range of groups (DBT, Transdiagnostic Anxiety, Executive Functioning, Sensory) alongside psychotherapy, case

management, and psychiatric follow-up. Given their complexity, youth are often attached to multiple interdisciplinary team members. The role of psychology on the team is typically to provide psychotherapy to diagnostically complex cases, complete assessments, and provide consultation to team members working with diagnostically complex cases to provide support in case consultation and education about specific psychotherapy techniques.

Resident Opportunities:

- Residents have the opportunity to work in any of the 4 components of our program; having additional access to the Psychology discipline would be welcome by the interdisciplinary team.
- Residents function as members of interdisciplinary teams including Psychology, Psychiatry, Social Work, Nursing, Occupational Therapy, Recreation Therapy, and Child and Youth Counselling.
- Residents may gain experience in individual and group psychotherapy, consultation, and assessment.
- Opportunities for Residents will be available on the basis of their expressed interests and level of clinical expertise.

PROGRAMS WITH NO TRAINING OPPORTUNITIES 2027-2028

At the time of posting this brochure, the availability of training opportunities in the following clinical program is uncertain for the 2027-28 residency year. Please contact the Director of Training if you have a strong interest in completing training in one of these clinical programs.

- Geriatric Psychiatry Program
- Integrated Schizophrenia Recovery Program

THE ROYAL'S PSYCHOLOGY RESIDENCY PROGRAM

SUPERVISORY FACULTY AND ADDITIONAL PSYCHOLOGY STAFF

Isabelle Arès Ph.D., C. Psych., University of O014
Program: Operational Stress Injury Clinic

Clinical Orientation:
Evidence-based assessment and intervention for posttraumatic stress disorder and other trauma-related symptoms, in addition to mood disorders, anxiety disorders, substance use disorders, and insomnia. Interventions include trauma-focused therapies (i.e., cognitive processing therapy, prolonged exposure, written exposure), cognitive behavioural therapy, dialectical behaviour therapy, motivational interviewing, and relapse prevention. Competency in clinical, health, and rehabilitation psychology. Special interests in trauma, chronic pain, eating disorders, borderline personality disorder, and concurrent substance use disorders.

Sara Caird Ph.D., C.Psych., University of Western Ontario, 2016
Program: Operational Stress Injury Clinic, Kingston site

Clinical Orientation:
Dr. Caird provides evidence-based assessments for RCMP members and CAF veterans. She also provides evidence-based therapy for a variety of psychological disorders (e.g., PTSD, mood, anxiety, insomnia, OCD-related disorders, concurrent substance use) using a cognitive behavioural approach. She is trained in a variety of ESTs for PTSD (e.g., PE, CPT, CBCT, WET, DBT-PE), as well as the Unified Protocol, and has extensive training and experience with DBT and regularly facilitates the DBT Skills Group. She provides supervision as part of the Royal Residency program and is an Adjunct Clinical Supervisor at Queen's University. Dr. Caird has competencies in Clinical, Counselling, and Health Psychology with Adults and Couples.

Please note that Dr. Caird works out of the Kingston OSIC site and is therefore only available for virtual supervision.

Karis Callaway Ph.D., C. Psych, Western Michigan University, 2019
Program: Operational Stress Injury Clinic

Clinical Orientation:
Dr. Callaway offers evidence-based, comprehensive psychodiagnostic assessment and treatment interventions (e.g., Prolonged Exposure, Cognitive Processing Therapy, Written Exposure Therapy) for Posttraumatic Stress Disorder and other trauma-related symptoms, in addition to mood and anxiety disorders and co-occurring substance misuse. She maintains a special interest in addressing military- and law enforcement-related moral injury through emerging treatments such as Acceptance and Commitment Therapy for Moral Injury, Adaptive Disclosure and Trauma Informed Guilt Reduction Therapy. Working from a behaviourist perspective, Dr. Callaway's practice also utilizes Dialectical Behaviour Therapy, Motivational Interviewing, Behavioural Activation, ACT and Cognitive Behavioural Therapy for Insomnia as needed.

Jacky Chan Ph.D., C.Psych., University of Ottawa, 2022
Program: Ontario Structured Psychotherapy Program

Clinical Orientation:
Dr. Chan provides clinical consultation, supervision, and teaching of Cognitive-Behavioural Therapy (CBT). He conducts comprehensive psycho-diagnostic assessments and provides individual and group CBT treatment for adults with mood, anxiety, obsessive-compulsive, and trauma-related disorders. Dr. Chan's therapeutic approach is primarily CBT, and he integrates Dialectical Behavioural Therapy (DBT) and Motivational Interviewing techniques in his practice. His professional interests include expanding access to care for equity-deserving community groups (e.g., members of the 2SLGBTQ+ community, Indigenous Peoples in Canada, racialized people, and immigrants/refugees), collaborative relationship building with community stakeholders, and psychology training and advocacy.

Kelsey Collimore Ph.D., C.Psych., University of Regina, 2011
Program: Adult General Psychiatry Program

Clinical Orientation:
Cognitive-behavioural. Special interest in evidence-based practice and empirically-supported therapies for anxiety, obsessive-compulsive, depressive, bipolar, and trauma and stressor-related disorders.

Dr. Collimore is the Professional Practice Leader for the Psychology discipline.

Eamon Colvin Ph.D., C.Psych., University of Ottawa, 2023
Program: Youth Program

Clinical Orientation:
Individual and group psychotherapy using CBT, DBT, for a wide ranging of mental health concerns including: depression, anxiety (generalized, social), obsessive-compulsive disorder, bipolar disorder, borderline personality disorder, co-morbid neurodevelopmental disorders, co-morbid substance disorders, and psychosis. Consultation with allied health professionals about psychotherapy implementation and case conceptualization. Diagnostic assessments to provide treatment recommendations to team members.

Gretchen Conrad Ph.D., C.Psych., University of Ottawa, 1996
Program: Substance Use and Concurrent Disorders Program - Transitional Aged Youth (TAY) Service

Clinical Orientation:
Assessment & diagnosis, consultation, treatment planning, individual and group therapy, Cognitive-Behavioural Therapy, program development and evaluation. Special interest in community liaison and collaborations, substance use, early intervention, psychosis, attachment, Health Psychology, and health behaviour change.

Alison Davis M.A. Psychology, RP, Carleton University, 1997
Program: Secure Treatment Unit, Brockville Mental Health Centre

Clinical Orientation:
Cognitive-Behavioural. Assessment and treatment of mentally disordered offenders. Special interest in sex offender populations.

Hans DeGroot Ph.D., C.Psych., Carleton University, 1992
Program: Geriatric Psychiatry Program

Clinical Orientation:
Cognitive assessment, psychodiagnostic assessment, and individual and group therapy.

Emily De Souza M.A. Clinical Psychology, RP, University of Hartford (2009)
Program: Secure Treatment Unit, Brockville Mental Health Centre

Clinical Orientation: Cognitive-Behavioural. Risk-Need-Responsivity approach, comprehensive risk assessments, program development and evaluation, group therapy. Specializing in violent and aggressive behaviour of mentally ill offenders

Karianne Dion Anticipated Graduation, University of Ottawa, 2026. Anticipated to enter Supervised Practice – 26/27
Program: Operational Stress Injury Clinic

Clinical Orientation:
Ms. Dion provides comprehensive psychodiagnostic assessments using the SCID-5 and other validated psychometric measures. She offers bilingual, evidence-based individual and group interventions for trauma-related, mood, anxiety, and sleep disorders, primarily grounded in cognitive behavioural approaches. Ms. Dion has training and experience in several evidence-based treatments for PTSD, including Cognitive Processing Therapy (CPT), Written Exposure Therapy (WET), and Prolonged Exposure (PE), as well as transdiagnostic and disorder-specific interventions such as Cognitive Behavioural Therapy for Insomnia (CBT-I), the Unified Protocol, Emotionally Focused Therapy (EFT), and Dialectical Behaviour Therapy (DBT). Her clinical work is guided by a collaborative, process-oriented, trauma-informed, and culturally responsive approach to care.

Jessie Doyle
Ph.D., C.Psych. (Supervised Practice), University of New Brunswick, 2025

Program: Integrated Forensic Program

Clinical Orientation:
Dr. Doyle is clinically and forensically trained, and primarily contributes comprehensive psychodiagnostic and malingering assessments to court-ordered evaluations of criminal responsibility and fitness to stand trial. She also completes psychological risk assessments, and is involved in program development, consultation, and group psychotherapy consistent with the Risk Need Responsivity (RNR) model of risk management. Dr. Doyle's clinical orientation is integrative, drawing from cognitive behavioural, humanistic, and psychodynamic principles, and providing empirically supported psychotherapy (e.g., DBT, ACT). Research focus is on personality vulnerabilities for intimate partner violence and aspects of patient trajectories through the forensic mental health system.

Gordana Eljdupovic Ph.D., C.Psych., Carleton University, 2001
Program: Operational Stress Injury Clinic

Clinical Orientation:
Evidence-based assessment and intervention for posttraumatic stress disorder, other trauma-related symptoms, and mood and anxiety disorders. Dr. Eljdupovic is a Certified Trainer, Supervisor and Therapist in Prolonged Exposure (PE) Therapy for PTSD. Practice also includes: Dialectical Behavior Therapy, Mindfulness and Exposure. Special interests in trauma, severe emotion and behavior dyscontrol.

Ryan J. Ferguson Ph.D., C.Psych., University of Ottawa, 2023
Program: Ontario Structured Psychotherapy Program

Clinical Orientation:
Dr. Ferguson (he/him) is a Clinical Psychologist who provides individual and group clinical consultation, supervision, and teaching activities in Cognitive Behavioural Therapy (CBT) within the Ontario Structured Psychotherapy program. He conducts comprehensive psychodiagnostic assessments, including for members of equity-deserving groups (e.g., Indigenous Peoples in Canada, members of the 2SLGBTQ+ community). He also delivers evidence-based individual and group interventions for depressive, anxiety, obsessive-compulsive, and trauma-related disorders using a range of Cognitive Behavioural Therapies, including Cognitive Behavioural Therapy, Contemporary Cognitive Therapy, Prolonged Exposure (PE), and Cognitive Processing Therapy (CPT).

As Practicum Coordinator for psychology training, Dr. Ferguson works to expand access to high-quality training opportunities for all students.

Kylie Francis Ph.D., C.Psych., Concordia University, 2011
Program: Ontario Structured Psychotherapy Program

Clinical Orientation:
Clinical consultation and teaching of Cognitive-Behavioural Therapy; assessment, individual and group psychotherapy for adults with anxiety disorders, trauma, obsessive-compulsive spectrum disorders, and mood disorders. Therapeutic approaches: Cognitive-Behavioural Therapy, Exposure and Response Prevention, Cognitive Processing Therapy, Prolonged Exposure, Motivational Interviewing.

Nathalie Freynet Ph.D., C.Psych., University of Ottawa, 2019
Program: Ontario Structured Psychotherapy Program and Frontline Wellness

Clinical Orientation:
Dr. Nathalie Freynet provides individual and group clinical consultation and teaching to support the delivery of Cognitive-Behavioural Therapy (CBT) services. She conducts psychological assessments and offers both individual and group psychotherapy for adults experiencing mood, anxiety, obsessive-compulsive, and trauma-related disorders. Dr. Freynet utilizes a range of evidence-based therapeutic approaches (ex. Exposure Response Prevention (ERP), Cognitive Processing Therapy (CPT), Prolonged Exposure (PE)) and integrates Dialectical Behaviour Therapy (DBT) skills and elements of interpersonal psychotherapy as needed. Professional interests include workplace wellness and burnout prevention.

Anik Gosselin Ph.D., C.Psych., University of Ottawa, 2006
Program: Clinical Supervisor, Integrated Forensic Program

Clinical Orientation:
Dr. Gosselin oversees the development, implementation, alignment, and evaluation of group therapy programs across the entire IFP. The focus is on improving the quality and availability of evidence-informed group therapy while fostering a more cohesive and standardized approach to clinical programming. In this role, she offers supervisory consultation to clinicians, ensures that the treatments offered are evidence-based for forensic and correctional populations and that the clinicians providing the interventions receive sufficient training and ongoing clinical support. She also develops protocols and structures to align the whole IFP with the Risk Need Responsivity Model of Care, the gold standard model for assessment and treatment of justice involved persons with or without mental illness.

Philip Grandia Ph.D., C.Psych., University of Ottawa 2015
Program: Community Mental Health Program

Clinical Orientation:
Assessment (cognitive/functional, psychodiagnostic, systems), consultation, and intervention (modified cognitive-behavioural, motivational interviewing, systems) in the context of adults with a Dual Diagnosis (intellectual disability and mental illness). Special Interests: Dual Diagnosis, severe and persistent mental illness, systems, evaluation/research, training, and inter-professional collaboration.

Andrew Gray Ph.D., C.Psych. (Supervised Practice), Simon Fraser University, 2022
Program: Integrated Forensic Program

Clinical Orientation:
Assessment and treatment of individuals with severe mental illness in conflict with the law (i.e., mentally disordered offenders and individuals found not criminally responsible). Adherence to the

Risk-Need-Responsivity principles with special interest in violence risk assessment, assessing and treating sexual offenders, intimate partner violence, fire setting, and forensic mental health.

Parastoo Jamshidi Ph.D., C.Psych., University of Ottawa 2017
Program: Adult General Psychiatry Program

Clinical Orientation:
Assessment, consultation, individual and group psychotherapy for mood disorders, Cognitive-Behavioural Therapy. Program development, evaluation, and research. Uses a variety of evidenced-based treatments from diverse modalities, including Exposure and Response Prevention (ERP), Prolonged Exposure (PE), Cognitive Processing Therapy (CPT), and Dialectical Behaviour Therapy (DBT).

Andrew (Hyounsoo) Kim Ph.D., C.Psych., University of Calgary, 2020
Program: Ontario Structured Psychotherapy Program

Clinical Orientation:
Provision of individual and group clinical consultation for CBT service delivery; psychological assessment; individual psychotherapy. Special interest in addictions and concurrent disorders. Clinical orientations include Cognitive Behavioural Therapy and Motivational Interviewing.

Sandra Krause Ph.D., C.Psych. (Supervised Practice), Concordia University, 2025
Program: Substance Use and Concurrent Disorders Program

Clinical Orientation:
Evidence-based intervention, assessment, and consultation for concurrent substance use and mental health disorders in individual and group format for adolescents and adults. Interventions include cognitive behavioural therapy, dialectical behaviour therapy, motivational interviewing, relapse prevention, and trauma-focused therapies (i.e., written exposure therapy, prolonged exposure, cognitive processing therapy). Competency in clinical psychology with adolescents and adults. Special interests in trauma, obsessive-compulsive disorder, borderline personality disorder, and concurrent substance use disorders.

Jessie Lund Ph.D., C.Psych., Lakehead University, 2022
Program: Operational Stress Injury Clinic

Clinical Orientation:
Dr. Lund provides comprehensive psychodiagnostic assessments using the SCID-5-CV and informed by relevant psychometric measures. Dr. Lund provides evidence-based interventions from a cognitive behavioural therapy orientation. She commonly treats individuals experiencing trauma-related disorders, anxiety disorders, and/or mood disorders, alongside possible concurrent substance use disorders. Dr. Lund uses both structured CBT protocols (e.g., Prolonged Exposure Therapy, Cognitive Processing Therapy, Written Exposure Therapy, and the Unified Protocol for Emotional Disorders, Concurrent Treatment of PTSD and Substance Use Disorders Using Prolonged Exposure, and other protocolled cognitive behavioural therapies for anxiety and mood disorders) as well as individualized cognitive behavioural treatment when indicated. Dr. Lund incorporates her training in Dialectical Behavioural Therapy and Motivational Interviewing to inform her treatment approaches.

Andrew Lumb Ph.D., C.Psych., University of Ottawa, 2015
Program: Substance Use and Concurrent Disorders Program- Transitional Aged Youth (TAY) Service

Clinical Orientation:
Assessment, consultation and evaluation, individual and group therapy. Integrated treatment using Motivational Interviewing, Cognitive-Behavioural Therapy, Dialectical-Behavioural Therapy, and third-wave approaches. Special interest in psychosis, health psychology, substance use.

Dr. Lumb is the Psychology Training Ombudsperson.

Hilary Maxwell Ph.D., C.Psych. University of Ottawa, 2017
Program: Ontario Structured Psychotherapy Program
Clinical Orientation: Clinical consultation for Cognitive-Behavioural Therapy service delivery; psychological assessment; individual psychotherapy. Competencies include Clinical Psychology with adults and older adults. Therapeutic approaches: Cognitive Behavioural Therapy, Prolonged Exposure and Cognitive Processing Therapy.

Nicola Mussett M.A. Psychology, Sage Graduate School, 2006.
Registered Psychotherapist, 2015
Program: Secure Treatment Unit, Brockville Mental Health Centre

Clinical Orientation: Cognitive Behavioural Therapy and Rational Emotive Behavioural Therapy. Special interest in the assessment and treatment of anti-social, violent offenders using the Risk-Need-Responsivity (RNR) model.

Jonah Nadler Psy.D., C.Psych., Memorial University of Newfoundland and Labrador, 2021
Program: Operational Stress Injury Clinic

Clinical Orientation:
Dr. Nadler provides comprehensive psychodiagnostic assessments and evidence-based, cognitive-behavioural interventions (both individual and group). Diagnostic assessments include use of semi-structured clinical interviews and relevant psychometric measures. Treatment addresses PTSD and other trauma-related disorders, as well as mood, anxiety, insomnia, and substance use disorders. Practice also includes use of motivational interviewing and transdiagnostic approaches (e.g., the Unified Protocol). Competency is in Clinical and Health Psychology with adults.

Heather Schultz Ph.D, C.Psych., University of Toledo, 2020
Program: Substance Use and Concurrent Disorders Program

Clinical Orientation: Psychological assessments and consultation

Michele Todd Ph.D., C.Psych., University of Toronto, 2004
Program: Ontario Structured Psychotherapy (OSP) Program

Clinical Orientation:
Dr. Todd is the Clinical Lead for The Royal's Network Lead Organization (NLO) of the OSP program, overseeing the fidelity of implementation of the clinical components of the provincial OSP program across eight treatment delivery sites in the East Region of Ontario. This includes clinical intake and triage, diagnostic assessment services, evidence based Cognitive Behavioural group and individual treatments, implementation of measurement based care processes, clinical consultation for registered mental health professionals, practicum and residency supervision within OSP, and participation in delivery of provincial training modules for OSP clinicians across the province. OSP services are offered for Ontarians who experience Depression, Anxiety Disorders, Obsessive Compulsive concerns, Posttraumatic Stress Symptoms, and difficulties coping with stress. Therapeutic approaches include Cognitive-Behavioural Therapy, Exposure and Response Prevention, Cognitive Processing Therapy, Prolonged Exposure, Written Exposure Therapy, and Transdiagnostic treatments. Dr. Todd is a Certified Trainer, Supervisor and Therapist in Prolonged Exposure Therapy for PTSD. She offers CTSA-certified Prolonged Exposure workshops and follow up opportunities for PE therapist certification through The Royal and within OSP.

Nerehis Tzivanopoulos Psy.D., C.Psych., Université du Québec en Outaouais, 2019
Program: Centralized Neuropsychology Service

Clinical Orientation: Neuropsychological assessment

Holly Wilson Ph.D., C.Psych., Toronto Metropolitan University (formerly Ryerson University), 2016
Program: Operational Stress Injury Clinic

Clinical Orientation:
Dr. Wilson provides comprehensive psychodiagnostic assessments and, largely, structured cognitive behavioural therapy within both group and individual modes of therapy. She offers evidence-based treatment for a wide variety of presenting problems (e.g., specific and transdiagnostic treatment of mood and anxiety disorders, insomnia disorder) with a significant focus on Posttraumatic Stress Disorder and trauma-related disorders (i.e., Prolonged Exposure, Cognitive Processing Therapy, Written Exposure Therapy, Cognitive Behavioural Conjoint Therapy). Elements of both Dialectical Behaviour Therapy and Radically-Open Dialectical Behaviour Therapy are incorporated into treatment as indicated. Competency in both Clinical and Forensic Psychology with adults.

Vanessa Zayed Psy.D., C.Psych., Université de Montréal, 2023
Program: Integrated Schizophrenia Recovery Program

Clinical Orientation: Neuropsychological assessment

Yue Zhao Ph.D., C.Psych., Concordia University, 2017
Program: Urgent Care Clinic

Clinical Orientation:
Short term psychotherapy, group therapy, case conceptualization and treatment planning, evident based treatment, program development. Therapeutic approaches: Cognitive Behavioural Therapy, Acceptance & Commitment Therapy, Dialectical Behavioural Therapy, Motivational Interviewing, Schema Therapy, Prolonged Exposure, and Mindfulness. Special interests: Evidence based, culturally informed Clinical Psychology.

SUMMARY AND IMPORTANT INFORMATION FOR APPLICANTS

The Royal serves as the major provider of specialized mental health and substance use care services within the Champlain region, extending to other areas of Eastern Ontario, Western Quebec, and Nunavut. We work together with numerous community partners to increase timely access to quality care across the stepped care continuum of needs, including harder to reach populations through the use of virtual care options (e.g., individuals living in surrounding rural/ remote communities) and outreach to under-served and equity-deserving communities. Inpatient, outpatient, and community-based services are provided in English, French, and other languages (through interpretation services) for our diverse client populations. A wide range of clinical programs and services are available at our multiple campuses and satellite locations.

The Royal is administered under a program management model with the discipline of Psychology headed by a Professional Practice Leader and a Director of Professional Practice. Psychology participates actively in collaboration with other disciplines at The Royal and in the community.

The Royal's CPA-accredited Predoctoral Residency Program in Clinical Psychology provides generalist training in a specialized mental health and substance use care setting following the scientist-practitioner model. Residents complete one full year primary rotation (two days/week; track) and two six-month secondary rotations (one day/week). In addition, one half day per week is scheduled for the program development and evaluation, and one half day per week scheduled for flex time to be used at the Resident's discretion. Three Fridays per month are reserved for seminars, peer consultation and group supervision (Resident Group Day). One Friday per month is an "unscheduled work day".

See page 16 for an example of a Resident's schedule. Rotation days are arranged collaboratively with all Supervisors involved. Rotations are not scheduled on Fridays due to the seminar series.

For the 2027-28 residency year, The Royal is offering a total of four tracks. Tracks refer to the Resident's primary rotation (two days/week for the duration of the residency year) and are affiliated with specific clinical programs. Secondary rotations (two one day/week six-month rotations; each half of the year) are assigned following the APPIC match based on Resident interest and availability within the secondary rotations pool (see page 13 for available secondary rotations).

The following tracks are being offered for the 2027-28 residency year:

- Operational Stress Injury Clinic (APPIC Number 183911): 1 position
- Ontario Structured Psychotherapy Program (APPIC Number 183913): 1 position
- Adult General Psychiatry Program (APPIC Number 183914): 1 position
- Substance Use and Concurrent Disorders Program (APPIC Number 183915): 1 position

APPLICATION ELIGIBILITY

Applicants must have completed core requirements for their doctoral degree including required courses, comprehensive exams, approval of the dissertation proposal by the time of application, and permission from their Director of Clinical Training to begin a residency/internship program. Ideally, applicants should also have completed data collection and analysis before beginning their residency year. All positions in The Royal's Psychology residency program are filled in accordance with the Association of Psychology Postdoctoral and Internship Centers (APPIC) process and policies.

To be considered, applicants must be enrolled in a **CPA-accredited doctoral (PhD and PsyD) Clinical Psychology program or equivalent** (e.g., combined clinical and counselling program). All applicants must have completed a **minimum of 600 hours of supervised practicum training** of which 300 hours are direct client contact and 150 hours are supervision. The residency program recognizes that applicants often experience pressure to take on numerous additional training opportunities over and above their program requirements in order to increase their competitiveness based on number of clinical hours. Therefore, applicants with additional hours over and above this minimum requirement are not necessarily considered as more competitive. As described below, quality of learning gained through training experiences and fit with the Royal residency program are paramount to applicant selection.

Applications and interview performance are rated primarily on the fit between applicants' experiences and goals for their residency year and the opportunities available at The Royal. The breadth and/or depth of an applicant's clinical experiences, particularly those experiences with a focus on evidence-based practices, is also considered, given the applicant's expressed interests in client populations served at The Royal. Recognizing that there are geographic disparities with respect to access and availability of training opportunities across Canada (i.e., major urban centres vs. rural communities), applicants are not necessarily required to have previous experience working with the population in their tracks of interest. Instead, applicants are encouraged to demonstrate how their previous practicum training experiences have prepared them for residency training in their track(s) of interest. An understanding of how a residency at The Royal fits within the applicant's overall objectives for their career is also an important factor for consideration.

INCLUSIVE HIRING POLICY

As stated in our EDII mission statement, the residency program has adopted an inclusive hiring policy to be applied within established APPIC processes and procedures. Where all other aspects of individuals' applications are equivalent with regard to fit for our residency program, individuals who choose to disclose that they are a member of a BIPOC community will be given priority in interview selection and overall ranking. We have adopted the Statistics Canada definition of BIPOC, which includes Indigenous persons as well as individuals from South Asian, Chinese, Black, Filipino, Latin American, Arabic, Southeast Asian, West Asian, Korean, and Japanese communities.

We ask applicants who are members of a BIPOC community (see definition above) to self-disclose their identity if they feel comfortable doing so. This self-disclosure is completely optional.

APPLICATION PROCEDURE

As per APPIC procedures, applications are considered complete when the entire APPIC AAPI online application has been successfully submitted.

Applicants are welcome to apply to as many of the four tracks as they would like, indicating their tracks of interest in one cover letter (please do not include your rank order preference of tracks).

Applications must include the following:

- ☐ AAPI online application
- ☐ Graduate transcripts
- ☐ Curriculum vitae
- ☐ Three letters of reference (please use the APPIC SRF Portal)
    - Note: There is no benefit to including a fourth reference letter
- ☐ Cover letter including the following:
    - ☐ Clinical interests
    - ☐ Residency training goals
    - ☐ Career objectives
    - ☐ Track(s) of interest (please do not include your rank order preference)
    - ☐ Rank order preference of secondary rotations (up to four)
    - ☐ If desired, self-disclosure as a member of a BIPOC community (if you choose to self-disclose in one or more of your essays instead, that is fine as well).

Please note: It is acknowledged that secondary rotation preferences may change. After Match Day, the Director and Assistant Director of Training will discuss any revised secondary rotation preferences with each matched applicant.

Letters of Recommendation: Letters of recommendation should abide by APPIC Guidelines. APPIC requires all internship programs, students, and letter-writers who participate in the Match to use the APPIC Standardized Reference Form (SRF) accessed via the Portal. A copy of the APPIC SRF and information regarding this form may be found at the AAPI website.

The Royal's residency program participates in the APPIC Internship Matching Program, which places applicants into Psychology residency positions. Our program adheres to APPIC guidelines. This residency site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept or use any ranking-related information from any Resident applicant. All applicants must register with the National Matching Services and/or APPIC to be considered for this residency.

The APPIC Application for Psychology Residency (AAPI) is available online at the APPIC website. News and information about the AAPI Online, along with instructions about how to access the service, can be found at the AAPI website.

Completed applications must be received (submitted via AAPI Online) no later than November 1, 2026.
All interview notifications are made on December 4, 2026.

INTERVIEWS

The Royal's Psychology Training Committee has made the decision to hold all interviews virtually. This decision was made to provide all applicants an equal opportunity to participate in interviews, removing geographic and financial barriers to participating in onsite interviews. Virtual interviews are also believed to be an environmentally sound alternative to the travel associated with onsite interviews. All elements of the interview day (overview presentation, Resident Q&A) will be conducted virtually.

The Royal's Predoctoral Residency Program in Clinical Psychology is committed to fostering an equitable, accessible, and inclusive environment. As such, applicants who require accommodations during the interview process are invited to connect with the Director of Training.

Interviews for candidates will be held January 11-22, 2027.

Brief overview of The Royal's residency program interview process:

Orientation Session
- Approximately 20 minutes
- Presentation/Overview of The Royal's Psychology Residency Program
- Presented by the Director and/or Assistant Director of Training

Interview
- Approximately 90 minutes
- Applicants will be interviewed by two Psychology staff members

Q&A Session with Current Residents
- Approximately 60 minutes
- Typically over the lunch hour
- Outside of the evaluative component of the interview day

Each applicant will be provided an interview day schedule, with the majority of events happening in the morning or the afternoon. Applicants are also invited to attend optional virtual "open house" hosted by primary track supervisors to learn more about their clinical programs and ask questions. Specific details will be provided to all applicants who are invited for an interview.

Applicants selected for an interview will be asked to identify their interview date/time preference in NMS Interview. Details of this process will be forwarded upon notification of an interview for selected applicants.

Questions regarding our program and application requirements can be addressed to: Dr. Jacky Chan, C.Psych. Director of Training, Psychology
E: jacchan@theroyal.ca | T: 613-818-3096