



The Royal's Predoctoral Residency Program in Clinical Psychology

2025-2026



Carlingwood



Royal Ottawa Mental Health Centre



Brockville Mental Health Centre

www.theroyal.ca

THE ROYAL'S PREDOCTORAL RESIDENCY PROGRAM IN CLINICAL PSYCHOLOGY

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THE ROYAL'S PREDOCTORAL RESIDENCY PROGRAM

IN CLINICAL PSYCHOLOGY

RESIDENCY PROGRAM OVERVIEW

The Royal Ottawa Mental Health Centre (ROMHC; hereafter The Royal) provides a full range of mental health services to the residents of the Champlain region and other areas of Eastern Ontario, Western Quebec, and Nunavut. It has a long history of offering high quality, accredited Psychology Residency training across its various clinical programs. Services and training opportunities are available across The Royal's three campuses, including the main campus (Ottawa), Carlingwood campus, and the Brockville Mental Health Centre (BMHC). The Royal provides generalist predoctoral training in a tertiary mental health care setting. The Residency program 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 Royal received formal notification from CPA that the residency program secured a six-year reaccreditation term from 2020-21 to 2026-27.

For more information on CPA accreditation, please contact the accreditation office at <http://www.cpa.ca/accreditation/whatis/>. The CPA head office is located at 141 Laurier Avenue West, Suite 702, Ottawa, Ontario, K1P 5J3.

Information regarding The Royal's residency program is also available on our website at <https://www.theroyal.ca/predoxloral-residency-program-clinical-psychology>. More information regarding the program will be outlined in subsequent sections.

The Royal's residency program uses a multi-track system. For the 2025-26 residency year, The Royal is offering three unique tracks each with one position available (a total of three positions). See track details on pages 10 and 16. 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.

Land Acknowledgement

The Royal is located on the traditional territories of the Algonquin Anishinabe, Wendat, Anishinaabeg, Haudenosaunee Nation, and Mohawk nations.

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 Criminal Reference Check (for the Vulnerable Sector) dated within six months of the residency start date.

PERSONAL-PROFESSIONAL LIFE BALANCE

In recognition of the importance of personal-professional life balance, 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 core requirements, complete readings related to rotations or evaluation research, 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.

PHILOSOPHY AND GOALS OF THE PROGRAM

The residency program's mission, values, principles, goals and objectives are described below. The residency program provides generalist predoctoral training in Clinical Psychology within the context of a nationally recognized tertiary mental health care setting. The Royal is committed to being a Centre of Excellence in the areas of clinical service delivery, research and education.

- **The Royal's vision is:**
Mental health care transformed through partnerships, innovation and discovery.
- **The Royal's mission is:**
Delivering excellence in specialized mental health care, advocacy, research and education.
- **The Royal's values are:**
We are guided by innovation and a passionate commitment to collaboration, honesty, integrity and respect.

Mission, Values, Principles and Goals of The Royal's Residency Program

Our Mission: Pursuing excellence in Clinical Psychology Predoctoral Residency Training in a tertiary mental health care setting.

Our Values:

- I. The highest ethical standards for training and clinical practice
- II. Effective and diverse training experiences
- III. An empowering, professionally enriching, respectful, and supportive learning environment

Our Principles:

- I. Anchor all training in evidence-based practice
- II. Build inter-professional competence
- III. Develop confidence and ability filling the multiple roles of a Psychologist
- IV. Respond effectively 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, clinical outcome monitoring, and evidence-based practice.
- 2) To enhance the scientist-practitioner approach by training Residents in evaluation research, 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 including clinician, advocate, evaluator/researcher, teacher/supervisor, administrator, inter-professional team member, and leader.
- 4) To train Residents on ethical principles and practices and relevant legislation so that they practice in a professionally ethical manner as a Psychologist.
- 5) To train Residents, through a breadth of diversity experiences, to be sensitive to diversity/individual differences and apply this sensitivity in their practice as a Psychologist.

EDII Mission Statement:

With humility, we acknowledge Psychology's contributions to systemic oppression and inequity. 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 action as we strive for social justice in all aspects of Psychology student and Resident training.

Inclusive Hiring Policy

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 institution, 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.

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 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.

HOSPITAL PSYCHOLOGY

Many publicly-funded healthcare settings in Canada face challenges in the recruitment and retention of Psychologists (Hudd et al., 2024), and The Royal is no exception. The Psychology discipline at The Royal plays a strong advocacy role in important matters such as Psychologists working to full scope of practice, recruiting and retaining Psychology staff, and the value of Psychology within interprofessional teams. Psychology Residents are “junior colleagues” within the discipline and as such are privy to all aspects of hospital-based Psychology, including opportunities to attend discipline meetings and observe advocacy efforts. The training of Residents is a priority for our discipline and the Training Committee makes every effort to minimize disruptions to training caused by changes in our hospital. Our hope is that our residency program attracts future generations of Psychologists (e.g., through the hiring of graduating Residents as staff Psychologists) 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 ROMHC site, 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 seminar series.

Residents are given the opportunity to complete rotations at The Royal's off-site locations (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 an off-site rotation. 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 tertiary mental health care. Residents will receive training in assessment, intervention/therapy, inter-professional collaboration, teaching/supervision and evaluation research.

Successful completion of all core requirements (or in rare circumstances, Director of Training-approved modifications) is required for successful completion of the residency program. All requirements are to be completed in accordance with the ethics and standards of practice of our profession. In the event that minimum standards are not met (e.g., incomplete core requirements), the residency year may be extended at the Resident's expense (i.e., unpaid extension). Residents will have the opportunity to undertake assessment and treatment of inpatients and/or outpatients with a variety of presenting problems.

Assessments may include intellectual and adaptive functioning, psycho-educational, personality and emotional functioning, neuropsychological functioning, and forensic/risk components. An emphasis is placed on the use of diagnostic interviewing in combination with a variety of standardized and objective psychometric tools. The residency program is grounded in empirically supported treatments. Clients are seen individually and in groups at times in collaboration with family and other systems.

CORE REQUIREMENTS

- 1) Residents will complete a minimum of eleven assessments.
 - a) Eight assessments will be comprehensive, psychometrically-based diagnostic assessments, which include treatment planning or a consultative component. The other three assessments will be psychometrically-based but need not be as comprehensive.
 - b) Two assessments must include a cognitive/neuropsychological component
 - c) One assessment must be performed in a community-based context. This requirement may also be fulfilled by providing treatment to a client in the community, such that the majority of treatment occurs in a community setting.
 - d) Multiple requirements may be fulfilled by one assessment (e.g. cognitive assessment in the community would fulfill two requirements).

- 2) Residents will complete a minimum of six psychotherapy cases.
 - a) A mix of longer-term/complex (~15+ sessions), short-term (~7-14 sessions), and/or brief (~6 sessions or less; two brief cases count as one in the overall count) cases is required.
 - b) Complex courses of treatment include requiring the Resident to actively address complex clinical presentations in planning and delivering treatment “beyond the standard protocol.” This may include (but is not limited to) longer-term therapy, actively addressing multiple or complex presenting problems/diagnoses/personality factors, increased frequency/duration of sessions, use of adjunctive empirically-based strategies in treatment, well-reasoned/researched significant modifications to treatment protocol, and/or use of more than one therapeutic modality.
 - c) Appropriate selection and definition of the above will be determined on the basis of the Resident’s learning goals, the Resident and Supervisor’s clinical and ethical judgment, best practice guidelines, and program-specific standards.
 - d) Residents are encouraged to gain experience in more than one theoretical approach to intervention.

- 3) Within the context of assessment or intervention, Residents will formulate and communicate diagnostic information (i.e., presence or absence of a diagnosis/diagnoses) for 10 unique clients.

- 4) Residents will facilitate or co-facilitate at least one psychotherapy group.

- 5) Residents will attend two seminar series: 1) The Royal’s residency program seminar series, and 2) The Ottawa Citywide seminar series. Attendance of seminars is mandatory. A maximum of 25% seminars from each series can be missed due to leave.

- 6) Residents will attend and actively participate in weekly group supervision to discuss clinical cases, professional and ethical issues, supervision and the program evaluation project. Attendance of group supervision is mandatory. A maximum of 25% group supervision sessions can be missed due to leave.

- 7) Residents will supervise a practicum student, which is most often arranged in their primary rotation. In the (uncommon) event that this is not possible, other experiences designed to help the Resident gain experience in clinical supervision will be arranged.

- 8) Residents will be responsible for delivering a Grand Rounds presentation for staff at The Royal on a topic of relevance to the broader clinician community at The Royal. The topic could include relevant residency experiences, past clinical experiences, areas of interest, and/or dissertation-related topics. Grand Round topics must be approved in advance by the Director and Assistant Director of Training.
- 9) Evaluation research is given particular emphasis in the residency program. Exceptionally for the 2025-26 residency year, the three Residents will complete a group evaluation research project. A small pool of projects will be available for Residents to choose from at the beginning of the year. Residents will commit an average of 0.5 days /week throughout the year to complete an evaluation research project.
- 10) Residents will be required to demonstrate competence in at least one empirically supported treatment.
- 11) In the context of assessment or treatment, Residents must show sensitivity to, increase knowledge of, and adapt their clinical approach to the diversity characteristics of the client. Diversity is defined as cultural, individual, and role differences, particularly those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status.
- 12) Residents will actively participate in at least one hospital committee.

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 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.

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. 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.

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. Secondary rotation assignments are based on Resident interest and the pool of available secondary rotations.

The Royal is welcoming applications to the following three tracks for the 2025-26 residency year:

- Operational Stress Injury Clinic (APPIC Number 183911): 1 position
- Community Mental Health Program (APPIC Number 183912): 1 position
- Mood and Anxiety Program (APPIC Number 183914): 1 position

The following secondary rotations will be available during the 2025-26 residency year:

- Centralized Neuropsychology Service
- Community Mental Health Program
- Integrated Forensics Program
- Mood and Anxiety Program
- Ontario Structured Psychotherapy Program
- Operational Stress Injury Clinic

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 three tracks as they would like, indicating their tracks of interest in one cover letter (please do not include your rank order preference of tracks). Applicants are encouraged to identify their preferred secondary rotations in order of preference.

EVALUATION RESEARCH ROTATION

The Royal continues to expand its research and education capabilities to improve treatment and promote prevention. These initiatives are advanced by the Institute for Mental Health and Research (IMHR), and close working relationships with the University of Ottawa, School of Psychology, Faculty of Medicine, and Faculty of Health Sciences. Some Psychology staff are involved in ongoing clinical research programs in their areas of interest.

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 evaluation initiatives; therefore, Residents are expected to complete an evaluation research project as a group (for 2025-26) as part of their core requirements for the year.

The design of this project is flexible to accommodate the Resident's interests, but will consist of involvement in, or design of, a program evaluation initiative. A small pool of projects will be available for Residents to select from at the beginning of the year.

Supervision by a staff Psychologist will be provided for each project. One half-day per week is protected for the Resident's evaluation research rotation. Additional time (e.g., flex time; unscheduled work days) can also be used as needed for this project. Factors related to the selection of topics for evaluation research projects include Supervisor evaluation work, evaluation needs of clinical programs, and Resident interests.

Examples of past projects include:

- 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 formative evaluation of a unit's self-regulation program exploring its effectiveness and providing recommendations for improvement.
- A needs assessment exploring the mental health service needs of BIPOC women in the community.
- A formative evaluation of the Substance Use and Concurrent Disorder Program's virtual services.

PSYCHOLOGY SEMINAR SERIES

Residents participate in a number of educational opportunities including two seminar series outlined below. 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. The clinically based seminars include a discussion of relevant ethical issues. Additionally, regular in-services are held, during which lectures on topics of interest and current research are given.

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/staff. 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, media involvement and ethics. 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, evaluation research and various therapeutic approaches. Efforts will be made to include more EDII-related considerations on the different clinical topics discussed.

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 seminar series is integrated into the Citywide seminar series schedule. Seminars are held once per month on Fridays and are presented either in-person or virtually.

Topics have included:

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

PSYCHOLOGY RESIDENT WEEKLY SCHEDULE (EXAMPLE)

Monday	Tuesday	Wednesday	Thursday	Friday
Primary Rotation	Primary Rotation	Evaluation Research 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, seminar, hospital committee duties, or additional clinical work.

**Resident Group Day

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

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. Access to internal and external e-mail is also provided. Residents have access to the Statistical Package for Social Sciences (SPSS) for the evaluation research rotation. The program also has access to a broad range of assessment instruments educational resources in print and DVD format, and audio-visual equipment.

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 two professional libraries (one at the ROMHC and one at BMHC) housing a selection of Clinical Psychology publication. In addition to the print collection, the library subscribes to over 6000 journals online, and for items to which it does not subscribe, these can be requested via Interlibrary loan. The library subscribes to the APA Collection of databases, including PsycInfo, PsycArticles and PsycBooks. It also provides access to Medline, CINHALL, The Psychology and Behavioral Sciences Collection and evidence-based point of care tools such as UpToDate and Lexicomp (drug database).

TRANSPORTATION

Residents are responsible for work-related transportation (including parking), and for costs associated with attending Citywide seminars. 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. 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. 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. It also hosts the largest Chamber Music festival in the world. The downtown core is rich with diverse eating establishments. There are three local universities (University of Ottawa, Carleton University and Saint Paul University) and several community colleges.

The city also 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.

For more information on the City of Ottawa, please visit <http://www.ottawa.ca> and The Royal's website at the following: <https://www.theroyal.ca/living-ottawa>

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 401 highway 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 the new 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 <http://www.city.brockville.on.ca/> and The Royal's website at the following: <https://www.theroyal.ca/living-brockville>

SUMMARY

The Royal Ottawa Mental Health Centre (The Royal) serves as the major provider of mental health care services within the Champlain region, extending to other areas of Eastern Ontario, Western Quebec, and Nunavut.

We strive to be a hospital without walls, meeting people where they are. We work together with numerous community partners to support mental health care across the lifespan and spectrum of needs. Inpatient, outpatient, and community-based services are provided in French, English and other languages for our diverse client populations. A wide range of clinical programs and services are available at our multiple campuses and satellite locations. We are working to improve access to mental health care services, including increasing access for harder to reach populations through the use of virtual care options (e.g., individuals living in surrounding rural communities). For additional information on The Royal and our history, please visit <https://www.theroyal.ca/>.

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 Allied Health. 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 tertiary mental health care setting following the scientist-practitioner model. Residents complete one full year primary rotation (2 days/week; track) and two six-month secondary rotations (1 day/week). In addition, one half day per week is scheduled for the evaluation research rotation, 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 13 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 2025-26 residency year, The Royal is offering a total of three 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 10 for available secondary rotations).

The following tracks are being offered for the 2025-26 residency year:

- Operational Stress Injury Clinic (APPIC Number 183911): 1 position
- Community Mental Health Program (APPIC Number 183912): 1 position
- Mood and Anxiety Program (APPIC Number 183914): 1 position

Applicants are welcome to apply to as many of the three tracks as they would like, indicating their tracks of interest in one cover letter (please do not include rank order preference of tracks). Applicants are encouraged to identify their preferred secondary rotations in order of preference. Applications are accepted from accredited PhD and PsyD clinical or combined (clinical and counselling) programs.

CLINICAL PROGRAM DESCRIPTIONS

OPERATIONAL STRESS INJURY CLINIC

2025-26 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.
Gordana Eljdupovic, Ph.D., C.Psych.
Jessie Lund, Ph.D., C.Psych.
Jonah Nadler, Psy.D., C.Psych.
Karolina Sztajerowski, Ph.D., C.Psych.
Holly Wilson, Ph.D., C.Psych.

Description of Clinic:

The Operational Stress Injury (OSI) Clinic is a specialized outpatient program at the Royal Ottawa Mental Health Centre (ROMHC) 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 ROMHC, 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 related and addictive disorders. Other problem areas that may be addressed include emotion regulation difficulties, marital or family relationship difficulties, and challenges associated with reestablishing 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 assessment for diagnosis and treatment planning, consultation, and intervention in individual and group formats. For PTSD and trauma-related disorders, individual, evidence-based interventions can 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 TrIGR), and idiographic cognitive behavioural therapy. For other presenting problems (e.g., Social Anxiety Disorder, Panic Disorder, Major Depressive Disorder), individual treatment is predominantly offered in line with cognitive behavioural therapy. If indicated, case conceptualization informs the integration of Dialectical Behaviour Therapy (DBT), Emotion-Focused Therapy (EFT), and ACT techniques to individualize treatment. Group treatments offered include DBT Skills Training and CBT for Insomnia (including 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.

COMMUNITY MENTAL HEALTH PROGRAM

2025-26 Availability:

Track (1 position) – APPIC Number 183912

Secondary rotations

Tertiary rotations (i.e., opportunities for cognitive and community assessment cases outside primary and secondary rotations)

Psychologists:

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

Kristin Horsley, Ph.D., C.Psych

Yue Zhao, Ph.D., C.Psych. (Prompt Care Clinic)

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 eleven teams/services at CMHP: two Flexible Assertive Community Treatment (FACT) teams, two Flexible Assertive Community Treatment Teams for Persons Dually Diagnosed (FACTT-DD), the Step-Down Team, the Regional Dual Diagnosis Consultation Team (RDDCT), the Psychiatric Outreach Team, the Prompt Care Clinic (PCC), Women's Mental Health, Homes for Special Care and Community Treatment Order coordination. Eight of the eleven teams have clinical training opportunities for Psychology Residents.

Flexible Assertive Community Treatment (FACT) and ACT Step-Down 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.

The Step-Down team is similar to the FACT team model, but provides services for clients who are managing more independently in the community but still require support. The objective of the Step-Down program is to provide treatment, support, recovery and rehabilitation services to clients in the community and prevent (or shorten) re-admissions to hospital. Step-down team is also an interprofessional team and aims to help clients improve their quality of life in the community and reach their optimum level of independent functioning.

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

Prompt Care Clinic:

The Prompt Care Clinic (PCC) is a referral-based mental health consultation service for individuals experiencing moderate mental illness whose primary care provider requires guidance for care. The clinic provides timely access to specialized mental health services for individuals who briefly require more support than their primary care provider (i.e. family doctor or general health clinic) can offer, but do not require intensive treatment or emergency care. Staffed with a compliment of psychiatrists, psychologist, social workers, and mental health nurses, the team is able to provide diagnostic assessment, treatment recommendations, evidence-based short-term psychotherapy, and mental health education. PCC provides multidisciplinary team based care and linkage to community supports to sustain mental wellness and recovery.

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

- Comprehensive case conceptualization to inform treatment planning
- Evidence-based short term individual and/or group psychotherapy (cognitive-behavioural, dialectical behaviour therapy, acceptance and commitment therapy)
- Education and treatment plan development
- Consultation with interprofessional staff and community service providers
- Interprofessional team involvement
- Involvement in ongoing research and/or evaluation research projects
- Supervision of a Psychology practicum student

MOOD AND ANXIETY DISORDERS PROGRAM

2025-26 Availability:

Track (1 position) – APPIC Number 183914
Secondary rotations

Psychologists:

Kelsey Collimore, Ph.D., C.Psych.
Andy Jacobs, Psy.D., C.Psych.
Parastoo Jamshidi, Ph.D., C.Psych.

Description of Program:

The Mood and Anxiety Disorders Program is a specialty multidisciplinary unit of Psychiatrists, Psychologists, Occupational Therapists, Social Workers, and Nurses. Treatment services are offered to individuals with complex mood and anxiety conditions including depressive disorders, bipolar and related disorders, anxiety disorders, obsessive-compulsive and related disorders and trauma- and stressor-related 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 Mood and Anxiety Disorders Program team; as well as, other programs within The Royal.

Although services are offered to clients where mood or anxiety conditions are thought to represent the primary difficulty, clients typically present with high rates of co-morbidity (e.g., mood disorders, anxiety disorders, substance use disorders, personality disorders) and psychosocial/family issues to consider in the context of service delivery. Services are primarily provided in the outpatient setting.

Resident Opportunities and Rotations:

Residents have the opportunity to participate in the following activities:

- Assessment (including interviewing, assessment for treatment, and psychodiagnostic assessment)
- Individual and group CBT for tertiary patients with primary mood and anxiety difficulties
- Consultation and team meetings with interdisciplinary staff
- Program development and evaluation research
- Supervision of a practicum student is possible

CENTRALIZED NEUROPSYCHOLOGY SERVICE

2025-26 Availability:

Secondary rotations

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

Psychologists:

Angela Stewart, Ph.D., C.Psych.

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 (CHAMPLAIN, ROMHC & BMHC)

2025-26 Availability:

Secondary rotations

IFP CHAMPLAIN ROMHC

Psychologist:

At the time of posting this brochure, this unit has no Psychology staff available to supervise.

Description of Program:

In partnership with the judicial system, community agencies and stakeholders, the **Integrated Forensic Program – Champlain** offers services aimed at addressing psycho-legal needs for clients with varied diagnoses who are involved in the criminal justice system.

The **Assessment and Stabilization Service for Inpatients**, a 21-bed secure unit, provides assessments for fitness to stand trial and criminal responsibility. Services are provided to adults who are detained under a court order. The goals of the service are to complete a specialized comprehensive interprofessional assessment in order to provide recommendations to the Court and to stabilize clients under the purview of the Ontario Review Board as required.

The **Rehabilitation and Community Service for Inpatients**, a 25-bed secure unit, provides specialized comprehensive interprofessional assessment, treatment and psychosocial rehabilitation within a mental health recovery framework. Services are provided to adults who have been found unfit to stand trial or not criminally responsible on account of a mental disorder (NCRMD). The goals of the program are to reduce symptom distress, increase psychosocial skills and coping strategies, and to improve overall well-being. Other longer-term desired outcomes include successful community reintegration, reduced recidivism and decreased hospital readmissions.

The **Assessment and Rehabilitation Service for Outpatients** provides assessment, treatment and psychosocial rehabilitation within a community 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).

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).

Within the **Integrated Forensic Program**, the role of psychology includes the provision of services in the areas of psychological assessment, individual and group psychotherapy, consultation and interprofessional teamwork. Empirically supported treatments are used but often must be individualized to address clients' needs and goals. Psychology also contributes in the areas of program evaluation, research and education.

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
- Individual and/or group therapy
- Consultation with interprofessional staff
- Interprofessional team involvement (e.g. clinical team meetings and case conferences)

IFP BMHC

The Integrated Forensic Program at the Brockville Mental Health Centre (BMHC) 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):

Psychology Staff:

At the time of posting this brochure, this unit has no Psychology staff available to supervise.

Jasmine Laberee, B.A. Hons., Behavioural Therapist

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.

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

- 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 etc.).
- 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:

Anik Gosselin, Ph.D., C.Psych.

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.

ONTARIO STRUCTURED PSYCHOTHERAPY PROGRAM

2025-26 Availability:

Secondary rotations

Psychologists :

Melissa Bolton, Ph.D., C.Psych

Jacky Chan, Ph.D., C.Psych.

Kylie Francis, Ph.D., C.Psych.

Nathalie Freynet, Ph.D., C.Psych. (not available for supervision in 25/26)

Andrew Kim, Ph.D., C.Psych (not available for supervision in 25/26)

Ioanna Kokozaki, Psy.D., C.Psych.

Hilary Maxwell Ph.D., C.Psych

Jennifer Newman, 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) our mandate is to improve access to effective mental health care 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 Depression, Anxiety Disorders (Generalized Anxiety Disorder, Social Anxiety Disorder, Panic Disorder with/without Agoraphobia, Specific Phobias), Obsessive-Compulsive disorder, Posttraumatic Stress disorder (PTSD), and Illness Anxiety Disorder. 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) 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 via videoconference, although in-person services are offered when requested or clinically appropriate.

In addition to intervention, Consulting Psychologists also provide assessment, consultation, and training. Comprehensive assessments are offered for treatment planning and diagnostic clarification. 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 Depression, Panic Disorder and Agoraphobia, Social Anxiety, Generalized Anxiety, Specific Phobia, Obsessive Compulsive Disorder (Exposure and Response Prevention), Posttraumatic Stress Disorder (Prolonged Exposure; Cognitive Processing Therapy), and Illness Anxiety Disorder. There are also opportunities to use transdiagnostic interventions.
- When available: co-therapy of CBT groups (e.g., Depression, GAD, OCD, PTSD, Unified Protocol). 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 diagnostic assessments for diagnostic clarification; 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 junior practicum students.
- 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).

PROGRAMS WITH NO TRAINING OPPORTUNITIES 2025-26

At the time of posting this brochure, the availability of training opportunities in the following clinical program is uncertain for the 2025-26 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
Substance Use and Concurrent Disorders Program
Youth Psychiatry Program

THE ROYAL'S PSYCHOLOGY RESIDENCY PROGRAM

SUPERVISORY FACULTY AND ADDITIONAL PSYCHOLOGY STAFF

Isabelle Arès

Program:

Clinical Orientation:

Ph.D., C. Psych., University of Ottawa, 2014

Operational Stress Injury Clinic

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.

Suzanne Bell

Program:

Clinical Orientation:

Ph.D., C.Psych., University of Ottawa, 2016

Substance Use and Concurrent Disorders Program

Assessment, consultation, individual and group psychotherapy, Cognitive-Behavioural Therapy, and Motivational Interviewing. Program development, evaluation, and research. Special interests in concurrent substance use and mental health disorders and the assessment and treatment of individuals who come into contact with the legal system.

Melissa Bolton

Program:

Clinical Orientation:

Ph.D., C.Psych., University of Toronto, 2014

Ontario Structured Psychotherapy Program

Provision of individual and group clinical consultation for CBT service delivery; psychological assessment; individual psychotherapy. Competencies include Clinical and Forensic Psychology with adults. Special interest in evidenced based treatment using diverse modalities, including Cognitive Behavioural Therapy (CBT), Prolonged Exposure (PE), Cognitive Processing Therapy (CPT), and Dialectical Behaviour Therapy (DBT).

Sara Caird

Program:

Clinical Orientation:

Ph.D., C.Psych., University of Western Ontario, 2016

Operational Stress Injury (OSI) Clinic, Kingston site

Evidence-based assessment and intervention for Posttraumatic Stress Disorder, other trauma-related symptoms, and mood and anxiety disorders. Dr. Caird has completed formal training in Prolonged Exposure, Cognitive Processing Therapy, and Cognitive-Behavioural Conjoint Therapy for PTSD, Dialectical Behavior Therapy, and Dialectical Behaviour Therapy Prolonged Exposure Protocol. Competency in Clinical, Counselling, and Health Psychology with Adults and Couples

Karis Callaway

Program:

Clinical Orientation:

Ph.D., C. Psych, Western Michigan University, 2019

Operational Stress Injury Program

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 often utilizes components from Dialectical Behaviour Therapy, Motivational Interviewing, Behavioural Activation, ACT and Cognitive Behavioural Therapy for Insomnia.

Jacky Chan

Program:

Clinical Orientation:

Ph.D., C.Psych., University of Ottawa, 2022

Ontario Structured Psychotherapy Program

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 diversity-informed care (e.g., members of the 2SLBTO+ community, Indigenous Peoples in Canada, 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:	Mood and Anxiety Disorders 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.
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

<p>Gordana Eljdupovic Program: Clinical Orientation:</p>	<p>Ph.D., C.Psych., Carleton University, 2001 Operational Stress Injury (OSI) Clinic 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.</p>
<p>Kylie Francis Program: Clinical Orientation:</p>	<p>Ph.D., C.Psych., Concordia University, 2011 Ontario Structured Psychotherapy Program & Frontline Wellness 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, Interpersonal Psychotherapy.</p>
<p>Nathalie Freynet Program: Clinical Orientation:</p>	<p>Ph.D., C.Psych., University of Ottawa, 2019 Ontario Structured Psychotherapy Program- Frontline Wellness Provision of individual and group clinical consultation and teaching for CBT service delivery; psychological assessment; individual and group psychotherapy for adults with mood, anxiety, obsessive-compulsive and trauma-related disorders. Therapeutic approaches: Cognitive-Behavioural Therapy (CBT), Exposure Response Prevention (ERP), Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), and Dialectical Behaviour Therapy (DBT).</p>
<p>Anik Gosselin Program: Clinical Orientation:</p>	<p>Ph.D., C.Psych., University of Ottawa, 2006 Secure Treatment Unit, Brockville Mental Health Centre Assessments (risk and psychodiagnostic) and group therapy for mentally disordered adult offenders (including development and supervision of groups). Special interest in modification of antisocial behaviour, and in treatment of severe mental illness, PTSD, and substance abuse to help decrease recidivism. Research interests in the relationship between sleep disorders and mental health, and on the impact of evidence-based treatment on mentally disordered offenders using the risk needs responsivity model as a framework.</p>

Philip Grandia

Program:

Clinical Orientation:

Ph.D., C.Psych., University of Ottawa 2015

Community Mental Health Program

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.

Kristin Horsley

Program:

Clinical Orientation:

Ph.D., C.Psych., McGill University, 2021

Flexible Assertive Community Treatment Teams (FACTT), Stepdown Program, Psychiatric Outreach

Dr. Horsley is a clinical and health Psychologist who specializes in the provision of psychological services for individuals with complex clinical presentations. These services include psychological assessments, diagnosis, case conceptualization, consultation, and individual, family, and group-based intervention. Dr. Horsley's clinical orientation is integrative and process-oriented, drawing upon strategies and interventions from across evidence-based therapeutic modalities. She has a special interest in prioritizing the development of a comprehensive, psychodynamic case conceptualization to inform treatment selection, and in the integration of psychodynamic, cognitive-behavioural, and mentalization-based approaches for the treatment of severe, persistent mental illness.

Andrew Jacobs

Program:

Clinical Orientation:

Psy.D., C.Psych., Virginia Consortium Program in Clinical Psychology (College of William & Mary, Eastern Virginia Medical School, Norfolk State University, & Old Dominion University), 2007

Mood and Anxiety Disorders Program

Behavioural and cognitive therapies for obsessive-compulsive, anxiety, mood, and trauma concerns; Acceptance and Commitment Therapy (ACT); Eye Movement Desensitization and Reprocessing (EMDR) Therapy; transdiagnostic treatment approaches

Parastoo Jamshidi

Program:

Clinical Orientation:

Ph.D., C.Psych., University of Ottawa, 2017

Mood and Anxiety Disorders Program

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

Andrew (Hyounsou) 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.

Ioanna-Ianthi Kokozaki Psy.D., C.Psych., Université du Québec en Outaouais, 2017
Program: Ontario Structured Psychotherapy Program
Clinical Orientation: Provision of individual and group clinical consultation for CBT service delivery; psychological assessment; individual psychotherapy. Competencies include Clinical Neuropsychology, Clinical Psychology and Forensic/Correctional Psychology with adults and older adults. Therapeutic approaches: Cognitive-Behavioural Therapy (CBT), Exposure and Response Prevention, Prolonged Exposure (PE), and Cognitive Processing Therapy (CPT).

Jessie Lund Ph.D., C.Psych., Lakehead University, 2022
Program: Operational Stress Injury (OSI) 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 most 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 plans when indicated. Dr. Lund also incorporates her training in Dialectical Behavioural Therapy and Motivational Interviewing to inform her treatment approaches as needed. Her competency is in Clinical Psychology with adults.

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

Gynette Marcil M.Sc., C.Psych. Université de Montréal, 1983
Program: Integrated Forensic Program
Clinical Orientation: Neuropsychological assessments of forensic inpatients on the secure Assessment and Rehabilitation units, and forensic outpatients including clients in the Brief Assessment Unit. My assessments are often part of a court-ordered assessment for fitness to stand trial or for criminal responsibility.

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.

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

Jennifer Newman Ph.D., C.Psych., Ryerson University, 2016
Program: Ontario Structured Psychotherapy Program
Clinical Orientation: Clinical (individual and group) consultation for Cognitive-Behavioural Therapy service delivery; psychological assessment; and individual psychotherapy for mood, anxiety, trauma and obsessive-compulsive disorders. Therapeutic approaches: Cognitive Behavioural Therapy, Exposure and Response Prevention, Prolonged Exposure and Cognitive Processing Therapy.

Rosalie Saindon Psy.D., C. Psych., Université du Québec en Outaouais, 2017
Program: Youth Psychiatry Program
Clinical Orientation: Psycho-diagnostic assessments, individual and group therapy, treatment planning and consultation. Primarily ACT with integration of other evidence-based interventions (CBT, DBT, and Motivational Interviewing).

Dr. Saindon is not currently supervising Psychology Residents.

Angela Stewart Ph.D, C.Psych., University of Ottawa, 2007
Program: Centralized Neuropsychology Service
Clinical Orientation: Neuropsychological assessment

Karolina Sztajerowski Ph.D., C.Psych., University of Ottawa, 2023
Program: Operational Stress Injury (OSI) Clinic
Clinical Orientation: Dr. Sztajerowski conducts bilingual comprehensive psychodiagnostic assessment using the SCID-5 and other validated psychometric measures. In terms of treatment, she offers bilingual evidence-based treatment (individual, couple and group therapy) for trauma, mood, anxiety and sleep disorders; as well as, co-occurring substance use disorders. Her integrative approach is informed by evidence-based therapies (i.e., CBT, DBT, EFT). She has also received certified training and provides specific PTSD processing protocols (i.e., PE and CPT). She has special interest in attachment, couples therapy, affect dysregulation, PTSD, and dissociation.

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 ten Satellite 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, and posttraumatic stress symptoms. Therapeutic approaches include Cognitive-Behavioural Therapy, Exposure and Response Prevention, Cognitive Processing Therapy, Prolonged Exposure, 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 (OSI) 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.

Yue Zhao

Ph.D., C.Psych., Concordia University, 2017

Program:

Community Mental Health Program (Prompt 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.

INFORMATION FOR APPLICANTS

Requirements:

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). In keeping with CPA Accreditation Standards and Procedures, 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. We abide by APPIC guidelines regarding preparation for internship in terms of the number and nature of practicum hours completed.

Applications to The Royal's residency program as well as interview performance are rated primarily on the fit between applicants' goals for their residency year and the opportunities available at The Royal. The level of 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. An understanding of how a residency at The Royal fits within the applicant's overall objectives for their career is also an important factor.

Inclusive Hiring Policy:

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 institution, 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 disclose that they are a member of a BIPOC community will be given priority in interview selection and overall ranking.

Self-Disclosure as a Member of BIPOC Community

In line with our EDII Mission Statement and our Inclusive Hiring Policy, we ask those applicants who are members of a BIPOC community (see definition below) to self-disclose their membership with their community if they feel comfortable doing so. This information will be used as described in our inclusive hiring policy.

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.

The 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 three 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 form)
 - 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
 - Rank order preference of secondary rotations (up to four)
 - If desired, self-disclosure as a member of a BIPOC community (see above regarding inclusive hiring policy). 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). A copy of the APPIC SRF and information regarding this form may be found at the following: <http://www.appic.org/AAPI-APPA>

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 at www.natmatch.com/psychint and/or APPIC to be considered for this residency.

APPIC Program Code Numbers:

Operational Stress Injury Clinic (1 position): 183911
Community Mental Health Program (1 position): 183912
Mood and Anxiety Program (1 position): 183914

The APPIC Application for Psychology Residency (AAPI) is available online at the APPIC website at www.appic.org. News and information about the AAPI Online, along with instructions about how to access the service, can be found at <http://www.appic.org/AAPI-APPA>

Completed applications must be received (submitted via AAPI Online) no later than November 1, 2024.

All interview notifications are made on December 6, 2024.

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 with diverse abilities who require an accommodation during the interview process are invited to connect with our Residency Program Coordinator.

Interviews of candidates will be held January 13-24, 2025.

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. 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.

Following Match Day, successful applicants will be contacted by the Director and Assistant Director of Training to discuss secondary rotation preferences and administrative procedures.

Questions regarding our program and application requirements can be addressed to:

Philip Grandia, Ph.D., C.Psych., Director of Training

C/o Psychology Residency Program Coordinator
The Royal's Psychology Residency Program
Royal Ottawa Mental Health Centre
1145 Carling Ave, Room 1213
Ottawa, Ontario, K1Z 7K4

TEL: 613-722-6521 ext. 7135

Christie Zimmerling, Program Coordinator

Email: christie.zimmerling@theroyal.ca

TEL: 613-722-6521 ext. 7157

Dr. Philip Grandia, Director of Training

Email: philip.grandia@theroyal.ca