



**DALHOUSIE  
UNIVERSITY**

**Clinical Psychology Residency  
Program**

**2025-26 Academic Year**





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## **ACKNOWLEDGEMENTS**

**Dalhousie University is located in Mi'kma'ki, the ancestral and unceded territory of the Mi'kmaq People and pays respect to the Indigenous knowledges held by the Mi'kmaq People, and to the wisdom of their Elders past and present. The Mi'kmaq People signed Peace and Friendship Treaties with the Crown, and section 35 of the Constitution Act, 1982 recognizes and affirms Aboriginal and Treaty rights. We are all Treaty people.**

**Dalhousie University also recognizes that African Nova Scotians are a distinct people whose histories, legacies and contributions have enriched that part of Mi'kma'ki known as Nova Scotia for over 400 years.**





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## Introduction

The Clinical Psychology Residency Program at Dalhousie University offers **four** full-time doctoral residency positions each year, with multiple rotations options across two sites, the Dalhousie Centre for Psychological Health and Dalhousie Student Health and Wellness Centre. Our program will be seeking accreditation by the Canadian Psychological Association during the 2025-26 year and is designed to meet the standards for registration as defined by the Nova Scotia Board of Examiners in Psychology. We have applied for membership with the Association of Psychology Postdoctoral and Internship Centers (APPIC).

### Clinical Settings of the Residency Program

The Dalhousie Predoctoral Residency operates out of two centres at Dalhousie University, the Centre for Psychological Health (CPH) and the Student Health and Wellness Centre (SHW).

### Dalhousie University

The Department of Psychology and Neuroscience is committed to providing a safe environment that is diverse, equitable, and inclusive. We support and encourage all members of our departmental community to share a commitment to providing a space for learning and research in which we can all thrive. We recognize the importance of supporting and involving members of our local communities, including African Nova Scotian and Mi'kmaq Peoples. Broader representation of the people who make up our community could help disrupt the historical exclusion of members of these groups from academia. We acknowledge the systemic barriers present in our academic institutions and are actively working towards eliminating these barriers.



**The Centre for Psychological Health (CPH)** is a community-based clinic dedicated to improving access to psychological services, by providing low barrier and evidence-based mental health care while also meeting



## Clinical Psychology Residency Program

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student training needs. The CPH uses an equity-based model, which allows us to serve low-income clients aged 5+ who experience systemic barriers in accessing mental health services, prioritizing clients who identify as being part of the following populations and communities: African Nova Scotians, 2SLGBTQIA+, Indigenous peoples, newcomers or refugees and Children in care (current or former). We work in partnership with a number of community organizations and residents may have the opportunity to provide both outreach and services to clients at our partner organizations.



The [Dalhousie Student Health and Wellness Centre \(SHW\)](#) is an interprofessional health centre providing primary physical and mental health care to students of Dalhousie University and the University of King's College. The Centre is staffed by psychologists, counsellors, social workers, physicians (including psychiatry), nurses, and health promotion staff. SHW is committed to providing quality health care and services to





promote and enhance students' good health, mental health and well-being. The services are easily accessible and geared toward the unique health needs and concerns of students. The healthcare and administrative staff include over 60 team members who strive to provide best practices in the integrated collaborative care to the diverse students of Dalhousie and King's. Students come from over 120 countries of the world, contributing to a rich diversity of cultural, spiritual, and lived experiences, and the university community supports a strong resource network to support the needs of indigenous, African Nova Scotia and Canadian, international and 2SLGBTQ+ students. Dalhousie Student Health and Wellness offers a variety of services to support students such as same-day (single session) counselling, ongoing counselling, group counselling and counselling to support students with neurodevelopmental presentations. Health promotion activities often focus on sexual health, responsible drinking, substance use and away-from-home support.



### Halifax Regional Municipality

As the largest municipality in Atlantic Canada (estimated population of 439,819 in 2022), Halifax is the capital of Nova Scotia. Founded in 1749, Halifax serves as a major centre for commerce, government, transportation, shopping, tourism, entertainment, education, and health care. Halifax is recognized as one of North America's





most beautiful cities with its historic harbour development, Victorian architecture and vibrant downtown. With six universities, the city boasts the highest ratio of educational facilities to population in North America. Halifax is both a cosmopolitan city with exciting nightlife, theatres, galleries, museums, vibrant live music scene, fine dining, and home to stunning beaches, oceanside trails and urban parks.



## Overview of the Program

### Philosophy of the Program

The Dalhousie Clinical Psychology Residency Program is designed to provide an intensive 12-month training (or part-time equivalent) experience for advanced graduate students in Clinical Psychology and in Counselling Psychology. Our program supports the goals and objectives of the scientist-practitioner model of training for clinical psychologists and emphasizes clinical training and professional development. The aim of the program is to prepare residents to transition toward independent practice as a professional psychologist.

We focus on helping residents gain knowledge and skills in areas central to practice, as outlined in the Mutual Recognition Agreement (MRA; <http://www.cpa.ca/documents/MRA.pdf>), which delineates expectations for professional practice in psychology across Canada.

The training curriculum at Dalhousie University is focused on providing high-quality, evidence-based assessment and treatment for children, adolescents, adults, couples and families. We provide services to both university students and the wider community, and thus serve a diverse clientele. Delivery of equity-based and culturally competent care is central to our practice and the training objectives of our residency program.

We offer a warm, supportive atmosphere, and aim to support the career development of our associates, residents, and students and to foster an atmosphere of collegiality, consultation, and mentorship amongst our team members.



## Goals of Training

Our overarching goal at the Dalhousie Psychology Residency Program is to prepare our residents to become successful autonomous psychologists. Through responsive and supportive supervision, our program will help residents advance their clinical skills in assessment, treatment, consultation and program evaluation skills to prepare them to excel as psychologists and professionals, beyond residency. We are deeply committed to preparing our residents to confidently advance to the next step in their careers, and be prepared to succeed in any area within the scope of practice of a psychologist. As such, residents are expected to develop core, profession-wide functional competencies in the following areas:

- 1) Assessment skills.** Residents will become proficient with the use of semi-structured diagnostic interviews, psychometric testing, differential diagnosis, and the provision of treatment recommendations and feedback. Case conceptualization is also an important focus during initial treatment sessions in order to formulate the presenting problem, as well as select appropriate interventions.
- 2) Intervention skills.** Residents will become proficient in planning treatment goals and plans, and providing evidence-based psychological treatments, such as Cognitive Behavioural Therapy, Acceptance and Commitment Therapy, and Emotion Focused Therapy. Process issues related to the interventions will also be an important focus.
- 3) Consultation.** Residents will develop skills for consulting with other health care or educational professionals for the coordination and provision of care. Residents will work with other disciplines in an effective, positive, and collaborative manner.
- 4) Research and Program Development and Evaluation.** Residents will develop knowledge and skills needed to complete a research or program evaluation project. Development of research and program evaluation, working in partnerships and dissemination of results will be an important focus.
- 5) Development through supervision.** Supervision will be provided by doctoral-level psychologists, and it matched to each residents' training needs and skills. Initial supervision sessions may be more instructive, with the intention of the resident taking more autonomy in later supervision sessions. Residents are also provided training and supervision in the provision of supervision and will have the opportunity to provide supervision to junior psychology students during their residency.

In addition to functional competencies, our training also places a strong emphasis on the foundational values inherent in the practice of psychology. There is a focus on professional development, helping the resident grow into their professional role through self-reflection, critical thinking, using evidence-based knowledge and methods and interdisciplinary collaboration. Residents will receive didactic training and supervision on working with clients from diverse cultural backgrounds and will become aware of cultural differences in the context of their assessment and treatment work.

Residents will become proficient in their knowledge and application of ethical and professional principles of psychologists. Ethical standards are regularly discussed in supervision to ensure that residents demonstrate a



comprehensive and advanced knowledge of ethical standards, codes of conduct, ethical decision-making, and legal obligations related to the practice of psychology.

We offer training and didactics focused on autonomous registration in Canada, as well as post-residency employment. Our supervisors have worked across diverse settings, such as hospitals, university centres, specialized treatment clinics and private practice – we strongly believe in preparing our residents to enter any practice setting or academic setting and thrive.

### **Program Structure**

The residency program will run from September through the end of August and will cover a total of 1600 hours of practice under supervision. While specific hours will depend on each resident and their respective clinical interests, residents are expected to work a typical 35-hour week, with 3-week vacation plus additional professional development time. Anywhere from 40-50% of the week will be spent in direct client contact, which will vary depending on several factors (e.g., resident goals, training modality, preparation, etc.). In addition, residents will also attend training seminars, supervision, team meetings, case conferences and complete readings.

### **Didactic Seminars and Peer Support**

Residents participate in weekly 2-hour seminars developed specifically for residents. These include presentations about relevant child, youth, and adult issues by psychologists working in all Halifax-based residency programs, other health professionals, and individuals working in other community settings. Individual, social, and cultural diversity considerations are embedded within this series, with multiple seminars dedicated to diversity-focused topics each year.

The following is a list of possible seminars:

- Keys to a Successful Residency
- Professional Psychology in Nova Scotia and Beyond
- End of Life Issues: Palliative Care
- NSBEP/NS standards and legislation
- Self-care Supervision
- Finding Employment
- Cultural Diversity
- Avoiding Complaints to the Board
- Private Practice
- Psychopharmacology
- Program Evaluation

Residents are encouraged to attend case presentations, and other professional development opportunities at Dalhousie University and the wider psychology community.



It is also possible to obtain educational leave to attend workshops or conferences of interest and residents are eligible to apply for funding.

Mandatory peer support sessions occur weekly immediately following the seminar presentation. Peer support sessions allow residents to discuss issues relevant to their residency experience and to provide support to one another. Residents determine the structure of these sessions, within some overall guidelines covering specific areas (e.g., confidentiality). Residents often choose to spend time together socially following peer support sessions.

## Rotations

### Rotation Structure

There are two areas of clinical focus available to residents: lifespan focus or adult focus. Resident applicants are asked to note a preference for lifespan or adult-focused rotations at time of application but dependent on supervisor availability, we may be able to offer flexibility around preferences for rotations as these are not distinct tracks with separate applications.

### Adult-Focus

Residents who are focused on working with adults will complete two 6-month, 2 or 3 day per week major rotations in adult intervention and/or assessment. The adult general mental health rotation takes place at both the Centre for Psychological Health (CPH) and Student Health & Wellness (SHW).

### Lifespan-Focus

Lifespan-focused residents will complete a 6-month major rotation in child/family intervention at Centre for Psychological Health (CPH) and a 6-month intervention rotation working with young adults at Student Health & Wellness (SHW).

### Minor Rotations

All residents are expected to complete a 1-day a week minor in assessment during each six-month term (or 2 days for six months). Residents who opt to do a major rotation in assessment do not also have to complete a minor in assessment. Residents have the option to remain in the same assessment minor for the entire 12 months or they can choose a different assessment minor in term 1 and term 2.

Depending on the schedule for their major rotation, residents may also complete an additional minor rotation in a concentrated area. Our program offers some concentrated experiences not widely offered at residency programs such as couple’s therapy, sex therapy and assessment and counseling for adult neurodevelopmental disorders. Some minor rotations are available for 6 months and others are for 12 months only due to the need for more intensive exposure or length of expected course of treatment. See list of minors and their recommended duration below.

<b>Rotation Name:</b>	<b>6 mos.</b>	<b>12 mos.</b>
Sexual Health		x
Emotion-Focused Therapy for Couples		x





Adult or Lifespan Neurodevelopmental disorders	x	x
Neurodevelopmental/Psychoeducational Focused Counselling	x	
Emotion-Focused Skills Training for Parents	x	x
Research and Program Development and Evaluation	x	x

**Assignment of supervisors and rotations will depend on student preference, experience in intervention, training needs and best fit and will take place post-match.**

## Major Rotation Descriptions

### Adult Intervention Major Rotation

At both the CPH and SHW sites, residents will have the opportunity to work with adults from diverse backgrounds who are seeking mental health support for a wide range of clinical presentations. Although the client population varies somewhat between our two sites, individuals often present with mood disorders, anxiety disorders, post-traumatic stress disorder, eating disorders, psychotic disorders, neurodevelopmental disorders, concurrent/comorbid disorders, and personality disorders, as well as health psychology concerns and other difficulties issues such as grief, marriage/relationship difficulties, sexual health and gender identity concerns, role transitions, and school and work difficulties.

Opportunities to gain experience in interprofessional consultation, single-session work, short-term and ongoing counselling/therapy are available across our two sites. Our supervisors approach therapy from a variety of therapeutic orientations and residents may have the opportunity to receive training and supervision in evidence-based treatments such as:

- Cognitive behavioural therapy (CBT)
- Acceptance and commitment therapy (ACT)
- Prolonged exposure therapy (PE)
- Cognitive Processing Therapy (CPT)
- Motivational Interviewing (MI)
- Emotion-Focused Therapy (EFT)
- Emotion-Focused Skills Training for Parents (EFST)
- Interpersonal process groups
- Dialectical Behaviour Therapy (DBT) skills group

Residents will be able to tailor their experiences to their training needs based on options they select at the Student Health and Wellness Centre and the Centre for Psychological Health.

### Child/Adolescent, and Family Intervention Major Rotation

The child/adolescent and family rotations take place at the Centre for Psychological Health site. During this rotation, residents will work with children and/or adolescents from age 5 to 17 years old, as well as their parents/caregivers where appropriate, from diverse backgrounds, and presenting with a wide range of clinical



presentations such as mood and anxiety disorders (depression, anxiety), obsessive compulsive disorder, trauma- and stressor-related disorders, neurodevelopmental disorders, concurrent/comorbid disorders, chronic health conditions affecting mental health, sex/gender identity concerns, disruptive behaviour disorders, issues with school and parenting supports.

Supervisors for this rotation approach therapy from a variety of therapeutic orientations and residents may have the opportunity to receive training and supervision in variety of evidence-based treatments, including cognitive behaviour therapy, acceptance and commitment therapy, trauma-focused CBT, motivational interviewing, DBT and emotion-focused therapy.

### **Assessment Rotations**

There are a variety of different options for assessment rotations. Our services offer the following assessments, providing residents with opportunities to gain experience across the lifespan:

- **Psychoeducational assessment** – comprehensive evaluation of cognitive and academic strengths and challenges, and behavioural profile, to explore potential diagnosis of learning challenges/disabilities and/or intellectual disabilities.
- **Mental health diagnostic assessment** – comprehensive evaluation of current and past mental health status, symptoms, and functioning with possible DSM-V diagnoses.
- **Autism Spectrum Disorder (ASD) assessments** – comprehensive ASD assessments for adolescents/adults.
- **Attention-Deficit/Hyperactivity Disorder (ADHD) assessments** – comprehensive ADHD assessments for children/adolescents/adults.
- **Neurodevelopmental screening** - neurodevelopmental/psychoeducational screening, learning strategy support, and advocacy services for post-secondary students to identify concerns such as learning disabilities, attention-deficit/hyperactivity disorder, and autism spectrum disorder.

### **Minor Rotation Descriptions**

#### **Sexual Health**

On this minor rotation, residents will have the opportunity to work with clients who have diverse sexual health and relationship concerns. This may include difficulties related to sexual desire, arousal, erection, orgasm, disinhibited sexual behaviours, and atypical sexual interests; all of which may or may not be related to or impacting their monogamous, polyamorous, or open romantic relationships. Residents will gain more concentrated experience: conducting comprehensive biopsychosocial assessments of sexual dysfunctions and difficulties; providing therapy in individual, couples, and possibly group formats; and implementing specific sex and relationship therapy interventions. Therapy on this rotation is primarily CBT, EFT, mindfulness-based, and psychoeducation. Please note: this rotation requires pre-existing knowledge of human sexuality and the assessment/treatment of sexual dysfunction (e.g., undergraduate course in human sexuality and graduate level training/experience either in sex research or equivalent).

#### **Emotion-Focused Therapy for Couples**



In this minor rotation, residents will be trained to provide couples therapy using an EFT framework. EFT for Couples is a therapy used to help improve attachment and closeness in romantic relationships. It can benefit couples who are struggling with conflict, distress, and poor communication due to every day struggles, or for couples dealing with serious relationship issues, including infidelity and other relationship trauma. EFT for couples can help change old, familiar reactions that threaten relationships and can help couples have stronger bonds, better emotional functioning and become more aware of their partner's needs. Because of this awareness, they are also able to listen and discuss problems from a place of empathy instead of a place of defensiveness or anger. Residents in this rotation will see couples for ongoing therapy. The minimum commitment for this rotation is one day per week for the 12 months of residency.

### **Emotion Focused Skills Training (EFST) for Parents**

EFST is a type of therapy for parents to get support and help with the problems of parenting. Both adult-focused and lifespan-focused residents may be interested in this minor rotation as the therapy work is done exclusively with parents. This therapy is helpful for parents who have a loved one of any age (young child, adolescent or adult child) suffering from a mental health or physical health problem, or other problems such as social or school struggles.

EFST guides parents to navigate their own and their child's emotions, enhance their own and their child's motivation for change, and transform problematic relationships in their family. Opportunities for both a group workshop with parents and individual work may be available for residents in this minor rotation.

### **Adult or Lifespan Neurodevelopmental Disorders**

Dalhousie Student Health and Wellness offers a minor rotation concentrating in neurodevelopmental/psychoeducational screening, learning strategy support, and advocacy services for students of Dalhousie University. Residents will have an opportunity to conduct interviews to identify concerns such as learning disabilities, attention-deficit/hyperactivity disorder, and autism spectrum disorder among university-aged adults, and assist students with next steps of the diagnostic process. Working closely with clients to identify strengths, create individualized intervention plans, and foster the development of effective study habits, residents will provide psychological interventions tailored to this unique population (including those pertaining to the improvement of executive functioning, time management skills and organizational skills). This rotation also offers opportunities for advocacy within the university setting for accommodations, support services, and resources that promote the academic achievement and overall well-being of students. This experience can be combined with neurodevelopmental assessment with children and/or adults at the Centre for Psychological Health to provide residents with a comprehensive experience working with individuals with neurodevelopmental disorders.

### **Research and Program Evaluation**

The Centre for Psychological Health has a research mandate focused on health services evaluation and clinical research in an applied setting aligned with the justice, equity, diversity, and reconciliation mission of the CPH. Partnerships between the CPH and community are the key drivers of achieving this mission.

In this rotation, residents are expected to complete a research or program evaluation project. The design of this project is flexible to accommodate the Resident's interests, but will consist of involvement in, or design of, a research project or program evaluation initiative that supports the work of the CPH and/or an identified



community partner. A small pool of projects will be available for Residents to select from at the beginning of the year.

These initiatives are supported by the Health Outcomes Scientist and Research Lead with the CPH, the co-directors and other supervisors within the CPH, SHW, Dalhousie Psychology and Neuroscience and researchers in the community or health system. Factors related to the selection of topics for these projects include supervisor project availability, evaluation needs of clinical/community programs, and Resident interests. Examples of projects include: interviewing referral partners regarding access and experience of care at the CPH; surveying PhD students related to achievement of goals in their practicum placement; evaluation of community based group intervention for seniors mental health; assessing impacts of group interventions.

### Sample Adult-Focused Training Plans

Major Intervention Rotation	Assessment Rotation	Minor Rotation(s)	Non-Clinical Day
<b>OPTION A</b>	<b>September-February</b>	<b>March- August</b>	
Monday	Adult MH intervention (CPH)	Adult MH intervention (CPH)	
Tuesday	Adult MH intervention (SHW)	Adult MH intervention (SHW)	
Wednesday	Sexual Health	Sexual Health	
Thursday	Neurodevelopmental screening	Adult ADHD assessment	
Friday	Program evaluation/outreach or research, seminars and peer support	Program evaluation/outreach or research, seminars and peer support	

<b>OPTION B</b>	<b>September-February</b>	<b>March- August</b>	
Monday	Adult MH intervention (CPH)	Adult Assessment	
Tuesday	Adult MH intervention (SHW)	Adult Assessment	
Wednesday	Adult MH intervention (SHW)	Program Evaluation	
Thursday	Emotion Focused Therapy - Couples	Emotion Focused Therapy - Couples	
Friday	Program evaluation/outreach or research, seminars and peer support	Program evaluation/outreach or research, seminars and peer support	

### Sample Lifespan-Focused Training Plans

Major Intervention Rotation	Assessment Rotation	Minor Rotation(s)	Non-Clinical Day
<b>OPTION A</b>	<b>September-February</b>	<b>March- August</b>	
Monday	Child & Family intervention (CPH)	Adult MH intervention (SHW)	
Tuesday	Child & Family intervention (CPH)	Adult MH intervention (SHW)	
Wednesday	Child & Family intervention (CPH)	Neurodevelopmental Counselling	
Thursday	Psychoeducational assessment (children and/or adult)	Neurodevelopmental disorders assessment (children and/or adult)	
Friday	Program evaluation/outreach or research, seminars and peer support	Program evaluation/outreach or research, seminars and peer support	





<b>OPTION B</b>	<b>September-February</b>	<b>March- August</b>
Monday	Adult MH intervention (SHW)	Child & Family intervention (CPH)
Tuesday	Adult MH intervention (SHW)	Child & Family intervention (CPH)
Wednesday	Child Assessment	Child Assessment
Thursday	Emotion Focused Parent Skills Training	Child Assessment
Friday	Program evaluation/outreach or research, seminars and peer support	Program evaluation/outreach or research, seminars and peer support

## Supervision

The provision of supervision is in alignment with CPA and APPLIC standards, and our residents receive at least four hours of supervision per week by a doctoral-level, registered psychologist. Residents will be assigned their supervisors based upon matching clinical interests, as well as availability of supervisors. In order to meet resident interests and needs, a minimum of two supervisors will be available for each resident. Group supervision may also be provided. Supervisors will meet weekly with each resident.

If there is an interest, supervision of more junior practitioners by residents is included in one of their rotations at CHP. Additionally, our residents are offered didactics training and teaching in providing supervision in order to build this competency.

## Evaluations

**Resident Evaluations:** Over the course of the residency year, formal written evaluations will be conducted at the midpoint and end of all major and minor rotations. Each mid-rotation evaluation is completed by the supervisor and reviewed together with the resident. This review is intended to identify areas of strengths and/or weaknesses that can be further developed through the remainder of the rotation (and residency) and to ensure that progress regarding goals and objectives are monitored and adjusted, as needed. These evaluations are competency-based, focusing on assessing profession-wide functional and foundational competencies.

At six and 12 months, a summary of the residents' progress will be submitted to the resident's graduate training director to ensure ongoing communication between the graduate program and the residency program regarding progress.

**Supervisor and Site Evaluations:** Residents will have the opportunity to evaluate their experiences with the residency site, their rotations and their supervisors. Evaluations will be submitted to the Residency Co-Directors.



## Accreditation

We are currently in the process of an application to be a Provisional Member of *Association of Psychology Postdoctoral and Internship Centers*. We are planning to seek accreditation by the *Canadian Psychological Association* (CPA) for the 2025-26 residency year. We are also a member of the *Canadian Council of Professional Psychology Programs* (CCPPP).

## Stipend

At Dalhousie Residency Program, we highly value our residents and strongly believe in the care they deliver. Full time residents will receive a stipend of \$54,000.00 for the full year, paid monthly.

Our residents will receive 15 working days of vacation and be allocated 5 business days for professional development of any kind (i.e., dissertation related work, job interviews). The University is closed between December 25 and January 1 with this time additionally granted as non-working days.

## Application Process

### Qualifications

All candidates must be enrolled in a CPA or APA accredited Clinical Psychology or Counselling Psychology Doctoral program and have completed some CBT coursework and clinical application prior to application submission.

Four resident positions will be available for the 2025-26 year. Beginning in 2025-26, one position each year is reserved for students enrolled in the Clinical Psychology Ph.D. program at Dalhousie University.

Prior to commencing the residency program, residents must have completed all requirements of their doctoral program, excluding the completion of their dissertation. A minimum of 300 direct client contact hours (i.e. assessment and/or group and individual treatment), will also be required.

We are committed to offering equal opportunity employment and encourage applications from all qualified individuals regardless of race, religion, cultural or ethnic background, gender, sexual preference, and disability. The program will make all efforts to ensure program access to those with disabilities by ensuring the accessibility of the physical site and by making further necessary accommodations on a case-by-case basis through our Co-Directors of Training.

### Applications

The deadline for receipt of applications is November 15, 2024.

Applicants must register for the internship Match, using the online registration system



on the Match website: [www.natmatch.com/psychint](http://www.natmatch.com/psychint). We are currently in the process of applying for APPIC approval and our NMS Match Number.

Applications are to be submitted via the AAPI Online Centralized Application Service. No printed documents are to be mailed directly to our program. You can access the APPI Online here: <https://www.appic.org/Internships/Internship-Application-AAPI-Portals/AAPI-For-Applicants>

The following materials must be included in the AAPI online submission:

1. APPIC Application for Psychology Internship (AAPI, which includes the DCT's verification of eligibility and readiness)
2. A Cover Letter indicating the applicant's training and career goals, and the types of experiences they are hoping to have during the residency year. Applicants are encouraged to elaborate on their existing skills and experiences with evidence-based practice, particularly those that relate to the types of clinical experiences the applicant is hoping to have during their residency.
3. Graduate Transcripts
4. Curriculum Vitae
5. Three letters of reference using the APPIC Standardized Reference Form (SRF), which can be downloaded here:  
<http://www.appic.org/Portals/0/downloads/Standardized Reference Form Final 1.%2027.15.doc>
  - One letter should be from an individual familiar with the applicant's research skills
  - One letter should be from an individual familiar with the applicant's clinical skills.

Applications will be accepted until November 15, 2024. Interview notifications will be sent to successful applicants as per the timeline suggested by APPIC.

Questions regarding the Clinical Residency Program or Application Process should be directed to Residency Co-Directors Dr. Cheryl Aubie at [cheryl.aubie@dal.ca](mailto:cheryl.aubie@dal.ca) or Dr. Jason Chatman at [Jason.chatman@dal.ca](mailto:Jason.chatman@dal.ca)



## Supervisors

### Clinical Supervisors

**Cheryl Aubie, Ph.D.** Psychologist, Centre for Psychological Health  
(she/her) University of Windsor, 2006

Working both at CPH and in private practice, I provide therapeutic support for individuals, couples and families of all genders and sexual identities facing life's most painful and emotional challenges, such as mental health issues, stressful life transitions, grief, relationship strain, parenting concerns and separation/divorce/co-parenting issues. Using an emotion-focused and attachment framework, I am especially interested in helping couples and families resolve complex relational difficulties. I offer emotion-focused skills training (EFST) to parents struggling with a mental health concern in their child (of any age, including adults) and provide workshops in EFST to clinicians internationally. I also have an expertise in working with individuals with eating disorders, body image issues and disordered eating and am especially passionate about clinical training and process-oriented supervision. [cheryl.aubie@dal.ca](mailto:cheryl.aubie@dal.ca)

**Susan Battista, Ph.D.** Psychologist, Dalhousie Centre for Psychological Health  
(she/her) Dalhousie University, 2014

I have worked with children, adolescents, and adults in numerous settings including hospitals, universities, and school boards. I currently work in private practice and at the Dalhousie Centre for Psychological Health. I am trained in Cognitive Behavioural Therapy (CBT), Motivational Interviewing (MI), and Acceptance and Commitment Therapy (ACT). Although I work with clients presenting with various concerns, I have a specific interest in Concurrent Disorders (co-occurring mental health and substance use disorders). [Susan.battista@dal.ca](mailto:Susan.battista@dal.ca)

**Jason Chatman, Ph.D.** Psychologist, Dalhousie Student Health & Wellness  
(he/him) University of California, Los Angeles, 2006

In my work at the SH&W, I provide therapeutic and counseling support for post-secondary students as they navigate the unique stressors encountered during this stage in their academic development to improve their psychological functioning and achieve academic success. I work to support students experiencing a wide range of issues including difficulties with attention and focus, mood dysregulation, anxiety, interpersonal difficulties, navigating trauma, and many others. I use an eclectic model of care drawing primarily from cognitive-behavioural therapy, acceptance and commitment therapy, and emotion-focused therapy. Operating with a cultural humility lens and from an anti-racist stance, I am especially interested in helping students cope with the impact of racism and discrimination and develop healthy identities that they can celebrate. I endeavour to help break down barriers to access to care and improve awareness across campus to the unique context of students with marginalized backgrounds. My supervision style marries an integrative developmental model





with a systems approach. In addition to my work at SH&W, I also teach a graduate course on working with diverse clients to the PhD clinical psychology students at Dalhousie University and regularly provide workshops on cultural humility, cultural safety, and cultural competence to organizations across the province. Finally, I maintain a small private practice where I see families and clients across the lifespan. [Jason.Chatman@dal.ca](mailto:Jason.Chatman@dal.ca)

**Chelsea da Estrela, PhD**      Psychologist, Dalhousie Centre for Psychological Health  
(she/her)                      Concordia University, 2020

My clinical interests include psychoeducational assessments, anxiety and mood disorders, emotion regulation and coping with acute or chronic health conditions amongst youth (21 and under). I hold positions in the IWK Children's Health program and private practice. Theoretical orientations include CBT and ACT, and formal training in emotion coaching for caregivers of youth with mental health symptoms. My supervision style is developmental and collaborative. [chelsea.daestrela@dal.ca](mailto:chelsea.daestrela@dal.ca)

**Debbie Emberly, Ph.D.**      Health Outcomes Scientist/Research Lead, CPH  
(she/her)                      MSc Acadia University, 2002; PhD Dalhousie University, 2010

I am a clinical psychologist coming from a career in service delivery, health service development and evaluation within the public mental health and addictions sector (child and adolescent focus). My role at the CPH is dedicated to measuring, reporting, and understanding the impact of the care offered at the CPH on the clients, students, and community partner organizations with whom we work. At the CPH we use a measurement informed care approach where the tools that assist in shared decision making regarding the best care for the individual client are also used to demonstrate the impact of the work. We have a responsibility to demonstrate and share the effectiveness of the care that we provide and capture the intended and unintended consequences of our work, e.g., improving team morale in community. In my work, I centre the voice of the client as the expert in their lives and ensure their views, preferences, and values are prioritized. From an evaluation lens, using both qualitative and quantitative methods I am interested in partnering to tell the story of the CPH, of our clients, of our students and of our community. As research lead, my role involves developing innovations in research, supporting key initiatives, e.g., culturally adapted CBT and seeking funding and research partnerships to advance our goals of culturally informed and low barrier access to care. [debbie.emberly@dal.ca](mailto:debbie.emberly@dal.ca)

**Miranda Fudge, Ph.D.** Psychologist, Dalhousie Centre for Psychological Health  
(she/her)                      University of New Brunswick, 2017

I am a clinical psychologist who works with adults and couples of all ages, genders, sexual identities, backgrounds, and relationship formats. I am passionate about helping people through many types of difficult experiences including anxiety, sadness and depression, emotion dysregulation, stressful life transitions, identity development, and relationship strain. I am also a sex therapist, with specialized training in helping people who are experiencing difficulties related to their sex lives (e.g., desire, arousal, erection, orgasm, atypical sexual interests, non-traditional relationship formats). Finally, I am a WPATH trained clinician who offers Trans Health Readiness assessment services to adults seeking gender affirming hormone therapy or surgeries. My therapeutic approach integrates scientific evidence from several therapeutic frameworks (e.g.,



cognitive behavioural, dialectical behaviour, mindfulness-based, emotionally-focused, motivational, and solutions-focused) with my own clinical expertise and each client's preferences. For me, each client is the expert on their own life and a strong therapeutic relationship is the foundation of meaningful change. I am originally from Newfoundland and obtained a Ph.D. in Clinical Psychology from the University of New Brunswick. I am firmly dedicated to continued growth and education - I believe in growing along with (and often because of) my clients. [Miranda.fudge@dal.ca](mailto:Miranda.fudge@dal.ca)

**Stillman Jacquard, Ph.D.** Dalhousie Student Health and Wellness  
University of British Columbia, 2010

I am a registered psychologist with a doctorate in psychology from the University of British Columbia (APA/CPA accredited). I am a practitioner of decolonial mental health and offer liberation oriented, anti-oppressive, culturally informed therapy, and practice from a justice oriented, system-informed framework, encompassing trauma sensitive care. My clinical orientation is influenced by person-centred therapy and cognitive behaviour therapy within the context of a multimodal lens. I look for opportunities to engage in adventure and movement-based therapy and value building community within an Indigenous wholeness. I am proud to be of Metis heritage. My current research pursuits include embodied listening, mindfulness, self-compassion and movement within the context of the therapeutic relationship. [stillman.jacquard@dal.ca](mailto:stillman.jacquard@dal.ca)

**Shannon Johnson, Ph.D.** Psychologist/Co-Director, Centre for Psychological Health  
(she/her) University of Victoria, 2003

I am an Associate Professor in the Departments of Psychology and Neuroscience and Psychiatry, Director of Clinical Training for the Clinical Psychology PhD Program, and Co-Director of the Centre for Psychological Health at Dalhousie University. I oversee the research strategy of CPH and work closely with Dr. Emberly to supervise student research and program evaluation projects in the centre. I have expertise in a wide range of assessment activities across the lifespan, with specific interests in neuropsychological and adult autism spectrum disorder assessments. My intervention interests include supporting those with attention, learning, and neurodevelopmental differences, cognitive impairment, and associated mental health difficulties. [Shannon.johnson@dal.ca](mailto:Shannon.johnson@dal.ca)

**Susan Lavoie, Ph.D.** Dalhousie Student Health and Wellness  
(she/her) University of New Brunswick, 2015

I am a Clinical Psychologist at Dalhousie Student Health and Wellness since 2012. My overarching clinical interest is very client centred with an aim to enhance client relationships with their emotions in order to live lives with emotions rather than to avoid emotions (aka building a life worth living). My theoretical orientation is primarily grounded in Acceptance and Commitment Therapy and Dialectical Behavioral Therapy, with foundations in Cognitive Behavioral Therapy. My supervision style is also very intern/resident centred with an aim to hone individual professional and clinical identity. Prior to working at Dalhousie, I also worked in several Nova Scotia Health settings (Community Mental Health, Outpatient Eating Disorders Clinic, and Borderline Personality Disorder Treatment Program). I have also done Private Practice in the area of physical rehabilitation psychology. [susan.lavoie@dal.ca](mailto:susan.lavoie@dal.ca)



**Lynn MacKenzie, Ph.D.** Psychologist, Dalhousie Centre for Psychological Health  
(she/her) Dalhousie University, 2019

I am a Clinical Psychologist with the Centre for Psychological Health (CPH) at Dalhousie University, Department of Psychology and Neuroscience. I provide evidence-based intervention and assessment for older children, adolescents, and adults experiencing a range of mental health disorders, including mood disorders, anxiety disorders, obsessive-compulsive & related disorders, body focused repetitive behaviors, substance use disorders, post-traumatic stress disorder, and psychotic symptoms (e.g., substance-induced psychosis, early psychosis, schizophrenia, mood disorders with psychotic features). My primary theoretical orientation is Cognitive-Behavioural Therapy; however, I also incorporate additional evidence-based psychotherapies, including Motivational Interviewing, Cognitive Processing Therapy, Prolonged Exposure, Acceptance and Commitment Therapy, and components of Dialectical Behaviour Therapy. Regarding specialized assessment, I have a particular interest in assessment of neurodevelopmental disorders and differential assessment of other mental health disorders, including adolescent and adult Autism Spectrum Disorder and Attention Deficit Hyperactivity Disorder. [lynn.mackenzie@dal.ca](mailto:lynn.mackenzie@dal.ca)

**Heather Patterson, Psy.D.** Dalhousie Student Health and Wellness  
(she/her) Memorial University, 2016

I am a Registered Psychologist and faculty member within Dalhousie Student Health and Wellness. I completed a Master's in Clinical Psychology from Acadia University (2008), and my doctoral training in Clinical Psychology from Memorial University of Newfoundland (2016). My clinical interests include attentional and mental health concerns in the university student population and hold a particular interest in the areas of identity development, interpersonal relationships, attachment, gender, and human sexuality. As a clinician, I strive to provide an empathetic therapeutic space with the goals of assisting my clients to explore their struggles and expand ways of coping in a non-pathologizing fashion. Working from a short-term (brief) client-centered foundational model, I employ a collaborative, integrative approach to my work with clients, incorporating evidence-based techniques from a variety of modalities (interpersonal [IPT], feminist, cognitive-behavioural [CBT], acceptance and commitment [ACT], dialectic behavioural [DBT], mindfulness, attachment-focused/emotion-focused [EFT], and solution-focused). Providing a trauma-informed and culturally relevant lens is central in my work with clients, as is the acknowledgement of (and work against) the systemic oppression (both societal and institutional) faced by marginalized populations. [h.patterson@dal.ca](mailto:h.patterson@dal.ca)

**Alissa Pencer, Ph.D.** Psychologist/Co-Director, Centre for Psychological Health  
(she/her) University of Calgary, 2004

I am a Senior Instructor within the Departments of Psychology and Neuroscience and Psychiatry, Field Placement Coordinator for the Clinical Psychology Program, and Co-Director of the Centre for Psychological Health at Dalhousie University. My clinical and research interests are in the areas of e-mental health, trauma-based therapies, prevention and treatment of anxiety and mood disorders, obsessive-compulsive and related disorders, severe mental illness, and substance use in youth and young adults. [alissa.pencer@dal.ca](mailto:alissa.pencer@dal.ca)

**David J. Pilon, Ph.D.** Dalhousie Student Health and Wellness



(he/him)

University of Waterloo, 1990

I am a Clinical Psychologist and serve as Director of Counselling & Psychological Services at Dalhousie Student Health and Wellness. I have worked at Dalhousie Student Health and Wellness since 2018. My clinical interests include enhanced access to evidence-based mental health services, supervision and psychological competencies, mental health outreach and literacy, and the evaluation of outcomes of mental health treatment. My theoretical orientation is primarily cognitive behavioural though I have worked and trained in a variety of modalities including family systems, group interventions and couples work. Prior to working at Dalhousie, I served in clinical and leadership roles with the Nova Scotia Health Authority. I very much enjoy working in a university setting and collaborating with colleagues who are committed to supporting students to flourish. [david.pilon@dal.ca](mailto:david.pilon@dal.ca)

**April Sullivan Ph.D.**

Psychologist, Centre for Psychological Health

(she/her)

York University, 2010

I am a Clinical Psychologist with the Centre for Psychological Health (CPH) at Dalhousie University, Department of Psychology and Neuroscience. I provide supervision in evidence-based assessment and interventions for children, youth, and families with complex mental health needs. I have experience in assessment and treatment of neurodevelopmental disorders across the lifespan, family-based interventions, and dialectical behaviour therapy. I support students to use attachment theory to understand and support families, and dialectical behaviour therapy to structure their approach to intervention with young people who have a multitude of coexisting problems. [April.sullivan@dal.ca](mailto:April.sullivan@dal.ca)

**Julie Wershler, Ph.D.** Psychologist, Dalhousie Centre for Psychological Health

(she/her)

University of New Brunswick, 2018

At the Centre for Psychological Health, I provide supervision for assessment and intervention with school-age children, adolescents, and adults. For assessment, I specialize in psychoeducational and ADHD assessments for individuals across the lifespan, as well as mental health diagnostic assessments. Opportunities for experience in adolescent and adult Autism Spectrum Disorder (ASD) assessments may also be available. For intervention, my primary approaches include CBT (including trauma-focused CBT), DBT skills, and ACT. I also have an interest in group therapy. I primarily provide supervision for anxiety and mood disorders, emotion regulation challenges, trauma, and ADHD/executive functioning. I also have a strong interest in supervising trainees in the provision of supervision. My approach to supervision is collaborative and based on developmental and competency-based methods. I strive to ensure students feel supported while also building their autonomy in further developing their clinical skills and considering the impact of the therapeutic process and diversity factors. Supervision methods include case discussion, direct observation (live or through video-recording), and review of written work. [Julie.wershler@dal.ca](mailto:Julie.wershler@dal.ca)

## Other Psychology Staff

**Marriam Abou-El-Haj, M.Sc.** Psychologist, Dalhousie Student Health and Wellness



(she/her)

California State University, Chico 2000

I am a registered Psychologist and have worked in various university and private practice settings. I currently work at Dalhousie Student Health and Wellness and have been since 2018. I work with students navigating various issues including, but not limited to, anxiety, depression, eating disorders, interpersonal struggles, self worth and resiliency. My therapeutic orientation is integrational, trauma informed using empirically based treatments (e.g. Solution Focused Therapy, Acceptance and Commitment Therapy, Person Centered, Interpersonal Therapy and Cognitive Behavioural Therapy) within the context of a feminist multicultural model. My hope is to empower clients to increase their quality of life and overall sense of well-being. [M.abou-el-haj@dal.ca](mailto:M.abou-el-haj@dal.ca)

**Neera K. Datta, M.Sc.**

Psychologist, Dalhousie Student Health and Wellness

(she/her)

University of Calgary, 2004

I am a Registered Psychologist with specialization in the area of school psychology. I have worked at Dalhousie Student Health & Wellness (Counselling and Psychological Services) since 2007. My clinical interests include enhancing learning and mental health outcomes, assessment, intervention, consultation, and advocacy. Prior to working at Dalhousie, I worked in a hospital setting, university, public and private schools, and private practice. I enjoy working with university students and assisting them with understanding their learning needs, implementing appropriate learning strategies, and helping them to move forward in their academic careers. [ndatta@dal.ca](mailto:ndatta@dal.ca)

**Joanne Mills, M.A.**

Psychologist, Dalhousie Student Health and Wellness

(she/her)

Wilfrid Laurier University, 1996

I am a Registered Counselling Psychologist who has worked within post-secondary student mental health since 1997, first in my home province of Newfoundland and Labrador with the College of the North Atlantic before moving to Nova Scotia and working at Mount Saint Vincent University before coming to Dalhousie Student Health and Wellness in 2014. My clinical interests revolve around issues that arise often for students in an academic setting and at this stage of their life including procrastination and motivation issues, evolving identity formation and relationship difficulties. I also enjoy program development and outreach opportunities that support our entire university population. My theoretical orientation originates from a feminist psychology lens rooted in Community Psychology values and has grown over the years through further education and interest in using techniques from many psychological frameworks including cognitive behavioural therapy, dialectical behavioural therapy and acceptance and commitment therapy. I have been actively involved with the profession of Psychology in Nova Scotia throughout my career with both the Association of Psychologists of Nova Scotia and the Nova Scotia Board of Examiners in Psychology. [Joanne.Mills@Dal.Ca](mailto:Joanne.Mills@Dal.Ca)