



# **HALIFAX CLINICAL PSYCHOLOGY RESIDENCY PROGRAM**

**BROCHURE FOR THE  
2026-2027  
TRAINING YEAR**

Cover photo: Chebucto Head Lighthouse, Duncan's Cove, NS

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## 1. Program Introduction

Our Canadian Psychological Association (CPA) – Accredited residency program offers training in a range of settings, including three adult tracks (Health Psychology, Mental Health and Addictions, and Neuropsychology). We provide training crucial to professional development as a psychologist, emphasizing client care, consultation, and interdisciplinary teamwork within a scientist-practitioner model.

**We have six full-time positions for the 2026-2027 training year, with a salary of \$55, 185.**

- **Mental Health and Addictions Track: 4 positions (APPIC: 182311)**
- **Health Psychology Track: 1 position (APPIC: 182312)**
- **Neuropsychology Track: 1 position (APPIC: 182313)**

### 1.2 Philosophy, Goals, and Objectives

The residency is designed to provide an intensive 12-month training experience for advanced graduate students in Clinical Psychology. Our program supports the goals and objectives of the scientist-practitioner model of training for clinical psychologists. The fundamental goal is to transition residents towards independent practice as a professional psychologist. It is our belief that this goal is best accomplished by meeting the objectives of providing residents with extensive, supervised experience with a variety of patient populations and presenting problems, embracing all forms of diversity.

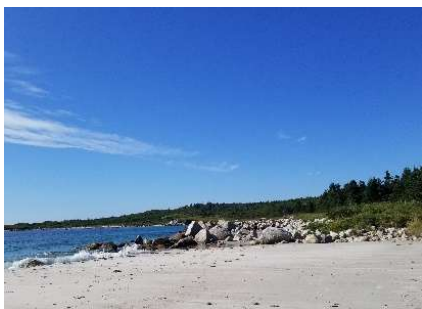
We focus on helping residents gain knowledge and skills in areas central to practice, as outlined in the Mutual Recognition Agreement (MRA; <http://www.cpa.ca/documents/MRA.pdf>), which delineates expectations for professional practice in psychology across Canada.

Residents are expected to become active members of interdisciplinary teams, developing their consultation skills and taking advantage of opportunities to provide education and training to staff and clients. Residents are exposed to a wide variety of presenting problems and professional roles, and training experiences are structured to provide maximum exposure to a broad range of therapeutic and assessment issues. Clinical case conferences, small group seminars, and intensive supervision are structured to foster the development of effective clinical skills, a professional identity and individual style, and an appreciation of the complex ethical, legal, and social issues faced by psychologists.

In sum, we provide residents with opportunities to learn and develop core clinical skills (and some specialty skills), exposure to a variety of populations and presenting concerns, and the ability to apply their acquired skills in a variety of settings. Our comprehensive training experience results in readiness for pursuit of registration and relatively independent practice at the end of the residency year.

## 2. Location

Nova Scotia is located in Mi'kma'Ki, the ancestral and unceded territory of the Mi'kmaq People. This territory is covered by the "Treaties of Peace and Friendship" which Mi'kmaq, Wəlastəkwiyik (Maliseet), and Passamaquoddy Peoples first signed with the British Crown in 1725. The treaties did not deal with surrender of lands or resources. Rather the treaties recognized Mi'kmaq and Wəlastəkwiyik (Maliseet) title and set the rules for what was to be a longstanding relationship between nations. We recognize that we are all treaty people and have responsibilities to each other and this land.



Crystal Crescent Beach

Nova Scotians place a strong emphasis on preserving a relaxed pace and a high quality of life. As "Canada's Ocean Playground," all the recreational and sightseeing attractions of our province are easily accessible. Training for the Health Psychology, Mental Health and Addictions, and Neuropsychology tracks is located across sites in the Halifax Regional Municipality (HRM; Halifax, Dartmouth, and Bedford).

## 2.1 Halifax Regional Municipality

As the largest municipality in Atlantic Canada (estimated population of 530,167 in 2024), 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 side development, Victorian architecture, vibrant downtown, and its 17-acre Victorian style Public Gardens. The city offers countless points of interest, including the Halifax Citadel (National Historical Site), the ocean side escape of Point Pleasant Park, Canadian Museum of Immigration at Pier 21, Art Gallery of Nova Scotia, and Africville Museum. With five universities, the city boasts the highest ratio of educational facilities to population in North America. Halifax is a cosmopolitan city with exciting nightlife, theatres, galleries, museums, vibrant live music scene, fine dining, and a wide range of recreational activities.



Halifax Public Gardens



Dingle Tower, Sir Sandford Fleming Park

Just a short trip across the Halifax Harbour (by car, bus, bicycle, or passenger ferry) is Dartmouth, which is known as the "City of Lakes" (23 within its boundaries!). Dartmouth has been the host site of multiple Canoe and Kayak World Championships (1987, 1997, 2009), and hosted the Canoe Sprint World Championships in 2022 on beautiful Lake Banook. Dartmouth is home to the Nova Scotia Hospital, the original location for mental health services in the area. Dartmouth is a charming urban centre with a small-town atmosphere. The city is known for its parks and trails, nearby ocean beaches, historic sites, and shopping.

Halifax Transit offers public transportation that integrates bus and passenger ferry services, with routes across the Halifax Regional Municipality – including Halifax, Dartmouth, Bedford, and Lower Sackville.

## 3. Nova Scotia Health

Nova Scotia Health (NSH) was established in 2015 as a central health authority to provide services and programs throughout the province. Organized into four zones (Western, Northern, Eastern, and Central) and employing over 22,000 staff throughout the province, the NSH mission is *to achieve excellence in health, healing and learning through working together* and its vision is *healthy people, healthy communities – for generations*.



Effective November 1, 2021, all NSH employees, physicians, learners, and volunteers must be fully vaccinated against COVID-19 with a two-dose series of a Health Canada authorized COVID-19 vaccine (Moderna, Pfizer/BioNTech, AstraZeneca/COVISHIELD). Residents will be required to submit their proof of vaccination, or a valid exception, prior to starting their residency training.

### 3.1 Central Zone

Within the Central Zone, health care services are provided at a variety of sites throughout the HRM. See Appendix B for a map of sites within the Central Zone.

Working throughout these sites, psychology has two major discipline groups. One consists of psychologists who work within medicine at the Halifax Infirmary site (HI; pictured right) and Victoria General Hospital site (VG), providing a range of psychological services both in inpatient and outpatient settings. Dedicated clinical psychological services exist for cardiology and cardiac rehabilitation, respirology, medical rehabilitation, organ transplantation, multiple sclerosis, internal medicine, oncology, pain management, family medicine, and sleep disorders programs. Dedicated inpatient and outpatient neuropsychology services are also provided to patients with neurodegenerative disorders,

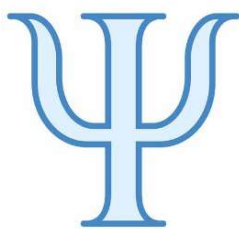


Halifax Infirmary

neurological conditions, cerebral vascular disorders, epilepsy, and acquired brain injury. Dr. Sherri Carter is the Professional Practice Coordinator for this psychology discipline group.

The other discipline group consists of psychologists who work within Mental Health and Addictions at the HI, the Nova Scotia Hospital and the East Coast Forensic Hospital (Dartmouth), and at a variety of community locations (Halifax, Dartmouth, Bedford). Services are clustered within community mental health and addiction services, inpatient mental health and addiction services, forensic services, specialty mental health services, and services devoted to those with severe and persistent mental illness. The Psychology Professional Practice Leader position for the psychologists working within the Mental Health and Addictions Program is currently vacant.

### 3.2 Psychology at NSH



Across NSH zones, masters-level and doctoral-level registered psychologists are employed, as well as psychometrists and psychology technicians. Psychologists are involved in a range of activities including assessment, treatment, consultation, teaching, training, supervision, research, and program development and evaluation. Many psychologists are also involved in training and supervision to clinical psychology practicum students, medical students, family medicine and psychiatry residents, as well as clinical staff from a range of disciplines including social work, nursing, and occupational therapy.

NSH psychologists endorse a scientist-practitioner model. Although cognitive-behavioural (CBT) approaches predominate, our psychologists practice from a range of theoretical orientations, including acceptance and commitment therapy (ACT), dialectical behaviour therapy (DBT), emotion focused therapy (EFT), experiential therapy, feminist therapy, interpersonal therapy, mindfulness-based approaches, and psychodynamic therapy. Clinical research is highly valued, with many supervisors having active research programs (see Supervisors'

profiles below for details) and cross-appointments at Dalhousie University. In addition, many of our supervisors are actively involved with patient outreach and advocacy.

## 4. Program Structure

The Halifax Clinical Psychology Residency Program provides training in the delivery of psychological services in a range of clinical settings across three tracks: Health Psychology, Mental Health and Addictions (MHA), and Neuropsychology. (See Appendix A for a list of available rotations.) The residency is structured as a full-time training program over 12 consecutive months, divided into two six-month training blocks (September to February and March to August).

Consistent with the requirements of our host agency, residents are expected to work 37.5 hours per week. Given that residents are entitled to 15 days of vacation and 5 days of education leave (see Salary and Benefits section), a typical resident will complete approximately 1800 hours. In line with the CPA accreditation standards, we require a minimum of 1600 hours to successfully complete the program. Our residency abides by the standard that no more than two-thirds of the resident's time is spent in direct client service. Residents from other jurisdictions that require a higher minimum number of hours are encouraged to speak with the Director of Training to discuss if the program can meet this requirement.

All positions are applied to and filled in adherence with the Association of Psychology Postdoctoral and Internship Centres (APPIC) policies.

**Applicants are matched to one of the following three tracks:**

- **MHA Track: 4 positions**
- **Health Psychology Track: 1 position**
- **Neuropsychology Track: 1 position**

**Applicants are welcome to apply to more than one track. Note that specific training and experience is required to be considered for the Neuropsychology Track.**

Residents complete multiple rotations throughout the year to ensure that they gain the necessary breadth and depth of training. Within each track (described in detail below), residents are encouraged to select rotations that will provide experience with a variety of presenting problems and across a range of clinical services. Training in providing clinical supervision, consultation, long-term psychotherapy, and conducting program development and evaluation are possible in many rotations.

Residents' rotation schedules are developed in consultation with the Director and/or Associate Directors of Training and take into account the residents' interests and career goals, previous experience, and gaps in their training, particularly as they relate to the six core competencies recognized by the MRA (i.e., assessment and evaluation, intervention and consultation, research, ethics and standards, interpersonal relationships, and supervision).

Residents use Friday mornings for research and research-related activities, with Friday afternoons dedicated to the resident seminar series and peer support/consultation (see Educational, Research, and Peer Support Activities section of the brochure for more information).

## 4.1 Work-life Balance

Our program emphasizes work-life balance, recognizing that the habits residents form in residency set the stage for how they live and work early in their career. In an effort to achieve this, we monitor the residents' hours weekly and the Director of Training meets with our residents regularly (one-on-one monthly meetings) to help ensure that they are practicing a healthy work-life balance that suits their goals and needs. In addition, service-specific expectations and resident goals are discussed from the outset with the Director and/or Associate Directors of Training (i.e., when scheduling rotations) to ensure that residents can make informed decisions regarding the requirements of each rotation and how doable it will be (given the resident's goals activities and reading/preparation within the workday. work-life balance, or setting limitations in the context resident to address their needs to the best of our



Emilie Lacroix (NSH Resident) & Michelle Rodrigues (IWK Resident) and prior experience) to complete their clinical

If residents have concerns or face challenges in of their rotations, we collaboratively work with the abilities.

## 4.2 Diversity, Inclusion, and Social Justice

Residents are expected to provide direct clinical awareness and sensitivity with regards to individual economic status, culture, heritage, religion, race, cognitive, and psychological functioning throughout assigned that will broaden sensitivity and awareness include discussion of diversity-related factors. Coupled other educational opportunities, residents are individual, social, and cultural diversity during the supervision.

services to varied populations and increase their differences in health status, language, socio-sexual orientation, gender, age, and physical, the training year. When possible, cases may be to diversity-related issues, or supervision may with training provided through the seminars and expected to build on their competency in residency through clinical service delivery and

## 4.3 Provision of Supervision

Our program strives to ensure that residents gain experience in the provision of supervision during their residency. The type and level of supervision is contingent on several factors, including the availability of clinical psychology graduate-level practicum students, as well as the resident's previous experience with supervision and/or clinical background. Residents may supervise all or aspects of a clinical case (e.g., administration of certain tests, specific intervention, etc.). In situations where



a clinical psychology practicum student is not available for a resident to supervise during the year, we attempt to find other supervisory opportunities – such as supervising psychometrists, medical residents, or other allied health professionals (e.g., social worker, nurses, etc.) on the provision of psychological services.

## 5. Mental Health and Addictions Track Structure

*Interim Associate Director of Training/Track Coordinator: Dr. Joel Town*

Psychological services within Mental Health and Addictions span a wide variety of service areas across multiple NSH sites. Most services are clustered within three general types of services: community mental health and addiction clinics; specialty programs, and forensics settings. An additional rotation, which focuses on providing training, supervision, and consultation, is provincial (see Appendix A for list of rotations).

Residents in the MHA track complete between two and four rotations across the year, with at least 75% of training completed within the MHA track rotations. While not mandatory, residents are encouraged to complete one rotation in Health Psychology or Neuropsychology (the latter is assuming the resident has the training and experience required for a given rotation in Neuropsychology). Most rotations encompass two days per week for six months; however, there are options for longer rotations (e.g., three days per week for six months; or two days a week across 12 months) in some areas. Typically, residents complete two rotations per block for a total of four days of clinical training per week.

For the MHA track, we require that residents be exposed to at least two different models of psychotherapy during their residency, develop their individual and group therapy skills, and refine their skills in each of assessment, treatment, and consultation.

### 5.1 Mental Health and Addictions Rotations

#### Community Mental Health and Addiction Clinics

**Community Mental Health – CMH (Supervisors: Dr. Cate Archibald; Dr. Shannon Bedford; Dr. Stacy Bradley; Dr. Jamie Collins; Dr. Shaindl Diamond; Dr. Heather Durdle; Dr. Sarah Goegan; Dr. Paul Freeman; Dr. Breanna Lane; Dr. Marcia Voges, Dr. Sasha Usyatnysky).** Located at several Community Mental Health and Addictions clinics (in Halifax, Bedford-Sackville, Dartmouth, Cole Harbour), this rotation offers experience in providing psychological services to an outpatient population presenting with a variety of mental health difficulties, including anxiety disorders, depressive disorders, obsessive-compulsive and related disorders, trauma-related disorders, substance use disorders, and personality disorders. The objectives of the rotation may include: (a) completion of comprehensive DSM-based mental health assessments; (b) writing comprehensive assessment and discharge reports; (c) provision of feedback to clients; (d) provision of individual psychological therapy; (e) provision of group therapy (recent groups that trainees have co-facilitated have included CBT for depression and ACT for anxiety); and (f) consultation with multidisciplinary staff. Meeting these objectives will demonstrate that the resident is competent in: (a) conducting comprehensive interviews of patients being considered for treatment; (b) developing a treatment plan; and (c) provision of psychological intervention. During this rotation, residents typically work with one or two CMH supervisors. Here, residents are paired with a supervisor based on their training goals and the supervisor's scope of practice – with the structure of the rotation and the training experiences provided being tailored to the individual resident. Please see the “Supervising Psychologists” section below for a description of our CMH supervisors' clinical interests and their theoretical orientation.

#### Specialized Mental Health

**Borderline Personality Disorder Treatment Program (Supervisors: Dr. Marie-Eve Couture; Dr. Mandy Hagen; Dr. Kathleen Merwin).** The Borderline Personality Disorder Treatment Program (BPDTP), located at the Nova Scotia Hospital, provides comprehensive, specialized treatment for adults with severe borderline personality disorder (BPD). The program adheres to the structure and format of DBT in that clients participate in weekly individual therapy, a DBT Skills Group, and have access to telephone coaching within office hours. Some of our

clients also participate in a Process group and a Wellness/Values-based group. The latter integrates principles and interventions from ACT and Positive Psychology. Residents who complete a major rotation here typically carry their own cases, co-facilitate group therapy, provide telephone coaching during office hours, and participate in weekly consultation team meetings. Residents (from any track) seeking only exposure to DBT, to one of our other treatment groups, or to the population itself could complete a minor rotation in which they would co-facilitate one of the groups but likely would not carry a caseload or be expected to attend the consultation team meetings. There may also be opportunities for residents to co-facilitate groups in DBT for Addictions or Radically Open-DBT, both of which are offered on an intermittent basis (as indicated by client needs and clinic resources). Residents can also gain experience in semi-structured diagnostic assessments, consultation, program development, program evaluation/research, training of other professionals, and supervision. Residents completing a major rotation are expected to emerge with a strong understanding of the DBT model and skills in the delivery of a broad range of DBT interventions. Prior experience in DBT is not required; however, a strong foundation in CBT is necessary to be considered for a major rotation.

**Centre for Emotions and Health, Intensive Short Term Dynamic Psychotherapy (Supervisor: Dr. Joel Town).**

This rotation is situated within the Centre for Emotions and Health (CEH), located in the Abbie J. Lane Memorial Building of the HI site, QEII. CEH is an international centre leading in the practice, training, and research of Short-Term Psychodynamic Psychotherapies (STPPs) and specifically Intensive Short-Term Dynamic Psychotherapy (ISTDP). This rotation offers an opportunity for residents to broaden their repertoire of skills in formulation and intervention by developing core clinical competencies in STPP and treating complex, refractory populations. There is a strong and clear emphasis on training residents to become more well-rounded Psychologists by promoting the integration of training experiences across therapeutic modalities and accounting for individual difference and client diversity. A unique focus of this rotation is process orientated training and supervision. Existing psychodynamic experience prior to residency is an advantage but not required. Interest and openness to psychodynamic practice is essential and strong general psychotherapeutic skills will be prioritized. CEH offers a tertiary care outpatient psychotherapy service for clients with a range of difficulties including depressive and anxiety disorders, personality disorders, and somatization. The primary focus of this rotation is to help the resident acquire skill and knowledge in the application of STPPs with a focus on working with complex cases. Residents have an opportunity to carry a varied client caseload for psychotherapy and provide both brief and longer-term treatment. The resident will: (a) conduct individual psychological assessments using STPP metapsychology; (b) deliver individually tailored interventions based on psychodiagnostic assessment; and (c) integrate self-report measures and clinical observation to produce psychological assessment and treatment reports. Residents will also participate in weekly supervision based on video-tape review of psychotherapy sessions. There may also be an opportunity to attend a semester course that teaches core principals of STPPs (this course entails teaching of psychotherapy and discussions using videotaped case series illustrating ISTDP applied with different patient population). By the end of this rotation the resident will demonstrate: (a) an understanding of the core principles that underlie STPP metapsychology; (b) the ability to identify active emotional and defensive processes in a therapy session (c); the ability to, with some support, select the appropriate intervention for each observed process; and (d) the ability to communicate these findings to other health professionals.

**Eating Disorder Program (Supervisors: Dr. Susan Gamberg; Dr. Yvette Scattolon).** Disorder Program is located in the Abbie J. Lane Memorial Building of the HI site, QEII. We are a multi-disciplinary outpatient treatment program for individuals (ages 18 and up) with eating disorders, and we service people from all four Atlantic Provinces. In our intensive group-based Day Treatment Program, we offer skills groups (e.g., Dialectical Behaviour Therapy), therapy groups (e.g, Emotion Focused Therapy, Relationships), and meal experiences. In our outpatient program, we offer weekly CBT-T and CBT-AR treatment for individuals, and we also have a CBT-T group. A rotation at the Eating Disorder Program provides opportunities for residents to develop skills in the

diagnosis, assessment, and treatment (both individual and group) of individuals with eating disorders. The objectives of the rotation are for the resident to: (a) participate in the assessment, diagnosis, and treatment planning of individuals with EDs; (b) provide psychological interventions in a group context including meal experiences; (c) provide a shorter-term (CBT-T or CBT-AR) intervention with a small number (1-3) of individuals; and (d) provide longer-term (6 to 12 months) psychological treatment with a small number (1-3) of individuals. Meeting these objectives will demonstrate that the resident is competent in autonomously: (a) assessing and diagnosing individuals with EDs; (b) devising treatment plans; and (c) providing psychological treatment/interventions in both individual and group contexts that consider both the medical/behavioural aspects and emotional factors inherent in an eating disorder. We have an active research lab and there may also be research and program evaluation opportunities.

**Geriatric Psychiatry (Supervisor: Dr. Karen Cochrane).** The NSH Geriatric Psychiatry Program is an interdisciplinary service that provides assessment, consultation, and/or short-term treatment to meet the mental health needs of seniors. This rotation has two locations: the Nova Scotia Hospital in Dartmouth, and the Abbie J. Lane Hospital in Halifax. The rotation goal for the resident is to gain experience providing a variety of psychological services to adults ages 65 and older with late-onset mental illness. The objectives of the rotation are for the resident to: (a) participate in psychological assessment of seniors with a variety of mental health disorders; (b) utilize, score, and interpret frequently used mood and cognitive screening measures with seniors; (c) participate in interdisciplinary treatment planning and consultation; and (d) provide psychological treatment / interventions to seniors in both individual and group formats. Meeting these objectives will demonstrate that the resident is competent in: (a) conducting psychological assessments of seniors; (b) writing psychological assessment reports; (c) providing psychological interventions to both individuals and groups; and (d) documenting treatment outcomes. Prior experience working with seniors and experience with CBT are assets.

**Mood Disorders Program (Supervisor: Dr. Barbara Pavlova).** The Mood Disorders Program is a tertiary specialist service for people with severe and complex mood disorders located in the Abbie J. Lane Building of the HI site, QEII. It provides assessment and treatment to people with bipolar disorder and severe major depressive disorder. The group carries out research projects to advance the understanding, prevention, and treatment of mood disorders. The trainees will: a) work collaboratively with a team of professionals and trainees from various disciplines; b) conduct diagnostic assessments, assessment of psychological factors contributing to the development and maintenance of patients' mental health problems, and assessments of suitability for CBT; c) deliver individual CBT for mood disorders and comorbid anxiety disorders using evidence-based disorder-specific CBT protocols; d) evaluate therapy outcome using disorder-specific measures, including questionnaires and interviews; e) record all their therapy sessions; f) have their CBT competence evaluated using the Cognitive Therapy Rating Scale; and g) have an opportunity to get involved with the research endeavors of the program. It is expected that by the end of the rotation the trainees will be able to: a) administer semi-structured diagnostic assessments; b) assess suitability for CBT and competently deliver CBT protocols, and c) evaluate the outcome of therapy. This placement is suitable for trainees who have experience in delivering disorder-specific CBT protocols and are interested in using them to improve outcomes of people with severe mood disorders.

**Psychiatric Acute Care (Supervisor: Dr. Christiane Whitehouse).** This minor rotation (1-day/week) provides residents with the opportunity to train within two Psychiatric Acute Care inpatient units. Both units are located at Abbie J. Lane Building of the HI site, QEII. Psychiatric inpatient units provide services for individuals admitted to hospital for reasons related to acute mental illness, such as episodes of psychosis, suicide attempts, and substance use. These units employ interdisciplinary teams of psychiatry, nursing, family medicine, recreation therapy, occupational therapy, and psychology. Psychology provides short-term individual psychological intervention to those identified as potentially benefitting, and psychological consultation to the

interdisciplinary team. Interventions provided are based in CBT; they vary widely depending on the stability and level of insight of the patient. Although psychosis is the most common admitting condition of individuals being seen, psychology is generally targeting co-morbid conditions that are causing distress or are a barrier to discharge (e.g., anxiety, emotional regulation, self-harm, behavioural activation). This rotation does not include CBT for psychosis, as it is not appropriate for the short time frame, while clients are still undergoing medication and symptom stabilization. This rotation requires flexibility in the quickly changing environment, and provides the opportunity to see what psychology can provide to a largely medically-focused team.

**Recovery and Integration – Simpson Landing PSR (Supervisors: Dr. Andrew Starzomski).** Simpson Landing PSR is a 20-bed psychosocial rehabilitation unit on the grounds of the Nova Scotia Hospital in Dartmouth. The service offers the opportunity for adults living with serious and persistent mental illness to develop skills and abilities that will help maximize their success with community living. Most adults here have had challenges with maintaining psychiatric stability and favourable community adjustment due to challenges raised by their psychiatric illness. This rotation provides opportunities for individual and group psychotherapy, psychodiagnostics and cognitive assessment, application of recovery concepts and interprofessional collaboration. The rotation provides excellent opportunities to work with illness and recovery processes over longer periods of time (months rather than weeks). This is a minor rotation that can be undertaken one day per week.

### Forensic Rotations

**Forensic Hospital (Supervisor; Dr. Andrew Starzomski).** *\*\*NOTE: May only be available as a minor rotation.* The East Coast Forensic Hospital (ECFH), located in the Burnside area of Dartmouth, is an inpatient rehabilitation program for approximately 60 persons found Not Criminally Responsible by Reason of Mental Disorder (NCR/MD) or Unfit to Stand Trial. The hospital operates a seven-bed transition program offering semi-independent living for patients expecting to return to the community. The ECFH also includes a community-based program for patients residing in the community but still under the jurisdiction of the Criminal Code Review Board (CCRB). The ECFH also operates a pre-trial assessment unit for individuals remanded by the courts for evaluation of mental state at time of offense and/or fitness for trial. Psychologists frequently provide consultation for these diagnostic cases. Residents completing this forensic rotation may be involved in the following: (a) assessment (risk, cognition, diagnosis, malingering) and treatment (group, individual) of individuals found NCR/MD; (b) multidisciplinary case conferences; (c) providing evidence at CCRB hearings; (d) assessment of individuals remanded for a pretrial assessment; (e) staff training; and/or (f) consultation to the community team regarding discharged patients. Residents will have the opportunity to advance their autonomy with complex assessment and treatment issues, concurrent disorders, violence risk management, and delivering evidence at hearings and interprofessional collaboration. Some forensic background is desirable but not essential.

**Forensic Sexual Behaviour Program (Supervisor: Dr. Michelle St Amand-Johnson).** This rotation is located in the Mount Hope Building of the Nova Scotia Hospital in Dartmouth, as all clients are outpatients living in the community. The FSBP provides assessment and treatment for adults who have crossed legal sexual boundaries, most of whom have been sentenced to a period of community supervision (e.g., Probation). Residents may select an assessment-focused rotation or a treatment-focused rotation. In the former, the objective is to gain experience completing comprehensive forensic sexual behaviour assessments of individuals who have sexually offended. This involves a) conducting a semi-structured interview (including the PCL-R interview); b) accurately scoring empirically validated risk instruments; c) developing recommendations to address areas of risk/need; and d) writing reports that integrate biopsychosocial history, personality test results, and results of sexual arousal profiling (“viewing time” measures). The objectives of this experience are to foster competence in a)

identifying both criminogenic and protective factors; b) interpreting personality test and viewing time results; c) formulating and articulating practical strategies to reduce risk; and d) providing feedback to clients. For the treatment rotation, residents co-facilitate a CBT group specialized to address issues statistically relevant to sexual offending. Competencies gained from this rotation include a) experience delivering CBT to a forensic population; b) preparing pre- and post-treatment progress reports; and c) assessing the impact of treatment on recidivism risk. Both rotations also promote competence in working with resistant clients, recognizing personal biases, processing countertransference, and balancing risk management with least restrictive alternatives. Prior forensic coursework and/or experience working in a forensic setting are assets but are not required.

### **Clinical Training, Supervision, and Consultation Rotation**

**Clinical Training, Supervision, and Consultation (Supervisors: Dr. Jeff Bailey; Dr. Jacquie Cohen; Dr. Heather Durdle; Dr. Christian Hahn; Dr. Susan Jerrott; Dr. Julie MacDonald; Dr. Jenna Whitney; Dr. Danielle Shelley)** **\*\*NOTE:** *This rotation is only available as a minor because there is very limited capacity to provide direct client hours.* **\*\***

This rotation takes place in the context of the Mental Health and Addiction's Provincial Centre for Training, Education, and Learning (PCTEL). The PCTEL provides training and consultation to licensed and practicing mental health clinicians (social workers, occupational therapists, counselors, and psychologists) across the province. The Centre is comprised of Advanced Practice Leaders - registered psychologists, social workers, and an occupational therapist - who provide training to assess and treat a range of psychological problems (including suicide, anxiety and depressive disorders, post-traumatic stress disorder, obsessive-compulsive disorder, borderline personality disorder, addictions, and psychosis). The Centre also provides training in gender-affirming care, 2SLGBTQIA-affirmative CBT (using the Pachankis model), and culturally responsive psychotherapy with racialized populations. All PCTEL clinicians are experienced trainers, supervisors, and consultants, three are former Directors of Training of residency programs, and most are certified in CBT by the Canadian Association of Cognitive and Behavioural Therapies.

Residents completing this rotation would (a) co-teach (with their supervisor) one or more courses, which would range in length from one to six days (depending on the course), and (b) provide clinical consultation (clinical supervision yet without the professional liability) to the clinicians following completion of the course. Residents will typically gain experience providing training, evaluating audio/video recordings of clinical sessions, rating sessions for adherence, and providing feedback on these sessions. While specific prior experience is not required for most areas, strong CBT skills are essential. Residents providing training in gender-affirming care, 2SLGBTQIA-affirmative CBT, or culturally responsive psychotherapy with racialized populations must have previous experience with these areas and would be working with an advanced practice social worker or occupational therapist with a registered psychologist providing supervisory oversight.

For details about PCTEL, please check out [pctel.nshealth.ca](http://pctel.nshealth.ca) You may also contact [jacquie.cohen@nshealth.ca](mailto:jacquie.cohen@nshealth.ca) for a copy of the course calendar.

A sample MHA Track resident's schedule is as follows:

		MON	TUES	WED	THURS	FRI
<b>BLOCK 1</b> (Sep – Feb)	<b>Morning</b>	Eating Disorders Program	CMH - Cobequid	CMH - Cobequid	Eating Disorders Program	Research
	<b>Afternoon</b>					Seminar & Peer Supervision
<b>BLOCK 2</b> (Mar – Aug)	<b>Morning</b>	Eating Disorders Program	Borderline Personality Disorders Program	Borderline Personality Disorders Program	Eating Disorders Program	Research
	<b>Afternoon</b>					Seminar & Peer Supervision

## 6. Health Psychology Track

*Associate Director of Training/Track Coordinator: Dr. Sulaye Thakrar*

Psychological services within Health Psychology cover a range of medical programs. Training opportunities will enable residents to gain experience with multiple general issues, including adherence, adjustment, and lifestyle modification, as well as the specific issues outlined in the rotation descriptions. The Health Psychology rotations cover inpatient or outpatient services. Typically, service delivery occurs across the HI and VG sites and are within a 10-15-minute walk of each other. Resident offices are at each site.

Residents in Health Psychology track typically complete four rotations across the year (see Appendix A for list of rotations), with at least 75% of their clinical training on Health Psychology rotations. While not mandatory, residents are encouraged to complete one breadth rotation in Mental Health and Addictions or Neuropsychology (the latter is assuming the resident has the training and experience required for a given rotation in Neuropsychology). Most rotations encompass two days per week for six months; however, there are options for longer rotations (e.g., three days per week for six months) in some areas. Typically, residents complete two rotations per block for a total of four days of clinical training per week.

### 6.1 Health Rotations

**Cardiology/Respirology (Supervisor: Dr. Sulaye Thakrar).** This rotation involves providing services to medical and surgical inpatient units, outpatient multidisciplinary clinics, and providing some brief outpatient Psychological Therapy to patients with Cardiology and Respirology difficulties. Services are all located at the HI site, QEII. Some opportunities include working with burn survivors as inpatients, responding to general medical inpatient consults at the HI, and contributing to multidisciplinary peer-supervision with ACBS Atlantic Canada may also be possible. The rotation goal is for the resident to gain experience in the provision of psychological assessment and intervention services to patients using brief and focused ACT, CBT, or Motivational Communication conceptualizations and interventions. Typical referrals include difficulty coping and adjusting to cardiac status (e.g., post-MI; angina; heart failure); being considered for cardiac transplantation or Ventricular Assist Device (VAD); assistance with anxiety, stress management, or lifestyle changes to better control symptoms associated with their cardiac problems; difficulties adjusting to Cystic Fibrosis, a respiratory condition (e.g., COPD), or a Connective Tissues Disorder (e.g., Marfan Syndrome). The objectives of the rotation are for the resident to (a) contribute to multidisciplinary clinics by conducting brief assessments and sharing treatment findings/recommendations verbally at clinics, in rounds, and in written documentation; (b) participate in assessment of adjustment and coping in individuals pre/post-transplant or VAD implantation; (c) provide psychological interventions to individuals regarding lifestyle changes, anxiety, or depression; and (d) report on treatment outcomes using self-report measures. Meeting these objectives will demonstrate that the resident is competent in: (a) supporting, contributing to, and being integrated into multi-disciplinary medical/surgical teams (e.g., with Physicians, Surgeons, PT, OT, Dieticians, Social Work, Spiritual Care, etc.), (b) pre-post assessment of adjustment and coping in heart or lung transplant/VAD, (c) assessment and intervention of adjustment or clinical issues, and (d) outcome evaluation of psychological services with cardiac and respiratory patients. Diversity of each patient is conceptualized through the intersectional social determinants of health. Power and privilege are considered an important aspect of each conceptualization. When patients belonging to marginalized groups present to any of the above services, they are discussed with the resident in supervision, and, when appropriate, the case is prioritized either for the resident to see individually or in co-therapy with myself.

**Clinical Rehabilitation Rotation (Supervisor: To be filled).** Residents have the opportunity to work with inpatients at The Nova Scotia Rehabilitation and Arthritis Centre (NSRAC) who are experiencing a variety of

medical conditions, including traumatic brain injury, stroke, neurodegenerative disorders, amputation, and others. Residents gain experience in rehabilitation-focused assessment, consultation with a multidisciplinary team, and treatment. Due to the nature of the setting, assessments and treatments are generally brief. Typical referrals include coping with a disability or illness, anxiety, depression, loss and grief, treatment compliance, and behavioural management. Depending on availability, residents may have the opportunity to lead educational groups.

**Diabetes, Bariatric Surgery, and GI (Supervisor: Dr. Tiffany Shepherd).** In this rotation, psychological services are provided to diabetes (Type 1 and Type 2), gastroenterology (in particular, inflammatory bowel disease), and bariatric patients. Across these patient groups, psychological services emphasize supporting chronic disease self-management, identifying and addressing chronic disease distress, supporting health behaviour change, and multidisciplinary team consultation and collaboration guided by the self-management support model. Psychological interventions are offered individually and in groups on an outpatient basis. Common referral issues include disease acceptance and adjustment to diagnosis, symptoms, or complications, disease-based distress, distress interfering with treatment/self-management, chronic disease burnout, coping with disease symptoms and pain, stress-management, health behaviour change, disordered/emotional eating, and consultation surrounding surgery issues (e.g., coping with ostomies). The objectives of the rotation for the resident are to: (a) gain an understanding of the psychosocial factors that impact chronic disease self-management (b) conduct assessments to identify patient needs; (c) provide individual and group psychological interventions; (d) collaborate with, consult, and support health care team members. Meeting these objectives will demonstrate that the resident is competent in (a) understanding/assessing psychosocial needs of patients with chronic diseases; (b) providing psychological interventions aimed towards supporting self-management of chronic diseases and addressing chronic disease distress (c) and providing collaborative services and consultation within multidisciplinary teams.

**Insomnia and Urology (Supervisor: Dr. Steven Jefferson).** This rotation combines the Insomnia Clinic, Family Medicine, Urology, and Infectious Diseases services and is situated in the Abbie J. Lane Building at the HI Site. Insomnia referrals come from the Sleep Disorders Laboratory in the QEII. Common sleep complaints encountered in the Insomnia service include difficulty falling asleep and prolonged, night-time awakenings. The objectives in the Insomnia service are to conduct an initial assessment, develop a treatment plan, and track patients' progress. Meeting these objectives indicates that the resident is competent in clinical interviewing, developing a CBT-oriented treatment for sleep problems, and evaluating the effectiveness of the treatment plan. Family Medicine referrals come from the Dalhousie Department of Family Medicine. This service allows residents to gain experience in the provision of psychological services in an adult, outpatient setting. Common mental health issues encountered in this service include anxiety, depressed mood, and distress resulting from challenging life circumstances (e.g., interpersonal problems, occupational stressors, death of a loved one, etc.). The objectives of the Family Medicine are as follows: a) To participate in the initial assessment of patients; b) to develop and deliver a treatment plan based on the assessment findings; and, c) to evaluate treatment throughout the course of therapy and to make modifications if required. Meeting these objectives will provide evidence that the resident is competent in the following areas: a) Conducting a semi-structured assessment interview; b) developing and applying a treatment plan based on patients' needs and individual circumstances; and, c) evaluating treatment efficacy and making necessary modifications to the treatment plan. In the Urology service, residents gain experience in providing psychological services aimed at addressing various sexual problems in men, including erectile dysfunction, premature ejaculation, and low sex drive. Residents in the urology service conduct an initial assessment of patients, develop a treatment plan based on the assessment findings, and evaluate (and possibly modify) treatment over the course of therapy. Finally, referrals from the Infectious Diseases Clinic are mostly for individuals who are HIV positive. Quite often, patients from this service are struggling with accepting their diagnosis and adjusting to life following the

diagnosis. In all four of these services, two reports per patient are sent to the referring agent: An initial assessment report (which contains, among other things, the resident's conceptualization of the client's problems and treatment plan), and, upon conclusion of treatment, a final report, which summarizes treatment outcome. Residents are not required to work in our four services. They may choose to focus on particular areas, depending on interest and time.

**Multi-Organ Transplant Program – Kidney (Supervisor: Dr. Kristen Higgins).** This rotation is part of the Multi-Organ Transplant Program, located in the Victoria Building of the VG site. The rotation goal is for the resident to develop skills in providing psychological services for patients who are pre- or post-kidney transplant, including pre-transplant psychological assessments, interventions aimed at improving transplant readiness or supporting post-transplant coping (e.g., using motivational interviewing, ACT, CBT), and consultation with the multidisciplinary team (including nephrologists, transplant surgeons, nurses, social workers, dieticians, and pharmacists.). Common presenting concerns include difficulties with health behaviours related to pre- and post-transplant medical treatments, coping with chronic illness, and comorbid physical and mental health challenges. Services are primarily offered on an individual, outpatient basis, with the possibility of some inpatient consultation and outpatient groups. Rotation objectives can be tailored to the resident, and include to 1) develop an understanding of psychosocial factors impacting coping with kidney disease and transplant readiness, 2) conduct semi-structured interviews with patients and their identified support people, 3) write assessment reports that integrate multiple sources of information and communicate psychological findings to clinicians from other disciplines; 4) provide psychological interventions as described above, 5) participate in multidisciplinary team rounds and other opportunities for consultation. At the end of the rotation, the resident should be competent with minimal supervision in conducting the above activities.

**Multi-Organ Transplant Program – Liver (Supervisor: Dr. Kate Rancourt).** This rotation is part of the Multi-Organ Transplant Program (MOTP), located in the Victoria Building of the VG Site, QEII. Residents will have the opportunity to be involved in health psychology assessment and intervention, as well as interprofessional consultation and collaboration in patient care. The liver service of the MOTP provides pre/post-transplant care to individuals throughout Atlantic Canada (i.e., NB, NS, PEI, NL). Atlantic Canadians who are being considered for a liver transplant undergo an extensive work-up with a multidisciplinary team to assess their suitability from a physical, medical, and psychosocial perspective. Residents will be involved in conducting pre-liver transplant psychological assessments as part of some patients' workups for liver transplant. This includes assessing issues related to adherence, mental health, coping with chronic disease, understanding of transplant, social support, and substance use. Residents are required to attend weekly multidisciplinary rounds with the liver transplant team that includes physicians, surgeons, nurses, physiotherapist, dietician, social worker, nurse practitioner, pharmacist, and psychologist. There are also opportunities to conduct psychological assessments on the suitability of kidney donors (both altruistic/non-directed donors, and related/directed donors). Residents will also be required to provide therapy to liver transplant patients, which may involve individual and/or group therapy for patients at different stages of their transplant journey (e.g., outpatient/inpatient, pre/post liver-transplant). There are also opportunities for consultation regarding inpatients/outpatients pre/post-liver transplant. Rotation objectives for the resident are to gain skills in a) conducting semi-structured interviews with patients and their families; b) writing reports suitable for a nonmental health audience (such as nurses and physicians); c) presenting patients at multidisciplinary rounds; d) providing interventions for patients with life threatening health conditions; and e) consulting with a multidisciplinary team.

**Oncology (Supervisor: Dr. Janice Howes; Dr. Anita Gupta).** This rotation involves the Cancer Care Program located at the VG Site, QEII. The rotation goal for the resident is to gain experience in the provision of psychological services (i.e., consultation, assessment, and psychotherapy) to patients dealing with cancer (primarily ambulatory). The range of patients seen through the Cancer Program is wide. Patients are referred

with various types of cancer and at various points throughout the cancer care trajectory (e.g., initial diagnosis, during medical treatment, survivorship, recurrence, metastatic disease, and palliative care). The objectives of the rotation for the resident are to: (a) gain an understanding of the psychological, emotional, social, and physical impact of cancer; (b) participate in the assessment of individuals with cancer to understand/identify psychological needs/concerns; (c) provide psychotherapy, using cognitive, interpersonal, behavioral, acceptance, mindfulness, and/or supportive approaches, to help patients and/or family members deal/cope with emotional reactions (e.g., distress, anxiety, depression); adjustment to/living with life-threatening illness, cancer-related fears, and uncertainty; coping with medical treatments; loss and grief; (d) interact with other health care disciplines in the Oncology services. Meeting these objectives will demonstrate that the resident is competent in (a) understanding/assessing psychological concerns/needs of patients with cancer; (b) while under supervision, providing psychological intervention to individuals dealing with cancer; (c) and providing consultation within a team framework.

**Pain (Supervisor: Dr. Nicolle Vincent).** This rotation is located at the Pain Management Unit in the Dickson Building of the VG Site, QEII. The goal of this rotation is for the resident to obtain experience in the provision of various psychological services (including assessment for treatment, delivery of individual/group intervention, and outcome evaluation) to individuals with ongoing pain (typically seven or more years). The objectives of the rotation include: (a) collaborating with an interprofessional team; - (b) participating in the assessment of individuals with ongoing pain for individual/group treatment; (c) scoring and interpreting frequently used pain self-report measures; (d) providing psychological treatment / interventions in both individual and group contexts to patients with ongoing pain (typically with CBT, ACT, and motivational communication approaches); and (e) interpreting, documenting, and reporting treatment outcomes assessed using self-report measures. Meeting these objectives will demonstrate that the resident is competent in: (a) assessing psychological concerns and treatment needs for patients with pain; (b) while under supervision, autonomously organizing the delivery of psychological interventions to both individuals and groups; and (c) interpreting measures of pain and functioning and documenting treatment outcomes. Program evaluation opportunities available, both with archival data and/or new data collection initiatives.

A sample Health Psychology track resident's schedule is as follows:

		MON	TUES	WED	THURS	FRI
<b>BLOCK 1</b> (Sep – Feb)	<b>Morning</b>	Multi-Organ Transplant - Liver	Pain	Pain	Multi-Organ Transplant - Liver	Research
	<b>Afternoon</b>					Seminar & Peer Supervision
<b>BLOCK 2</b> (Mar – Aug)	<b>Morning</b>	Diabetes, Bariatric Surgery, and GI	Cardiology/Respirology	Diabetes, Bariatric Surgery, and GI	Cardiology/Respirology	Research
	<b>Afternoon</b>					Seminar & Peer Supervision

## 7. Neuropsychology Track

*Associate Director of Training/Track Coordinator: Dr. Karen Chipman*

Neuropsychology services are provided across a continuum of care from acute hospitalization, through neurorehabilitation programs to ambulatory care clinics. Service delivery occurs across the HI and VG Hospital Sites (10-15-minute walk of each other), as well as the Nova Scotia Hospital (in Dartmouth). The general goals in this track are to enhance the resident's skills in neuropsychological assessment, case conceptualization, report writing, and case management, and to expand and apply the resident's knowledge of brain and behaviour relationships to the clinical setting. Neuropsychology rotations are arranged in accordance with the training guidelines outlined at the Houston Conference on Specialty Education and Training in Clinical Neuropsychology (*Archives of Clinical Neuropsychology*, 1998:13;157-250).

The **pre-requisites** to be considered for this track include: 1) a graduate course in adult psychological assessment; 2) a graduate course in human neuropsychology; 3) practicum experience in adult neuropsychology; 4) experience administering, scoring, and interpreting commonly used neuropsychological measures given to adults; and 5) experience writing neuropsychological reports.

Residents in the Neuropsychology track typically complete four rotations across the year, with 75% of training completed within Neuropsychology rotations (see Appendix A for list of rotations). To fulfill the breadth requirement of residency training in Clinical Psychology, residents are required to complete one rotation from the Health Psychology or the MHA track. Most rotations encompass two days per week for six months; however, there are options for longer rotations (e.g., two days per week for 12 months) or concentrated rotations (e.g., four days per week for three months). There may also be opportunities to accommodate a fourth neuropsychology rotation of a shorter duration when increased breadth of exposure within the track is requested or required. Availability of these options, and of specific rotations, is not guaranteed, and depends on supervisor availability and clinical demands within each service area/rotation. Typically, residents complete two rotations per block for a total of four days of clinical training per week.

In addition to clinical training, the neuropsychology resident is also required to participate in the monthly Neuropsychology Rounds/Case-Conference (see Seminars and Didactic subsection for more information). Additional educational opportunities within the Neuropsychology rotations include hospital-wide rounds in Clinical Neurosciences, Geriatric Medicine, Psychiatry, and Physical Medicine & Rehabilitation, as well as rounds that are specific to individual rotations (e.g., Epilepsy, Neuromodulation, ABI Lunch n' Learn Series, etc.).

## 7.1 Neuropsychology Rotations

**Acquired Brain Injury Inpatient (Supervisors: Dr. Vanessa DeFreitas; Dr. Sherri Carter).** This rotation involves becoming familiar with the neuropsychologist's role providing care to inpatients admitted to the Acquired Brain Injury Unit located in the NSRAC at the VG site, QEII. The resident will gain experience in the provision of neuropsychological services for inpatients with common acquired brain injury pathologies such as traumatic brain injury, ischemic and hemorrhagic stroke, hypoxia, brain infections, and brain tumours. Inpatients present with diverse cognitive and/or physical abilities, as well as a range of emotional and/or behavioural changes. Inpatient assessments involve brief, flexible screening batteries addressing referral questions such as discharge and rehabilitation planning, return to premorbid activities (e.g., employment or school), differential diagnosis, and identification of appropriate compensatory strategies for cognitive dysfunction. The objectives of the rotation are for the resident to (a) plan and conduct brief neuropsychological assessments; (b) conduct semi-structured patient and collateral interviews; (c) administer, score, and interpret neuropsychological measures; (d) write neuropsychological assessment reports; (e) provide feedback of neuropsychological test results and recommendations as per the specific referral question to patients, families, and multidisciplinary team members; (f) provide psychoeducation to patients and families regarding compensatory strategies for specific cognitive problems identified from the assessment; (g) co-lead group-based psychoeducation on acquired brain injury, recovery, common cognitive sequelae, and general cognitive compensatory strategies; and (h) participate

in rehabilitation planning as a multidisciplinary team member. There may also be opportunities to provide and/or evaluate individual or group-based cognitive intervention. Please refer to the Neuropsychology section above for expected competencies upon completion of the rotation. As a breadth rotation, residents in the Health or MHA Track must meet the requisite training and experience outlined on page 18.

**Acquired Brain Injury Outpatient (Supervisor: Dr. Brigitte Patry).** This rotation, based at the Nova Scotia Rehabilitation & Arthritis Centre (VG site, QEII), involves the provision of outpatient neuropsychological services to individuals with acquired brain injury referred primarily from Physical Medicine and Rehabilitation, Neurosurgery, and Neurology. The rotation goal for the resident is to gain experience in the neuropsychological assessment of outpatients presenting with an ABI (traumatic brain injury, hypoxia/anoxia, brain tumour, brain infection, or hemorrhagic stroke). Assessments involve the use of a comprehensive, flexible test battery to address referral questions pertaining mostly to the ability to return to premorbid activities (e.g., employment, school) or to the identification of appropriate compensatory strategies to address cognitive dysfunction. Objectives for this rotation include a) selecting, administering, and scoring neuropsychological tests; b) conducting semi-structured patient and collateral interviews; c) interpreting assessment findings; d) writing comprehensive assessment reports that incorporate individually-tailored recommendations; e) providing feedback to patients and families, as well as psychoeducation regarding the emotional, cognitive, and behavioural consequences of acquired brain injury and management strategies; and f) participating as a multidisciplinary team member, including, but not limited to, providing feedback to one or more members of the ABI team regarding assessment results and recommendations. The rotation is largely assessment-focused but there may be an opportunity to provide individual or group-based cognitive intervention depending on resident interest, time, and availability of cases. Residents wishing to complete this rotation must have experience administering a wide range of commonly used neuropsychological measures. A breadth rotation is not available on this service.

**Consultation Neuropsychology Services (Supervisor: Dr. John Fisk).** *\*\*NOTE: This rotation is not available for the 2026-2027 residency year.* This rotation is based at the Abbie J. Lane Memorial and Veterans Memorial Buildings (HI site) and involves neuropsychological assessment services to a variety of ambulatory care clinics and regional programs. These include the Memory Disability Clinic of the Division of Geriatric Medicine, for differential diagnosis of dementias, and the Neuromodulation Program of the Division of Neurosurgery, which provides Deep Brain Stimulation surgery for treatment of persons with Parkinson's disease and other movement disorders throughout Atlantic Canada. Other programs served include the Behavioural Neurology, Movement Disorders, Multiple Sclerosis, and General Neurology clinics. Occasional referrals from other ambulatory care clinics and from the inpatient Neurology, Neurosurgery, and Geriatric Medicine units are also accepted. This rotation is designed to provide exposure to a broad range of patient populations, referral sources, and referral questions. The focus is on the differential diagnosis of complex or atypical presentations of neurodegenerative disorders and on the characterization of cognitive impairments and abilities for treatment planning and patient education and management. Additional didactic experiences within this rotation include monthly Deep Brain Stimulation Rounds and case conferences, opportunities to attend weekly Clinical Neuroscience Rounds, and case conferences with Geriatric Neuropsychology Services (see below). Opportunities exist for involvement with ongoing research programs and in association with some clinical programs. A breadth rotation is not available on this service.

**Geriatric Neuropsychology Services (Supervisor: Dr. Paula McLaughlin).** This rotation is based at the Abbie J. Lane Memorial and Veterans Memorial Buildings (HI site, QEII) and focuses on neuropsychological services in the context of geriatric care. Neuropsychological assessments are provided on a consultative basis to several ambulatory care clinics, including the Geriatric Ambulatory Care and Behavioural Neurology. Most referrals focus on differential diagnosis of complex or atypical presentations of neurodegenerative disorders, including primary

progressive aphasia, frontotemporal lobar degeneration, and posterior cortical atrophy. The resident will also gain experience with more common causes of dementia, such as Alzheimer's disease, Lewy body, and cerebrovascular disease. In addition to neuropsychological assessment, training in group intervention programs designed for persons with dementia and mild cognitive impairment and their care partners will be available. This includes programs delivered in collaboration with a Health Psychologist and/or the Alzheimer Society of Nova Scotia. A variety of research opportunities are also available on this rotation for residents who are interested. Previous experience working with geriatric populations would be beneficial but is not required for this rotation.

**Mental Health (Supervisor: Dr. Karen Chipman).** This rotation is based at the Nova Scotia Hospital in Dartmouth and involves the provision of neuropsychological assessment services to the Mental Health and Addictions Program. This includes both inpatient settings (e.g., psychosocial rehabilitation units) and outpatient settings (e.g., community mental health, specialty services, and recovery-focused programs). The rotation goal for the resident is to gain experience in neuropsychological assessment and consultation for individuals who present with a range of mental health conditions (e.g., psychotic, bipolar, depressive, anxiety, trauma-related, substance use, and personality disorders), as well as for older adults with possible neurodegenerative disorders in the context of chronic or late-onset mental health difficulties. Assessments are aimed at addressing referral questions related to psychosocial rehabilitation planning (e.g., independent living, education, and employment issues) and differential diagnosis of dementia. Objectives for the rotation include planning, administering, scoring, and interpreting a comprehensive battery of neuropsychological measures; conducting client and collateral interviews; writing reports that incorporate individually-tailored recommendations; providing feedback and psychoeducation to clients, families, and treatment teams; and consulting with other disciplines as appropriate. This rotation is largely assessment-focused, although there may be an opportunity to provide individual cognitive intervention, depending on time and availability of cases. As a breath rotation, residents in the Health or MHA Track must meet the requisite training and experience outlined on page 18.

**Surgical Epilepsy (Supervisor: Dr. Antonina Omisade).** This rotation is based at the Abbie J. Lane Memorial Building of the HI site, QEII. The main goals of this rotation include conducting neuropsychological assessments with patients with seizure disorders from across the Maritimes and learning to work as part of a multidisciplinary team. The objectives are (a) to conduct neuropsychological assessments with patients who are being considered for epilepsy surgery for prediction of cognitive risk, (b) to complete post-operative neuropsychological evaluations with individuals who have undergone neurosurgery, (c) to provide comprehensive neuropsychological assessments for differential diagnosis, and (d) to communicate assessment results to patients, families, and to the members of the epilepsy team at weekly clinical rounds. Since this is a regional program, the population is highly diverse with respect to cognitive ability, neurological development, health conditions, socioeconomic status, age, education, as well as sex, gender, ethnic, cultural and linguistic backgrounds. Residents will learn how to adapt neuropsychological assessment to individual patient characteristics and needs. Whenever possible, residents will also be encouraged to learn and participate in specialized testing procedures including cortical stimulation mapping for language (both bedside and intraoperatively), as well as etomidate speech and memory (eSAM) testing. Depending on their personal training goals, residents may choose to gain experience in pre-surgical functional MRI. Residents wishing to complete this rotation must have a good knowledge of functional neuroanatomy and previous psychometric testing experience. Finally, a variety of research opportunities are also available on this rotation and can be tailored to residents' interests and time commitment. Residents in the MHA or Health tracks wishing to complete a breath rotation on this service must have completed a graduate course in human neuropsychology and must have experience administering, scoring, and interpreting commonly used neuropsychological measures given to adults.

## Mini-Rotation

To ensure that our neuropsychology residents receive diverse training experiences throughout the year, we offer a “mini-rotation” with a diversity focus.

**MOSH – Neuropsychology Services Rotation (Supervisors: Various).** The Mobile Outreach Street Health (MOSH) program is part of the North End Community Health Centre (NECHC) and provides accessible primary health care services to people who are experiencing homelessness, insecurely housed, street involved and/or are underserved in our community. The MOSH team is a collaborative primary health care team of registered nurses, nurse practitioners, an occupational therapist, physicians, and administrative support. Both MOSH and NECHC are directly plugged into the community in ways that tertiary care providers are not. The population they serve is very diverse with respect to health status, language, socio-economic status, culture, ethnicity, gender, sexual orientation, and physical, cognitive, and psychological functioning. MOSH referrals are highly varied and may include recommendations for community supports, dementia diagnoses, post-ABI assessments, and learning disability diagnoses. During this mini-rotation, residents are expected to complete 2-3 assessments over the course of the training year.

A sample Neuropsychology Track resident’s schedule is as follows:

		MON	TUES	WED	THURS	FRI
<b>BLOCK 1</b> (Sep – Feb)	<b>Morning</b>	Mental Health NP	Mental Health NP	Consultation NP	Consultation NP	Research
	<b>Afternoon</b>					Seminar & Peer Supervision
<b>BLOCK 2</b> (Mar – Aug)	<b>Morning</b>	Inpatient ABI	CMH - Dartmouth	CMH - Dartmouth	Inpatient ABI	Research
	<b>Afternoon</b>					Seminar & Peer Supervision

## 8. Educational, Research, and Peer Support Activities

### 8.1. Seminars and Didactics

There are multiple didactics and educational opportunities provided by the residency program. Some didactics are mandatory, and others are optional. Residents can also use up to five days for educational leave (e.g., workshops or other training experiences, dissertation defense), pending approval by the Director of Training.

#### **Residency Seminar Series (mandatory)**

The Residency Seminar Series (Fridays from 1:30-3:30pm) focuses on a range of professional practice and clinical issues – such as ethical decision making, evidence-based supervision, suicide prevention, psychopharmacology, telehealth, EPPP, working in private practice, and finding employment. Individual, social, and cultural diversity considerations are embedded within this series, with multiple seminars dedicated to diversity-focused topics each year. For example, past seminar topics have included working with individuals with intellectual disabilities,



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psychological practice with LGBTQ++ populations, white fragility, working with an interpreter, how lived experience can inform research, and social responsiveness.

This didactic series includes residents from the IWK Children's Hospital (Halifax; allowing for a lifespan perspective) and incorporates the Canadian Council of Professional Psychology Programs: National Training Seminar Series. Historically, the sessions have occurred at various sites throughout the training year; however, during COVID this series has shifted to a virtual platform. As we move beyond the pandemic, we anticipate that the Residency Seminar Series will be a blend of virtual and in-person seminars.

#### ***Clinical Training Meetings (CTC; mandatory)***

The CTC, which is responsible for the administration of the Residency Program, is composed of psychologists from all three training tracks. Residents are invited to participate in all aspects of this committee (e.g., providing feedback on forms and policies, meeting with residency applicants) except for the evaluation of and ranking of applicants for the following year. It is an expectation that there will be at least one resident in attendance at each monthly meeting.

#### ***Equity, Diversity, Inclusion, and Advocacy (EDIA) Working Group & Journal Club (Mandatory)***

The EDIA Working Group was a small working group composed of 4-5 psychologists (at least one from each training track), and a psychology resident. The mandate of the EDIA Working Group was to improve diversity and inclusion learning opportunities and engagement for psychologists and residents of the Halifax Clinical Psychology Residency Program. Historically, the EDIA Working Group included one resident at a time. The mandate of the EDIA Working Group is now under the CTC. There is now a quarterly EDIA Consult Group meeting, open to all psychologists and residents as an opportunity to seek EDIA consult related to their clinical work. This group meets for 90 minutes and is facilitated by Dr. Kathleen Merwin. The second half of these meetings is now dedicated to a journal club in which EDIA literature/documents are assigned for each meeting and discussed among those participating. ***Residents are required to attend and participate in the consult group and journal club.*** Residents are also welcome to join CTC meetings to participate in discussions related to EDIA topics, learning opportunities, and consultation.

#### ***Neuropsychology Rounds (mandatory for Neuropsychology residents)***

This bi-monthly educational series (third Wednesday every-other month from 3-4pm) is open to other NSH Psychology staff and trainees (Residents, Graduate Students, Fellows), as well as Neuropsychology colleagues and trainees at the IWK, Dalhousie University, and in private practice in the HRM. Previous topics have included neuroimaging tutorial, remote neuropsychological assessments, cognitive linguistic abilities, using neuropsychology descriptors, validity testing, and medical marijuana. The Neuropsychology resident will be expected to give at least one presentation throughout the year.

#### ***Psychology Council Meetings (recommended for MHA Residents)***

Psychology Council meetings approximately every 6-8 weeks. Here members of the Mental Health and Addictions psychology discipline meet to discuss various professional topics and issues.

#### ***Psychiatry Department Education Series (recommended for MHA Residents)***

The Department of Psychiatry at Dalhousie University hosts Clinical Academic Rounds (Wednesday from 8:30-9:30am). This educational series provides residents with the opportunity to be exposed to a range of topics, provided by presenters from various disciplines (including visiting scholars).

### ***QEII Continuing Education Series (recommended for Health and Neuropsychology Residents)***

The QEII Psychology Continuing Education Series (occurs prior the QEII Psychology Discipline meetings at 2pm – in October, December, February, April, and June) includes a 30 to 60-minute presentation or discussion of clinical, research or professional/ethical issues. Members of the QEII Psychology discipline are invited to present or lead a discussion. Although not required, the Health and Neuropsychology residents are welcome to present at this series. A list of available timeslots will be emailed to residents (Health and Neuropsychology) and QEII psychologists in early September.

**EDI In The Proposed revised Standards**

Foundational Competencies

**Individual, social and cultural diversity**

Addresses the issues of human rights and social justice

Includes concepts such as equity (equal access), inclusion, and social justice (equity in treatment for all aspects of society).

**Indigenous interculturalism**

Inclusion of education and training that reflects the work of the TRC

Training is regionally relevant

Training also includes culturally-appropriate approaches

Dr. Doug Cane Presenting at QEII CE Series



### ***QEII Psychology Discipline (recommended for Health and Neuropsychology Residents)***

Residents in the Health and Neuropsychology tracks attend the monthly QEII: Psychology discipline meetings (second Monday of every month at 3pm – except July and August), where various topics and issues related to hospital-based psychology practice are discussed.

## **8.2 Research**

The program requires that 10% of residents' time (half a day per week) be reserved for research and research-related activities. Friday mornings are typically used for this purpose. While residents are welcome to use their research time to work on their dissertation, each resident is required to complete a research or program development and evaluation project. The scope of this project will depend on the individual resident's training goals and needs. Example projects include comparing pre- and post-therapy outcomes on a virtual group intervention; assisting with a systematic review of psychodynamic therapies and preparing manuscript for submission; and using a pre-existing database to investigate distinct verbal fluency profiles across multiple neurodegenerative diseases. Please see supervisor profiles and rotation descriptions for more information on the type of research and program evaluation opportunities that may be available.

## **8.3 Peer Support**

The Peer Support sessions take place each Friday afternoon (3:30-4:30pm) and are designed to help meet the training needs of the residents. These sessions provide opportunities for support and peer supervision, and typically includes residents discussing challenging cases (while maintaining confidentiality and privacy) or professional issues. Residents across tracks are required to participate in peer support each week and are joined by the residents from the IWK Children's Hospital and the Dalhousie University Clinical Psychology Residency Program for some peer support sessions. Our residents (and those of other training sites) often spend time together outside of peer support exploring the province.



2021-22 NSH Residents Apple Picking



2020-21 NSH Residents Skiing Wentworth

## 9. Supervision

In accordance with the accreditation guidelines established by the CPA, residents receive a minimum of four hours of supervision per week. Three of these hours take place in individual supervision. Additional supervisory meetings are scheduled according to the training needs and level of clinical skill of the resident. Supervision may include co-therapy sessions, discussion/application of directed readings, direct observation, and audio- and videotape reviews of therapy and assessment sessions. The type of supervision will vary as a function of residents' needs and abilities. As a resident progresses successfully through training experiences, the nature and focus of supervision typically changes to further enhance resident's development and autonomy.

## 10. Evaluation

Supervisors provide residents with feedback on an ongoing basis throughout the training year. The objective is to create a transparent and open exchange of feedback about the supervision and learning process to maximize the quality of the resident's training experience. Formal evaluation of residents occurs at the midpoint and end of each rotation. Supervisors routinely meet with one another and the Director and/or Associate Directors of Training to share perspectives on residents' progress. Residents also are asked to evaluate their experiences and provide feedback regarding their supervision at the midpoint and end of each rotation, as well as at the end of the residency year.

Our evaluation processes are structured to align with the core competency areas embodied by the Mutual Recognition Agreement. These evaluations are reviewed with the resident. Letters summarizing each resident's activities, progress, and evaluations are sent to the Director of Clinical Training at their graduate program at the midpoint and end of the residency program.

Residents are asked to complete written evaluations of their training experiences (rotation evaluations) and the quality of the supervision they receive (supervisor evaluations). They are encouraged to discuss their feedback directly with supervisors. Written evaluations on rotations are not made available to supervisors until the end of the residency year, whereas the written evaluation of the supervisor is maintained for three years prior to being anonymously distributed to individual supervisors. This helps maximize confidentiality and candid feedback to the program. The program regards residents' feedback as essential to the continued development and improvement of the training program.

## 11. Salary and Benefits

The residency begins September 1, 2026 and ends August 31, 2027. The salary for the 2026 – 2027 residency year will be **\$55,185** less statutory deductions. This amount aligns with the most recent "livable wage" rates published for Halifax, NS (Canadian Centre for Policy Alternatives, 2023). Residents are eligible for three weeks of paid vacation and statutory holidays, as well as medical and dental benefits. In addition, residents can take up to one week of paid educational leave (5 days) and will receive a \$300 education allowance.

Residents will have access to primary care and counselling and mental health services through the Dalhousie Student Health and Wellness Centre ([www.dal.ca/campus\\_life/health-and-wellness/my-health.html](http://www.dal.ca/campus_life/health-and-wellness/my-health.html)).

## 12. Transportation

Rotation sites are located across the HRM (please see maps in Appendices). All these sites are accessible by bicycle-friendly public transportation (Halifax Transit). NSH participates in the Employee Pass Program (EPass), part of Halifax Regional Municipality's SmartTrip Program – which offers discounted transit passes to NSH employees enrolled in the program. Of note, the time required to travel between sites can be lengthy by bus and/or ferry. Our program attempts to schedule rotations to minimize travel time (e.g., residents have full days at single sites) and residents can choose rotations that allow for minimal commuting time, the latter can compromise the options available. Residents who have had their own vehicle have appreciated the flexibility it provided; however, we do appreciate that this is not an option for all residents in our program.

## 13. Eligibility, Application Process, and Accreditation

Applicants to the residency program should be enrolled in a PhD or PsyD Clinical Psychology program from a recognized university. Students from Counselling Psychology are also eligible; however, training and experience working with serious mental health problems is required. Preference will be given to applicants registered at CPA- or APA-accredited academic programs. Individuals with a doctoral degree in Psychology that was not in Clinical Psychology but who have completed all the relevant course work and practica under a Clinical Psychology retraining program will also be considered.

Preference will be given to applicants who are Canadian citizens, non-Canadians currently studying within Canada, or those with landed immigrant status, in accordance with Immigration Canada requirements, including the updated foreign worker legislation.

At the time of our application deadline, we expect applicants to have a minimum of 600 hours of supervised practica. Those selected for interviews have usually completed 1000 hours (note that these hours include both direct service and support activities). We also expect applicants to have their dissertation proposal accepted and data collection underway.

Prior to beginning the residency, applicants must have completed all requirements of their doctoral program (except for the dissertation). It is preferred that residents have collected their dissertation data prior to arriving for residency.

Applicant rankings are based on many factors, including the following:

- Breadth and depth of assessment and treatment experience (as opposed to number of practicum hours).
- Relevant didactic training (e.g., coursework, workshops attended).
- Notable progress toward completion of their PhD, including their dissertation.
- Letters of recommendation.
- Impressions from the interviews (e.g., interpersonal/communication skills, ability to think “on the spot”).
- Research experience.
- Quality of writing samples (e.g., responses to essays on the APPIC application).
- Other information from the application materials.

Please feel free to e-mail our Director of Training, Dr. Stacy Bradley ([stacy.bradley@nshealth.ca](mailto:stacy.bradley@nshealth.ca)) if you have any questions or concerns about this.

### 13.1 Diversity

NSH and our residency program are committed to being a setting that is free of discrimination, and strives to create an environment that is diverse, fosters respectful relationships, and a sense of belonging within the workplace. Our residency is committed to employment equity, and encourages applications from Indigenous People, African Nova Scotians, People of Colour, Persons with Disabilities, 2SLGBTQIA+ and Immigrants.

### 13.2 Policy on Handling Your Personal Information

In accordance with federal privacy legislation (Personal Information Protection and Electronics Documents Act; <http://laws-lois.justice.gc.ca/eng/acts/P-8.6/index.html>), we are committed to collecting only the information that is required to process your application. This information is secured within Psychology at NSH and is shared only with those individuals involved in the evaluation of your application. If you are not matched with our program, your personal information will be destroyed one year after Phase II Match Day. If you are matched with our program, your file will be available only to those directly involved in your supervision and training, including your supervisors, your Track Coordinator/Associate Director of Training, the Director of Training, and relevant administrative support staff. We will place an electronic copy of your file on a secure section of the NSH network that will only be made available to those individuals directly involved in your supervision and training.

### 13.3 Application Deadlines, Notification Procedures, and Interviews

**Applications should be submitted by the end of the day on Saturday November 15<sup>th</sup>, 2025** in order to guarantee consideration for the 2026-2027 training year.

**Applicants will be notified of their interview status by e-mail on December 5<sup>th</sup>, 2025** (the Universal Notification Date for Canadian internship sites). The Universal Notification Date is made available from APPIC . Applicants who were offered interviews are then invited to contact us to schedule their interview.

**Interviews will take place in January 2026.** Interview will be scheduled on the following dates: January 5<sup>th</sup>, 6<sup>th</sup>, 7<sup>th</sup>, 8<sup>th</sup> and 9<sup>th</sup>. To minimize the stress and financial costs associated with travel, and consistent with the recommendations put forward by the Executive of the CCPPP, **we will only be offering virtual interviews.**

Our residency site agrees to abide by the APPIC policy that no person at our training facility will solicit, accept, or use any ranking-related information from any resident applicant.

### 13.4 Accreditation Status

The Halifax Clinical Psychology Residency Program is accredited by the Canadian Psychological Association. The most recent accreditation site visit was completed in May, 2024.

For more information on CPA accreditation please visit <http://www.cpa.ca/accreditation/>. You may also contact the Canadian Psychological Association Head Office at 141 Laurier Avenue West, Suite 702, Ottawa, ON, K1P 5J3. Telephone: 613-237-2144 or 1-888-472-0657; Email: [accreditationoffice@cpa.ca](mailto:accreditationoffice@cpa.ca).

Our program is a member of the APPIC, and we abide by their application and matching regulations.

### 13.5 Public Disclosure Information

In Appendix C, you will find the data describing the number of applications we receive, how many applicants we interview, and the characteristics of those people who match to our program. Please also note that there are two tables so as to provide the historical data for each of the programs that now comprise the Halifax Clinical Psychology Residency Program: Table 1 is for what was the QEII Health Sciences Internship Program (abbreviated

as QEII; this formed what is now our Health Psychology and Neuropsychology Tracks); Table 2 is for what was the Capital District Mental Health Psychology Internship Program (abbreviated as CDMHP; this formed what is now our MHA Track). The final column of both tables is the same, providing the data for the 2018 – 2019 training year, the first year the program was in existence in its current form.

### 13.6 Application Procedures

Our program uses the APPIC online application system. A complete application includes (a) a completed AAPIC Application for Psychology Residency (AAPI); (b) your curriculum vitae; (c) your graduate transcripts; (d) three letters of reference; and (e) a cover letter.

**In your cover letter, make sure to clearly specify the following:**

- **which track or tracks you are applying to; and**
- **which rotations you are interested in within each track, listing rotations in order of preference (1st choice, 2nd choice, etc.)**

**For the Mental Health and Addictions track, listing your rotations in order of preference is particularly important as you will typically be interviewed by supervisors in your top two rotations.**

Following the interviews, when you submit your rank order, make sure to use the appropriate APPIC track numbers. Note that you may rank multiple tracks.

As per AAPIC requirements, your letters of reference are to be submitted using the APPIC Standardized Reference Form (SRF). This is in lieu of free-form letters of recommendation and letters using the CCPPP format. Applicants should ensure that their referees are informed about the requirement to use the SRF.

Successful candidates will be required to provide a criminal record check, including a vulnerable sector search, to Human Resources at NSH prior to beginning their residency. They will also need to be medically cleared by Occupational Health (which means providing evidence that various inoculations are up-to-date).

## 14. Contact Information

*Director of Training:* Dr. Stacy Bradley ([stacy.bradley@nshealth.ca](mailto:stacy.bradley@nshealth.ca))

*Associate Director of Training/Health Track Coordinator:* Dr. Sulaye Thakrar ([sulaye.thakrar@nshealth.ca](mailto:sulaye.thakrar@nshealth.ca))

*Associate Director of Training/MHA Track Coordinator (interim):* Dr. Joel Town ([Joel.town@dal.ca](mailto:Joel.town@dal.ca))

*Associate Director of Training/Neuropsychology Track Coordinator:* Dr. Karen Chipman  
([Karen.Chipman@nshealth.ca](mailto:Karen.Chipman@nshealth.ca))

## 15. Supervising Psychologists

**Cate Archibald, PhD**  
(she/her)

Psychologist, MHA Track  
CMH – Bedford-Sackville (Cobequid) & West Hants  
Dalhousie University, 1998

Interests: Complex PTSD, complex health/mental health issues, Mindfulness-Based Cognitive Therapy, CBT, CPT, EMDR. [cate.archibald@nshealth.ca](mailto:cate.archibald@nshealth.ca)

**Alim Awadia,  
DClinPsy**

Psychologist, MHA Track  
Connections Mental Health Services  
University College London, 2011

I work with staff and patients who are linked with Connections in Halifax, Dartmouth, and Sackville. Connections is a service that provides psycho-social support to adults living with psychosis (and related functional impairments) in the community. I also work on several research trials, delivering manualized CBT to both adults and children. My interests are mostly about how best to practically deliver technical/process interventions in CBT and psychodynamic therapy. I offer both CBT and psychodynamic therapy/supervision. [alim.awadia@nshealth.ca](mailto:alim.awadia@nshealth.ca)

**Jeff Bailey, PhD**

Psychologist, MHA Track  
Advanced Practice Lead, PCTEL, Adult Mental Health  
University of New Brunswick, 2015

Currently serving as an Advanced Practice Lead providing provincial training and supervision in the areas of CBT, group therapy, and PTSD. Primary clinical area of practice at this time is Post-traumatic Stress Disorder delivered in individual and group format. PTSD treatment primarily delivered via Prolonged Exposure and Cognitive Processing Therapy protocols. [Jeff.Bailey@nshealth.ca](mailto:Jeff.Bailey@nshealth.ca)

**Shannon Bedford,  
PsyD (she/her)**

Psychologist, MHA Track  
CMH – Dartmouth  
Memorial University of Newfoundland, 2020

Within my role at Community Mental Health I provide individual psychotherapy, group treatment (ACT), and psychodiagnostic assessment. My clinical interests include working with individuals who experience disordered eating and body image concerns, trauma and PTSD, mood and anxiety, and other mental health concerns. My approach to treatment is integrative and relies heavily on case formulation. I draw from interventions including ACT, EFT, CBT (including prolonged exposure and cognitive-processing therapy), EMDR, and compassion-focused therapy. My approach to supervision is developmental and process-oriented and I value working with trainees to help them expand their clinical toolbox and increase their understanding of the process-oriented/attachment-based components of psychotherapy. I am currently working part time. [Shannon.Bedford@nshealth.ca](mailto:Shannon.Bedford@nshealth.ca)

Wilcox CE, Wilcox CE, **Bedford S.** Binge-Related Eating Disorders (Binge Eating Disorder and Bulimia Nervosa). Food Addiction, Obesity, and Disorders of Overeating: An Evidence-Based Assessment and Clinical Guide, 2021:35-53.

Obeid N, Valois DD, **Bedford S,** Norris ML, Hammond NG, Spettigue W. Asceticism, perfectionism and overcontrol in youth with eating disorders. Eating and Weight Disorders-Studies on Anorexia, Bulimia and Obesity. 2021;26, 219-225.

**Bedford S**, Repa L, Renouf A. Supervision in interprofessional education: Benefits, challenges, and lessons learned. *J Psychother Integr.* 2020;30(1), 16.

**Stacy Bradley, PhD**  
(she/her)

Psychologist, MHA Track

CMH – Cole Harbour

McGill University, 2017

Dr. Bradley provides psychotherapy treatment to an adult population in an outpatient setting. She treats a broad range of mental health conditions including anxiety disorders, depressive disorders, post-traumatic stress disorder and complex trauma and abuse, and personality disorders. Dr. Bradley has an integrative theoretical orientation and works predominantly from a Short-Term Dynamic Psychotherapy model, as well as Acceptance and Commitment Therapy (ACT). She has training in ISTDP, ACT, CBT and Prolonged Exposure, among others. Dr. Bradley takes a collaborative, developmental, and process-oriented approach to supervision through case discussion, videotape review of sessions, and review of written work. [stacy.bradley@nshealth.ca](mailto:stacy.bradley@nshealth.ca)

Hébert C, Beaulieu L, **Bradley S**, Trépanier L, Ayllon A, Middleton J, Kalogeropoulos C, Drapeau M. Catch 21: An examination of the effect of mandatory continuing education on training practices of Quebec psychologists. *Can J Behav Sci.* 2021;54:85-89.

Drapeau M, **Bradley S**. The practice of psychotherapy in Quebec: What have we learned from clinicians, and where should we take it from here. *Can Psychol.* 2019;60:128-139.

**Bradley S**, Doucet R, Kohler E, Drapeau M. Access to government-funded psychotherapy: Comparing the point of view of psychologists and psychotherapists. *Sante mentale au Quebec.* 2015;40: 175-200.

**Sherri Carter, PhD**  
(she/her)

Psychologist, Neuropsychology Track

Acquired Brain Injury Program

University of Windsor, 2001

I provide neuropsychological services for neurovascular cases for inpatient acute and rehabilitation programs. Services provided include neuropsychological assessment, education and intervention, and consultation with a multidisciplinary rehabilitation team. Neuropsychological assessment is typically a brief, flexible screening assessment. Referral questions typically involve rehabilitation or discharge planning, including return to premorbid activities (e.g., employment) and less often may involve a component of differential diagnosis. [sherri.carter@nshealth.ca](mailto:sherri.carter@nshealth.ca)

**Karen Chipman, PhD**  
(she/her)

Psychologist, Neuropsychology Track

Mental Health and Addictions Program

University of Western Ontario, 2005

I provide neuropsychological assessment and consultation services for inpatients and outpatients in the Mental Health and Addictions program. Clinical interests include neuropsychological assessment, diagnosis, and intervention in an adult mental health setting. A hypothesis-driven, flexible battery approach is used in conducting assessments,

and supervisory style is developmental. Research interests include cognitive functioning and interventions in mental health and aging populations. [karen.chipman@nshealth.ca](mailto:karen.chipman@nshealth.ca)

**Karen Cochrane, PhD**

Psychologist, MHA Track

Geriatric Psychiatry Program

University of Alberta, 2009

Clinical and research Interests include: CBT; depression and anxiety disorders in older adults; memory interventions in normal aging and dementia. Theoretical orientation: cognitive-behavioural. [karen.cochrane@nshealth.ca](mailto:karen.cochrane@nshealth.ca)

**Jacquie Cohen, PhD**  
(she/her)

Psychologist, MHA Track

Provincial Clinical Leader, Training and Education, Mental Health and Addictions Program

University of New Brunswick, 2008

I provide supervision as part of the PCTEL (Provincial Centre for Training, Education, and Learning) rotation, which provides training, supervision, and clinical consultation to mental health clinicians working within the MHAP. My clinical work includes the following: dialectical behaviour therapy; cognitive processing therapy, prolonged exposure and DBT-PE; exposure and response prevention; and 2SLGBTQIA-affirmative CBT. I am especially interested in working with and advocating for improved access and culturally responsive mental health services for Indigenous, racialized, and 2SLGBTQIA people. I am certified in DBT by the Linehan Board of Certification and in CBT by the Canadian Association of Cognitive and Behavioural Therapies.

[Jacquie.cohen@nshealth.ca](mailto:Jacquie.cohen@nshealth.ca)

Doyle JN, Smith MM, Watt MC, **Cohen JN**, Couture, M-E. Higher baseline emotion dysregulation predicts treatment dropout in outpatients with borderline personality disorder. *Pers Disord: Theory Res Treat*, 2023.

Doyle JN, Watt MC, **Cohen JN**, Couture M-E, Smith MM. Relations between anxiety sensitivity and attachment in outpatients with borderline personality disorder. *J. Pers Disord*, 2022.

Ashbaugh AR, **Cohen JN**, Dobson KS. Training in cognitive behavioural therapy (CBT): National training guidelines from the Canadian Association of Cognitive and Behavioural Therapies. *Can Psychol*, 2021;62(3), 239–251.

Greer H, **Cohen JN**. Partners of individuals with borderline personality disorder: A systematic review of the literature examining their experiences and the supports available to them. *Harv Rev Psychiatry*, 2018;26:185 – 200.

**Jamie Collins, PhD**  
(she/her)

Psychologist, MHA Track

CMH – Cole Harbour

Dalhousie University, 2017

Dr. Collins' clinical interests include anxiety disorders, specifically social anxiety disorder, generalized anxiety disorder, and obsessive-compulsive disorder. In addition, she is also interested in and works with clients with substance use disorders. Dr. Collins' theoretical orientation is primarily CBT with ACT strategies utilized as well. She takes a developmental approach to supervision and relies on direct observation, review of written work, and case discussion. [Jamiel2.collins@nshealth.ca](mailto:Jamiel2.collins@nshealth.ca)

**Marie-Eve Couture,  
PhD (she/her)**

Psychologist, MHA Track

Borderline Personality Disorder Treatment Program

Dalhousie University, 2017

Dr. Couture's clinical interests include: adult mental health, personality disorders (particularly borderline personality disorder), substance use disorders/addictions, post-traumatic stress disorder, diagnostic assessment, and forensic psychology. Her current research interests include identifying factors (e.g., attachment style, therapeutic alliance) predicting treatment outcomes for people with borderline personality disorder, evaluating interventions for borderline personality disorder, and exercise and mental health. Past research interests centered on alcohol and depression. Her theoretical orientation is primarily cognitive-behavioural, with a particular focus on 3rd wave approaches (e.g., DBT, ACT) and positive psychology. Her approach to supervision is collaborative, developmental, and informed by DBT principles. [marie-eve.couture@nshealth.ca](mailto:marie-eve.couture@nshealth.ca)

Doyle JN, Smith MM, Watt MC, Cohen JN, **Couture, M-E**. Higher baseline emotion dysregulation predicts treatment dropout in outpatients with borderline personality disorder. *Pers Disord: Theory Res Treat*, 2023.

Doyle JN, Watt MC, Cohen JN, **Couture M-E**, Smith MM. Relations between anxiety sensitivity and attachment in outpatients with borderline personality disorder. *J. Pers Disord*, 2022.

**Couture M-E**, Pearson R, Halloran J, Stewart SH. A qualitative study of the perceived effects of alcohol on depressive symptoms among undergraduates who drink to cope with depression. *Drug Alcohol Rev*. 2019;39(2):180-188.

**Vanessa DeFreitas,  
PhD (she/her)**

Psychologist, Neuropsychology Track

Acquired Brain Injury Program

Simon Fraser University, 2014

I am a clinical neuropsychologist within the Acquired Brain Injury Program. I provide neuropsychological services (including neuropsychological assessment, consultation, psychoeducation, and cognitive rehabilitation) to inpatients and outpatients. Inpatient services are provided to patients with various types of brain injuries (e.g., traumatic brain injury, neurovascular events, anoxia/hypoxia, brain infections, brain tumours) and involve brief screening assessments, individual and group-based psychoeducation and support, and regular consultation with a multidisciplinary rehabilitation team. Outpatient services are primarily provided to patients with ischemic stroke and involve comprehensive neuropsychological assessments. I use a hypothesis-driven, flexible battery approach to assessments to address specific referral questions (e.g., return to work or school,

discharge planning, rehabilitation planning), and a developmental approach in supervision. Research interests include cognitive functioning and rehabilitation in acquired brain injury. [vanessa.defreitas@nshealth.ca](mailto:vanessa.defreitas@nshealth.ca)

**Heather Durdle,**  
**PhD (she/her)**

Psychologist, MHA Track  
Advanced Practice Lead, PCTEL  
University of Windsor, 2008

My focus is on the treatment of addictive disorders and I provide training, supervision and consultation in the area of substance use and gambling. Much of this work involves motivational interviewing as well as CBT-based approaches to treatment.

[heather.durdle@nshealth.ca](mailto:heather.durdle@nshealth.ca)

**Shaindl Diamond,**  
**PhD (she/her)**

Psychologist, MHA Track  
CMH – Bedford-Sackville (Cobequid)  
University of Toronto, 2012

Research Interests: Development and delivery of services to marginalized populations; intersectionality; sexuality and gender; trauma. Theoretical Orientation: I use an integrative therapy approach that draws on EMDR, emotion focused, mindfulness-based, somatic, and cognitive behavioural modalities. [shaindl.Diamond@nshealth.ca](mailto:shaindl.Diamond@nshealth.ca)

**John Fisk, PhD**  
**(he/him)**

Psychologist, Neuropsychology Track  
Seniors Health Program  
University of Western Ontario, 1984

I provide consultative neuropsychological assessment services to clinics and regional programs associated with Neurology, Neurosurgery, and Geriatric Medicine and supervise the Consultation Neuropsychology Services Rotation of the Neuropsychology track. Programs covered include the Memory Disability Clinic of the Division of Geriatric Medicine, the Behavioural Neurology, Movement Disorders, General Neurology clinics, the Dalhousie MS Research Unit, and the Neuromodulation Program of the Division of Neurosurgery. My practice is focused on the differential diagnosis of complex or atypical presentations of neurodegenerative disorders and on the characterization of cognitive impairments for treatment planning and patient education and management. My research examines neurodegenerative and immune-mediated inflammatory disorders and includes studies of cognitive dysfunction, neuroimaging, neuropathology, epidemiology, mental health, and quality of life outcomes. [john.fisk@nshealth.ca](mailto:john.fisk@nshealth.ca)

Hanly JG, Robertson JW, Legge A, Kamintsky L, Aristi G, Friedman A, Beyea SD, **Fisk JD**, Omisade A, Calkin C, Bardouille T, Bowen C, Matheson K, Hashmi JA. Resting state

functional connectivity in SLE patients and association with cognitive impairment and blood-brain barrier permeability. *Rheumatology*. 2023 Feb 1;62(2):685-695.

Marrie RA, Patel R, Figley CR, Kornelsen J, Bolton JM, Graff LA, Mazerolle EL, Helmick C, Uddin MN, Figley TD, Marriott JJ, Bernstein CN, **Fisk JD**. Effects of Vascular Comorbidity on Cognition in Multiple Sclerosis Are Partially Mediated by Changes in Brain Structure. *Front Neurol*. 2022 May 24;13:910014.

Landrigan J, Bessenyei K, Leitner D, Yakovenko I, **Fisk JD**, Prentice JL. A systematic review of the effects of cannabis on cognition in people with multiple sclerosis. *Mult Scler Relat Disord*. 2022 Jan;57:103338.

**Paul Freeman, PhD**

Psychologist, MHA Track

CMH – Dartmouth

University of Manitoba, 2004

Interests: Adult mental health, supervision and training, ACT, and CBT. Specializing in anxiety and depressive disorders. [paul.freeman@nshealth.ca](mailto:paul.freeman@nshealth.ca)

**Susan Gamberg, PhD**  
(she/her)

Psychologist, MHA Track

Eating Disorders Program

McGill University, 2015

Interests: motivation, psychotherapy supervision and training, multicultural competencies, self-compassion, trauma, and personality disorders. Theoretical orientation: trained in CBT, DBT, Interpersonal therapy, EMDR and Prolonged Exposure, I also draw upon Compassion-focused and Emotion-focused methods, as well as Mindfulness and Motivational approaches. Supervision: focused on the development of professional identity, as well as case discussion, review of recorded sessions, and review of written reports. [susan.gamberg@nshealth.ca](mailto:susan.gamberg@nshealth.ca)

**Sarah Goegan, PhD**  
(she/her)

Psychologist, MHA Track

CMH – Dartmouth

McMaster University, 2022

Individual and group psychotherapy treatment and assessment for adults in an outpatient setting. Primarily specializing in depressive and anxiety disorders. My theoretical orientation is heavily grounded in ACT. My training is in clinical neuropsychology and clinical psychology, as such, I also provide brief screening assessments to assist in informing psychotherapy approach/treatment planning for individuals experiencing cognitive difficulties related to mental illness, chronic health conditions, and/or neurocognitive/neurodevelopmental conditions.

**Mandy Hagen, PhD**  
(she/her)

Psychologist (Candidate Register), MHA Track

## Borderline Personality Disorders Program

Dalhousie University, 2024

Dr. Hagen's clinical interests include adult mental health, borderline personality disorder, depressive disorders, anxiety disorders, obsessive-compulsive disorder, and trauma-related disorders. Her theoretical orientation lies in second- and third-wave cognitive behavioural therapies, including ACT and DBT. Her research interests are in co-occurring disorders and substance use. Dr. Hagen's approach to supervision is CBT/DBT based, developmental, and individualized, aiming to achieve both a high degree of learning and fostering independence in practice. Supervision includes case discussion, direct observation (live or video-/audio-tape review), and review of written work.

[mandy.hagen@nshealth.ca](mailto:mandy.hagen@nshealth.ca)

**Hagen, A. E.,** Rodriguez, L. M., Neighbors, C., Nogueira-Arjona, R., Sherry, S. B., Lambe, L., ... & Stewart, S. H. (2023). Drinking to cope mediates the association between dyadic conflict and drinking behavior: A study of romantic couples during the COVID-19 pandemic. *International Journal of Environmental Research and Public Health*, 20(14), 6332.

**Hagen, A. E.,** Nogueira-Arjona, R., Sherry, S. B., Rodriguez, L. M., Yakovenko, I., & Stewart, S. H. (2023). What explains the link between romantic conflict with gambling problems? Testing a serial mediational model. *Frontiers in Psychology*, 14, 1018098.

**Hagen, A. E.,** Battista, S. R., Couture, M. E., Pencer, A. H., & Stewart, S. H. (2020). The effects of alcohol and depressive symptoms on positive and negative post-event rumination in social anxiety. *Cognitive Therapy and Research*, 44, 801-810.

**Christian Hahn, PhD**  
(he/him)

Psychologist, Dr. Christian, MHA Track

University of Western Ontario, 2020.

Advanced Practice Lead, PCTEL

Primary clinical and research interests include: Mood Disorders, Anxiety Disorders, Eating Disorders, and Program Implementation and Evaluation. He has training and experience in disorder specific (e.g., CBT-T) and transdiagnostic (e.g., Unified Protocol) Cognitive-behaviour Therapies. A primary component of his involvement in PCTEL is the development, socialization, training, and implementation of provincial standards of assessment and intervention. [Christian.Hahn@nshealth.ca](mailto:Christian.Hahn@nshealth.ca)

**Kristen Higgins, PhD**  
(she/her)

Psychologist, Health Track

Multi-Organ Transplant Program – Kidney service

Dalhousie University, 2019

My clinical and research interests include coping with chronic illness, health behavior change, health psychology assessment methods, and multidisciplinary collaboration. My theoretical orientation is primarily cognitive behavioral, including motivational interviewing, ACT, cognitive processing therapy, and prolonged exposure as appropriate. Research interests include treatment matching for trauma-focused therapies. My

approach to supervision is developmental and informed by CBT. [Kristens1.higgins@nshealth.ca](mailto:Kristens1.higgins@nshealth.ca)

**Higgins KS**, Chambers CT, Rosen NO, Sherry S, Mohammadi S, Lynch M, Campbell-Yeo M, Clark AJ. Testing the Intergenerational Model of Transmission of Risk for Chronic Pain from Parents to Their Children: An Empirical Investigation of Social Transmission Pathways. *Pain*. 2019;160(11):2544-2533.

**Higgins KS**, Gillis J, Williams J, LeBlanc M, Bezuhly M, Chorney JM. Women's experiences with flap failure after autologous breast reconstruction: A qualitative analysis. *Annals of Plastic Surgery*. 2017;78(5):521-525.

**Janice Howes, PhD**  
(she/her)

Psychologist, Health Track  
Nova Scotia Health Cancer Care Program  
University of Western Ontario, 1984

I provide psychological services in Health Psychology, primarily in Psychosocial Oncology. I see adult patients dealing with various cancers throughout the illness trajectory, from initial diagnosis through to survivorship, and death and dying. I work within a broad-based biopsychosocial model and my therapeutic orientation is cognitive/interpersonal with an existential focus. I am Psychosocial Oncology Clinical Lead for the Nova Scotia Health Cancer Care Program, and I am Co-Chair of the Psychosocial Health Care Cancer Site Team, the Psychosocial Health Care Quality Improvement and Safety Committee, and the Provincial Psychosocial Oncology Community of Practice. I am a Clinical Associate in the Department of Psychology and Neuroscience, Dalhousie University. Current program evaluation/quality improvement interests include: psychosocial oncology services/program development incorporating a stepped care model, implementation of patient reported outcomes, establishing quality indicators, and specific clinical initiatives to improve patient experience and person-centred care. [Janice.howes@nshealth.ca](mailto:Janice.howes@nshealth.ca)

**Howes JL** et al. (2015). Best Practice Guideline for Management of Cancer-Related Distress in Adults. Supportive Care Cancer Site Team, Cancer Care Nova Scotia, Province of Nova Scotia. (Full version and Quick reference Version).

**Steven Jefferson, PhD**

Psychologist, Health Track  
University of New Brunswick, 2006

I provide psychological services in two domains: The Insomnia Clinic and Family Medicine. My work in the Insomnia Clinic is focused on the assessment and treatment of sleep problems. The Family Medicine service entails working with outpatients with general mental health problems (e.g., anxiety, low mood, etc.). My clinical interests include information processing errors in anxious and/or depressed individuals and the relationship between sleep and mood. My treatment approach is generally cognitive-behavioural in nature and my supervisory style is highly collaborative. [steven.jefferson@nshealth.ca](mailto:steven.jefferson@nshealth.ca)

**Susan Jerrott, PhD**  
(she/her)

Psychologist, MHA Track  
Advanced Practice Lead, PCTEL

Dalhousie University, 2000

I provide psychological services in four domains: The Insomnia Clinic, Family Medicine, Urology, and Infectious Diseases. My clinical interests include information processing errors in anxious and/or depressed individuals and the relationship between sleep and mood. My treatment approach is generally cognitive-behavioural in nature and my supervisory style is highly collaborative. [Susan.Jerrott@nshealth.ca](mailto:Susan.Jerrott@nshealth.ca)

**Jerrott S**, Clark S, Chorney J, Coulombe A, Wozney L. Can Text Messages Enhance Therapeutic Engagement Among Youth and Caregivers Initiating Outpatient Mental Health Treatment?: A pilot study. JMIR Formative Research. 2022 May;35685.

MacDougall S, **Jerrott S**, Clark S, Campbell LA, Murphy A, Wozney L. Text Message Interventions in Adolescent Mental Health and Addiction Services: Scoping Review. JMIR Ment Health, 2021;8(1)

Wozney L, MacAulay R, Hibbert R, Kontak J, **Jerrott S** (2019). uniCITY: Uniting to Connect Innovative Technology for Youth Mental Health and Addictions Services – Participatory Asset Map, Maritime SPOR SUPPORT Unit (MSSU), Halifax, NS.

**Breanna Lane, PsyD**  
(she/her)

Psychologist, MHA Track

CMH – Dartmouth

Memorial University of Newfoundland, 2021

I provide individual and group psychotherapy treatment and assessment for adults in an outpatient setting, which includes anxiety disorders, depressive disorders, trauma, and personality disorders. I value providing supervision and helping trainees develop competence in supervision. My theoretical orientation is grounded in ACT, IPT and integrates DBT, CBT and experiential and process-oriented interventions. My approach to supervision is collaborative and developmentally tailored, and emphasizes interpersonal process. [Breanna.Lane@nshealth.ca](mailto:Breanna.Lane@nshealth.ca)

**Julie MacDonald, PhD**  
(she/her)

Psychologist, MHA Track

Advanced Practice Lead, PCTEL, Child/Adolescent Mental Health

University of Alberta 2003

Currently providing training and consultation in the areas of CBT for mood and anxiety, ERP for OCD, CBT for Social Anxiety as well as provincial consultation regarding the implementation of the Choice & Partnership Approach and capacity building across NSH child & adolescent teams. Clinical areas include assessment and treatment of children, adolescents & families with a variety of presenting complaints with a focus on anxiety and mood disorders, TF-CBT, Obsessive Compulsive Disorder, Body Focused Repetitive Behaviors, ADHD and disruptive behaviors. Working with and supporting clinicians to adapt treatments for working with young children/preschoolers and parents is of particular interest. Treatment includes an integrative approach with an emphasis placed on cognitive-behavioural, behavioural and parenting interventions. I am certified in CBT by the Canadian Association of Cognitive and Behavioral Therapies and in TF-CBT by the National Therapist Certification Program. [JulieL.macdonald@nshealth.ca](mailto:JulieL.macdonald@nshealth.ca)

**Paula McLaughlin,**  
PhD (she/her)

Psychologist, Neuropsychology Track  
Seniors' Health Program  
York University, 2012

I provide consultative neuropsychological services to Geriatric Medicine and Neurology. I also assist with program development and evaluation for those living with dementia and mild cognitive impairment. My clinical interests include early diagnosis and treatment of neurodegenerative conditions, such as Alzheimer's disease, Lewy body dementia, Parkinson's disease, vascular dementia, and frontotemporal lobar degeneration. My current research investigates the cognitive phenotypes associated with several neurodegenerative diseases and how cognitive profiles related to other biological and behavioural factors using a collaborative, multidisciplinary approach. My other research interests include identifying and mitigating gaps in dementia care in Nova Scotia. [paula.mclaughlin@nshealth.ca](mailto:paula.mclaughlin@nshealth.ca). \*\*Dr. McLaughlin is currently on leave.

**McLaughlin PM**, Sunderland KM, Beaton D, Binns MA, Kwan D, Levine B, ... Troyer AK. The Quality Assurance and Quality Control Protocol for Neuropsychological Data Collection and Curation in the Ontario Neurodegenerative Disease Research Initiative (ONDRI) Study. Assessment. 2021 Jul;28(5):1267-1286.

Dillioott AA, Sunderland KM, **McLaughlin PM**, Roberts AC, Evans EC, Abrahao A, ... ONDRI Investigators, Hegele RA. Association of apolipoprotein E variation with cognitive impairment across multiple neurodegenerative diagnoses. Neurobiol Aging. 2021 Sep;105:378.e1-378.e9.

Beaton D, **McLaughlin PM**, Orange JB, Munoz DP, Mandizia J, Abrahao A, ... ONDRI Investigators. Caregiving concerns and clinical characteristics across neurodegenerative and cerebrovascular disorders in the ONDRI study. Int J Geriatr Psychiatry. 2022; 1-19.

**Kathleen Merwin,**  
PhD (she/her)

Psychologist, MHA Track  
Borderline Personality Disorder Treatment Program  
Dalhousie University, 2022

Dr. Merwin's clinical and research interests include: borderline personality disorder, trauma-related disorders, anxiety disorders, obsessive-compulsive disorder, eating disorders, sexual dysfunctions, diagnostic assessments, and provision of supervision. Her theoretical orientation is primarily cognitive-behavioural, with a particular focus on third wave approaches (e.g., DBT, ACT, PE, CPT) and integrative of mindfulness-based approaches. Dr. Merwin's approach to supervision is developmental, process-orientated, and collaborative, with an emphasis on fostering autonomy and clinical confidence. Supervision methods include case discussion, direct observation (live or video-/audio-tape review), and review of written work. [KathleenE3.Merwin@nshealth.ca](mailto:KathleenE3.Merwin@nshealth.ca)

**Merwin KE**, Brotto LA. Psychological treatment of persistent genital arousal disorder/genitopelvic dysesthesia using an integrative approach. Arch Sex Behav. In press.

Gauvin SEM, **Merwin KE**. (2022). Sexual communication among sexual and gender/sex diverse folks: An overview of what we know and suggestions for where to go. *Curr Sex Health Rep*. 2022;14:47-62.

**Merwin KE**, Bergeron S, Jodouin J-F, Mackinnon SP, Rosen NO. Few differences in sexual talk by gender/sex and dyad type: A retrospective and daily diary study with couples. *Archives of Sexual Behavior*. 2022;51(8):3715-3733.

**Merwin KE**, Mackinnon SP, O'Connor E, Flett GL. Socially prescribed perfectionism predicts next-day binge eating behaviors over 20-days. *J Couns Psychol*, 2021;69(4):554-564.

**Sarah Newcomb-Anjo, PhD** (she/her)

Psychologist, MHA Track

Advanced Practice Lead, PCTEL

Concordia University, 2020

Clinical and professional interests include diagnostic assessment, anxiety disorders, posttraumatic stress disorder, psychosis, suitability for CBT, psychotherapy supervision, advocacy, and informing public policy. Theoretical orientation is primarily CBT, with integration of 3rd wave approaches, and formal training in trauma-focused therapies including Prolonged Exposure and Cognitive Processing Therapy. Supervision style is collaborative, developmental and cognitive behavioural in structure. [Sarah.Newcomb-Anjo@nshealth.ca](mailto:Sarah.Newcomb-Anjo@nshealth.ca)

**Newcomb-Anjo SE**, Mulvihill K, Karbainova D, Barker ET. A person-centered mixed methods analysis of emotional wellbeing and dispositional strengths following university graduation. *J Adult Dev*. 2022;29(5):1-15.

**Newcomb-Anjo SE**. Applying what is known about adolescent development to improve school-based mental health literacy of depression interventions: Bridging Research to Practice. *Adolesc Res Rev*. 2019;4(1).

**Newcomb-Anjo SE**, Barker ET, Howard A. A person-centered analysis of risk factors that compromise wellbeing in emerging adulthood. *J Youth Adolesc*, 2017;46:867-883.

**Antonina Omisade, PhD**

Psychologist, Neuropsychology Track

Surgical Epilepsy Program

Dalhousie University, 2009

I am a clinical neuropsychologist with the Surgical Epilepsy Program. Clinical interests include neuropsychological assessment aimed at localization of dysfunction and differential diagnosis in patients with seizure disorders. Research interests include cognition in new-onset epilepsy, neuroimaging markers of cognitive outcomes in epilepsy, functional neuroimaging, and accelerated long-term forgetting. Supervision style is generally developmental with strong emphasis on developing autonomy within a supportive/collaborative supervision relationship. [tonya.omisade@nshealth.ca](mailto:tonya.omisade@nshealth.ca).

**Omisade A**, O'Grady C, Sadler RM, Ikeda K. Functional MRI for language lateralization in individuals with intellectual and cognitive dysfunction: Two clinical case examples. *Clin Neuropsychol*. 2021 Nov;35(8):1471-1484.

Jackson-Tarlton CS, Whatley BP, Kasheke GDS, Pohlmann-Eden B, **Omisade A**. A prospective pilot study of cognitive impairment and mood in adults with first seizure, new-onset epilepsy, and newly diagnosed epilepsy at time of initial seizure presentation. *Epilepsy Behav*. 2020 Nov;112:107359.

**Omisade A**, O'Grady C, Sadler RM. Divergence between functional magnetic resonance imaging and clinical indicators of language dominance in preoperative language mapping. *Hum Brain Mapp*. 2020 Oct 1;41(14):3867-3877.

O'Grady C, **Omisade A**, Sadler RM. Language lateralization of a bilingual person with epilepsy using a combination of fMRI and neuropsychological assessment findings. *Neurocase*. 2016 Oct;22(5):436-442.

**Brigitte Patry, PhD**  
(she/her)

Psychologist, Neuropsychology Track

Acquired Brain Injury Program

University of Victoria, 2007

I provide neuropsychology services within the ABI Program. Clinical interests include neuropsychological assessment and intervention for outpatients with acquired brain injury. Assessments address referral questions pertaining mostly to a return to premorbid activities (i.e., employment or school). A hypothesis-driven, flexible battery approach is used. My supervisory style is developmental. Research interests include cognitive functioning and cognitive rehabilitation in acquired brain injury.

[brigitte.patry@nshealth.ca](mailto:brigitte.patry@nshealth.ca)

**Barbara Pavlova, PhD**  
DCLinPsy

Psychologist, MHA Track

Mood Disorders Program

King's College London, 2008

Dr. Pavlova holds a Doctorate in Clinical Psychology (DCLinPsy, 2009) and a Postgraduate Diploma in Cognitive Behavioural Therapy (PgDip CBT, 2010), both from the Institute of Psychiatry, King's College London, UK. She also received a PhD in Medical Psychology and Psychopathology from the Charles University, Prague, Czech Republic in 2008. She is a Clinical Psychologist and Cognitive Behavioural Therapist (CACBT accredited) in the Mood Disorders Program. Her clinical and research interests include CBT for depression and anxiety, identifying and treating comorbid psychiatric illnesses (mainly anxiety disorders) in people with mood disorders, identifying risk for mental illness and early interventions to prevent mental illness in youth. Dr Pavlova is a CBT supervisor. [barbara.pavlova@nshealth.ca](mailto:barbara.pavlova@nshealth.ca)

**Pavlova B**, Warnock-Parkes E, Alda M, Uher R, Clark DM. (2024). Cognitive behavioural therapy for social anxiety disorder in people with bipolar disorder: a case series. *International Journal of Bipolar Disorders*. 12(1):1.

**Pavlova B**, Bagnell A, Cumby J, Howes Vallis E, Abidi S, Lovas D, Proper L, Alda M, Uher R. (2022). Sex-Specific Transmission of Anxiety Disorders From Parents to Offspring. *JAMA Network Open*. 5(7): e2220919.

MacKenzie LE, Uher, R, **Pavlova B** (2019) Cognition in first-degree relatives of individuals with major depressive disorder: A meta-analysis. *JAMA Psychiatry*. 76:297-305.

**Pavlova B**, Perlis RH, Alda M, Uher R. (2015) Lifetime prevalence rates of anxiety disorders in people with bipolar disorder: A meta-analysis. *Lancet Psychiatry*. 2(8):710-717.

**Jennifer Prentice, PhD**  
(she/her)

Psychologist, Health Track  
University of Calgary, 2019

My theoretical orientation is generally integrative, and my preferred therapeutic modalities include Motivational Interviewing, Behaviour Modification, CBT, and ACT. In addition, I am a neuropsychologist by training, able to provide supervision and expertise in neuropsychological assessment. I use a developmental approach to supervision and place a strong emphasis on a collaborative supervisory relationship. I am actively involved in research and I am currently interested in program development and evaluation. [jennifer.prentice@nshealth.ca](mailto:jennifer.prentice@nshealth.ca)

**Kate Rancourt, PhD**  
(she/her)

Psychologist, Health Track  
Multi-Organ Transplant Program – Liver service  
Dalhousie University, 2018

As the psychologist on a multidisciplinary team, I provide assessment, therapy, and consultation services for liver transplant candidates and recipients. I also provide assessment services for living kidney donors. I am a trauma-informed therapist with an integrative theoretical orientation. I draw most heavily from ACT, EFT, Mindful Self-Compassion, and attachment theory. My approach to supervision is developmental and collaborative. I have a strong interest in patient-centered medical care and am involved in program development and consultation to support improvements in transplant-related care for patients and care providers. [Kate.rancourt@nshealth.ca](mailto:kate.rancourt@nshealth.ca)

**Yvette Scattolon, PhD**  
(she/her)

Psychologist, MHA Track  
Eating Disorder Program  
University of New Brunswick, 1999

My clinical interests include eating disorders, women's issues, and grief/loss. I am particularly interested in the emotional origins of eating disorders and how they are identified and transformed through the use of Emotion Focused therapy (EFT). Both my clinical work and supervisory style are informed by an emotion-focused approach and attachment theory within the context of a feminist model. [yvette.scattolon@nshealth.ca](mailto:yvette.scattolon@nshealth.ca)

**Tiffany Shepherd, PhD** (she/her)

Psychologist, Health Track  
Primary Health Care  
Simon Fraser University, 2018

I provide psychological services to diabetes management, obesity, and gastroenterology teams. Interests include chronic disease self-management, health behaviour change, and disease-based distress. Theoretical orientations: CBT, ACT, motivational interviewing. [tiffany.shepherd@nshealth.ca](mailto:tiffany.shepherd@nshealth.ca)

**Michelle St Amand-Johnson, PhD**  
(she/her)

Psychologist, MHA Track  
Forensic Sexual Behaviour Program  
Queen's University, 2003

I joined the FSBP as a resident in 2002 and have worked for the service ever since, both as a staff Psychologist and in December 2023 taking on the additional role of Clinical Lead. My training included clinical work with both community-based and federally sentenced adult men, and I have conducted research with men about to be released from prison. My current research interests include prediction of sexual and violent recidivism and evaluation of treatment. My primary theoretical orientation is cognitive-behavioural, and I take a developmental approach to supervision, which occurs via case and personal process discussions, review of written work, and direct observation. [michelle.stamand@nshealth.ca](mailto:michelle.stamand@nshealth.ca)

**Andrew Starzomski, PhD**  
(he/him)

Psychologist, MHA Track  
East Coast Forensic Hospital and Simpson Landing PSR  
University of British Columbia, 1999

Professional interests: programming and psychotherapy in forensic and psychosocial rehabilitation contexts, clinical applications of positive psychology, delivery of expert evidence & reports in justice contexts, engagement & recovery work with multi-problem clients. He has previously served as a Director of Training for the mental health residency and as Professional Practice Leader for the psychologists of the mental health program. Dr. Starzomski is interested in helping residents participate in personally meaningful learning experiences and increasingly autonomous professional development opportunities within the Forensic and Recovery and Integration rotations. [andrew.starzomski@nshealth.ca](mailto:andrew.starzomski@nshealth.ca)

**Sulaye Thakrar, PhD**  
(he/him)

Psychologist, Health Track  
Medicine/Surgery Rehabilitation & Supportive Care Services  
University of Manitoba, 2019

I provide inpatient and outpatient services to the departments of Cardiology, Respiriology, and Plastics (Burns). My therapeutic orientation is integrational and mainly involves ACT, Motivational Interviewing, and CBT. My research interests involve behaviour change, acute and chronic disease distress/adjustment, and Narrative research in Health Psychology. I use a developmental/learner-focused approach to supervision involving modeling, live supervision, collaboration, and fostering independence. [sulaye.thakrar@nshealth.ca](mailto:sulaye.thakrar@nshealth.ca)

Lee-Baggley D & **Thakrar S**. Helping Patients and Health Care Providers Through the COVID-19 Pandemic: Empirically Based Tips and Strategies to Manage Mental and Physical Health. *Nephrology Nursing Journal*. 2020;47:511.

**Joel Town, DCLinPsy**  
(he/him)

Psychologist, MHA Track  
Centre for Emotions and Health  
University of Sheffield, 2008

Dr. Town is a Clinical Psychologist and Assistant Professor at the Centre for Emotions & Health. In his clinical practice he specializes in adult mental health, specifically refractory conditions related to depression, personality, somatic symptoms, and post-traumatic stress disorder. Dr. Town is an active psychotherapy researcher with a primary focus on the efficacy of short-term psychodynamic psychotherapies and therapeutic processes associated to change. He currently serves as a Consulting Editor of the American Psychological Association Division 29 journal, *Psychotherapy* and the Society for Psychotherapy Research journal, *Psychotherapy Research*. Opportunities for service evaluation or small scale research are available. Dr. Town provides supervision supporting the professional development of residents in clinical psychology and consultation around complex case formulation. He is also a supervisor in the practice and training of Intensive Short-Term Psychodynamic Psychotherapy. [Joel.town@dal.ca](mailto:Joel.town@dal.ca)

**Town JM**, Falkenström F, Abbass A, Stride C. The anger-depression mechanism in dynamic therapy: Experiencing previously avoided anger positively predicts reduction in depression via working alliance and insight. *J Couns Psychol*. 2022 Apr;69(3):326-336.

Abbass A, Lumley MA, **Town J**,... Kisely S. Short-term psychodynamic psychotherapy for functional somatic disorders: A systematic review and meta-analysis of within-treatment effects. *J Psychosomatic Research*, 2021;110473.

**Town JM**, Abbass A, Stride C, Nunes A, Bernier D, Berrigan P. Efficacy and cost-effectiveness of intensive short-term dynamic psychotherapy for treatment resistant depression: 18-Month follow-up of the Halifax depression trial. *J Affect Disord*. 2020;273: 194-202.

**Sasha (Aleksandra)**  
**Usyatynsky, PhD**  
(she/her)

Psychologist, MHA Track  
CMH – Cole Harbour  
Toronto Metropolitan University, 2022

Dr. Usyatynsky's clinical interests include mood and anxiety disorders, including obsessive-compulsive disorder; trauma and related disorders, including complex trauma; somatic symptoms and health anxiety; and personality disorders. She also has unique experience treating insomnia with CBT-I. Dr. Usyatynsky's theoretical orientation is integrative, primarily employing short-term psychodynamic psychotherapy and CBT. Her work centers attachment theory and the impacts of early life experiences on how individuals relate to others and handle stress. She works with clients to build capacities for more effective emotional experiencing and expression, with a somatic focus. Her supervision approach is developmental, with scaffolded learning to gradually develop skills. Supervision involves

direct observation, video tape review, review of written work, and case discussion.  
[Sasha.usyatynsky@nshealth.ca](mailto:Sasha.usyatynsky@nshealth.ca)

**Nicolle Vincent, PhD**  
 (she/her)

Psychologist, Health Track  
 Pain Management Unit  
 Dalhousie University, 2016

I provide psychological services to the Pain Management Unit, an interdisciplinary tertiary-care pain clinic. My therapeutic orientation includes ACT, motivational interviewing, and CBT. Research interests include evaluating interventions for behaviour change, knowledge translation and dissemination, and health provider resiliency. [nicolle.vincent@nshealth.ca](mailto:nicolle.vincent@nshealth.ca)

**Vincent N**, Lee-Baggley DL (2019, June). *Implementation science: Training healthcare providers in behaviour change skills*. Symposium presented at the Canadian Psychological Association National Convention, Halifax, NS.

**Marcia Voges, PhD**  
 (she/her)

Psychologist, MHA Track  
 CMH – Bayers Road  
 University of Calgary, 2005

I provide individual outpatient psychotherapy to a broad patient population. My clinical interests include anxiety disorders with a specific interest in panic disorder with agoraphobia. My theoretical orientation is integrative with an emphasis on CBT and ACT.  
[marcia.voges@nshealth.ca](mailto:marcia.voges@nshealth.ca)

**Christiane Whitehouse, PhD**  
 (she/her)

Psychologist, MHA Track  
 Psychiatric Acute Care  
 Dalhousie University, 2021

Dr. Whitehouse (she/her) is a clinical and neuropsychologist providing a rotation in Psychiatric Acute Care (Halifax). In her clinical work with the health authority, she is providing individual psychological interventions to psychiatric inpatients and consultation to interdisciplinary teams. In the community, her focus is providing psychotherapy for individuals with chronic physical health conditions, and completing neuropsychological assessments. Dr. Whitehouse is passionate about graduate student mental health, co-founding the Graduate Student Wellness Committee in Dalhousie University's psychology department while a graduate student. Since entering professional practice, she has co-developed a workshop with the international academic mental health organization, Dragonfly Mental Health, which has been provided to graduate students across North America and Europe. Dragonfly was recently featured in Nature News (April 9<sup>th</sup>, 2025). Dr. Whitehouse's theoretical orientation is primarily CBT with the addition of ACT.  
[Christiane.Whitehouse@nshealth.ca](mailto:Christiane.Whitehouse@nshealth.ca)

**Jenna Whitney, PhD,**  
**DClinPsych** (she/her)

Psychologist, MHA Track  
 Advanced practice lead, PCTEL  
 Institute of Psychiatry, King's College London, 2006

Dr. Jenna Whitney obtained a PhD (research) in Psychological Medicine (Eating Disorders Research Team) in 2006 and Doctorate of Clinical Psychology in 2011, both from the Institute of Psychiatry, King's College London. Her primary clinical and research interests include: Eating disorders, PTSD, and BPD. She has training and experience in the following treatment modalities: CBT, DBT, EMDR, MI, Cognitive Analytic Therapy, Cognitive Remediation Therapy for Eating Disorders, and Family Skills Training for Eating Disorders. She is certified in CBT through the Canadian Association of Cognitive and Behavioural Therapies. As part of her role in the PCTEL she provides teaching and consultation on the provision of CBT with adults, both for individuals and in the group therapy context. [Jenna.Whitney@nshealth.ca](mailto:Jenna.Whitney@nshealth.ca)

## 16. Other Psychology Staff

### **Kristen Bailey, PhD**

Psychologist, Health Psychology Track

Rehabilitation & Supportive Care Services – Bethune Building, VG Site

Dalhousie University, 2021

As one of the psychologists on a multidisciplinary team, I provide assessment and consultation services for kidney transplant patients. My approach is trauma-informed and integrative, drawing on my training in ACT, CBT, motivational interviewing as well as attachment and emotion focused approaches. In addition to my work at NSH, I also see individuals in my private practice presenting with a wide variety of difficulties including: anxiety, depression, adjustment difficulties, chronic pain, difficulties coping with chronic illness, stress, low self-esteem and trauma/PTSD. My approach to supervision is developmental and collaborative involving modeling, role play, review of written work and live supervision as learners work towards independence. [Kristenm.bailey@nshealth.ca](mailto:Kristenm.bailey@nshealth.ca)

### **Dawnette Benedict-Thomas, MA (she/her)**

Psychometrist, Neuropsychology Track

Mount Saint Vincent University, 1994

I currently work with Dr. Antonina Omisade in the Neuropsychology Service in the Epilepsy Program. I provide psychometric testing for clients with diagnoses of epilepsy and other seizure-related disorders for the purposes of pre-surgical and post-surgical evaluations, language mapping, eSAM procedures, and general cognitive functioning. Training in test administration and other psychometric skills is provided to practicum students and residents under the supervision of Dr. Omisade. [dawnette.benedict-thomas@nshealth.ca](mailto:dawnette.benedict-thomas@nshealth.ca)

### **Georgina Faddoul, MA**

Psychologist (Candidate Register), MHA Track

CMH

Concordia University, 2017

Clinical interests include anxiety disorders, psychosis, and substance use disorders. Theoretical orientation: CBT, ACT, and Mindfulness based interventions. [georgina.faddoul@nshealth.ca](mailto:georgina.faddoul@nshealth.ca)

**Kathryn Fox, BSc**  
(she/her)

Psychology Technician, Neuropsychology Track  
Seniors' Health Program  
Dalhousie University, 2016

I hold a Bachelor of Science degree in Neuroscience. Working in the Seniors' Health Psychology group at the Camp Hill site, my clinical responsibilities include administration and scoring of standardized neuropsychological tests to patients with neurodegenerative disorders under the supervision of Dr. John Fisk and Dr. Paula McLaughlin. I am involved in training of Residents and Practicum students in neuropsychological test administration and scoring. [Kathryn.Fox@nshealth.ca](mailto:Kathryn.Fox@nshealth.ca)

**Jennifer Haley, MA**  
(she/her)

Psychologist, Neuropsychology Track  
Seniors' Health Program  
University of New Brunswick, 1997

I provide psychological services to patients from the Memory Disability Clinic within the Division of Geriatric Medicine. In addition, I deliver psychoeducation and support programs to individuals with early-stage dementia and mild cognitive impairment, some of which are in partnership with the Alzheimer Society of Nova Scotia. [jennifer.haley@nshealth.ca](mailto:jennifer.haley@nshealth.ca)

**Michael Hennessey, MA** (he/him)

Psychologist, MHA track  
Forensic Sexual Behaviour Program  
John Jay College of Criminal Justice, 2001

I first joined the FSBP in 2001. As a staff psychologist I conduct comprehensive forensic sexual behavior assessments within the central zone, both pre- and post-sentence, and I am the treatment provider for clients in the Northern and Eastern zones. I have additional interests in primary prevention of sexual abuse. [Michael.hennessey@nshealth.ca](mailto:Michael.hennessey@nshealth.ca)

**Heather Hines, MSc**  
(she/her)

Psychometrist, Neuropsychology Track  
Seniors' Health Program  
Saint Mary's University, 2009

I hold a Masters of Science degree in Applied Psychology with a concentration in Industrial/Organizational psychology. Working in the Seniors' Health Psychology group at the Camp Hill site, my clinical responsibilities include administration and scoring of standardized neuropsychological tests to patients with neurodegenerative disorders under the supervision of Dr. John Fisk and Dr. Paula McLaughlin. I am involved in training of Residents, Practicum students, and research assistants in neuropsychological test administration and scoring. [heather.hines@nshealth.ca](mailto:heather.hines@nshealth.ca)

**Sarah Lade, PhD**  
(she/her)

Psychologist, MHA Track  
CMH – Bayer’s Road Community Mental Health  
McMaster University, 2023

Dr. Sarah Lade (she/her; NS #C10949) completed a PhD in Clinical Psychology at McMaster University (2023), with specializations in Clinical Psychology and Clinical Neuropsychology. Dr. Lade’s theoretical orientation is humanistic and integrative. Her primary clinical interests include mood and anxiety disorders, identity understanding/development, trauma and related disorders, and personality disorders. She provides treatment using a variety of intervention approaches, including Cognitive Behaviour Therapy (CBT), Dialectical Behaviour Therapy skills (DBT-skills), Acceptance and Commitment Therapy (ACT), Cognitive Processing Therapy (CPT), and Mindfulness-Based Cognitive Therapy (MBCT). Her supervision style is developmental and stepped in its format, emphasizing active learning, scaffolding, and interaction between supervisor and supervisee to foster development of key clinical skills. Supervision is provided through collaborative discussion of case conceptualization/formulation, direct observation, as well as review of recordings and written work.

**Kayla Mooney, MA**

Psychologist, MHA Track  
Forensic Sexual Behaviour Program  
Queen’s University

Kayla Mooney first joined the FSBP in 2023 during her predoctoral residency and joined as a staff psychologist in 2024. She conducts comprehensive post-sentence (i.e., probation) forensic sexual behaviour assessments, and is a treatment provider (group and individual) for adults who have crossed legal sexual boundaries. Her training has also included clinical work in inpatient rehabilitation settings for persons found Not Criminally Responsible by Reason of Mental Disorder. Her primary areas of interest are in clinical forensic psychology, mainly violence and sexual risk assessment and evaluation of treatment in reducing recidivism risk. Apart from forensic psychology, Dr. Mooney’s interests also include sexual problems, depressive disorders, and anxiety disorders. Her theoretical orientation is rooted in the cognitive-behavioural framework and is integrative of second- and third-wave CBT approaches (e.g., ACT, DBT).

[kayla1.mooney@nshealth.ca](mailto:kayla1.mooney@nshealth.ca)

**Amy Nash, MHSc**  
(she/her)

Psychometrist, Neuropsychology Track  
University of Sydney, 2008

I hold a Master’s degree in Health Science. I provide psychometry services to the Mental Health and Addictions program. My clinical responsibilities include administration and scoring of standardized neuropsychological tests under the supervision of Dr. Karen Chipman. I am involved in training of residents and practicum students in test administration and scoring. [amy.nash@nshealth.ca](mailto:amy.nash@nshealth.ca)

**Patti Pattenden, MSc**

Psychometrist, Health Track  
Pain Self-Management Program

Dalhousie University, 2012

I hold a Master's degree in Community Health and Epidemiology from Dalhousie University. I provide psychometry services to the Pain Self-Management Program at the Dickson Building (Victoria General Site). [patricia.pattenden@nshealth.ca](mailto:patricia.pattenden@nshealth.ca)

**Laura Prime, MSc**

Psychometrist, Neuropsychology Track

Acquired Brain Injury Program

Dalhousie University, 2021

Laura works as a psychometrist in the Acquired Brain Injury division at the Nova Scotia Rehabilitation & Arthritis Centre, assessing both inpatients and outpatients under the supervision of Dr. Vanessa DeFreitas and Dr. Brigitte Patry. [laura.pimer@nshealth.ca](mailto:laura.pimer@nshealth.ca)

**Sandra Reyno, PhD**

Psychologist, MHA Track

CMH

Dalhousie University, 2011

Mental Health Day Treatment Program (research), Community Mental Health and Addictions (group-based and individual therapy). Clinical interests include complex trauma, obsessive compulsive disorder, generalized anxiety disorder, depression, and borderline personality disorder. My research is focused on the neurobiology and treatment of complex trauma. Theoretical orientation - CBT, DBT, ACT. Supervision Style – Collaborative goal setting and planning. [sandra.reyno@nshealth.ca](mailto:sandra.reyno@nshealth.ca)

**Sonia Smith, MEd  
(she/her)**

Psychologist, MHA Track

Forensic Sexual Behaviour Program

University of Saskatchewan, 2021

Sonia graduated with her M.Ed. in School in Counselling Psychology from the University of Saskatchewan in 2021 where she focused her studies on forensic assessment and treatment. She has since completed training to strengthen her forensic practice through post-graduate coursework in corrections via the University of Saskatchewan and the Association for the Treatment and Prevention of Sexual Abuse. Sonia conducts comprehensive forensic sexual behaviour assessments within Central Zone and is a treatment provider for clients in Northern Zone. [Sonia.Smith@nshealth.ca](mailto:Sonia.Smith@nshealth.ca)

**Iwona Tatarkiewicz,  
MSc (she/her)**

Psychometrist, Neuropsychology Track

Acquired Brain Injury Program

St. Mary's University, 2009

Iwona works as a psychometrist in the Acquired Brain Injury division at the Nova Scotia Rehabilitation & Arthritis Centre, assessing both inpatients and outpatients under the supervision of Dr. Vanessa DeFreitas and Dr. Brigitte Patry. [iwona.tatarkiewicz@nshealth.ca](mailto:iwona.tatarkiewicz@nshealth.ca)

**Sarah Urquhart, MSc**

Psychologist, MHA Track

East Coast Forensic Hospital

Acadia University, 2014

Professional practice and interests include violence risk assessment and risk management, cognitive, personality, and malingering assessment, and providing supervision and recovery support to a diverse multiple-needs client population. Training in these forensic assessment and intervention measures can be provided to practicum and residency students under the supervision of Drs. Kelln and Starzomski. Her theoretical orientation includes CBT and Motivational Interviewing techniques. [sarah.urquhart@nshealth.ca](mailto:sarah.urquhart@nshealth.ca)

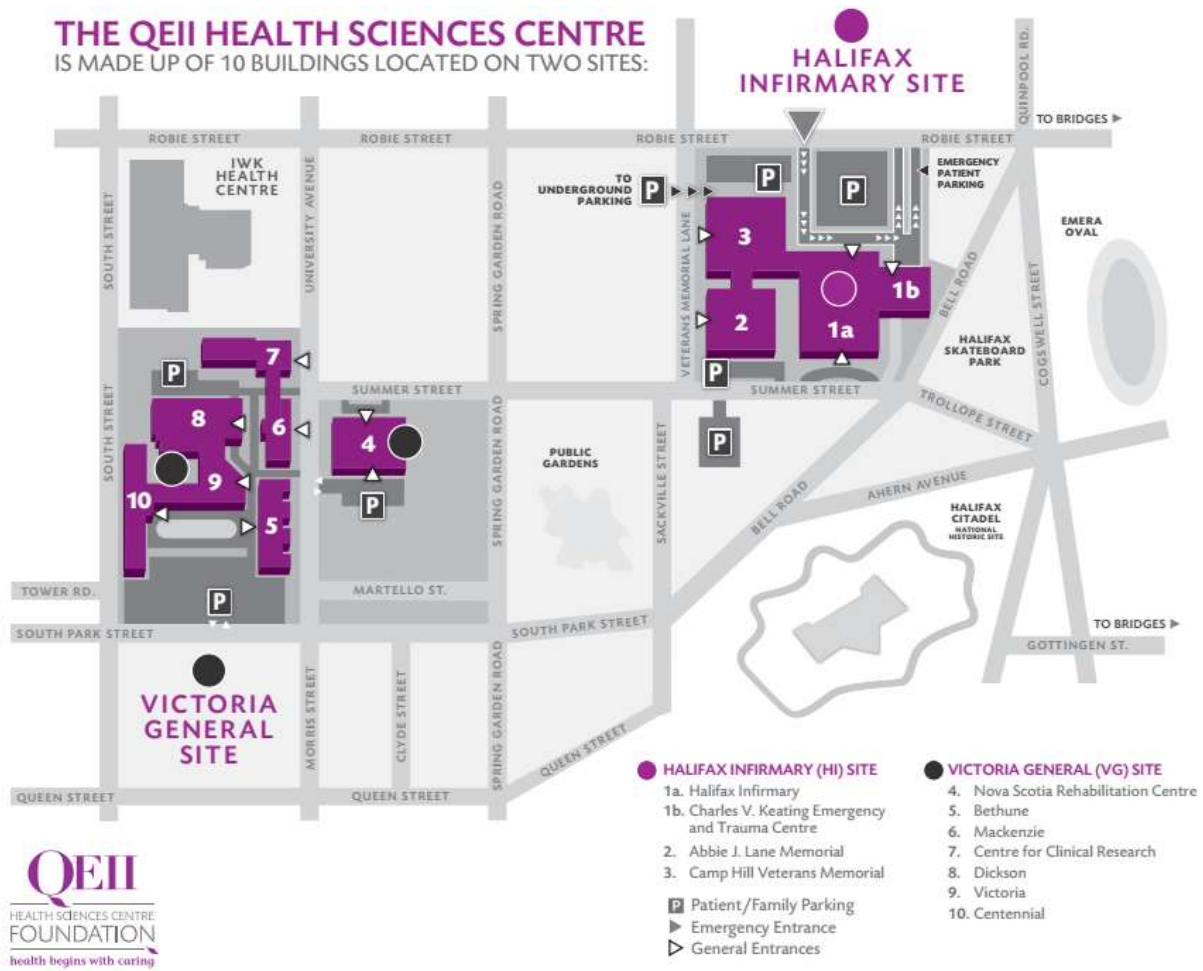
## Appendix A: List of Rotations

Rotation	Supervisors	Site
<b>Health Psychology Track</b>		
Cardiology/Respirology	Dr. Sulaye Thakrar	Halifax Infirmary
Clinical Rehabilitation	To Be Determined	Nova Scotia Rehabilitation Centre
Diabetes, Bariatric Surgery, and GI	Dr. Tiffany Shepherd	Victoria General Hospital/community
Insomnia and Urology	Dr. Steven Jefferson	Halifax Infirmary/community
Multi-Organ Transplant – Kidney	Dr. Kristen Higgins	Victoria General Hospital
Multi-Organ Transplant – Liver	Dr. Kate Rancourt	Victoria General Hospital
Oncology	Dr. Janice Howes	Victoria General Hospital
Pain Management Clinic	Dr. Nicolle Vincent	Victoria General Hospital
<b>Neuropsychology Track</b>		
Acquired Brain Injury (Inpatient)	Dr. Sherri Carter Dr. Vanessa DeFreitas	Nova Scotia Rehabilitation Centre
Acquired Brain Injury (Outpatient)	Dr. Brigitte Patry	Nova Scotia Rehabilitation Centre
Consultation Neuropsychology Services	Dr. John Fisk	Halifax Infirmary
Geriatric Neuropsychology Services	Dr. Paula McLaughlin	Halifax Infirmary
Mental Health	Dr. Karen Chipman	Nova Scotia Hospital
Surgical Epilepsy Program	Dr. Antonina Omisade	Halifax Infirmary

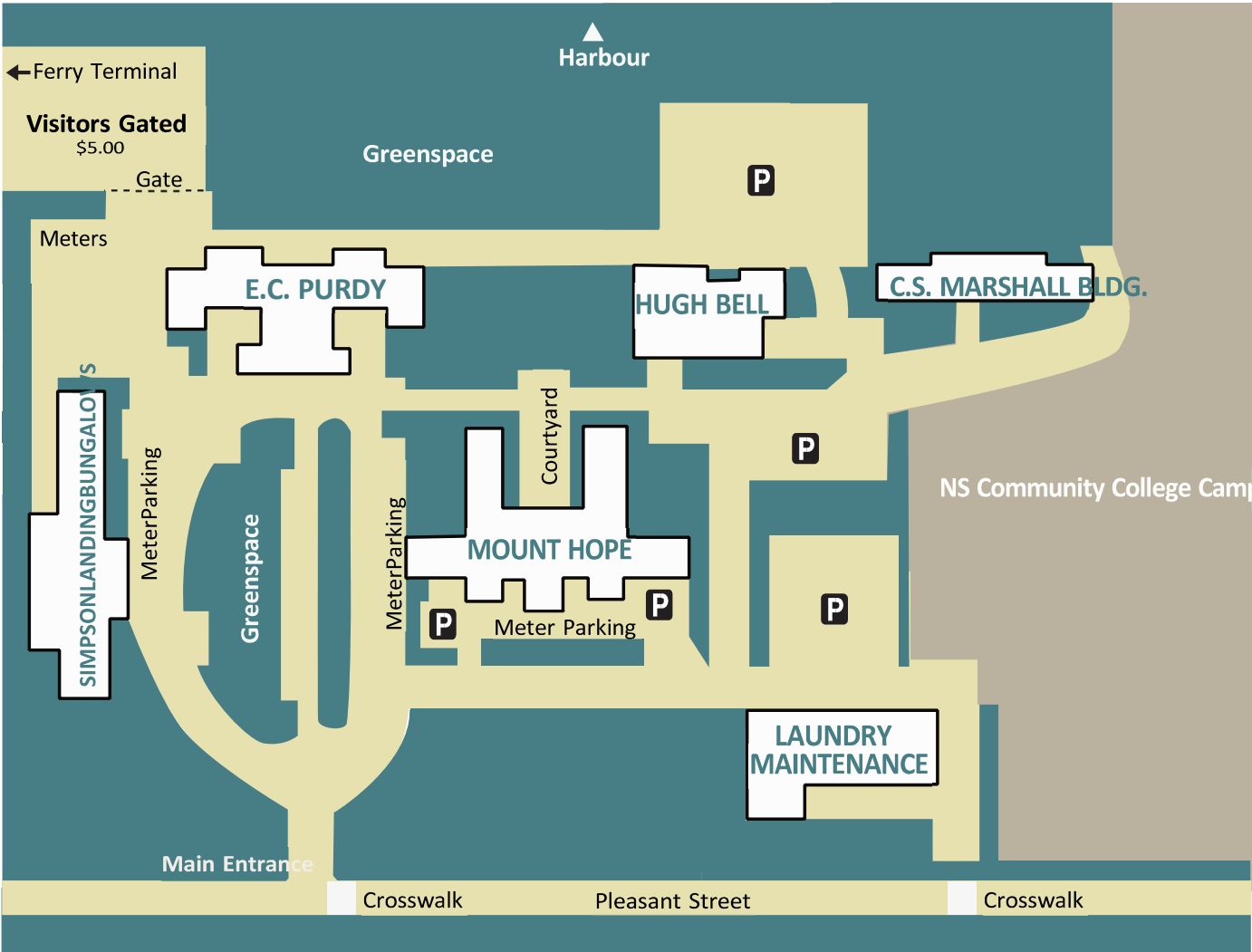
Rotation	Supervisors	Site
<b>Mental Health and Addictions Track</b>		
Borderline Personality Disorder Treatment Program	Dr. Marie-Eve Couture Dr. Kathleen Merwin	Nova Scotia Hospital
Centre for Emotions and Health	Dr. Joel Town	Halifax Infirmary
Clinical Training, Supervision, and Consultation (Minor Rotation)	Dr. Jeff Bailey Dr. Jacquie Cohen Dr. Heather Durdle Dr. Christian Hahn Dr. Susan Jerrott Dr. Julie MacDonald Dr. Sarah Newcomb-Anjo Dr. Danielle Shelley Dr. Jenna Whitney	Varied
Community Mental Health and Addictions	Dr. Cate Archibald Dr. Stacy Bradley Dr. Shannon Bedford Dr. Jamie Collins Dr. Shaindl Diamond Dr. Sarah Goegan Dr. Paul Freeman Dr. Marcia Voges Dr. Breanna Lane Dr. Sasha Usyatynsky	Community Mental Health clinics (Halifax, Cobequid, Dartmouth, and Cole Harbour)
Eating Disorders Program	Dr. Susan Gamberg Dr. Yvette Scattolon	Halifax Infirmary
Recovery and Integration – Simpson Landing PSR	Dr. Andrew Starzomski	Simpson Landing
Forensics Services	Dr. Andrew Starzomski	East Coast Forensic Hospital
Forensic Sexual Behaviour Program	Dr. Michelle St. Amand-Johnson	Nova Scotia Hospital
Geriatric Psychiatry	Dr. Karen Cochrane	Nova Scotia Hospital/Halifax Infirmary
Mood Disorders Clinic	Dr. Barbara Pavlova	Halifax Infirmary
Psychiatric Acute Care	Dr. Christiane Whitehouse	Halifax Infirmary

1. Bayers Road (Halifax) Community Mental Health and Addictions
2. Cobequid (Bedford-Sackville) Community Health Centre
3. Cole Harbour Community Mental Health and Addictions
4. Dartmouth Community Mental Health and Addictions
5. East Coast Forensics Hospital
6. Mumford Professional Centre
7. Nova Scotia Hospital
8. Queen Elizabeth Health Sciences Centre (enlarged map on next page)

## QEII Site Map



Nova Scotia Hospital Site Map



## Appendix C: Public Disclosure Table

### CPA ACCREDITATION - INTERNSHIP PROGRAMMES

Table Type **PUBLIC DISCLOSURE TABLE 1: INCOMING INTERNS OVER PAST 7 YEARS**

Programme **Other - please specify: Halifax Clinical Psychology Residency Program**

	Remove 1st Column (Oldest year)		Add Column to End (Newest year; Max 8 columns)			Before submit: SAVE AS new filename, then click to DELETE all buttons	
Academic Year/Cohort	2019-20	2020-21	2021-22	2022-23	2023-24	2024 - 25	2025-26
Positions	4	4	4	6	6	6	6
Applications	64	87	89	114	94	83	88
Interviewed/Short-Listed	40	38	41	51	47	47	45
Ranked	36	37	40	47	44	40	40
Matched	4	4	4	6	6	6	6
Matched as % Applications (Automatically Calculated)	6%	5%	4%	5%	6%	7%	7%
<i>Of those who Matched:</i>							
Males	2	2	0	3	0	0	2
Self-Identify as Diverse (ie, minority, disability, LGBTQ)	0	0	0	2	1	1	2
From Outside of Province	4	4	3	5	5	4	5
From Outside of Canada	0	0	0	0	0	1	1
Mean Practicum Hours on AAPI -->Assessment & Intervention	813	577	541	801	624	691	859
-->Supervision	323	305	279	433	308	347	485
-->Support/Indirect	1,156	958	778	934	1,172	1,025	903
Mean Total Hours (Automatic)	2,292	1,840	1,598	2,168	2,104	2,063	2,247
Internship Stipend	\$35,000	\$35,000	\$35,000	\$35,000	\$45,825	\$51,675	\$55,185

Brochure last updated: September 13, 2025