



Canadian Forces Health Services Centre Atlantic  
CLINICAL PSYCHOLOGY Residency Program  
2024-2025  
Training Year Brochure

EN: <https://health-sante.forces.gc.ca/docs/cf-h-svcs-c-atlantic-brochure.pdf>

FR: <https://health-sante.forces.gc.ca/docs/c-svcs-s-fc-atlantique-brochure.pdf>

## Table of Contents

	Pages
1. Program Overview	
Description	3
Purpose, competencies and objectives	4
2. About CFB Halifax and CF Health Services Centre Atlantic	4 - 5
3. About Halifax, Nova Scotia	5 - 6
4. Program Structure	6 - 10
5. List of Supervisors and Description for each Rotation	
General Mental Health	10
Addictions and Prevention Treatment (APT)	11
Operational/ Occupational Stress Support Centre (OTSSC)	11 - 12
6. Educational and Research Activities	
Seminars	12
Research	12
7. Supervision	13
8. Evaluation	13 - 14
9. Stipend and Benefits	14
10. Transportation	14
11. Eligibility and the Application Process	15 - 17
Personal information	16
Application Deadlines, notification procedures, and interviews	16
Application Procedures	17
Contact Information	17
12. Psychology Staff	18 - 19
Appendices:	
Appendix A: MAPS (HRM, Stadacona, etc.)	20
Appendix B: Guidelines for Covid-19 Restrictions, precautions	21
Appendix C: Interesting sites and events around HRM and Nova Scotia	22

# 1. Program Overview

## Description

The Clinical Psychology Residency at the Canadian Forces (CF) Health Services Centre Atlantic is a new 12 month residency program offering generalist training as well as specialized training in trauma related-disorders and addictions. We have been working with practicum students from Dalhousie University for the past ten years and elected to expand our program to a residency in 2022. Our residency is not accredited at this time. We are the only paid residency program in Canada that offers training to residents that exclusively serves a military population. We are also able to provide unique training in trauma as well as addictions.

We have one primary site at the Canadian Forces Base (CFB) Halifax in Nova Scotia. We are embedded in a full-service medical unit/ clinic for all members posted to our base and our staff are comprised of both military members and civilians. It is also a training medical centre for many health and allied disciplines. Within the clinic there are four mental health departments: Psychosocial Services (PSS), General Mental Health (GMH), Addictions and Prevention Treatment (APT) and the Operational Trauma and Stress Support Centre (OTSSC). We have psychologists working in three of these departments: GMH, APT and OTSSC. Psychology is typically involved in diagnostic assessment, individual and group therapy in a range of empirically-supported modalities, professional and program development, and evaluation. This site is accessible and is located within the city where public transportation is available.

We offer **two** full-time Resident positions for the 2024-2025 training year. The stipend is \$57,132. There is one Resident position in each of our two streams:

- 1) The generalist stream (APPIC # 188711) that has an emphasis in general mental health, as well as experience in the assessment of trauma, with an emphasis on non-operational, developmental or occupational trauma with OTSSC; or
- 2) The trauma-focused stream (APPIC # 188712) that includes an emphasis in assessment and treatment of trauma-related conditions with OTSSC and experience with assessment and treatment of addiction with APT.

Students may apply to both streams and indicate which stream they prefer. In this way, residents will receive training in working with a wide range of psychological conditions among an adult, military population. Residents will also gain experience in learning about implications of capacity for work within multidisciplinary mental health care, particularly considerations in psychological care such as return to work plans, possible transition and release from the military, and long term disability. Residents will work very closely with a range of primary care and allied health professionals in addition to their supervisors and other psychologists.

One of the greatest strengths of our program is the ability to work with a diverse population of currently serving military members who have lived and been posted across the country. This includes individuals who are first responders as well as those that work in health care. There is considerable diversity among members of the Canadian Forces who we both serve and work alongside. We currently have capacity to offer psychological assessment in French, as one of Canada's two official languages. This diversity may also be found in socio-economic status (often related to rank and deployment status), racial and cultural diversity, and diversity in gender and sexual identity. There are rich histories and vibrant Indigenous and Black Nova Scotian communities within Nova Scotia and Halifax is often host to many multi-cultural events.

## Purpose, competencies and objectives

The purpose of the CF Health Services Centre Atlantic Clinical Psychology Residency program is to provide training that transforms residents from competency as an advanced practicum student to that of a doctoral graduate ready for candidate registration as a Psychologist. This is measured as this level of functional and foundational competencies in areas identified by the Canadian Psychological Association.

Within these core competencies, our program particularly focuses on:

- assessment and treatment of a wide range of general mental health conditions
- providing trauma-informed and trauma-focused psychological services
- empirically-supported practice and program evaluation within individual and group psychological services
- understanding and incorporating diversity-sensitive and aware practices, particularly within a military population and awareness of military culture and subcultures
- self-awareness and self-reflective practices for healthy work-life management
- working respectfully and collaboratively with various health and allied health professions
- understanding and incorporating awareness of a client's capacity for work and the implications for psychological wellness, particularly in the context of concurrent physical and mental health diagnoses

## 2. About CFB Halifax and CF Health Services Centre Atlantic

CFB Halifax is the largest Canadian Forces base in the country. CF Health Services Centre Atlantic is a full service medical clinic. Military and civilian health care providers work closely alongside, with mutual respect, serving the health care needs of military members posted to this base, including providing a full range of mental health services. As a unit, the CF Health Services

Centre Atlantic ranks as the busiest and one of the most productive in the country. It was recently awarded the “Admiral’s Cup” for the unit’s outstanding service during the pandemic, and it was the first time the medical unit had been recognized with this award. If you have not lived or worked in a military environment before, the number of uniforms you see every day may take getting used to but there is no workplace better to experience the nature of true teamwork! This medical unit is also a training clinic for many disciplines, military specific (e.g., medics) and civilian (e.g., nurses, physicians, mental health professionals, etc.). Our Clinical Psychology Residency program and our host organization, CF Health Services Centre Atlantic, emphasize lifelong learning and mentorship with many trainees in a range of disciplines staying or returning to become valued staff members.



### 3. About Halifax, Nova Scotia

Halifax is Nova Scotia’s capital and largest urban center. Situated on the Atlantic Ocean, it is a vibrant and growing city of around 440,000 people across four municipalities: Halifax County, Bedford, Dartmouth and Halifax proper. As a major economic and cultural hub of Atlantic Canada, it is home to five universities and major employers including the Department of National Defence, the Halifax Shipyard, the Port of Halifax, Nova Scotia Health Authority, and various levels of government. In 2021, Halifax was ranked as Canada’s “Best City” by MacLean’s magazine due to factors such as affordable housing prices, excellent health care, top-notch internet access and a wide variety of bars and restaurants. It is recognized as one of North America’s most beautiful cities, with Victorian public gardens, a mix of 19<sup>th</sup> century and modern architecture, and a harbor-front boardwalk frequented by cruise ships in the summer. Halifax is unique in its proximity to nature, with a wide of variety of preserved forests and seaside reserves populated with accessible hiking trails. Point Pleasant Park is a standout downtown 75-acre

seaside forested area popular with locals. Beautiful beaches dot the coastline, with all manner of watersports being popular (including surfing for the more adventurous). Halifax enjoys a temperate climate, with an average temperature of about 20 degrees Celsius in the hotter months and about 0 in the colder months. Metro Halifax has a reliable public transportation system with bus and passenger ferry services. The Atlantic Provinces are known for their friendly, welcoming spirit – in Halifax you’ll find this attitude in a more cosmopolitan form.



## 4. Program Structure

The Canadian Forces (CF) Health Services Centre Atlantic Clinical Psychology Residency Program is designed to train residents in the provision of psychological services to adults experiencing a range of mental health difficulties and occupational functioning within a serving military population. The residency is organized as a commitment to full-time training for 12 consecutive months (September to August) in one of two possible streams, with one position available per stream.

Consistent with Canadian Forces Health Services Centre Atlantic, our host agency, residents are expected to work 37.5 hours per week. A resident will typically complete 1800 hours which is the minimum number of hours we require for a resident to successfully complete the residency program. It should also be noted that the residents will need to complete clinical work within clinic hours; a resident's day at the clinic would typically start at 7 or 730am and end at 3 or 330pm respectively. As part of the unit's mission and principles regarding a healthy workplace and work/life balance, as well as for security reasons, all staff are expected to complete their workday and exit the clinic by 430pm.

Applicants are matched to one of the two following streams:

**Generalist stream: 1 position (APPIC # 188711)**

**Trauma-Focused stream: 1 position (APPIC # 188712)**

Applicants may be interested in one or both streams. Prior clinical experience directly relevant to each stream will be considered an asset but is not required. Similarly, prior clinical experience serving military members or veterans will be considered an asset but is not required.

***The Generalist stream*** consists of 4 days a week with OTSSC engaged in assessment for both trauma-related and a broader variety of mental health conditions, and treatment of some general mental health disorders. Common disorders identified for assessment and treatment would include depression and anxiety, as well as related but not trauma-focused conditions, such as moral injury, obsessive-compulsive disorder or traits, and adjustment following stressors, such as harassment. This stream would also include supervised training and co-facilitation of a Dialectical Behavior Therapy (DBT) skills group, providing psychoeducational sessions with the unit's chronic pain group, as well as training in at least one other modality for therapy. The remaining day (Fridays) would be for didactic programming, educational and research components of the Resident's training. A typical weekly schedule for a resident in the generalist stream is presented on the next page.

A typical weekly schedule for a resident in the Generalist Stream:

	Monday	Tuesday	Wednesday	Thursday	Friday
7:30 AM	Admin/Prep	Psych Testing (1hr)	Admin/Prep	Admin/ Prep	Catch all/ TBD
8:00 AM	Client 1		Notes de cas (1 heure)	Chronic Pain Group (1 hr)	
8:30 AM		Test Scoring & File Review (1/2 hr)			
9:00 AM	Client 2	Diagnostic Assessment Semi-structured Clinical Interview (2-3 hrs)*	Client 4	Client 7 (1hr)	Peer Consultation (1hr)
9:30 AM					
10:00 AM	Client 3		Client 5	Case Notes	Program Research, or Dissertation, or Post-Residency Prep (2 hr)
10:30 AM					
11:00 AM	Case Notes	Consult Note	Case Notes	Preparation for the DBT Group	
11:30 AM					
12:00 PM	Lunch	Lunch	Lunch	Lunch	Lunch
12:30 PM					
1:00 PM	Reading/ Lit Search/	OTSSC Team Meeting & Case Presentations (1.5hr)	Client 6	DBT Group (2hr)	Seminar/ Didactic Learning for Residents (1.5 to 2 hours)
1:30 PM					
2:00 PM	Preparation for supervision		Case Notes (.5 hr)		
2:30 PM	Supervision (1 hr)	Consult w/ Psychiatry; other staff as appropriate/ or Supervision (1hr)	Preparation for the Chronic Pain Group (1 hr)		
3:00 PM				Case Notes	Catch all/ TBD

\* Tuesday mornings on alternating weeks, Report Writing (3 hours)



**The Trauma-Focused Psychological Services stream** entails 8 months of the residency year spent within the Operational/ Occupational Stress and Support Centre (OTSSC) rotation for 3 days per week (60%); and one day per week spent in the Addictions and Prevention Treatment (APT) rotation (20%). For four months of the residency year (January to April), the resident will spend five mornings (50%) with APT observing and then facilitating process treatment groups as well as some conducting some diagnostic assessments and individual sessions. Afternoons during this four-month period will be spent with OTSSC continuing training in trauma-focused interventions, with the exception of the residency seminar session on Friday afternoons.

A typical weekly schedule for a resident in the Trauma-focused stream for the September to December or May to August term is presented below:

	Monday	Tuesday	Wednesday	Thursday	Friday
7:00 AM	APT:	OTSSC:	OTSSC:	OTSSC:	Catch all/ TBD (.5 to 1 hr)
7:30	Admin/ Prep	Psych Testing (1hr)	Admin/ Prep	Admin/ Prep	Group Supervision (1hr)
8:00	File Review		Client 1 phase 1, 1hr	Client 4 phase 2, 1.5hr	
8:30		Test Scoring & File Review	Client 2 phase 2, 1.5hr		Client 5 phase 2, 1.5hr
9:00	Diagnostic Assessment/ Or Phase I, II or III Treatment Group	Diagnostic Assessment Interview (2-3 hrs)*		Facilitate Spousal Support Group (1hr)	
9:30					
10:00					
10:30					
11:00	Clinical Notes	Consult Note	Clinical Notes		Program Research, or Dissertation, or Post-Residency Prep (2 hr)
11:30	Clinical Notes	Consult Note	Clinical Notes		Lunch
12:00 PM	Lunch	Lunch	Lunch	Lunch	Lunch
1:00	Report Writing (1.5hrs)	Weekly OTSSC Team Meeting; & Case Presentations (1.5hr)**	Client 3 Phase 2, 1.5hr	Monthly Therapist Consult Group (1hr)	Seminar/ Didactic Learning for Residents (1.5 to 2 hours)
1:30				Prep/ Reading	
2:00					
2:30	Supervision (1hr)	Consultation (1hr)	Supervision (1 hr)	Supervision (1 hr)	Catch all/ TBD (.5 to 1 hr)
3:00					

\* Every second Tuesday morning is reserved for report writing in the OTSSC 4 day/ week, 8 month rotation

\*\*Some designated Tuesday afternoons resident may attend APT team meeting in lieu of OTSSC team meeting

Within each stream opportunities *will be* available for training in comprehensive diagnostic assessment, report writing and patient feedback, and both short and long-term psychotherapy, individual and group psychotherapy, and multidisciplinary consultation and case presentation. Opportunities *may be* available for training in providing clinical supervision, helping triage referrals to appropriate mental health service teams, or conducting program development and/or evaluation.

### ***Office & Resources for Residents***

Each Resident will have an office within Mental Health Services to use that provides a confidential setting meeting with clients and a securely locking cabinet for confidential information and valuables. For the duration of your residency, you will be provided with a dedicated laptop which will allow you secure access to your email, the digital medical records for record review and record keeping, the internet and the internal shared or common drive. You will also be able to use this laptop for work from home, although all direct service to clients will take place in the clinic (where you may provide virtual care if requested by the client) for operational and supervisory reasons. An audio or video recorder will also be provided for supervisory purposes when you meet with clients one on one.

## 5. Description for each Rotation

### ***Generalist (GMH) Stream:***

#### **Psychology Clinical Supervisor,**

**Dr. Krista Luedemann, R. Psych. or Dr. Sheila MacNeil, R. Psych.**

The generalist stream would offer a resident experience in providing psychological services to CAF members (our clients) with a variety of mental health difficulties, including: anxiety disorders, mood disorders, obsessive-compulsive disorder or traits, adjustment disorders, and personality disorders. The objectives of this rotation may include: experience in administering, scoring and interpreting tests; completion of comprehensive diagnostic assessments (working with DSM5 criteria); writing assessment reports, consult notes and discharge reports; provision of feedback to clients; provision of individual and group therapy; and consultation with multidisciplinary staff. We would aim to expose and give the generalist resident experience with at least two different modalities of psychotherapy, such as CBT, DBT, ACT, or EFT, etc. A resident in this stream would be expected to co-facilitate a DBT Skills group and some psychoeducational sessions for the unit's Chronic Pain Management group. Residents are also be expected to engage in consultation with multidisciplinary staff and with Primary Care. Residents may also have opportunities to engage in some program evaluation or other research.

***Addictions and Prevention Treatment (APT):*****Psychology Clinical Supervisor, Dr. Colin DeFreitas, R. Psych.**

The Addiction Prevention and Treatment (APT) program provides specialized treatment for military members struggling with alcohol/substance use disorders or gambling. The program itself follows three phases: an initial stabilization phase (Phase I), an intensive 30-day outpatient treatment program (Phase II), and a period of follow-up and consolidation of gains (Phase III). The program follows a Structured Relapse Prevention model, and incorporates a period of required abstinence (Phase II). The resident will have the opportunity to conduct semi-structured diagnostic assessments, observe and facilitate interpersonal style group therapy sessions, and present didactic material as part of the Phase II program. A resident completing a rotation in APT is expected to achieve a core level of competence in working in the field of addictions. A strong foundation in cognitive behavioral therapy is required to be considered for this rotation. Prior work with individuals struggling with addictions is not required, but would be considered an asset.

***Operational/ Occupational Stress Support Centre (OTSSC):*****Psychology Clinical Supervisors,****Dr. Krista Luedemann, R. Psych. or Dr. Sheila MacNeil, R. Psych.**

In the rotation with the Operational Trauma and Stress Support Centre (OTSSC) a resident will obtain exposure to working with CAF members who have experienced trauma or other operational-related injuries. For the trauma-focused stream resident, this will commonly include posttraumatic stress disorder, other trauma-related disorders, major depressive disorder, traumatic grief, and/or substance use disorders.

The objectives of a rotation in OTSSC may include: experience in administering, scoring, and interpreting psychological tests and conducting semi-structured clinical interviews in the context of comprehensive DSM5 diagnostic assessments; writing comprehensive assessment and treatment reports, consult notes and discharge reports; provision of feedback to clients; provision of individual and group therapy; and consultation with multi-disciplinary staff. Participation in weekly team meetings where assessment cases are reviewed is also expected. Residents would become familiar with the three-phase model of trauma treatment employed in our clinic consistent with direction from CF Health Services in Ottawa and Guidelines for Trauma Competencies for Education and Training from APA. The goal would be to expose and give

residents some experience with evidence-based treatments for trauma, such as cognitive processing therapy (CPT), prolonged exposure (PE), and eye movement desensitization and reprocessing (EMDR). Residents may be able to co-facilitate several groups including: the OTSSC Awareness and Skills Development Course (ASDEC), the spousal support group, or CBT-i for insomnia groups. Residents would also be expected to engage in consultation with multidisciplinary staff within the OTSSC team, other Mental Health clinicians, and with Primary Care. Residents may also have opportunities to engage in some program evaluation or other research as part of this rotation.

## 6. Educational and Research Activities

### Seminars

A mandatory seminar series is included in the internship program requirements. The seminar series takes a developmental and competency-based approach to knowledge of clinical and professional issues preparing the resident for their next professional stage of post-doctoral work and/or more independent clinical practice. It is also expected that each resident will make one presentation in the year related to their own area of research study or clinical interest. Educational leave may be granted with the permission of the clinical supervisor(s) and program manager(s) for the relevant rotation(s)/ team(s) affected.

### Research

While not required, there is the potential for exposure to research in our program in the form of treatment outcome research and program evaluation. Friday mornings are typically reserved through much of the residency year as research time. Residents can use their research time to work on their dissertation or they may be able to work on treatment outcome research or a program evaluation project, (depending on department needs and availability of supervisors to oversee the research project.) The scope of potential research projects depends on the individual resident's training goals and needs (and department needs and availability of supervisors to oversee the project.). Example projects include comparing pre- and post-treatment outcomes of group therapy interventions; or using a pre-existing database to investigate mental health service utilization across our programs or pre- and post-treatment.

## 7. Supervision

Supervision in this program is largely grounded in a competency-based model. The nature and focus of supervision evolve with the resident's progression in clinical knowledge and skill development and corresponding autonomy. Ongoing feedback and evaluations will focus on strengths, development and areas for continued growth in the five core competency areas for psychologists: assessment, treatment, interpersonal relationships, ethics and professional issues, and research. Within these core areas, supervision will reflect developing competency within the context of the resident's rotation for major area of study, emphasis, experience or exposure.

Residents receive a minimum of 4 hours of supervision per week in keeping with guidelines provided by the Canadian Psychological Association (CPA) for Residency programs. At least three of these supervisory hours are individual supervision and at least two of those hours provided by a doctoral level supervisor. Supervision may include co-therapy or co-assessment sessions, discussion/ application of directed readings, direct observation, and audio- or video-tape reviews of therapy and assessment sessions between Resident and clients.

The type of supervision will vary as a function of residents' needs and abilities and progression over the course of the residency program. Supervision plans will be developed in discussion with the resident at the outset of their residency year and revised at the time of mid-rotation, mid-year evaluations or as needed. Residents will also be encouraged to spend an hour every two weeks in peer consultation, typically on Fridays when not engaged in seminar learning or research activities.

## 8. Evaluation

Residents are provided feedback throughout the residency year by their supervisors. The nature of this exchange between supervisor and resident is expected to be open, transparent and to evolve as the resident progresses in their clinical knowledge, skill and experience over the course of their rotation and residency year. It is typical that supervisors shift from a more directive but collaborative stance in setting agendas for supervisory meetings to one that encourages residents to increasingly take more lead in the focus for supervision. This is consistent in our view with moving from an advanced practicum level of experience into residency to upon completion being ready for candidate supervision for registration with the regulatory bodies for Psychologists in any jurisdiction in Canada. This is also in keeping with a competency-based model for supervision.

Formal evaluation of residents occur at the midpoint and end of each six month rotation and every three months (including the final evaluation) for each 12 month rotation. Supervisors meet with one another regularly and the Director of Training to share perspectives on the progress of each resident. Midterm and final evaluations will be shared with each Resident's "home" doctoral program Director of Training. The evaluations are structured around the core competency areas of psychological practice as described by the Canadian Psychological Association, preparing residents for the next stage of supervision as candidates for registration as Psychologists.

Residents will also be asked for verbal and written feedback about their experience of the residency training they have completed and supervision received. They are encouraged to discuss their feedback directly with their supervisors. This feedback is incorporated into the further development and enhancement of this residency program. There are also procedures and guidelines for due process and grievances in place for this residency in the event that they may be required although this is uncommon in our experience with trainees.

## 9. Stipend and Benefits

The residency begins September 3, 2024 and ends August 28, 2025. The stipend for the 2024-2025 residency year is \$57,132. Residents are entitled to 4% of their total earnings per pay which could cover or make up for unpaid vacation leave time or sick leave when the student is not able or well enough to work from home. Educational leave may also be granted at the discretion of the clinical supervisor and program manager for the relevant rotation(s) and is considered a form of 'work from home' where hours are still tracked and submitted. Time on most Fridays each week is also reserved for professional development, dissertation work and/ or research. We encourage Residents to balance their training goals and demands with their self-care and development.

## 10. Transportation

All rotations are located on the 5<sup>th</sup> floor of the base health clinic, which is accessible by elevator, The main entrance to the clinic is accessible from the parking lot without stairs. The base is located in the north end of Halifax and accessible by bicycle-friendly public transportation or car. Both paid and unpaid parking is limited in this area of Halifax near the base and parking on base is not currently available to Residents.

## 11. Eligibility and the Application Process

Applicants to our Clinical Psychology residency program should be PhD or PsyD students in a recognized program in Clinical Psychology at a Canadian post-secondary institution. Students from Counselling Psychology programs or enrolled in American post-secondary institutions are not eligible at this time. At this time, applicants are required to be Canadian citizens or those who have permanent resident status. Preference will be given to applicants registered in CPA- or APA-accredited academic programs.

At the time of application, we require:

- applicants will have completed a minimum of 700 hours of supervised practica (including both direct service and support activities)
- that an applicant's dissertation proposal has been accepted.
- that the applicant's doctoral program be on the list of validated programs [[List of validated post-secondary academic institutions and programs \(psc-cfp.gc.ca\)](#)] for the Federal Student hiring process we must use OR the Director of Clinical Training for the applicant's doctoral program must request the program be added to the list by emailing this address [[cfp.coop-coop.psc@cfp-psc.gc.ca](mailto:cfp.coop-coop.psc@cfp-psc.gc.ca)]; this process typically takes no more than 14 business days

Prior to beginning residency, applicants must have completed all of the requirements of their doctoral program with the exception of the dissertation. It is preferred that residents will have collected their dissertation data prior to starting their residency. We also require that residents have their own professional liability insurance as of the start date of their residency.

Applicant rankings are based on several factors, including:

- a balance of breadth and depth of experience with assessment and treatment and not simply the total number of practicum hours completed
- relevant didactic training (e.g. coursework, workshops, certifications, etc.)
- notable progress towards completion of their PhD, including dissertation data collection completed preferred
- letters of recommendation
- impressions from the interviews (such as communication skills, comportsment, or adeptness in responding genuinely and thoughtfully to interview questions)
- research experience
- other information from materials in the AAPI application, including quality of writing

The selection committee for this residency program welcomes and encourages applications from Black Canadians, Indigenous People, and other culturally, racially diverse communities, as well as from 2SLGBTQIA+ communities, and Persons with Disabilities.

## Policy on Personal Information

We are committed to gathering only the information that is required to process your application in keeping with Federal privacy legislation (Personal Information Protection and Electronics Document Act; <http://laws-lois.justice.gc.ca/eng/acts/P-8.6/index.html> ). This information is secured within Psychology at Canadian Forces Health Services Centre Atlantic 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 the Match Day for Phase II. 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, the Training Director, Psychology Lead, and relevant administrative support staff for this residency program.

## Application Deadlines, notification procedures, and interviews

**Applications must be submitted by 1159 pm EST on Wednesday November 15, 2023** in order to guarantee consideration for the 2024-2025 training year.

**Applicants will be notified of their interview status by email on Friday December 1, 2023** (universal notification day for interviews with Canadian internship sites). At which time, candidates selected for interview will receive an invitation to schedule their choice of interview block (usually a half day) from the NMS interview scheduling system. If there are any concerns or difficulties in scheduling an interview with us, candidates are asked to contact Dr. Sheila MacNeil, Director of Training ([Sheila.MacNeil@forces.gc.ca](mailto:Sheila.MacNeil@forces.gc.ca)), as soon as possible.

**Interviews will take place between January 3 and 5, 2024.** To minimize stress and financial demand associated with travel, and consistent with APPIC recommendations, **we will only be offering virtual interviews via MSTeams.**

This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant.

It is critical that the successful candidates who are matched with our program follow the steps provided to initiate their security clearance as soon as possible following the match to ensure



the timely start to their residency year and stipend. Their position as a resident will still be dependent on their obtaining the security clearance described below.

## Application Procedures

A complete application includes the following: (a) a completed APPIC Application for Psychology Residency (AAPI); (b) a cover letter briefly highlighting the fit between your training experience, goals and our program; (c) your curriculum vitae; (d) your graduate transcripts; and (e) three letters of reference.

**In your cover letter**, please be sure to **specify** which stream/ position you wish to be considered for by referencing the program code number or state both program numbers if you wish to be considered for either position/ stream (eg the **generalist stream APPIC # 188711** or the **trauma-focused stream APPIC # 188712**).

Successful candidates will be required to obtain security clearance from Canada's Department of National Defense prior to starting our residency program. This process involves a criminal record check and vulnerable sector search but cannot be substituted by such clearance provided by organizations other than the Department of National Defence of Canada. This will require successful candidates to start the security clearance process immediately following (within the week of) the confirmation of their match with our residency program by being put in contact with our Operations and Training staff. Any delay in starting the security clearance for those matched as Residents with our program may delay the start date of their residency. For those born outside of Canada, this process does involve providing a copy of their birth certificate from their country of birth and government-issued photo identification listing their current address (such as a driver's license or Canadian passport). Residents should also be able to provide documentation of professional liability insurance and standard immunizations, including those for Covid19. There are acceptable exceptions to the immunization requirements under the Government of Canada policy for the federal workforce ([Government of Canada to require vaccination of federal workforce and federally regulated transportation sector - Canada.ca](#)).

## Contact Information

Please direct general inquiries about the CF Health Services Centre Atlantic Clinical Psychology Residency Program in an email to the Director of Training, Dr. Sheila MacNeil ([Sheila.MacNeil@forces.gc.ca](mailto:Sheila.MacNeil@forces.gc.ca)).

## 12. Psychology Staff

### Supervisors:

**Colin DeFreitas, PhD, R.Psych** (Simon Fraser University, 2015) I am a Clinical Psychologist with the Addictions Prevention and Treatment Program with CF Mental Health Services (Atlantic). I have a background in providing general mental health services, but have also spent time working with specialized populations including individuals with psychosis, Borderline Personality Disorder, and substance use disorders. I have trained in a number of approaches including Cognitive Behavior Therapy, Dialectical Behavior Therapy, Acceptance and Commitment Therapy, Mentalization-Based Therapy, Motivational Interviewing, and Interpersonal Group Psychotherapy. I employ an integrative lens in practice, and believe in tailoring interventions to the individual. I am a Clinical Associate with the Psychology Department at Dalhousie University.

**Krista Luedemann, PhD R. Psych.** (University of Ottawa, 2012) I am a Clinical Psychologist with the Operational Trauma and Stress Support Centre (OTSSC) with CF Mental Health Services (Atlantic). I have worked in the clinic since 2013 and I enjoy being part of a multidisciplinary team. My clinical interests include trauma-focused and trauma-informed psychological assessment and treatment. My theoretical orientation is primarily cognitive-behavioural, and I am trained in a range of therapeutic interventions, including acceptance and commitment therapy (ACT), prolonged exposure (PE), cognitive processing therapy (CPT), and eye movement desensitization reprocessing (EMDR). I come from a generalist background and have experience working in health psychology as well as working with children and families.

**Sheila MacNeil, PhD, R. Psych.** (University of New Brunswick, 2003) I am a Clinical Psychologist with the Operational Trauma and Stress Support Centre (OTSSC) with CF Mental Health Services (Atlantic). My clinical interests include trauma-focused and trauma-informed psychological assessment and treatment and sexual health. My theoretical orientation is primarily cognitive-behavioural, and I am trained in a range of therapeutic interventions, including dialectical behavioural therapy (DBT) and acceptance and commitment therapy (ACT), prolonged exposure (PE), cognitive processing therapy (CPT), and eye movement desensitization reprocessing (EMDR). I am a clinical associate with the Psychology Department at Dalhousie University. Another sub-specialization of mine is in the assessment and treatment for sexual dysfunction and general sexual well-being, and I am a member of the Society for Sex Therapy and Research and the Canadian Sex Research Forum. Supervision of individuals training in Clinical Psychology from the practicum to Candidate Register level has also been a particularly rewarding part of the practice as a psychologist here.

## Other Psychology Staff:

Alex Anderson, MSc, R. Psych.  
Operational Trauma and Stress Support Centre (OTSSC)

Chimène Jewer, MSc, R. Psych  
General Mental Health (GMH)

Tina Oates-Johnson, PhD, R. Psych  
General Mental Health (GMH)

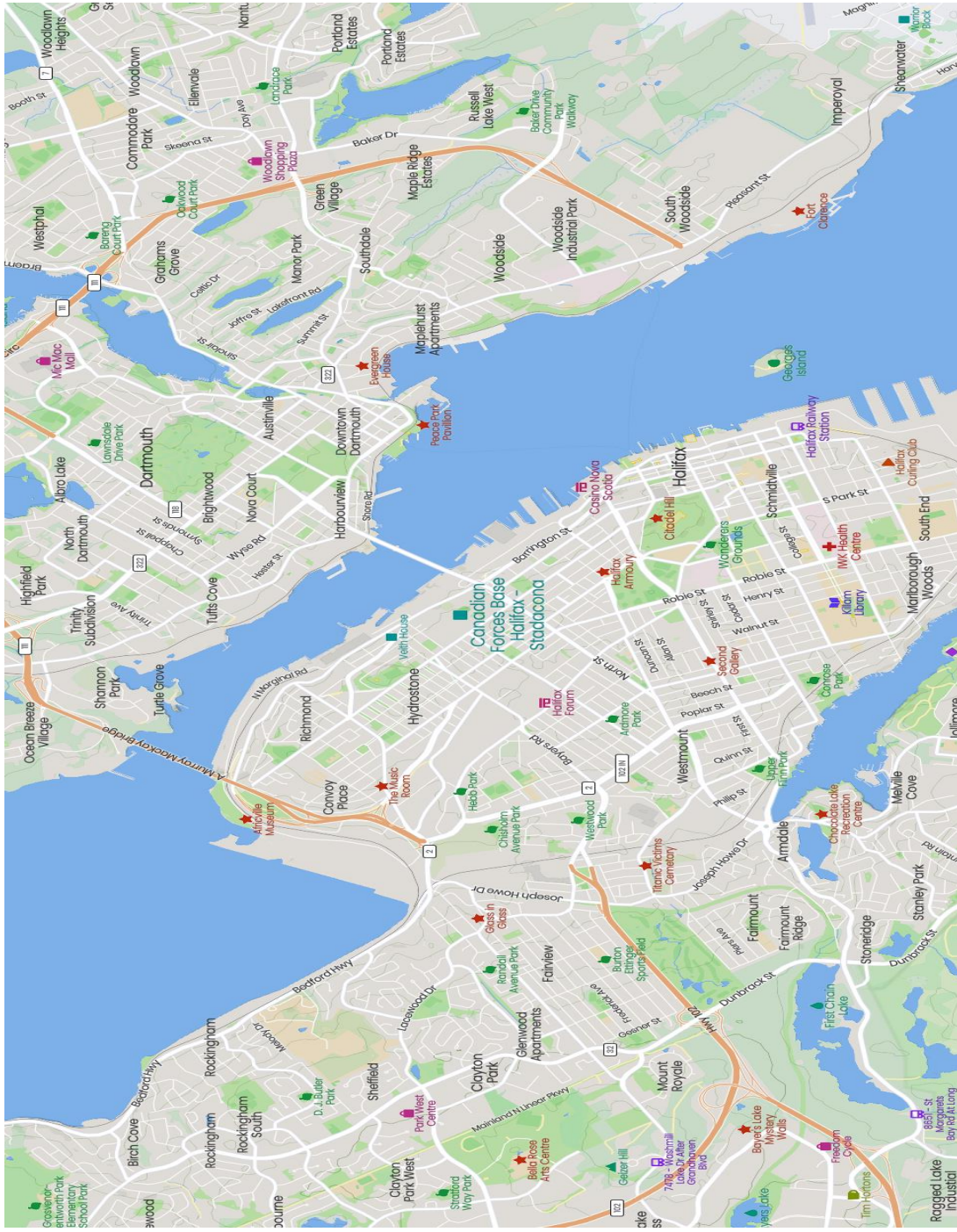
Patricica Roache, MSc, R. Psych.,  
Program Manager, Operational Trauma and Stress Support Centre (OTSSC)  
*Psychology Lead, CF Health Services Centre Atlantic Clinical Psychology Residency*

Hannah Stewart, PhD, R. Psych.  
General Mental Health (GMH)

Susan Young, MSc, R. Psych.  
Operational Trauma and Stress Support Centre (OTSSC)

## Appendix A: MAPS (HRM, including Stadacona)

### [Canadian Forces Base Halifax - Stadacona - Map - The Open Map \(mapcarta.com\)](http://mapcarta.com)



# Appendix B: Adaptations for Covid-19 Restrictions, precautions

MARLANT Measured Risk Response Guideline	PREVENT	PROTECT	RESTRICT	LIMIT	CONTROL
	Standard Measures	Strengthened Measures	Intermediate Measures	Frequent Measures	Emergency Measures
	<p>NS COVID-19 Hazard Index - below Severe</p> <p>Point Prevalence (PCR tests) approximately 2.5 or less</p> <p>Workplace Positive Cases 7-day Rolling Average approximately 7 or below</p>	<p>NS COVID-19 Hazard Index - Severe</p> <p>Point Prevalence (PCR tests) approximately 4.5 or less</p> <p>Workplace Positive Cases 7-day Rolling Average approximately 7-15</p>	<p>NS COVID-19 Hazard Index - Severe</p> <p>Point Prevalence (PCR tests) approximately 6.5 or less</p> <p>Workplace Positive Cases 7-day Rolling Average approximately 15-22</p>	<p>NS COVID-19 Hazard Index - Severe</p> <p>Point Prevalence (PCR tests) approximately 8 or less</p> <p>MARLANT Daily Positive Cases (7-Day Rolling Avg) approximately 22-30</p>	<p>NS COVID-19 Hazard Index - Severe</p> <p>Point Prevalence (PCR tests) approximately 8 or more</p> <p>MARLANT Daily Positive Cases (7-Day Rolling Avg) approximately 30 or above</p>
<b>1. PPE &amp; NMMs</b>	<p>NMMs required in:</p> <ul style="list-style-type: none"> <li>a. closed spaces (such as conference rooms/meeting rooms with poor ventilation or without open windows, elevators, vehicles unless all windows are open, etc.);</li> <li>b. any other situations where physical distancing cannot be maintained (indoors);</li> <li>c. when in a large group where physical distancing is difficult (indoors, outdoors and in vehicles); and</li> <li>d. situations where symptoms have been in close contact with a positive case until they receive a negative result on their test 72 hours after exposure or until 120 hours (5 days) after exposure if they choose not to conduct asymptomatic testing.</li> </ul> <p>NMMs not required when one is:</p> <ul style="list-style-type: none"> <li>a. traveling between locations indoors with only short-term interactions such as passing in the hallway;</li> <li>b. in common areas (such as corridors, sitting areas, lobbies, etc.) when physical distancing can be maintained; and</li> <li>c. outdoors, other than in a large group.</li> </ul> <p>Personnel may choose to wear NMM for personal protection at all times.</p>	<p>NMMs required in closed spaces (such as conference rooms/meeting rooms, elevators, vehicles, etc.), in common areas (such as corridors, sitting areas, kitchens, etc.), in poorly ventilated workplaces, when transitioning between locations indoors and where physical distancing cannot be maintained outdoors.</p> <p>NMMs not required when one is alone and there is no possibility of encountering another person unexpectedly, at their normal workstation (working as per usual and physically distanced) or in a short-term scenario such as when actively eating or drinking, confirming their identity, doing a physical activity that's difficult to mask such as a fitness class, giving a performance as a singer, playing a wind instrument, publicly speaking or officiating at an event.</p>	<p>NMMs required in closed spaces (such as conference rooms/meeting rooms, elevators, vehicles, etc.), in common areas (such as corridors, sitting areas, kitchens, etc.), in poorly ventilated workplaces, when transitioning between locations indoors and where physical distancing cannot be maintained outdoors.</p> <p>NMMs not required when one is alone and there is no possibility of encountering another person unexpectedly, at their normal workstation (working as per usual and physically distanced) or in a short-term scenario such as when actively eating or drinking, confirming their identity, doing a physical activity that's difficult to mask such as a fitness class, giving a performance as a singer, playing a wind instrument, publicly speaking or officiating at an event.</p>	<p>NMMs required in all indoor areas other than own office with door shut, alone in personal workspace not talking or when actively eating or drinking, doing a physical activity that's difficult to mask such as a fitness class, giving a performance as a singer or playing a wind instrument or publicly speaking or officiating at an event.</p>	<p>NMMs required in all indoor areas other than own office with door shut, alone in personal workspace not talking or when actively eating or drinking, doing a physical activity that's difficult to mask such as a fitness class, giving a performance as a singer or playing a wind instrument or publicly speaking or officiating at an event.</p>
<b>2. Workspaces</b>	<p>The number of people in respective workspaces/common areas will depend on the configuration of the workspace/common area and the type of the work/activity as two metres of physical distance is to be maintained.</p> <p>Probable Case Reporting Procedures are to be followed.</p>	<p>The number of people in respective workspaces/common areas will depend on the configuration of the workspace/common area and the type of the work/activity as two metres of physical distance is to be maintained.</p> <p>Probable Case Reporting Procedures are to be followed.</p>	<p>The number of people in respective workspaces will depend on the configuration of the workspace and the type of the work as two metres of physical distance is to be maintained.</p> <p>Common Areas (cafeterias, sitting areas, kitchens, etc.): 75% capacity</p> <p>Probable Case Reporting Procedures are to be followed.</p>	<p>The number of people in respective workspaces will depend on the configuration of the workspace and the type of the work as two metres of physical distance is to be maintained, with workspace density of 0.75.</p> <p>Common Areas (cafeterias, sitting areas, kitchens, etc.): 50% capacity</p> <p>Probable Case Reporting Procedures are to be followed.</p>	<p>The number of people in respective workspaces will depend on the configuration of the workspace and the type of the work as two metres of physical distance is to be maintained, with workspace density of 0.50.</p> <p>No Gathering in Common Areas</p> <p>Probable Case Reporting Procedures are to be followed.</p>
<b>3. Travel</b>	<p>Approved through the pre-COVID-19 pandemic DND/CAF processes.</p>	<p>Approved through the pre-COVID-19 pandemic DND/CAF processes.</p>	<p>Approved through the pre-COVID-19 pandemic DND/CAF processes.</p>	<p>All new duty-related travel is approved by Commander MARLANT/Respective L1. Previously approved duty-related travel is reviewed by the MARLANT L3/Unit CD to ensure all the necessary control measures are in place and confirmed COVID-19 safety requirements cannot be met or is not critical to a unit's operations/activities.</p> <p>CAF non-duty-related travel leave requests are reviewed and approved by the MARLANT L3/Unit CD with extra scrutiny noting any Government of Canada Travel advisories or Provincial Travel advice.</p> <p>DND employee non-duty-related travel leave requests are reviewed and approved by the respective employee's most democratic endorsing Canada Travel advisories or Provincial Travel advice and quarantine requirements.</p>	<p>All new duty-related travel to be approved by Commander MARLANT/Respective L1. Previously approved duty-related travel to be reviewed by the MARLANT L3/Unit CD and cancelled unless its continuance is approved by Commander MARLANT.</p> <p>New (prior to approval) and previously approved non-duty-related travel leave requests are reviewed and approved by the MARLANT L3/Unit CD with extra scrutiny noting any Government of Canada Travel advisories or Provincial Travel advice.</p>
<b>4. Access Request</b>	<p>Non-Defence Team visitors from within Canada are authorized access.</p> <p>Non-Defence Team visitors from outside Canada require an approved Access Request (approval authority is Commander MARLANT).</p> <p>Non-Defence Team visitors to have completed Visitor Attestation and submitted to +H&amp;E.</p>	<p>Non-Defence Team visitors from within Canada are authorized access.</p> <p>Non-Defence Team visitors from outside Canada require an approved Access Request (approval authority is Commander MARLANT).</p> <p>Non-Defence Team visitors to have completed Visitor Attestation and submitted to +H&amp;E.</p>	<p>Non-Defence Team visitors from within Canada require an approved Access Request (approval authority is MARLANT L3/Unit CD).</p> <p>Non-Defence Team visitors from outside Canada require an approved Access Request (approval authority is Commander MARLANT).</p> <p>Non-Defence Team visitors to have completed Visitor Attestation.</p>	<p>Non-Defence Team visitors from within Canada require an approved Access Request (approval authority is MARLANT L3/Unit CD).</p> <p>Non-Defence Team visitors from outside Canada require an approved Access Request (approval authority is Commander MARLANT).</p> <p>Non-Defence Team visitors to have completed Visitor Attestation.</p>	<p>All visitors/contractors require an approved Access Request (approval authority is Commander MARLANT).</p> <p>MARLANT L3/Unit CD are required to review approved access requests and cancel unless its continuance is approved by Commander MARLANT.</p> <p>Non-Defence Team visitors to have completed Visitor Attestation.</p>
<b>5. DT Visitors</b>	<p>Visiting DT Members from outside Nova Scotia but within Canada and outside Canada are authorized access.</p> <p>Must review the Visiting DT Member COVID-19 Information Summary Document.</p>	<p>Visiting DT Members from outside Nova Scotia but within Canada and outside Canada are authorized access.</p> <p>Must review the Visiting DT Member COVID-19 Information Summary Document.</p>	<p>Visiting DT Members from outside Nova Scotia but within Canada and outside Canada are authorized access.</p> <p>Must review the Visiting DT Member COVID-19 Information Summary Document.</p>	<p>Visiting DT Members from outside Nova Scotia but within Canada and outside Canada must be approved by MARLANT L3/Unit CD.</p> <p>Must review the Visiting DT Member COVID-19 Information Summary Document.</p>	<p>Visiting DT Members from outside Nova Scotia but within Canada and outside Canada must be approved by Commander MARLANT.</p> <p>Must review the Visiting DT Member COVID-19 Information Summary Document.</p>
<b>6. Base Accommodations</b>	<p>Base Accommodations may be used for discretionary/personal stays for DT members, Associate/Retired Mess Members and their family members (within Canada).</p>	<p>Base Accommodations may be used for discretionary/personal stays for DT members, Associate/Retired Mess Members and their family members (within Canada).</p>	<p>Base Accommodations may be used for discretionary/personal stays for DT members, Associate/Retired Mess Members and their family members (within Nova Scotia).</p>	<p>Base Accommodations limited to DT Members and Visiting DT Members only (approval for others may be granted by Commander MARLANT based on provision of an Access Request).</p>	<p>Base Accommodations limited to DT Members and Visiting DT members only.</p>
<b>7. Gatherings, Events &amp; Activities</b>	<p>Follow Gatherings, Events, Activities Direction Attachment.</p> <p>Gatherings over 60 attendees must have plan submitted to +H&amp;E.</p>	<p>Follow Gatherings, Events, Activities Direction Attachment.</p> <p>Gatherings over 60 attendees must have plan submitted to +H&amp;E.</p>	<p>Follow Gatherings, Events, Activities Direction Attachment.</p> <p>Gatherings over 60 attendees must have plan submitted to +H&amp;E.</p>	<p>Follow Gatherings, Events, Activities Direction Attachment.</p> <p>Gatherings over 60 attendees must have plan submitted to +H&amp;E.</p>	<p>Follow Gatherings, Events, Activities Direction Attachment.</p> <p>Commander MARLANT approval for gatherings.</p>

Please note these are the Base-wide guidelines. Current posture is “Green;” however these guidelines do not prevent individuals from adopting more conservative precautions and infection control practices if they or their clients desire or have need of it. Precautions within the base clinic as a medical centre are also typically greater than those across the wider base.

## Appendix C: Sites and events of interest around HRM/ Nova Scotia

### *Places to See*

1. Halifax Public Gardens – beautiful stroll on a warm day
2. Peggy’s Cove Lighthouse – stunning but truly read the signs and stay off the dark rocks as it is more dangerous than it appears
3. Canadian Museum of Immigration at Pier 21 – interactive displays
4. Maritime Museum of the Atlantic
5. Halifax Waterfront Boardwalk – great restaurants and check out the ferry ride to Dartmouth and back

### *Places to Be*

1. September:
  - Halifax Lebanese Festival
  - Halifax Fringe Festival
  - Atlantic Film Festival
2. October:
  - Treaty Day, Nova Scotia events
  - Nocturne (visual arts) Festival
3. November/ December:
  - Evergreen Festival
  - Halifax Tree Lighting
  - Menorah Lighting Ceremony
4. March (March Break):
  - “Wonders of Maple Syrup” at Ross Farm
  - Family tours at the Halifax Citadel
5. May:
  - Blue Nose Marathon
6. June/ July:
  - Royal Nova Scotia International Tattoo
  - Halifax Pride Festival
  - TD Halifax Jazz Festival
7. August:
  - Halifax Busker Festival