



Memorial University

Student Wellness and Counselling Centre

Doctoral Professional Psychology Residency Programme Training Manual 2023-2024

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Residency Programme
[Accredited by the Canadian Psychological Association \(CPA\)](#)
141 Laurier Avenue West, Suite 702
Ottawa, ON K1P 5J3
Current term: 2018-2023

University Student Wellness and Counselling Centre
[Accredited by the International Association of Counseling Services \(IACS\)](#)

Participating Member
[Canadian Council of Professional Psychology Programs \(CCPPP\)](#)
[Association of Counseling Center Training Agents \(ACCTA\)](#)
[Association of Psychology Postdoctoral and Internship Centers \(APPIC\)](#)

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Section I: Student Wellness and Counselling Centre Organization

Contents

- Philosophy and Goals of the University Student Wellness and Counselling Centre

- Philosophy and Program Summary of the Doctoral Residency Program

- Professional Faculty and Staff

- Doctoral Residents

Philosophy and Goals of the University Student Wellness and Counselling Centre

The philosophy of service delivery within the Memorial University Student Wellness and Counselling Centre rests upon encouraging the development of students' own unique resources and supporting their personal growth and well-being. In implementing this philosophy, the Centre strives to promote a developmental and preventive framework for campus services as well as meeting the immediate needs of students.

Memorial's Student Wellness and Counselling Centre comprises counselling (i.e. psychology), student health (i.e. medicine and nursing), and wellness professionals (i.e. same day counselling sessions & case management). The newly renovated Centre houses all three components of student care and is committed to developing and furthering interprofessional practice and research to advance the Healthy Campus movement. The SWCC collaborates closely with other student services, including the Glenn Roy Blundon Centre, the Internationalization Office, and Student Support and Crisis Management. The new dynamic and integrated Student Wellness and Counselling Centre facilitates collaborative interprofessional relationships, resulting in more efficient and higher quality student care. Interprofessionalism is integral to our innovative wellness model.

The Student Wellness and Counselling Centre is also an integral part of the academic community; thus, research, scholarship and training are core activities. Centre faculty fulfil their academic functions through avenues such as applied research, scholarship of discovery, professional writing, faculty and professional obligations and consultation with the community at large. Faculty rank, promotions and tenure are granted within the Centre, rather than through other departments, and are based upon faculty members' counselling, research and scholarly performance.

For more information about the Student Wellness and Counselling Centre visit our web site at www.mun.ca/studentwellness

Philosophy and Program Summary of the Doctoral Residency Program

The Centre endorses a training philosophy oriented toward encouraging the professional development of each trainee in the broadest possible terms. The 1850-hour training programme offers training in two main ways: developing competency in a number of central areas for professional psychology and exposure to issues and topics relevant to professional psychology.

Training in core competencies:

The eight areas of training identified as core competencies are: personal counselling and psychotherapy, interprofessional education and training, supervision, assessment, group counselling, applied research, professional ethics and standards, and outreach and consultation. Training in each competency area involves four components: *experiential* - the resident has direct experience in this area; *supervision* - the resident receives individual and/or group supervision focussed on this area; *didactic* - the resident has the opportunity to read and discuss relevant issues in a small group format; and *evaluative* - the resident's level of skill is evaluated in the area. With all the core competencies, residents are expected to achieve a designated level of skill. As residents gain training in specific competencies, they are also encouraged to identify their own training goals and interests, and faculty members work with them to help them realize these goals.

Exposure to topics and issues relevant to professional psychology:

Residents are exposed to a wide variety of issues and topics applicable to professional training, such as perfectionism, single session interventions, thriving and resiliency, diversity, Dialectical Behavioural Therapy (DBT) and Acceptance and Commitment Therapy (ACT). Exposure areas are differentiated from competency areas in that all four components (experiential, supervision, didactic, evaluative) may not be present in the training. When residents are exposed to different areas, this is usually through didactic sessions, although in some instances residents may also have the opportunity for an experiential component and direct supervision. One thing that distinguishes training in all exposure areas from the training in the core competencies is that residents' level of skill in these areas is not formally evaluated.

Inclusivity, diversity and equity issues are integrated throughout the training curriculum. Each competency area of training has a diversity and multicultural component where issues are addressed that are pertinent to that area. Residents will read and discuss articles related to inclusivity, diversity and equity issues relevant to each core competency.

COUNSELLING FACULTY

Pamela Button, PsyD (Memorial University of Newfoundland)
Assistant Professor, Lead PCRU @ SWCC
Registered Psychologist (NL)

Dr. Button is a registered psychologist and faculty member with the Student Wellness and Counselling Centre. She is also the Lead of the SWCC Psychosocial Collaborative Research Unit (PCRU). She holds a Master's in Applied Social Psychology and completed her doctoral training in Clinical Psychology from Memorial University in Newfoundland. Prior to her appointment at the SWCC, Dr. Button worked at the Dr. L.A. Miller Centre with the Rehabilitation and Continuing Care Program with a focus on interprofessional health psychology and working with clients with physical and neurocognitive impairments. Her clinical and research interests include interprofessional education and practice, stress and coping, resilience, social support, and help-seeking behaviours. Further interests include wellness and health promotion, interpersonal process, positive psychology, equine assisted therapy, advocacy, applied psychological research, and program evaluation. Dr. Button practices from a client-centered and humanistic integrative orientation and her clinical approach is strongly grounded in interpersonal process therapy and acceptance and commitment therapy. Dr. Button is involved in teaching, training, and supervision for psychologists in training. She also serves as Eastern Director and Co-President of the Association of Psychology, Newfoundland and Labrador and is the Memorial/Newfoundland Counselling Divisional Representative for the Atlantic Association of College & University Student Services (AACUSS).

Representative Research:

Button, P., Fallon, L., & Fowler, K. (2022). Understanding the Impact of Perceived Social Support, Coping, and Resilience in Health Professional Students During COVID-19 and Matched Peers. Manuscript in preparation.

Foley, G., Fowler, K., & **Button, P.** (2021). The role of social support in the positive mental health of Canadian adults with a history of childhood sexual abuse. Manuscript submitted to *BMC Psychiatry*.

Moores, L., & **Button, P.** (2021). *The Impact of Stepped Care implementation on registered psychologists in Newfoundland and Labrador*. Paper presented at the Canadian Psychological Association 2021 Virtual Event, June 2021.

Moores, L., **Button, P.**, Fawcett, E., & Whelan, B. (2021). Puppies, Plants, Painting, and Popcorn: Evaluation of an Integrated Outreach Program. *Journal of College Student Psychotherapy*. DOI: 10.1080/87568225.2021.1881860

Holmqvist, M., **Button, P.**, & Heath, O (2019). Together We Stand: The Imperative for Interprofessional Education in Psychology Education and Training. *Canadian Psychology*, 60(4), 255-264.

Holmqvist, M., **Button, P.**, & Heath, O (2019). Interprofessional Education for Professional Psychology Training: A Call to Action. *Psynopsis*, 41(1), 25-27.

Ross Connolly, PhD (Memorial University of Newfoundland)
Lecturer in Counselling
Provisionally Registered Psychologist (NL)

Dr. Connolly is a registered psychologist (Newfoundland and Labrador) and faculty member at the Student Wellness and Counselling Centre. He completed his PhD from Memorial University of Newfoundland. Dr. Connolly has worked with various community groups with a focus on improving mental health and substance use outcomes. His clinical and research interests include Attention Deficit Hyperactivity Disorder, mood disorders, and substance use. Dr. Connolly's primary orientation is grounded in Cognitive Behavioural Therapy, but he incorporates solution-focused and interpersonal therapy into his clinical practice.

Representative Research:

Connolly, R. & Hesson, J. (2022). *Investigating a Self-Management Strategy for Symptoms of Attention Deficit Hyperactive Disorder and Drug Use*. Manuscript Submitted for publication.

Connolly, R., Speed, D., & Hesson, J. (2002). Probabilities of PTSD and Related Substance Use among Canadian Adults. *International Journal of Mental Health and Addiction*.
<http://dx.doi.org/10.1007/s11469-020-00311-2>

Connolly, R., Hesson, J. & Pickett, S. (2018). Investigating Self-Management as a Mediating Variable between Symptoms of Attention-Deficit Hyperactive Disorder, Nicotine Dependence, Alcohol use, and Drug Use. The Canadian ADHD Resource Alliance, Calgary, AB.
<http://dx.doi.org/10.13140/RG.2.2.35834.75209>

Connolly, R., Noel, V., & Mezo, P.G. (2017). Self-evaluation as a mediating variable between substance abuse and stress. *International Journal of Mental Health and Addiction*.
<http://dx.doi.org/10.1007/s11469-017-9735-1>

Connolly, R., Speed, D., & Hesson, J. (2016). Probabilities of ADD/ADHD and Related Substance Use Among Canadian Adults. *Journal of Attention Disorders*.
<http://dx.doi.org/10.1177/1087054716647474>

Emily Fawcett, PhD (Lakehead University) *On Sabbatical Sept 2022-Aug 2023
Assistant Professor
Registered Psychologist (NL)

Dr. Fawcett is a registered psychologist (Newfoundland and Labrador) and faculty member at the Student Wellness and Counselling Centre, with cross-appointment to the Department of Psychology. She completed her master's and PhD in Clinical Psychology at Lakehead University in Thunder Bay, ON. She identifies as a scientist-practitioner who strives to use evidence-based therapeutic interventions. Her primary theoretical orientation is Cognitive-Behavioral, although she integrates elements of acceptance and commitment therapy, mindfulness, solution-focused, interpersonal, and Dialectical Behavioral Therapy into her clinical practice. Her clinical and research interests include mood and anxiety disorders - with a particular interest in women's mental health and clinical epidemiology. She also has extensive experience conducting collaborative meta-analyses. In addition to counselling and research, Dr. Fawcett is involved in the teaching, training, and supervision of psychologists in training, and for the past five years was involved or led psychotherapy training for psychiatry residents at Memorial University. She is also currently serving a second three-year term on the Newfoundland and Labrador Psychology Board (NLPB) as one of seven elected Directors.

Representative Research:

Drakes, D., **Fawcett, E.**, Rose, J., Carter-Major, J., & Fawcett, J. (2021). Comorbid OCD in individuals with eating disorders: a meta-analysis. *Journal of Psychiatric Research*, 141, 176-191. <https://doi.org/10.1016/j.jpsychires.2021.06.035>

Fawcett, E. J., Power, H., & Fawcett, J. M. (2020). Women are at greater risk of OCD than men: A meta-analytic review of OCD prevalence Worldwide. *Journal of Clinical Psychiatry*, 81(4), 19r13085. <https://doi.org/10.4088/JCP.19r13085>

Fawcett, E., Neary, M., Ginsburg, R., & Cornish, P. (2020). Comparing the effectiveness of individual and group therapy for students with symptoms of anxiety and depression: A randomized pilot study. *Journal of American College Health*, 68(4), 430-437. <https://doi.org/10.1080/07448481.2019.1577862>

Fawcett, E. J., Fairbrother, N., Cox, M., White, I., & Fawcett, J. M. (2019). The prevalence of anxiety disorders during pregnancy and the postpartum period: A multivariate Bayesian meta-analysis. *Journal of Clinical Psychiatry*, 80(4), 18r12527. <https://doi.org/10.4088/JCP.18r12527>

Fawcett, E. J., Fawcett, J. M., & Mazmanian, D. (2016). A meta-analysis of the worldwide prevalence of pica during pregnancy and the postpartum period. *International*

Journal of Gynecology and Obstetrics, 133, 277–283.

<https://doi.org/10.1016/j.ijgo.2015.10.012>

Lisa Moores, PsyD (Memorial University of Newfoundland)

Associate Professor

Registered Psychologist (NL)

Dr. Moores is a registered psychologist and faculty member at the Student Wellness and Counselling Centre. She holds a Master's in Counselling Psychology from Simon Fraser University in Burnaby, B.C. and completed a Doctorate in Clinical Psychology at Memorial University. Dr. Moores has a particular interest in leadership, clinical programme development, multi-cultural counselling, adult ADHD, and students in transition. She has conducted research on the international student transition experience in large and small urban centres. Further professional interests include positive psychology, advocacy, qualitative research, and strengths-based counselling. She practices from a humanistic and client-centered integrative orientation and her clinical approach is strongly influenced by positive psychology. Dr. Moores is involved in a wide range of teaching, training, and supervision activities for psychologists in training and sees clients with a variety of clinical concerns. Dr. Moores has been actively involved in provincial and national mental health advocacy efforts throughout her career and has served as President of the Association of Psychology, Newfoundland and Labrador (APNL), Co-Chair of the Campus Mental Health Community of Practice for the Canadian Association of College and University Student Services (CACUSS), and provided provincial representation within the Council of Professional Associations of Psychologists (CPAP).

Representative Scholarship:

Rashid, T., DiGenova, L, Fogarty, A., **Moores, L.**, & Gibbons, R. (2022, June). *Campus Mental Health: Ongoing Impact of COVID-19 - Perspectives from Student Affairs Leaders*. Presented at the 49th Annual Canadian Association of College and University Student Services conference, Live Streamed.

Moores, L., & Rashid, T. (2022, January). *Outside, Inside and In-between: Mental Health Challenges Faced by International Students in the Current Phase of COVID-19*. Invited presentation for the International Student Affairs and Campus Mental Health Communities of Practice, CACUSS.

Hogan, E., Fowler, K., & **Moores, L.** (2022). *Post-Secondary Students' Response to COVID-19 [Manuscript submitted for publication]*. Department of Psychology, Memorial University of Newfoundland and Labrador.

Moores, L., & Button, P. (2021, July). APNL Psychologist Feedback: Changes to Provision of Provincial Mental Health Services. Final report presented and submitted to the Minister of Health and Community Services, Government of Newfoundland and Labrador.

<http://www.apnl.ca/assets/PDFS/Stepped-Care-in-NL-APNL-Final-Report.pdf>

Moore, L., & Button, P. (2021). *The Impact of Stepped Care implementation on registered psychologists in Newfoundland and Labrador*. Paper presented at the 82nd Annual Canadian Psychological Association Convention, Live Streamed.

Moore, L., Button, P., Fawcett, E., & Whelan, B. (2021). Puppies, Plants, Painting, and Popcorn: Evaluation of an Integrated Outreach Program. *Journal of College Student Psychotherapy*. <https://doi.org/10.1080/87568225.2021.1881860>

Moore, L. (2019, June). *Practicing Stepped Care at a University Counselling Centre: On Promise and Pitfalls*. Paper presented and symposium moderated at the 80th Annual Canadian Psychological Association Convention, Halifax, NS.

Moore, L. (2019, May). *Caring Communities, Healthy Campus, Creative Solutions: Student Wellness and Counselling Centre*. Paper presented within a symposium at the annual Atlantic Association of College and University Student Services Conference, Halifax, NS.

Moore, L., Button, P., & Cornish, P. (2018). *Can we build what's strong while we fix what's wrong? Applying the Stepped Care 2.0 framework to create a healthier campus*. Paper presented within a symposium at the 29th International Congress of Applied Psychology convention, Montreal, Quebec.

Whelan, B., Moore, L., Quinlan, H., & Reid, A. (2017). Evaluation of a Psychotherapy Skills Training Program with Family Practice and Psychiatry Residents, *MedEdPublish*, 2017, 6, [1], 40, <https://doi.org/10.15694/mep.2017.000040>

Moore, L., & Popadiuk, N. (2011). Positive aspects of international student transitions: A qualitative inquiry. *Journal of College Student Development*, 52(3), 291 - 306. <https://doi.org/10.1353/csd.2011.0040>

Beth Whelan, PhD (Reading University)
Associate Professor/Training Director
Registered Psychologist (NL)

Dr. Whelan is a registered psychologist and has been a faculty member at the Student Wellness and Counselling Centre since 2011. She is an associate professor and is the training director for the SWCC's CPA accredited psychology doctoral residency. She holds a master's in Counselling Psychology & Expressive Arts Therapy from Leslie University in Cambridge MA and a PhD in Psychology from the University of Reading, UK. Dr. Whelan has over 25 years' experience working with a wide array of clients in a variety of inpatient and outpatient settings. Her clinical and research interests include the role of shame and other emotions in medical education, assessment and treatment of eating disorders across the lifespan, mindfulness for clinician wellness and resilience, motivational stages of change theory, interpersonal and group dynamics. Dr. Whelan is cross-appointed to the faculty of Family Medicine, is the curriculum development lead at the

University of Bergen for the Profmed project and is very involved in teaching, training and supervision of psychology practicum students and Doctoral Residents. Dr. Whelan is a registered Psychologist (Newfoundland and Labrador)

Peer-reviewed Published Papers:

Whelan, E., Hjorleifsson, S. & Schei, E. (2021) Shame in medical education: “You just feel like dirt under someone’s feet.” Perspectives in Medical Education.

Moores, L., Button, P., Fawcett, E., & **Whelan, E.** (2021) Puppies, Plants, Painting, and Popcorn: Evaluation of an Integrated Outreach Program. Journal of College Student Psychotherapy.

Whelan, E., Schei, E. & Hutchinson, T. (2020) Shame in Medical Education: A Mindful Approach. International Journal of Whole Person Care. 7 (1):11

Schei, E., **Whelan, E.** & Hutchinson, T. (2020) “I wish I had laid my hand on her shoulder.” Fostering compassion in first year medical students. International Journal of Whole Person Care. 7 (1):11

Whelan, E., Moores, L., Quinlan, H & Reid, A. (2017) Description of a new education method or tool for evaluation of a psychotherapy skills training program with family practice and psychiatry residents. Meded Publish Volume 6 (1).

Carolyn Zwicky-Pérez, PsyD (Adler University Vancouver)

Assistant Professor

Pending Provisional Registration (NL)

Dr. Zwicky-Pérez obtained her Doctorate of Psychology in Clinical Psychology at Adler University in Vancouver, BC, and is seeking provisional registration in Newfoundland. She is currently an Assistant Professor at Memorial University of Newfoundland (MUN). Dr. Zwicky-Pérez identifies as having an integrative theoretical orientation that combines feminist psychology, evolutionary psychology, Acceptance and Commitment Therapy (ACT), and interpersonal processes. She is a scientist-practitioner who strives to promote social justice and to maintain an intersectional perspective of mental health. Dr. Zwicky-Pérez is interested in continuing to explore how psychologists integrate activism into their work, and in empowering her clients to move towards their goals.

WELLNESS STAFF

Amy Baird, BEd, BSpEd (Memorial University), MA Counselling Psychology (Yorkville University)

CCC

Wellness Navigator

Amy is a Certified Canadian Counsellor with the Canadian Counselling and Psychotherapy Association and has been a Registered Clinical Counsellor. Amy has been a Registered Clinical Counsellor with the British Columbia Association of Clinical Counsellors (BCACC) since 2009. Amy has worked as an Inclusion Specialist and Employment Counsellor for individuals with disabilities, as well as Coordinator for the counselling training program and Director, Student Services at Vancouver Community College in Vancouver, British Columbia, where she lived for several years before moving back home to NL. Amy began working with Memorial in the Student Support and Crisis Management unit before beginning her role as Wellness Navigator with the Student Wellness and Counselling Centre. Amy has worked with clients in the areas of trauma, grief and loss, depression, anxiety, self-esteem, stress management, and personal growth and wellness.

Valerie Brown, BA, Bed, MEd (Memorial University of Newfoundland)

CCC

Wellness Navigator

Valerie's background includes a Bachelor of Arts and Bachelor of Intermediate Education, both of which were completed at Memorial University of Newfoundland and Labrador from 2000-2006. After finishing her undergraduate degrees, Valerie worked as a teacher until 2015, and went on to complete a Masters in Counselling Psychology from Memorial. Valerie completed her counselling internship at the Student Wellness and Counselling Centre, and went on to work as a Crisis Counsellor with Morneau Shepell's Employment Assistance Program. Valerie enjoys practicing with a theoretical background in Person Centered Therapy, Cognitive Behavioural Therapy, and Solution Focused Therapy. Valerie is a Certified Canadian Counsellor (CCC), and returned to the Student Wellness and Counselling Centre as a Wellness Navigator in 2021.

Denyse Lane BMus/BMus Ed (conj.), MEd (Couns. Psych.) (Memorial University of Newfoundland)

CCC

Wellness Navigator

Denyse holds Bachelors of Music and Music Education degrees (conjoint) and a Master's in Education in the area of Counselling Psychology from Memorial University. Denyse is also a Certified Canadian Counsellor (CCC) with the Canadian Counselling and Psychotherapy Association of Canada (CCPA). Denyse began her work in 2014 in the

community non-profit sector in St. John's, before coming to Memorial in 2020 in the role of Wellness Navigator. Denyse's theoretical grounding includes Positivism, Cognitive Behavioral Therapy, Narrative Therapy and Solution Focused Therapy.

Lester Marshall, BSc, MEd (Memorial University of Newfoundland)

Learning Specialist

Registered Psychologist (NL)

Mr. Marshall is involved with the Centre's learning-to-learn program, intended to implement findings from the fields of cognitive and educational psychology to develop programs for the enhancement of students' academic performance. He also serves on committees and facilitates special programs to specific groups on campus, including international students, residence students, and students with learning and other disabilities. As a registered psychologist, he supports the Centre's mandate to serve students in a variety of counselling and supervisory capacities. He helps coordinate the on-site supervision of Master's-level counselling and clinical psychology students who do internship placements through the Centre. He also co-facilitates learning skills, cognitive skills, relationship skills, and other psychoeducational groups.

Representative Research:

Marshall, L.G. (2005, May). *Motivation theory and academic resilience at university.*

Presentation at the national conference of the Canadian Counselling Association, St. John's, NL.

Garland, J.C., **Marshall, L.G.**, & Doyle M. (2001, June). *UCC2020: Applied cognitive and affective learning strategies.* Presentation at the conference of the Society for Teaching and Learning in Higher Education, St. John's, NL.

Marshall, L.G. (1995, May). *Obeying the rules: Cognitive guidelines for studying.* Presentation at the national conference of the Canadian Guidance and Counselling Association, St. John's, NL.

Garland, J.C., & **Marshall, L.G.** (1988). Learning skills programs at Memorial University of Newfoundland: Philosophy and practice. In F. Goodchild, D. Palmer, & V. Thorsteinson, (Eds.), *Helping students learn at Canadian universities.* London, ON: Learning Skills Publications, Counselling and Career Development, University of Western Ontario, London, ON.

Kelly Neville, RN-C, MN, BSN (Memorial University of Newfoundland)**Wellness Lead****Advanced Practice Registered Nurse (NL)****Certified Psychiatric and Mental Health Nurse**

Ms. Neville has been an advanced practice nurse since 2002 after completing her Masters in nursing at Memorial University focusing on Individual Counselling using Brief Solution Focused Therapy with university students. She has worked in psychiatry and mental health since 1991 and has had extensive experience in both Acute Psychiatry and Intensive Outpatient Mental Health Programming while conducting both group and individual therapy. Ms. Neville has been a certified psychiatric and mental health nurse since 1994 through the American Nurses Association and has worked with individuals who have experienced anxiety and depression, personality disorders, thought disorders, substance misuse, gambling and sexual abuse and eating disorders. In the past, Ms. Neville has taught at Memorial's School of Nursing instructing in the clinical area of mental health and teaching "therapeutic communication techniques" and has recently completed a 2-year interim position as the Director of the Student Wellness and Counselling Centre (SWCC). She currently supervises students who coordinate wellness and well-being for the wider campus of university students and provides consultations in health and wellness education and outreach events, mental health screenings, mental health first aid and the delivery of the ASIST training program. Ms. Neville provides individual supervision and consultation and inter-professional supervision to nursing, MUCEP, SWASP, HKR and Counselling Psychology graduates and volunteer students. She has used a stepped-care and case management model focused on problem and solution focused interventions when meeting with students with Health and Wellness concerns and for students who are on the Pervasive Development and Autism Spectrum. Ms. Neville maintained a private practice from 2002-2012 counselling individuals who had difficulty with stressful situations, who needed to learn and refine skills to change behavioural, emotional and thinking patterns associated with problems that cause misery and distress for self-esteem enhancement, assertiveness and communication training (including setting limits and boundaries), and wellness/health promotion and prevention (including personal problem solving, and goal setting). Research includes the NCHA comprehensive health survey for university students, evaluation of an online alcohol treatment program for university students and the healthy minds study with university students. Ms. Neville's role as the Student Wellness Program Lead is intricate in the inter-professional treatment team involving residents, interns, faculty, physicians and nursing and is a collaborative leader with student support and crisis management, internationalization office, residence, the Blundon Centre, the risk management office and across campus.

Kim Oldford-Walters, BA, BEd, MEd (Couns. Psych.) (Memorial University of Newfoundland)

CCC

Wellness Navigator

Kim is a certified professional member of the Canadian Counselling and Psychotherapy Association and has had several years of experience that includes group facilitation and individual counselling in both private practice and non-profit community settings. Kim has enjoyed the privilege of working with students through the Student Wellness and Counselling Centre as well as the Blundon Centre. As a member of the SWCC Wellness team, Kim's duties have included individual case management, outreach education and also short-term counselling interventions. Kim works primarily from a client-centered, strengths-based approach and endeavors to collaborate with and support students in reaching their goals and achieving solutions to their concerns.

MEDICAL STAFF

Nurse/Primary Health Care Lead

Missy Power, RN, BN, MPH

Physicians

Sonya Brown-Brake, MD, CCFP

Laura Butler, MD, CCFP

Danielle Colbourne, MD, CCFP

Colleen Crowther, MD, FRCPC

Alison Marr, MD, CCFP

Kurt Moyst, Consulting Psychiatrist

Alexis Pizale, MD, CCFP

Anita Pushpanathan, MD, CCFP

Melissa Smallwood, MD, CCFP

Leslie Wheeler, MD, FRCPC, Consulting Psychiatrist

Christine Zadorozny, MD, CCFP

ADMINISTRATIVE STAFF

Julie Broderick, Assistant to the Director and Training Director

Dayna Cutler, Administrative Program Assistant

Craig Norman, Administrative Staff Specialist III/Financial Lead

Front Desk Receptionists:

Michelle Ellis

Shawna Sears

Beverly Squires

DOCTORAL RESIDENTS AND INTERNS

Current Residents

2022-2023

Sarah Cabecinha-Alati, McGill University

Syler Hayes, University of British Columbia-
Vancouver

Emma Schmelefske, McGill University

Former Residents/Interns

2021-2022

Leah Baugh, University of British Columbia

Michael Edmonds, University of Regina

Robbie Woods, Concordia University

2020-2021

Jessica Barrington, University of Windsor

Erin deJong, University of New Brunswick

Alex Huang, University of British Columbia-
Vancouver

2019-2020

Damien Dowd, University of Manitoba

Benjamin Gould, University of
Saskatchewan

Carolyn Zwickey-Perez, Adler University
Vancouver

2018-2019

Diana Brooks, Memorial University of
Newfoundland

Jessica Butler, Memorial University of
Newfoundland

Bill MacMurray, Chicago Professional
School of Psychology

Marsha Rowsell, Memorial University of
Newfoundland

2017-2018

Bahar Haji-Khamneh, University of Windsor

Maya Michel, Antioch University, New
England

Sarah Nutter, University of Calgary

2016-2017

Tyla Charbonneau, University of Calgary

Jodi Stuckless, Memorial University of
Newfoundland

Nikita Yeryomenko, University of Windsor

2015-2016

Rebecca Ginsburg, Memorial University of Newfoundland

Heather Quinlan, Memorial University of Newfoundland

Jennifer Titus, McGill University

2014-2015

Emily Fawcett, Lakehead University

Allison Foscett, University of Alberta

Betty Rodriguez-Rubio, University of Windsor

2013-2014

Heather Patterson, Memorial University of Newfoundland

Carla Petker, University of Alberta

Leah Wilson, University of British Columbia

2012-2013

Pam Button, Memorial University of Newfoundland

Kyle Handley, Adler School of Professional Psychology, Chicago, IL.

Lisa Moores, Memorial University of Newfoundland

2011-2012

Afshan Afsahi, Antioch University, New England

Kimberly Kiley, University of Manitoba

Kent Klippenstine, Argosy University, Phoenix

2010-2011

Melissa McGonnell, Dalhousie University

Emily Orr, University of Windsor

2009-2010

Loren Bush, Antioch University New England

Qynn Morehouse, Antioch University New England

2008-2009

Elaine Greidanus, University of Alberta

Kristine Knauff, Lakehead University

Leah Puddester, University of Ottawa

2007-2008

Birdie Bezanson, University of British Columbia

Sarah MacAulay, University of New Brunswick

Amanda Maranzan, Lakehead University

2006-2007

Denise Bernier, Dalhousie University

Beth Robinson, West Virginia University

2005-2006

Kristin Newman, University of New Brunswick

Susan Pardy, Queen's University

2004-2005

Karen Gilleta, University of Saskatchewan

Jacqueline Hesson, University of Victoria

2003-2004

David Gingerich, Alliant International
University/California School of Professional
Psychology

Robin Lynn Patterson, Dalhousie University

2002-2003

Jonathan McVicar, University of British
Columbia

Melissa Wright, Argosy University - Twin
Cities Campus; Minnesota School of
Professional Psychology

2001-2002

Jamie Lynn Ahnberg, University of Calgary

Jennifer Volsky Rushton, Concordia
University

2000-2001

Kellie Hadden, University of Saskatchewan

Jodi Spiegel, California School of
Professional Psychology

1999-2000

Jeffrey Cunningham, Minnesota School of
Professional Psychology

Eileen Mahoney, Northern Arizona
University

Siobhan O'Toole, California School of
Professional Psychology

1998-1999

Lynda Bruce, California School of
Professional Psychology

James Grant, Fuller Theological Seminary

Kieron Downton, University of Alberta

1997-1998

Philip Carverhill, University of
Saskatchewan

Lorena Covington, University of Illinois at
Urbana-Champaign

Sherry Hunstad, Minnesota School of
Professional Psychology

1996-1997

Diana Benton, Georgia School of
Professional Psychology

Mike Mattock, Minnesota School of
Professional Psychology

1995-1996

Ann Athorp, Utah State University

Sandy Hoover, Minnesota School of
Professional Psychology

1994-1995

Peter Cornish, University of Saskatchewan

Stacey Yother, University of Hartford

1993-1994

Ted Ciesinski, California Institute of Integral
Studies

1990-1991

Mark Leach, University of Oklahoma

Section II: Service Delivery

Contents

- Service Delivery Guidelines
- General Therapy Group Screening Guidelines
- Information Release Forms
- Videotape/Audiotape Permission Form
- Benefits

Service Delivery Guidelines

I. Eligibility for professional services

- A. Part-time or full-time students are eligible for all Student Wellness and Counselling Centre services.
- B. Your confidential Employee Assistance Program (EAP), is provided by LifeWorks (formerly known as Morneau Shepell). This comprehensive, confidential service is available to Memorial employees, retirees and their immediate family members (provided they are also covered under the university's health plan) at no cost, 24 hours a day, seven days a week. For more information please visit <https://www.mun.ca/hr/services/wellness/eap.php>
- C. Students who are required to withdraw, or decide not to register for a given semester while being seen at the Student Wellness and Counselling Centre, lose their eligibility and services should be terminated within the shortest period of time deemed reasonable and responsible by the counsellor. Individuals who are formally appealing their readmission are still considered University students.
- D. Individuals who need assistance in deciding whether or not to enrol at Memorial University of Newfoundland may seek help at the Student Life office, but are not eligible for individual services.
- E. Family members of clients are not eligible for University Student Wellness and Counselling Centre.

II. Philosophy of service

- A. Intake and Scheduling
Registered students seeking professional services are seen by counsellors during Initial Consultations and/or same day single sessions. Appointments at the SWCC can be made via a few different methods.

To book with a Counsellor:

- For students within the province of Newfoundland and Labrador as well as within Canada, please fill out the online request form [here](#) (*sessions will be held **virtually** through WebEx*).
- For [urgent mental health care](#) students should avail to other community based services
- For all other counselling related inquires, please email swccfrontdesk@mun.ca or call (709) 864-8500, option #3

To book with a Physician or Nurse:

- **Telephone:** (709) 864-8500, option #3
- [HealthMyself - Patient Portal](#): **Physician or Nursing Appointments**

Response Times:

Emails are **only answered during scheduled hours (8:30a.m.- 4:30p.m. Monday-Friday)**. Please allow up to **24 hours Monday-Friday and 72 hours on weekends** for a reply from one of our staff.

- B. If group therapy is agreed upon as the treatment of choice, the intake counsellor refers the client to the group counselling coordinator.

III. Fees

- A. There is no charge for individual or group counselling.
- B. Testing Fees. There are fees associated with psycho educational testing (ADHD & LD). Please consult with Dr. Jackie Hesson for further information on these services.

IV. Medical consultation and evaluations

Campus physicians are available for case consultation and medical evaluation of clients. These consultations can be formally or informally scheduled as needed.

V. Record keeping for client files

All case notes are maintained for each client by the individual counsellor on Titanium software on a secure network. Email correspondence of a clinical nature should be uploaded to Titanium in the client file. After termination, the files are saved in Titanium for a period of seven years, and then deleted. Case notes serve multiple purposes:

- A. they help the counsellor conceptualize important dynamics of particular therapy sessions and relate these to the client's presenting problem and treatment goals,
- B. they provide a basis for testing and modifying original impressions,
- C. they serve as a review for the formulation of process and termination reports,
- D. they provide information to other counsellors who may need to follow up with the client when the counsellor is away or has left the Student Wellness and Counselling Centre,
- E. they document important facts, events, and rationales for specific responses that may have legal implications,
- F. the intent of files is to support that the counsellor has functioned in a fully professional manner to protect client's and others' interests (e.g. suicide and/or homicide risk; suspected or known child abuse). Documentation of follow-up

activities in subsequent sessions is included to demonstrate ongoing monitoring by the counsellor of these issues.

Style of notes. The philosophy of the Student Wellness and Counselling Centre is that the client should be able to read his or her own case notes. Therefore, the style should be such that the client would agree that the material was covered during the session. Unnecessary speculations and hypothetical diagnoses (except under restricted circumstances) should be avoided.

VI. Access to files

A. Release of information to other sources

An information release form should be completed and signed by the client and usually witnessed by the receptionist or other staff or faculty member. Client requests to review and/or duplicate notes and other data on file should be responded to with a full exploration of client motivation. Often a client gives blanket approval for release of information without realizing that their purposes may be better served by the counsellor's writing a letter using more general terms that preserve client confidentiality.

B. Client access to files

Clients have a right to request and receive their record in a timely way. The only exception for release is when there is a “substantial adverse effect or harm” by releasing a record. The client’s reason for the release of a record can be requested by psychologists so they may consider whether there may be a risk of harm prior to release, but the onus is on psychologists to release the record. Except as otherwise allowed by law, psychologists are not to withhold records under their control when they are requested and imminently needed for a client’s treatment if the reason for withholding them is solely because payment has not been received for professional services rendered to that client. A release of information form must be completed and a copy of all records released are to be uploaded into the client file.

**Residents must consult with their primary supervisor before releasing client records.*

C. Never delete, destroy, or alter records in the face of a client or court-generated request for review.

General Therapy Group Screening Guidelines

Memorial University Student Wellness and Counselling Centre

With the exception of “Exclusion Criteria”, these items are meant to serve only as rough guidelines aimed at facilitating group referral decisions (i.e., there are no pre-determined cut-offs for number of characteristics present or absent).

General Considerations

1. Scheduling conflict	Yes	No
2. Willing to commit for remainder of semester	Yes	No
3. Has desire to be part of an unstructured, process-oriented group	Yes	No
4. Highly motivated	Yes	No

Presentation/Rapport

5. Develops rapport during interview	Yes	No
6. Emotionally expressive	Yes	No
7. Listens during interview	Yes	No
8. Discloses appropriately	Yes	No

Interpersonal Skills

9. At least one successful relationship (past or present; family, friend, or romantic)	Yes	No
10. Previous positive group experience	Yes	No
11. Describes at least one important <i>interpersonal</i> problem or conflict	Yes	No
12. Identifies relevant and reasonable group goal(s)	Yes	No
13. Expresses willingness to help others	Yes	No
14. Able to cope with frustration	Yes	No

Exclusion Criteria

15. Alcohol or drug abuse	Yes	No
16. Severely depressed	Yes	No
17. Acutely psychotic	Yes	No
18. Highly dissociated	Yes	No
19. Severe or longstanding abuse history	Yes	No
20. Borderline	Yes	No
21. Suicidal or in crisis	Yes	No
22. Unrealistic expectations (e.g., expecting to make friends in group)	Yes	No
23. Inappropriate or destructive anger as the main affect	Yes	No



Permission to Record Form

Memorial University Student Wellness and Counselling Centre

I, _____ (Student # _____)

[please print student's name]

grant permission to have my counselling sessions at the Student Wellness and Counselling Centre, Memorial University of Newfoundland, recorded. I understand that the recordings will be used solely for the purposes of supervision. That is, the recordings will be viewed only by the counsellor, the counsellor's immediate supervisor(s), or in case conferences at the Centre. I can request that the recording cease at any time and/or that the recordings be erased.

I also understand that refusing to be recorded will not affect access to counselling at the Centre.

Signature

Witness

Date

Benefits

Stipend

The stipend for each resident position for the 2023-2024 year is set at \$35,500 CAD.

Benefits

1. **Travel expenses:** Residents will be refunded for travel expenses, to and from the residency, to a maximum of \$500 (receipts required).
2. **Health care:** Residents are eligible to apply for coverage under the Newfoundland Medical Care Plan.
3. **University holidays:** Residents will be entitled to 14 scheduled university holidays, including SWCC closure for year-end holiday period.
4. **Vacation and professional development leave:** Residents will receive 10 days of vacation and five days of professional development leave. Funds up to \$500 may be available to assist with professional development activities.
5. **Sick leave:** Residents will be entitled to the same sick leave benefits as beginning full-time university staff members.

Section III: Training Program Information

Contents

- Professional Training Program
- Summary: Core Activities
- List of Psychological Assessment Instruments (update in progress)
- CPA Standards and MRA Competencies
- Evaluation and Feedback
- Due Process Procedures
- Competency Remediation Plan and Helpful Resources

Professional Training Program

Faculty in the Student Wellness and Counselling Centre who supervise doctoral residents assume that students arrive with some sense of predetermined goals and objectives for their residency year. It is important that supervisors acknowledge and include these implicit goals in the development of an individualized training plan for the residency year. Residents will need to blend their goals with the stated objectives of the Centre to ensure that residents demonstrate minimum competency in the skills critical to the practice of professional psychology.

During September, residents are oriented to procedures of the Centre and are introduced to key personnel with whom they will likely interact. It is important for residents to realize that as they settle in to their new environment, they are also adapting to a particular culture and educational milieu that will shape how they address their individual goals.

By October, residents should have adjusted to their new routine and are in a better position to personalize their training goals and plan. Residents now complete a self-assessment using the Resident Evaluation Form and tailor their goals based on perceived needs. This is discussed with their supervisor and documented in their file.

SUPERVISION

Individual supervision. Residents receive three hours per week of formal individual supervision, which includes direct video review and/or live supervision of their caseloads. Additional supervision is provided when co-facilitating a group with faculty. Residents rotate primary supervisors every six months.

Supervision of supervision. While supervising practicum students and teaching medical residents, residents receive 90 minutes of supervision of supervision per week.

Case conference/Journal Club. Interprofessional case conferences and journal club are typically held monthly for an hour per week and will include Faculty, residents, master's in counselling students, master's in education students, wellness navigators, case managers and advanced practice nurses. Individual cases and relevant articles will be discussed.

Group supervision. Residents will receive one hour of group supervision per week, with a senior faculty member. Residents will have the opportunity to discuss all issues related to the SWCC residency and associated competency areas.

Peer supervision. Residents will meet 1-hour weekly for peer supervision (Mondays from 9:00-10:00 a.m.).

CORE COMPETENCIES

Training is provided in seven core competencies:

1. **Interpersonal Relationships and Post-Secondary Populations** - Resident training in this foundation competency area will focus on enhancement of knowledge regarding interpersonal dynamics within psychotherapy and their impact on the therapeutic alliance, goals, boundary setting, and treatment planning, as well as their evolution over different phases of therapy. Residents are expected to demonstrate a working knowledge of such dynamics in supervision as well as a knowledge of themselves and their communication with and impact on therapeutic and professional relationships. Didactic training in this competency area will also highlight diverse client groups and topics specific to counselling post-secondary populations, including academic counselling.

Residents are also expected to carry out a minimum of four outreach or consultative activities, which could be self-initiated or be in response to a request from the university community (e.g., to various academic and non-academic departments). Examples of self-initiated outreach activities have included provision of specialized training to SWCC practicum students, collaboration with the Internationalization Office, and informational workshops on mental health with varsity athletes and coaches.

Requirements: A minimum of four outreach/consultative activities with documentation, with at least one self-initiated activity as discussed with primary supervisor.

Residents are expected to integrate post-secondary/career/academic support into their interventions with clients and discuss with supervisors in the context of supervision.

2. **Intervention** - Approximately 15 hours per week is devoted to individual counselling and psychotherapy. Clients are undergraduate and graduate students who present with concerns such as depression, anxiety, interpersonal problems, family problems, and adjustment to university, as well as more complex presentations including chronic mental health concerns, eating disorders, personality disorders, comorbidities etc. Training objectives for this competency area are enhancement of residents' psychotherapy skills from both brief and longer-term approaches, as well as a variety of therapeutic orientations.

Training in group intervention is aimed at acquiring knowledge of group counselling techniques and developing a demonstrated capacity to apply these skills in group sessions at a level commensurate with that of an entry-level professional psychologist. Specifically, residents will develop an awareness of group process/dynamics and apply this understanding in group-level interventions. Residents will also learn to work

collaboratively and therapeutically in group sessions with a co-therapist. Each resident will co-facilitate (with a faculty member), or lead (with their practicum student), a process-oriented, skills-based and/or hybrid counselling group. Residents may participate in group screening sessions as required. In addition, residents have the option to develop groups based on their own interest or centre needs (e.g. mindfulness group, emotion regulation group).

Requirements: Approximately 15 hours per week of individual counselling
Co-facilitate a process-oriented, skills-based or hybrid counselling group (minimum of 1)

3. **Assessment** - The assessment competency facilitates the development of the psychological assessment skills, the primary purpose of which is to arrive at a shared understanding that informs a practical plan of action. Skills targeted are consistent with those outlined in the Mutual Recognition Agreement (Canadian Psychological Association) and the Newfoundland and Labrador Psychology Board. Residents are expected to demonstrate skill in formulating a referral question, selecting appropriate methods of information collection and processing, psychometric methods, formulating hypotheses and making appropriate diagnoses, report writing, provision of feedback, and formulating a treatment plan.

Both formal and informal assessments comprise available opportunities at the Student Wellness and Counselling Centre. While required assessments are psychoeducational in nature (e.g. ADHD and learning disabilities), residents also have the option to seek out additional training opportunities in psychodiagnostic assessment. Residents will also address more general issues as anchored in their current client work. During the training seminars devoted to assessment, faculty and residents analyze specific assessment instruments, new developments in assessment, and share ideas regarding approaches relevant to clients.

Requirements: Two psycho-educational assessments

4. **Interprofessional Education and Practice (includes consultation)** - Training in this competency is intended to develop the residents' proficiency and skills in working with an interprofessional team. The Student Wellness and Counselling Centre takes an integrated care approach to student health and well-being. Therefore, residents will be expected to coordinate client care where appropriate with the physicians, nurses and/or case managers and engage in interprofessional consultation. In addition, residents will have the opportunity to present cases during weekly case conference meetings and receive feedback from members of the interprofessional team.

Throughout the year, residents will be involved in interprofessional education activities organized by the Centre for Collaborative Health Professional Education (CCHPE) housed in the Faculty of Medicine. Residents will be expected to facilitate interprofessional education small group sessions with teams composed of students from the Faculty of

Medicine, Schools of Social Work, Pharmacy, Nursing, Clinical Psychology, Police Studies, Human Kinetics, and Recreation. This activity will allow residents to develop teaching and group facilitation skills in an interprofessional environment and further interprofessional consultation skills.

Requirements: Lead interprofessional Education small group assignments
 Provide feedback and/or evaluation of student assignments
 Consultation in weekly case conference meetings and presents at least 1
 client formally in case conference
 Coordinate client care where appropriate with the medical health
 services (with at least one documented professional consultation)
 Facilitate one to two cohorts of IPPT

5. **Supervision** - Residents are expected to demonstrate proficiency in carrying out professional supervision. The aim of this training is to facilitate the transition from supervisee to supervisor. Residents are typically involved in the training of two different groups of trainees: doctoral PsyD practicum students in clinical psychology, and first-year medical residents. Residents receive individual and group supervision of supervision from SWCC faculty.

Residents will also rotate through co-facilitation of the Interprofessional Psychotherapy Training (IPPT), which meets one morning a week through an eight-week cycle. The participants in this seminar are first-year medical residents and the focus is on developing and refining counselling skills in a variety of areas, such as stress management, working with diverse clients, cognitive behavioural therapy, motivational interviewing and solution-focused therapy.

Requirements: Supervise one practicum student
 Active participation in supervision of supervision
 Active participation in group supervision
 Active participation in peer supervision

6. **Applied Research and Evaluation** - The purpose of this core activity is to engage in scholarly research at a level expected of a professional psychologist. Each resident will complete a research-oriented project during the residency year. Residents will be provided with weekly protected scholarship and professional development time, which can be used to complete their dissertation and/or a research project that organizes knowledge in some area of interest at the appropriate professional level as arranged with the Director of Training. For example, residents may choose to prepare a colloquium related to ongoing dissertation research, conduct a literature review for the purposes of delivering a professional development workshop at the SWCC, or work on a collaborative research project with all residents and supervising faculty members.

Requirements: Research presentation (dissertation or national conference) for faculty and staff at the SWCC
Two Journal club presentations as well as leading discussion

7. **Professional Ethics and Standards** - Residents will enhance their capacity to apply the CPA Code of Ethics for Psychologists (4th ed.) in all aspects of their professional work. Training is provided in multiple formats including individual/group supervision, supervision of supervision, and didactic instruction. Specific training seminars on the topic of ethics and standards alone are included, as well as a focus on ethics integrated within other seminars.

Requirements: Demonstrate knowledge of ethics and applicable standards in clinical caseloads

Summary: Core Activities

Residents will complete a 40-hour work week. A typical week-at-a-glance is provided below.

	Monday	Tuesday	Wednesday	Thursday	Friday
9-10	Peer Supervision	Supervision of Supervision	PsyD Student Supervision	Individual Supervision	Case Conference
10-11	Individual Supervision	Resident Seminar	Therapy	Therapy	Staff Meeting
11-12			Therapy	Therapy	Individual Research OR Inter-professional Education
12-1	Lunch	Lunch	Lunch	Lunch	
1-2	Therapy	Group Therapy	Administration	Career Workshop	
2-3	Therapy		Intake/Walk-In Clinic	Therapy	
3-4	Therapy	Administration			
4-5	Group Supervision	Administration		PsyD Student Supervision	
5-6	Admin	Admin	Admin	Admin	

List of Psychological Assessment Instruments (*update in progress*)

CPA Accreditation Standards and Procedures for Doctoral Programmes and Internships in Professional Psychology can be found here:

https://cpa.ca/docs/File/Accreditation/Accreditation_2011.pdf

Evaluation and Feedback*

The SWCC is committed to hearing and integrating resident feedback through ongoing and reciprocal evaluation and feedback. These measures include residents' feedback on the orientation program, individual schedules to acknowledge the resident's particular training needs, and a clear and realistic process of evaluation and feedback.

The primary goal of training evaluation is to facilitate personal and professional growth by providing feedback on an ongoing basis. Formal and informal procedures are followed in order to inform residents of their strengths and areas of growth. When performance is not at the expected level, a remediation plan is negotiated. In recognition of the power differential between faculty and residents, grievance procedures are available should situations arise in which a resident challenges an evaluation or an action taken by a faculty member, or has any other complaint regarding faculty or other residents.

Assessment Criteria

The general expectations relating to resident behaviour and performance throughout the residency year are as follows: The resident will:

1. Behave within the bounds of the CPA Ethical Principles of Psychologists.
2. Behave in a manner that conforms to the CPA Practice Guidelines for Providers of Psychological Services and the Memorial University Student Wellness and Counselling Centre Professional Services Delivery Protocol.
3. Demonstrate proficiency in counselling and psychotherapy skills as required to maintain successfully the case load allocated at the Centre.
4. Demonstrate proficiency in the relevant assessment and testing skills needed to respond to the needs of the persons who come to the Centre for assistance.
5. Participate in the training, consultation, and professional development activities of the Centre with the goal of being able, by the end of the residency, to provide services across a range of activities at a standard commensurate with that of an entry-level faculty member at the Centre.
6. Demonstrate the ability to carry out administrative tasks as required at the Centre.
7. Demonstrate the ability to integrate relevant standards as a professional psychologist, including effective working relationships with colleagues.

In accordance with these general expectations, residents are evaluated in each of the functional categories of the program. These categories include counselling services, outreach and other professional services, and general professional behaviour. Specific criteria are listed as individual items on the evaluation forms.

Methods and Frequency of Formal Evaluation

Residents receive ongoing informal and formal feedback from their individual supervisors, seminar instructors and peers and throughout the year and are also encouraged to engage in self-assessment. Contemporary evaluation forms for residents and supervisors are located on the shared "X" drive.

The following evaluation sequence is used at the Student Wellness and Counselling Centre:

1. Three Month Evaluation. Centre faculty meets to assess the resident's performance. The resident's immediate supervisor relays this collective feedback to the resident.
2. Six Month Evaluation. At the end of six months, the supervisor gives written evaluation to resident and resident provides the same to supervisor. Goals are modified or reaffirmed as appropriate, and signed. The resident's supervisor(s), in conjunction with the training director, submits a written report to the graduate training department of the resident.
3. Nine Month Evaluation (optional). Centre faculty meets to assess the resident's performance. The resident's immediate supervisor relays this collective feedback to the resident.
4. Twelve Month Reciprocal Evaluation. At the end of twelve months, the supervisor gives written evaluation to resident and resident provides the same to supervisor. The resident's supervisor(s), in conjunction with the training director, submits a written report to the graduate training department of the resident.
5. Certificate of Completion. A certificate of completion is issued to the resident upon completion of all residency requirements.

Reports summarizing the resident's progress are sent to the resident's doctoral program at the intervals specified above. The Centre faculty will also complete any question forms sent by the resident's doctoral program. Formal evaluations may also be performed at the end of a specific activity, such as an outreach activity or structured group. Informal evaluation occurs at any time during the year when a faculty member wishes to provide an resident with feedback, or when a resident requests informal evaluation. Informal evaluation is usually oral, but may be included in the resident's file at the request of the resident.

Ongoing assessment of the training program is conducted through the dual mechanisms of resident evaluations and faculty and staff evaluations.

Evaluation by Residents. All residents provide written evaluation of the orientation procedure and initial impressions two weeks after orientation. After five months, the resident evaluates the program in a December evaluation. Lastly, after the residency experience is completed and the certificate of completion issued, the resident provides written feedback in an exit summary. If no certificate of completion is issued, this evaluative information is also sought.

Evaluation by Centre Faculty and Staff. At yearly intervals the faculty and concerned staff meet to discuss and evaluate the experiences of the previous year. Quantitative data are sought to the degree possible including client load and type resident(s) have seen, research completed, research performed and resident and supervisor ratings of each other. As well, qualitative impressions are gathered and collated into a coherent set of evaluation statements.

Procedures Regarding Problems in Resident Performance

The Student Wellness and Counselling Centre faculty recognizes that residents may not enter the training program fully equipped with the skills needed to cope with the demands of the residency. Developmental problems during the course of the year are expected. If a resident's behaviour does not change over time as a result of feedback and remediation efforts, problems may be identified as impairments. Formal and informal procedures are followed in order to inform residents when their performance is not at the expected level and to remediate the problem.

1. Initially residents are informed of the problem by the relevant faculty supervisor, who will then collaborate with the resident in order to find a workable solution or devise a remediation plan. If the problem is related to a specific supervisory relationship, the training director will identify a suitable faculty member or assume responsibility for addressing the issue.
2. When problems are identified as impairments, the training director and resident may devise a combination of remedial measures such as increasing supervision, changing the focus or format of supervision, reducing the resident's workload, or recommending that the resident should seek professional assistance from an external source.
3. In recognition of the power differential between faculty and residents, grievance procedures are followed in situations when a resident challenges an evaluation or an action taken by a faculty member, or has any other complaint regarding faculty or other residents.
 - a. When a resident disagrees with an evaluation, the matter is initially discussed with the supervisor concerned. If the disagreement is not resolved, the training director may facilitate a second meeting between the resident and supervisor.

- b. If the disagreement remains unresolved, other members of the Training Committee, and/or the director of the Student Wellness and Counselling Centre, will be requested to consider the grievance and work with the resident to resolve the situation.
- c. Residents may approach the director of the Student Wellness and Counselling Centre directly in situations where they disagree with actions taken by the Training Committee.
- d. A similar series of procedures is followed in cases where a resident complains of behaviour by a faculty member or another resident that violates ethical principles or raises concerns such as exploitation or harassment. The grievance is first discussed with the person concerned, unless this places the resident at risk or is felt to be too threatening. The next steps involve consultation with the training director, or other Training Committee members, and/or the director of the Student Wellness and Counselling Centre.

* Adapted from Resident Manual of the Counseling Center, University of Illinois at Urbana-Champaign.

Due Process Procedures¹

This document provides a definition of impairment, procedures for dealing with problems and/or impairments, procedures for dealing with inadequate performance by a doctoral professional psychology resident, general guidelines for due process, and due process procedures.

A. Definition of Impairment

Resident impairment is defined broadly as an interference in professional functioning which is reflected in one or more of the following ways:

1. an inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behaviour;
2. an inability to acquire professional skills in order to reach an acceptable level of competency;
3. an inability to control personal stress, psychological dysfunction, and/or excessive emotional reactions which interfere with professional functioning.

While it is professional judgment as to when an resident's behaviour becomes more serious (i.e., impaired) rather than just problematic, for purposes of this document, a problem refers to a trainee's behaviours, attitudes, or characteristics which, while of concern and requiring remediation, are perceived to be not unexpected or excessive for a professional at this stage in training.

Problems typically become identified as impairments when they include one or more of the following characteristics:

1. the resident does not acknowledge, understand, or address the problem when it is identified;
2. the problem is not merely a reflection of a skill deficit which can be rectified by academic or didactic training;
3. the quality of services delivered by the resident is clearly negatively affected;
4. the problem is not restricted to one area of professional functioning;
5. a disproportionate amount of attention by training personnel is required to deal with the problem;
6. the trainee's behaviour does not change as a function of feedback, remediation efforts, and/or time.

B. Procedures for Dealing with Problems and/or Impairments

It is important to have meaningful ways to address problems and/or impairment once they have been identified. In implementing these interventions, the training staff must be mindful of the needs of the resident, the clients involved, training faculty and other Centre personnel. The following possible courses of action are listed in order of increasing severity.

1. Verbal Acknowledgment to the resident emphasizes the need to discontinue the inappropriate behaviour under discussion. No record of this action is kept.
2. Written Acknowledgement to the resident formally acknowledges:
 - a) that the Training Director is aware of and concerned with the performance rating;
 - b) that the concern has been brought to the attention of the resident;
 - c) that the Training Director will work with the resident to rectify the problem or skill deficits;
 - d) that the behaviours associated with the rating are not significant enough to warrant more serious action.

The written acknowledgment will be removed from the resident's file when the resident responds to the concerns and successfully completes the residency.

3. Written Warning to the resident indicates the need to discontinue an inappropriate action or behaviour. This letter will contain:
 - a) a description of the resident's unsatisfactory performance;
 - b) actions needed by the resident to correct the unsatisfactory behaviour;
 - c) the time line for correcting the problem;
 - d) what action will be taken if the problem is not corrected; and
 - e) notification that the resident has the right to request a review of this action.

A copy of this letter will be kept in the resident's file. Consideration may be given to removing this letter at the end of the residency by the Training Director in consultation with the resident's supervisor and Director. If the letter is to remain in the file, documentation should contain the position statements of the parties involved in the dispute.

4. Schedule Modification is a time-limited, remediation-oriented closely supervised period of training designed to return the resident to a more fully functioning state. Modifying a resident's schedule is an accommodation made to assist the resident in responding to personal reactions to environmental stress, with the full expectation that the resident will complete the residency. This period will include more closely scrutinized supervision conducted by the regular supervisor in consultation with the Training Director. Several possible and perhaps concurrent courses of action may be included in modifying a schedule. These include:
 - a) increasing the amount of supervision, either with the same or other supervisors;
 - b) change in the format, emphasis, and/or focus of supervision;
 - c) personal therapy;
 - d) reducing the resident's clinical or other workload;
 - e) requiring specific academic course work.

The length of a schedule modification period will be determined by the Training Director in consultation with the resident's primary supervisor and the Director. The termination of the schedule modification period will be determined, after discussions with the resident, by the Training Director in consultation with the primary supervisor and the Director.

5. Probation is also a time-limited, remediation-oriented, more closely supervised training period. Its purpose is to assess the ability of the resident to complete the residency and

to return to a more fully functioning state. With probation, the Training Director systematically monitors, for a specified length of time, the degree to which the resident addresses, changes and/or otherwise improves the behaviour associated with the inadequate rating. The resident is informed of the probation in a written statement which includes:

- a) the specific behaviours associated with the unacceptable rating;
- b) the recommendations for rectifying the problem;
- c) the time frame for the probation during which the problem is expected to be ameliorated;
- d) the procedures to ascertain whether the problem has been appropriately rectified.

If the Training Director determines that there has not been sufficient improvement in the resident's behaviour to remove the Probation or modified schedule, then the Training Director will discuss with the primary supervisor and the Director possible courses of action to be taken. The Training Director will communicate in writing to the resident that the conditions for revoking the probation or modified schedule have not been met. This notice will include the course of action the Training Director has decided to implement. These may include continuation of the remediation efforts for a specified time period or implementation of another alternative. Additionally, the Training Director will communicate to the Director that if the resident's behaviour does not change, the resident will not successfully complete the residency.

6. Suspension of Direct Service Activities requires a determination that the welfare of the resident's clientele has been jeopardized. Therefore, direct service activities will be suspended for a specified period as determined by the Training Director in consultation with the Director. At the end of the suspension period, the resident's supervisor in consultation with the Training Director will assess the resident's capacity for effective functioning and determine whether and when direct service can be resumed.
7. Administrative Leave involves the temporary withdrawal of all responsibilities and privileges in the Student Wellness and Counselling Centre, as determined by the Training Director, resident's supervisor, and Director. If the Probation Period, Suspension of Direct Service Activities, or Administrative Leave interferes with the successful completion of the training hour needed for completion of the residency, this will be noted in the resident's file and the resident's academic program will be informed. The Training Director will inform the resident of the effects the administrative leave will have on the resident's stipend and accrual of benefits.
8. Dismissal from the Residency involves the permanent withdrawal of all agency responsibilities and privileges. When specific interventions do not, after a reasonable time period, rectify the impairment and the trainee seems unable or unwilling to alter her/his behaviour, the Training Director will discuss with the Director the possibility of termination from the training program. Either administrative leave or dismissal would be invoked in cases of severe violations of the Canadian Code of Ethics for Psychologists, when physical or psychological harm to a client is a major factor, or when there is sustained inadequate performance. When a resident has been dismissed, the

Training Director will communicate to the resident's academic department that the resident has not successfully completed the residency.

C. Procedures for Responding to Inadequate Performance by a Resident

If a resident receives an unacceptable rating from any of the evaluation sources in any of the major categories of evaluation, or in a faculty or staff member has concerns about a resident's behaviour (ethical or legal violations, professional incompetence), the following procedures will be initiated:

1. The faculty or staff member will consult with the Training Director to determine if there is reason to proceed and/or if the behaviour in question is being rectified.
2. If the person bringing the concern to the Training Director is not the resident's primary supervisor, the Training Director will discuss the concern with the resident's primary supervisor.
3. If the Training Director and primary supervisor determine that the alleged behaviour in the complaint, if proven, would constitute a serious violation, the Training Director will inform the person who initially brought the complaint.
4. The Training Director will meet with the Training Committee, including the Director, to discuss the performance rating or the concern and to determine what action needs to be taken.
5. The resident will be notified in writing that such a review is occurring and the Training Director will receive any information or statement from the resident related to his/her response to the rating and/or concern.
6. Whenever a decision has been made by the Director or Training Director about a resident's training program or status in the agency, the Training Director will inform the resident in writing and will meet with the resident to review the decision. This meeting may include the resident's primary supervisor. If the resident accepts the decision, any formal action taken by the Training Program may be communicated in writing to the resident's academic department. This notification indicates the nature of the concern and the specific alternatives implemented to address the concern.
7. The resident may choose to accept the conditions or may choose to challenge the action. The procedures for challenging the action are presented below.

D. General Guidelines for Due Process

Due process ensures that decisions about residents are not arbitrary or personally based. It requires that the Training Program identify specific evaluative procedures which are applied to all trainees, and provide appropriate appeal procedures available to the resident. All steps need to be appropriately documented and implemented. General due process guidelines include:

1. During orientation, residents will be presented with written guidelines about the program's expectations related to professional functioning.

2. The procedures for evaluation will be clearly outlined, including when and how evaluations will be conducted.
3. The various procedures and actions involved in making decisions regarding impairment will be articulated to residents.
4. Residents' graduate programs will be contacted about documented difficulties with residents and when necessary, input from these academic programs will be sought about how to address such difficulties.
5. If necessary a remediation plan will be instituted for identified inadequacies. This plan will include a time frame for expected remediation and consequences of not rectifying the inadequacies.
6. Residents will be provided with a written procedure describing how they may appeal the program's action. These procedures are included in the Training Manual, which is given to residents and reviewed during orientation.
7. Residents will be given sufficient time to respond to any action taken by the program.
8. When making decisions or recommendations regarding the resident's performance, input will be sought from multiple professional sources.
9. Actions taken by the program and its rationale for these actions will be documented in writing and given to all relevant parties.

E. Due Process Procedures

The basic meaning of due process is to inform and to provide a framework to respond, act, or dispute. There are two general domains in which grievance procedures may be relevant. The first involves the situation in which a grievance occurs as part of the Centre's response to the resident's behaviour having been called into question. The second involves the resident initiating an action based on her or his sense that his or her rights have been infringed upon. An example of the former would be a resident believing a particular sanction is unreasonable. An example of that latter would be a resident believing she or he had been sexually harassed. These will be addressed in this order.

When a matter cannot be resolved informally between the Training Director, resident, Student Wellness and Counselling Centre faculty and/or staff, the following steps are to be taken.

1. Grievances procedures related to resident performance or behaviour
There are two situations in which grievance procedures related to resident performance or behaviour can be initiated:
 - a) Resident challenge
If the resident challenges the action taken by the Training Committee, as described above, he or she must, within 10 days of receipt of the Training Committee's decision, inform the Training Director, in writing, of such a challenge.
 - i. The Training Director will then convene a Review Panel consisting of one faculty member selected by the Training Director and one faculty member selected by

the resident. The resident may select another resident as one member of the panel.

- ii. A review hearing will be conducted, chaired by the Training Director, in which the challenge is heard and the evidence presented. Within five days of completion of the review hearing, the Review Panel will submit a report to the Director, including any recommendations for further action. Decisions made by the Review Panel will be made by majority vote. The resident will be informed in writing of the recommendations, at the same time the Director is informed.
- iii. Within five days of receipt of the recommendation, the Director will either accept the Review Panel's action, reject the Review Panel's action and provide an alternative, or refer the matter back to the Review Panel for further deliberations. The Panel will then report back to the Director within 10 days of the receipt of the Director's request for further deliberation. The Director will then make a final decision regarding what action is to be taken.
- iv. Once a decision has been made, the resident, sponsoring university and other appropriate individuals will be informed, in writing, of the action taken.

b) Faculty or staff challenge

Any faculty or staff member of Student Wellness and Counselling Centre may file, in writing, a grievance against a resident for any of the following reasons: ethical or legal violations of professional standards or laws, or professional incompetence.

- i. The Training Director will review the grievance with two members of the Training Committee and determine if there is reason to proceed and/or if the behaviour in question is in the process of being rectified.
- ii. If the Training Director and the two Training Committee members determine that the alleged behaviour in the complaint, if proven, would not constitute a serious violation, the Training Director shall inform the person making the complaint who may be allowed to renew the complaint if additional information is provided.
- iii. When a decision has been made by the Training Director and the other two Training Committee members that there is probable cause for deliberation by the Review Panel, the Training Director shall notify the person making the complaint and request permission to inform the resident. The person making the complaint will have five days to respond to the request and will be informed that failure to grant permission may preclude further action. If no response is received within five days, or permission to inform the resident is denied, the Training Director and the two Training Committee members shall decide whether to proceed with the matter.

If the resident is informed, a Review Panel is convened according to the criteria outlined for a Resident Challenge. The Review Panel will receive any relevant information from both the resident and/or person making the complaint as it bears on its deliberations. The Review Panel will proceed in the same manner described in Resident Challenge, paragraphs ii, iii, and iv above.

2. Grievance procedures related to a resident complaint

In addition to the Resident Challenge of actions taken by the Training Director or Training Committee addressed above, residents may have other conflicts and grievances during the training year. These can usually be resolved through informal mediation and discussion. If informal approaches - including talking over the concern with everyone involved - fail to lead to resolution, the resident may decide to go through more formal channels. The following procedures are for situations where the resident perceives that a conflict cannot be resolved via informal means and is sufficiently serious to warrant formal intervention.

a) Preliminary Procedure

Before initiating formal grievance procedures, the resident should attempt to resolve the conflict through informal discussion with those involved. The resident should clearly indicate the nature of the conflict or complaint, as well as propose suggestions about how the complaint might be resolved. If a mutually satisfying resolution cannot be reached, the resident may then decide to proceed to the first formal stage of complaint.

If the grievance is of a highly sensitive nature, the resident may bring the issue directly to the next stage without attempting informal resolution.

b) Report to Supervisor

If the complaint does not involve the immediate clinical supervisor, the conflict should be reported and discussed with that supervisor, who will work, with the resident, to resolve the conflict in a timely and responsible fashion. The initial stage may be informal. If this is not successful, the resident should provide a written description of the complaint to the supervisor within one week of the unsuccessful attempt at resolution. The supervisor will then review the complaint, and respond in writing within one week of receipt of the written complaint, suggesting a resolution that appears most appropriate according to professional and ethical guidelines outlined in Canadian Code of Ethics for Psychologists (see copy in Training Manual). If this does not result in a resolution, or if the complaint involves the immediate clinical supervisor, the resident should proceed to the next level of complaint.

c) Report to the Training Director

If attempts at the supervisory level fail to resolve the conflict, or if the complaint involves the immediate supervisor, a copy of the written complaint should be provided to the Training Director, along with a brief description of the unsuccessful attempts at

resolution. The Training Director will take prompt and responsible steps, within ethical limits, to resolve the conflict first informally and then formally, if necessary. If this is unsuccessful, the resident should proceed to the next level of complaint.

d) Report to the Director of the Student Wellness and Counselling Centre

If previous attempts fail, or if the complaint directly involves the Training Director, the same procedures apply at the level of the Director. Attempts at informal resolution should be made promptly. If these are unsuccessful, formal resolution will be initiated at the next level.

e) Review Panel Process

The Director will convene a Review Panel according to the criteria outlined in the Resident Challenge. The Review Panel will receive any relevant information from both the resident and the person or persons about whom the complaint was made. The Review Panel will proceed in the same manner described in Resident Challenge, paragraphs ii, iii, and iv, above.

If the resident believes that they have been sexually harassed, they may consult with the campus Sexual Harassment Advisor. (A copy of the University-Wide Procedures on Sexual Harassment Complaints is included in the Training Manual.) If the resident believes they have been discriminated against based on considerations such as age, disability, ethnicity, marital status, religion, race or sexual orientation, they may contact the Newfoundland Human Rights Commission.

¹The material in these Procedures has been adapted from due process guidelines from Indiana University Health Center, Miami University Student Counseling Service, University of California at Davis Counseling Center, Washington State University Counseling Services.

Competency Remediation Plan

Date of Competency Remediation Plan Meeting: _____

Name of Trainee: _____

Primary Supervisor/Advisor: _____

Names of all persons present at the meeting: _____

All additional pertinent supervisors/Faculty: _____

Date for follow-up meeting(s): _____

Circle all competency domains in which the trainee's performance is considered to be problematic:

Interpersonal relationships; Assessment and evaluation; Intervention and Consultation; Research; Ethics and Standards; Supervision.

Description of the problem(s) in each competency domain circled above:

Date(s) the problem(s) was brought to the trainee's attention and by whom:

Steps already taken by the trainee to rectify the problem(s) that was identified:

Steps already taken by the supervisor(s)/faculty to address the problem(s):

Competency Domain Essential Components	Problem Behaviours	Expectations for Acceptable Performance?	Trainee's Responsibilities/ Actions	Supervisors'/Faculty Responsibilities/ Actions	Timeframe for Acceptable Performance	Assessment Methods	Dates of Evaluation	Consequences for Unsuccessful Remediation

Helpful Resources

Mutual Recognition Agreement of the Regulatory Bodies for Professional Psychologists in Canada. June 2001, Amended June 2004. <http://www.cpa.ca/docs/File/MRA2004.pdf>. Appendix A includes a definition, knowledge, and skills for each of the six core competencies for the practice of psychology.

<http://www.apa.org/graduate/competency-resources.aspx>. Resources related to trainees with problems of professional competence – from the APA Education Directorate, January, 2015. This website includes a comprehensive

list of relevant article and a link to the Competency Remediation plan template to use for performance benchmarks (it was modified in keeping with the MRA for this workshop).

Johnson, W. B., & Kaslow, N. J. (2014). *The Oxford handbook of education and training in Professional Psychology*. New York: Oxford University Press. (This edited book is a wonderful resource and highly recommended for anyone involved in training students in professional psychology).

A few articles that may be particularly helpful

Bodner, K. E., (2012). Ethical principles and standards that inform educational gatekeeping practices in psychology. *Ethics and Behavior*, 22 (1), 60-74. doi:10.1080/10508422.2012.638827.

Johnson, W. B., Barnett, J. E., Elman, N. S., Forrest, L. & Kaslow, N. J. (2013). The competence constellation model: A communitarian approach to support professional competence. *Professional Psychology: Research and Practice*, 44 (5), 343-354. doi: 10:1037/a0033131.

Kaslow, N. J., et al. (2007). Recognizing, assessing, and intervening with problems of professional competence. *Professional Psychology: Research and Practice*, 38 (5), 479-492.

Section IV: Ethics, regulatory standards and service delivery guidelines

Contents

- [Canadian Code of Ethics for Psychologists \(4th edition\)](#)
- [Canadian Psychological Association Practice Guidelines for Providers of Psychological Services](#)
- [Standards of Professional Conduct, The Newfoundland and Labrador Psychology Board \(2018\)](#)
- [Canadian Psychological Association Guidelines for Non-Discriminatory Practice](#)
- [American Psychological Association Ethical Principles of Psychologists and Code of Conduct](#)
- [Record Keeping Guidelines](#)
- [Canadian Psychological Association Ethical Guidelines for Supervision in Psychology: Teaching, Research, Practice, and Administration](#)
- [Mutual Recognition Agreement](#)
- [The Psychologist's Act](#)
- [Consolidated Newfoundland Regulations](#)
- [Sexual Harassment Procedures](#)
- [History of the University Student Wellness and Counselling Centre](#)