



**Memorial University
Student Wellness and Counselling Centre**

**Doctoral Professional Psychology
Residency Program Brochure
2026-2027**

Accredited by the Canadian Psychological Association

Canadian Psychological Association

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Ottawa, Ontario K1P 5J3

Current Accreditation Term: 2023/2024

www.cpa.ca/accreditation/cpaaccreditedprograms

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Additional Accreditation by:

International Association of Counseling Services (IACS) www.iacsinc.org

Participating Member of:

Canadian Council of Professional Psychology Programs (CCPPP) www.ccppp.ca

Association of Counseling Center Training Agents (ACCTA) www.accta.net

Association of Psychology Postdoctoral and Internship Centers (APPIC) www.appic.org

There are two residency positions available in the Student Wellness and Counselling Centre:

APPIC CODE # 1811.

Land Acknowledgement

We acknowledge that the lands on which Memorial University's campuses are situated are in the traditional territories of diverse Indigenous groups, and we acknowledge with respect the diverse histories and cultures of the Beothuk, Mi'kmaq, Innu, and Inuit of this province.

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The University Setting



The City of St. John's

St. John's, with a metropolitan area population of 212,579, is the capital city of Newfoundland and one of the oldest communities in North America. The city borders on the North Atlantic and is rich in maritime history. Its name refers to John Cabot's discovery of Newfoundland on June 24, 1497, the feast day of St. John the Baptist. St. John's has played a historic role in the development of transatlantic communication and travel, as a receiving point for the first transatlantic wireless signal in 1901 and departure point for the first successful non-stop transatlantic flight in 1919.

Memorial University of Newfoundland

Memorial University of Newfoundland is situated on 82 hectares of land in St. John's and Corner Brook. Its current full-time and part-time enrollment for its three campuses is approximately 18,000 students. Adjacent facilities include the Arts and Culture Centre, a focus for a wide range of activities involving the visual and performing arts; the Aquarena and the Canada Games Park.

Memorial University College was opened in 1925 with two objectives: to be an ecumenical institution outside the traditional denominational structure of education in Newfoundland, and to stand as a living war memorial to those who had lost their lives in defense of their country. After Newfoundland joined Confederation in 1949, Memorial was raised to full university status. By 1962, when the university moved to its present site, there were 1,900 students registered. The rapid growth of demand for post-secondary education in Newfoundland has led to the expansion of the university.

Sending its roots deep into its own province, the university encouraged faculty members to draw upon the resources of the regional environment. Regional research has been performed in a wide range of disciplines, including marine science, folklore, linguistics, anthropology and history. The medical school, providing needed physicians and improved health care, answered special needs in Newfoundland with the inclusion of the cottage hospital system in its training program. Advances in distance education, including telemedicine and teleconferencing systems, enabled the Faculty of Medicine and the Centre for Innovation in Teaching and Learning (CITL) to reach

into the farthest corners of the province, overcoming problems presented by a widely dispersed rural population. Research concentrations in cold ocean engineering and earth resources focus upon the specific needs of this region for future development. The Labrador Institute of Northern Studies, the Maritime History Group, the Institute of Social and Economic Research, the Institute for Educational Research and Development, the Centre for Newfoundland Studies and the Folklore and Language Archive all define their goals with special reference to Newfoundland and its people.

The impetus that led to the creation of Memorial University -- the need to raise the level of education in the province -- continues to sustain its growth. Since its first convocation in 1950, the university has conferred more than 136,000 degrees. For further information and detail, see the most current Memorial [Fact Book](#).

Physical Facilities

Each Student Wellness and Counselling Centre Resident office includes video recording equipment as well as a desktop computer and telephone.



Top Left: University Centre
Top Right: Waiting Area
Bottom Left: Resident Office
Bottom Right: Boardroom

Requirements for Residency



Applicants must have completed all requirements for their doctoral program except the doctoral thesis. In accordance with Canadian Immigration requirements, only applicants who are Canadian citizens or permanent residents of Canada will be considered. Memorial University is committed to employment equity and encourages applications from qualified women and men, visible minorities, aboriginal people and persons with disabilities.

Stipend

The stipend for each resident position for the 2026-2027 year is set at \$49,322 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 (let home province know you will be in another province for the year if applying). As well, Residents and their family are able to avail of medical services (i.e. Family Physician) within the Student Wellness and Counselling Centre.
3. **University holidays:** Residents will be entitled to 15 scheduled university holidays, including SWCC closure for December 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:** Employees not eligible for participation in the long-term disability plan are entitled to sick leave on a prorated basis for the number of hours worked, up to a maximum of 10 days per fiscal year.

Eligibility & Application Process



Applicants are required to submit:

1. A completed APPIC Application for Psychology Internships (AAPI). Applicants must demonstrate a minimum of 600 hours of practica activities, which includes a minimum of 300 hours of direct service hours in intervention and assessment and 150 hours of supervision, with the remaining hours as support activities.
2. Applicants must register for the Match using the online registration system on the Match web site at natmatch.com/psychint;
3. A statement of interest describing professional goals;
4. Official transcripts of graduate course work;
5. A current Curriculum Vitae;
6. Letters of recommendation from three persons familiar with the applicant's counselling performance.
7. Documented evidence of professional liability insurance prior to September 1, 2026.

Diversity:

The SWCC and our residency program are committed to being a setting that is free of discrimination, and strives to create an environment that is inclusive, equitable, diverse. We aim to foster respectful relationships and a sense of belonging within the workplace as well as a culture of respect, free from harassment, discrimination and violence. Our residency is committed to employment equity, and encourages applications from Indigenous People, People of Colour, Persons with Disabilities, 2SLGBTQIA+ and Immigrants.

Completed applications must be received through the APPIC Online Service ([AAPI](#)) by midnight, Friday, November 14, 2025.

Short-listed candidates will be notified via email by Friday, December 12, 2025. All interviews will be conducted in January 2026 virtually and will be one hour in duration.

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

Employees of Memorial University are required to complete training that is compliant with the Personal Health Information Act (PHIA).

Philosophy and Goals of the 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, mental health and well-being. In implementing this philosophy, the Centre strives to promote a developmental, proactive, 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. clinical and counselling psychology; personal and academic counselling), student health (i.e. medicine and nursing), and wellness professionals (i.e. nursing, wellness navigators and case management).

The Centre houses all three components of student care and is committed to developing and furthering interprofessional and evidence-based 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 Life. The 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.

Our service model includes a wide array of programs that are designed to assist students, including one time counselling, seminars and workshops, structured and unstructured counselling groups, brief individual counselling services, and community referrals. Treatment planning is informed by initial and ongoing assessment and is responsive to changes in student goals, resources, distress and/or need. We encourage students to work collaboratively with their counsellor to find the program(s) that will work best for them.

The Student Wellness and Counselling Centre is also an integral part of the academic community; thus, scholarship and training are core activities. SWCC faculty members are engaged in therapy and teaching activities, research and scholarly activities (i.e. scholarship of

discovery, teaching, integration, and application), and academic and professional service. 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 <https://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 1650-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 seven training areas identified as core competencies are: interpersonal relationships and post-secondary population, intervention, assessment, interprofessional education and practice supervision, applied research and evaluation, and professional ethics and standards.

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 experience, 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, equity, diversity, and inclusivity, Dialectical Behavioural Therapy (DBT), Acceptance and Commitment Therapy (ACT), and mindfulness. 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.

Issues related to equity, diversity and inclusivity 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.

Professional Training Goals and Competencies



Faculty in the Student Wellness and Counselling Centre who supervise doctoral residents assume that students arrive with 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 into 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. Interprofessional case conferences are typically held monthly for an hour per week and will include Faculty, residents, 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. Residents will have the opportunity to discuss all issues related to the SWCC residency and associated competency areas with a senior faculty member and residents from the Newfoundland and Labrador Health Services (NLHS).

Peer Supervision. Residents will meet 1-hour weekly for peer supervision with Newfoundland and Labrador Health Board (NLHB) residents.

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, wellness workshops for medical students and residents and informational workshops on mental health with varsity athletes and coaches. This may include wellness outreach opportunities with the Weekly Wellness Healthy Campus Programming as related to the Okanagan Charter.

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 or co-resident), 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 psycho-diagnostic 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 analyse 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 skill 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 monthly case conference meetings and receive feedback from members of the interprofessional team.

Requirements: Consultation in monthly 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)

- 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 co-facilitate (with faculty), the Interprofessional Psychotherapy Training (IPPT) with first-year family medicine residents. The group meets one morning a week for eight weeks and the focus is on developing and refining counselling skills in a variety of areas, such as 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. Residents will have the opportunity to work on their doctoral dissertation on Friday's when other activities are not scheduled. Residents are required to prepare a short talk 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.

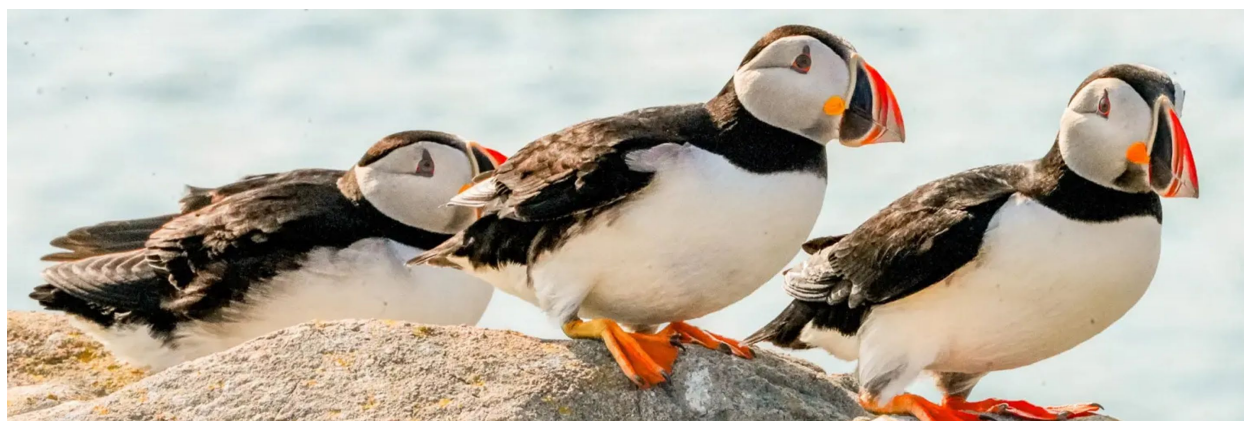
Requirements: Research presentation (dissertation or national conference) for faculty and staff at the SWCC

- 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 are included. Ethics is also integrated within other SWCC and NHLS seminars.

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

In addition to the seven core competencies, residents are encouraged to have memberships in both provincial and national professional organizations and are provided with protected time for these opportunities.

Summary of Core Activities



Residents will complete a 40-hour work week. An example of what a typical week-at-a-glance could look like is provided below.

	Monday	Tuesday	Wednesday	Thursday	Friday
9-10	Administration	Supervision of Supervision	PsyD Student Supervision	Individual Supervision	Administration
10-11	Individual Supervision	Resident Seminar	Therapy	Therapy	Resident Seminar
11-12			Therapy	Therapy	Peer Supervision
12-1	Lunch	Lunch	Lunch	Lunch	
1-2	Therapy	Group Therapy	Administration	Therapy	
2-3	Therapy		Initial Consultation Sessions	Therapy	
3-4	Therapy	Therapy		Administration	
4-5	Group Supervision	Case Conference		PsyD Student Supervision	
5-6	Administration	Administration	Administration	Administration	Individual Research, Professional Development, Admin Related Duties

Hours Breakdown for 1650-hour Internship

412.5 hours (25%)

- minimum permitted ***attended and completed*** direct/face-to-face clinical, intervention + assessment across training programs (though individual programs may set other minimums)

550 hours (33%)

- minimum ***scheduled*** direct hours
- ensures that attended direct hours do not dip below 25% min after no shows or late cancellations (reschedules will not count)

WEEKLY ACTIVITIES	TIME REQUIRED
<i>FIXED ACTIVITIES</i>	
Individual Supervision	3 hours
Group Supervision	1 hour
Sup of Sup	1.5 hours
Supervision to PsyDs	2-3 hours <i>*counts as direct for sup competency</i>
Seminar	2 hours
Admin time	5 hours – avg 1 hour/day
Total	14.5-15.5 hours
~ 20 HOURS REMAINING FOR	
Individual intervention	
Group intervention	
Assessment	
IPPT	
Research	
Outreach	
Other	

Professional Development



Continuing Education, Workshops, and Conferences

Residents may participate in a variety of workshops involving other graduate level professionals (e.g., ASIST suicide prevention training program). Attendance at provincial and national conferences is also encouraged and up to \$500 may be available for professional development activities. Additionally, residents are encouraged to consult with provincial and national psychological organizations to seek funding opportunities.

Evaluation and Feedback



The SWCC is committed to collecting and integrating both program and individual resident evaluations and feedback. These measures include residents' feedback on the Fall orientation, the midway and exit evaluations.

The primary goal of individual resident 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 for growth. When performance is not at the expected level, a remediation plan is developed. In recognition of the power differential between faculty and residents, grievance procedures are available should situations arise in which a resident has concerns about evaluation, or actions taken by a faculty member or has any other questions or concerns 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. Act within the bounds of the CPA Ethical Principles of Psychologists.
2. Act 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 successfully manage the allocated case load.
4. Demonstrate proficiency in the relevant assessment and testing skills required to respond to the needs of SWCC counselling clients.

5. Participate in the training, consultation, and professional development activities of the SWCC with the goal of providing 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.
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 seven competencies. These categories include counselling services, outreach and other professional services, and general professional behaviour. Specific criteria are listed as individual items on the resident evaluation forms.

Methods and Frequency of Formal Evaluation

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

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

**Terms 1, 2 and 3 are reciprocal evaluations (e.g. resident evaluates supervisor and vice versa)*

1. Term 1 (Sept-Dec). Centre faculty meets to assess the resident's performance. The resident's immediate supervisor relays this collective feedback to the resident.
2. Term 2 (Jan-Apr). 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. Term 3 (May-Aug). Centre faculty meets to assess the resident's performance. The resident's immediate supervisor relays this collective feedback to the resident.
4. 6 & 12 Month Evaluations. At the end of six and twelve months, the Training Director provides a written evaluation and submits a written report to the resident and their Director of Clinical training.
5. Certificate of Completion. A certificate of completion is issued to the resident upon completion of all residency requirements.

Six- and twelve-month reports summarizing the resident's progress are sent to the resident's doctoral program. The Centre faculty will also complete any 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 a resident with feedback, or when a resident requests informal evaluation. Informal evaluation is usually oral; however, this may be included in the resident's file at the request of the resident.

Ongoing assessment of the training program is conducted through reciprocal evaluations by residents, faculty and staff.

Evaluation by Residents. All residents provide written evaluation of the orientation procedure two weeks after the orientation. At the five-month mark, the resident evaluates the program in a December evaluation. Finally, after the residency is completed and the certificate of completion issued, the resident provides written feedback in an exit summary.

Procedures Regarding 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 issues during the course of the year are expected. If a resident's performance does not change over time as a result of feedback and remediation efforts, issues may be identified as impairments. Formal and informal procedures are followed to inform residents when their performance is not at the expected level and a remediation plan is developed.

1. Initially residents are informed of the issue by the relevant faculty supervisor and will collaborate with the resident to find a workable solution or devise a remediation plan. If the issue 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 issues 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 has issues with 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. In some

situations that involve harassment, the issue may be addressed through the Sexual Harassment Office.

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

Due Process Procedures



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.

I. 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 a resident's conduct 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.

II. 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 and supervisor 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.
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 conduct;
 - c. the timeline for correcting the issue;
 - 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. 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 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 primary 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 scheduled 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 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 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 clients 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 primary 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 Administrative Staff Specialist/Financial Lead 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 their behaviour, the Training Director will discuss with the Training Committee and 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 formally in writing to the resident's academic department that the resident has not successfully completed the residency.

III. 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 competency areas, or in a faculty or staff member has concerns about a resident's performance (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 conduct in question is being rectified.
2. If the individual bringing forward 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 conduct in the complaint, if proven, would constitute a serious violation, the Training Director will inform the person who initially brought forward 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 is needed.

5. The resident will be notified in writing that these discussions are occurring. The Training Director will then inform the resident that they can submit any information or statement to the Training Committee regarding their response to the process and/or concerns.
6. When a decision has been made by the Director, or Training Director about a resident's training program, 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 will be communicated in writing to the resident's academic department. This notification indicates the nature of the concern, and the specific remediation plan to address the concern.
7. If the resident chooses to challenge the action, the procedures for challenging the action are presented below.

IV. 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 any inadequacies will be discussed with residents.
4. Residents' graduate programs will be contacted about documented difficulties with residents and, when necessary, input from these academic programs will be sought.
5. If necessary, a remediation plan will be implemented for identified inadequacies. This plan will include a time frame for expected remediation and consequences of not rectifying inadequacies.
6. Residents will be provided with a written procedure describing how they may appeal the program's action. These procedures are included in these Manual which residents are required to review during the first week of residency.
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.

V. 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 conduct having been called into question. The second involves the resident initiating an action based on their sense that their 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 that they 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/conduct

a. Resident challenge

If the resident challenges the action taken by the Training Committee, as described above, they 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 panel consisting of the training committee.
- 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 training committee will submit a report to the Director, including any recommendations for further action. Decisions made by the committee will be made by majority vote. The resident and the Director will be informed in writing regarding recommendations.
- iii. Within five days of receipt of the recommendation, the Director will either accept the training committee's action, reject their proposed action and provide an alternative, or refer the matter back to the training committee for further deliberations. The committee will then report back to the Director within ten days of 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, home university and other appropriate individuals will be informed in writing.

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 the Training Committee and determine if there is reason to proceed and/or if the conduct in question is in the process of being rectified.
- ii. If the Training Director and the 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 Committee members that there is probable cause for deliberation, the Training Director shall notify the person making the complaint, and request permission to inform the resident. The complaintive will have five days to respond to the request. If no response is received within five days, or permission to inform the resident is denied, the Training Director and the Training Committee will decide whether to proceed.

If the resident is informed, the training committee is convened according to the criteria outlined. The committee will receive any relevant information from both the resident and/or person making the complaint. The committee 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 primary supervisor, the conflict will be 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 will 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. If this does not result in a resolution, or if the complaint involves the primary 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 primary supervisor, a copy of the written complaint will 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 reports that they have been sexually harassed, they may consult with the campus Sexual Harassment Office. 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 and Labrador Human Rights Commission.

¹ The 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 issue(s) was brought to the trainee's attention and by whom:

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

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

Service Delivery Guidelines



I. Eligibility for professional services

- A. Part-time and full-time students are eligible for all Student Wellness and Counselling Centre services.
- B. 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 their therapist. Individuals who are formally appealing their readmission are still considered University students.
- C. Individuals who need assistance in deciding whether or not to enroll at Memorial University of Newfoundland may seek help at the Student Life office; however, they are not eligible for individual services.
- D. Family members of counselling clients are not eligible for counselling services.

II. Philosophy of Service

A. Intake and scheduling

Registered students seeking professional services are seen by counsellors during Initial Consultations and/or solution-focused/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](#).
- For urgent mental health care students should avail of community-based services

- For all other counselling related inquiries, please call (709) 864-8500 and select option #3

To book with a Physician or Nurse:

- Phone (709) 864-8500
- [HealthMyself-Patient Portal](#): Physician or Nursing Appointments

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

B. Group counselling

If group therapy is agreed upon as the treatment of choice, the intake counsellor refers the client to the group counselling coordinator. Some groups offer a self-referral option.

III. Fees

- A. There is no charge for individual or group counselling.
- B. Testing fees: There may be fees associated with psycho-education testing (ADHD and LD).

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. Consultation with a physician can be facilitated via email through the Medical Lead/Nurse via email – missyp@mun.ca

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. All 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. the document contains important facts, events, and rationales for specific responses that may have legal implications;

- F. the intent of files is to confirm that the counsellor has functioned in a 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.

The Student Wellness and Counselling Centre adheres to PHIA guidelines, which state that the client should have access to their own case notes/file if requested. 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 approved by your clinical supervisor. Client requests to review and/or duplicate notes and other data should be explored with the client to determine motivation. Often a client gives blanket approval for release of information without realizing that their purpose may be better served by the counsellor 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 their psychologist, such that they may consider whether there may be a risk of harm prior to release, but the onus is on psychologist to release the record. Except as otherwise allowed by law, psychologists are not to withhold records 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 if there is a client or court-generated request for review.

D. There is a specific administrative process for all of the above that must be followed. Please consult with your clinical supervisor, or the Academic Program Administrator for the residency program for guidance.

Ethics, Regulatory Standards and Delivery Guidelines References



- ❖ 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 and Sexual Assault Policy

Counselling Faculty



The SWCC Doctoral Psychology Residency Program currently has five core faculty members who are responsible for teaching and supervising residents. The faculty espouse and encourage a plurality of therapeutic approaches and modalities, including feminist, psychodynamic, CBT, existential and integrative.

PAMELA BUTTON, MASP, PsyD (Memorial University of Newfoundland)
Associate Professor, Lead PCRU
Registered Psychologist #500 (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, burnout, 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 has also been involved in provincial and national mental health advocacy efforts and has served as Co-President, Communications Director, and Eastern Director of the Association of Psychology, Newfoundland and Labrador (APNL), as the Counselling Division Representative for the Atlantic Association of College and University of Student Services (AACUSS) and was a voting member and provided provincial representation within the Council of Professional Associations of Psychologists (CPAP).

Representative Research and Scholarship:

Fowler, K., Escoto-Rivera, A.L., Hesson, J., & **Button, P.** (2024). COVID-related stressors, psychological distress, and social support in Atlantic Canadian University students. *Discover Psychology*, 4,48. <https://doi.org/10.1007/s44202-024-00138-1>

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. *BMC Psychology*, 11(175).

Foley, G., Fowler, K., & **Button, P.** (2021). Positive mental health in Canadian adults who have experienced childhood sexual abuse: exploring the role of social support. *BMC Psychiatry*, 22, 666. <https://doi.org/10.1186/s12888-022-04279-2>

Moore, 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.

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*. 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, MEd, Registered Psychologist #649 (NL), MSc, PhD (Experimental Psychology) (Memorial University of Newfoundland)
Assistant Professor in Counselling

Ross is a registered psychologist and faculty member at the Student Wellness and Counselling Centre. He earned his PhD in psychology from Memorial University of Newfoundland and has worked extensively with community organizations to improve mental health and substance use outcomes. His clinical and research interests include ADHD, mood disorders, and substance use disorders. Ross primarily practices Cognitive Behavioural Therapy, integrating elements of interpersonal and solution-focused approaches to support client goals.

Representative Research:

Connolly, R., Lamont, A., & Speed, D. (2025). Negative social interactions on the relationship between ADD/ADHD and both anxious and depressive symptoms among Canadian adults. *Personalized Medicine in Psychiatry*, 51–52, 100165. <https://doi.org/10.1016/j.pmip.2025.100165>

Connolly, R., Lamont, A., & Speed, D. (2023). Perceived Social Support on the Relationship Between ADD/ADHD and Both Anxious and Depressive Symptoms Among Canadian

Adults. *Journal of Attention Disorders*, 27(3), 283–293.
<https://doi.org/10.1177/10870547221136227>

Murphy, C., Hesson, J. & Connolly, R. (2023). The Positive Side of Things: Examining Factors that Predict Positive Mental Health in Individuals with Problematic Substance Use. *J. Psychosoc. Rehabil. Ment. Health*. <https://doi.org/10.1007/s40737-023-00344-5>

Connolly, R., Speed, D., & Hesson, J. (2021). 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>

JACQUELINE HESSON, PhD (University of Victoria)
Associate Professor
Registered Psychologist #311 (NL)

Dr. Hesson is a registered psychologist and a faculty member with the Student Wellness and Counselling Centre. She has a master's in Experimental Psychology (Neuroscience) from Memorial University and a PhD in Clinical Psychology (Neuropsychology) from the University of Victoria. Prior to joining the SWCC, Dr. Hesson was a faculty member with the Counselling Psychology program in the Faculty of Education at Memorial. She has also worked as a Psychologist with several programs within the public healthcare system where she provided Cognitive assessments across the lifespan. Dr. Hesson's research interests are in the areas of mental health and well-being of post-secondary students and adult Attention Deficit Hyperactivity Disorder. Her clinical practice is predominantly in the area of psychological and cognitive assessment.

Representative Research

Connolly, R., Speed, D. & Hesson, J. (2019). Probabilities of ADD/ADHD and related substance use among Canadian adults. *Journal of Attention Disorders*, 23(12), 1454-1463.
<https://doi.org/10.1177/1087054716647474>

Espinet, S. D., Graziosi, G., Toplak, M. E., Hesson, J., & Minhas, P. (2022). A Review of Canadian diagnosed ADHD prevalence and incidence estimates published in the past decade. *Brain Sciences*, 12(8), 1051. <https://doi.org/10.3390/brainsci12081051>

Fowler, K., Escoto-Rivera, A. L., Hesson, J., & Button, P. (2024). COVID-related stressors, psychological distress and social support in Atlantic Canadian University students. *Discover Psychology*, 4, 48. <https://doi.org/10.1007/s44202-024-00138-1>

Fowler, K., & Hesson, J. (2025). The social cost of student food insecurity at an Atlantic Canadian university: exploring the relationship between social support and psychological distress. *Journal of Further and Higher Education*.
<https://doi.org/10.1080/0309877X.2025.2459196>

Harris, L., Hesson, J., Fowler, K., & Harris, N. (2021). Positive mental health in young people with ADHD: Exploring the role of social support. *Canadian Journal of Community Mental Health*, 40(1), 35–51. <https://doi.org/10.7870/cjcmh-2021-002>

Hesson, J. & Fowler, K. (2018). Prevalence and correlates of self-reported ADD/ADHD in a large national sample of Canadian adults. *Journal of Attention Disorders*, 22(2), 191-200. <https://doi.org/doi:10.1177/1087054715573992>

Hesson, J., & Fowler, K. (2024). Food for thought: Mental health, psychological well-being, social engagement and campus service utilization of students experiencing food insecurity at a large Atlantic Canadian university. *Journal of College Student Mental Health*. Advance online publication. <https://doi.org/10.1080/28367138.2024.2405911>

Hesson, J., Fudge, N., & Grant, M. (2021). Cytomegalovirus immunity, inflammation and cognitive abilities in the elderly. *Viruses*, 13(11), 2321. <https://doi.org/10.3390/v13112321>

Murphy, C., Hesson, J. & Connolly, R. (2023). The positive side of things: Examining factors that predict positive mental health in individuals with problematic substance use. *Journal of Psychosocial Rehabilitation and Mental Health*. <https://doi.org/10.1007/s40737-023-00344-5>

Squires, L., Hollett, K. B., Hesson, J., & Harris, N. (2020). Psychological distress, emotion dysregulation, and coping behaviour: A theoretical perspective of problematic smartphone use. *International Journal of Mental Health and Addiction*, 19(4), 1284–1299. <https://doi.org/10.1007/s11469-020-00224-0>

LISA MOORES, MA, PsyD (Memorial University of Newfoundland)
Associate Professor
Registered Psychologist #477 (NL)

Dr. Moores is a registered psychologist and faculty member at the Student Wellness and Counselling Centre and leads a variety of faculty activities. She holds a Master's in Counselling Psychology from Simon Fraser University and a Doctorate in Clinical Psychology from Memorial University. Dr. Moores has a particular interest in leadership, advocacy, clinical program development and evaluation, international students, adult ADHD, and enhancing equity and inclusion. She has conducted research on postsecondary mental health and the international student transition experience in large and small urban centres and is interested in work that employs scholarship of integration and application focused on the postsecondary population. Further professional interests include positive psychology, interprofessional education, qualitative research, and strengths-based psychotherapy. She practices from a humanistic and client-centered integrative orientation and her clinical approach is strongly influenced by positive psychology and culturally informed practice. Dr. Moores is involved in a wide range of teaching, training, and supervision activities for psychologists in training, serving as Core Faculty with the SWCC Residency program for the past 11 years. 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.
- 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>
- Moores, L.**, & Button, P. (2021). *The Impact of Stepped Care Implementation on Registered Psychologists in Newfoundland and Labrador*. Paper presented virtually at the 82nd Annual Canadian Psychological Association Convention.
- 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*. <https://doi.org/10.1080/87568225.2021.1881860>
- Moores, 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.
- Moores, 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.
- Whelan, B., **Moores 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>
- Moores, 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 (University of Reading)
Associate Professor/Training Director
Registered Psychologist #275 (NL)

Dr. Whelan is a registered psychologist and certified ISTDP therapist and has been a faculty member at the Student Wellness and Counselling Centre since 2011. She is an associate professor and training director for the SWCC's CPA accredited psychology doctoral residency. She holds a Masters' 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, intensive short term dynamic therapy (ISTDP), the role of shame and other self-conscious 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 and really enjoys teaching, training and supervision of psychology practicum students and doctoral residents, as well as interprofessional teaching and supervision with family practice residents. Dr. Whelan is a registered Psychologist in Newfoundland and Labrador.

Peer-reviewed Published Papers:

- Valestrand E, **Whelan, E.**, Eliassen, K, & Schei, E. (2024) Alienation in the teaching hospital. How physician non-greetings impacts medical students learning and professional identity development. *Perspectives in Medical Education*, 13 (1).
- Boudreau, J. D., Schei, E., Valestrand, E., Gillespie, H., **Whelan, B.**, Kinsella, E. A., & Stenfors, T. (2024). Medical students as whole persons—tending to the elephants in clinical practice training. *The International Journal of Whole Person Care*, 11(1S), S40-S41.
- Whelan, E., Hjørleifsson, S. & Schei, E. (2021) Shame in medical education: “You just feel like dirt under someone’s feet.” *Perspectives in Medical Education*.
- Moore, 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

Wellness Staff

**Amy Baird, BEd, BSpEd (Memorial University of Newfoundland), MA Counselling Psychology (Yorkville University)
CCC, RCC
Wellness Navigator**

Amy is a Certified Canadian Counsellor with the Canadian Counselling and Psychotherapy Association (CCPA), as well as a Registered Clinical Counsellor with the British Columbia Association of Clinical Counsellors (BCACC) dating back to 2009. Amy completed her Bachelor of Education (Primary/Elementary) degree in 2005, and Bachelor of Special Education degree in 2006, and continued working in education while completing a Master of Arts degree in Counselling Psychology in 2009. Amy has worked as an Inclusion Specialist and Employment Counsellor for individuals with disabilities, as well as Coordinator for the counselling training program, Lead Program Coordinator, 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 in 2015 prior to beginning her role as Wellness Navigator with the Student Wellness and Counselling Centre in 2019. 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)
CCC
Wellness Navigator**

Valerie completed a Bachelor of Arts and Bachelor of Intermediate Education at Memorial University in 2006, and worked as a teacher until 2015. She went on to pursue a Master of Education in Counselling Psychology from Memorial, and completed her counselling internship at the Student Wellness and Counselling Centre. Valerie began her counselling career as Canadian Certified Counsellor with Mourneau Shepell, where she served as a Crisis Counsellor. In 2021, Valerie returned to the Student Wellness and Counselling Centre as a Wellness Navigator, and enjoys providing counselling support to our students through Person Centered Therapy, Cognitive Behavioural Therapy, and Dialectical Behaviour Therapy.

**DENYSE LANE, BMus/BMus Ed (conj.), MEd (Couns. Psych.) (Memorial University)
CCC
Wellness Navigator**

Denyse holds a Bachelor of Music and Music Education degrees (conjoint) and a Masters' 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.

KIM OLDFORD, BA, BEd, MEd (Couns. Psych.) (Memorial University)

CCC

Wellness Navigator

Kim is a certified professional member of the Canadian Counseling and Psychotherapy Association and has worked in the field of mental health for several years in both community-based and private practice settings. Kim started with Memorial University in 2019 and has been an advisor with the Blundon Centre as well as a Wellness Navigator with the Student Wellness and Counselling Centre. As part of the wellness staff, Kim provides support, through counselling interventions and case management, to students who present with a variety of issues including academic stress, anxiety, depression, relationships concerns, grief as well as challenges associated with an ADHD diagnosis. Kim works from a client-centered, strengths-based approach and endeavors to collaborate with and support students in moving towards their goals.

KELLY NEVILLE, (CPMHN(C)), MN., B.S.N. (Memorial University)

Wellness Lead

CNA Certified Psychiatric and Mental Health Nurse

Kelly has been an advanced practice nurse since 2002 completing her master's in nursing at Memorial University focusing on Individual Counselling using Brief Solution Focused Therapy. 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. Kelly has been a certified psychiatric and mental health nurse since 1994 and has taught at Memorial's School of Nursing instructing clinical mental health and psychiatry and teaching "therapeutic communication techniques". She has been in the following positions at the SWCC over the years, interim position as Director, counselling and case management. Kelly currently supervises students who coordinate and deliver mental health and wellness initiatives as outlined by the Okanagan Charter and the mental health standards for post-secondary students. Provides consultations and delivers health and wellness awareness and campaigns, health promotion and prevention education and outreach initiatives and teaches the mental health first aid training (MHFA), safeTALK and the Applied Suicide Intervention Skills Training (ASIST). Currently provides supervision and consultation to peer volunteers, nursing, MUCEP, SWASP, HKR and Counselling Psychology graduates students. She has integrated space within the SWCC for students who are on the Pervasive Development and Autism Spectrum to practice and enhance social, communication and emotional regulation skills. Research includes the NCHA comprehensive health survey, evaluation of an online alcohol treatment program and the healthy minds study.

Tiffany Roberts, BA, BEd, MEd (Couns. Psych.) (Memorial University)

CCC

Wellness Navigator

Tiffany is a Canadian Certified Counsellor (CCC) with the Canadian Counselling and Psychotherapy Association (CCPA) achieving certification in 2006 and holds a Master of Education Degree in Counselling Psychology from Memorial University. Tiffany is also a trained Yoga Teacher (RYT 200), trained Meditation Teacher (Level 1), and currently studying Trauma Sensitive Mindfulness (TSM) with David Treleaven to advance her mindfulness work and incorporate it into her therapeutic practice. Tiffany is experienced in providing individual

and group counselling to adults through years of professional community work, Employee and Family Assistance Programs, and private practice work supporting clients in such areas as anxiety, depression, stress management, grief and loss, crisis, among others. Tiffany continues to offer counselling support to adult learners at Memorial University as part of the SWCC team. Drawing from a strengths-based perspective and training in CBT, DBT and mindfulness Tiffany strives to offer a therapeutic space that is safe for all individuals, and one that offers opportunities for change and personal growth.

Medical Staff

Nurse/Primary Health Care Lead

Missy Power, BN, MPH, RN

Physicians

Sonya Brown-Brake, MD, CCFP

Laura Butler, MD, CCFP

Stephanie Butt, MC, CCFP

Danielle Colbourne, MD, CCFP

Colleen Crowther, MD, FRCPC

Alison Marr, MD, CCFP

Anita Pushpanathan, MD, CCFP

Chris Ryan, Consulting Psychiatrist

Melissa Smallwood, MD, CCFP

Christine Zadorozny, MD, CCFP

Administrative Staff

Julie Broderick, Academic Program Administrator (Doctoral Residency in Professional Psychology)

Lori Cooper, Intermediate Clerk Stenographer (Counselling)

Dayna Cutler, Administrative Program Assistant

Craig Norman, Administrative Staff Specialist III/HR & Financial Lead

Front Desk Staff

Sheridan Clarke

Michelle Ellis

Shawna Sears

Beverly Squires

Doctoral Residents

Current Residents

2025-2026

Residency pause year

Former Residents

2024-2025

Quinn Morris, Memorial University of Newfoundland

Leanne Wilkins, Memorial University of Newfoundland

2023-2024

Hilary Power, University of Regina

Fiona Trend-Cunningham, Fielding Graduate University

2022-2023

Sarah Cabecinha-Alati, McGill University

Syler Hayes, University of British Columbia-Vancouver

Emma Schmelefske, McGill University

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 Zwicky-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 Foskett, 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
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
Quynn 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; 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

1992-1993

Mark Leach, University of Oklahoma

