Edmonton Consortium Clinical Psychology Residency Brochure

2026-2027

Alberta Health Services

Overview of the Program

The Edmonton Consortium Clinical Psychology Residency (ECCPR) is a predoctoral training program for clinical psychologists. In June 2024, our accreditation with the Canadian Psychology Association* was renewed for a six year term (due for re-accreditation in 2029-2030). We are members of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and participate in the APPIC Matching Program (check the APPIC website (www.appic.org) for information about APPIC policies and procedures). We are also a member of the Canadian Counsel of Professional Psychology Programs (CCPPP).

The Consortium is comprised of multiple sites throughout the city, including hospitals and outpatient clinics associated with the Consortium partners. Historically, the partners in the Consortium were AHS Addictions and Mental Health and the Glenrose Rehabilitation Hospital. As of September 1, 2024, AHS Addictions and Mental Health became the newly created agency, Recovery Alberta. Since that time, our program has continued to run largely unchanged, and both AHS and Recovery Alberta have continued to express support and provide resources to the residency training of the Consortium. All current sites are accessible and are located within the city where public transportation is available. All of the sites have a strong emphasis on training. We offer a wide range of outstanding training experiences in assessment, treatment, and consultation with diverse client/patient populations. There are some rich opportunities to work as integral members of interdisciplinary teams. The contributions of residents to the clients/patients and program teams are greatly valued by all sites.

One of the Edmonton Consortium's greatest strengths is the breadth of experiences available which enables us to meet a wide variety of training goals. Within the Generalist stream, there are five positions available across rotations in Adult Mental Health, Forensics, Health and Rehabilitation, Eating Disorders, and Pediatrics. The Neuropsychology stream offers one position following a lifespan approach with rotations available in Pediatric Brain Injury/ Neurodevelopmental disorders, Adult Neuropsychology, and Geriatrics. Our focus is on helping residents become confident professionals within a practitioner-scientist model.

We actively promote the importance of a healthy work-life balance for all of our residents.

If you have any questions about our Consortium or about the City of Edmonton, please do not hesitate to contact:

Norm Thoms, Ph.D., R.Psych.
Director of Training
Edmonton Consortium Clinical Psychology Residency
norman.thoms@ahs.ca 780-735-7999, ext. 15466
*Accreditation Office, Canadian Psychology Association, Accreditation, 1101 Prince of Wales Drive., Suite 230, Ottawa Ontario K2C 3W7, 1-888-472-0657 x 328, accreditationoffice@cpa.ca

Land Acknowledgement

In the spirit of reconciliation, the Edmonton Consortium Clinical Psychology Residency acknowledges that we reside on ᐊᒥᐢᑿᒌᐚᐢᑲᐦᐃᑲᐣ (Amiskwacîwâskahikan) Treaty 6 region in Alberta, the traditional lands of many diverse Indigenous Peoples, including the Nêhiyaw, Dene, Anishinaabe, Nakota Isga, and Niitsitapi peoples.

ᐊᒥᐢᑿᒌᐚᐢᑲᐦᐃᑲᐣ (Amiskwacîwâskahikan) Treaty 6 territory is also home to the Metis people and the largest communities of Inuit south of the 60th parallel. We acknowledge Canada's history of colonization, residential schools, and systemic racism towards Indigenous peoples. The ECCPR is committed to learning about and reducing racism in the healthcare system through a lens of cultural humility. We encourage and foster opportunities for residents and staff to further their knowledge on Indigenous mental health.

Equity, Diversity & Inclusion

The ECCPR and the populations we serve have become increasingly multicultural and diverse. We recognize the numerous facets of group membership that exist and the intersectionalities of these experiences. We appreciate how different lived experiences shape our views and interpretations in multiple clinical contexts.

Edmonton is a large, multicultural community welcoming people from around the world. Our staff and residents regularly work with people from diverse backgrounds. In accordance with the Sixth Edition of the Accreditation Standards of the Canadian Psychological Association, Residents will develop a deeper understanding of unique cultural considerations that psychologists must consider within treatment and assessment services.

Supervisors are encouraged to initiate dialogue with residents, clients, and one another about their different perspectives. We value an attitude of intentional, ongoing growth about diversity, equity, and inclusion, which is further guided by our supervisor-led Social Responsiveness Committee. Through ongoing discussions and learning experiences about these issues, the residency aims to cultivate professional and personal growth.

Post Pandemic Communicable Disease Policy

Sites and programs within the Consortium have lifted COVID related screening measures, and all sites have returned to seeing patients and clients in person. However, some adaptations implemented during the pandemic may continue to provide protection for patients and staff. As of June 2023, masks became no longer mandatory within healthcare sites, except in areas of patient care with more vulnerable or immunocompromised individuals (largely similar to pre-pandemic guidelines for such specific areas of patient care). Masks are still freely available at healthcare sites, and anyone can opt to wear a mask should they choose or should a patient request that they wear one. During spikes of communicable disease in the wider Edmonton community, some sites may implement masking requirements if deemed necessary to protect patients and staff.

Service delivery and working environments have grown to include in person and virtual options that may include seeing patients remotely or options for working from home for staff (and residents). As our rotations are located across several sites and programs, there may be differences in what is expected of the residents (and psychologists) depending on the site, program, and manager. There are a number of adaptations to assessments and treatments that may continue to be used if necessary (e.g., Plexiglass barriers during assessment/testing, use of PPE where indicated), and some of our clinics and/or treatment programs continue to provide service over virtual platforms to increase patient accessibility.

Supervision of residents is primarily in person (with the option for use of appropriate PPE) but may also include supervision over Zoom (i.e., if supervisor and resident are at different sites or working from home during scheduled supervision time).

Some of our weekly supervision and teaching seminars have continued to be offered through Zoom, but we have returned to predominantly in-person sessions for these seminars/meetings. This process will likely continue to evolve as time goes on, as we have recognized the benefits of both in-person and virtual platforms for seminars and administrative meetings.

We recognize the impact that COVID may have had on applicants' practicum hours, and we continue to take this into consideration during our selection process. For more information, please look at the section on Application Eligibility and Requirements further on in the brochure.

Philosophy Goals & Training Objectives

Our Philosophy & Goals of Training

The ECCPR is committed to training the next generation of psychologists to the highest standards to meet the health needs of the community through evidence-based practice. We strive to empower predoctoral psychology residents by developing their competencies and confidence as independent practitioners to provide quality, evidence-based, and client-focused health care.

To meet these overarching purposes, the ECCPR focuses on a generalist model of training that allows for development of depth and breadth in areas in which residents already have basic skills as well as providing opportunities to try new areas of practice, broadening skills, and addressing any remaining gaps in training. Affording rich opportunities for both depth and breadth in training allows residents to become more effective, competent psychologists. We use a developmental approach in evolving competencies across the range of skills required to practice as a psychologist. Supervision is an essential element in facilitating the growth of residents across the residency year, assisting them to build the confidence and professional identity that will allow them to become autonomous clinicians.

The ECCPR is committed to a practitioner-scientist model of training. We place an emphasis on the practitioner aspect of the model to complement the doctoral training most residents have received. Typically, we have found that graduate university training programs focus more on the scientist side of the model, emphasizing research production and the development of a strong knowledge base of the theories upon which clinical interventions are based, but with relatively fewer opportunities for practical application of that knowledge in clinical settings. Our program enhances residents' ability to apply empirical knowledge across diverse clinical settings while at the same time valuing the importance of engaging in scientific research activities, evaluating literature in a critical way, and identifying empirically based interventions. We are also committed to facilitating residents' efforts to develop a healthy work-life balance, which is necessary for a sustainable career and maintenance of high quality service provision to clients, organizations, and communities.

Using a developmental approach, the goals of the residency program are to assist residents in:

1. Developing assessment skills to increase competency and independence
2. Developing skills in diagnosis to increase appropriate autonomy in working with clients
3. Developing intervention skills to increase appropriate autonomy in working with clients
4. Increasing competency in consultation and effective functioning on interdisciplinary teams
5. Developing appropriate interpersonal relations in all areas of work including with clients (e.g., therapeutic rapport), supervisors, colleagues, the community, and administration

6. Focusing on awareness and application of ethics and standards of psychology, particularly within health care
7. Increasing awareness and knowledge of issues of individual differences and diversity
8. Being sophisticated consumers of research within health care to support evidence-based practice and developing skills in program evaluation or development and applied clinical research
9. Increasing knowledge and practice of supervision
10. Engaging in a healthy balance between work and personal life
11. Functioning competently and independently as a psychologist

General Information

Predoctoral Residency Program Streams

We offer training in two streams: the **Generalist** stream and the **Neuropsychology** stream. In both streams, residents gain experience in assessment, intervention, and consultation. Residents can gain exposure to clinical practice in inpatient, outpatient, and community settings. There are excellent opportunities to be an active member of different multi- and inter-disciplinary teams. Residents spend approximately 80% of their time in direct and indirect clinical services, consultation, and supervision and the other 20% focused on professional development and research.

For residents in the Generalist stream, the emphasis is to provide breadth and depth of training in the clinical knowledge and skills necessary to practice psychology across different settings and with different populations and presenting issues. Residents are exposed to different clinical approaches as they work with supervisors from various theoretical orientations. They complete two 6-month major rotations (three days a week) and one minor rotation (one day a week) that extends throughout the year or can be split into two 6 month portions.

The Neuropsychology stream offers advanced training in clinical neuropsychology across the lifespan. We aim to broaden the skills and knowledge of applicants who are currently enrolled in a doctorate program with specialized training in clinical neuropsychology. It is expected that applicants will come with a solid foundation in neuropsychology through completed prerequisite coursework and practicum placements in neuropsychological assessment or neuropsychological intervention/neurorehabilitation as part of their doctoral training. Residents usually complete three major rotations in Neuropsychology allowing for broad exposure across the lifespan, or potentially a depth of experience with a specific population depending on supervisory availability (e.g., children or adults). Residents also complete a minor rotation (1 day a week) throughout the year

to gain breadth of experience. The minor will generally be focused on intervention and may be through the Neuropsychology stream or the Generalist stream.

Although applicants are **permitted** to apply for both streams, **we strongly recommend applying for only one stream**. We find that if applicants are trying to submit an application that highlights skills and interest in both streams simultaneously, they are less likely to receive an interview from either stream.

Resident Positions

Six predoctoral internship positions are available. We have five positions available in our Generalist stream (APPIC #180411) and one position available in our Neuropsychology stream (APPIC #180412).

A stipend in the amount of $46,543.48 ($23.01/hour) is provided to help support residents financially while completing the residency program. In accordance with CPA standards, the stipend is reviewed yearly to approximate a living wage in the Edmonton Zone. Residents also receive three weeks' vacation plus statutory holidays, five days for working on a dissertation or other educational requirements, and 18 days per year paid sick time. An additional five days for professional development, educational leave or unforeseen personal circumstances may be granted on a case by case basis through consultation with the Director. Vacation is not set up as an accrual. Vacation and statutory holiday pay in lieu of paid time off is provided as a percentage and is paid out on each pay date.

In addition to the stipend, residents receive medical and dental coverage. However, if a resident already has medical and dental coverage through their University or other source (i.e., family/spousal plan), they may choose to opt out of the provided coverage if that is the preferred option.

Residents are provided with general liability coverage under Alberta Health Services/Recovery Alberta's insurance provider. However, residents are encouraged to consider getting their own liability coverage while on residency for specific contingencies. Discounts on this type of coverage can be accessed through student affiliation membership with the Canadian Psychological Association (CPA) or the Psychologists' Association of Alberta (PAA).

Each hospital provides excellent secretarial support and computer access for residents with access to the Internet. There are designated resident offices at most sites, as well as access to various databases (e.g., Medline and PsychINFO). The library card residents receive also allows access to the University of Alberta Library system.

Within the Consortium, we designate our predoctoral training program as a **residency** and our interns as **psychology residents**. The term **intern** is used within hospital settings across various disciplines and denotes a level of training that is not in keeping with the high level of education and training of our residents. The term **resident** within a hospital setting is more consistent with the education and experience of our residents and allows other health professionals to have a better understanding of the degree of training our residents have entering the residency year.

Supervision & Evaluation

Supervision

Residents in both streams are provided with extensive supervision throughout the residency year. All supervisors are registered to provide psychological and, when appropriate, neuropsychological services within the province of Alberta. Consistent with CPA standards, residents receive a **minimum** of four hours of supervision per week with at least three hours being individual supervision. Additional supervision may occur in a group format. On a regular basis, there are opportunities for residents to discuss issues related to supervision and learn to develop their own supervisory skills. In both streams, on a case-by-case basis, there may be opportunities to work with psychologists or neuropsychologists other than the primary supervisor(s) associated with a specific rotation. Moreover, although it is the primary responsibility of the Consortium faculty to supervise residents, members of other health disciplines may assist.

Resident Evaluation

Evaluation is an important mechanism for the ECCPR to provide feedback on a resident's progress, to allow supervisors and residents to determine whether the training objectives are met, and to ensure that any difficulties or training concerns are dealt with promptly. Formal evaluations are conducted at the midpoint and end of each rotation and are anchored according to a training contract developed by the Resident and Rotation Coordinator at the beginning of any rotation. Academic Directors of Clinical Training receive a progress report at the midpoint and again at the end of the training year to document the progress of the residents.

Program Evaluation

We are committed to residents evaluating the ECCPR to ensure that the residency program meets their needs and that the quality of training remains high. Accordingly, residents evaluate their clinical experiences with respect to rotations, supervisors, and their overall residency experience. In addition, as members of the Residency Advisory Committee, residents participate in ongoing monitoring and development of the program. Two years after the end of their residency year, graduates of the program are asked to complete a post-residency evaluation. We pride ourselves in incorporating the invaluable feedback from the residents to make the program stronger. We have made significant changes to the Consortium based on their comments and recommendations.

Educational Opportunities

Residents have access to many educational opportunities, including a professional seminar series, psychology meetings and in-services, residency meetings, and clinical rounds.

A. Seminar Series. This weekly clinical seminar series is held on Mondays, which are protected as non-clinical days. Psychologists and other invited professionals present seminars on a wide range of topics and issues. The topics presented include ethics, standards and practices, supervision, assessment, treatment, consultation, psychopathology, self-care, diversity, and individual differences, applied clinical research (program development/evaluation) as well as

special topics in the practice of psychology. There are opportunities for discussion around the ethical decision-making process surrounding roles, values, and ethical problems associated with private practice, institutional practice, supervision, and research. All residents attend this seminar series. These seminars are open to faculty of the Consortium to attend and may also be coordinated with other residency programs in the Edmonton zone where appropriate.

B. Psychology Meetings and In-services. As part of their training experience, residents attend any relevant Psychology meetings for their current rotation such as the GRH Psychology Service Meetings and the Clinical Psychology Services In-services at College Plaza. This facilitates the development of a professional identity and enables residents to learn about the issues facing the discipline of Psychology within a broader health care system. Residents are valued members of Psychology services across the sites and their participation and input are welcomed. In-services are periodically available as a source of professional development for all of our psychologists. Topics addressed may include patient advocacy, discipline standards, supervision, clinical research, assessment/therapy issues, and the changing role of psychologists.

C. Residency Meetings. General Residency meetings are held twice a year and are mandatory for all Consortium faculty and residents. Residency Advisory Committee Meetings are held four times a year and are mandatory for Directors of Training, Rotation Coordinators, and residents. In these meetings, residents participate in discussions and decisions about issues relevant to the residency program such as recruitment, program development, and administration.

D. Clinical Rounds. There are numerous opportunities for attendance at various teaching rounds, and attendance will, in part, be determined by the residents' choices of rotations. Examples of teaching rounds available through the ECCPR include Pediatric Rounds, Psychiatry Grand Rounds, Stroke Rounds, Neurology and Neurosurgery Rounds, Geriatric Rounds, and rounds on specific issues (e.g., Dual Diagnosis Rounds, Substance Use and Abuse). All disciplines are welcome to attend. There are also a number of webinars in which residents can participate.

For the Neuropsychology stream resident, valuable training experiences will be gained through participation in Alberta-wide and Glenrose in-house Neuropsychology Rounds, the focus of which is typically on case presentations, clinical research, and journal article discussions pertaining to neuropsychological practice. It is expected that the Neuropsychology resident will make at least two formal presentations at these rounds over the course of the residency.

Research Experiences

The ECCPR places emphasis on the practitioner side of the practitioner-scientist model but is still committed to the importance of research and empirically based practice. Thus, we want our residents to develop an appreciation of the relationship between research and clinical practice. In addition to using empirical literature to inform their work with clients and patients, over the course of the residency, residents are required to work on a small clinically applied research project (formally designated “Applied Research and Quality Improvement” or “ARQI”) with a focus on program development and evaluation (i.e., applicability and improvement of clinical service delivery) within Consortium-related programs. Past examples of such projects have included developing new service programs/groups with pre/post evaluation, adapting existing programs to

the COVID pandemic, and developing education/programming to help reduce patient anxiety while attending outpatient clinics.

A portion of the weekly non-clinical day (typically Monday afternoons) is dedicated time for residents to work on their research projects.

Toward the end of the year, residents present their research at the ARQI Day to the other residents ,faculty and the relevant stakeholders. Additionally, residents are expected to engage in one other form of relevant knowledge mobilization (e.g., presenting the project findings to the program in which the research was conducted). Residents have the support of a dedicated research coordinator as well as a direct research supervisor (if applicable). A number of the Monday seminars will be focused on program development/evaluation, applied clinical research, and knowledge mobilization.

Residents are also given five days to work on their dissertation. If residents have completed their dissertations, this time can be used for working on the process of registering as a psychologist including studying for the EPPP, preparing a manuscript for publication, or other research related activities.

Generalist Stream

Description of the Generalist Stream

Providing Comprehensive Training in Assessment, Intervention & Consultation

The Generalist stream addresses the training objectives of providing comprehensive training in assessment and diagnosis, treatment, and consultation to produce competent professional psychologists.

Psychological Assessment and Diagnosis. Residents become familiar with a variety of psychological assessment tools and clinical interview styles and how to use these with clients or patients from diverse backgrounds and with a variety of presenting issues. They learn to select appropriate assessment tools to address the referral question while at the same time matching the assessment process to the clinical setting and client needs. Residents will gain exposure to a wide variety of mental health issues related primarily to psychiatric, neurological, and medical/health conditions. There are ample opportunities for differential diagnoses across rotations. Residents expand upon their case conceptualization skills and develop the ability to generate clinical recommendations that are realistic, helpful, and coincide with the needs of the client and available resources.

Therapeutic Interventions. Residents have the opportunity to develop competency and flexibility in the administration of therapeutic interventions in individual and group modalities with a wide range of clients and presenting issues. This allows them to gain experience in adjusting specific therapeutic approaches to suit the specific client population. For example, emotion management

groups can be tailored to suit the needs of a population within the Forensic or Rehabilitation rotations to meet specific patient needs.

Consultation and Interdisciplinary Teamwork. At all hospital sites and most clinic sites, psychologists function as important members of multi- and inter-disciplinary teams. Residents witness the various roles a psychologist can play within such a team atmosphere and learn about the other disciplines and how they understand and conceptualize the needs and issues of the patient/client. Through this process, residents become adept at communicating the results of their assessments and treatment recommendations clearly and effectively to the team. Residents learn how to function co-operatively with other professionals in the delivery of interdisciplinary services. They learn to understand the consultation question and respond to it in a way that is helpful to the client and to the professionals requesting the input.

Development of Awareness of Ethical Principles & Diversity Issues

Issues of diversity, individual differences, ethics, and professional development are examined formally through the professional seminar series and resident group discussions on Mondays. There are also a number of professional seminars that comprehensively address how to attend to diversity within the supervisory relationship as well as the therapeutic alliance. In addition, residents are exposed to issues of diversity and individual differences, working with clients from various ethnic, cultural, religious, age, gender, sexual orientation, socio-economic, and disability groups across the rotations. Issues related to diversity, ethics, and professional principles are explored through supervision as situations arise with clients or within the work setting.

Development of Research Skills in Clinical Practice

Reviewing relevant literature for particular rotations or presenting issues is an important part of learning to use research to guide assessment and intervention. Additionally, a resident may choose to complete their applied research project (ARQI--described previously) in one of their clinical rotations.

Increasing Knowledge in Practice of Supervision

Seminars on supervision are integrated into the weekly seminar series. Throughout the year, each resident will facilitate a 90-minute discussion-based presentation on a supervision topic of interest to them. Residents may also participate in formal peer consultation (during which residents can consult with peers and discuss challenging or interesting cases / issues) and multiple simulated supervision role-play experiences with each resident rotating through the roles of supervisor and supervisee throughout the year.

When available, residents may be involved in supervision of a junior psychology/practicum student.

Promoting Work-Life Balance

In all the rotations, we strongly encourage residents to develop a sense of balance between their personal and professional lives. To ensure a balance is respected, monitoring of work-life balance is incorporated within our evaluation forms. Accordingly, the Rotation Coordinators and

supervisors work directly with the residents to ensure that workloads can be managed within a 38.75-hour work week. In addition, during regular Monday group meetings with the residents, the Director of Training and Associate Directors monitor the experiences of the residents within each rotation to ensure that the workload and expectations of all supervisors are reasonable. Lastly, all residents meet individually with the DoT on a quarterly basis to review learning goals and overall progress through the residency, and work-life balance/workload is monitored as part of that process.

Development of Skills Necessary to be a Professional Psychologist

The Generalist stream is committed to assisting residents in refining clinical skills, personal skills, characteristics, and attitudes necessary to be a professional psychologist. This is accomplished in part through the clinical experiences within the rotations. Quality supervision is also important in meeting this objective as it allows residents to explore some of the skills and characteristics necessary to being a psychologist. Involvement in Psychology meetings and professional development activities also allows residents to develop an identity as a psychologist through exposure to a variety of issues within the practice of Psychology.

The Generalist stream provides breadth in training experiences by having the residents complete two major rotations and one minor rotation. Depth of training is generally through the major rotations where a resident may elect to work in an area of interest and focus on further developing specific skills. Residents are given the opportunity to work in areas that are new for them and are given the level of supervision required to allow them to be successful in this new learning. Residents will also have the opportunity to work with diverse patient populations and will receive supervision exploring diversity at a patient-centered level as well as inclusion issues within Psychology.

Generalist Stream Rotations

Within the Generalist stream, residents complete two major rotations, each lasting six months. Residents also complete a minor rotation for one day a week over the residency year. There is some flexibility in the organization of the minor experience both in terms of opportunities and scheduling. Decisions regarding which rotations the residents will complete occur collaboratively after Match Day. Incoming residents are guaranteed an experience (either the six-month rotation, or the minor rotation) in **at least one of their top two rotation choices**. Residents are not required to have prior experience or background in the areas of the rotations.

Of note, some rotations may give residents the unique opportunity to explore the impact and challenges associated with providing clinical services within both a community/outpatient settings and a hospital setting.

For the Generalist stream, we offer rotations in **Adult Mental Health, Eating Disorders, Forensics, Health and Rehabilitation, and Pediatrics**. A brief description of each rotation and an example of a typical week is provided below. The specific activities in which each resident engages will vary with their interests and the opportunities available.

A. Adult Mental Health

Locations: Clinical Psychology Services (College Plaza), Operation Stress Injury Clinic (OSI)

Primary Supervisors:
Kristina Devoulyte, Ph.D., R.Psych. (Coordinator)
Graham Gaine, Ph.D., R.Psych.
Cody House, Ph.D., R. Psych.
Kirstyn Krause, Ph.D., R. Psych.
Ann Marcoccia, Ph.D., R.Psych. (Associate Director of Training)
Tom Pearson, Ph.D., R. Psych.

Secondary Supervisors:

Agatha Murray, Ph.D., R. Psych

Minor experience available.

This rotation is based out of two locations: the Clinical Psychology Service (CPS) at College Plaza and the Edmonton Operational Stress Injury Clinic (OSI). Residents may participate in providing services at either or both locations, depending on their interests and program availability. The AMH rotation offers experience in the primary domains of assessment and intervention, with some opportunities for consultation as well. CPS and the OSI Clinic offer opportunities for outpatient experiences. Clients present with a wide range of psychiatric diagnoses including affective disorders, anxiety disorders, psychotic disorders, addictions, trauma, developmental disorders, personality disorders and so on. There is exposure to clients from different minority groups (e.g., ethnic, and cultural, financial, disability, LGBTQ+, etc.) and residents gain awareness of the different issues facing these patients and how to adapt interventions and assessment methods to accommodate each patient's unique needs.

The CPS program offers experiences in therapy, assessment, and occasional consultation. At CPS, the first line of treatment is a Unified Protocol Group for Emotional Disorders. Clients that have completed the group are reviewed by the triage team and some of them are offered additional individual follow-up treatment. Occasionally individuals screened for the group and found ineligible for group therapy may be offered individual treatment on a case-by-case basis. For individual treatment, approaches are individually tailored depending on the needs of the client and may include cognitive-behavioural therapy, unified protocol, interpersonal psychotherapy, acceptance and commitment therapy, motivational interviewing, emotion-focused therapy, cognitive-processing therapy, prolonged exposure, EMDR, ART and CBT for insomnia. 50% of the clinical time is assigned to assessment.

Assessment questions range from intellectual and/or cognitive functioning, diagnostic clarification/differential diagnosis, therapeutic assessment, and treatment recommendations. variety of psychometric measures are utilized depending on the referral question. Psychometrists are available to assist with testing and scoring.

The OSI clinic is a specialized outpatient program that serves Veterans, current Canadian Forces members, and eligible members of the Royal Canadian Mounted Police (RCMP), as well as families. This clinic provides specialized psychodiagnostic assessment and treatment services to clients who have experienced mental health "injuries" secondary to operational service (e.g., posttraumatic stress, depression, anxiety, problematic substance use, sleep disturbance, chronic pain, emotion dysregulation). Treatment may involve individual and group approaches and residents will have an opportunity to be a part of a multidisciplinary team. The OSI clinic uses a number of evidence-based approaches, including cognitive processing therapy (CPT), prolonged exposure (PE), CBT, DBT, CBT-I, imagery rehearsal therapy and unified protocol. The clinic is involved with a study offering 3MDR (Multi-modular Motion-Assisted Memory Desensitization and Reconsolidation) but residents have limited access. There are opportunities to observe EMDR and supervision of EMDR by a secondary supervisor may be available. Psychodiagnostic assessments are supplemented by semi-structured diagnostic interviews and self-report symptom measures. Opportunities for psychological testing are available to aid in differential diagnosis and/or case formulation in relation to complex clinical presentations. The clinic utilizes routine outcome monitoring to guide treatment and residents learn to use psychometrically supported symptom monitoring measures (e.g., OQ-45, PCL-5) to guide and adjust treatment as necessary

The exact experience of each resident varies depending on their needs, particular interest, and the timing of the groups. We aim to provide a resident with an opportunity to conduct a number of assessments per major or full-year minor rotation as well as to provide group and possibly individual psychotherapy. Typically, residents in a major rotation receive three hours of supervision per week specifically related to that rotation, and a resident in minor rotation receives one hour of supervision.

B. Eating Disorders

Location: University of Alberta Hospital

Primary Supervisors:

Jody Sark, PhD., R.Psych. (Coordinator)
Elisabeth Mundorf, Ph.D., R.Psych.

Minor experience **may occasionally be** available.

The Eating Disorders Program (EDP) is a unique and innovative blend of inpatient and outpatient services aimed at the treatment of anorexia nervosa and bulimia nervosa. Patients are aged 13 through later adulthood and come from Alberta and other parts of Canada. In addition to eating disorders, patients often present with comorbid depression, anxiety, substance use, and personality disorders, as well as self-harm behaviours and suicidality. The EDP, which is structured to deliver medical and psychiatric/psychological treatment flexibly to each patient's individual needs, utilizes the efforts of a highly trained interdisciplinary team that includes psychiatrists and psychiatric residents, dietitians, nurses, occupational therapist, social worker, unit manager, schoolteachers, as well as psychologists and psychology residents. Continuity of care across the recovery process is enhanced by having the same staff follow and

treat patients through levels of care, which include inpatient hospitalization, partial hospitalization, and outpatient services. The EDP views the etiology of eating disorders as multifactorial and therefore the treatment approach involves a combination of physiological, developmental, behavioural, cognitive, family-based, neurobiologically informed, and process-oriented modalities. Patients' treatment tends to be long-term due to the usually protracted nature of recovery from eating disorders.

The rotation provides rich opportunities in intervention and the emphasis on treatment means there is little or no opportunity for formal assessment experience. Residents are granted the opportunity to employ the treatment approach they consider most appropriate, while providing a rationale for their interventions. Most patients present with comorbidities and often elicit counter transference challenges. This requires clinicians to match treatment interventions to the patient's degree of severity, complexity, and personal circumstances. More often than not, treatments represent meaningful learning opportunities for residents, who are expected to acquire new skills and expand the scope of their competencies. Residents who are generally open-minded, curious learners with tolerance for ambiguity should be able to benefit from this rotation to a significant extent.

Furthermore, an excellent match to this rotation would be a resident inclined to self-reflect, pursue learning opportunities, and welcome a growing level of comfort with non-linear treatment progress. A typical week in the Eating Disorders rotation includes participation in case conferences with the interdisciplinary team and rounds with the psychology/psychiatry team, conducting individual therapy and family treatment, developing, and implementing group programs, and having between 2-3 hours of supervision in the rotation.

C. Forensic

Location: Alberta Hospital Edmonton (inpatient), Forensic and Community Services (outpatient),

Primary Supervisors:
Andrew Haag, Ph.D., R.Psych. (Coordinator)
Jeremy Cheng, Ph.D., R. Psych.
Gabriela Corabian, Ph.D., R.Psych.
Debra Jellicoe, Psy.D., R.Psych.

Secondary Supervisors:

Tarah Hook, Ph.D., R.Psych.

Minor experience available.

The Forensic Psychology rotation is offered through the inpatient Forensic units at **Alberta Hospital Edmonton** (AHE) and outpatient clinic at **Forensic Assessment and Community Services** (FACS). **AHE** is a forensic psychiatric hospital for adults that has five inpatient units of different security/acuity. AHE is involved in: (1) providing court ordered assessments for questions of criminal responsibility and fitness to stand trial, (2) working with persons who have been found

unfit to stand trial and/or not criminally responsible in terms of criminogenically focused treatment and/or risk assessment, (3) regularly testifying before the Criminal Code Review Board for persons found not criminally responsible and/or unfit, and (4) working with persons from provincial corrections who require psychiatric stabilization. **FACS** is a multi-disciplinary environment addressing a wide variety of forensic issues in an outpatient setting. Both AHE and FACS are part of Alberta's healthcare system and have close ties to the judicial and correctional systems. Clients are referred to the AHE Forensic program primarily by the courts or correctional institutions; additionally, FACS also receives referrals from other settings (e.g., mental health clinics). Examples of presenting problems include schizophrenia, affective disorders, personality disorders, substance abuse problems, impulse control disorders, and problems with violence. Clients often receive treatment in either group or individual formats for criminogenic issues. Residents are exposed to various referral questions that are unique to this area, such as suitability for treatment while on probation, presentence reports, risk of future offending, and assessments of criminal responsibility and fitness to stand trial.

In-patient rotations can focus on either assessment or therapy. During the residency placement, residents will become aware of many unique Forensic/Clinical issues. One example of these issues is that residents learn to write reports for court so that their assessments are maximally defensible to cross-examination. In addition, residents typically spend some time attending court and watching the proceedings. Moreover, for those doing a major rotation at Alberta Hospital Edmonton, every effort will be made to have the resident produce a report and defend their work in front of the Criminal Code Review Board (i.e., an arm of the court).

Outpatient rotations often involve forensic mental health assessments (i.e., risk for reoffending) and psychological consultations (e.g., cognitive, personality, diagnostic clarification). The assessments are mainly used for treatment purposes, but still must be at the quality to be defensible in Court. There are also possibilities for group therapy (e.g., sexual offending, intimate partner violence, trauma, emotional regulation) and/or individual therapy (e.g., general mental health treatment, individual curriculums of group treatments, risk management). There is exposure to a diverse population (e.g., cultural, language, socioeconomic, LGBT2A+) as well as a range of presenting problems (e.g., depression, anxiety, psychosis, personality). Additional activities may include participation in interdisciplinary case conferences, psychology discipline meetings, consultations with community partners (e.g., probation, police), and on-going trainings offered within the clinic.

A typical week in the Forensic Psychology rotation can vary depending on the activities the resident has chosen to focus on. Activities may include participating in a group, attending interdisciplinary case conferences, doing assessments (the quantity would depend on the type of assessment and the resident's workload), seeing individual clients, and having four to six hours of supervision.

D. Pediatric

Location: Glenrose Rehabilitation Hospital

Primary Supervisors:
Tiffany Pursoo, Ph.D., R.Psych. (Coordinator)

Heather Dyck, Ph.D., R.Psych.
Megan Walker, Ph.D., R.Psych.
Jessica Zvonkovic, Ph.D., R. Psych.

Secondary Supervisors:

Paula Blashko, Ph.D., R.Psych
Kirsty Choquette, Ph.D., R.Psych.
Heather Burke, Ph.D., R. Psych

Minor experience available.

The pediatric rotation includes experiences in child and youth assessment, short-term treatment, and interdisciplinary consultation. There are opportunities to work with both inpatient and outpatient populations, with a greater focus on outpatient services. Residents can have a diverse training experience with a broad range of populations, ages, and presenting issues, as well as opportunities for enhancing skills in specific areas of interest.

At the Glenrose Rehabilitation Hospital (GRH), diagnostic assessments are completed for children from four months to 18 years of age who present with various challenges, including developmental delays, behavioural and emotional difficulties, psychiatric diagnoses, physical and/or sensory impairments, learning disabilities, intellectual developmental disabilities, attention deficit hyperactivity disorder, and autism spectrum disorder. Many psychology assessments are completed as part of a multidisciplinary clinic, where psychologists collaborate with team members in medicine, physical therapy, occupational therapy, speech-language pathology, social work, and audiology. Opportunities for psychology-only assessments are also available, wherein residents can address cognitive, academic, and/or emotional and behavioural queries for children with a variety of chronic health conditions.

Treatment is another focus of the rotation, and the individual therapy population consists of children with concurrent medical and/or rehabilitation issues (e.g., medical conditions, injury recovery, hearing loss, complex feeding, neonatal follow-up). Presenting issues can be directly related to concurrent health conditions (e.g., needle phobia, chronic pain, impact of injury), as well as mental health difficulties (e.g., anxiety, depression) that benefit from keeping adjustment to condition in mind. Individual services can include finding flexible and responsive modifications to the psychological treatment approach to best fit the youth's needs (e.g., due to cognitive level, mobility, vision, etc.). Opportunities may also be available during major rotations on our inpatient rehabilitation unit for more experience with children in acute rehabilitation/recovery.

Residents will also have different consultation opportunities at GRH, ranging from working within the context of interdisciplinary teams, to consulting with school and community support providers, and following up on more traditional referrals received from hospital units or physicians.

In this rotation, residents develop their awareness of the unique issues and challenges that accompany the assessment and treatment of a pediatric population, both in terms of efficacy of

treatment approaches and assessments based on research and the recent literature, and ethical issues particular to a pediatric population. They can be exposed to CBT-informed treatment of childhood and youth problems, developmental issues, and health issues in acute or rehabilitation settings, as well as gain exposure to early intervention strategies, parent education, assessments across different ages and presenting problems, behavioural intervention, and community liaison (e.g., schools). The experience residents have depends on what will best meet their learning goals and round out their training. There is a commitment to having residents receive supervision from a reasonable number of supervisors (e.g., two to four supervisors as a guideline). A typical week in the Pediatric rotation varies depending on the training goals of the resident, but generally includes seeing individual clients for therapy, working on and consulting to interdisciplinary teams, conducting assessments, and having a minimum of four hours of supervision per week.

E. Health and Rehabilitation

Locations: Glenrose Rehabilitation Hospital, Kaye Edmonton Clinic

Supervisors:

Sharon Gaine, Ph.D., R.Psych. (Coordinator, Associate Director of Training)
Amy Anderson, Ph.D., R.Psych.
Bruce Dick, Ph.D., R.Psych.
Norm Thoms, Ph.D., R.Psych. (Director of Training)

Secondary Supervisor:
Heather Burke, Ph.D., R. Psych
Connie Finlay-Joy, M.A., R.Psych. Minor experience available.

Many of the Health and Rehabilitation experiences are offered at the **Glenrose Rehabilitation Hospital** (GRH), a tertiary rehabilitation centre with a catchment area that includes Central and Northern Alberta, Northern British Columbia, as well as the Yukon and Northwest Territories. At the GRH, residents could be involved in clinics connected with assessment and/or treatment (both individual and group) of orthotics/amputation, spinal cord injury, traumatic brain injury (TBI), and stroke/cerebrovascular accident (CVA).

Specific experiences available in this rotation include:

- **Stroke Assessment Clinic (SAC):** An outpatient intake clinic at GRH that serves adult (18-89) survivors of stroke in determining rehabilitation needs and/or adjustment to injury (i.e., return to work/driving). Residents conduct brief psychological assessments of post-stroke cognitive and affective function within a team (including Physiatry, Social Work, Occupational Therapy, Physiotherapy, Recreation Therapy, Speech-Language Pathology). Training includes clinical interviewing, use of specific measures, presenting in team conference, rapid case conceptualization, and report writing.
- **Adult Brain Injury Clinic (ABIC):** An outpatient setting at GRH that serves as a follow-up clinic for adult patients with traumatic brain injury, often after discharge from inpatient units at GRH or from community providers. Residents conduct brief psychological assessments of post-injury cognitive and affective function within a team (including

Physiatry, Social Work, Occupational Therapy, Physiotherapy, Recreation Therapy, Speech-Language Pathology). Training includes clinical interviewing, specific measures, presenting in team conference, rapid case conceptualization, and report writing.

- **GRH Inpatient Rehabilitation Service:** Residents have the opportunity to provide psychological services to adult inpatients on the Stroke, Traumatic Brain Injury, and other rehabilitation units (when available) at GRH. This includes primarily short-term treatment of trauma, adjustment to injury, brief assessment of patient treatment needs, and may also provide some limited opportunity to work with patient families (family conferences and education around injury). All inpatient psychology work takes place within a multidisciplinary unit featuring disciplines named above as well as nursing/nurse practitioner.
- **GRH Specialized Rehabilitation Outpatient Services (SROP):** In this multidisciplinary service for adult outpatients (i.e. stroke, TBI, amputation, cardiac rehabilitation, spinal cord injury, etc.), psychology supports recovery, coping, processing loss, and adjusting to illness/injury. Residents may be involved in individual and/or group treatment, consultation with other disciplines, and when available—comprehensive assessments not covered by clinics noted above.
- **Kaye Clinic Chronic Pain Service:** Residents learn to assess the psychological factors associated with medical recovery, coping with chronic pain, as well as traditional psychological factors such as personality and cognitive ability and their implications for treatment. A bio-psycho-social treatment approach to health, coping, and acceptance is emphasized. There are opportunities for group and individual treatment. Cognitive-behavioural, insight-oriented, interpersonal, ACT, and Mindfulness-based therapies are some of the therapeutic approaches utilized. Residents may participate in interdisciplinary team conferences and consult with other members of the treatment team. The degree of participation in team conferences versus more traditional consultation varies depending on the particular program the resident chooses.
- **GRH Sexual Health Service:** Residents may have the opportunity to work within this lifespan service, which supports pediatric, adult, and older adult populations. The team includes nursing, occupational therapy, social work, and regular consultation with a clinical ethicist. There may be a chance to observe physician led clinics addressing patients' complex gynecological or urological health needs. Residents may observe and participate in sessions providing education and support for patients, families, partners and caregivers around various sexual health questions and concerns in the context of injury or illness. Parents are often provided with education around sexual health development and how to support children to understand consent, public vs private behaviors, etc. Clinicians also provide education to other units and services wanting to build their capacity in addressing sexual health concerns of their patients. The opportunity for experience in the SHS is dependent on supervisor availability.

A typical week in the Health and Rehabilitation rotation varies according to the resident's particular interests but typically includes participating in two or three of the opportunities listed above. Each week, residents can expect to engage in at least one interdisciplinary team conference, likely participate in group therapy, see individual patients, and may have options to complete assessment activities (learning the measures, administering, scoring, interpreting, writing the report, providing feedback to the patient and the interdisciplinary team), and have three to six

hours of supervision. The exact workload varies according to the residents' interests. The ARQI project could be undertaken in any of the Health and Rehabilitation locations.

Neuropsychology Stream

Description of Neuropsychology Stream

Providing Comprehensive Training in Assessment, Intervention, and Consultation

The Neuropsychology stream resident receives comprehensive training to advance their knowledge of clinical neuropsychological principles, methods, and specialized techniques using a variety of approaches. There is further training in assessment, diagnosis, consultation, and intervention regarding individuals presenting with central nervous system dysfunction and various medical and psychiatric conditions.

Development of Awareness of Ethical Principles and Diversity Issues

Issues of diversity, individual differences, ethics, and professional development are examined through the professional seminar series and resident group discussions on Mondays. In addition, the resident is exposed to issues of diversity and individual differences through their work with clients from a variety of backgrounds, identities, orientations, ability levels, ages, economic status, etc. Issues related to diversity, ethics, and professional principles are explored through supervision as situations arise with clients and within the work setting.

Development of Research Skills in Clinical Practice

There are research opportunities within several of the Neuropsychology rotations and from the Generalist stream. A research consultant is available to work with all residents to assist in their own research project. Integral to training is learning to be a sophisticated consumer of research literature. The resident can expect to review seminal and recent research articles pertinent to neuropsychological practice.

Increasing Knowledge in Practice of Supervision

As noted above, seminars on supervision are integrated into the weekly seminar series and residents will be asked to develop a presentation on a supervision topic of interest to them. For Neuropsychology residents, the focus of this presentation can be on issues related to supervision and training specifically in neuropsychology if they wish. When available, residents will be involved in co-supervision of a junior psychology student. Unfortunately, this may be limited due to the relative lack of local post-secondary programs with emphasis on neuropsychological assessment.

Promoting Work-Life Balance

Alongside the Generalist stream, the Neuropsychology stream is committed to helping the resident develop a sense of balance between his or her personal and professional life. Accordingly, the Coordinator and supervisors work with the resident to make sure that the

workload is reasonable and can be managed within a 40-hour work week. During regular Monday group meetings with the residents, the Director of Training and Associate Directors monitor the experiences of the residents within each rotation to ensure that the workload and expectations of all supervisors are reasonable. As in the Generalist stream, this is also a topic of discussion and monitoring in the quarterly individual check ins with the Director of Training.

Development of Skills Necessary to be a Professional Psychologist

The Neuropsychology stream assists residents in developing the clinical skills, personal skills, characteristics, and attitudes necessary to be a professional neuropsychologist through rich clinical opportunities and quality supervision. Professional growth and ethical practice are fostered in a multidisciplinary setting alongside other allied health professionals. In addition to involvement in Psychology meetings and other general professional development activities (e.g., professional seminar series), the resident participates in several neuropsychological and medical rounds. Valuable training experiences will be gained through participation in Alberta-wide and Glenrose in-house Neuropsychology Rounds, the focus of which is typically on case presentations, clinical research, and journal article discussions pertaining to neuropsychological practice. It is expected that the Neuropsychology resident will make at least two formal presentations over the course of the residency and assist with coordination of rounds to increase comfort and build connections with other professionals within the discipline.

The Neuropsychology stream provides depth in neuropsychological training by having the resident typically complete three clinical neuropsychology rotations. To ensure that there is breadth in training, the resident also completes a minor rotation (one day a week) with an intervention-focused experience. There is flexibility with the minor so that the resident may have more than one minor experience over the year (e.g., six months in one minor and then moving into a new experience).

Neuropsychology Stream Rotations

The Neuropsychology stream offers experiences across the lifespan through rotations in Paediatrics, Adult, and Geriatrics. Ideally, the resident will complete the following three 4-month major rotations, though some adjustments to the length of time in certain rotations may be considered depending on the resident's preferred area of specialization and supervisor availability. A lifespan approach offers a balance of breadth and depth as well as access to opportunities at multiple hospital or clinic sites. In addition to the Neuropsychology major rotations, the resident will also complete 1 day a week in a minor experience. The minor is typically from within the Generalist stream rotations. The goal of the minor is on expanding breadth and generally have an intervention focus. One day per week is devoted to non-clinical professional development and research. Rotations will be determined in consultation with the Neuropsychology stream coordinator/Associate Director.

A. Paediatric Neuropsychology Service (GRH)

Location: Glenrose Rehabilitation Hospital

Supervisors:

Kate Randall, Ph.D., R.Psych.
Stephanie Deighton, Ph.D., R.Psych
Jessica Hurtubise, Ph.D., R.Psych.

Secondary Supervisors:
Brette Lansue, Ph.D., R. Psych.

The Pediatric Neuropsychology Service offers exciting experiences with children from birth to 18 years of age presenting with a broad range of neuropsychological issues. This rotation can be tailored to the individual needs of the resident offering breadth of patient populations or depth within a particular area. There are opportunities for comprehensive neuropsychological assessment of *outpatients* presenting with:

- moderate to severe acquired brain injury due to varying etiologies (e.g., traumatic brain injury, stroke, infection, tumor, epilepsy)
- pre- and post-surgery for epilepsy
- pre- and post-surgery for transplants
- metabolic and genetic disorders

There are several *interdisciplinary outpatient experiences* available to the resident, including:

- The Pediatric Brain Injury Rehabilitation Program (PBIRP) clinic, where residents will meet with patients and families to determine needs after brain injury including timing of assessment, consultation with team members, supporting transition to adulthood, and/or providing advocacy within communities and schools to support patients after brain injury.
- The Pediatric Interdisciplinary Neurodevelopmental Clinic (PINC), where residents will gain experience conducting and interpreting neuropsychological assessments of children aged 2-18 years old with a medical complexity impacting brain functioning and a specific neurodevelopmental query. Interested residents will have the opportunity to learn about autism assessments, including conducting developmental interviews, administering, and interpreting the ADOS-2, behavioral management during testing, and differential diagnoses.

There are opportunities for the resident to work with an *inpatient brain injury* population on the Pediatric Inpatient Unit (Unit 201). Residents can observe the acute recovery trajectory of children with acquired brain injury (e.g., traumatic brain injury, stroke, brain tumor, epilepsy, CNS infections). Experiences include providing psychoeducation to patients and families, participating in weekly rounds, conducting neuropsychological screening assessments prior to discharge, and facilitating the return-to-school process. This experience depends on the patients on the unit, and there is no guarantee of a specific experience or population over the course of the rotation.

Across the Pediatric Neuropsychology Service, the primary roles for the resident would include neuropsychological assessment (including test administration, scoring, interpretation, and report writing), team consultation and conferencing, and facilitating family meetings and school conferences. This rotation is designed to be flexible, allowing residents to work closely with supervisors to tailor their experience and align it with their professional interests and goals.

Due to the breadth of pediatric patients, this service can also be offered over one extended 8-month rotation. This extended opportunity would only be available to residents with a strong foundation in pediatric neuropsychology with the goal of independent practice in pediatrics.

B. Adult Neuropsychology Service (General)

Location: University of Alberta Hospital/Kaye Edmonton Clinic

Supervisors:
Jordan Urlacher, Ph.D., R.Psych.

This is an adult-focused rotation split across two sites: Kaye Edmonton Clinic Neurosciences and the Clinical Psychology Service at College Plaza. The Neurosciences portion is outpatient-focused, with most referrals coming from the epilepsy clinic and occasional referrals from other services such general neurology, neurosurgery, and metabolic disorders. Pre- and post-surgical assessments for epilepsy surgery are a focus, and neuropsychology plays an important role in surgical planning with assessment results being presented in multidisciplinary team meetings. The Clinical Psychology Service accepts outpatient referrals from any mental health clinician in Edmonton and referral questions typically include age-related cognitive decline and neurodevelopmental disorders. This service also receives inpatient referrals from the University of Alberta Hospital psychiatry unit, generally focused on discharge planning when there are concerns about cognition. The structure of the rotation is flexible and the resident can choose to focus on a certain presentation or to see a broader selection of clients. Although residents will do some testing themselves, they will primarily be collaborating with psychometrists. Other supplementary experiences which may be available include observation of neurosurgery, shadowing a neurology clinic, observation of functional MRI for language localization, and attending a variety of academic and clinical rounds (e.g., Psychiatry, Psychology, Stroke, Geriatrics, etc.).

C. Geriatric and Stroke Neuropsychology Service

Location: Glenrose Rehabilitation Hospital

Supervisors:
Sophie Yeung, Ph.D., R.Psych (Associate Director and NP stream Rotation Coordinator)
Robert Frerichs, Ph.D., R.Psych.
Simita Schwartzberg, Ph.D., R.Psych

This rotation focuses on the assessment of older adults with known or suspected cognitive impairment. This consultation service will expose residents to outpatients referred by geriatric specialists, neurologists, psychiatrists, and community physicians. Inpatients and psychiatry day program patients are also seen. The resident can expect to hone their diagnostic skills through work with individuals, mostly over age 60, presenting with various neurocognitive disorders/dementias, psychiatric disorders, delirium, stroke, brain injury, substance use problems, and other medical conditions. Core experiences include interviewing patients, collecting data from family members and other sources, administering, scoring, and interpreting neuropsychological measures, preparing neuropsychological reports, and communicating the

findings to the patient and their family. The resident learns about cognitive changes with age and provides education about the same. The resident will also become versed in intervention and management strategies for older adults with cognitive impairment. Residents may have the opportunity to co-facilitate a group therapy program for patients with Mild Cognitive Impairment (MCI) and their family members. Interested residents have exposure to decision-making and guardianship/trusteeship issues. Additional opportunities include participating in geriatric rounds, Dementia Information Sessions for family/friends of patients with dementia, working with psychometrists, interacting with health professionals from other disciplines, and potentially engaging in research activities.

While this rotation is primarily geriatric-focused, there can be opportunity for a joint stroke experience. Patients include adult and geriatric outpatients who have sustained a stroke secondary to various etiologies. The rotation will include consultation with a multidisciplinary team.

Applicant Eligibility & Requirements

In addition to CPA accreditation, our residency program is a member of the Canadian Council of Professional Psychology Programs (CCPPP), and the Association of Psychology Postdoctoral and Internship Centers (APPIC). APPIC has developed uniform guidelines regarding application and acceptance procedures that we follow when selecting and offering internship positions to applicants. You will find these guidelines at the APPIC website at http://www.appic.org/. This year, our interviews will be virtual and held in the beginning of January 2026. We will also follow the CCPPP guideline for notification of interview which will be the first Friday in December. In accordance with recommendations from APPIC and CCPPP, we now use the National Matching Service online interview scheduler, and applicants selected for an interview will receive a link to begin directly scheduling their interviews on Notification Day.

Graduate students at the doctoral level in CPA and/or APA approved clinical or counselling psychology programs (or equivalent) will be considered for admission. Preference is given to Canadian applicants or applicants with appropriate work visas in place.

All sites within the Edmonton Consortium are committed to employment equity. We welcome diversity in our workplace and encourage applications from all qualified individuals including members of visible and non-visible minorities, Indigenous persons, and persons with disabilities. Further, we endeavor to provide an accessible workplace for all residents. For example, all sites can provide office space, parking (paid or unpaid depending on the site), and equipment to meet the needs of residents with disabilities and we make every effort to make accommodations for residents with disabilities.

Prior to starting the residency year, all incoming residents must provide the Director of Training with a Criminal Records Check and Vulnerable Sector Search.

Application Procedures

Applications are due by 15 November. By that date, applicants must have **completed** the following requirements:

- all core course work;
- comprehensive/candidacy exams;
- 600 hours or more of clinical training which includes 300 hours of direct practicum experiences (combination of assessment and intervention) and 150 hours of supervision (please note: that most successful applicants will exceed these minimum requirements). *We are aware that the COVID 19 pandemic may have limited opportunities for direct contact interactions in assessment and treatment. As such, some flexibility in the composition of those hours (i.e., telephone contact or virtual video-conference) interaction) will be considered in counting clinical hours. We encourage you to discuss any limitations in your training due to COVID-19 in your cover letter and/or ask your Director of Clinical Training to discuss the challenges in the verification of readiness letter.*
- a dissertation proposal (please note: most successful applicants tend to have progressed further than the proposal stage in their dissertations)

Applications are completed online using the APPIC online service at http://www.appic.org. All applicants must register for the match using the online registration system at www.natmatch.com/psychint. Please include the following documentation:

- a cover letter which includes the stream to which you are applying and the rotations of primary interest. As above, this would be two major rotations and one minor rotation for Generalist Stream applicants or three majors (if applicable, 2 majors with one being the extended Pediatrics rotation) and one minor rotation for Neuropsychology stream applicants).
- a curriculum vitae,
- the completed APPIC Online application, (which includes essays and the DCT's verification of eligibility and readiness),
- all graduate transcripts,
- three letters of recommendation **including at least two with a focus on clinical skills** (using APPIC required format). For the Neuropsychology stream, at least one letter of reference should be from a supervising neuropsychologist within a neuropsychology practicum.

Interview & Selection Procedures

Applications are reviewed and evaluated by the selection committees for the generalist or neuropsychology streams. We will notify applicants (via email) who are successful in obtaining an interview by the first Friday in December (Notification Day). Please do not list an e-mail address unless you check it regularly.

As noted above, we use the National Matching Service online interview scheduler, and applicants selected for an interview will receive a link to begin directly scheduling their interviews on Notification Day.

The selection process for the Generalist stream involves two steps. The first is a paper review of more objective information (e.g., hours of intervention, number of integrated assessment reports). Most residents who will gain an offer of interview have **at minimum** 100 hours of assessment and 200 hours of intervention with 150 hours of supervision included in the required 600 total hours (from summary table on AAPI). We tend to look carefully at assessment experiences including: 10 integrated reports (see APPIC definition of integrated report) and experience with administration and interpretation of approximately 10 standardized formal tests (e.g., WAIS-IV) and 5 personality assessments (e.g., MMPI-III). These are guidelines only and the numbers could vary based on the overall levels seen in a particular year's applications. We will also consider anticipated hours and work experiences that are not reflected under this category.

If applicants have successfully passed through this first step, we then move on to the second step of the evaluation. In the second step, we review the applications that remain. Two reviewers independently review applications, blind to the ratings of the other reviewer. Applications that receive a positive rating from each reviewer are then invited for an interview. Reviewers are looking for the best fit with our program and this may include the essays, reference letters, and information about practicum sites.

For the Neuropsychology stream, the applications are reviewed by the coordinator and each of the neuropsychology supervisors. There is a strong emphasis on neuropsychological assessment hours and reports completed, neuropsychology-specific practica, and course work relevant to the theory and practice of neuropsychology. As a result, individuals who have completed formal neuropsychology specialization through their graduate program tend to be competitive, though applicants from non-specialized programs who have adequate coursework and practicum experience are also encouraged to apply. Most applicants who are offered an interview typically have at minimum: more than 150 hours of neuropsychology practicum hours, 30 written neuropsychological reports, multiple neuropsychology courses, and a strong background in neuropsychological testing as well as proficiency with global intellectual measures (e.g., Wechsler scales). Again, guidelines and numbers can vary. The coordinator reviews all applications based on this information and successful applications will then be moved on to the second phase. In the second phase, each rotation makes independent judgments about whether an interview should be offered, and the applicants with the most support from the supervisors will be offered an interview.

It is important to note that the selection process is not solely about hours but also about how well the applicants match with our program. Applicants that are a good fit for our program are then invited for an interview. We offer approximately 30 interview slots for the Generalist stream and typically 6 for the Neuropsychology stream. In coordination with CCPPP, for the 2026-27 application cycle the interviews will occur early January 2026. Occasionally, we may interview slightly outside these times. Again, in accordance with CCPPP and APPIC recommendations, **for the foreseeable future we have elected to only offer virtual interviews through Zoom.**

For the Generalist stream, the interview will involve meetings with the director, rotation coordinators, and one of the current residents. The duration of the interview is approximately 4 hours. Our interview is focused on sharing information between the consortium and the applicant. Applicants will be asked questions by the Rotation Coordinators, but also will have significant time to ask the Rotation Coordinators questions about their rotations and program as a whole. This is meant to allow for both the applicant and the interviewers to determine the goodness of fit on either side of the application equation.

For the Neuropsychology stream, the interview will involve 4 supervisors from different rotations. The interview will last around 90 minutes and be composed of several questions and 1 case study.

For both the Neuropsychology and Generalist streams, applicants will be able to speak to a current resident to gain informal and more candid information about the residency. We believe it is important that applicants are able to obtain a resident's view of our program in order to make decisions about how well the residency fits with the applicant's own goals and training objectives.

Following the interviews, we rank applicants according to all the information we have gathered focusing on the fit with our program. This is done by reviewing the objective information in the application (e.g., hours of treatment and assessment), more subjective information in the application (e.g., letters of reference and essays), and finally the interview. We generally are looking for applicants who fit well with our program in terms of experience and training goals.

For the generalist stream, applicants are applying to the consortium program and not a particular rotation. Rotations are determined post-match in consultation with all the incoming residents. **You are guaranteed an experience (either the six-month rotation, or the minor rotation) in at least one of your top two rotation choices.** For the Neuropsychology stream, the Neuropsychology coordinator will work with the resident to determine the best balance of rotations after the match.

Applicants may apply to both the generalist stream (NMS program code 180411) and the neuropsychology stream (NMS program code 180412). **However, applicants will only be accepted into one stream (either the Generalist or the Neuropsychology).** As noted above, applicants are **permitted** to apply for both streams, **we strongly recommend applying for only one stream**. We find that if applicants are trying to submit an application that highlights skills and interest in both streams simultaneously, they are less likely to receive an interview from either stream.

We follow the APPIC guidelines, and our rank order of applicants is submitted to the National Matching Service. In addition, we wish to emphasize that this 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 applicant.**

Policy on Handling Your Personal Information

In accordance with federal privacy legislation (Personal Information Protection and Electronics Documents Act - https://laws.justice.gc.ca/eng/acts/P-8.6/index.html), you should be aware that we are committed to collecting only the information in your application that is required to process your application.

If you are matched with our consortium, your application and CV will be available only to those directly involved in your supervision and training including your rotation coordinator and supervisors, the Director of Training and Associate Directors of Training, and relevant administrative staff.

About the History of Our Program

In 1978, the Department of Psychology at Alberta Hospital Edmonton (AHE) established the Predoctoral Internship in Clinical Psychology and began providing a formalized training experience to doctoral level psychologists. With the support of the hospital and a commitment to excellence, the department continued developing the program until it received accreditation from the Canadian Psychological Association in 1987. Continued development led to accreditation by the American Psychological Association, as well as the Canadian Psychological Association in 1993.

In 1996, the internship at AHE initiated the process of joining with the internship at Glenrose Rehabilitation Hospital (GRH) (which has offered an internship since 1980) to form Edmonton's first internship consortium. In 1997 we offered the AHE and GRH experiences as an internship consortium. The Division of Clinical Psychology at the University of Alberta Hospital (UAH) started providing supervision and practicum placements for graduate students in counselling psychology in 1980. In 1988, a more formalized internship program was established at UAH. The UAH (now called AHS Clinical Psychology Service) was added as a consortium partner in 2005. Over time, the programs related to AHE and UAH became integrated into AHS Addiction and Mental Health. As such, the consortium became comprised of two funding and administrative partners: AHS Addiction and Mental Health and the Glenrose Rehabilitation Hospital. On September 1, 2024, AHS Addictions and Mental Health will become a new provincial agency, Recovery Alberta. At the time of writing, we are continuing to work on the exact nature of changes to funding and administrative structure that this represents. To date, the changes have not significantly affected the day-to-day operation of the Consortium or the resident training experience, and we do not expect that to change in the foreseeable future.

It is our belief that this partnership provides a broader array of clinical experiences than those that are available to residents at any single site. The client population now covers the entire age spectrum from infants to elderly people and focuses on health as well as psychiatric disorders.

Clinical experiences are available in programs which provide services for psychiatric problems, developmental disorders, forensic psychology, cognitive rehabilitation, neuropsychology, health psychology, eating disorders and family-centered practice.

The consortium has been accredited by the Canadian Psychological Association for a period of six years from June 2024. Our next accreditation cycle will begin in the 2029-2030 residency year.

About Our Former Residents

Most residents who graduate from our program go into applied work at mental health clinics, hospitals (including ours), private practice groups, corrections facilities, and so on. Several have become involved in teaching at university or college levels. Many are actively involved in supervision. Happily, a number of graduates continue to work in Alberta Health Services/Recovery Alberta, including graduated residents from recent cohorts.

About Our Supervisors & Staff

There are more than 55 psychologists in the AHS Edmonton Zone who provide clinical services to the hospital and community programs and more than 30 of these psychologists are members of our faculty and act as supervisors for the residents. Psychologists are an integral part of clinical care within AHS and typically are involved in all aspects of assessment, treatment, consultation, and program development. Residents also have an opportunity to learn about assessment and treatment from different perspectives as the theoretical orientations of our psychologists cover a broad range, including cognitive-behavioural, developmental, social learning, experiential, and interpersonal. Psychologists support the practitioner-scientist approach to the discipline and consequently they stress a questioning, research-minded approach to clinical problems in supervision.

Primary Supervisors

Amy Anderson, Ph.D., R.Psych.	Psychologist, Health and Rehabilitation, Inpatient GRH Ph.D. (2009) University of Manitoba Clinical area: Evaluation and intervention after acquired brain injury; individual and group psychotherapy; cognitive rehabilitation.
Jenny Carstens, Ph.D., R.Psych. (Currently on leave)	Neuropsychologist, Paediatric Neuropsychology, GRH Ph.D. (2016) University of Windsor
Jeremy Cheng, Ph.D., R.Psych.	Psychologist, Forensics, Alberta Hospital Edmonton (AHE) Ph.D. (2021) University of Saskatchewan

	Clinical area: Forensic assessment and treatment, forensic decision-making, psychology, and the law.
Desmond Cheung,	Psychologist, Health and Rehabilitation, Inpatient GRH Ph.D. (2006) Cornell University; Psy.D. (2013) Respecialization in Clinical Psychology, Pacific University Clinical area: Anxiety disorders, rehabilitation, trauma, couples therapy
Gabriela Corabian, Ph.D., R.Psych.	Psychologist, Forensics, Alberta Hospital Edmonton (AHE) Ph.D. (2017) University of Saskatchewan Clinical area: Inpatient forensics, Attitudes towards sex offenders.
Stephanie Deighton, Ph.D., R.Psych.	Neuropsychologist, Paediatric Neuropsychology, GRH Ph.D. (2022). University of Calgary Clinical area: Paediatric neuropsychology, acquired brain injury, neurodevelopmental issues, psychosocial functioning.
Kristina Devoulyte, Ph.D., R.Psych.	Psychologist, Adult Mental Health Coordinator, College Plaza (CP) Ph.D. (2006) Dalhousie University Clinical area: Clinical, health, and rehabilitation psychology, personality disorders, anxiety and mood disorders, impulse control disorders
Robert Frerichs, Ph.D., R.Psych.	Neuropsychologist, Geriatric Neuropsychology - GRH Ph.D. (2003) University of Victoria Clinical area: Geriatric neuropsychology, assessment and intervention with older adults presenting with mild cognitive impairment, dementias, and psychiatric conditions, capacity assessment.
Graham Gaine, Ph.D., R.Psych.	Psychologist, Consortium Research Coordinator, Applied Research and Quality Improvement (ARQI); College Plaza (CP) Ph.D. (2011) University of Waterloo Clinical and research areas: early psychosis, Rorschach, collaborative / therapeutic assessment, measurement-based care.
Sharon Gaine, Ph.D., R.Psych.	Psychologist, ECCPR Associate Director of Training; Health and Rehabilitation Coordinator, GRH Ph.D. (2014) University of Waterloo Clinical area: Health psychology with a focus on adjustment to injury/ illness (e.g., amputation, spinal cord or orthopedic injury, stroke, brain injury, etc.). Sexual health and education across the lifespan.
Andrew Haag, Ph.D., R.Psych.	Psychologist, Forensics Coordinator, AHE Ph.D. (2005) University of Calgary Clinical area: Forensic psychology, assessment, teaching, research, and counseling

Cody House, Psy.D., R.Psych.	Psychologist, Adult Mental Health, Operational Stress Injury Clinic Psy.D. (2014) Arizona School of Professional Psychology at Argosy University, Phoenix, AZ. Clinical area: Cognitive behavioral therapy (CBT), Posttraumatic stress disorder (PTSD), trauma, insomnia, nightmares, sleep
Jessica Hurtubise, Ph.D., R.Psych.	Neuropsychologist, Paediatric Neuropsychology, GRH Ph.D. (2023). University of Windsor Clinical area: autism spectrum disorder, acquired brain injury, neurodevelopmental issues
Debra Jellicoe, Psy.D., R.Psych.	Psychologist, Forensics, FACS Psy.D. (2011) Illinois School of Professional Psychology Clinical area: Forensic mental health assessment; interventions with individuals at high risk for violent recidivism; spousal violence treatment.
Kirstyn Krause, Ph.D., R.Psych.	Psychologist, Adult Mental Health- CP Ph.D. (2021), Toronto Metropolitan University
Annunziata Marcoccia, Ph.D., R.Psych.	Psychologist, ECCPR Associate Director of Training, Adult Mental Health, CP (2015) University of Windsor Clinical area: Assessment and treatment of adults with various mental health presentations in an outpatient setting. .
Elisabeth Mundorf, Ph.D., R.Psych.	Psychologist, Eating Disorders, UAH Ph.D. (2013) University of Windsor, R.Psych Clinical area: Emotion-focused therapy, complex trauma, eating disorders treatment.
Tom Pearson, Ph.D., R.Psych.	Psychologist, Adult Mental Health, CP Ph.D. (2016), University of Alberta
Tiffany Pursoo, Ph.D., R.Psych.	Psychologist, Paediatrics, GRH Clinical area: assessment of school aged children
Kate Randall, Ph.D., R.Psych.	Neuropsychologist, Paediatric Neuropsychology, GRH Ph.D. (2011) University of Victoria Clinical area: paediatric acquired brain injury, neurodevelopmental issues, social-emotional development
Jody Sark, Ph.D., R.Psych.	Psychologist, Eating Disorders Coordinator, UAH. Ph.D. (2005) University of Alberta, R.Psych. Clinical area: family and neurobiological treatments for eating disorders
Simita Schwartzberg, Ph.D., R.Psych.	Neuropsychologist, Adult and Geriatric Neuropsychology – GRH Ph.D. (1994) University of Alberta Clinical area: stroke, dementias, and other neurological disorders

Norm Thoms, Ph.D., R.Psych.	Psychologist; ECCPR Director of Training; Health and Rehabilitation, GRH PhD. (2005) University of Windsor Clinical areas: SROP, Stroke Assessment Clinic; assessment and treatment of outpatient stroke survivors with focus on adjustment and coping, mood disorders/dysregulation, cognitive rehabilitation, and group psychotherapy
Jordan Urlacher, Ph.D., R.Psych.	Neuropsychologist, Adult Neuropsychology, UAH Ph.D. (2014) University of Windsor Clinical area: Assessment of individuals with psychiatric and neurological conditions for diagnosis, treatment planning, neurosurgical outcome evaluation.
Sophie Yeung, Ph.D., R.Psych.	Neuropsychologist; ECCPR Associate Director of Training and Neuropsychology Stream Coordinator; Geriatric Neuropsychology, GRH Ph.D. (2014) Simon Fraser University Clinical area: assessment and intervention of older adults with cognitive impairment, dementia, and psychiatric conditions; vascular cognitive risk factors.
Jessica Zvonkovic, Ph.D., R.Psych.	Psychologist, Paediatrics, GRH Ph.D. (2019) Southern Illinois University, Carbondale, Ill. Clinical area: developmental assessment, socioemotional development, health, and developmental outcomes research

Secondary Supervisors

- **Paula Blashko, Ph.D., (2006) University of Alberta, Edmonton, AB, R. Psych.**
  * School Age Neurodevelopmental Clinic (SNAC): Psychology lead to support assessment and diagnosis of complex children. Specialized Rehabilitation Outpatient Program (SROP): Assessment and individual therapy. Pediatric Interdisciplinary Neurodevelopmental Clinic (PINC) pilot program (Clinical Psychology team lead/MRP)

- **Heather Burke, Psy.D. (2023) Adler University, Vancouver, BC. R. Psych.**
  *Glenrose Psychology psychological assessments in the Adult Brain Injury Clinic using a variety of psychological tools. Assess children in infant/preschool and school-aged neurodevelopmental clinics (e.g., Autism, ADHD, Intellectual Developmental Disorder).

- **Kirsty Choquette, Ph.D., (2024) University of Alberta, Edmonton AB. R. Psych.**
  * Pediatric Outpatient Rehabilitation Outpatient Program (Complex Feeding treatment team, general intervention, psychoeducational assessment, triage, consults with medical clinics), Northern Neonatal Follow-Up Clinic, Complex Pediatric Therapies Developmental Assessment Clinic, Infant and Preschool Assessment & Outreach Service

- **Connie Finlay-Joy**, **M.A**. (2001) Gonzaga University, Spokane WA, R.Psych. – Brain Injury – GRH.

- **Agatha Murray, Ph.D., (2007). University of Alberta, Edmonton, AB., R. Psych.**
  *Clinical Psychology Services, Recovery Alberta. Providing group and individual psychotherapy and intake screenings to adults

  Brette Lansue, Ph.D. (2024) University of Windsor, R. Psych. - Pediatric Neuropsychology-GRH
  *Pediatric neuropsychology, assessment of children with complex medical conditions and brain injury, fetal alcohol spectrum disorder, and autism.

Clinical/Instructional Contributors

- **Lori Harper, Ph.D.** (2000) University of Calgary, R.Psych, Geriatric Assessment, Villa Caritas/Covenant Health
  *Geriatric assessment, diagnosis of neurodegenerative disorders

About Our Hospitals

The **Glenrose Rehabilitation Hospital (GRH)** is the only facility in Canada offering complex rehabilitation care across the lifespan, from infancy to older adulthood. It provides services to Alberta, as well as the Northwest Territories, Yukon, eastern British Columbia, and western Saskatchewan. Established in 1963, the hospital opened the GlenEast wing in 1964. This wing houses pediatric services, including 65 inpatient beds, rehabilitation services, the Glenrose School, and outpatient services. In 1990 the hospital opened the GlenWest wing with 208 inpatient beds and expanded outpatient facilities. Clinical services are delivered through inpatient programs, follow-up clinics, and outpatient programs. Adult programs are divided between the Neurological Rehabilitation Division, the Musculoskeletal Division, the Cardiac Rehabilitation Division, the Specialized Rehabilitation Outpatient Program, and the Specialized Geriatric Program. Paediatric programs are equally varied and are represented through the Neuromotor Division and the Neurodevelopmental Division.

The **University of Alberta Hospital (UAH)** is an acute and tertiary care centre serving individuals from Alberta, northern British Columbia, the Yukon, Northwest Territories, and northern Saskatchewan. UAH provides a wide range of diagnostic and treatment services to people in need. The hospital has over 650 beds in a variety of services including cardiac sciences, neurosciences, surgery, medicine, renal, transplant services, HIV, critical care, emergency and trauma care, and a state-of-the-art burn unit. A primary role for Psychology is to help patients improve their psychological and physical health, and assist them in adjusting to, and coping with, illness. Consultation and referrals to other programs and institutions are also provided when necessary.

Alberta Hospital Edmonton (AHE) is the largest psychiatric treatment centre in Alberta. It provides comprehensive inpatient and outpatient or community-based mental health care to people from Edmonton as well as northern Alberta, the Northwest Territories, the Yukon, and part of Nunavut. AHE inpatient services are provided on a peaceful 170-acre site in northeast Edmonton, while community services are primarily located in downtown Edmonton. At the hospital site, the Forensic Psychiatry program provides diagnostic and therapeutic specialty services to patients.

About Our Outpatient Clinics

The **Clinical Psychology Service (CPS)** office is located in College Plaza, an office building two blocks away from the University of Alberta Hospital. The team is comprised of six clinical psychologists, two part-time neuropsychologists, six part-time psychometrists, admin support, and clinical psychology residents.

The **Operational Stress Injury (OSI) Clinic** is located on the north side of Edmonton. This clinic is federally funded by Veteran Affairs Canada to provide services to eligible members of the Canadian Armed Forces, RCMP personnel, and veterans. The OSI team consists of psychologists, social workers, nurses, psychiatrists, and occupational therapists.

The **Kaye Edmonton Clinic** is an outpatient facility attached to the University of Alberta Hospital. It includes several clinics that a Psychology or Neuropsychology resident might be involved with, including the Chronic Pain clinic, and the Neuroscience (Neurology/Neurosurgery) clinic.

Forensic Assessment and Community Services (FACS) is a forensic outpatient clinic under the umbrella of the Alberta Hospital Edmonton forensic program and is located in downtown Edmonton to provide outpatient forensic assessment and treatment services to individuals under a court order. The clinic is made up of a multidisciplinary team including psychologists, psychometrists, social work, psychiatry, nursing, and administration staff.

About Our City

Edmonton is a city of approximately 1.5 million people. The city is large and spread over a sizeable area. The North Saskatchewan River runs through the city, and we are known for our outstanding river valley park system, with jogging, biking, and ski trails.

Even though Edmonton is one of the most northern residencies in North America, we are one of the cities with the most hours of sunlight in Canada. The weather occasionally becomes quite cold in winter, but it is usually sunny, and we have large breaks from the cold weather.

Edmonton is steadily ranked in the top ten of best cities to live in Canada, known for its livability and affordability. Home of the Edmonton Oilers, we boast a large theatre and sports community,

burgeoning culinary scene for foodies, and a culturally diverse population. We are known as “Canada’s Festival City,” hosting Jazz City, the Folk Festival, The Fringe (the second largest live theatre festival in the world), Dreamspeakers (a festival featuring First Nations dance, music, crafts, and song), and Heritage Days (a celebration of the diverse cultures making up Edmonton's population) among many others, and a number of children's festivals.

As well, we are the home to one of North America’s largest shopping malls, West Edmonton Mall (we are one of the few provinces with no PST). We have an award-winning Space and Science Centre (Telus World of Science), a historical park (Fort Edmonton), a large provincial museum, art galleries, and conservatories.

The city is situated approximately four hours (460 km or 255 miles) from the Rocky Mountains with access to world-renowned tourist destinations including Banff and Jasper. We are approximately three hours (330 km or 190 miles) from Calgary, another large and beautiful Alberta city.

Alberta itself is an interesting province, and we have several UNESCO World Heritage Sites including the Canadian Rocky Mountain Parks, Waterton Glacier International Peace Park, Wood Buffalo National Park, Head-Smashed-In-Buffalo-Jump, and Dinosaur Provincial Park.