

Counselling & Clinical Services



DOCTORAL RESIDENCY IN COUNSELLING PSYCHOLOGY

2027-2028

Accredited by the Canadian Psychological Association
Current Term: 2019/2020 – 2025/2026
Suite 702 - 141 Laurier Avenue West
Ottawa, Ontario K1P 5J3
613.237.2144
<http://cpa.ca/accreditation>

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The University of Alberta respectfully acknowledges that we are located on Treaty 6 territory, a traditional gathering place for diverse Indigenous peoples including the Cree, Blackfoot, Metis, Nakota Sioux, Iroquois, Dene, Ojibway/Saulteaux/Anishinaabe, Inuit, and many others whose histories, languages, and cultures continue to influence our vibrant community.

DOCTORAL RESIDENCY IN COUNSELLING PSYCHOLOGY

Counselling & Clinical Services (CCS) at the University of Alberta offers three fulltime doctoral residency positions in counselling psychology each year (August 1-July 30). Our program is accredited by the Canadian Psychological Association and is designed to meet standards for Registration as defined by The College of Alberta Psychologists. We are a member in good standing with the Association of Psychology Postdoctoral and Residency Centers (APPIC) and participate in the APPIC matching process annually.

SERVICE DESCRIPTION

CCS is a branch of the Student Success and Experience portfolio within the University of Alberta. CCS is a multidisciplinary professional agency staffed by 13 registered psychologists, one social worker, two to six psychologists-in-training who are supervised by senior staff, eight part-time psychiatrists, two mental health consultants (MHCs), and four administrative support staff. Our services are available to all students who pay student services fees, and individual counselling sessions are available at no additional cost to the student. Students are seen primarily for individual and group counselling; we also provide couples counseling, workshops for students or staff, consultation and, less frequently, vocational testing. Presently CCS serves a student body of approximately 46,200 students from over 150 countries.



Figure 1. Organizational Structure of Counselling & Clinical Services

RESIDENCY DESCRIPTION

PROGRAM HISTORY & RATIONALE

The residency program at CCS was founded in 1998. The program was established to serve two functional purposes: 1) to increase the accessibility of our service for all University of Alberta Students and 2) to enhance our commitment to training in the profession of psychology. Over the last 20+ years, our program has grown from one to three annual residents and moved from an eight-month to 12-month program, while consistently maintaining a staff of well-trained doctoral-level psychologists.

Our team at CCS has a unified commitment to the profession of psychology. We understand the importance of effective training and we are dedicated to advocating for training and ensuring that future psychologists are amply prepared for a successful career in the field. We view it as our responsibility as professionals to offer a thoughtful, diverse, and informed training experience and as such, view our training program as central and fundamental to our clinic. Our training program is taken into consideration during all decision making junctures and we continually strive to make improvements to benefit our residents. The training program also serves as an integral component of service delivery at CCS and allows practitioners to remain current and informed about matters associated with the profession.



PROGRAM MISSION

The mission of CCS is to contribute to the health and well-being of university students on our campus. Our primary goal is to provide the highest quality and most accessible professional psychological services to students to improve their personal, social, and academic well-being. This is achieved primarily through the counselling services we provide to students at the University of Alberta, including individual, couple, and group counselling, and psychoeducational workshops. Secondary goals are: 1) to offer consultative services to the University of Alberta community in times where there are questions from our staff, faculty, and/or students requiring expert opinion from a mental health professional, and 2) provide comprehensive, thoughtful, effectual, and empirically-grounded training to graduate students and doctoral residents. Given our diverse student body, we seek to provide equitable service and respond to the needs of all students, regardless of age, race, religion, ability, creed, gender, sex, sexual orientation, marital status, or citizenship.

TRAINING MODEL

1. **Resident / Learner Centered** - We view our training program as trainee-centered, where we strive to meet the developmental level and needs of residents. We understand that each resident enters the program with unique training and experience; we work to meet the resident where they are at and engage in scaffolding towards independent practice. We encourage residents to independently define their goals for their residency year and strive to work with the resident to ensure that these goals are progressively met throughout their tenure at our clinic.
2. **Practitioner-Scientist Model** – We understand and respect the tenants of the scientist-practitioner model as they apply to training in counselling psychology at the doctoral level (APA, 1952). However, given that the residency year is one of predominant focus on applied practice (that is grounded in science and research), we define our model as the “practitioner-scientist model.” We encourage students to spend their time with us developing clinical expertise that is grounded in science.
3. **Experiential Diversity** - We strive for diversity of clinical and supervisory experiences. We believe a resident’s development is best supported by promoting an integrative approach to therapy. We encourage residents to explore alternative ways of working with clients as part of the developmental process of becoming better aware of themselves, their professional identity, and their orientation preferences. Our goal is to support residents in their process of exploring congruence between their own personal worldview and theoretical orientation.
4. **Professional Socialization** – We recognize the importance of socializing residents into all aspects of the profession of psychology and provide various opportunities to understand the ethical, professional, clinical, and interdisciplinary qualities that are inherent to the practice of psychology.

PROGRAM VALUES

1. **Training in Generalist Practice** – We value training in generalist practice. We encourage our students to develop skill in working with an array of presenting concerns and adults of varying ages. We move away from the idea of developing a “specialization” in order to prepare residents for practice in various community-based settings, namely post-secondary institutions.
2. **Understanding Psychotherapy as an Art & Science** – We view psychotherapy as both theoretically-driven and personally-delivered. We understand that students need to develop literacy in the science that informs psychotherapeutic practice while also adopting a style of delivering psychotherapy that is personally authentic and promotes human connection and engagement.
3. **Diversity in Teaching Modalities** – We believe it is important to educate residents through a variety of different avenues, including individual supervision, group supervision, observed supervision, Reflecting Team, research seminars, supervision seminars, in-services, Case Consultation meetings, and the provision of formal case-prep, program development / evaluation, and research time. We understand that students have diverse learning needs and seek to meet the needs of all of our students.
4. **Balance** – We seek to maintain work-life balance as professionals and model this to our students. We collect feedback from our students about work-life balance and make adjustments to our program, as needed.
5. **Respect for Diversity** – The work in our clinic demands understanding of and respect for the diversity of others, including our colleagues, clients, and the broader University community. We strive to include our residents in ongoing dialogue around best practices for serving and empowering marginalized populations.
6. **Professional Development** – We adopt the belief that ongoing professional development is central to intentional practice as a psychologist and is fundamental to maintaining competency. We strive to model engagement in professional development and encourage this with our students via the provision of professional development time and funds and opportunities to engage in professional development on-site via trainings, in-services, and seminars.
7. **Collaboration** – We value interdisciplinary collaboration and consultation both within our unit and across student services and the broader University community. We seek to help students understand how to collaborate and consult to enhance client care and treatment and expand their case conceptualization and contextual understanding of presenting concerns.

RESIDENCY GOALS

1. To assist the resident in **developing professional competency in the area of counselling psychology**, including the knowledge, attitudes, and applied skills necessary to meet the range of problems a professional psychologist may expect to address and to allow for professional evaluation in the application of these skills.
2. To provide the resident **exposure to a variety of supervisory experiences and therapeutic styles**, in order to challenge them to develop their full potential as a clinician.
3. To help the resident **integrate their clinical skills and knowledge with their personal style** to develop their professional identity and thus facilitate the transition from the role of student to professional.
4. To provide a variety of experiences, both clinical and professional, to **prepare a resident for independent practice**.
5. To challenge the resident to grow towards a personal and professional practice of **self-reflection and exploration on matters related to equity, diversity, and inclusivity** within the context of psychological care.

TRAINING OBJECTIVES

Residents will be expected to develop competence in the following areas:

1. To approach all professional tasks in a manner that is both empirically-informed and sensitive to matters of equity, diversity, and inclusivity.
2. To provide psychological assistance on an individual or group basis to U of A students.
3. To provide couples counselling, as appropriate (i.e., where adequate supervision can be provided and where referrals are accessible).
4. To provide Initial Consultation (intake), as well as triage.
5. To be knowledgeable of ongoing informal assessment, understand approaches regarding case conceptualization, and demonstrate the ability to change treatment goals, tasks, and plans as needed.
6. To provide supervision to master's-level practicum students.

7. To be knowledgeable of university and community resources and to be able to refer clients to those resources as required, especially in accordance with agency policies.
8. To provide psychoeducational workshops (see page 9 for examples) and consultation as requested to selected sectors of the student and staff population.
9. To provide, as requested, outreach programs for students within faculties, departments, or residences.
10. To pursue professional development in areas that are mutually agreed to be of benefit to the Centre and to the fulfillment of the Centre's mandate as a student mental health centre.
11. To participate in case conference meetings as a member of a team of professionals and consult about clients of particular concern or challenge.
12. To participate in ongoing didactic opportunities including clinical seminars, book discussions, supervision seminars, in-services, and broader case consultation meetings.
13. To interact in a manner that positively contributes to a cooperative agency atmosphere.
14. To perform work duties in accordance with all policies and procedures developed for CCS, including those related to hours of work, time in lieu, and service limits and restrictions.
15. To perform additional special duties as negotiated with the Director of CCS and Director of Training.
16. To regularly complete both the supervision log and the resident activity log.

SERVICE ACTIVITIES

In order to facilitate a comprehensive orientation prior to the commencement of the academic year at the U of A, the residency at CCS commences in August. Specifically, residents will begin their residency on the first working day in August, and end the second last day of July that falls on a working day in the following year. Orientation lasts for five business days and covers clinic policies, specific clinical tasks, and opportunities to engage with the team. Throughout the residency, residents will be expected to work 37.5 hours per week. Hours are typically 8:00 AM – 4:30 PM. In accordance with CPA standards, no more than two-thirds of a resident's time will be spent engaged in clinical activities.

Residents are under the supervision of doctoral level psychologists. Students will typically complete two to three supervision rotations during their residency year.

Typical clinical tasks expected of residents are listed below in Table 1. Please note that precise activities and allotted hours may vary based on clinic requirements and feedback from current residents.

	Approximate Hours per Week
Clinical Time	
Intervention	11
Assessment	4
Case Notes/Case Prep	7
Case Consultation	1
Supervision of Master's Practicum Student	1
Non-Clinical Time	
Supervision (Individual/Group/Reflecting Team)	4-5
Meetings (Peer Supervision, Team Meeting)	1-2
Didactic Training (Seminars, DoT Book Club, In-services)	0-2
Administrative Tasks	2-5
Program Development & Evaluation/ Research	3
Outreach	0-2

Table 1. Typical service activities of doctoral residents.

Intervention

Individual/Couple Counselling

Residents will have approximately 15 hours of direct client contact per week, which will include individual, couple, or group sessions, and four hours of Initial Consultation or intake service. Individual counselling clients present with a very wide range of therapeutic issues. Some of the more common issues dealt with include:

- Depression, anxiety, panic, OCD, PTSD, disordered eating, addiction, suicidal ideation, self-harm, sexual assault (NOTE: Residents working with clients in crisis are always supported by senior staff)

- Self-esteem, perfectionism, insomnia, body image, aggression, stress-management, grief, aggression towards others
- Gender identity, loneliness/isolation, academic performance concerns, romantic relationship difficulties, social skill development, sexual identity

Group Counselling

Residents will also co-facilitate therapy groups. Groups can take on many different forms depending on the needs of the University population, ranging from those that are largely educational in nature to those that are more process-oriented. Examples of some of the groups we have offered in recent years include:

- Graduate Student Support Group
- Attention Seekers (ADHD skills group)
- Managing Perfectionism
- Emotion Regulation Skills Group



The range of groups offered in a given residency year will depend on a number of factors including: the needs of university students, the interests and expertise of the staff psychologists, and the interest and backgrounds of residents.

Assessment

Initial Consultation (Intake)

One important aspect of the services we provide clients is our Initial Consultation (IC). All residents provide four hours of IC services per week. During the IC, clients receive a brief needs assessment, including identifying symptoms and presenting problems. They are then referred to appropriate services, both within and outside CCS as appropriate. In addition to being an effective triage system, ICs provide residents the opportunity to develop skills in general assessment, clinical judgment, triaging and crisis intervention.

Other Assessment

Conducting formal assessments is currently not a part of the training offered at our site. However, residents will be involved in informal interview and assessment practice. General assessment techniques will be developed particularly during Initial Consultations and as a part of a first counselling session to identify the presenting problems, collect relevant information, and establish therapeutic goals. General assessment is expected to be ongoing throughout the therapy process.

Residents at CCS are also encouraged to use screening measures (e.g., PCL-5, PHQ-9, etc.) or client outcomes measures (e.g., ORS, SRS). Supervisors at CCS are trained in this area of assessment and can provide guidance to students who wish to use such instruments. CCS offers residents a comprehensive online assessment library to utilize as appropriate.

Supervision

Individual Supervision

Residents will meet for three hours of individual supervision per week with their doctoral supervisor to discuss case conceptualization and treatment planning as well as client and other more general therapeutic, professional, and ethical issues. As a part of individual supervision, one hour will be spent using the one-way mirror, doing live supervision, or engaging in co-therapy depending on the interests and desires of the resident and supervisor.

Reflecting Team & Group Supervision

Residents are involved in Reflecting Team on a biweekly basis, typically involving residents as well as a minimum of one supervising doctoral-level psychologist. These sessions can take a variety of forms, but typically involve having one member of the group have a therapeutic encounter with their client while the rest of the group observes behind a one-way mirror or by independently attending the video session. Roles are exchanged and reflections by the team are given and observed by the client and therapist. A final exchange occurs as the client and therapist are observed while they process the reflections. Reflecting Teams are scheduled for two hours; one half-hour is dedicated to process and

debrief the therapy session for training purposes without the client. This typically includes discussions about clinical impressions, case conceptualization, and options for future directions, as well as conversations about the therapist's intentions and process during the session.

Also occurring in a bi-weekly format is group supervision, in which the residents meet with a doctoral-level psychologist for one hour. These meetings provide residents with a chance to delve deeper into their clinical work, enhance conceptualization skills, and explore countertransference reactions. As in all supervision meetings at CCS, more general therapeutic, professional and ethical issues are welcomed.

*Please note that for the 2026-2027 year, group supervision has been removed in favour of weekly Reflecting Team meetings. Decisions about the 2027-2028 year will be dependent on resident feedback.

Supervision of Practicum Students

Residents will have the opportunity to provide supervision at the rate of one hour per week for approximately 20 weeks. Supervision sessions primarily involve discussion around general therapeutic, professional and ethical issues, as well as case conceptualization and treatment planning. Supervision of the resident's supervision is provided by the resident's primary supervisor. CCS also provides training in supervision via supervision seminars as outlined below.



Didactic Training

Seminars

Residents are expected to attend seven, two-hour seminars throughout their residency. Supervision seminars are designed to help residents better understand ways to successfully engage in the act of

supervision. Alternately, clinical seminars are conducted by staff psychologists and focus predominately on clinical matters related to equity, diversity and inclusivity.

DoT “Book Club”

Throughout the residency, residents will be provided with a curated selection of materials – including books, poignant podcast series, or relevant multimedia resources – designed to deepen their understanding of systemic inequities, diverse cultural histories, and the impact of implicit and explicit bias within personal and professional interactions. While maintaining a foundational focus on wisdoms and worldviews of Indigenous populations, including the historical and ongoing wrongdoings of psychology toward Indigenous communities, the club’s scope also embraces the lived experiences of other marginalized identities. During these meetings, the DoT will encourage safe discussion of the content and general consideration of how one might integrate the content into the development of their professional identity.

Some of the books that have been read in recent years include:

- *Braiding Sweetgrass: Indigenous Wisdom, Scientific Knowledge and the Teachings of Plants* by Robin Wall Kimmerer
- *Jonny Appleseed* by Joshua Whitehead
- *A Mind Spread Out on the Ground* by Alicia Elliot
- *Indigenous Healing Psychology: Honoring the Wisdom of the First Peoples* by Richard Katz
- *The End of Bias: A Beginning: The Science and Practice of Overcoming Unconscious Bias* by Jessica Nordell
- *Decolonizing Therapy: Oppression, Historical Trauma, and Politicizing your Practice* by Jennifer Mullan

In-Services

Approximately every two months, external professionals, CCS staff, or residents (if they desire) deliver in-services on a wide variety of topics including professional and ethical issues, clinical interventions, clinical presentations, clinical outcomes, working with marginalized populations, etc.

Meetings

Peer Supervision

Peer supervision provides doctoral residents and their cohort a formalized time and setting to meet and discuss important training related issues in an open and supportive way among peers. It is an adjunct to one-on-one / group supervision and the reflection team and is designed to be different from traditional models of supervision in that there is no designated power, authority, or hierarchical relationship between members.

Conversations may be related but not limited to: personal support to enhance motivation, morale and self-care, issues related to carrying out the policies and procedures of CCS and aspects of providing a quality therapeutic experience to clients. As well, students will have the opportunity to speak openly about helpful and unhelpful supervision experiences. The Director of Training initiates the process and checks in with students on a regular basis to ensure that it is a growth promoting experience for each student.

Team Meetings

Throughout the residency, doctoral residents will attend bi-weekly one hour team meetings. Team meetings are a forum for psychological staff to discuss issues pertaining to their professional activities at CCS and also provide residents an opportunity to become aware of the broader organization within which they work. Discussions include: providing team updates, reviewing policies and procedures at CCS, and assessing additional groups or services that may be appropriate to incorporate into the services already provided.

Case Consultation Meetings

During the residency year, residents will attend a one-hour case consultation meeting per week that will include psychologists, psychiatrists, social workers, nurses, and other health care staff within the Student Success and Experience portfolio. In these meetings, staff consult on current cases, and brainstorm campus and community referral resources for clients. Residents are encouraged to utilize these meetings to consult with the broader interdisciplinary team regarding any cases of their choosing.

Alumni Case Consultation Meetings

Once per month, current and former residents and CCS staff meet to engage in case consultation. In these meetings, a designated resident, staff member or alumnus presents a case for roughly 15-20 minutes, and the remainder of the allotted time is spent discussing and consulting about the case under review.

Administration & Other Activities

Case Notes & Case Prep

Residents will have approximately 7 hours per week to complete a variety of administrative duties, including:

- Writing case notes
- Completing referral requests

- Completing other documentation for the files (i.e., closing files, client correspondence)
- Completing supervision and residency logs
- Case preparation

Program Development & Evaluation / Research

During the residency year, residents are encouraged to take on a program development and/or evaluation project that is of benefit to CCS and the population that we serve. Possible projects may include the development and evaluation of a workshop, group, or new service at CCS, development and evaluation for existing programs, etc. Examples of past projects include:

- Migration-Informed Intake Guide for International Student Clients
- FNMI Motherhood Support Circle
- Gender Euphoria Workshop
- Designing a Workshop for Muslim Women Students During Ramadan

Residents are expected to decide on a project within the first two months of their residency, and review their plan with the Director of Training and Program Evaluation coordinator. Residents will also generate a proposal and present it to the training team for review and discussion.

Residents may balance the time allotted for program development to also engage in their own dissertation research work, at their discretion.



Outreach

Residents' primary outreach activity is workshop facilitation. Each resident runs six workshops over the course of the year. CCS workshops are 60-minute drop-in seminars that any member of the University of Alberta community can attend. All members of the CCS staff team (psychologists, residents, nurses) facilitate workshops. Examples of workshops that have been offered in recent years include:

- Identifying, Helping and Referring Students in Distress
- It's a Trap! Identifying Unhelpful Thinking Patterns
- The Great Escape: Challenging your Thoughts

- From Mind-Full to Mindful: How to be More Present
- iMatter: How to Cultivate Self-Compassion
- Back Off! How to Set Healthy Boundaries
- Failure IS an Option: How to let go of Perfectionism
- Learning to Relax
- Get It Done: Adaptive Skills for Managing ADHD & Related Issues

POSITION INFORMATION

STIPEND AND PROFESSIONAL DEVELOPMENT

The stipend for the 2027-2028 residency year is \$66,000, based on full-time work (37.5 hours per week). The stipend is paid in equal monthly installments on the second to last banking day of the month. Since residents are required to complete 1600 hours of supervised practice over their one-year contract, the allowance for authorized time away (for personal needs or illness) is calculated in a manner that balances personal needs with remaining on track for successful completion. Residents typically receive 22 vacation days and eight sick days per training year, though the exact allotment will depend on the requirements of the resident's home institution. Additionally, the university is closed to all students and employees from December 25 – January 1.

Each resident is also entitled to four days for outside professional development activities and \$1000 in professional development funding.

TRAINING RESOURCES

CCS is located in the Students' Union Building along with many of the other University student services (e.g., Academic Success Centre, University of Alberta Career Centre, Social Work Team, University Health Centre, Sexual Assault Centre). Residents will have their own office and have access to a large group room, a one-way mirror observation room, video recording equipment and classrooms as needed.



EVALUATION PROCEDURES

Residents will receive evaluative feedback on an informal basis throughout the residency year and on a formal basis at the end of each rotation. For formal evaluation purposes, supervisors will be using the Doctoral Resident Evaluation. This form includes evaluation within the following areas:

- | | |
|-------------------------------------|--------------------------------------|
| 1. Assessment | 5. Supervision |
| 2. Intervention | 6. Interpersonal Relationships |
| 3. Consultation | 7. Professional Conduct |
| 4. Program Development & Evaluation | 8. Integration of Science & Practice |

In order to successfully complete the residency, the resident must have completed the required 1600 hours of supervised practice and be ranked at a “4” or “5” on each of the applicable dimensions of the Doctoral Resident Evaluation.

Formal feedback regarding supervision and overall satisfaction with the residency program is garnered from residents on multiple occasions throughout the residency year. A primarily quantitative survey is administered following completion of each supervision rotation, and an exit interview is also conducted with each resident at the conclusion of the residency.

REMEDIATION & APPEAL

Protecting the interests of residents is of central importance at CCS. As such, CCS has comprehensive procedures for addressing Remediation and Appeal. These policies and procedures can be provided at the request of an applicant and are reviewed with residents at the outset of their residency year.

RESIDENT RESPONSIBILITIES

It is vital to the interests of the University community that students who may access CCS are able to trust and rely upon the staff. In order to meet and maintain that trust, residents are required to comply with the following conditions for the term of their appointment:

1. To maintain their registration in good standing with the College of Alberta Psychologists, *if applicable*. We understand that not all residents will seek provisional status with the College of Alberta Psychologists.
2. To self-report to their supervisor and the Director of CCS any conduct or unusual incident which may give rise to a complaint against them or otherwise may become the subject of

investigation. The Dean of Student Success and Experience may suspend their appointment pending the outcome of any investigation.

3. To comply with all regulations and policies of the University of Alberta and CCS as may be amended from time to time.

The residency contract may be terminated by the University of Alberta at any time prior to the expiry of the designated term:

1. Where just cause exists, without notice, or with payment in lieu of notice.
2. In all other cases, in a manner consistent with the terms and conditions of their contract.

APPLICATION PROCESS AND REQUIREMENTS

Any inquires about the training program can be directed to:

Dr. Brittany Budzan, R.Psych.

Director of Training

budzan@ualberta.ca

780-492-5205

Doctoral level graduate students currently registered in a CPA- or APA-accredited counselling or clinical psychology program will be considered for admission to the residency if they have completed or expect to complete all of their required coursework and practica (minimum 600 hours of experience) by the start date of the residency. As well, completion of their candidacy examination **by the application deadline** is required. Applicants that can show their program is CPA-equivalent may also be considered. Applicants must be Canadian Residents, or have legal authority to work in Canada.

As a residency site in Alberta, we understand that some students may apply having already been registered as a provisional or full member of the College of Alberta Psychologists. Please note that registration status does not impact the application process or the program curriculum.

The University of Alberta is committed to an equitable, diverse, and inclusive workforce. We welcome applications from all qualified persons. We encourage women; First Nations, Métis and Inuit persons; members of visible minority groups; persons with disabilities; persons of any sexual orientation or gender identity and expression; and all those who may contribute to the further diversification of ideas and the University to apply.

Deadline for applications is **November 1st** in any given year. CCS participates in the APPIC Match through National Matching Services Inc. (Code 183611).

All applicants must complete the APPIC Application for Psychology Residency (AAPR), including:

1. A letter of intent stating reasons for their interest in the residency,
2. Current curriculum vitae,
3. Official graduate transcripts,
4. Three letters of recommendation, utilizing the standardized APPIC reference form,
5. Letter from the Director of Clinical Training stating that the student has completed candidacy, the necessary qualifications, and is ready for a residency.

Interview Process

In accordance with recommendations from the Canadian Council of Professional Psychology Programs (CCPPP), interviews will be offered through video conferencing only (i.e., Zoom) for the 2027-2028 applicant cycle. A video tour of the clinic will be provided to all interviewees.

Interview notification and booking is handled in accordance with the common notification dates suggested by CCPPP. For the 2027-2028 applicant cycle, candidates will be notified by email of their interview status on December 4, 2026, and can schedule interviews using the NMS Interview system. Qualified applicants will be interviewed from January 18-29, 2027. Interviews are three hours in duration. In the first two hours, candidates are interviewed by two psychologists on the training team. In the third hour, candidates meet with a current resident for a confidential question-and-answer period.

FREQUENTLY ASKED QUESTIONS

What makes a candidate suitable for a residency at CCS?

- CCS is a fabulous residency site for students seeking generalist counselling training in a balanced work environment. Students provide individual therapy to a diverse adult population with a broad range of clinical issues. CCS works from a brief treatment perspective; students seeking to advance their skills with time-limited treatment may also find benefit in a residency at CCS.

What is the work environment like at CCS?

- CCS is a fun and light-hearted work environment where collegial respect is paramount. The staff at CCS work from different orientations and there is no privileging of approaches to therapy. We enjoy laughing, celebrating important events, and developing professional and personal relationships with each other. We take our work as clinicians seriously and believe

that ethical and empirically-informed practice is essential. We enjoy learning from each other and from our students and we are always looking to strengthen our work as clinicians and supervisors.

What style do your supervisors take?

- Each supervisor comes to CCS with a unique orientation and skill set. However, our supervisory team is universally focused on building strong relationships with our supervisees and creating an environment where supervisees feel safe, respected, and open to share their triumphs and challenges equally. We seek to create a culture of openness and unconditional support and strive to foster clinical curiosity and ongoing professional growth with our students.
- Providing quality supervision is a shared core value among our training team. To this end, we participate in monthly internal consultation meetings to review recorded supervision sessions, solicit feedback, and share learnings. Additionally, we engage in regular external consultation with subject matter experts to continue developing our competencies as supervisors. In recent years, we have worked with Drs. Mary Mendoza-Newman, Carol Falender, and Edward Shafranske.

What do residents typically do post-graduation?

- Most residents at CCS have gone on to work in post-secondary counselling centres, hospitals, or private practice settings. Our residents have successfully registered in various other Canadian provinces including British Columbia, Nova Scotia, and New Brunswick.

I saw that couples therapy is offered at your site. What might that look like for a resident?

- CCS is open to any couples where at least one member of the couple is a student at the U of A. The number of couples seeking services at CCS each year has widely ranged from six to 24. Residents interested in working with couples will be granted priority when couples are booked in for service (where appropriate). Interested residents can expect to see between one to five couples in their residency year.

I've never been to Edmonton; what is it like as a city?

- Although biased, we believe that Edmonton is one of Canada's most livable cities. As the capital city of Alberta, Edmonton and the surrounding communities are home to approximately 1.6 million people. We have a beautiful university campus that borders a vast river valley full of trails; the area is very walkable with many restaurants, coffee shops and stores to explore. We are a city that loves food from around the world, festivals of all types, outdoor activities, volunteerism, and community. Edmonton is a progressive city with a large "under 40" population. We are also just four hours from the mountain towns of Banff, Canmore, and Jasper, home to Canada's beautiful Rocky Mountains. Although we are certainly a province with "prairie" weather, Edmonton is sunny year-round. Finally, Edmonton is a very affordable city and has even been nominated one of the best cities to live in the world!

SUPERVISORY STAFF

1. **Jasmine Bajwa, Ph.D.** (University of Alberta, Counselling Psychology); Registered Psychologist (Alberta); Psychologist, CCS, Edmonton Remand Centre, and Private Practice. Member of the Psychologists' Association of Alberta, Canadian Psychological Association, Canadian Association for Cognitive and Behavioural Therapies, and the College of Alberta Psychologists. Interests: CBT, Solution-Focused, Prolonged Exposure, Ex/RP; mood disorders, adult ADHD, anger management, cross-cultural/acclimation/adaptation challenges, domestic violence, life transitions, stress/burnout and interpersonal problems.
2. **Brittany Budzan, Ph.D.** (University of Alberta, Counselling Psychology); Registered Psychologist (Alberta); Psychologist, CCS. Member of the Canadian Psychological Association, the College of Alberta Psychologists, and the World Professional Association for Transgender Health. Interests: Feminist, Humanistic, Compassion-Focused, solution-focused, mindfulness, ACT; 2SLGBTQ+ populations, gender & sexual identity, anxiety, shame, self-criticism, perfectionism, body image.
3. **Steve Knish, Ph.D.** (University of Alberta, Counselling Psychology); Registered Psychologist (Alberta); Psychologist, CCS and Private Practice; Adjunct Academic Staff, Department of Educational Psychology, University of Alberta. Registered Yoga Teacher – 200. Member of the Psychologists' Association of Alberta and the College of Alberta Psychologists. Interests: Contextual model of psychotherapy and supervision, Interpersonal Neurobiology, client directed, resource focused, outcome informed therapy, mindfulness and yoga-based interventions, experiential psychotherapies, EMDR; trauma, depression, anxiety, clients who are challenged connecting to their experience.
4. **Jasmine Nathoo, Ph.D.** (University of Calgary, Counselling Psychology); Registered Psychologist (Alberta); Psychologist, CCS and Private Practice. Member of the Psychologists' Association of Alberta, the Canadian Psychological Association, and the College of Alberta Psychologists. Interests: Humanistic, CBT, ACT; self-compassion, anxiety disorders, multicultural/diversity/acclimation, body image, disordered eating.

CLINICAL STAFF

5. **Daniel Drozak, BScN.** (University of Alberta, Nursing); Registered Nurse (Alberta); Mental Health Consultant, CCS.
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