



CLINICAL PSYCHOLOGY RESIDENCY PROGRAM 2014-2015

www.stjoes.ca/psychology

For More Information, Please Contact:

Heather McNeely, Ph.D., C.Psych.
Director of Training, Clinical Psychology Residency Program

St. Joseph's Healthcare, Hamilton
West 5th Campus, Beckfield Building
100 West 5th Street, Box 585
Hamilton, ON L8N 3K7

Tel: 905-522-1155, ext.36422
Fax: 905-381-5610
E-mail: hmcneely@stjoes.ca

Accredited until 2015-16 as a Predoctoral Internship in Professional Psychology By:

The Canadian Psychological Association
141 Laurier Avenue West, Suite 702
Ottawa ON K1P 5J3
Tel: 1-888-472-0657
Web: www.cpa.ca

The American Psychological Association
Commission on Accreditation
Office of Program Consultation & Accreditation
750 First Street, NE, Washington DC 20002-4242
Tel: 1-202-336-5979 Web: www.apa.org

TABLE OF CONTENTS

Introduction

| | |
|-----------------------------------------------|---|
| About St. Joseph's Healthcare, Hamilton | 2 |
| About Hamilton, Ontario | 2 |

Overview of the Program

| | |
|--------------------------------|----|
| Training Philosophy | 3 |
| Training Objectives | 4 |
| Structure of the Program | 7 |
| Workspace | 8 |
| Didactic Experiences | 8 |
| Research Opportunities | 9 |
| Supervision | 9 |
| Evaluation | 10 |
| Accreditation | 10 |

Description of Rotations

| | |
|----------------------------------------------|----|
| Anxiety Disorders | 11 |
| Dialectical Behaviour Therapy..... | 12 |
| Eating Disorders | 12 |
| Forensic Psychology..... | 13 |
| Health Psychology/Behavioural Medicine..... | 14 |
| Long Term Psychotherapy..... | 16 |
| Mood Disorders | 16 |
| Neuropsychology | 17 |
| Schizophrenia and Severe Mental Illness..... | 19 |
| Other Training Opportunities | 20 |

Stipend and Benefits

| | |
|----------------------------------------|----|
| Stipend | 20 |
| Benefits, Vacations, and Parking | 20 |

Application Process

| | |
|------------------------------------------|----|
| Qualifications | 21 |
| Application Materials and Deadline | 22 |
| Privacy and Application Materials | 24 |
| Interview and Selection Procedures | 24 |

Faculty and Supervisors

| | |
|---------------------------------------|----|
| Core Faculty and Supervisors | 25 |
| Adjunct Faculty and Supervisors | 46 |

INTRODUCTION

About St. Joseph's Healthcare, Hamilton

Founded in 1890, St. Joseph's Healthcare, Hamilton is a large teaching hospital affiliated with the Faculty of Health Sciences at McMaster University and Mohawk College. The Mental Health Program at St. Joseph's Healthcare provides services both within the general hospital site (also known as the Charlton Campus) and the nearby West 5th Campus (formerly the Hamilton Psychiatric Hospital). In addition, the King Street Campus (Centre for Ambulatory Care) is a third hospital site, with limited psychology services available. The current group of psychology staff was formed following the merger of the psychology departments at St. Joseph's Hospital and Hamilton Psychiatric Hospital. With more than 275 inpatient mental health beds, and the capacity to serve almost 5000 outpatients each year, St. Joseph's Healthcare has become the centre for adult mental health care throughout the central region of Southern Ontario.

The Mental Health Program offers a full spectrum of care for adults ranging from emergency services to acute and specialized inpatient services to specialty outpatient programs. As a result, residents will have the opportunity to gain varied experience in assessment and intervention with individuals with a wide range of difficulties. Because the Mental Health Program, and indeed St. Joseph's Healthcare as a whole, is committed not only to training but also to clinical research, residents are also encouraged to become involved in the ongoing research occurring across a number of programs.

Hospital Redevelopment: In February 2014, a state-of-the art integrated academic healthcare facility will open its doors to a wide range of users, including patients, staff, researchers, learners and visitors. Developing this unparalleled facility rested on a vision for a new mental health facility that transforms the way mental healthcare is viewed. Psychiatric illness in general and the treatment of the seriously mentally ill in the provincial hospital system in particular have been associated with immense stigma; preventing too many people from getting the care they need and burdening those who seek help with the stigma attached to mental illness. This vision for the new West 5th campus builds upon SJHH's strong tradition of integrating excellence in clinical care with innovative medical research and education. The new facility will improve quality of care, provide an exceptional working and learning environment and fundamentally shift perceptions of mental health.

Helpful Websites

For more information about St. Joseph's Healthcare: www.stjoes.ca

More information about the Department of Psychiatry and Behavioural Neurosciences, McMaster University: www.fhs.mcmaster.ca/psychiatryneuroscience

About Hamilton, Ontario

St. Joseph's Healthcare is situated in Hamilton, Ontario, within a short distance of shops, restaurants and services. The City of Hamilton, with a population of 505,000, is home to several cultural and recreational landmarks. Copps Coliseum is an internationally recognized venue for concerts, sporting events, and conventions. Area attractions include the Royal Botanical Gardens, Dundurn Castle, Canadian Warplane Heritage Museum, Wild Waterworks, African Lion Safari, and several conservation areas and golf courses. The downtown core offers an eclectic mix of shopping, arts, and dining venues catering to all tastes. Bayfront Park is ideal for jogging and roller blading, and the nearby Niagara Escarpment, with over 1500 kilometres of trails, provides an all-seasons getaway for hiking, biking, or skiing. Best of all, Hamilton is one of the most affordable cities in Canada, for its size.

Hamilton is about 45 minutes from Toronto, a large cosmopolitan city with more than 2.5 million residents. It is also about an hour from Buffalo, NY, and less than an hour from Niagara Falls.

Helpful Websites

For more information about Hamilton: www.myhamilton.ca/myhamilton
www.tourismhamilton.info/tourism_office.cfm

For more information about Toronto: www.toronto.com
www.toronto.ca

For more information about Buffalo: www.city-buffalo.com

OVERVIEW OF THE PROGRAM

Training Philosophy

The Clinical Psychology Residency Program is committed to a scientist-practitioner approach to education and practice. The program includes a General Clinical Psychology Stream (5 positions) and a Clinical Neuropsychology Stream (1 position). The training of all residents emphasizes the delivery of empirically supported assessment and treatment approaches (e.g., cognitive-behaviour therapy). Many members of the clinical training faculty contribute regularly to the scientific literature, and all faculty members are committed to keeping abreast of the latest research in their respective fields to inform their clinical practice.

St. Joseph's Healthcare program is committed to preparing residents to become independent practitioners by offering both breadth and depth of experience. The intensive training experience ensures the development of core competencies required by provincial and state licensing boards by providing residents with a range of assessment and intervention opportunities, and exposure to different types of clients and services.

The program also supports the concept of psychologists acting in multiple roles. Psychology faculty and residents have integral positions on multidisciplinary teams, and several programs and services are headed by psychology faculty. Psychologists and psychological associates at St. Joseph's Healthcare are seasoned clinicians, managers, trainers, authors, and advocates for important professional issues. The Residency Program provides opportunities to participate in a wide range of professional activities and to interact closely with colleagues from a variety of other disciplines.

Training Objectives

The primary objective of the residency program is to provide a comprehensive pre-doctoral internship training experience that assures the development of adequate levels of proficiency across basic areas of clinical psychology, including assessment, therapy, consultation, attention to issues of diversity and individual difference, professional issues, and clinical research. The following goals and objectives must be met to demonstrate a psychology resident is competent in these areas:

Goal 1: Develop Assessment and Diagnostic Skills:

Objectives for Goal 1: Residents will produce a minimum of four written assessment reports integrating history, interview information, behavioral observations, and psychometric test data. The reports will include accurate DSM-V diagnoses and provide client specific recommendations.

Competencies Expected for Goal 1: Competencies expected include: ability to select appropriate assessment methods, demonstrated accuracy of test administration, ability to conduct interviews independently, effective listening and observational skills, accuracy of scoring results, accuracy in interpretation of results, usefulness of case conceptualization, quality of written report, appropriateness of response to referral question, integration of empirical/critical thinking based on literature, integration of test data with DSM criteria and usefulness of recommendations based on evaluation results.

Goal 2: Develop Therapy Skills

Objectives for Goal 2: Residents will be given opportunities to refine their knowledge and skills in empirically validated psychotherapeutic interventions with a variety of presenting problems.

Competencies Expected for Goal 2: Residents will refine their skills in developing therapeutic rapport, in conducting psychotherapy/behavioural change with clients with a

variety of presenting complaints, will demonstrate a theoretical understanding of empirically validated clinical approaches, will practice integrating theory into therapy interventions, will actively participate in the process of determining the most appropriate form of treatment for their patient/client, and if necessary in deciding whether a referral to another agency or service is appropriate. Residents will also learn to set realistic and objective treatment goals, to use background information appropriately, to select appropriate intervention goals, to pace interventions appropriately and to recognize and respond to crises in an appropriate manner. The ability to self-reflect and discuss issues related to transference and counter-transference is also expected.

Goal 3: Develop Knowledge of Ethics and Professional Issues

Objectives for Goal 3: Through didactic seminars and discussion in supervision, residents will understand the application of the APA and CPA Codes of Ethics, and Ontario licensure laws. Residents will also be provided with opportunities to develop their professional identity, gain an understanding of the multiple roles psychologists may play in an interdisciplinary healthcare setting, and will be provided with information about obtaining employment in professional psychology.

Competencies expected for Goal 3: Residents' conduct is in compliance with APA and CPA Ethical Principles, and in compliance with Ontario laws. Residents reliably consider ethical issues and are able to identify and raise appropriate ethical concerns, anticipate possible ethical concerns, are able to reason through ethical dilemmas and seek supervision appropriately, and arrive at good ethical decisions. Residents will also be sensitive to issues of confidentiality. Residents will be active and co-operative members of the clinical team(s) they are assigned to, will engage in efforts to broaden their knowledge base (e.g., readings, workshops), and will reliably consider issues around professional development as these relate to their practice (e.g., boundary issues, gaps in knowledge).

Goal 4: Develop Knowledge of Issues related to Diversity and Individual Differences

Objectives for Goal 4: Through didactic seminars, assigned readings and discussion in supervision, residents will learn to recognize and address therapist/client diversity, and will learn to recognize the importance of individual differences and the avoidance of stereotyping. Residents will also be assigned patients/clients representing diverse populations in order to put theory into practice.

Competencies expected for Goal 4: Residents will be aware of and demonstrate sensitivity to issues of diversity (including cultural, language, gender, ethnicity, sexual preference, age, religion, physical and emotional disability). Residents will reliably consider issues of diversity or individual difference, will demonstrate self-awareness to their limits of competency in this area, and will seek appropriate consultation and/or supervision and additional resources (e.g., readings) to inform their practice.

Goal 5: Develop Knowledge of and Skills in Consultation

Objectives for Goal 5: Residents will understand the role of a psychology consultant in an interdisciplinary healthcare setting. Through formal didactic seminars on interprofessional care, provision of consultation-based activities in the context of all clinical case assignments, and participation in case consultation during interdisciplinary team meetings, residents will enhance their knowledge of the basic principles and skills for providing professional consultation.

Competencies expected for Goal 5: Residents will demonstrate an ability to establish a consulting relationship with another healthcare professional through both written and verbal mechanisms, will skillfully select appropriate means and/or psychometric measures to answer consultation questions, will be able to skillfully manage the communication requirements (written and verbal) of particular consultation contexts, will skillfully provide feedback and compose recommendations to the referring agent in ways that are clear and easily understood, and will be able to evaluate consultation outcomes.

Goal 6: Develop Skills in Providing Feedback

Objectives for Goal 6: Residents will be given opportunities to develop their skills in providing feedback to referring clinicians, patients/clients and their family members.

Competencies expected for Goal 6: Residents will develop their ability to effectively communicate clinically relevant information (e.g., case conceptualization, recommendations) to referring clinicians and/or patients/clients and their family members. Residents will learn to adapt and modify feedback in a manner that is appropriate for their target audience and will demonstrate an increasingly appropriate amount of independence corresponding to their developmental level.

Goal 7: Develop Skills in Supervision and Integration of Supervisory Feedback

Objectives for Goal 7: Through a didactic seminar, assigned readings, and participation in and discussion during clinical supervision, residents will develop an understanding of basic models and methods of supervision. When possible, residents will be given the opportunity to provide supervision to practicum students and receive supervision on their supervision.

Competencies expected for Goal 7: Residents will appropriately seek supervision/consultation, inform patients of their training status and supervisor's name, appropriately respond to supervisors feedback/suggestions, demonstrate increasingly appropriate amount of independence corresponding to their developmental level, will integrate supervisor feedback into clinical care, provide appropriate and constructive feedback to their supervisor, be aware of and effectively deal with ethical and diversity issues in supervision, and effectively address and process resistance and boundary issues in supervision. Residents will demonstrate an ability to respond to and integrate supervisor feedback in their professional and skills development across rotations.

Goal 8: Develop Skills in Clinical Research

Objectives for Goal 8: Residents will gain familiarity with the various ways in which professional psychologists integrate clinical research into their careers and will participate in research activities during the course of the year. A half day per week is dedicated to resident research time, and residents may choose to work on their dissertations, prepare manuscripts for publication, or participate in new research with residency faculty. Clinical research skills will also be taught through didactic seminars and grand rounds presentations, assigned readings, through the role modeling provided by residency faculty, and through discussions with supervisors.

Competencies expected for Goal 8: Following the scientist-practitioner model, residents will demonstrate ongoing commitment to expanding their scientific knowledge base and will organize time effectively in order to incorporate clinical research into their learning goals. Residents will demonstrate high levels of awareness of relevant clinical research and integrate their scientific knowledge base into their clinical practice. Residents will also display the ability to critically evaluate research identifying strengths and limitations of the relevant literature. Moreover, residents will demonstrate the ability to communicate clinical research findings effectively in a style appropriate for a variety of different audiences (e.g., to professional colleagues, clients, and their care givers). Residents will present a poster at the Department of Psychiatry and Behavioural Neurosciences annual Research Day.

Structure of the Program

The Residency Program runs from September 1 through August 31.

The program requires 2000 hours of supervised practice to be completed over 12 months. Residents work 40 hours per week, with specific hours to be determined by each rotation. Some rotations may require residents to work one evening (e.g., until 8:00 p.m.) per week. Residents spend more than 50% of their time in direct contact with patients; an example of a typical work week in the general stream is as follows:

- 8 to 10 hours individual therapy – less if in neuropsychology
- 2 to 4 hours group therapy (e.g., 1 or 2 groups)
- 6 hours assessment (e.g., 2 to 3 comprehensive assessments) – 8 to 18 hours per week if in neuropsychology (e.g., 1 to 2 neuropsychological assessments per week)
- 4 hours individual supervision
- 2 to 3 hours multidisciplinary team meetings
- 3 to 5 hours didactic training (weekly seminars, rounds, case conferences)
- 10 to 12 hours preparation, reading, report writing, research

Individualized Rotation Plans: The residency incorporates a combination of concurrent and sequential rotations, varying in length from four to twelve months. Major rotations may comprise over 50% of the residency year. Some time before the beginning of the residency, a rotation schedule for the entire year is developed collaboratively between the Training Director, relevant supervisors, and each resident. In other words, rotations are

developed flexibly to meet the training goals of each individual resident while at the same time meeting requirements for core competencies.

To ensure adequate coverage of the core competencies, it is recommended that residents complete rotations that offer a range of experiences. Two sample resident schedules are provided below. Descriptions of particular rotations are provided later in this brochure.

Resident 1 (General Stream)

Anxiety: September through February (6 months, full time)

Eating Disorders: March to August (6 months, part time)

Health Psychology/Behavioural Medicine: March to August (6 months, part time)

Resident 2 (Neuropsychology Stream)

Neuropsychology: September through April (8 months, full time)

Mood Disorders: May through August (4 months, full time)

Workspace

Each resident will be provided with office space, a telephone extension, and a computer with on-line access to high speed e-mail, the internet, and various hospital and library resources. For residents who have concurrent rotations that require them to divide their time between the Charlton site and the West 5th Campus, office space will be available at each site on the days relevant to the respective rotations. *Once the new hospital facility at the West 5th campus opens in February 2014, all residents will have a dedicated office in a central area in the Psychology Department.* Some residents will complete a minor portion of their work at off-site programs (e.g., Day Treatment Hospital, King Street Campus) or centres that are affiliated with McMaster University, but are not part of St. Joseph's Healthcare (e.g., Hamilton General Hospital).

Didactic Experiences

Seminar Series

In keeping with the scientist practitioner model of training espoused by St. Joseph's Healthcare, the residency program incorporates a didactic seminar series to supplement and inform the residents' clinical rotations. Seminars are held on a weekly basis for 2 hours and are facilitated by faculty from a number of disciplines. Scheduled seminar topics are based on current theoretical and empirical approaches to understanding, assessing, and treating psychological disorders, as well as topics related to ethics and professional development. Residents are required to present a clinical case as part of the seminar series.

Topics for the current seminar series are available at: www.stjoes.ca/psychology

St. Joseph's Hospital Rounds and McMaster University Grand Rounds

Residents are encouraged to attend weekly clinical psychiatry educational rounds held at the Charlton site every Thursday at noon (organized by the Mental Health and Addictions Program at St. Joseph's Healthcare). Rounds are presented by psychologists, psychiatrists, social workers, and other professionals, both from within St. Joseph's Healthcare and from elsewhere.

Residents are expected to attend Grand Rounds for the Department of Psychiatry and Behavioural Neurosciences, McMaster University (also held at St. Joseph's Healthcare, Charlton Site) at 9:00 AM each Wednesday during the academic year.

Residents are required to present at either Clinical Psychiatry or Grand Rounds. Presentations may discuss research on a particular topic (such as the dissertation), or may integrate a case presentation with theoretical and/or empirical literature.

For recent and forthcoming topics, a schedule of McMaster Grand Rounds is available at: www.fhs.mcmaster.ca/psychiatryneuroscience/education/psych_rounds/index.htm

Workshops and Research Days

The faculty at St. Joseph's Healthcare periodically organize workshops open to both staff and students. Faculty and residents regularly participate in the Psychiatry and Behavioural Neurosciences Research Day, held annually in April at the Hamilton Convention Centre. This all-day event highlights current empirical findings, giving residents the opportunity to both learn about the latest research as well as present their own work. There is also an annual Education Day organized by the Education Coordinating Committee in the Department of Psychiatry and Behavioural Neurosciences that typically focuses on various aspects of clinician-educator development. Staff and residents are highly encouraged to attend.

Information about the Annual Research Day may be found on the Department website:

www.fhs.mcmaster.ca/psychiatryneuroscience/research_clinical/research_day.htm

Research Opportunities

Residents are provided with a half day of protected research time per week. Residents may spend this time working on their dissertation, preparing papers for publication, or they may choose to get involved in research activities within the training program. Depending on the resident's interests and experience, opportunities to participate in clinical research projects or to develop new projects are available on most rotations. Recent research projects involving residents have included studies of: the effectiveness of community-based CBT group for co-morbid mood, anxiety, and substance use disorders; the influence of catastrophic predictions on the course of panic disorder; cross-validation of a risk-assessment instrument in a forensic population; and the construct validity of the Resident Assessment Inventory (RAI). Residents are required to present a research poster on any topic, or if they choose, a talk, at the Department Research Day.

Supervision

Residents spend a minimum of four hours each week in direct individual supervision, including discussion of clinical cases and professional development, observing and being observed while providing clinical services, and formal case presentations. Opportunities for group supervision also exist in a number of rotations, and residents are encouraged to participate in peer supervision during regularly scheduled resident meetings.

Evaluation

In addition to the regular and constructive feedback residents receive during supervision, formal evaluations occur twice during each rotation – once at the midpoint, and once at the end. The midpoint review is intended to provide a formal opportunity to review the progress made on learning goals and plans set out at the beginning of the rotation, and identify areas of strength and weakness that can be further developed throughout the remainder of the rotation. Results of the final rotation evaluations will be amalgamated into a comprehensive resident evaluation that will become a permanent part of the resident's file. Summaries of the midpoint and final evaluations are sent to each resident's university to document his or her progress in the internship course. Residents are evaluated on the following skill and ability dimensions: relationship with patients, knowledge of psychological theory and clinical research, clinical assessment and testing skills, therapeutic intervention, oral presentation, written reports, professional ethics, team participation, professionalism, utilization of supervision and feedback, and clinical research skills.

Residents also complete evaluations at the end of each major and minor rotation. Residents evaluate the amount, quality, and availability of supervision, their supervisor's clinical and research mentorship, their satisfaction with the amount of patient contact they have, the appropriateness of overall time demands placed on them, research opportunities, the quality of the feedback they receive from their supervisors, the quality of the supervisory relationship, the overall quality of the rotation, and its value to their residency experience. In addition to the formal evaluation at the end of each rotation, residents are encouraged to approach their supervisors with any concerns that may arise. Finally, residents complete evaluations for each of the didactic seminars.

Residents also receive formal didactic training on care quality and program evaluation.

Accreditation

The Clinical Psychology Residency Program at St. Joseph's Healthcare is fully accredited by the Canadian Psychological Association (through to the 2015 – 2016 training year) and by the American Psychological Association (through until 2015 when APA will discontinue accreditation of all Canadian Internship Programs). The program is also a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and the Canadian Council of Professional Psychology Programs (CCPPP).

For more information on our accreditation status:

The Canadian Psychological Association
141 Laurier Avenue West, Suite 702
Ottawa ON K1P 5J3
Tel: 1-888-472-0657
Web: www.cpa.ca

The American Psychological Association Commission on Accreditation
Office of Program Consultation & Accreditation
750 First Street, NE
Washington DC 20002-4242
Tel: 202-336-5979
Web: www.apa.org

DESCRIPTION OF ROTATIONS

For all rotations, the specific responsibilities of each resident will be determined collaboratively with his or her supervisor, in order to meet the requirements of the core competencies and the resident's personal training goals.

Major rotations require a time commitment of 400 or more hours. **Minor rotations** typically involve a commitment of between 100 and 400 hours.

Anxiety Disorders

Core Faculty: Randi E. McCabe, Ph.D.
Karen Rowa, Ph.D. Irena Milosevic, Ph.D.

Adjunct Faculty: Martin M. Antony, Ph.D. Richard P. Swinson, M.D.
Lisa Bourque, Psy.D. Linda Cox, M.S.W.
Susan M. Chudzik, M.Sc.

Availability: Major or Minor Rotation

Primary Location: Anxiety Treatment and Research Centre (ATRC), Charlton Site

The ATRC is an outpatient specialty unit staffed by professionals with a background in psychology, psychiatry, nursing or social work. The Centre receives more than 2000 new referrals per year, predominantly for individuals suffering from panic disorder, agoraphobia, social anxiety, obsessive-compulsive disorder, and generalized anxiety disorder. Opportunities are also available for working with patients who suffer with other anxiety related difficulties (e.g., specific phobias, hypochondriasis). Residents gain experience in clinical assessment using structured interviewing techniques for anxiety and other disorders, report writing, liaison with other treating professionals, and individual and group treatments for anxiety disorders using evidence-based, cognitive behavioural treatments. Residents are an active part of the multidisciplinary team that meets on a weekly basis for

case conferences. During the case conferences, residents are expected to discuss diagnostic issues and treatment recommendations pertaining to their assessment cases from the previous week. Residents are also expected to become familiar with the relevant research literature.

In addition to offering clinical services, the ATRC is among the most active anxiety research centres in Canada. Research interests of clinic staff members include the development of short-term, cost effective assessments and treatments for anxiety, and the investigation of cognitive, behavioural, and biological factors in the etiology and treatment of anxiety disorders. Resident involvement in ongoing research is strongly encouraged. For more information about the ATRC, refer to the website: www.stjoes.ca/anxiety

Dialectical Behaviour Therapy

Core Faculty: Lisa Burckell, Ph.D.
Amy Wojtowicz, Ph.D.

Adjunct Faculty: Marilyn Korzekwa, M.D.

Availability: Major Rotation Only

Primary Location: Charlton Site

St. Joseph's Healthcare, Hamilton has implemented a strategic plan to provide people with borderline personality disorder (BPD) with an empirically validated treatment. This treatment is based on a Dialectical Behaviour Therapy (DBT) framework, which was originally developed by Marsha Linehan. DBT is recognized to be an effective best practice approach that supports both people with BPD and clinical care teams in providing a consistent approach to care.

Residents will have the opportunity to provide time-limited skills training, individual therapy and skills coaching in an Outpatient DBT program. Residents will learn how to conduct assessments to diagnose BPD and to assess for the presence of suicidal and non-suicidal self-injurious behaviours. As part of this rotation, residents will have the opportunity to attend interdisciplinary consultation teams and provide additional training/consultation as needed. In addition, there are opportunities for participation in ongoing outcome research or other special interest research projects.

This rotation is designed to teach residents how to conceptualize and to treat the complex, multi-diagnostic problems that individuals with BPD experience. Residents will learn and participate in all four components that comprise outpatient DBT: 1) individual therapy; 2) skills training; 3) consultation team; 4) skills coaching. Supervision will focus on 1) case conceptualization from a DBT perspective, including application of the biosocial model and behavioral principles, and 2) application of DBT strategies. After completion of the rotation, residents will possess knowledge of strategies to work effectively with challenging, complex, and difficult-to-engage clients in an outpatient setting.

Eating Disorders

Core Faculty: Michele Laliberté, Ph.D.

Adjunct Faculty: Cathy McCutcheon, RN Stacey Tweed, Ph.D.
Kofi Oforu, M.D.

Availability: Major or Minor Rotation

Primary Location: Eating Disorders Clinic, Charlton Site

The Eating Disorders Clinic at St. Joseph's Healthcare is the regional centre for the treatment of adults with eating disorders in the Central South region of Ontario, providing consultation and treatment to approximately 100 patients annually. The program offers services to patients with a range of eating disorders, including Anorexia Nervosa, Bulimia Nervosa, Binge Eating Disorder, and the spectrum of disordered eating understood as Eating Disorders Not Otherwise Specified. Residents work within a multidisciplinary team including a psychologist, psychiatrist, nurse, and dietician. Residents gain experience in the assessment of eating disorders, clinical report writing, individual treatment, and group therapy for eating disorders (including a CBT based symptom-interruption group, a family education session, and a body image group).

The Eating Disorders program is developing a number of research initiatives looking at factors influencing response to treatment, relapse prevention, and family factors that contribute to or protect against the development of eating disorders. Residents are expected to familiarize themselves with the research literature relevant to the treatment of eating disorders, and are encouraged to participate in ongoing research projects.

Forensic Psychology

Core Faculty: Mini Mamak, Ed.D.
Heather Moulden, Ph.D.

Adjunct Faculty: Gary Chaimowitz, MD

Availability: Major or Minor Rotation

Primary Location: Forensic Service, West 5th Campus

The Forensic Service at the West 5th Campus houses a busy 20-bed minimum-security inpatient unit, as well as a 20-bed medium security inpatient unit. There is also a very active outpatient department. On this rotation, residents focus on the intersection of psychological disorders and the criminal justice system, conducting forensic psychological assessments that are used by the multidisciplinary team to inform their recommendations to the court about issues concerning fitness to stand trial and criminal responsibility.

Residents also participate in risk assessments, conducted in the context of pre-sentence assessments for the court or for the provincial review board. Residents can expect to assess a broad range of psychopathology on this rotation including Schizophrenia, Bipolar Disorder, Antisocial Personality Disorder, and various other personality disorders and Axis-I conditions. The focus of this rotation is forensic assessment, on occasion opportunities also exist to provide individual treatment or become involved in the Forensic DBT program. The focus of treatment is typically criminogenic risk factors such as, substance abuse or anger management, in order to ameliorate risk. Interested residents have the opportunity to participate in clinical research within the forensic program.

Health Psychology / Behavioural Medicine

Core Faculty: Sheryl Green, Ph.D. Irena Milosevic, Ph.D.
Joseph Pellizzari, Ph.D.

Adjunct Faculty: Peter Bieling, Ph.D. Patricia Rosebush, MD
Rebecca Anglin, MD, PhD

Availability: Major or Minor Rotation

Primary Location: Charlton Site

Opportunities for training in health psychology / behavioural medicine occur within several contexts and settings. Patient presentations are typically complex from both medical and psychiatric perspectives. The aim is to develop competency in psychological consultation and brief interventions. One can accomplish this within inpatient medical/surgical settings and outpatient clinics. Training experiences within both general behavioural medicine and sub-specialty clinics are negotiated in advance based on the completion of a major or minor rotation, resident preferences and supervisory availability.

Major/Minor Rotation

Below is a list of training opportunities available for a resident to consider. If a major rotation in health psychology is considered, resident preferences would be considered along with the following core components; 1) training experiences in a minimum of three clinics/services throughout the year, 2) training with an inpatient population, 3) training in an outpatient clinic, 4) development of consultation skills, 5) individual short-term treatment, and 6) group treatment. A minor rotation in health psychology would be based on resident preferences and supervisor availability and involve 1) development of consultation skills, 2) training with inpatient or outpatient populations, and 3) individual and/or group treatment.

The following opportunities are available:

Health Psychology Consultation Service

This is a general consultation service for those medical inpatients or outpatients requiring psychological assessment and/or intervention. Our main partner is the Consultation-Liaison Psychiatry Service. However, referral sources also include other mental health (e.g., The Anxiety Treatment and Research Centre) and medical services (e.g. Pain Management Centre, Internal Medicine, Palliative Care). Brief psychological interventions (individual and group) target mood, anxiety, somatization, adherence, and adjustment-related concerns for the medically ill.

Women's Health Concerns Clinic (WHCC)

The Women's Health Concerns Clinic (WHCC) is a unique outpatient clinic that provides assessment, consultation and treatment for women who are experiencing mood and anxiety problems associated with reproductive life cycle events, including menstrual cycle changes, pregnancy and postpartum periods and menopause. The WHCC also conducts clinical and biological research in these areas. Within the clinic, the team consists of psychiatrists, psychologists, gynecologists, nurses, social workers, mental health counselors, research and laboratory staff, and trainees.

Residents within this rotation will have exposure to various clinical scenarios in women's health and will be able to provide psychological assessments/consultations and brief cognitive behavioural treatments for difficulties that are gender-related. Residents will participate in clinical/research team meetings. Lastly, residents will participate in an ongoing CBT group intervention for perinatal anxiety.

Respiratory Rehabilitation

This patient population consists primarily of those suffering from Chronic Obstructive Pulmonary Disease (COPD). Training opportunities include:

1. Outpatient psychological consultation with patients attending the Firestone Institute of Respiratory Health (FIRH). The "Firestone" is the regional respiratory service for the City of Hamilton and the Hamilton Niagara Haldimand Brant Local Health Integrated Network (LHIN). Psychological services are delivered within the clinic, on-site, in a collaborative care model;
2. Psychological consultation with patients attending inpatient and day treatment pulmonary rehabilitation programs. This involves both individual and group-based modalities and working in an interprofessional model of care that includes respirologists, nurses, occupational therapists, physiotherapists, social worker, pharmacist, and respiratory therapist.

Reasons for psychological consultation include anxiety and mood-related concerns, adherence issues, adjustment difficulties, and smoking cessation.

Bariatric Surgery

The Bariatric Surgery Program is a centre of bariatric excellence in Ontario, providing integrated services for the care of obese and morbidly obese patients seeking weight loss surgery. The program is staffed by an interprofessional team, including surgeons, internal medicine physicians, psychologist, psychiatrist, social worker, nurses, dietitians, and various learners within these professions. Training opportunities for residents include conducting psychological assessments to determine suitability for surgery, providing individual and/or group treatment to facilitate preparedness for surgery or maintenance of weight loss post-surgery, and consultation to team members to support patient care. Opportunities to participate in research during this rotation may also be available.

Gastroenterology

Working closely with the psychiatric consultant to the Gastroenterology Services at the McMaster University Medical Centre, residents will be involved in psychological consultation, program development, program evaluation, and research with patients with inflammatory bowel disease (e.g., Crohn's disease, ulcerative colitis) and functional gastrointestinal diseases (e.g., irritable bowel syndrome, functional dyspepsia). Interprofessional collaboration (clinical, research, education) is emphasized. Clinical opportunities exist mainly in the development and implementation of group-based psychological interventions (e.g., cognitive-behavioural therapy).

Long Term Psychotherapy

Core Faculty: Sandra McNally, Ph.D.
Ian Smith, Ph.D.

Availability: **Minor Rotation Only**

Primary Location: West 5th Campus

The Long Term Psychotherapy rotation provides residents with the opportunity to obtain intensive supervision on an individual psychotherapy case carried for up to one year. Clients referred to this service are individuals whose circumstances and symptomatology (e.g., diagnostically complex presentations, personality psychopathology) are such that long term intervention is indicated. Therapeutic modalities offered within this rotation include interpersonal, emotion-focused and schema-focused therapies. Residents in this rotation typically see one client once per week (seeing clients twice/week is an option if indicated) and receive one hour of supervision per week. The goal of this rotation is to develop residents' competence in their knowledge of the theory and practice of long term modalities, and, for those who have had prior experience in this area, to aid in extending and refining existing skills.

Mood Disorders

Core Faculty: Peter J. Bieling, Ph.D. Brenda Key, Ph.D.
Ian Smith, Ph.D. Margaret McKinnon, Ph.D.

Adjunct Faculty: Gary Hasey, M.D.

Availability: Major or Minor Rotation

Primary Location: Mood Disorders Service, West 5th Campus

The Mood Disorders Service employs a multidisciplinary team of psychologists, psychiatrists, nurses, social workers, vocational rehabilitation therapists, and occupational therapists who assess and treat individuals with either unipolar depression or bipolar disorder. Residents gain experience with diagnostic interviewing for mood disorders (both inpatient and outpatient), psychodiagnostic testing (e.g., personality and intellectual assessment), and individual and group therapy. The primary treatment orientation on this rotation is cognitive behavioural, based on empirically validated protocols for the full spectrum of depression, bipolar disorder, and co-morbid mood-anxiety conditions. Residents also have the opportunity to work as part of an innovative team to assess and provide therapy for treatment resistant mood disorders.

In addition to the clinical service, the mood disorders program incorporates a large, well-funded and internationally renowned research facility that investigates the causes and treatment of mood disorders. Current projects involve studying cognitive changes in response to cognitive behaviour therapy vs. pharmacotherapy, the efficacy of mindfulness-based cognitive therapy for relapse prevention in depression, and psychological predictors of chronicity in patients with a first episode of mood disorder.

Neuropsychology

Core Faculty: Jelena King, Ph.D. Stephanie McDermid Vaz, Ph.D.
Bruno Losier, Ph.D. Margaret McKinnon, Ph.D.
Christina Gojmerac, Ph.D. Heather McNeely, Ph.D.

Adjunct Faculty: Catherine Dool, M.A.
Michael Mosher, B.Sc.

Availability: Neuropsychology Stream (1 position per year)
Major or Minor Rotation

Primary Location: West 5th Campus

Options for residency training in clinical neuropsychology include a Neuropsychology Stream for those candidates who intend to pursue professional licensure as a clinical neuropsychologist. Residents with a strong interest in neuropsychology but who do not

intend to declare competence in neuropsychology have the option of completing a less extensive major rotation or a minor rotation in neuropsychology.

Applicants interested in being considered within the Neuropsychology Stream should state this intention in their cover letter. Training provided within the context of the Neuropsychology Stream meets Division 40 Guidelines for Neuropsychology Training.

APPIC Program Code for the Neuropsychology Stream: 184612

The Clinical Neuropsychology Service (CNS) is a centralized consultation service that provides comprehensive assessment of psychological and neurocognitive functioning in a wide range of adult inpatients and outpatients including those with neurological (e.g., stroke, neurodegenerative disease), medical (e.g., respiratory, nephrology, rheumatology, cardiac) developmental (e.g., autistic spectrum, learning), psychiatric (e.g., psychotic, mood/anxiety), and substance abuse disorders. Supervisors in the CNS are actively engaged in both individual and team-based research and the service emphasizes evidence-based practices.

Assessment: Neuropsychological services are provided to virtually all SJHH medical and psychiatric programs. These include brief inpatient assessment, comprehensive outpatient assessment and dementia assessment. *All residents* in neuropsychology will build proficiency in assessing intellectual and academic skills, problem-solving and executive functioning abilities, attention and memory, visual and perceptual construction skills, language abilities, motor functions, mood, personality and behaviour. Residents will integrate information about the patient's neuropsychological and psychiatric status to arrive at a diagnosis and recommendations for rehabilitation strategies, will sharpen skills in report writing and the communication of assessment results and recommendations to referring agents, patients, and their families.

Faculty in the CNS also provide psychodiagnostic assessment services in consultation to psychiatrists in the Acute Mental Health Programs. Here, the resident assumes the role of the consultant, answering specific questions about patients relating to the psychiatric diagnosis. Residents will gain experience using a variety of assessment techniques including structured and semi-structured clinical interviews (e.g., SCID, MINI) and various self-report personality inventories (e.g., PAI, NEO-PI-R, etc). Given the introduction of the DSM-IV, the service will be moving to revised versions of the SCID when available.

Intervention: Opportunities for formal training in cognitive interventions include several manualized intervention programs for memory and executive functioning. Programs currently being offered include "Memory Boost", a 6-week program for adults with subjective memory concerns and co-morbid mental illness; "Memory and Aging", a 5-week program for community dwelling older adults interested in learning about normal, age-related memory changes; "Learning the ROPES", an 8-week group for older adults diagnosed with Mild Cognitive Impairment; and "Goal Management Training", a 6-week program being utilized to enhance executive functions for clients with severe mental illness.

Additional Training Opportunities: Residents in the Neuropsychology Stream will spend a minimum of 50% of the training year, up to a maximum of 80% of the training year, in neuropsychology services. Stream residents will co-facilitate up to three rounds of one cognitive remediation group. Stream residents will also be required to attend weekly neuropsychology didactics, bi-weekly team triage meetings and will present at least one case during the neuropsychology seminar series. Stream residents will be expected to participate in longitudinal assessment of patients undergoing electroconvulsive therapy (ECT) treatment. In addition, Stream residents will be required to attend a minimum of five relevant Neurology/Neurosurgery rounds at the Hamilton General Hospital, and will have access to human brain anatomy samples for educational purposes. Stream residents are encouraged to become involved in ongoing team based clinical research endeavours.

Special Qualifications

For those residents who wish to apply to the Neuropsychology Stream, previous relevant coursework in Neuropsychological Assessment and Theory is required, as is experience with a broad array of standard neuropsychological tests. Previous coursework in Neuroanatomy is an asset.

Schizophrenia and Severe Mental Illness

Core Faculty: Sandra McNally, Ph.D. Stephanie McDermid Vaz, Ph.D.

Adjunct Faculty: Suzanne Archie, M.D. Joel Goldberg, Ph.D.

Availability: Major or Minor Rotation

Primary Locations: Schizophrenia Services, West 5th Campus
Community Schizophrenia Service (CSS)
Cleghorn Early Intervention in Psychosis Program

The Schizophrenia and Severe Mental Illness rotation involves opportunities to work in a number of settings. Primary settings include: (1) Schizophrenia Services at the West 5th Campus, a large program that includes inpatient and outpatient services for individuals with schizophrenia and related problems, and (2) Community Schizophrenia Services (CSS) a large interdisciplinary outpatient service affiliated with Schizophrenia Services and located in downtown Hamilton. Residents will complete work in both of these settings, and may focus on developing their skills in psychodiagnostic/personality assessment, and/or intervention and treatment for both outpatient and inpatient populations. Residents are encouraged to attend monthly schizophrenia rounds, as well as applicable conferences and workshops.

The inpatient service, located at the West 5th Campus, offers services in assessment and intervention to 250 adult inpatients per year who have an established or suspected diagnosis of schizophrenia or other psychotic disorder. The service is located on three units: C2, the Assessment and Treatment Unit; A2, the Psychosocial Rehabilitation Unit; and D2, the Intensive Treatment Unit. Residents assume the role of consultant, providing assessment of personality functioning, personality dynamics, and provision of diagnosis.

Residents are supervised in the administration, scoring and interpretation of psychological assessment tools including, most commonly, the MMPI-2, the MCMI-III, the PAI, and occasionally the WAIS-IV. Under supervision, residents integrate information from various sources to arrive at a diagnosis, write clinical assessment reports, and provide assessment feedback to the interdisciplinary teams. Residents are also offered supervision in a variety of interventions for patients with psychotic disorders. Supervision in individual psychotherapeutic treatment includes cognitive-behavioural, and interpersonal/insight-oriented approaches. Residents are also offered the opportunity to co-lead patient education and support groups, a Hearing Voices Psychotherapy Group, as well as developing other groups for patients.

The Cleghorn program serves people experiencing early stages of psychosis. The interdisciplinary team aims to help clients and their family/friends to identify their concerns and goals, and to develop plans that work on recovering from psychosis. They provide rapid and specialized assessment, treatment and rehabilitation for people experiencing a first episode of psychosis, based on the principles of recovery, and in partnership with clients and their family, while maintaining a leadership position in the field of early intervention. Services include: diagnosis, assessment, neuropsychological testing, occupational and recreation therapy, psycho-education, family support, and peer support. The staff available to support client's recovery plans are: family educators, nurses, occupational therapists, psychiatrists, psychologists, recovery support workers, and recreation therapists. Model of service is recovery oriented.

Training in outpatient treatment takes place primarily at Community Schizophrenia Services (CSS) and the Cleghorn Program. CSS is an outpatient programme affiliated with Schizophrenia Services that serves approximately 600 outpatients with schizophrenia and other psychotic disorders. Residents are offered opportunities for training and supervision in conducting psychodiagnostic assessments and individual and group psychotherapy. In addition, residents completing a major rotation in schizophrenia will have the opportunity to participate in cognitive remediation aimed at executive functioning impairments (Goal Management Training, GMT) through the Cleghorn program. Current research explores the psychotherapeutic treatment of psychotic disorders, with a particular focus on the phenomenon of voice-hearing and the role of coping self-talk; prediction of functional outcome in early psychosis and schizophrenia using cognitive tools.

Other Training Opportunities

Residents also have the opportunity to take courses, such as psychotherapy or supervision courses through McMaster University's Clinical Behavioural Sciences (CBS) Program, if they are so inclined. Information about the CBS program may be found at: www.fhs.mcmaster.ca/cbs. Psychology residents may also access faculty development resources including a wide variety of skills building courses and workshops through the McMaster University Program for Faculty Development: www.fhs.mcmaster.ca/facdev/

In a new initiative, residents may also have the opportunity to receive training in the Collaborative Assessment and Management of Suicide (CAMS).

STIPEND AND BENEFITS

Stipend

For the 2014-2015 academic year, six (6) full-time resident positions will be available, five in the General Stream and one of which is in the Clinical Neuropsychology Stream. Pre-doctoral residents are paid a non-taxable stipend of \$31,000 in biweekly instalments.

Benefits, Vacations, and Parking

Residents are eligible to receive up to \$1000 to attend conferences at which they are presenting, and up to \$500 for the purchase of relevant books or training materials. Residents receive three weeks (15 working days) paid vacation, in addition to 12 statutory holidays. Residents may also take up to two weeks (10 working days) for professional development activities (e.g., attend conferences, job interviews). Parking permits (allowing parking at both the Charlton site and the West 5th Campus) may be purchased for a monthly fee of approximately \$65.

APPLICATION PROCESS

Qualifications

Preference will be given to candidates registered at CPA or APA accredited clinical psychology or clinical neuropsychology doctoral programs, although applicants from non-accredited programs may also apply. Applicants from non-accredited programs will be required to demonstrate their program's equivalency to accredited programs. Prior to beginning the residency, applicants must have completed all of the requirements of their doctoral program except for the dissertation, including a minimum total of 600 practicum hours. Practicum hours include a minimum of 300 direct client contact hours, which may be any combination of intervention and assessment, as well as supervision and support hours (no minimums required for these activities). It is anticipated that candidates applying to the General Stream will have a relatively greater number of intervention hours, whereas candidates applying to the Neuropsychology Stream will have a relatively greater number of assessment hours. Applicants are strongly encouraged to have their dissertation data collection / analysis completed prior to beginning their residency.

Applicants are required to provide a cover letter with the application that outlines their individual training goals for the residency year, including a listing of their top three rotations of interest. Applicants are asked to describe in their cover letter the training and experience they have to date that prepares them for depth training in major areas of interest, as well as a rationale for choices of breadth training options. Applications are submitted electronically through the APPIC online application system. Applications are

thoroughly reviewed by program faculty and rated based on many factors including (in no particular order), breadth and depth of assessment and treatment experience (particularly in areas related to the top three rotations as indicated by the applicant in their cover letter), relevant didactic training (e.g., coursework, workshops attended), progress toward completion of their doctoral degree (e.g., dissertation status, with higher ratings given to those who have their proposal approved and data collection underway at the time of application), letters of recommendation, research experience, quality of writing samples (e.g., essays on the APPI), and other information from the application materials. Note that applicants are not ranked based on the raw number of practicum hours reported in the APPIC application, as long as the minimum required hours have been completed (in other words, additional practicum hours will not necessarily confer an advantage to applicants). **A well-rounded candidate across these various areas is preferred.** Applications are then rank ordered based on their global file review ratings as part of the interview selection process. During interviews, candidates will be evaluated based on their answers to various clinical, ethical and empirical questions posed, as well as faculty's impressions regarding interpersonal and communication skills; capacity to think 'on the spot', etc.

The St. Joseph's Healthcare Predoctoral Clinical Psychology Residency Training Program is committed to offering equal opportunity employment and encourages applications from all qualified individuals regardless of race, religion, cultural or ethnic background, gender, sexual preference, and disability. The program will make all efforts to ensure program access to those with disabilities by ensuring the accessibility of the physical site and by making further necessary accommodations on a case-by-case basis through liaison with the Director of Training.

Application Materials and Deadlines

The residency begins on the first working day in September and ends on the last working day in August. **The deadline for receipt of applications is November 8, 2013.**

Applicants must register for the internship Match, using the online registration system on the Match website: www.natmatch.com/psychint

Applications are to be submitted via the *AAPI Online* Centralized Application Service. No printed documents are to be mailed directly to our program.

The AAPI Online may be accessed at www.appic.org by clicking on "AAPI Online". The following materials must be included in the AAPI online submission:

- **A cover letter** that clearly indicates the applicant's training and career goals, their preferences for **top three rotation choices**, and the reasons behind these choices. Please read the information below for more instructions regarding content of the cover letter.

At St. Joseph's Healthcare, Hamilton, we emphasize both depth of training within an area of primary interest, as well as breadth of training. Residents in the General Internship stream typically complete a primary major rotation (**ranked #1**), which

represents an area in which they have achieved some experience and skill and wish to extend and refine those skills. Residents also complete a secondary major rotation (**ranked #2**) which may represent an additional area of depth training or an area of breadth training. Depending on interests and experience, some residents will complete a double major, with equal training experience in two substantive major rotations across the year. Applicants with an equal level of interest in two primary major rotations should indicate this preference in the cover letter. Many residents also complete a minor rotation (**ranked #3**) which is typically an area of breadth training.

Applicants are encouraged to explain how they have prepared to undertake depth training, for example, highlighting relevant course work and indicating the number of clients with relevant clinical presentations they have treated and with what modality of intervention (e.g., an individual applying to complete a major rotation in anxiety disorders will be expected to have had some experience working with an anxiety population within a CBT framework). Applicants are also encouraged to elaborate on their rationale behind choices for breadth of training, and how this relates to knowledge and skills acquired to date and to career goals.

Neuropsychology Stream. Residents in the Neuropsychology Stream will complete a primary major rotation in Clinical Neuropsychology as well as one additional rotation. Given the flexible nature of our training program, based on the experience and individual goals of the resident, the second rotation may be fairly substantive or more of a minor experience. Applicants wishing to apply to the Neuropsychology Stream should state this intention in the cover letter.

Neuropsychology Stream applicants should indicate their **top two choices for breadth rotations (ranked #1 and #2)**, and explain their rationale for seeking additional or new training in these areas.

Research. Residents are provided with a half day per week of protected time for research and are required to present at least one research poster at the McMaster Department of Psychiatry and Behavioural Neurosciences annual research day. Residents may use their research time to work on dissertation related research, or get involved in ongoing research projects at St. Joseph's either within their areas of clinical training interests or in other areas. Applicants are asked to discuss their research interests and ideas of how they would like to spend their research time during residency in the context of the cover letter.

- **A Curriculum Vitae** (including education, clinical experience, research experience, administrative experience, workshops and seminars taken, awards and scholarships, publications, presentations, committees, editorial experience, etc)
- **APPIC Application for Psychology Internship** (AAPI, which includes the DCT's verification of eligibility and readiness)
- **All graduate transcripts**

- **Three letters of reference**, at least one of which is from a supervisor familiar with the applicant's academic skills, and at least one from a supervisor familiar with the applicant's clinical skills. Applicants are welcome (but not required) to ask their referees to prepare letters according guidelines from the Canadian Council of Professional Psychology Programs (www.ccppp.ca/en/letters-guidelines.html). Standard reference letter format is also acceptable. Note that the program may contact referees who provide letters or who are listed on applicant CVs to obtain further information.

In accordance with APPIC policy, St. Joseph's Healthcare, Hamilton no longer requires submission of a supplemental application form.

Questions regarding the application materials should be directed to:

Dr. Heather McNeely

Phone: (905) 522-1155, ext. 36422

E-mail: hmcneely@stjoes.ca

Applicants selected for interview may be asked to provide examples of clinical writing (de-identified integrative reports) and research publications. Because residents will be working within a hospital environment, successful candidates will be required to produce documentation of up to date immunizations, including MMR and varicella immunizations as well as 2-step tuberculosis skin test results upon beginning the residency (these documents should not be submitted with the completed application).

Privacy and Application Materials

In accordance with federal privacy legislation (*Personal Information Protection and Electronics Documents Act* - <http://laws.justice.gc.ca/en/P-8.6/>) you should be aware that we are committed to only collecting the information in your application that is required to process your application. This information is secured within Psychological Services at St. Joseph's Healthcare and is shared only with those individuals involved in the evaluation of your internship application. If you are not matched with our program, your personal information is destroyed within four months of Match Day. If you are matched with our internship program, your application and CV will be kept for up to 10 years, and will be available only to those involved in your supervision and training including your rotation supervisors, the Director of Training, and relevant administrative support staff.

Interview and Selection Procedures

The Clinical Psychology Residency Program at St. Joseph's Healthcare follows the Association of Psychology Postdoctoral and Internship Centers (APPIC) Match Policies in the selection of residents, which can be found on the APPIC web site at www.appic.org. This residency site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any resident applicant.

Our Program Code Numbers for the APPIC Match:

General Internship Stream: 184611

Neuropsychology Stream: 184612

Interview Notification Date: December 6, 2013

Interviews will take place on the following dates:

Monday, January 13, 2014

Tuesday, January 14, 2014

Friday, January 17, 2014

Wednesday, January 22, 2014

Thursday, January 23, 2014

Although an in-person interview is preferable, it is not required. In cases where an in-person interview is not feasible, a telephone interview will be scheduled in advance. For those applicants who are able to attend an on-site interview, there will be a group orientation session with the Director and/or Associate Director of the Residency Program and other applicants, two individual interviews each with two members of the training faculty and an opportunity to meet informally with several (if not all) of the current residents over lunch. The total duration of the visit is expected to take half a day, either one morning or one afternoon overlapping the lunch hour. Those who participate in a telephone interview will speak by phone with the Director and two to four other faculty members, and will be provided with contact information of current residents.

Further details of the interview day will be distributed to individuals selected to attend.

FACULTY AND SUPERVISORS

Core Faculty include registered psychologists who provide supervision on major rotations. Many core faculty sit on the Residency Program Training Committee, and all are involved in teaching didactic seminars.

Adjunct Faculty include psychologists currently working under supervised practice or who are less directly involved in clinical activities or resident supervision, psychometrists and psychological associates, as well as other individuals from a variety of disciplines (e.g., medicine, social work). They are also involved in teaching didactic seminars to psychology residents and in some cases, provide clinical and research supervision.

Core Faculty and Supervisors

Photos of core faculty and supervisors are available on the residency program website, www.stjoes.ca/psychology

Peter J. Bieling, Ph.D., C.Psych.

Director-Mood and Anxiety Services, Geriatric Services,
and Quality and Evaluation (Mental Health and Addictions)

West 5th Campus

St. Joseph's Healthcare, Hamilton

100 West 5th Street

Hamilton, ON L8N 3K7

Tel: 905-522-1155, ext. 36403

Fax: 905-521-6120

E-mail: pbieling@stjoes.ca

Dr. Bieling received his Ph.D. in 1997 from the University of British Columbia, and completed his internship at the Centre for Addiction and Mental Health (CAMH), in Toronto and a post-doctoral fellowship under Aaron T. Beck at the University of Pennsylvania in 1998. He is Associate Professor in the Department of Psychiatry and Behavioural Neurosciences and the Manager for the Mood & Anxiety Services and Geriatric Services at St. Joseph's Healthcare. Dr. Bieling's current research and clinical focus is on empirically supported interventions in Mood Disorders and Cognitive Behavioural treatments. He also leads the Quality and Evaluation Service Team (QUEST) a joint venture of the Mental Health and Addiction Program at St. Joseph's Healthcare and the Department of Psychiatry and Behavioural Neurosciences, McMaster University. QUEST attempts to bring carefully designed research methodologies to questions related to program effectiveness and real world clinical dilemmas. Data generated from these efforts then assists the program in establishing priorities and making modifications to service delivery. Dr. Bieling is coordinator for CBT depression training in the psychiatry residency program and a Founding Fellow in the Academy of Cognitive Therapy. He also supervises psychology interns and practicum students at St. Joseph's Healthcare in both cognitive behavioural approaches and mindfulness based cognitive therapy. He has authored three books, including a comprehensive guide to the use of group based CBT approaches with Guilford Press.

Selected Publications:

- Bieling, P. J.**, Hawley, L. L., Bloch, R. T., Corcoran, K. M., Levitan, R. D., Young, L. T., MacQueen, G. M., & Segal, Z. V. (In Press). Treatment-Specific Changes in Decentering Following Mindfulness-Based Cognitive Therapy Versus Antidepressant Medication or Placebo for Prevention of Depressive Relapse. *Journal of Consulting and Clinical Psychology*
- Green, S. M., **Bieling, P. J.** (2012). Expanding the scope of mindfulness-based cognitive therapy: Evidence for effectiveness in a heterogeneous psychiatric sample. *Cognitive Behavioral Practice, 19*, 174-180.

Bieling, P. J. (2011). Is it medication versus mindfulness in prevention of depression relapse? *Neuropsychiatry*, 1, 97-99.

Wheeler, H.A., Blankstein, K. R., Antony, M. M., McCabe, R.E., **Bieling, P. J.** (2011). Perfectionism in anxiety and depression; Comparisons across disorders, relations with symptom severity, and role of comorbidity. *International Journal of Cognitive Therapy*, 4(1), 66-91.

Segal Z, **Bieling P. J.**, Young T, MacQueen G, Cooke R, Martin L, Bloch R, Levitan R. (2010) Antidepressant Monotherapy vs Sequential Pharmacotherapy and Mindfulness-Based Cognitive Therapy, or Placebo, for Relapse Prophylaxis in Recurrent Depression. *Archives of General Psychiatry*, 67(12):1256-1264.

Lisa A. Burckell, Ph.D., C.Psych.

Psychologist, Borderline Personality Disorder Service
Community Psychiatry Services & East Region Mental Health Services
St. Joseph's Healthcare, Hamilton
Hamilton, ON
Tel: 905-522-1155, ext. 38011
Email: lburckel@stjoes.ca

Dr. Burckell received her Ph.D. in 2007 from Stony Brook University. She completed a postdoctoral fellowship in the Borderline Personality Disorder Clinic at the Centre for Addiction and Mental Health (CAMH) in Toronto, Ontario. She joined the Borderline Personality Disorder Service at St. Joe's in 2009. Dr. Burckell works at the two outpatient clinics offering Dialectical Behavior Therapy (DBT) – Community Psychiatry Services and East Region Mental Health. As a psychologist in the program, she conducts individual and group DBT therapy and psychological assessments. Dr. Burckell has published peer-reviewed journal articles, and has made a number of presentations at international scientific meetings. Dr. Burckell's research focuses on therapeutic processes in the treatment of borderline personality disorder. In particular, she is interested in focusing on the role of the therapeutic relationship in treatment. Dr. Burckell's clinical interests include DBT, psychotherapy integration, and treatment for sexual minority individuals.

Selected Publications:

Eubanks, C. E., **Burckell, L. A.**, & Goldfried, M. R. (2010). Clinical consensus strategies for interpersonal problems between young adults and their parents. *Journal of Consulting and Clinical Psychology*, 78, 212-224.

Burckell, L. A., & McMains, S. (2009). Substance use and personality disorders among women. (Back, S. Ed.) *Women and Addiction: A Comprehensive Textbook*.

Burckell, L.A., & Goldfried, M.R. (2006). Therapist qualities preferred by sexual minority individuals. *Psychotherapy: Theory, Research, Practice, Training*.

Burckell, L. A., & Eubanks-Carter, C. (2005). Future directions of psychotherapy integration. In J.C. Norcross & M.R. Goldfried (Eds.), Future directions of psychotherapy integration: A roundtable. *Journal of Psychotherapy Integration*, 15, 392-471.

Eubanks-Carter, C., **Burckell, L.A.**, & Goldfried, M.R. (2005). Future directions in psychotherapy integration: Research, practice, training, and theory. In J.C. Norcross &

M.R. Goldfried (Eds.), *Handbook of psychotherapy integration*. New York: Oxford University Press.

Eubanks-Carter, C., **Burckell, L.A.**, & Goldfried, M.R. (2005). Enhancing therapeutic effectiveness with gay, lesbian, and bisexual clients. *Clinical Psychology: Science and Practice*, 12, 1-18.

Christina Gojmerac, Ph.D., C.Psych.

Psychologist, Clinical Neuropsychology Service
St. Joseph's Healthcare, Hamilton
West 5th Campus
100 West 5th Street
Hamilton, ON L8N 3K7
Tel: 905-522-1155 ext. 36299
Fax: 905-381-5610
Email: cgojmera@stjoes.ca

Dr. Christina Gojmerac received her Ph.D in 2009 from the University of Toronto and completed her internship at Baycrest Hospital in Toronto, Ontario. She is currently a clinical neuropsychologist at St. Joseph's Healthcare in the Seniors Mental Health Program, and is an Assistant Professor in the Department of Psychiatry and Behavioural Neurosciences at McMaster University. Dr. Gojmerac's clinical and research interests are in aging, cognition, and mental health. Current research projects include a randomized control trial to investigate the effectiveness of a multi-factorial intervention program in seniors experiencing cognitive impairment, and a program evaluation of a memory intervention program for adults with mood disorders.

Selected Publications:

- Wiegand, M.A., Troyer, A.K., **Gojmerac, C.**, & Murphy, K.J. (2013) Facilitating change in health-related behaviors and intentions: a randomized controlled trial of a multidimensional memory program for older adults. *Aging and Mental Health*, 17(7), 806-815.
- Ishii, R., **Gojmerac, C.**, Stuss, D., Gallup, G.G.Jr, Alexander, M.P., Chau, W., & Christo, P. (2004). MEG Analysis of "Theory of Mind" in Emotional Vignettes Comprehension. *Neurology and Clinical Neurophysiology*, 28, 1-5.
- Dixon, M.J., Desmarais, G., **Gojmerac, C.**, Schweizer, T.A., & Bub, D. (2002). The role of premorbid expertise on object identification in a patient with category-specific visual agnosia. *Cognitive Neuropsychology*, 19(5), 401-419.

Sheryl M. Green, Ph.D., C.Psych.

Psychologist
Women's Health Concerns Clinic & Consultation Liaison
St. Joseph's Healthcare, Hamilton
50 Charlton Ave. East
3rd Floor, Fontbonne Building
Hamilton, ON L8N 4A6
Tel: 905-522-1155 x 33672
Fax: 905-521-6059

Email: sgreen@stjoes.ca

Dr. Green received her M.A. from York University and her Ph.D. from the University of Regina (2006). She completed her pre-doctoral internship at the Centre for Addiction and Mental Health (CAMH) in Toronto, ON. She currently works as a psychologist within the Women's Health Concerns Clinic and the Consultation Liaison Service at St. Joseph's and is an Assistant Professor in the Department of Psychiatry and Behavioural Neurosciences at McMaster University.

Dr. Green's clinical interests include cognitive behavioural and mindfulness-based interventions for depression, anxiety, and health-related difficulties. Research interests include developing cognitive-behavioural and mindfulness-based treatment protocols for specialized populations. Current projects include developing and evaluating 1) a cognitive-behavioural based group treatment program for perinatal anxiety and 2) a cognitive-behavioural based treatment program for menopausal symptoms. Dr. Green actively supervises psychology residents, psychiatry residents, psychology practicum students and CBS students within McMaster University. She has several publications in peer-reviewed journals, has presented at numerous professional conferences, and has co-authored one book.

Selected Publications:

- Green, S. M.**, Haber, E., McCabe, R. E., & Soares, C. N. (*In press*). Cognitive-behavioural group treatment for menopausal symptoms: A pilot study. *Archives of Women's Mental Health*.
- Green, S. M.**, McCabe, R. E., & Soares, C. N. (November 2012). The cognitive behavioral workbook for menopause: A step by step program for overcoming hot flashes, mood swings, insomnia, depression, anxiety, and other symptoms. *New Harbinger Publications*: Oakland, CA.
- Green, S. M.**, & Bieling, P. J. (2012). Expanding the scope of mindfulness-based cognitive therapy: Evidence for effectiveness in a heterogeneous psychiatric sample. *Cognitive and Behavioral Practice*, 19, 174-180.
- Green, S. M.** (2011). The importance of cognitive and behavioural factors in the experience and maintenance of menopausal symptoms. *Menopause: The Journal of the North American Menopause Society*, Vol 18, (11).
- Green, S. M.**, Hadjistavropoulos, T., Hadjistavropoulos, H., Martin, R., & Sharpe, D. (2009). A controlled investigation of a cognitive behavioural pain management program for older adults. *Journal of Behavioural and Cognitive Psychotherapy*, 37 (2), 221-226.
- Green, S. M.**, Hadjistavropoulos, T., & Sharpe, D. (2008). Client personality characteristics predict satisfaction with cognitive behaviour therapy. *Journal of Clinical Psychology*, 64, 40-51.
- Bieling, P. J., **Green, S. M.**, & MacQueen, G. (2007). The impact of personality disorders on treatment outcome in bipolar disorder: A Review. *Personality and Mental Health*, 1, 2-13.
- Green, S. M.**, Antony, M. M., McCabe, R. E., & Watling, M. A. (2007). Frequency of fainting, vomiting, and incontinence in panic disorder: A descriptive study. *Journal of Clinical Psychology and Psychotherapy*, 14, 189-197.

- Saucier, D., Lisoway, A., **Green S.**, & Elias, L. (2007). Female advantage for object location memory in peripersonal but not extrapersonal space. *Journal of the International Neuropsychological Society*, 13, 1-4.
- Hadjistavropoulos, T., LaChapelle, D., Hadjistavropoulos, H., **Green, S.**, Asmundson, G.J.G. (2002). Using facial expressions to assess musculoskeletal pain in older persons. *European Journal of Pain*, 6,179-187.
- Saucier, D. M., **Green, S. M.**, Leason, J. , MacFadden, A., Bell, S. & Elias, L. J. (2002). Are sex differences in navigation caused by sexually dimorphic strategies or by differences in the ability to use the strategies? *Behavioral Neuroscience*, 116, 403-410.
- Hadjistavropoulos, T., Malloy, D., Sharpe, D., **Green, S. M.**, & Fuchs, S. (2002). The relative importance of the ethical principles adopted by the American Psychological Association. *Canadian Psychology*, 43, 254-259.

Brenda Key, Ph.D., C.Psych.

Psychologist, Mood Disorders Program and
Anxiety Treatment and Research Centre
50 Charlton Ave. East
6th Floor, Fontbonne Building
Hamilton, ON L8N 4A6
Tel: 905-522-1155, ext. 35375
Fax: 905-521-6120
E-mail: bkey@stjoes.ca

Dr. Key received her Ph.D. from the University of Calgary and completed her pre-doctoral residency training at Calgary Clinical Psychology Residency program. She is a psychologist at the Mood Disorders Program and the Anxiety Treatment and Research Centre. She is currently completing a post-doctoral fellowship that involves both clinical and research components. Her clinical work is focused on the assessment and treatment of patients with co-morbid anxiety and mood disorders. Her research is focused on the development and evaluation of interventions that integrate cognitive behavioural therapy (CBT) and mindfulness based therapies (MBTs) for patients with anxiety and mood disorders. She is interested in mechanisms of change in CBT and MBTs such as changes in rumination, meta-cognition and emotion regulation. Dr. Key has published peer-reviewed journal articles and has made a number of presentations at scientific meetings.

Selected Publications:

- Mills, J., Jadd, R., & **Key, B.L.** (2012). Wanting a body that's better than average: The effect of manipulated body norms on ideal body size perception. *Body Image: An International Journal of Research*.
- Key, B.L.**, Carlson, L., & Campbell, T.S. (2011, June). The Influence of 4-week Mindfulness Meditation intervention on Depressed Mood, Symptoms of Stress and Mindfulness. Poster session presented at the annual meeting of the Canadian Psychological Association, Toronto, ON.
- Key, B.L.**, Carlson, L., & Campbell, T.S. (2011, June). Mindfulness is associated with decreased post stressor rumination compared to Distraction and Control Conditions.

Poster session presented at the annual meeting of the Canadian Psychological Association, Toronto, ON.

Key, B.L., Ross, K.M., Bacon, S.L., Lavoie, K.L., & Campbell, T.S. (2009). Depressed affect is associated with poorer cardiovascular recovery in young women following a mental stressor. *Annals of Behavioral Medicine*, 38 (2), 154-159.

Key, B.L., Campbell, T.S., Bacon, S.L., & Gerin, W. (2008). The influence of state and trait rumination on cardiovascular recovery from and emotional stressor. *Journal of Behavioral Medicine*, 31(3), 237-248.

Campbell, T.S., **Key, B.L.**, Ireland, A., Bacon, S.L., & Ditto, B. (2008). Early socioeconomic status is associated with adult nighttime blood pressure dipping. *Psychosomatic Medicine*, 70(3), 276-282.

Jakulj, F., Zernicke, K., Bacon, S.L., van Wielingen, L., **Key, B.L.**, West, S., & Campbell, T.S. (2007). A high fat meal increases cardiovascular reactivity to psychological stress in healthy young adults. *Journal of Nutrition*, 137, 935-939.

Jelena King, Ph.D., C.Psych.

Psychologist, Clinical Neuropsychology Service

St. Joseph's Healthcare, Hamilton

West 5th Campus

100 West 5th Street

Hamilton, ON L8N 3K7

Tel: 905-522-1155 ext. 36299

Fax: 905-381-5610

E-mail: kingj@stjoes.ca

Dr. Jelena King received her Ph.D. in 2005 from the University of Waterloo, and completed a clinical internship at Baycrest Centre for Geriatric Care and a postdoctoral fellowship in the Schizophrenia Program at the Centre for Addiction and Mental Health and Psychiatry Department, University of Toronto. Dr. King was employed as a psychologist in the Schizophrenia Program at the CAMH from 2006 to 2007 and recently joined the Schizophrenia Service at St. Joseph's Healthcare in a clinical research position that combines her primary interests of cognitive experimental research, neuropsychological and psychological assessment, and clinical training and teaching. Dr. King holds an academic appointment in the Department of Psychiatry and Behavioural Neuroscience at McMaster University and is actively involved in research focusing on cognition in schizophrenia utilizing visual cognitive paradigms. Additionally, Dr. King is currently setting up a research program to study late-life cognitive decline in schizophrenia, which will characterize the profile of cognitive decline and related neuroanatomical changes in elderly schizophrenia patients, as well as establish the additional impact of confounding factors such as chronic institutionalization and medical comorbidities.

Selected Publications:

Westwood, D.A., **King, J.P.**, & Christensen, B.K. (in press). Separate visual systems for perception and action, but not for planning and control: a correlational analysis of a size-contrast illusion. *Experimental Brain Research*.

- Wilson, C.M., Christensen, B.K., **King, J.P.**, Li, Q., & Zelazo, P.D. (in press). Decomposing perseverative errors among undergraduates scoring high on the schizotypal personality questionnaire. *Schizophrenia Research*.
- Spencer, J., **King, J.P.**, Bennett, P.J., Sekuler, A.B., Christensen, B. (2009). Effects of face inversion and noise in persons with schizophrenia. *Journal of Vision*, 9(8), 486a.
- King, J.P.**, Christensen, B.K., & Westwood, D.A. (2008). Grasping behavior in schizophrenia suggests selective impairment in the dorsal pathway. *Journal of Abnormal Psychology*, 117(4), pp. 799-811.
- Wilson, C.M., Christensen, B.K., **King, J.P.**, Li, Q., & Zelazo, P.D. (2008). Decomposing perseverative errors among undergraduates scoring high on the schizotypal personality scale. *Schizophrenia Research*, 106, pp. 3-12.
- Barr, M.S., **King, J.P.**, Westwood, D.A., Daskalakis, Z.J., & Christensen, B.K. (2007). Interrupted grasping performance under a visual illusion: A TMS study to induce schizophrenia-like deficits. *Schizophrenia Bulletin*, 33(2), 553.
- King, J. P.**, Christensen, B.K., Sekuler, A.B., & Bennett, P.J. (2005). Dissociating dorsal and ventral visual stream functions via working memory performance in schizophrenia. *Schizophrenia Research*, 31(2), 363.
- Westwood, D.A., **King, J.P.**, & Christensen, B.K. (2004). Time-varying effects of a size-contrast illusion on grasping are not correlated with illusory perception. *Journal of Vision*, 4(8), 839a.
- King, J.P.**, Christensen, B.K., Sekuler, A.B., & Bennett, P.J. (2003). Visual Processing in Schizophrenia: Selective Dorsal Pathway Impairment. *Schizophrenia Research*, 60 (1), 173.

Michele Laliberté, Ph.D., C.Psych.

Psychologist and Director, Eating Disorders Program
St. Joseph's Healthcare, Hamilton
9th Floor, Juravinski Tower, Room T-9161
50 Charlton Avenue East
Hamilton, Ontario L8N 4A6
Tel: 905-522-1155, ext. 34093
Fax: 905-540-6574
E-mail: mlaliber@stjoes.ca

Dr. Laliberté received her Ph.D. in 1994 from Queen's University, and completed her internship at Hotel Dieu Hospital in Kingston, Ontario. Dr. Laliberté is currently the Director of the Eating Disorders Program, St. Joseph's Healthcare and Staff Psychologist specializing in Eating Disorders. Dr Laliberté also has extensive experience in treating anxiety and depression. Her current research, in collaboration with Dr. Ayra Sharma (Professor of Medicine, Canada Research Chair for Cardiovascular Obesity Research and Management), examines the role of beliefs regarding control over weight on disordered eating in obese and non-obese populations. She is also extending previous research she has published on family factors related to disordered eating, as well as collaborating on other studies related to eating disorders. Dr. Laliberté has developed a group treatment manual for eating disorders, currently used in this program and others across Ontario.

Selected Publications:

- Laliberte, M.**, McCabe, R.E., & Taylor, V.H. (2009). The Cognitive Behavioral Workbook for Weight Management: A Step-by-Step Program. New Harbinger Publications .
- Laliberte, M.**, Newton, M., McCabe, R., & Mills, J.S. (2007). Controlling your weight versus controlling your lifestyle: How beliefs about weight control affect risk for disordered eating, body dissatisfaction and self-esteem. *Cognitive Therapy Research.*, 31, 853-869.
- Laliberte, M.**, Mills, J., Newton, M., & McCabe, R. (2004). Perceived control over weight versus perceived control over lifestyle: Their relationship to disturbed eating and self-esteem. (abstract) *International Journal of Eating Disorders*, 35(4), 450.
- Miller, J.L, Schmidt, L.A., Vaillancourt, T., McDougall, P., & **Laliberte, M.** (2006). Neuroticism and introversion: A risky combination for disordered eating among a non-clinical sample of undergraduate women. *Eating Behaviors*, 7(1), 69 – 78.
- Laliberté, M.**, Mills, J., Newton, M., & McCabe, R. (2004). Perceived control over weight versus perceived control over lifestyle: Their relationship to disturbed eating and self-esteem (abstract). *International Journal of Eating Disorders*, 35, 450.
- Laliberté, M.**, Boland, F., & Leichner, P. (1999). Family climate: Family factors specifically related to disturbed eating behaviors and bulimia nervosa. *Journal of Clinical Psychology*, 55, 1021-1040.

Bruno Losier, Ph.D., C.Psych.

Psychologist, Clinical Neuropsychology Service
St. Joseph's Healthcare, Hamilton
West 5th Campus, 100 West 5th Street
Hamilton, ON L8N 3K7
Tel: 905-522-1155, ext. 35592
Fax: 905-381-5610
E-mail: blosier@stjoes.ca

Dr. Losier received his Ph.D. in 1999 from Dalhousie University, and completed his internship at Camp Hill Medical Centre in Halifax, Nova Scotia. He is currently a senior staff neuropsychologist in the Clinical Neuropsychology Services. He is also assistant professor in the Department of Psychiatry and Behavioural Neurosciences at McMaster University. His current clinical and research interests include the neuropsychology of mental illness and acquired brain injuries, attentional deployment in three dimensional space, and more recently the impact of ECT on long term neuropsychological status, and functional imaging protocols and activations pattern analysis in patients with Obsessive-Compulsive Disorder (OCD). He has published over a dozen peer reviewed journal articles and has given numerous presentations at professional conferences.

Selected Publications:

- Koblik, M., Kidd, S.A., Goldberg, J., & **Losier, B.J.** (2009) Learning processes and outcomes in computer skills training for persons with serious mental illness. *Psychiatric Rehabilitation Journal*. 32(4): 306-308
- Losier, B.J.**, & Klein, R.M. (2004). Covert orienting within peripersonal and extrapersonal space: Young adults. *Cognitive Brain Research*, 19, 269-74.

- Losier, B.J.**, & Klein, R.M. (2001). A review of the evidence for a disengage deficit following parietal lobe damage. *Neuroscience Biobehavioral Review*, 25,1-13.
- McGlone J., **Losier, B.J.**, Black, S.E. (1997). Are there sex differences in hemispatial visual neglect after unilateral stroke? *Neuropsychiatry, Neuropsychology, and Behavioral Neurology*, 10,125-34.
- Losier, B.J.**, McGrath, P., & Klein, R.M. (1996). Error patterns on the continuous performance test in non-medicated and medicated samples of children with and without ADHD: A meta-analytic review. *Journal of Child Psychology, Psychiatry and Allied Disciplines*, 37, 971-987.
- Losier, B.J.**, and Semba, K. (1993) Dual projections of single cholinergic and aminergic brainstem neurons to the thalamus and basal forebrain in the rat. *Brain Research*, 604, 41-52.

Mini Mamak, Ed.D., C.Psych.

Psychologist, Forensic Service
St. Joseph's Healthcare, Hamilton
West 5th Campus, 100 West 5th Street
Hamilton, ON L8N 3K7
Tel: 905-522-1155, ext. 36601
Fax: 905-575-6057
E-mail: mmamak@stjoes.ca

Dr. Mamak received her doctoral degree in 1997 from the OISE at the University of Toronto and completed her internship year at the Centre for Addiction and Mental Health (previously the Clarke Institute of Psychiatry) in Toronto. She is an Assistant Professor in the Department of Psychiatry and Behavioural Neurosciences and the Senior Psychologist for the Forensic Service at St. Joseph's Healthcare. Dr. Mamak is also a member of the Ontario Review Board and is on the Board of Advisory for the Canadian Critical Incident Association. Dr. Mamak has significant experience working with offender populations and has consulted with Correctional Service of Canada. She routinely consults with local police agencies and has taught at the Canadian Police College. She has also been asked to consult with police agencies internationally and has been invited to lecture at the Turkish International Academy Against Drugs and Organized Crime and at a NATO conference. She has particular interests in the area of hostage negotiations, violent offending, and risk prediction.

Selected Publications:

- Choy, A. & **Mamak, M.** (in press), The Psychiatrist and Psychologist as Consultant to Law Enforcement. In Bloom, H., Schneider, The Hon. Mr. Justice R. (Eds), *Psychiatry and the Law in Canada*. Centre for Addiction and Mental Health & Irwin Law.
- Wagdi, L., Bloom, H., Mamak, M. (in press). Understanding Terrorism. In Bloom, H., Schneider, The Hon. Mr. Justice R. (Eds), *Psychiatry and the Law in Canada*. Centre for Addiction and Mental Health & Irwin Law.
- Chaimowitz, G., & **Mamak, M.** (2007). An evidenced based approach to the management of the mentally abnormal offender. *Journal of Brief Treatment and Crisis Intervention*, Dec, 1-12.

Randi E. McCabe, Ph.D., C.Psych.

Director, Anxiety Treatment and Research Centre
Psychologist-in-Chief
St. Joseph's Healthcare, Hamilton
50 Charlton Ave. East
6th Floor, Fontbonne Building
Hamilton, ON L8N 4A6
Tel: 905-522-1155, ext. 33695
Fax: 905-521-6120
E-mail: rmccabe@stjoes.ca

Dr. McCabe is Director of the Anxiety Treatment and Research Centre and Psychologist-in-Chief at St. Joseph's Healthcare Hamilton. She is also an Associate Professor in the Department of Psychiatry and Behavioural Neurosciences at McMaster University where she is the CBT Anxiety Module Coordinator for the Postgraduate Psychiatry Psychotherapy Program. She is actively involved in training other mental health professionals and has given many workshops on conducting cognitive behavioural therapy and the treatment of anxiety disorders and eating disorders. Dr. McCabe is on the editorial board of *Cognitive and Behavioral Practice* and she is a member of the Scientific Advisory Committee for The Canadian Institute for Obsessive Compulsive Disorders (CIOCD). She is also a member of the Credentialing Committee of The Canadian Association of Behavioural and Cognitive Therapies. Dr. McCabe has numerous published articles, book chapters, and conference presentations on anxiety, eating disorders, and cognitive behavior therapy. She has authored one book for professionals: *Cognitive Behavioural Therapy in Groups* and five books geared to consumers: *The Overcoming Bulimia Workbook*, *10 Simple Solutions to Panic*, *Overcoming Your Animal and Insect Phobias*, *A Cognitive Behavioral Approach to Weight Management*, and *The Cognitive Behavioral Workbook for Menopause* (in press). Her research interests focus on 1) variables affecting treatment outcome for anxiety disorders including motivation, process factors, and comorbidity; and 2) factors related to the phenomenology of anxiety and its disorders such as personality traits, life history, and information processing.

Selected Publications:

McCabe, R.E. (in press). Review of the book *Anxiety in Childbearing Women: Diagnosis and Treatment*. *Archives of Women's Mental Health*.

McCabe, R.E., & Gifford, S. (in press). Psychological Treatment of panic disorder and agoraphobia. In M. Antony and M.B. Stein (Eds.), *Oxford handbook of anxiety and related disorders*. New York, NY: Oxford University Press.

Carleton, R. N., Mulvogue, M.K., Thibodeau, M.A., **McCabe, R.E.**, Antony, M.M., & Asmundson, G. J. G. (in press). Increasingly certain about uncertainty: Intolerance of uncertainty across anxiety and depression. *Journal of Anxiety Disorders*.

Gros, D. F., Simms, L. J., Antony, M. M., & **McCabe, R. E.** (in press). Development and psychometric evaluation of the Multidimensional Assessment of Social Anxiety (MASA). *Journal of Clinical Psychology*.

- McCabe, R.E.** (2012). A concise “how to” guide for treatment of health anxiety. Review of the book *Hypochondriasis and health anxiety*. *PsycCRITIQUES*.
- Schmidt, L.A., Santesso, D.L., Miskovic, D.L., Mathewson, K.J., **McCabe, R.E.**, Antony, M.M., & Moscovitch, D.A. (2012). Test-retest reliability of regional electroencephalogram (EEG) and cardiovascular measures in social anxiety disorder (SAD). *International Journal of Psychophysiology, 84*, 65-73.
- Carleton, R. N., Weeks, J. W., Howell, A. N., Asmundson, G. J. G., Antony, M. M., & **McCabe, R. E.** (2012). Assessing the latent structure of the intolerance of uncertainty construct: An initial taxometric analysis. *Journal of Anxiety Disorders, 26*, 150-157.
- Vorstenbosch, V., Hood, H., Rogojanski, J., Antony, M.M., **McCabe, R.E.**, & Summerfeldt, L. (2012). Exploring the relationship between OCD content areas and domains of functional impairment. *Journal of Obsessive-Compulsive and Related Disorders, 1*, 33-40.
- McCabe, R.E.** (2011). Psychotherapy for specific phobia in adults. UpToDate. www.uptodate.com
- McCabe, R.E.** (2011). Specific phobia in adults: Epidemiology, clinical manifestations and diagnosis. UpToDate. www.uptodate.com
- Fracalanza, K.A., **McCabe, R.E.**, Taylor, V.H., & Antony, M.M. (2011). Exploring the impact of comorbid bipolar disorder in an anxiety disorders sample. *European Journal of Psychiatry, 25*, 223-233.
- Moscovitch, D.A., Gavric, D.L., Senn, J., Santesso, D.L., Miskovic, V., Schmidt, L.A., **McCabe, R.E.**, & Antony, M.M. (in press). Changes in judgment biases and use of emotion regulation strategies during cognitive behavioral therapy for social anxiety disorder: Distinguishing treatment responders from nonresponders. *Cognitive Therapy and Research*.
- Gros, D.F., Antony, M.M., **McCabe, R.E.**, & Lydiard, R.B. (2011). A preliminary investigation of the effects of cognitive behavioral therapy for panic disorder on gastrointestinal distress in patients with comorbid panic disorder and irritable bowel syndrome. *Depression and Anxiety, 28*, 1027-1033.
- Summerfeldt, L.J., Kloosterman, P.H., Antony, M.M., **McCabe, R.E.**, & Parker, J.D.A. (2011). Emotional intelligence in social phobia and other anxiety disorders. *Journal of Psychopathology and Behavioural Assessment, 33*, 69-78.
- McCabe, R.E.** (2010). Agoraphobia. In I.B. Weiner and W.E. Craighead (Eds.), *Corsini's Encyclopedia of Psychology, Fourth Edition*, (pp.55-56). Hoboken, NJ: John Wiley & Sons, Ltd.
- McCabe, R.E.**, Miller, J.L., Laugesen, N., Antony, M.M., & Young, L. (2010). The relationship between anxiety disorders in adults and recalled childhood teasing. *Journal of Anxiety Disorders, 24*, 238-243.

Stephanie McDermid Vaz, Ph.D., C.Psych.
 Psychologist, Clinical Neuropsychology Service
 St. Joseph's Healthcare, Hamilton
 Cleghorn Early Intervention in Psychosis Program
 25 Charlton Ave East, Suite 703
 Hamilton, ON L8N 1Y2
 Tel: 905-522-1155, ext. 33883
 Fax: 905-525-2805

E-mail: smcdermi@stjoes.ca

Dr. McDermid Vaz received her Ph.D in 2005 from York University and completed her internship at the London Health Sciences Centre in London, Ontario. She is currently the clinical neuropsychologist at the Cleghorn Early Intervention in Psychosis Program, and is an Assistant Professor in the Department of Psychiatry and Behavioural Neurosciences at McMaster University. Dr. McDermid Vaz's research and clinical interests include heterogeneity in schizophrenia and whether neuropsychological functioning can facilitate the identification of more homogenous groups of individuals and improve treatment outcomes. She is also interested in the functional outcome assessment in first episode psychosis populations, and the ecological validity of neuropsychological measures. Current funded projects include the development of a functional outcome measure to assess life skills in individuals with first episode psychosis, and the investigation of memory functioning as a tool in organizing discrete subtypes within the schizophrenia population.

Selected Publications:

- Mirian, D., Heinrichs, R.W., & **McDermid Vaz, S.A.** (2011). Exploring logical reasoning abilities in schizophrenia patients. *Schizophrenia Research*, 127, 178-180.
- Heinrichs, R. W., Ammari, N., Miles, A., & **McDermid Vaz, S.** (2010). Cognitive performance and functional competence as predictors of community independence in schizophrenia. *Schizophrenia Bulletin*, 36, 381-387.
- Heinrichs, R.W., Ammari, N., Miles, A.A., **McDermid Vaz, S.**, & Chopov, B. (2009). Psychopathology and cognition in divergent functional outcomes in schizophrenia. *Schizophrenia Research*, in press.
- Heinrichs, R.W., Miles, A.A., Smith, D., Zargarian, T., **McDermid Vaz, S.**, Goldberg, J.O., & Ammari, N. (2008). Cognitive, clinical, and functional characteristics of verbally superior schizophrenia patients. *Neuropsychology*, 22, 321-328.
- Heinrichs, R. W., Ammari, N., **McDermid Vaz, S.**, & Miles, A. A. (2008). Are schizophrenia and schizoaffective disorder neuropsychologically distinguishable? *Schizophrenia Research*, 99, 149-154.
- Heinrichs, R. W., Goldberg, J. O., Miles, A. A., & **McDermid Vaz, S.** (2007). Predictors of medication competence in schizophrenia patients. *Psychiatry Research*, 157, 47-52.
- McDermid Vaz, S.A.** and Heinrichs, R.W. (2006). Stability and validity of memory based subtypes of schizophrenia. *Journal of the International Neuropsychological Society*, 12, 782-791.
- Heinrichs, R.W., Statucka, M., Goldberg, J., and **McDermid Vaz, S.A.** (2006). Assessing the assessment: The University of California Performance Skills Assessment (UPSA) in schizophrenia. *Schizophrenia Research*, 88, 135-141.
- McDermid Vaz, S.A.** (2004). Nonverbal memory functioning following right anterior temporal lobectomy: A meta-analytic review. *Seizure: European Journal of Epilepsy*, 13, 446-452.
- Heinrichs, R.W., and **McDermid Vaz, S.A.** (2004). Verbal memory errors and symptoms in schizophrenia. *Cognitive and Behavioral Neurology*, 17, 98-101.
- McDermid Vaz, S.A.**, and Heinrichs, R.W. (2002). Schizophrenia and memory impairment: Evidence for a neurocognitive subtype. *Psychiatry Research*, 113, 93- 105.

Margaret McKinnon, Ph.D., C.Psych.

Psychologist, Clinical Neuropsychology Service
St. Joseph's Healthcare, Hamilton
Mood Disorders Program
West 5th Campus, 100 West 5th Street
Hamilton, ON L8N 3K7
Tel: 905-522-1155, ext. 35438
Email: mmckinno@stjoes.ca

Dr. McKinnon received her Ph.D. from the University of Toronto in 2003 and subsequently completed a post-doctoral fellowship at the Rotman Research Institute, Baycrest Centre. She is an Assistant Professor in the Department of Psychiatry and Behavioural Neurosciences at McMaster University and a Research Scientist in the Mood Disorders Program at St. Joseph's Healthcare Hamilton. Dr. McKinnon is also an Associate Member of the Department of Psychology, Neuroscience and Behavior and graduate faculty in the McMaster Institute for Neuroscience Study and Discovery (MiNDS program). Dr. McKinnon's research focuses on the interplay between cognitive and emotional processes at the neural and behavioral level. She is particularly interested in how emotion and cognition relate to autobiographical memory and social cognition, two areas of function commonly affected by neurological illness or insult. Most of her research has been conducted in special populations, including patients with frontotemporal dementia, medial temporal lobe amnesia and post-traumatic stress disorder, along with normally aging adults. With her collaborators, she is interested in identifying differences in autobiographical memory for highly emotional events (e.g., an airplane crash) and in social cognitive (e.g., theory of mind and empathy) performance between people with and without mood disorders and other psychiatric illnesses. An additional research focus concerns the neural mechanisms underlying these differences. Dr. McKinnon currently holds grant funding from the following sources: CIHR (Co-PI), NARSAD (PI), OMHF (PI), and NIMH (sub-contract). Dr. McKinnon is a member of the Clinical Neuropsychology Service at St. Joseph's Healthcare Hamilton. She is particularly interested in working with patients with complex behavioral presentations and patients with co-morbid mood and trauma-related disorders.

Selected Publications:

Cusi AM, Macqueen GM, Spreng RN, **McKinnon MC**. Altered empathic responding in major depressive disorder: relation to symptom severity, illness burden, and psychosocial outcome. (2011) *Psychiatry Res.*;188(2):231-6.

King MJ, Williams LA, Macdougall AG, Ferris S, Smith JR, Ziolkowski N, **McKinnon MC**. Patients with bipolar disorder show a selective deficit in the episodic simulation of future events. (2011) *Conscious Cogn.* [Epub ahead of print]

King MJ, Macdougall AG, Ferris S, Herdman KA, **McKinnon MC**. Episodic simulation of future events is impaired in patients with major depressive disorder(2011) *Psychiatry Res.*;187(3):465-7.

Daniels JK, Frewen P, **McKinnon MC**, Lanius RA. Default mode alterations in posttraumatic stress disorder related to early-life trauma: a developmental perspective. (2011) *J Psychiatry Neurosci.*;36(1):56-9.

- King MJ, MacDougall AG, Ferris SM, Levine B, MacQueen GM, **McKinnon MC**. A review of factors that moderate autobiographical memory performance in patients with major depressive disorder. (2010) *J Clin Exp Neuropsychol*;32(10):1122-44.
- Cusi A, Macqueen GM, **McKinnon MC**. Altered self-report of empathic responding in patients with bipolar disorder. (2010) *Psychiatry Res.*;178(2):354-8.
- Taylor V, **McKinnon MC**, Macdonald K, Jaswal G, Macqueen GM. Adults with mood disorders have an increased risk profile for cardiovascular disease within the first 2 years of treatment (2010). *Can J Psychiatry.*;55(6):362-8.
- McKinnon MC**, Cusi AM, Macqueen GM. Impaired theory of mind performance in patients with recurrent bipolar disorder: Moderating effect of cognitive load (2010) *Psychiatry Res.*;177(1-2):261-2.
- McKinnon, M.C.**, Yucel, K., Nazarov, A., & MacQueen, G. (2009). A meta-analysis examining clinical predictors of hippocampal volume in patients with major depressive disorder. *Journal of Psychiatry and Neuroscience*, 4: 41-54.
- Spreng*, R. N., **McKinnon***, M. C., Mar, R. A., & Levine, B. (2009). The Toronto Empathy Questionnaire: Scale development and initial validation of a factor-analytic solution to multiple empathy measures. *Journal of Personality Assessment*, 91: 62-71.
- Yucel, K., **McKinnon, M.C.**, Chahal, R., Taylor, V.H., Macdonald, K., Joffe, R., & MacQueen, G.M (2009). Increased subgenual prefrontal cortex size in remitted patients with major depressive disorder. *Psychiatry Research: Neuroimaging*, 173, 71-76.
- McKinnon, M.C.**, Nica, E.I, Sengdy, P., Kovacevic, N., Moscovitch, M., Freedman, M., Miller, B.L., Black, S.E. & Levine, B. 2008). Autobiographical memory in frontotemporal lobar degeneration and its relation to patterns of brain atrophy. *Journal of Cognitive Neuroscience*, 20: 1839-1853.
- Taylor, V., Macdonald, K., **McKinnon, M.C.**, Joffe, R. & MacQueen, G.M. (2008). Rates of obesity in a never treated population with mood disorders: baseline incidence and change over four years of follow up. *Journal of Affective Disorders*, 109: 127-131.
- Yucel, K., **McKinnon, M.C.**, Chahal, R., Taylor, V.H., Macdonald, K., Joffe, R., & MacQueen, G.M (2008). Anterior cingulate volume in first-episode patients with major depressive disorder. *Neuropsychopharmacology*, 33, 3157-3163.

Sandra McNally, Ph.D., C.Psych.

Psychologist, Schizophrenia and Community Integration Services
 St. Joseph's Healthcare, Hamilton
 West 5th Campus, 100 West 5th Street
 Hamilton, ON L8N 3K7
 Tel: 905-522-1155, ext. 36789
 Fax: 905-381-5607
 E-mail: smcnally@stjoes.ca

Dr. McNally received her Ph.D. in 1996 from York University, and completed her internship at The Centre for Addiction and Mental Health (CAMH). She is currently a Staff Psychologist in the Schizophrenia Services program at St. Joseph's Healthcare (West 5th Campus), and Assistant Professor in the Department of Psychiatry and Behavioural

Neurosciences, McMaster University. Her clinical and research interests involve the psychotherapeutic treatment of psychotic disorders, including voice hearing and the phenomenology of coping self-talk in schizophrenia.

Selected Publications:

McNally, S.E., & Goldberg, J.O. (1997). Natural cognitive coping strategies in schizophrenia. *British Journal of Medical Psychology*, 70, 159-167.

Heather E. McNeely, Ph.D., C.Psych.

Director of Training, Psychology Residency Program
Psychologist, Clinical Neuropsychology Service
St. Joseph's Healthcare, Hamilton
West 5th Campus, 100 West 5th Street, Box 585
Beckfield Building
Hamilton, ON L8N 3K7
Tel: 905-522-1155, ext. 36422
Fax: 905-381-5610
E-mail: hmcneely@stjoes.ca

Dr. McNeely received her Ph.D. in 1999 from the University of Waterloo, and completed a postdoctoral fellowship in the event related potential (ERP) laboratory at the Rotman Research Institute, Baycrest Centre and in the Neuropsychology Laboratory at the Centre for Addiction and Mental Health (CAMH) in Toronto. From 2001 to 2005, she was employed as a neuropsychologist in the Mood and Anxiety Disorders Program at CAMH and came to St. Joseph's Healthcare, Hamilton in July 2005. Dr. McNeely is the Director of Training for the Clinical Psychology Residency Program. She is an Associate Professor as well as the Director of Continuing Education in the Department of Psychiatry and Behavioural Neurosciences at McMaster and holds an adjunct faculty appointment in the Department of Psychology, Neuroscience and Behaviour at McMaster University. Her clinical and research interests focus on the interplay between neurobiological, affective and cognitive processes in severe mental illness and the impact of psychiatric treatments (e.g., Deep Brain Stimulation, Electroconvulsive Therapy, medications) on cognition.

Selected Publications:

Zhu, N., Moulden, H.M., **McNeely, H.E.** & Mamak, M. (in press). The Role of Inattention in the Relationship between Mental Illness and Crime. *The Journal of Forensic Psychology Practice*, 13

McNeely, H.E., Lau, M.A., Christensen, B.K. & Alain, C. (2008). Neurophysiological evidence of cognitive inhibition anomalies in persons with major depressive disorder. *Clinical Neurophysiology*, 119, 1578-1589.

McNeely, H.E., Mayberg, H.S., Lozano, A.M. & Kennedy, S.H. (2008). Neuropsychological impact of Cg25 deep brain stimulation for treatment-resistant depression: preliminary results over 12 months. *Journal of Nervous and Mental Disease*. 196(5):405-10.

Rybak, Y., **McNeely, H.E.**, Mackenzie, B., Jain U. & Levitan, R.D. (2007). Seasonality and circadian preference in adult ADHD: Clinical and neuropsychological correlates. *Comprehensive Psychiatry*, 48, 562-571.

- Rybak, Y., **McNeely, H.E.**, Mackenzie, B., Jain U. & Levitan, R.D. (2006). An open trial of light therapy in Adult Attention Deficit Hyperactivity Disorder. *The Journal of Clinical Psychiatry*, 67,1527-1535.
- Meyer, J.H., **McNeely, H.E.**, Sagrati, S., Boovariwala, A., Martin, K., Verhoeff, N.P.L.G., Wilson, A.A., & Houle, S. (2006). Elevated putamen D2 receptor binding potential In major depression with motor retardation: An [11C] raclopride positron emission tomography study. *American Journal of Psychiatry*, 163, 1594-1602.
- Mayberg, H., Lozano, A.M., Voon, V., Kennedy, S.K., **McNeely, H.E.**, Hamani, C., Schwalb, J.M., Seminowicz, D. (2005). Deep brain stimulation for treatment-resistant depression. *Neuron*, 45, 1-10.
- McNeely, H.E.**, Dywan, J., & Segalowitz, S.J. (2004). ERP Indices of emotionality and semantic cohesiveness during recognition judgements. *Psychophysiology*, 41, 117-129.
- McNeely, H.E.**, Christensen, B.K, West, R., & Alain, C. (2003). Neurophysiological evidence for disturbances of conflict processing in patients with schizophrenia. *Journal of Abnormal Psychology*, 112, 679-688.
- Alain, C., **McNeely, H.E.**, Yu, H., Christensen, B.K. & West, R. (2002). Neurophysiological evidence of error monitoring deficits in patients with schizophrenia. *Cerebral Cortex*, 12, 840-846.

Irena Milosevic, Ph.D., C.Psych.

Psychologist

Anxiety Treatment & Research Centre / Bariatric Surgery Program / Respiratory Rehabilitation Program

St. Joseph's Healthcare Hamilton

50 Charlton Ave East, Fontbonne-6

Hamilton, ON L8N 4A6

Tel: 905-522-1155, ext. 32969

E-Mail: imilosev@stjoes.ca

Dr. Milosevic received her Ph.D. in Clinical Psychology from Concordia University and completed her pre-doctoral residency at St. Joseph's Healthcare Hamilton (SJHH). She is currently a psychologist at the Anxiety Treatment & Research Centre, the Bariatric Surgery Program, and the Respiratory Rehabilitation Program at SJHH. Her roles within these programs involve clinical service, research, and teaching. She also holds an appointment as Assistant Professor (PT) in the Department of Psychiatry and Behavioural Neurosciences at McMaster University. Dr. Milosevic's clinical interests include assessment and cognitive behavioural treatment (CBT) for anxiety, depression, problematic substance use, and health-related problems. She is also involved in providing assessment and treatment for Canadian veterans through a novel initiative at the Anxiety Treatment & Research Centre. Dr. Milosevic's research investigates treatment outcomes and mechanisms in CBT for anxiety disorders and comorbid anxiety, mood, and substance use disorders. She is also interested in the role of psychological factors in bariatric surgery outcomes. Dr. Milosevic has *authored a number of peer-reviewed* journal articles and book chapters, and she has presented her research at numerous national and international conferences.

Selected Publications:

- McCabe, R.E., **Milosevic, I.**, & Bieling, P.J. (in press). Groups for anxiety and PTSD. In J. De-Lucia Waack, C. Kalonder, & M. Riva (Eds.), *The Handbook of Group Counseling and Psychotherapy* (2nd Ed.). Sage Publications.
- Bieling, P.J., **Milosevic, I.**, & McCabe, R.E. (in press). Groups for depression. In J. De-Lucia Waack, C. Kalonder, & M. Riva (Eds.), *The Handbook of Group Counseling and Psychotherapy* (2nd Ed.). Sage Publications.
- Milosevic, I.**, & McCabe, R.E. (in press). Agoraphobia. In R. Cautin & S. Lilienfeld (Eds.), *The Encyclopedia of Clinical Psychology*. Wiley-Blackwell.
- Rowa, K., **Milosevic, I.**, & Antony, M.M. (in press). Cognitive-behavioral therapy for social anxiety disorder: Applying the approach. In J. Weeks (Ed.), *The Wiley-Blackwell Handbook of Social Anxiety Disorder*. John Wiley & Sons Ltd.
- Milosevic, I.**, & Radomsky, A.S. (2013). Incorporating the judicious use of safety behaviour into exposure-based treatments for anxiety disorders: A study of treatment acceptability. *Journal of Cognitive Psychotherapy*, 27, 155-174.
- Milosevic, I.**, & Radomsky, A.S. (2013). Keep your eye on the target: Safety behavior promotes lower levels of targeted maladaptive beliefs following a behavioral experiment. *Cognitive Therapy and Research*, 37, 557-571.
- Milosevic, I.**, & Radomsky, A.S. (2008). Safety behaviour does not necessarily interfere with exposure therapy. *Behaviour Research and Therapy*, 46, 1111-1118.

Heather Moulden, Ph.D., C.Psych.

Psychologist, Forensic Services
St. Joseph's Healthcare, Hamilton
West 5th Campus
100 West 5th Street
Hamilton, ON L8N 3K7
Tel: 905-522-1155 ext. 35539
Fax: 905-575-6057
E-mail: hmoulden@stjoes.ca

Heather Moulden received her Ph.D. in Clinical Psychology from the University of Ottawa, and completed her residency at St. Joseph's Healthcare Hamilton. She is a clinical psychologist on the Forensic Service at St. Joseph's Healthcare, and an Assistant Professor with the Department of Psychiatry and Behavioural Neurosciences at McMaster University. Her research and clinical interests include sexual deviations and offending behaviour, enhancing forensic rehabilitation, and diagnostic issues relevant to risk and treatment. She has authored peer reviewed publications, invited chapters, and has presented at scholarly conferences in Canada and the United States. She has also provided training in sexual offender treatment for the National Sexual Offender Treatment Program for Correctional Services Canada.

Selected Publications:

- Moulden, H. M.** & Firestone, P. (2011). Therapist awareness and responsibility in treating sexual offenders. *Sexual Abuse: A Journal of Research and Treatment*, 23, 374-386.

- Moulden, H. M.**, Firestone, P., Kingston, D. A., & Wexler, A. F. (2010). A description of sexual offending committed by Canadian teachers. *Journal of Child Sexual Abuse, 19*, 403-418.
- Moulden, H. M.**, Firestone, P., Kingston, D. A., & Bradford, J. M. (2009). Recidivism in pedophiles: An investigation using different diagnostic methods. *Journal of Forensic Psychiatry and Psychology, 20*, 680-691.
- Firestone, P., **Moulden, H. M.**, & Wexler, A. F. (2009). Clerics who commit sexual offenses: Offender, offence and victim characteristics. *Journal of Child Sexual Abuse, 18*, 442-454.
- Marshall, L. E., Marshall, W. L., **Moulden, H. M.**, & Serran, G. E. (2008). The prevalence of sexual addiction in incarcerated sexual offenders and matched community controls. *Sexual Addiction and Compulsivity, 15*, 271-283.
- Marshall, W. L., Marshall, L. E., Malcolm, P. B., Fernandez, Y. M., & **Moulden, H. M.** (2008). The Rockwood Preparatory Program For Sexual Offenders: Description and preliminary appraisal. *Sexual Abuse: A Journal of Research and Treatment, 20*, 25-41.
- Kingston, D. A., Firestone, P., **Moulden, H. M.**, & Bradford, J. M. (2007). The utility of the diagnosis of pedophilia: A comparison of various classification procedures. *Archives of Sexual Behavior, 36*, 423-436.
- Moulden, H. M.**, & Firestone, P. (2007). Vicarious traumatization: The impact on therapists who work with sexual offenders. *Trauma, Violence & Abuse, 8*, 67-83.
- Moulden, H. M.**, Firestone, P., & Wexler, A. F. (2007). Childcare providers who commit sexual offences: A description of offender, offense, and victim characteristics. *International Journal of Offender Therapy and Comparative Criminology, 51*, 384-406.
- Nunes, K. L., Hanson, R. K., Firestone, P., **Moulden, H. M.**, Greenberg, D. M., & Bradford, J.M. (2007). Denial predicts recidivism for some sexual offenders. *Sexual Abuse: A Journal of Research and Treatment, 19*, 91-105.
- Serran, G. A., Firestone, P., Marshall, W. L., & **Moulden, H. M.** (2007). Changes in coping strategies following treatment in child molesters. *Journal of Interpersonal Violence, 22*, 1199-1210.
- Wakeling, H. C., Webster, S., **Moulden, H. M.**, & Marshall, W. L. (2007). Decisions to offend in men who sexually abuse their daughters. *Journal of Sexual Aggression, 13*, 81-99.
- Firestone, P., Nunes, K. L., **Moulden, H. M.**, Broom, I., & Bradford, J. M. (2005). Hostility and recidivism in sexual offenders. *Archives of Sexual Behavior, 34*(3), 277-283.
- Marshall, W.L., Ward, T., Mann, R. E., **Moulden, H. M.**, Fernandez, Y. M., Serran, G. A., & Marshall, L. E. (2005). Working positively with sexual offenders: Maximizing the effectiveness of treatment. *Journal of Interpersonal Violence, 20*(9), 1096-1114.

Joseph Pellizzari, Ph.D., C.Psych.

Psychologist, Consultation-Liaison Service, Mental Health and Addictions Program
 St. Joseph's Healthcare, Hamilton
 50 Charlton Ave East
 4th floor, Fontbonne Building
 Hamilton, ON L8N 4A6
 Tel: 905-522-1155 ext. 34258
 Email: jpellizz@stjoes.ca

Dr. Joseph Pellizzari received his Ph.D. in 2000 from the University of Western Ontario, following the completion of his internship at Victoria Hospital (London Health Sciences Centre). Prior to joining the faculty at St. Joseph's Healthcare in 2008, he was employed with the Mental Health Care Program at London Health Sciences Centre for over 10 years, working in the areas of consultation-liaison (CL) psychiatry and behavioural medicine. This continues to be his area of practice and he is currently the administrative service leader for CL which has interprofessional teams located at all the acute medical sites in the city. Clinically, his practice involves the assessment and treatment of patients with complex medical and psychiatric presentations, including mood, anxiety, and somatoform disorders. He has developed clinical liaisons with a variety of medical services including interventional pain management, respirology, and palliative care. Of particular interest has been the delivery of psychological services (e.g., consultation, brief intervention) in the acute care medical/surgical setting. Dr. Pellizzari has also been active in education; teaching aspects of psychosomatic medicine to undergraduate medical students, supervising psychology and psychiatry residents, and participating in various educational initiatives with other medical specialties. Research interests have included the conceptualization and measurement of quality of life and health outcomes. He is an Assistant Professor with the McMaster Department of Psychiatry and Behavioural Neurosciences.

Karen Rowa, Ph.D., C.Psych.

Associate Director of Training, Psychology Residency Program

Psychologist, Anxiety Treatment and Research Centre

St. Joseph's Healthcare, Hamilton

50 Charlton Ave. East

6th Floor, Fontbonne Building

Hamilton, ON L8N 4A6

Tel: 905-522-1155, ext. 33656

Fax: 905-521-6120

E-mail: krowa@stjoes.ca

Dr. Rowa received her Ph.D. in 2003 from the University of Waterloo, and she completed her internship training at the Centre for Addiction and Mental Health in Toronto, Ontario. She is a psychologist at the Anxiety Treatment and Research Centre and an Assistant Professor in the Department of Psychiatry and Behavioural Neurosciences at McMaster University. She is also the Associate Director of Training in the Psychology Residency Program at St. Joseph's. Her research is focused on evaluating cognitive behavioural models and treatments of the anxiety disorders, with a specific focus on obsessive compulsive disorder and social phobia. More specifically, she is interested in ways of improving the delivery and effectiveness of existing cognitive behavioural treatments for the anxiety disorders. She has authored numerous peer-reviewed journal articles, invited chapters, and is co-author of two books.

Selected Publications:

Moscovitch, D.A., Orr, E., **Rowa, K.**, Gehring Reimer, S., & Antony, M.M. (2009). In the absence of rose-coloured glasses: Ratings of self-attributes and their differential

certainty and importance across multiple dimensions in social phobia. *Behaviour Research and Therapy*, 47, 66-70.

- Federici, A., **Rowa, K.**, & Antony, M.M. (2010). Adjusting treatment for partial- or non-response to contemporary cognitive-behavioral therapy. In D.McKay, J. Abramowitz, & S. Taylor (Eds.). *The Expanded Scope of Cognitive-Behavior Therapy: Lessons Learned from Refractory Cases*. Washington, DC: American Psychological Association.
- Rowa, K.**, & Antony, M.M. (2008). Generalized anxiety disorder. In W.E.Craighead, D.J. Miklowitz, & L.W.Craighead (Eds.). *Psychopathology: History, Theory and Diagnosis*. New York: John Wiley & Sons.
- Rowa, K.**, McCabe, R.E., & Antony, M.M. (2008). Specific phobia and social phobias. In J. Hunsley & E.J. Mash (Eds.). *A Guide to Assessments that Work* (pp 207-228). New York: Oxford University Press.
- Antony, M.M., & **Rowa, K.** (2008). *Social anxiety disorder*. Göttingen, Germany: Hogrefe & Huber.
- Rowa, K.**, Antony, M.M., Summerfeldt, L.J., Purdon, C., Young, L. & Swinson, R.P. (2007). Office-based vs. home-based behavioral treatment for obsessive compulsive disorder: A preliminary study. *Behaviour Research and Therapy*, 45, 1883-1892.
- Antony, M.M., & **Rowa, K.** (2007). *Overcoming fear of heights. How to Conquer Acrophobia and Live a Life Without Limits*. Oakland, CA: New Harbinger Publications.
- Purdon, C., **Rowa, K.**, & Antony, M.M. (2007). Diary records of thought suppression attempts by individuals with obsessive-compulsive disorder. *Behavioural and Cognitive Psychotherapy*, 35, 47-59.
- Rowa, K.**, Antony, M.M., & Swinson, R.P. (2007). Exposure and ritual prevention. In M.M. Antony, C. Purdon, & L.J. Summerfeldt (Eds.), *Psychological treatment of OCD: Fundamentals and beyond*. Washington, DC: APA.

Ian Smith, Ph.D., C.Psych.

Psychologist, Mood Disorders Service
St. Joseph's Healthcare, Hamilton
West 5th Campus, 100 West 5th Street
Hamilton, ON L8N 3K7
Tel: 905-522-1155, ext. 5542
Fax: 905-575-6029
E-mail: ismith@stjoes.ca

Dr. Smith received his Ph.D. in 1996 from Queen's University, and completed his internship at the University Hospital in London, Ontario. He is currently a Staff Psychologist in the Mood Disorders Service at St. Joseph's Healthcare, and Assistant Professor in the Department of Psychiatry and Behavioural Neurosciences at McMaster University. Dr. Smith's current clinical interests include complex Psychodiagnostic Assessment and supervision in longer-term Schema-Focused and Psychodynamic therapy models. Current research involvement includes PTSD and Mood Disorder comorbidity. He has published six peer-reviewed journal articles and has served on the Program Improvement Council for the Mental Health Program at St. Joseph's Healthcare.

Amy Wojtowicz, Ph.D., C.Psych.

Borderline Personality Disorder Service
Community Psychiatry Service
3rd Floor, Fontbonne Building
St. Joseph's Healthcare, Hamilton
50 Charlton Avenue East
Hamilton ON L8N 4A6
Tel: 905-522-1155 ext. 33962
E-Mail: awojtowi@stjoes.ca

Dr. Wojtowicz received her Ph.D. from the University of Calgary and completed her predoctoral psychology residency training at St. Joseph's Healthcare, Hamilton. She previously worked at St. Joseph's outpatient Eating Disorder Program. Dr. Wojtowicz joined the Borderline Personality Disorder Service at St. Joseph's in September 2010. Dr. Wojtowicz works at Community Psychiatry Services, an outpatient clinic that offers Dialectical Behavior Therapy (DBT). She is also an Assistant Professor in the Department of Psychiatry and Behavioural Neurosciences at McMaster University. Dr. Wojtowicz has published peer-reviewed journal articles, and has made a number of presentations at international scientific meetings. Her research interests include dissemination and implementation of cognitive and behavioral interventions (particularly DBT), borderline personality disorder, body dissatisfaction, and eating disorders.

Selected Publications:

- Wojtowicz, A.E., & von Ranson, K.M. (2012). Weighing in on risk factors for body dissatisfaction: A prospective study of adolescent girls. *Body Image: An International Journal of Research*, *9(1)*, 20-30.
- Cassin, S. E., von Ranson, K. M., Hung, K., Brar, J., & **Wojtowicz, A. E.** (2008). Adapted motivational interviewing for women with binge eating disorder: A randomized controlled trial. *Psychology of Addictive Behaviour*, *22(3)*, 417-425.
- Wojtowicz, A.E.**, von Ranson, K. M. (2007). Word lists for testing cognitive biases towards body shape stimuli among men and women. *Behavior Research Methods Instruments and Computers*, *39*, 151-155.
- Wojtowicz, A.E.**, von Ranson, K. M. (2006). Psychometric evaluation of two scales examining muscularity concerns in men and women. *Psychology of Men and Masculinity*, *7*, 56-66.

Adjunct Faculty and Supervisors

Biographies and photos of adjunct faculty and supervisors are available on the residency program website, www.stjoes.ca/psychology

Martin M. Antony, Ph.D., C.Psych. , ABPP

Director of Research, Anxiety Treatment and Research Centre
St. Joseph's Healthcare, Hamilton

Suzanne Archie, M.D., FRCPC

Psychiatrist and Director, Cleghorn Program in Early Intervention in Psychosis, St. Joseph's Healthcare, Hamilton

Lisa Bourque, Psy.D., C.Psych.

Psychologist, Anxiety Treatment and Research Centre

Gary Chaimowitz, M.D., FRCPC

Psychiatrist, Forensic Services, West 5th Campus

Susan Chudzik, M.Sc., C.Psych

Psychologist, Anxiety Treatment and Research Centre

Linda Cox, M.S.W.

Social Worker, Anxiety Treatment and Research Centre

Catherine Dool, M.A.

Psychometrist, Clinical Neuropsychology Service

Joel Goldberg, Ph.D., C.Psych.

Consulting Psychologist, Hamilton Program for Schizophrenia

Gary Hasey, M.D., FRCPC

Psychiatrist, Mood Disorders Service, West 5th Campus

Cindy Kington, RN

Registered Nurse, Consultation Liaison Service

Marilyn Korzekwa, M.D., FRCPC

Psychiatrist, St. Joseph's Healthcare Hamilton

Cathy McCutcheon, RN

Registered Nurse, Eating Disorders Program, Community Psychiatry Service

Michael Mosher, B.Sc.

Psychometrist, Clinical Neuropsychology Service, West 5th Campus

Kofi Ofofu, M.D., FRCPC

Medical Director, Eating Disorders Program

Staff Psychiatrist, Inpatient Services, Mental Health and Addictions Program

Patricia Rosebush, M.D., FRCPC

Director, Consultation Liaison Service

Richard P. Swinson, M.D., FRCPC

Medical Director, Anxiety Treatment and Research Centre

Stacey Tweed, Ph.D. (supervised practice)

Psychologist, supervised practice, Eating Disorders Program