



**CLINICAL NEUROPSYCHOLOGY
POSTDOCTORAL PROGRAM
2020-2021**

www.stjoes.ca/psychology

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INTRODUCTION

About St. Joseph's Healthcare, Hamilton

St. Joseph's Healthcare Hamilton has a history of being rated one of the top employers and healthcare organizations across the country when evaluated by the following criteria: physical workplace; work atmosphere and social; health, financial and family benefits; vacation and time off; employee communications; performance management; training and skills development; and community involvement.

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 and Addictions Program at St. Joseph's Healthcare is based primarily at the Margaret and Charles Juravinski Centre for Integrated Healthcare (West 5th Campus) which is also home to a number of neurology and medical outpatient clinics, as well as the academic offices of the Department of Psychiatry and Behavioural Neurosciences, McMaster University. Psychological services are also provided within the nearby general hospital site (Charlton Campus) and to a lesser extent at an ambulatory site (King Street Campus). With more than 350 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 emerging adults, adults and older adults ranging from emergency services to acute and specialized inpatient services to specialty outpatient programs. As a result, neuropsychology postdoctoral fellows will have the opportunity to gain varied experience in assessment and intervention with individuals with a wide range of difficulties.

A New Era in Integrated Mental Health Care

Located at 100 West 5th Street, the Margaret and Charles Juravinski Centre for Integrated Health, also referred to as the West 5th Campus, embodies St. Joseph's vision to pioneer innovative models of care that aspires to radically reduce stigma and barriers associated with mental illness. The West 5th Campus integrates inpatient and outpatient mental health programs alongside outpatient medical services, research facilities and academic partnerships. It is a place of hope and healing, of relationships and partnerships, and of visionary care.

St. Joseph's West 5th Campus opened in February 2014 and is where the Clinical Neuropsychology Service and the postdoctoral training program are primarily located. The new building represents a ten-year long redevelopment project intended to re-invent the way we deliver mental health and medical care to the members of our community.

The 850,000 square foot facility has capacity for up to 305 beds and is home to the Department of Psychiatry and Behavioral and Neurosciences at McMaster University, a

respected academic and research partner of St. Joseph's Healthcare. With an abundance of accessible courtyards, recreational facilities, natural light and expert caregivers the Margaret and Charles Centre for Integrated Healthcare is improving the lives of not only those who suffer from mental illness, but the entire community St. Joseph's serves.

Research and education are integral components of our West 5th Campus, which is one of Canada's leading innovation centres for the study and treatment of mental illness. The research centre is a fully integrated psychiatric and medical hospital, which creates an environment that fosters innovative research and advances the ways we translate knowledge to patients and clinicians. Our facility is one of the largest academic psychiatric centers in Canada. McMaster University's Department of Psychiatry and Behavioural and Neurosciences, as well as clinical, educational and research activities take place within the walls of the new building at West 5th.

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



Nestled along the shores of Hamilton Harbour adjacent to the Niagara Escarpment, the City of Hamilton, with a population of 550,000, is home to several cultural and recreational landmarks. The downtown core offers an eclectic mix of shopping and dining venues catering to all tastes and boasts a vibrant arts scene featuring a monthly Art Crawl on James Street North.

First Ontario Centre is an internationally recognized venue for concerts, sporting events, and conventions. The Canadian Football Hall of Fame is located downtown next to City Hall. Hamilton is also home to a Canadian Football League team, the Hamilton Tiger-Cats, located in a stadium that opened in 2014, aptly named after a local landmark: Tim Horton's Field. The first Tim Horton's coffee shop opened here in 1964 and a working museum is located on Ottawa Street North.

Other 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.



Bayfront Park, pictured above, 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.

In addition, Hamilton is about 45 minutes from Toronto, a large cosmopolitan city with more than 2.5 million residents and a wide array of sports, entertainment, shopping and dining experiences.

It is also about an hour from Buffalo, NY, and less than an hour from world renowned, Niagara Falls, and the nearby Niagara wine country.



Helpful Websites

For more information about Hamilton: www.tourismhamilton.com
www.hamilton.ca

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

OVERVIEW OF THE PROGRAM

Program Mission

At St. Joseph's Healthcare Hamilton, we are dedicated to excellence in neuropsychology training at all levels, including graduate practicum, a neuropsychology residency stream, and a postdoctoral fellowship. The SJHH postdoctoral program in Clinical Neuropsychology provides access to multidisciplinary medical education and training opportunities that include didactics and direct inpatient and outpatient contact, as well as interactions with residents and fellows in medical specialties and allied professions. Working in an environment with graduate and resident learners allows supervision opportunities for our neuropsychology postdoctoral fellows. The scope of training opportunities and resources is what we believe contributes to being one of the top neuropsychology postdoctoral training programs in Canada.

Training Philosophy

The Neuropsychology Postdoctoral Fellowship Program at SJHH is committed to a scientist-practitioner approach to education and practice. In this regard, we seek to apply knowledge from a scientific foundation and adherence to best clinical practices. The program includes several different areas in which the fellow can develop advanced neuropsychological skills. Many members of the clinical training faculty are directly involved in research and contribute regularly to the scientific literature, and all faculty members are committed to keeping abreast of the latest research to inform their clinical practice.

The program is committed to preparing neuropsychology postdoctoral fellows to become leaders in the field by offering both breadth and depth of experience and knowledge. The intensive training experience ensures the development and practice of core competencies required by the provincial registration board for supervised professional practice and provides a range of assessment and intervention opportunities, and exposure to different types of clients and services. *The program embodies the concept of neuropsychologists acting in multiple roles.* Faculty and fellows have integral positions on multidisciplinary teams, and within the broader hospital and academic systems, several programs and services are headed by psychology faculty and several hold key leadership roles including VP Mental Health and Addictions SJHH, Vice Chair Research, Department of Psychiatry & Behavioural Neuroscience. Psychologists at St. Joseph's Healthcare are seasoned clinicians, researchers, managers, trainers, authors, and advocates for important professional issues. Our 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 Goals and Objectives

Our program's goals are to provide excellence in education and training to achieve competencies necessary for the specialized practice of clinical neuropsychology. The program has been designed to be in keeping with the Houston Conference standards for specialty training in neuropsychology (*Archives of Clinical Neuropsychology*, 1998, 13,

160-166), and was also designed with the intention to meet the postdoctoral requirements for board certification, as specified by the American Board of Clinical Neuropsychology.

These objectives are accomplished by the following goals:

Goal 1: Advanced Assessment and Diagnostic Skills

Objectives for Goal 1: Fellows will conduct, on average, 3 to 4 integrative neuropsychological assessment consultations per week over the course of the training year across both inpatient and outpatient rotations (with fewer, more comprehensive assessments in the outpatient setting, and a greater number of brief, more targeted assessments in the inpatient setting). The reports will include differential diagnoses based on DSM 5, comprehensive conceptualization, and provide client-specific recommendations.

Competencies Expected for Goal 1: Competencies expected include independence in the following: appropriate test selection based on an informed-approach; accurate test administration; autonomy in conducting interviews; effective listening and observational skills; accuracy of scoring, interpretation, and case conceptualization; quality of written report (e.g., appropriateness of response to referral question, integration of empirical/critical thinking based on literature); accurate diagnostic skills based on integration of test data with DSM criteria; and usefulness of recommendations based on evaluation results.

Goal 2: Advanced Cognitive Intervention Skills

Objectives for Goal 2: Fellows will refine knowledge and skills through involvement in delivering cognitive intervention groups for targeted populations.

Competencies Expected for Goal 2: Fellows will refine their skills in developing programming and/or providing manualized, structured intervention to individuals with cognitive impairment due to a medical and/or psychiatric etiology. This will be done by integrating theory into interventions and targeting them toward specific patients (e.g., memory interventions for individuals with MCI; cognitive interventions for individuals with severe mental illness).

Goal 3: Strengthen Knowledge of Ethics and Professional Issues

Objectives for Goal 3: Through didactic seminars and discussion in supervision, fellows will understand and adhere to the Canadian Psychological Association (CPA) Codes of Ethics and Ontario registration laws and regulations. Fellows will also be provided with opportunities to develop their professional identity and gain an understanding of the multiple roles psychologists may play in an interdisciplinary healthcare setting by applied practice.

Competencies expected for Goal 3: Fellows' conduct is expected to be in compliance with CPA Ethical Principles, and in compliance with Ontario Provincial laws. Fellows will

appropriately seek supervision and consultation when needed, inform patients of their professional status and supervisor's name, and demonstrate an appropriate amount of independence. Fellows will reliably consider ethical issues and be able to identify and raise appropriate ethical concerns, anticipate possible ethical concerns, reason through ethical dilemmas and seek supervision appropriately, and arrive at good ethical decisions. Fellows must also be sensitive to issues of confidentiality. Fellows will strive to be active and cooperative 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 consider issues around professional development as these relate to their practice (e.g., boundary issues, gaps in knowledge). Upon completion of rotations, fellows will demonstrate an ability to respond to and integrate feedback in their professional and skills development across future rotations.

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

Objectives for Goal 4: Through didactic seminars, workshops, recommended readings and discussion in supervision, fellows will learn to recognize and address therapist/client diversity and will learn to recognize the importance of individual differences and the avoidance of stereotyping. Emphasis will be placed on assigning fellows patients/clients representing diverse populations to put theory into practice. *We commit to permitting time for our fellows to attend workshops and seminars on applicable ethics and diversity training when they arise in the hospital and/or community without incurring undue burden (e.g., asking to make up time or clinical work that may be missed).*

Competencies expected for Goal 4: Fellows will be aware of and demonstrate sensitivity to issues of diversity (including cultural, language, gender, ethnicity, sexual preference, identity, age, religion, physical and emotional disability). Fellows 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: Further Develop Knowledge of and Skills in Consultation

Objectives for Goal 5: Fellows will understand the role of a psychology consultant in an interdisciplinary healthcare setting. Through formal didactic seminars on inter-professional 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: Fellows will demonstrate an ability to establish consulting relationships with other healthcare professionals 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: Enhance Skills in Providing Feedback

Objectives for Goal 6: Fellows will develop their skills in providing feedback to referring clinicians and/or treatment teams, patients/clients and their family members.

Competencies expected for Goal 6: Fellows will use recommended readings and supervision to enhance their ability to independently and effectively communicate clinically relevant information (e.g., case conceptualization, recommendations) to referring clinicians and/or patients/clients and their family members, and also to adapt and modify feedback in a manner that is appropriate for their target audience.

Goal 7: Continue to Develop Skills in Research

Objectives for Goal 7: The fellow will become involved in program-based research by utilizing the CNS database or other resources that are available, which may include one of the on-going research projects or a supplementation thereof.

Competencies for Goal 7: Fellows will work with program faculty to develop a hypothesis that can be tested via available or reasonably obtainable data, conduct appropriate analyses, contribute to document preparation, and contribute ideas for on-going research projects. They will submit at minimum one manuscript for publication to a peer reviewed journal or present a poster of their project at local or international conferences (e.g., INS; NAN; AACN; McMaster Research Day, Program Rounds) during their fellowship. Fellows may also be able to provide supervision/mentorship to residents, undergraduate, or graduate students completing research projects in the CNS.

Goal 8: Develop Skills in Supervision

Objectives for Goal 8: Through didactic seminars, assigned readings, and participation in supervision and discussion, fellows will develop an understanding of basic models and methods of supervision. Fellows will be given the opportunity to provide supervision to practicum students, residents and/or psychometrists. They will receive supervision on their supervision.

Competencies expected for Goal 8: Fellows will work on developing skills as a supervisor by providing appropriate and constructive feedback to supervisees, learn to adjust supervisory style to address unique learning needs of supervisees, be aware of and effectively deal with ethical and diversity issues in supervision, and will learn to effectively address and process resistance and boundary issues in supervision.

Goal 9: Fulfilling Registration Requirements

Objectives for Goal 9: The fellow will be expected to complete requirements for registration for supervised practice with the College of Psychologists of Ontario (CPO) at the outset of the fellowship.

Competencies expected for Goal 9: Prior to admission to the program, fellows must demonstrate that they are compliant with CPO registration requirements. Registration for supervised practice with the CPO will be required as soon as feasible once all eligibility requirements are confirmed met. During the program, fellows will complete the licensure requirements by: participating in regularly scheduled individual supervision with both the CPO Primary (4 hours/month) and Secondary (2 hours/ month) supervisors, writing the EPPP and documenting at least 1750 hours of supervised work experience during the first year. During the second year, they will be expected to write the JEE and schedule an oral examination to complete the registration process. Supervision and regular evaluation of declared competencies will be provided to the fellow to complete the licensure process. As required for registration, a primary and a secondary supervisor will be assigned from among program faculty. If the fellow desires registration in Clinical Psychology as well as Neuropsychology, they will assume an additional clinical workload to accommodate the requirements. Ample opportunities to engage in the training required for registration in Clinical Psychology are available through the Clinical Neuropsychology Service.

Goal 10: Prepare for Application for Board Certification in Clinical Neuropsychology

Objectives for Goal 10: Through didactics and independent preparation, fellows will participate in informational seminars, fact-finding exercises, and mock oral examination(s).

Competencies expected for Goal 10: Fellows will understand the process of applying and seeking board certification in clinical neuropsychology. If desired, they will have the opportunity to participate in mock fact finding and mock oral examination session with the clinical staff and/or the other fellow. They will have two board certified and five additional highly trained neuropsychologists available to assist regarding this process.

Workspace

Each fellow is provided with an office in the Clinical Neuropsychology Service at the West 5th campus, complete with a telephone, voicemail, and computer with access to high speed internet, and various hospital and library resources. While the rotations are all part of the SJHH system, they are part of different clinical units within the hospital. All rotations are located on the West 5th campus, with the exception of the Inpatient Acute/Medical, which is located at the nearby Charlton Campus. Office space is available on the days relevant to the Charlton rotation and the hospital operates a free transportation shuttle between these two campuses.

Supervisor Role

The fellowship program complies with the requirements for registered psychologists and those registered under supervised practice by the College of Psychologists of Ontario. For more information on the College of Psychologists of Ontario Supervised Practice Requirements: <https://members.cpo.on.ca/>

As indicated previously, fellows licensed for supervised practice with CPO receive a minimum of 6 direct hours of individual supervision each month, which includes 4 hours of

direct individual supervision with the Primary CPO supervisor and 2 hours per month with the Secondary CPO supervisor. In addition to the CPO supervision, further specialized program clinical supervision is provided within rotations. The fellow's supervision schedule is individualized to meet the needs of the fellow; all supervisors are on-site at each rotation and provide multiple opportunities for informal or supplemental supervision on an as-needed basis. Bearing this in mind, fellows will spend a minimum of 1 hour each week in scheduled formal direct individual supervision with the neuropsychologist lead on each rotation. This supervision will include discussion of clinical cases and professional development, and when necessary or applicable observation while providing clinical services. Fellows are encouraged to participate in peer supervision as well.

Evaluation

In compliance with the College of Psychologists of Ontario requirements, there are several areas formally evaluated and documented as part of supervision with both Primary and Secondary CPO supervisors <http://www.cpo.on.ca/Resources.aspx>. Fellows receive regular constructive informal and ongoing feedback during supervision with both CPO and rotation supervisors.

Learning plans are established at the outset of each rotation. Formal rotation evaluations occur at the mid-point of each rotation with the goal 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. At the end of each rotation, formal evaluations are completed to document the extent to which learning goals were achieved, and identify further learning goals for the remainder of the fellowship. Copies of the mid-point and final rotation evaluations will be provided to the Director for inclusion in the fellow's training file, will be shared with CPO supervisors to be utilized in the completion of the formal evaluations, as required for supervised professional activities by the College of Psychologists of Ontario and will be discussed at bi-monthly supervisor meetings.

If a remediation plan is requested formally per indication on the evaluation form, the fellowship director will work directly with the fellow and other applicable supervisors to construct a suitable training plan to improve performance in identified areas of deficiency. Since fellows are technically staff of SJHH, the manager and/or the Psychology Professional Practice Lead (PPL) may become involved depending on the nature of the issues or concerns raised. For example, a deficiency related to direct clinical skills or knowledge would be remediated within the fellowship supervisory training structure alone, whereas a significant professionalism issue that raises concerns about contradiction of SJHH HR workplace or professionalism standards would necessitate involvement of the manager and or Psychology PPL.

To maintain quality assurance, fellows are encouraged to provide feedback and evaluation of the program both informally and formally. The program seeks to establish an atmosphere that promotes and models professional growth, reflection and life-long learning; as such, fellows are encouraged to approach their supervisors informally with any

concerns that may arise. In addition, fellows are asked to complete formal evaluation of each rotation/supervisor. At the end of the fellowship, the fellows have an opportunity to provide feedback regarding specific strengths or areas of improvement within the program during an exit interview with the Director.

Formal Grievance procedures are placed permanently on a shared drive, which is universally accessible for all staff, psychologists, and fellows in the Clinical Neuropsychology Service. Fellows are directed to review these procedures at the start of their fellowship.

APPCN Membership

The Clinical Neuropsychology Postdoctoral Fellowship program was developed to be in keeping with the training in neuropsychology guidelines in the Houston Conference and American Board of Clinical Neuropsychology (ABCN), which is a specialty board of the American Board of Professional Psychology (ABPP). The program is a member program in the Association of Postdoctoral Programs in Clinical Neuropsychology (APPCN). The program is in compliance with the requirements for supervised work experience by the College of Psychologists of Ontario. It is not an accredited program of the American Psychological Association or the Canadian Psychological Association.

For more information on the requirements for board certification in clinical neuropsychology:

The Association of Postdoctoral Programs in Clinical Neuropsychology
<https://appcn.org>

The American Board of Clinical Neuropsychology
<https://theabcn.org/>

The American Board of Professional Psychology
<https://www.abpp.org/i4a/pages/index.cfm?pageid=3285>

For more information on the College of Psychologists of Ontario Supervised Practice Requirements:

<https://members.cpo.on.ca/>

STRUCTURE OF THE PROGRAM

The Clinical Neuropsychology Service (CNS) is a 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, intellectual), psychiatric (e.g., psychotic, mood/anxiety), and substance abuse disorders. The program runs the first working day of September through the last working day of August. The program requires 1750 hours of practice to be completed over 12 months.

In order to achieve the neuropsychological, psychological, and research training objectives, the fellowship is two years in duration; particularly for fellows who desire registration in Clinical and Neuropsychology. A shorter than 2-year duration of the fellowship may be accommodated on a case-by-case basis, but fulfilling registration competencies cannot be guaranteed in a shortened timeframe.

Assessment Overview

Neuropsychological services are provided to nearly all SJHH medical and psychiatric programs. The neuropsychology fellows gain work experience and extend their 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 across several clinics and patient populations within the SJHH system.

Fellows integrate information about the patient's neuropsychological and psychiatric status to arrive at a diagnosis and provide patient-specific recommendations including any rehabilitative or compensatory strategies. In addition, the fellow sharpens skills by disseminating findings of the assessments through report writing, oral and written communication of findings and recommendations to other professionals and referring agents, and provision of oral and appropriately modified written feedback directly to the patients and their families.

Faculty in the CNS also provide psychodiagnostic assessment. The fellows have the opportunity to assume the role of the psychological consultant, answering specific questions about patient's presentation relating to the psychiatric diagnosis, including conferring and/or confirming DSM-5 diagnoses. If desired, the fellow can gain supervised experience using a variety of assessment techniques including structured and semi-structured clinical interviews including the Mini International Psychiatric Interview (MINI), the Diagnostic Assessment Research Tool (DART), a locally developed interview compatible with the DSM-5, and various self-report symptom and personality inventories (e.g., DASS, PAI, NEO-PI-R, MCMI, etc.).

Intervention Overview

Opportunities for formal training in cognitive interventions involve 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 and enhancing functioning related to normal, age-related memory changes; “Learning the ROPES”, an 8-week group for older adults diagnosed with Mild Cognitive Impairment; and “MindfulACTion”, a 12-week mindfulness group with elements of acceptance and commitment therapy (ACT) developed for adults with cognitive impairment; Menopause and the Brain, a 6-week cognitive remediation program for women with subjective cognitive complaints during the menopausal transition and a weekly Inpatient Transdiagnostic CBT group developed specifically for patients on the acute psychiatry units at the Charlton Campus.

Structure

As for all SJHH staff members, fellows are expected to work 37.5 hours per week. Fellows are expected to spend approximately 50% of their time in direct contact with patients, which will comprise approximately 10-12 face-to-face clinical contacts each week through a combination of individual assessment, provision of feedback, intervention, and group intervention.

Rotations

The program incorporates rotations through six emphasis areas:

- 1) General Outpatient;
- 2) Seniors Mental Health;
- 3) Behavioural Neurology;
- 4) Acute Inpatient Psychiatry and Medical Consultation (Charlton);
- 5) Tertiary Inpatient Psychiatry (Mood, Schizophrenia, Concurrent, Acute);
- 6) Elective: can be a repeat of a prior rotation or formal rotations with affiliated supervisors (per above) such as in Outpatient Early Intervention in Psychosis and/or Forensics.

In each area, the fellow provides neuropsychological assessments to the targeted population. They may also be involved in psychodiagnostic, psychotherapeutic, or other types of intervention programming that is occurring on the particular rotation. Supervisors are on-site for each rotation. The six rotations run approximately 4 months in duration for a total of 24 months. Specific rotation schedules can be developed somewhat flexibly at the start of the fellowship to meet the training goals of each fellow while at the same time meeting requirements of the program's core competencies.

Sample Schedule

Year 1	Postdoc 1	Postdoc 2
Sept-Dec	General Outpatient	Acute Inpatient/CL
Jan-Apr	Tertiary Inpatient Psychiatry	Elective
May-Aug	Geriatric Medicine/Seniors Mental Health	General Outpatient
Year 2		
Sept-Dec	Elective	Tertiary Inpatient Psychiatry
Jan-Apr	Behavioural Neurology	Geriatric Seniors Mental Health
May-Aug	Acute Inpatient/CL	Behavioural Neurology

*Group interventions are run throughout the two years when available. The fellow will be responsible for participating in intervention groups to be run simultaneously as part of the workload. Individuals wishing to register in Clinical Psychology will be encouraged to take this opportunity to facilitate clinically-oriented groups.

Didactic Experiences

Joint Neuropsychology/Geriatric/Forensic Seminar Series

In keeping with the Houston and ABCN training guidelines, the SJHH Neuropsychology Postdoctoral Fellowship program incorporates a didactic seminar series for educational training. This is by design an interdisciplinary seminar, involving neuropsychology fellows as well as sub-specialty geriatric psychiatry fellows. Seminars are held on a bi-weekly basis for 1-2 hours Wednesday afternoons and are facilitated by faculty from a number of disciplines. Fellows are also required to present on at least one occasion per year as part of the seminar series.

In addition to the seminar series noted above, fellows are expected to document attendance to one to two additional rounds each week (total of 2-3 rounds per week). **All seminars are held via Zoom during the current SARS-CoV-2 pandemic.*

- 1) Neuroscience (Neurology/Neurosurgery) Rounds organized by Hamilton Health Sciences, Friday mornings at 8:00 AM during the academic year.
- 2) Grand Rounds for the Department of Psychiatry and Behavioural Neurosciences, McMaster University at 9:00 AM each Wednesday during the academic year.
- 3) Mental Health and Addictions Program Rounds at St. Joseph's Healthcare at 12:00 PM each Thursday during the academic year.
- 4) Community Psychiatry, Seniors Mental Health, Peter Boris Centre for Addictions Research Seminars, Consultation Liaison or other program rounds through St. Joseph's Healthcare Hamilton. Information regarding all departmental and program rounds are provided weekly via e-mail and fellows are encouraged to attend those with relevant topics. A sample of this weekly e-mail is included in Appendix E.

Fellows are required to present at either Grand Rounds or Mental Health and Addiction rounds once during the course of the 2-year fellowship. Presentations may discuss research on a particular topic 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, psychology residents and fellows regularly participate in the Psychiatry and Behavioural Neurosciences Research Day, held annually in the spring. This all-day event highlights current empirical findings on topics broadly related to mental health and addictions, giving fellows the opportunity to both learn about the latest research as well as present their own work. There is also an annual Education Half-Day organized by the Education Leadership Committee in the Department of Psychiatry and Behavioural Neurosciences that typically focuses on various aspects of clinician-educator development. Staff and fellows are encouraged to attend when topics are applicable.

Research Opportunities

Fellows are expected to participate in research as part of the training program's core goals and will have flexibility built into the schedule to accommodate research activities, which is approximately 4 hours per week throughout the two years. Faculty strive to integrate research and program evaluation into clinical services and there are multiple opportunities to become involved in clinical research during the fellowship if clinical workload is being met satisfactorily. In addition, several neuropsychology faculty maintain separate lines of research and supervise undergraduate and graduate thesis students. Specific opportunities to participate in research projects will depend on the interests and prior training and experience of the fellows.

Other Training Opportunities

Fellows may 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/

Fellows are also encouraged to attend relevant professional meetings each year, and up to 5 days per year of paid leave is provided to attend professional development activities. No additional funding for registration, accommodation, or travel is available.

STIPEND AND BENEFITS

Stipend, Benefits, and Parking

For the 2020-2021 academic year, two postdoctoral fellows are paid a stipend of \$50,000 with an additional percentage paid in lieu of vacation and benefits in biweekly instalments (approximately additional 14% or \$7,000). Further, above the additional stipend paid in lieu of vacation time, fellows are entitled to 12 paid statutory holidays. In addition, fellows are allowed 5 (paid) educational/professional days per year. Parking permits may be purchased for a monthly fee of approximately \$110.

APPLICATION PROCESS

Qualifications

Candidates must be in the final stages of successful completion of a CPA or APA accredited clinical psychology or clinical neuropsychology doctoral program and residency (internship) to be eligible to apply to the fellowship. Prior to beginning the postdoctoral fellowship, applicants must have successfully completed all of the requirements of their doctoral program including a one-year clinical residency (internship) through the APPIC match. In some cases, where all doctoral degree requirements are met excepting the completion of the dissertation defense/oral exam, a fellow may be approved to begin the program provided the dissertation defense is scheduled and expected to be met within a time-defined range, as confirmed by written letter from the dissertation supervisor.

Candidates selected for interviews 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 and the applicant's capacity to think 'on the spot.'

The St. Joseph's Healthcare Postdoctoral Clinical Neuropsychology 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/identity, 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 postdoctoral fellowship begins on the first working day in September and ends on the last working day in August. The program is a member of the Association of Postdoctoral Programs in Clinical Neuropsychology (APPCN; www.appcn.org). As such, we participate in the APPCN Match and comply with the rules governing the Resident Matching Program conducted by National Matching Services (<http://www.natmatch.com/appcnmat/>).

- Applications will be accepted through January 6th
- APPCN Neuropsychology Match Number: **8261**
- All interviews will be held virtually in early 2021

Applications include the following materials:

- A cover letter that clearly indicates the applicant's training and career goals. In addition, the cover letter should outline training and experience they have to date and/or anticipate acquiring prior to the fellowship start date that prepares them for depth training in neuropsychology.
- A letter from the applicant's primary supervisor stating the status of degree requirements that will be fulfilled before the start date is required from all applicants who have not yet completed degree requirements, with the exception of the residency (internship) requirement.

- A Curriculum Vitae (including education, clinical experience, research experience, administrative experience, workshops and seminars taken, awards and scholarships, publications, presentations, committees, editorial experience, etc.)
- One de-identified representative work sample (e.g., neuropsychological assessment report).
- Three letters of reference, at least one of which is from a supervisor familiar with the applicant's academic and clinical skills. Note that the program may contact referees who provide letters or who are listed on applicant CVs to obtain further information.
- Graduate transcripts listing courses, grades, and degrees.

*Questions regarding the application materials should be directed to: Dr. Emily MacKillop
Phone: (905) 522-1155, ext. 35411; E-mail: emackill@stjosham.on.ca*

Because fellows 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 fellowship (these documents should *not* be submitted with the application).

Because fellows 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). The successful candidates will also require completion of CPI training as well as training on our new EMR system prior to direct contact with patients.

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/>) we are committed to only collecting the information in applications that are required to process applications. This information is secured within Clinical Neuropsychological Services at St. Joseph's Healthcare and is shared only with those individuals involved in the evaluation of the applications. For the fellows who were not selected to our program, any personal information is destroyed within four months of the selection decision date. Fellows who were selected for a position, the application and CV will be kept on file for up to 10 years, and is available only to those involved in supervision and training including rotation supervisors, the Director of Training, and relevant administrative support staff.

Interview and Selection Procedures

Interviews will be held in-person at the annual INS conference when possible; however, we will be conducting only virtual interviews for the 2021 recruitment cycle, due to the current pandemic. Specific details of the interview will be distributed to individuals selected.

Further details of the interview day will be distributed to individuals selected to attend. The type of interview will not be a factor in selection of candidates. The program reserves the right to hold more interviews and accept applications beyond the above date(s) and timelines if determined warranted.

FACULTY AND SUPERVISORS

Elena Ballantyne, Psy.D., C.Psych.

Psychologist, Clinical Neuropsychology Service

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Dr. Ballantyne obtained a B.A. with Honours in Psychology from Queen's University in 2004. She completed a Psy.D. in Clinical Psychology with a specialization in Clinical Neuropsychology at the Adler School of Professional Psychology in Chicago, Illinois. She completed her residency at St. Joseph's Healthcare in Hamilton, Ontario and completed her supervised practice and post-doctoral fellowship jointly at St. Joseph's Healthcare and Bieman-Copland and Associates in St. Catharines, Ontario. She has worked as a licensed Clinical Neuropsychologist since 2014 and her area of practice is with adults and seniors with an emphasis on traumatic brain injury and aging disorders. Her areas of interest include neuropsychological assessment, psychotherapy after brain injury, and cognitive rehabilitation in addition to clinical training and teaching. Dr. Ballantyne's treatment approach is client-centered and integrates cognitive-behavioural therapy, acceptance and commitment therapy, and neuropsychotherapy. Her research interests are in the supervision of psychology students and program evaluation.

Selected Publications:

- Parlar, M. E., Spilka, M. J., Wong Gonzalez, D., Ballantyne, E. C., Dool, C., Gojmerac, C., King, J., McNeely, H., & MacKillop, E. (2020). "You can't touch this": Delivery of inpatient neuropsychological assessment in the era of COVID-19 and beyond. *The Clinical Neuropsychologist*, 1-16.
- Cummings, J.A., Ballantyne, E.C., & Scallion, L. (2015). Essential processes for clinical supervision: Agenda setting, problem-solving, and formative feedback. *Psychotherapy*, 52(2):158-163.
- Cummings, J.A. & Ballantyne, E.C. (2014). What does bad supervision look like? *The Behavior Therapist*, 37(8):230-235.
- Burns, A.S., Delparte, J.J., Ballantyne, E.C., & Boschen, K.A. (2013). Evaluation of an interdisciplinary program for chronic pain following spinal cord injury. *Pain Management & Rehabilitation*, 5(10):832-832.

Elmar Gardizi, Ph.D., C.Psych.

Psychologist, Cleghorn Early Intervention Clinic

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Dr. Elmar Gardizi received his Ph.D. from the University of Windsor in 2015 and completed his internship and postdoctoral training at St. Joseph's Healthcare Hamilton, Department of Psychiatry and Behavioural Neurosciences, McMaster University with primary rotations in the Clinical Neuropsychology Service, Anxiety Treatment and Research Clinic, and the Cleghorn Early Intervention Clinic. Dr. Gardizi is currently employed as a psychologist at the Cleghorn Early Intervention Clinic where he provides neuropsychological assessment and cognitive behavioural therapy (CBT) to individuals with first episode psychosis. His research interests primarily focus on the assessment cognitive functioning and outcome in traumatic brain injury as well as first episode psychosis.

Selected Publications:

- Gardizi, E., MacKillop, E., & Gaid, G. (2019) Self-Injurious Behaviour in a Patient with Dementia: A Case Report and Literature Review. *Journal of Nervous and Mental Disease*.
- Gardizi, E., King, J., McNeely, & McDermid-Vaz, S. (2019) Comparability of the WCST and the WCST-64 in the Assessment of First Episode Psychosis. *Psychological Assessment*.
- Gardizi, E., Czepita, A., Cole, E., Weatherston, B., Cooper, B., & Archie, S. (2017, May). Examining the predictors and sustainability of recovery for a 5 year early intervention program for psychoses: A research proposal. Poster presented at the Early Psychosis Intervention Ontario Network (EPION), Mississauga, Ontario.
- Gardizi, E., Wikkerink, S., & King, J. (2017, May). Specifying cut-off scores and identifying factors influencing validity testing in first episode psychosis using the Reliable Digit Span. Poster presented at the 29th Annual Research Day, Department of Psychiatry & Behavioural Neurosciences, McMaster University, Hamilton, Ontario.
- Gardizi, E., Hanks, R., Millis, S. R., & Figueroa, M. (2014). Comorbidity and insurance as predictors of disability following traumatic brain injury. *Archives of Physical Medicine and Rehabilitation*, 95(12), 2396-2401.
- Gardizi, E., Millis, S. R., Hanks, R., & Axelrod, B. (2012). Analysis of the Postconcussive Syndrome Questionnaire: Measuring the core construct of brain injury symptomatology. *The Clinical Neuropsychologist*, 26(6), 869-878.

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

Psychologist, Seniors Mental Health Program &
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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 39 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:

- Parlar, M. E., Spilka, M. J., Wong Gonzalez, D., Ballantyne, E. C., Dool, C., Gojmerac, C., King, J., McNeely, H., & MacKillop, E. (2020). "You can't touch this": Delivery of inpatient neuropsychological assessment in the era of COVID-19 and beyond. *The Clinical Neuropsychologist*, 1-16.
- King, J.P., Gojmerac, C.B., & McNeely, H.E. (2015). Psychological assessment of borderline personality disorder in geriatric patients. In: A Hategan, J.A. Borgeois, & G.L. Xiong (Eds.), *Borderline Personality Disorder in Older Adults: Emphasis on Care in Institutional Settings*. New York: Nova Science Publishers.
- 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.

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

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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 then joined the Schizophrenia & Community Integration Service and Clinical Neuropsychology Service at St. Joseph's Healthcare in a clinical research position that combines her primary interests of cognition in schizophrenia, neuropsychological and psychological assessment, psychotherapy and clinical training and teaching. Dr. King holds an academic appointment in the Department of Psychiatry and Behavioural Neuroscience at McMaster University. She is also the Associate Director of Training in the Psychology Residency Program at St. Joseph's Healthcare, Hamilton.

Selected Publications:

- Parlar, M. E., Spilka, M. J., Wong Gonzalez, D., Ballantyne, E. C., Dool, C., Gojmerac, C., King, J., McNeely, H., & MacKillop, E. (2020). "You can't touch this": Delivery of inpatient neuropsychological assessment in the era of COVID-19 and beyond. *The Clinical Neuropsychologist*, 1-16.
- King, J.P., Gojmerac, C.B., & McNeely, H.E. (2015). Psychological assessment of borderline personality disorder in geriatric patients. In: A Hategan, J.A. Borgeois, & G.L. Xiong (Eds.), *Borderline Personality Disorder in Older Adults: Emphasis on Care in Institutional Settings*. New York: Nova Science Publishers.
- Wilkins, L.K., Girard, T.A., King, J.P., King, M., Herdman, K.A., Christensen, B.K., & King, J. (2013). Spatial-memory deficit in schizophrenia under viewpoint-independent demands in the virtual courtyard task. *Journal of Clinical and Experimental Neuropsychology*, 35(10):1082-93. doi: 10.1080/13803395.2013.857389.
- Christensen, B.K., Spencer, J. M. Y., King, J. P., Sekuler, A.B., & Bennett, P.J. (2013). Noise as a mechanism of anomalous face perception among persons with schizophrenia. *Frontiers in Psychology*, 13 (4) 507. doi: 10.3389/fpsyg.2013.00507
- Wilkins, L.K., Girard, T.A., Konishi, K., King, M., Herdman, K.A., King, J.P., Christensen, B.K., & Bohbot, V. D. (2013). Selective deficit in spatial memory strategies contrast to intact response strategies in patients with schizophrenia spectrum disorders tested in a virtual navigation task. *Hippocampus*. 23(11):1015-24. doi: 10.1002/hipo.22189.
- 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.

Bruno Losier, Ph.D., C.Psych. , ABPP-CN

Psychologist Forensic Program

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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, the impact of ECT on long term neuropsychological status, and, more recently, in the intersection between neuroscience and the law (e.g., decision making, freewill, deception, etc.) using functional imaging and other brain mapping tools. He has published over a dozen peer reviewed journal articles and has given numerous presentations at professional conferences.

Selected Publications:

- Prat, S., Losier, B., Moulden, H, and Chaimowitz, G. (in press) Incapacity of the mind secondary to the medication misuse as a not criminally responsible (NCR) defense. *Journal of Forensic Sciences* Bourgeois, J., Hategan, A, and
- Losier, B. (2014) Delirium in the Hospital Setting: Emphasis on Geriatric Patients. *Current Psychiatry*, 13(8) 36-43
- Bourgeois, J., Hategan, A, and Losier, B. (in press) Delirium in the Hospital Setting: Emphasis on Geriatric Patients. *Current Psychiatry* McNair, S., Hategan, A., Bourgeois, J. and Losier, B. (2013) Neuropsychiatric symptoms in Scleroderma. *Psychosomatics*, 54(4) 382-386
- 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 46 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.

Emily MacKillop, Ph.D., C.Psych., ABPP-CN

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Dr. MacKillop has been a member of the Clinical Neuropsychology Service at St. Joseph's Healthcare Hamilton since 2014. She is also an Assistant Professor (PT) in the Department of Psychiatry and Behavioural Neurosciences at McMaster University. She earned a B.A. from the University of Iowa and M.A. and Ph.D. degrees in Clinical Psychology at the State University of New York at Binghamton. She completed a clinical internship in both Clinical and Neuropsychology at the Medical University of South Carolina, followed by a two-year postdoctoral fellowship specializing in Neuropsychology at the Beth Israel Deaconess Medical Center through Harvard Medical School. She has been board certified in Neuropsychology through the American Board of Professional Psychology (ABPP) since 2012. Prior to joining SJHH, she had worked in both clinical and neuropsychology roles independent practice, as a faculty member in the department of psychology at the University of Georgia, and as a staff neuropsychologist for a major medical centre in Atlanta, Georgia. She is dedicated to promoting post-graduate training in Neuropsychology in Canada and is the current director of the Neuropsychology Postdoctoral Fellowship at SJHH. She also serves as an external member of the Canadian credentialing committee for the American Board of Clinical Neuropsychology (ABCN). She has an appreciation of a holistic approach to assessment, treatment, and intervention, which actively considers medical, neurological, psychological, and behavioural factors as collectively impacting the wellness of an individual. Her research focuses on this perspective in applied clinical contexts, particularly pertaining to acute inpatient psychiatry, medical and neurological illness, somatoform disorders, and symptom validity.

Selected Publications:

- MacKillop, E. McCabe, R. (in press). Structuring and Delivering Group CBT in Heterogeneous Inpatient Settings. In Bieling, P., McCabe, R., & Antony, M. (Eds), *Cognitive Behavioral Therapy in Groups, Second Edition*.
- Parlar, M. E., Spilka, M. J., Wong Gonzalez, D., Ballantyne, E. C., Dool, C., Gojmerac, C., King, J., McNeely, H., & MacKillop, E. (2020). "You can't touch this": Delivery of inpatient neuropsychological assessment in the era of COVID-19 and beyond. *The Clinical Neuropsychologist*, 1-16.
- Mullally, K., McLachlan, K., Pei, J., MacKillop, E. (2020). Performance validity testing in justice-involved adults with fetal alcohol spectrum disorder. *Journal of the International Neuropsychological Society*, 1-13.
- Gardizi, E., MacKillop, E., & Gains, G. (2019). Self-Injurious Behaviour in a Patient with Dementia: A Case Report and Literature Review. *Journal of Nervous and Mental Disease*, 207(1), 6-11.
- MacKillop, E. & Chaimowitz, G. (2016). Correctional Settings. In Hategan, A., Bourgeois, J.A., & Hirsch, C. H. (Eds), *On-Call Geriatric Psychiatry*, pp. 295-303. Springer International: Switzerland.
- Castelda, B.A., Mattson, R.E., MacKillop, J., Anderson, E.J., & Donovan, P.J. (2007). Psychometric validation of the Gambling Passion Scale (GPS) in an English speaking college sample. *International Gambling Studies*, 7, 173-182.

- Mackillop, J. & Anderson, E.J. (2007). Further psychometric validation of the Mindful Attention and Awareness Scale. *Journal of Psychopathology and Behavioral Assessment*, 29, 289-293.
- Mackillop, J., Mattson, R.E., Anderson MacKillop, E.J., Castelda, B.A., & Donovanick, P.J. (2007). Multidimensional assessment of impulsivity in undergraduate hazardous drinkers and controls. *Journal of Studies on Alcohol and Drugs*, 68, 785-788. 47
- Mattson, R.E., MacKillop, J., Castelda, B.A., Anderson, E.J., & Donovanick, P. (2007). Factor structure of the Gambler's Beliefs Questionnaire (GBQ) in an undergraduate gambling sample. *Journal of Psychopathology and Behavioral Assessment*, 30 (3), 229-234.
- Mackillop, J., Anderson, E.J., Castelda, B., Mattson, R., & Donovanick, P. (2006). Convergent validation of cognitive and behavioral assessment measures in pathological gamblers. *Psychology of Addictive Behaviors*, 20, 75-79.

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

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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 was the Director of Training for the Clinical Psychology Residency Program from 2006-2017. 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 and functional outcome.

Selected Publications:

- Parlar, M. E., Spilka, M. J., Wong Gonzalez, D., Ballantyne, E. C., Dool, C., Gojmerac, C., King, J., McNeely, H., & MacKillop, E. (2020). "You can't touch this": Delivery of inpatient neuropsychological assessment in the era of COVID-19 and beyond. *The Clinical Neuropsychologist*, 1-16.
- Pyrke RJ, McKinnon MC, **McNeely HE**, Ahern C, Langstaff KL & Bieling PJ (2017). Evidence-Based Design Features Improve Sleep Quality Among Psychiatric Inpatients. *Health Environments Research & Design Journal*, Article first published online: January 1, 2017 DOI: <https://doi.org/10.1177/1937586716684758>
- McInerney, S.J., **McNeely, H.E.**, Geraci, J. Giacobbe, P. Rizvi, S.J., Ceniti, A.K., Cyriac, A.,

- Mayberg, H.S., Lozano, A.M. & Kennedy, S.H. (accepted, Feb. 2017). Neurocognitive Predictors of Response in Treatment Resistant Depression to Subcallosal Cingulate Gyrus Deep Brain Stimulation. *Frontiers in Human Neuroscience*
- Ahern, C., McKinnon, M.C., Bieling, P.J., **McNeely, H.E.**, & Langstaff, K. (2016). Overcoming the challenges inherent in conducting design research in mental health settings: Lessons from St. Joseph's Healthcare Hamilton's pre and post occupancy evaluation. *Health Environments Research & Design Journal*, 9(2), 119-129.
- Oremus, C., Oremus, M., **McNeely, H.E.**, Losier, B., Parlar, M., Hasey, G., Hall, G.B.C., King, M. The ECT & Cognition Systematic Review Team, Lanius, R. & McKinnon, M. (2015). Effects of Electroconvulsive Therapy on Cognitive Functioning in Patients with Depression: Protocol for a Systematic Review and Meta-Analysis, *British Medical Journal, BMJ Open* 2015;5: e006966. doi:10.1136/bmjopen-2014-006966
- Nazarov, A., **McNeely, H.E.**, Kiang, M., Lanius, R. & McKinnon, M. (2015). "Role of morality in the experience of guilt and shame within the armed forces". *Acta Psychiatrica Scandinavica*, 1-16.
- Zhu, N., Moulden, H.M., **McNeely, H.E.** & Mamak, M. (2013). The Role of Inattention in the Relationship between Mental Illness and Crime. *The Journal of Forensic Psychology Practice*, 13, 28-39.
- 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. 54
- 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.