



## CLINICAL PSYCHOLOGY RESIDENCY PROGRAM 2020-2021

[www.stjoes.ca/psychology](http://www.stjoes.ca/psychology)

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# INTRODUCTION

## About St. Joseph's Healthcare, Hamilton

For the fifth consecutive year, St. Joseph's Healthcare Hamilton has been selected as one of **Canada's Top 100 Employers for 2015**. Employers are evaluated by the editors of Canada's Top 100 Employers using eight key areas, which have remained consistent since the project's inception: 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 provides services both within the general hospital site (also known as the Charlton Campus) and the nearby West 5<sup>th</sup> Campus. In addition, the King Street Campus is a third hospital site, with limited psychology services available. 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 and Addictions 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.

## 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 5<sup>th</sup> Campus, embodies St. Joseph's vision to pioneer innovative models of care that will radically reduce stigma and barriers associated with mental illness. The West 5<sup>th</sup> 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 5<sup>th</sup> Campus opened in February 2014. 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 will be Canada's leading innovation centre 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](http://www.stjoes.ca)

More information about the Department of Psychiatry and Behavioural Neurosciences, McMaster University: [www.fhs.mcmaster.ca/psychiatryneuroscience](http://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 520,000, 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 (formerly, Copps Coliseum) is an internationally recognized venue for concerts, sporting events, and conventions. The Canadian Football Hall of Fame is located downtown next to City Hall. Thanks to development for the 2015 Pan American Games, Hamilton's Canadian Football League team, the Hamilton Tiger-Cats, moved into a new stadium, aptly named after a local landmark: Tim Horton's Field. The first Tim Horton's coffee shop opened here in 1964.

Area attractions include the Royal Botanical Gardens, Dundurn Castle, Canadian Warplane Heritage Museum, Hamilton Art Gallery, 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](http://www.tourismhamilton.com)  
[www.hamilton.ca](http://www.hamilton.ca)

# 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), a Clinical Neuropsychology Stream (1 position), and a Forensic Psychology Stream (1 position). The training of all residents emphasizes the delivery of empirically supported assessment and treatment approaches (e.g., cognitive-behaviour therapy, dialectical 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-5 diagnoses and provide client specific recommendations.

**Competencies Expected for Goal 1:** Competencies expected include: ability to select appropriate assessment methods, demonstrated of 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, and 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 or forensic psychology
- 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. 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 April (8 months, full time)

Eating Disorders: September through April (8 months, part time)

Health Psychology/Behavioural Medicine: March to August (4 months, full time)

#### *Resident 2 (Neuropsychology Stream)*

Neuropsychology: September through August (12 months, 3 days per week)

Mood Disorders: September through August (12 months, 1 day per week)

## **Workspace**

Each resident is provided with an office at the West 5<sup>th</sup> campus, complete with a telephone, voicemail, and computer with on-line access to high speed e-mail, the internet, and various hospital and library resources. Although the majority of mental health services are provided at the West 5<sup>th</sup> campus, for certain rotations residents will spend some time at the Charlton and/or King Street campuses. When this occurs, space will be available at each site on the days relevant to the respective rotations.

# 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 1.5 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](http://www.stjoes.ca/psychology)

## *McMaster University Grand Rounds*

Residents are expected to attend Grand Rounds for the Department of Psychiatry and Behavioural Neurosciences, McMaster University (held in the auditorium at the West 5<sup>th</sup> campus) at 9:00 AM each Wednesday during the academic year.

Residents are encouraged to attend Mental Health and Addiction Program Rounds offered through St. Joseph's Healthcare.

Residents are required to present at either Grand Rounds or Mental Health 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](http://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. 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 Half 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. Clinical programs including Forensics, Mood Disorders, Schizophrenia, and others annually host full day professional development events, and staff and residents are highly encouraged to attend.

## 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 posters and/or papers for publication, reading the literature, and they may choose to get involved in research activities within the training program. Opportunities to participate in clinical research projects or to develop new projects are available on most rotations. Residents may also be able to complete research projects with faculty outside of their clinical rotations. 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 a residency-relevant topic 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 – at the midpoint, and 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, and are required to complete a small program evaluation planning exercise following Triple Aim principles under the guidance of Dr. Peter Bieling.

## Accreditation

The Clinical Psychology Residency Program at St. Joseph's Healthcare is accredited by the Canadian Psychological Association until 2024.

The program's accreditation by the American Psychological Association has ended effective the end of the 2014-2015 training year. At this time APA discontinued accreditation of all non-US based internship programs. Applicants in American training programs are encouraged to speak with their Director of Clinical Training regarding the equivalency of CPA accredited 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](http://www.cpa.ca)

# 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., C.Psych.  
Karen Rowa, Ph.D., C.Psych.  
Brenda Key, Ph.D., C.Psych.  
Irena Milosevic, Ph.D., C.Psych.  
Elizabeth Pawluk, Ph.D., C.Psych.

*Availability:* Major or Minor Rotation

*Primary Location:* Anxiety Treatment and Research Clinic (ATRC), West 5<sup>th</sup> Campus

The ATRC is an outpatient specialty unit staffed by professionals with a background in psychology, psychiatry, nursing, occupational therapy, or social work. The Clinic receives more than 3000 new referrals per year, predominantly for individuals suffering from panic disorder, agoraphobia, social anxiety, obsessive-compulsive disorder, posttraumatic stress disorder, and generalized anxiety disorder. Opportunities are also available for working with patients who suffer with other anxiety related difficulties (e.g., specific phobias, illness anxiety, hoarding disorder). 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, mindfulness, 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](http://www.stjoes.ca/anxiety)

## Borderline Personality Disorders Clinic

*Core Faculty:* Katherine Holshausen, Ph.D., C.Psych.

*Availability:* Major Rotation or Minor Rotation

*Primary Location:* West 5<sup>th</sup> Site

The Borderline Personality Disorders Clinic at St. Joseph's Healthcare is the centre for outpatient treatment of adults with borderline personality disorder (BPD) in Hamilton, providing consultation and treatment to approximately 125 individuals annually. The Clinic also provides community education and consultation.

This rotation is designed to teach residents how to assess, conceptualize, and treat the complex, multi-diagnostic problems that individuals with BPD experience. Residents learn how to conduct assessments to diagnose BPD and common co-occurring disorders such as PTSD, eating disorders, substance abuse, antisocial personality disorder, and bipolar disorder. Training also emphasizes effective risk assessment and management of suicidal and non-suicidal self-injurious behaviours. Residents also learn and participate in all the following components of DBT: 1) skills group training; 2) consultation team; 3) skills coaching. 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.

The Borderline Personality Disorder Clinic is pursuing a number of research initiatives looking at factors influencing response to treatment and treatment retention and motivation. Additionally, another line of research focuses on the effectiveness of an evidenced-based group treatment for PTSD (Cognitive Processing Therapy) for individuals diagnosed with co-occurring BPD and PTSD who are participating in the DBT program. Residents are expected to familiarize themselves with the research literature relevant to DBT, borderline personality disorder, self-injury and suicide, and are encouraged to participate in ongoing research projects.

## Early Intervention in Young Adult Mental Health

*Core Faculty:* Taylor Hatchard, Ph.D., C.Psych.

*Adjunct Faculty:* Peter Bieling, Ph.D., C.Psych.

*Availability:* Major or Minor Rotation

*Primary Location:* Youth Wellness Centre, 38 James Street South

The Youth Wellness Centre (YWC) is a service that focuses on youth ages 17-25 years experiencing either emerging or complex and ongoing mental health difficulties, with the goal of rapid assessment, treatment, and recovery. This service has been identified as a key strategic direction for the hospital. The YWC is an independent, youth-based clinic located in downtown Hamilton, that is linked both to primary care and community referral sources, and to specialized mental health services within St. Joseph's Healthcare. Two primary streams of the YWC are Early Intervention for early stage mental health difficulties, and Transition Support for ongoing and complex cases. Both streams are intended to ease and expedite access to services and resources, offer comprehensive psychiatric diagnosis, improve continuity and coordination of care, and advocate and support youth and their families.

Residents gain experience in clinical assessment using structured interviewing techniques, report writing, liaison with other treating professionals, and individual and group treatments for young adults with an array of mental health concerns using evidence-based 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, using a clinical staging approach. Residents are also expected to become familiar with the relevant research literature in the area of early intervention for youth mental health.

In addition to offering clinical services, the YWC includes an integrated program of research and evaluation led by faculty members from the Department of Psychiatry and Behavioral Neurosciences at McMaster University. Research interests of clinic staff members include understanding service use patterns for emerging adults within the adult mental health system, the development of short-term, cost effective assessments and treatments for youth, and the effectiveness of a sequential approach to intervention using a clinical staging model. Resident involvement in ongoing research is strongly encouraged.

## **Eating Disorders**

*Core Faculty:* Michele Laliberté, Ph.D.,C.Psych.  
Stacey Tweed, Ph.D.,C.Psych

*Availability:* Major or Minor Rotation

*Primary Location:* Eating Disorders Clinic, West 5<sup>th</sup> Campus

The Eating Disorders Clinic at St. Joseph's Healthcare is a specialty outpatient clinic providing multi-disciplinary assessment and treatment to approximately 100 new clients with eating disorders each year. The program offers transdiagnostic CBT group treatment for individuals with Anorexia, Bulimia and Other Specified Eating Disorders. We provide specialized CBT group treatment for individuals with Binge Eating Disorder. Additionally, the Eating Disorders Clinic also provides assessment and individualized CBT-E to youth ages 16-22 as part of a new transition youth treatment stream. Residents work within a multidisciplinary team including a psychologist, psychiatrist, nurse practitioner, 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 pursuing 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., C.Psych.  
Heather Moulden, Ph.D, C.Psych.  
Peter Sheridan, Ph.D., C.Psych.

**Adjunct Faculty:** Gary Chaimowitz, MD, FRCPC

**Availability:** Forensic Stream; Major or Minor Rotation

**Primary Location:** West 5<sup>th</sup> Campus

### **APPIC Program Code for the Forensic Stream: 184613**

Options for residency training in forensic psychology include a Forensic Psychology Stream for those candidates who intend to pursue professional licensure as a Forensic/Correctional Psychologist. Residents with a strong interest in forensic psychology but who do not intend to declare competence in forensic psychology have the option of completing a secondary minor rotation with the forensic program. Applicants interested in being considered within the Forensic Psychology Stream should state this intention in their cover letter.

The Forensic Psychiatry Program offers comprehensive assessment and treatment services to justice involved individuals with major mental disorders. The program includes one assessment unit, four rehabilitation units, and an active outpatient service as well

three speciality clinics (Sexual Behaviours Clinic, Aggression Clinic, and the Brief Assessment Unit). Residents will have an opportunity to contribute to court ordered assessments of criminal responsibility, fitness to stand trial, and presentence risk evaluations. Residents will also have the opportunity to conduct risk assessments for the Ontario Review Board and be involved in individual or group based treatment including but not limited to Forensic DBT, CBT for psychosis, motivational enhancement, anger management, and substance abuse.

All residents in the forensic psychology rotation can expect to be involved in the assessment of a broad range of psychopathology on this rotation including Schizophrenia, Bipolar Disorder, Antisocial Personality Disorder, and various other personality disorders and conditions. Residents may also have the opportunity to witness expert testimony, attend review board hearings, and attend correctional settings.

All residents will build proficiency in the assessment of psychopathology, personality, mood, cognitive functioning, risk, and behaviour. Residents will integrate information about the patient's psychological and psychiatric status to arrive at opinions related to diagnosis, criminal responsibility, fitness to stand trial, risk of recidivism, and be able to speak to individualized risk management and rehabilitation strategies. Residents will hone their report writing and communication skills.

Residents in the Forensic Psychology Stream will spend a minimum of 50% of the training year, up to a maximum of 80% of the training year, with the Forensic Psychiatry Program. Stream Residents will be required to conduct a minimum of 5 court ordered assessments and 5 risk assessments. In addition, stream residents will be required to participate in at least one assessment in each of the speciality clinics. Stream residents will be required to co-facilitate at least one treatment group and take on one individual treatment client. Stream residents will also have the opportunity to attend Forensic Psychiatry didactic seminars. Stream residents are encouraged to become involved in ongoing clinical research endeavours.

### **Special Qualifications**

For those residents who wish to apply to the Forensic Stream, previous relevant coursework/training in forensic assessment and theory is required, as is experience with a broad range of standard psychological and risk related measures.

# Health Psychology / Behavioural Medicine

*Core Faculty:* Sheryl Green, Ph.D., C.Psych.  
Sabreena Chohan , Ph.D., C.Psych.  
Joseph Pellizzari, Ph.D., C.Psych.  
Matilda Nowakowski, Ph.D., C.Psych.

*Availability:* Major or Minor Rotation

*Primary Location:* Charlton and West 5<sup>th</sup> Campuses

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.

Following 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.

## **Behavioural Medicine Consultation Services**

This is a general consultation service for those medical/surgical inpatients or outpatients requiring psychological assessment and/or intervention. Our main partners are the Consultation-Liaison Psychiatry Service, Palliative Care, Complex Care, General Internal Medicine, the Intensive Care Unit, and Renal Transplant. Brief psychological interventions 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.

### **Chronic Pain Clinic**

The Chronic Pain Clinic provides integrated services for adults suffering from various chronic pain conditions, including musculoskeletal pain, neuropathic pain, chronic headaches, postsurgical chronic pain, and complex regional pain syndrome. The clinic is staffed by an interdisciplinary team, including pain physicians, a nurse, a psychologist, a

kinesiologist, a social worker, and a dietitian. The clinic places a strong emphasis on the biopsychosocial model for the understanding and management of chronic pain and focuses on working with patients to improve functioning and quality of life. Training opportunities for residents include conducting initial consultations as part of the interdisciplinary assessment to assess patient's emotional functioning and appropriateness for the self-management for chronic pain group, co-facilitating the self-management for chronic pain group, providing short-term individual cognitive-behavioural interventions to address issues around difficulties coping and adjusting to living with chronic pain, and co-facilitating the orientation sessions for new patients. Opportunities for research may also be available through this rotation.

## Mood Disorders

*Core Faculty:* Brenda Key, Ph.D., C.Psych.  
Margaret McKinnon, Ph.D., C.Psych.  
David Grant, Ph.D., C.Psych.  
Colleen Merrifield, Ph.D., C.Psych.  
Caitlin Davey, Ph.D., C.Psych.

*Adjunct Faculty:* Gary Hasey, M.D., FRCPC

*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, recreational 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 (including personality 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 may also have the opportunity to be involved in delivering other forms of group therapy (e.g. mindfulness based cognitive therapy, behavioural activation, running therapy, brief emotion regulations skills).

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. The current projects are always changing and residents have the opportunity to collaborate with on-going research.

# Neuropsychology

*Core Faculty:* Jelena King, Ph.D., C.Psych  
Christina Gojmerac, Ph.D., C.Psych  
Heather McNeely, Ph.D., C.Psych.  
Emily MacKillop, Ph.D., C.Psych. ABPP-CN  
Elena Ballantyne, Psy.D., C.Psych.

*Adjunct Faculty:* Margaret McKinnon, Ph.D., C.Psych.  
Catherine Dool, M.A.  
Michael Mosher, B.Sc.

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

*Primary Location:* Clinical Neuropsychology Service (CNS), West 5th Campus

## **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, cognitive monitoring of patients receiving **Electroconvulsive Therapy (ECT)**, **intellectual developmental disability** 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. Residents may also have the opportunity to be involved in functional behavioural assessments, behavioural intervention planning and delivery within the inpatient population.

For those residents with a specific interest in working with an **older adult population**, there is an opportunity to acquire experience in assessing older adults with and without

concurrent mental illness. The CNS receives a substantial number of referrals from outpatient programs (Seniors Mental Health Program, Geriatric Medicine) as well as various psychiatric inpatient units in order to provide input related to differential diagnosis, discharge planning, and treatment recommendations.

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., DART, MINI) and various self-report personality inventories (e.g., PAI, NEO-PI-R).

**Intervention:** Opportunities for formal training in evidence-based cognitive interventions include several manualized programs which are aimed at various patient populations. Interventions being delivered in the CNS include: Memory Boost, which focuses on memory in adult general psychiatric patients; Goal Management Training (*Levine et al. (2000), JINS, 6, 299-312*), which focuses on self-monitoring and executive functioning; Memory and Aging (*Wiegand, Troyer, Gojmerac, & Murphy (2013), Aging and Mental Health, 17(7), 806-815*), which is aimed at healthy, community-dwelling older adults interested in learning about normal age-related memory changes and strategies to improve memory; Learning the ROPES for Mild Cognitive Impairment (*Troyer, Murphy, Anderson, Moscovitch, & Craik (2008), Neuropsychological Rehabilitation, 18(1), 65-88*) which is aimed specifically at cognitively impaired older adults with or without concurrent mental health disorders. The ROPES program is run by a multi-disciplinary team and includes a family member support component. There is also a MINDful ACTION Group, a modified mindfulness intervention for individuals with subjective cognitive impairment, and a Menopause and the Brain group, a cognitive remediation group that addresses changes related with the menopausal transition. For all interventions described above, there is an opportunity for residents to be involved in formal program evaluation. Stream residents will co-facilitate three rounds of one cognitive remediation group. Stream residents who have already had extensive experience providing group based manualized cognitive remediation may have the opportunity to engage in individualized cognitive interventions with more complex client presentations.

**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. Residents will be required to attend neuropsychology didactics, team triage meetings, and will present at least one case during the neuropsychology seminar series. In addition, Stream residents will be required to attend (either in person or via web-cast) 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.

## Special Qualifications

Options for residency training in clinical neuropsychology include both a Neuropsychology Stream for those candidates who intend to pursue professional licensure as a clinical neuropsychologist, as well as breadth opportunities for general stream residents to complete a major or 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. 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., C.Psych.  
Elmar Gardizi, Ph.D., C. Psych.  
Jelena King, Ph.D., C.Psych.  
Heather McNeely, Ph.D, C.Psych.

*Adjunct Faculty:* Suzanne Archie, M.D., FRCPC

*Availability:* Major or Minor Rotation

*Primary Locations:* West 5<sup>th</sup> Campus

The Schizophrenia and Severe Mental Illness rotation involves opportunities to work in a number of settings. Schizophrenia and Community Integration Services, located at the West 5<sup>th</sup> Campus, is a large program that includes inpatient and outpatient services (Cleghorn Early Psychosis Intervention Clinic; Schizophrenia Outpatient Clinic) for individuals with schizophrenia, psychosis spectrum and related problems. Residents have the opportunity to train in both inpatient and outpatient services at this location, and may focus on developing their skills in intervention and treatment and/or in psychodiagnostic/personality assessment, neuropsychological assessment, and cognitive remediation. Residents are encouraged to attend monthly schizophrenia rounds, as well as applicable conferences and workshops.

The inpatient service, located at the West 5<sup>th</sup> 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 inpatient service is located on three units, Orchard 2, Waterfall 2, Harbour North 2. While working with an interdisciplinary clinical team, residents are offered supervision in assessment and intervention for patients with psychotic disorders. Supervision in individual cognitive-behavioural therapy is available. Residents are also offered the opportunity to co-lead patient education and support groups. Residents interested in inpatient assessment are supervised in the administration, scoring and interpretation of psychological assessment tools including,

most commonly, the Diagnostic Assessment and Research Tool (DART), the Positive and Negative Syndrome Scale (PANSS), the Brief Psychiatric Rating Scale (BPRS) as well as the PAI, NEO-PI-R and the SPQ. Residents integrate information from various sources to arrive at a diagnosis, write assessment reports, and provide feedback to the interdisciplinary teams. Interested residents would also have the opportunity to be involved in cognitive screening and/or comprehensive neuropsychological assessment within the inpatient service.

The Cleghorn Early Psychosis Intervention Clinic at the West 5<sup>th</sup> Campus is an outpatient service which 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 include: family educators, nurses, occupational therapists, psychiatrists, psychologists, recovery support workers, and recreation therapists. The model of service is recovery oriented. In addition, residents completing a major rotation in schizophrenia will have the opportunity to participate in individual cognitive behavioural therapy for psychosis and other comorbid disorders (e.g., OCD, social anxiety, depression, etc.). Research is available in the cognitive assessment and prediction of outcome in first episode psychosis.

The Schizophrenia Outpatient Clinic at the West 5<sup>th</sup> Campus serves approximately 600 outpatients with schizophrenia and other psychotic disorders. Residents are offered opportunities for training and supervision primarily in individual psychotherapy (cognitive-behavioural, interpersonal/insight oriented), and in running groups (Hearing Voices Group) and to a lesser extent, conducting psychodiagnostic assessments. Research opportunities in the psychotherapeutic treatment of psychotic disorders can be made available.

## **WSIB Specialty Clinic**

Core Faculty:           Stephanie Waechter, Ph.D., C.Psych.  
                                  Bruno Losier, Ph.D., C.Psych., ABPP-CN  
                                  Hanna McCabe-Bennett, Ph.D., C.Psych. (Supervised Practice)

Availability: Major or Minor Rotation  
Primary Location: West 5<sup>th</sup> Site

The WSIB Specialty Clinic provides comprehensive assessment and treatment to workers with complex injuries who are experiencing difficulties with functional recovery and

returning to work. We are a busy outpatient clinic and receive over 250 referrals annually. Our growing multidisciplinary team currently includes psychology, psychiatry, and social work. Residents gain experience in completing comprehensive clinical assessments using structured and semi-structured diagnostic interviews and self-report measures (e.g., PAI; PCL-5; DASS-21). Opportunities are available for residents to provide evidence-based cognitive behavioural interventions for individuals with trauma and stressor-related disorders, mood disorders, anxiety disorders, and other psychopathology. Residents are an active part of our multidisciplinary team and work closely with professionals from other mental health disciplines (e.g., psychiatry) in providing services. Residents will also liaise with WSIB personnel, other members of patients' care teams (e.g., physicians, Occupational Therapists), and health care professionals from other streams within the WSIB Specialty Program (i.e., Neurology and Musculoskeletal Programs). Residents will gain knowledge of the relevant legislation and familiarity with the research literature relevant to trauma, posttraumatic stress disorder, and workplace psychological injury. Opportunities for experience with neuropsychological assessment, clinical research, and supervision may also be available, depending on residents' interests and their level of previous clinical experience.

# STIPEND AND BENEFITS

## Stipend

For the 2020-21 academic year, seven (7) full-time resident positions will be available, five in the General Stream, one in the Forensic Psychology Stream, and one 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 receive three weeks (15 working days) paid vacation, in addition to 12 statutory holidays. Residents may also take up to one week (5 working days) for professional development activities (e.g., attend conferences, job interviews). Parking permits may be purchased for a monthly fee of approximately \$100. Residents have \$500 available for residency-related conference travel.

# 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.

The program accepts applications from both Canadian and US citizens enrolled in clinical psychology doctoral programs in Canada and the USA. Applications will also be accepted from international students with valid Canadian Co-op Work Permits. However, it should be noted that US citizens will be required to pursue additional steps prior to starting to internship in order to obtain a legal permit to learn and work in Canada should they match to our program. This may involve obtaining an independent medical examination at the student's personal expense.

## 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 1, 2019.**

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

**Forensic Psychology Stream.** Residents in the Forensic Stream will complete a primary major rotation in Forensic Psychology 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 Forensic Stream should state this intention in the cover letter.

Forensic 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 and 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**
- **APPIC Standardized Reference Form (SRF)** APPIC requires all internship programs, students, and letter-writers who participate in the Match to use the APPIC Standardized Reference Form (SRF) in lieu of a typical, free-form letter of recommendation. Students should ensure that those who will be providing their references are informed about the requirement to use the SRF.

St. Joseph's program requires **three standardized letters of reference, using the SRF**: 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. Note that the program may contact referees who provide letters or who are listed on applicant CVs to obtain further information.  
A copy of the APPIC SRF may be downloaded here:

[http://www.appic.org/Portals/0/downloads/Standardized\\_Reference\\_Form\\_Final\\_1.27.15.doc](http://www.appic.org/Portals/0/downloads/Standardized_Reference_Form_Final_1.27.15.doc)

FAQs about the SRF may be downloaded here:

[http://www.appic.org/Portals/0/downloads/FAQ\\_SRF\\_2.5.15.docx](http://www.appic.org/Portals/0/downloads/FAQ_SRF_2.5.15.docx)

**Questions regarding the application materials should be directed to:**

Dr. Karen Rowa

Phone: (905) 522-1155, ext. 33656

E-mail: [krowa@stjoes.ca](mailto:krowa@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 prior to 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](http://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

Forensic Stream: 184613

### **Interview Notification Date: December 6, 2019**

### **Interviews will take place on the following dates:**

Tuesday, January 14, 2020

Thursday, January 16, 2020

Monday, January 20, 2020

Wednesday, January 22, 2020

Friday, January 24, 2020

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

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

Psychologist  
Clinical Neuropsychology Service,  
West 5th Campus

Tel: 905-522-1155, ext. 39366

Fax: 905-381-5610

E-mail: [eballant@stjoes.ca](mailto:eballant@stjoes.ca)



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:**

- 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.

**Peter J. Bieling, Ph.D., C.Psych.**  
Vice President, Mental Health and Addictions  
West 5th Campus

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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 Director, Mood & Anxiety Services and Geriatric Services at St. Joseph's Healthcare. Dr. Bieling's 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.

#### **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.

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Dr. Chohan received her doctoral degree in clinical psychology from Lakehead University in 2011. Dr. Chohan's clinical interests include the assessment and treatment of anxiety, mood, and eating disorders, along with body image concerns, self-esteem issues, and interpersonal difficulties among children, adolescents, and adults. Her research interests include the implications of social media on binge eating behaviour and body image concerns. At present, she works as a Staff Psychologist with the Bariatric Surgery team at St. Joseph's Healthcare Hamilton in addition to providing assessment and treatment services to children, adolescents and adults in private practice. She is also a part-time Assistant Professor in the Department of Psychiatry and Behavioural Neurosciences at McMaster University.

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Dr. Caitlin Davey received her Ph.D. from the Ryerson University in 2015 and completed her internship at St. Joseph's Healthcare Hamilton, Department of Psychiatry and Behavioural Neurosciences, McMaster University with primary rotations in the Mood Disorders Service, Eating Disorders Clinic and Health Psychology. Dr. Davey is currently employed as a psychologist at the Mood Disorders Service where she completes psychological assessments for diagnostic clarification as well as cognitive-behavioural group therapy. She also completes tasks related to program evaluation within the Mood Disorders Service. Her research interests primarily focus on program evaluation as well as

the development, implementation and evaluation of culturally safe assessment and psychotherapeutic processes for Indigenous populations in Canada.

**Selected publications:**

- Rouse, J., McShane, K. E., Usher, A., & **Davey, C. J.** (in press). Debriefing and research participation. In A. Wenzel (Ed.), *The SAGE encyclopedia of abnormal and clinical psychology*. Thousand Oaks, CA: SAGE Publications, Inc.
- Baskin, C., & **Davey, C. J.** (2015). Parallel pathways to decolonization: Critical and Indigenous social work. In S. Wehbi & H. Parada (Eds), *Re-imagining anti-oppression: Reflecting on practice*. Waterloo, ON: Wilfred Laurier University Press.
- Key, B., & **Davey, C. J.** (2015). Interoceptive exposures. In I. Milosevic & R. E. McCabe (Eds.), *Phobias: The psychology of irrational fear, an encyclopedia*. Santa Barbara, CA: ABC-CLIO.
- Key, B., & Davey, C. J. (2015). Relaxation. In I. Milosevic & R. E. McCabe (Eds.), *Phobias: The psychology of irrational fear, an encyclopedia*. Santa Barbara, CA: ABC-CLIO.
- Davey, C. J.**, Landy, M., Pecora, A., Quintero, D., & McShane, K. (2015). *A realist review of brief interventions for alcohol misuse delivered in emergency departments*. *Journal of Systematic Reviews*, 45, DOI: 10.1186/s13643-015-0024-4.
- McShane, K., **Davey, C. J.**, Rouse, J., Usher, A., & Sullivan, S. (2015). *Beyond ethical obligation to research dissemination and utilization: Conceptualizing debriefing as a form of knowledge translation*. *Canadian Psychology*, 56(1), 80-87.
- Baskin, C., & **Davey, C. J.** (2014). *Grannies, Elders and friends: Aging Indigenous women in Toronto*. *Journal of Gerontological Social Work*, 58(1), 46-65, DOI: 10.1080/01634372.2014.912997.
- Davey, C. J.**, Niccols, A., Henderson, J., Dell, C., Wylie, T., Suave, E, Dobbins, M., & Sword, W. (2014). *Predictors of research use among service providers targeting Aboriginal women with addictions*. *Journal of Ethnicity in Substance Abuse*, 13, 315-336. DOI: 0.1080/15332640.2014.938211.

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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.**, 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 29<sup>th</sup> 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.

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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 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.

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Dr. Grant received his Ph.D. in 2012 from Temple University in Philadelphia, Pennsylvania, and completed his internship and post-doctoral fellowship in the Mood and Anxiety Program at the Centre for Addiction and Mental Health (CAMH) in Toronto, Ontario. He is an Assistant Clinical Professor in the Department of Psychiatry and Behavioural Neurosciences at McMaster University. Dr. Grant's current clinical and research focus is on empirically-supported interventions in Mood Disorders, with specific emphasis on Cognitive-Behavioural and mindfulness-based approaches. He supervises psychology residents and practicum students at St. Joseph's Healthcare in CBT for Mood Disorders, as well as in psychodiagnostic and other assessments. Dr. Grant is a member of the College of Psychologists of Ontario, the Canadian Psychological Association, and the Ontario Psychological Association.

**Selected Publications:**

- Alloy, L. B., Bender, R. E., Whitehouse, W. G., Wagner, C. A., Liu, R. T., **Grant, D. A.**, et al. (2012). High behavioral approach system (BAS) sensitivity and reward responsiveness predict first onset of bipolar spectrum disorders: A prospective behavioral high-risk design. *Journal of Abnormal Psychology, 121*, 339-351.
- Bieling, P. J., & **Grant, D. A.** (2007). Toward bridging the science and practice of depression prevention: What can we learn from cognitive vulnerability? *Canadian Psychology, 48*, 240-255.
- Cogswell, A., Alloy, L. B., Karpinski, A., & **Grant, D. A.** (2010). Assessing Dependency using Self-report and Indirect Measures: Examining the Significance of Discrepancies. *Journal of Personality Assessment, 92*, 306-316.
- Grant, D. A.**, Bieling, P. J., Segal, Z. V., & Cochrane, M. M. (2013). *Cognitive models and issues in depression*. In M. Power (Ed.), *The Wiley-Blackwell handbook of mood disorders* (2nd ed.). Wiley-Blackwell.
- Iacoviello, B. M., **Grant, D. A.**, Alloy, L. B., & Abramson, L. Y. (2009). Cognitive personality characteristics impact the course of depression: A prospective test of sociotropy, autonomy and domain-specific life events. *Cognitive Therapy and Research, 33*, 187-198.
- Stange, J. P., Shapero, B. G., Jager-Hyman, S., **Grant, D. A.**, Abramson, L. Y., & Alloy, L. B. (2013). Behavioral approach system (BAS)-relevant cognitive styles in individuals with high vs. moderate BAS sensitivity: A behavioral high-risk design. *Cognitive Therapy and Research, 37*, 139-149.

**Sheryl M. Green, Ph.D., C.Psych.**  
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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. (2013). Cognitive-behavioural group treatment for menopausal symptoms: A pilot study. *Archives of Women's Mental Health*, 16, 325-332
- 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.

## **Taylor Hatchard, Ph.D., C.Psych. (Supervised Practice)**

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Dr. Hatchard received his Ph.D. in Clinical Psychology at the University of Ottawa in 2018. He completed his predoctoral residency at the University of Ottawa's Centre for Psychological Services and Research (CPSR), where he provided assessment and treatment services to youth and adults across a wide range of mental health concerns. During his year of supervised practice, Dr. Hatchard worked as a staff psychologist in the Mood Disorders Program and the Youth Wellness Centre at St. Joseph's Healthcare Hamilton. His current role involves providing assessment and treatment services, research, program development and evaluation, and clinical supervision. In terms of his research interests, Dr. Hatchard is interested in the application of neuroimaging techniques to clinical research and is particularly interested in understanding the role of emotion dysregulation in the development of future psychopathology among youth. He also has a specific interest in increasing understanding, access to services, and development of evidence-based treatments for the LGBTQ2S+ community.

### **Selected Publications:**

Phillips, J.L., Norris, S., Talbot, J., Birmingham, M., **Hatchard, T.**, Ortiz, A., Owove, O., Batten, L. & Blier, P. (2019). Single, repeated, and maintenance ketamine infusions for treatment-resistant depression: a randomized controlled trial. *American Journal of Psychiatry*, 176, 401-409. DOI: 10.1176/appi.ajp.2018.18070834.

Khoo, E-L., Small, R., Cheng, W., **Hatchard, T.**, Glynn, B., Skidmore, B., Hutton, B., & Poulin, P. (2019). Comparative evaluation of a group-based Mindfulness-based Stress Reduction and Cognitive Behavioural Therapy for the treatment and management of chronic pain: A systematic review and network meta-analysis. *Evidence-Based Mental Health*, 22, 26-35. DOI: 10.1136/ebmental-2018-300062.

**Hatchard, T.**, Mioduszewski, O., Fall, C., Byron-Alhassan, A., Fried, P., & Smith, A.M. (2017). Neural impact of low-level alcohol use on response inhibition: an fMRI investigation in young adults. *Behavioural Brain Research*, 349, 12-19. DOI: 10.1016/j.bbr.2017.04.032.

**Hatchard, T.**, Mioduszewski, O., Zambrana, A., O'Farrell, E., Caluyong, M., Poulin, P.A. & Smith, A.M. (2017). Neural changes associated with mindfulness-based stress reduction (MBSR): Current knowledge, limitations, and future directions. *Psychology and Neuroscience*, 10, 41-56. DOI: dx.doi.org/10.1037/pne0000073.

Smith, A.M., Mioduszewski, O., **Hatchard, T.**, Byron-Alhassan, A., Fall, C., & Fried, P. (2016). Prenatal marijuana exposure impacts executive functioning into young adulthood: an fMRI study. *Neurotoxicology and Teratology*, doi:10.1016/j.ntt.2016.05.010.

Poulin, P. A., Romanow, H. C., Rahbari, N., Small, R., Smyth, C. E., **Hatchard, T.**, Solomon B. K., Song, X., Harris, C. A., Kowal, J., Nathan H. J., & Wilson, K. (2016). The relationship

- between mindfulness, pain intensity, pain catastrophizing, depression and quality of life among cancer survivors living with chronic neuropathic pain. *Supportive Care in Cancer*, 24, 4167-4175. DOI: 10.1007/s00520-016-3243-x.
- Hatchard, T.**, Smith, A.M., Halchuk, R.E., Longo, C., Fried, P.A., Hogan, M.J., & Cameron, I. (2015). Effects of low-level alcohol use on cognitive interference: An fMRI study in young adults. *Alcohol*, 49, 7-13. DOI: 10.1016/j.alcohol.2014.07.020.
- Hatchard, T.**, Fried, P.A., Hogan, M.J., Cameron, I., & Smith, A.M. (2014). Marijuana use impacts cognitive interference: An fMRI investigation in young adults using the Counting Stroop task. *Journal of Addiction Research and Therapy*. 5, 197-203. DOI: 10.4172/2155-6105.1000197.
- Hatchard, T.**, Ting, J.J., & Messier, C. (2014). Translating the impact of exercise on cognition: Methodological issues in animal research. *Behavioural Brain Research*. 273, 177-188. DOI: 10.1016/j.bbr.2014.06.043.
- Cahill, S.P., **Hatchard, T.**, Abizaid, A., Holahan, M.R. (2014). An examination of early neural and cognitive alterations in hippocampal-spatial function of ghrelin receptor-deficient rats. *Behavioural Brain Research*, 264, 105-115. DOI: 10.1016/j.bbr.2014.02.004.

**Katherine Holshausen, Ph.D., C.Psych.**  
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Dr. Holshausen received her Ph.D. in Clinical Psychology from the Queen's University, where she held a Vanier Canada Graduate Scholarship. She completed her predoctoral residency at St. Joseph's Healthcare Hamilton in the Borderline Personality Disorder Service, Mood Disorders Program, and Schizophrenia Outpatient Clinic. In her current role as a psychologist in the Borderline Personality Disorder Clinic, her work focuses on integrating clinical practice in a DBT-informed framework with teaching and program evaluation. In her role as Research Director of the Community Psychiatry Clinic, Dr. Holshausen is involved in overseeing research projects taking place across the following services: Concurrent Disorders, Rapid Consultation, Bridge to Recovery, General Psychiatry, and the Borderline Personality Disorder Service. The majority of ongoing research involves program evaluation and monitoring treatment outcomes. She also holds a part-time appointment as an Assistant Professor in the Department of Psychiatry and Behavioural Neurosciences at McMaster University. Dr. Holshausen's clinical and research interests lie in the role of trauma in maintaining severe psychopathology and identifying factors that thwart functional recovery. Dr. Holshausen 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:**

- Milanovic, M., **Holshausen, K.**, & Bowie, C.R. (in press). Functional competence in major depressive disorder: Objective performance and subjective perceptions.
- Milanovic, M., Eyukawa, E., Usyatynsky, S., **Holshausen, K.**, & Bowie, C.R. (in press). Self-efficacy in depression: Bridging the gap between competence and real-world functioning.
- Bowie, C.R., Grossman, M.J., Gupta, M., **Holshausen, K.**, & Best, M.W. (2017). Action-based cognitive remediation for individuals with serious mental illnesses: Effects of real-world simulations and goal setting on functional and vocational outcomes. *Psychiatric Rehabilitation Journal*, advance online publication.
- Holshausen, K.**, Bowie, C.R., & Harkness, K.L. (2016). The relation of childhood maltreatment to psychotic symptoms in adolescents and young adults with major depressive disorder. *Journal of Child and Adolescent Clinical Psychology*, 45, 241-247.

- Gupta, M., **Holshausen, K.**, Gou, L., & Bowie, C.R. (2014). Measuring negative symptom change in schizophrenia: Considering alternatives to self-report. *Expert Review of Neurotherapeutics*, *14*, 911-922.
- Holshausen, K.**, Bowie, C.R. Mausbach, B., Patterson, T.L., & Harvey, P.D. (2014). Neurocognition, functional capacity, and functional outcomes: The cost of inexperience. *Schizophrenia Research*, *152*, 430-434.
- Gupta, M., **Holshausen, K.**, Best, M.W., Jokic, R., Milev, R., Bernard, T., Gou, L., & Bowie, C.R. (2013). Relationships among neurocognition, symptoms, and functioning in treatment-resistant depression. *Archives of Clinical Neuropsychology*, *8*, 272-281.
- Holshausen, K.**, Harvey, P.D., Elvevag, B., Foltz, P., & Bowie, C.R. (2013). Latent semantic variables associated with formal thought disorder and social-adaptive behaviour in older inpatients with schizophrenia. *Cortex*, *55*, 88-96.
- Bowie, C.R., Gupta, M., **Holshausen, K.**, Jokic, R., Best, M.W., & Milev, R. (2013). Cognitive remediation for treatment resistant depression: Effects on cognition and functioning and the role of supplemental homework exercises. *Journal of Nervous and Mental Disease*, *201*, 680-685.
- Bowie, C.R., Gupta, M., & **Holshausen, K.** (2013). Cognitive remediation therapy for mood disorders: Rationale, early evidence, and future directions. *Canadian Journal of Psychiatry*, *58*, 319-325.

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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. 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:

- Key, B. L.**, Rowa, K., Bieling, P., McCabe, R., & Pawluk, E. J. (2017). Mindfulness-based cognitive therapy as an augmentation treatment for obsessive-compulsive disorder. *Clinical Psychology & Psychotherapy*, 1–12. DOI: 10.1002/cpp.2076
- Squazzin, C., **Key, B.L.**, Rowa, K., Bieling, P., McCabe, R. (2016). Mindfulness-Based Cognitive Therapy for Residual Anxiety Symptoms in Obsessive Compulsive Disorder: A Qualitative Analysis, *Mindfulness*, 8(1). DOI: 10.1007/s12671-016-0592-y
- Samaan, Z., Litke, K., McCabe, K., Whattam, J., Garrick, L., O'Neill, L., Tabak, T., Simons, S., Chalmers, S., **Key, B.L.**, Vanstone, M., Xie, F., Guyatt, G., & Thabane, L. (2015). A pragmatic pilot randomized trial to investigate the effectiveness of Behavioural Activation group therapy in reducing depressive symptoms and improving quality of life in patients with depression: The BRAVE pilot trial protocol, *Pilot and Feasibility Studies*. DOI: 10.1186/s40814-015-0034-y
- Molls, S., **Key, B.L.**, Frolic, A. (2015). Investing in compassion: Exploring Mindfulness as a strategy to enhance interpersonal relationships in healthcare practice. *Journal of Hospital Administration*, 4(6), 31-36. DOI: 10.5430/jha.v4n6p36
- Green, S., **Key, B.L.**, McCabe, R. (2015). Cognitive-behavioral, behavioral, and mindfulness-based therapies for menopausal depression: A review. *Maturitas*. 80(1), 37-47. DOI: 10.1016/j.

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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:**

- 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.

### **Michele Laliberté, Ph.D., C.Psych.**

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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.**, Balk, Tweed, S., D., Smith, J. & Ghai, A. (In Press). The impact of education on weight control beliefs. *Ethnicity and Inequalities in Health and Social Care*.
- 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.

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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 staff forensic neuropsychologist in the Forensic Psychiatry Program, West 5<sup>th</sup> campus, St. Joseph's Healthcare Hamilton hospital. As a Psychologist, he is involved in many aspects of psychological service delivery including court ordered assessment (Not Criminally Responsible, Fitness to Stand Trial, etc.), risk for recidivism assessment, and facilitating various psychological and neuropsychological treatment options. Dr. Losier is an associate professor in the Department of Psychiatry and Behavioural Neurosciences at McMaster University. His recent teaching responsibilities include didactic seminars to both Psychology and Psychiatry residents, as well as supervision of undergraduate psychology studies and facilitating tutorials for undergraduate medical students. His ongoing 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, an examination of key target topics at the intersection of neuroscience and the law (e.g., decision making, freewill, deception, etc.) using functional imaging and other brain mapping tools. He sits on a number of departmental and program committees (e.g. chair of Therapeutic Program Coordination Committee), as well as being a frequent examiner for the College of Psychologist of Ontario. Lastly, he has published over a dozen peer reviewed journal articles and has given numerous presentations at professional conferences.

Publication Update: (replace with the following)

**Losier, B,** Mamak, M, and Moulden. H (2017) Informed Consent for treatment in Forensic Psychiatry; Is it a realistic Proposition? *Journal of Psychiatry and Psychiatric Disorders*, 1(6) 308-312

**Losier, B,** & Hategan, A. (2017) Neuropsychological Assessment of Delirium in Older Adults. IN *Delirium: Prevention, Symptoms and Treatment*. J.A. Bourgeois, Editor, NOVA Science Publishers, New York

Prat, S., **Losier, B.**, Moulden, H, and Chaimowitz, G. (2017) Incapacity of the mind secondary to the medication misuse as a not criminally responsible (NCR) defense. *Journal of Forensic Sciences* 62(1) 267-269

- Bourgeois, J., Hategan, A, and **Losier, B.** (2014) Delirium in the Hospital Setting: Emphasis on Geriatric Patients. Current Psychiatry, 13(8) 36-43
- McNair, S., Hategan, A., Bourgeois, J. and **Losier, B.** (2013) Neuropsychiatric symptoms in Scleroderma. Psychosomatics, 54(4) 382-386
- Hategan, A., Parthasarathi, U., **Losier, B.**, and Bourgeois, J. (2011) Farh-Type calcification and neuropsychiatric symptoms with M-Proteinemia. Journal of Neuropsychiatry and Clinical Neurosciences, 23(4) p.1
- 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, 32, 306-308.
- Losier, B.J.** and Klein, R.M. (2004) Covert orienting within peripersonal and extrapersonal space: Young Adults Cognitive Brain Research May;19(3):269-74.
- Losier, B.J.** and R. Klein (2001) A review of the evidence for a disengage deficit following parietal lobe damage. Neuroscience Biobehavioral Review.;25(1):1-13.

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Dr. MacKillop 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 went on to complete a one-year internship in Clinical and Neuropsychology at the Medical University of South Carolina, followed by a two-year postdoctoral fellowship in Neuropsychology at the Beth Israel Deaconess Medical Center through Harvard Medical School. In 2012, she earned board certification in Clinical Neuropsychology (ABPP). From 2008-2011, she worked in independent practice and as a faculty member in the department of psychology at the University of Georgia, co-directing a Memory Assessment Clinic. From 2011-2014 she worked as a staff neuropsychologist for the Southeast Permanente Medical Group, serving Kaiser Permanente of Georgia. She recently joined the neuropsychology service at St. Joseph's Healthcare in the summer of 2014 and is also an Assistant Professor (PT) in the Department of Psychiatry and Behavioural Neurosciences at McMaster University. Dr. MacKillop applies a holistic approach to treatment and intervention, incorporating medical, neurological, psychological, and behavioral factors as potentially contributing to the wellness of an individual. Her research and clinical interests focus on this perspective, particularly as it pertains to aging and memory disorders, but also including medical and neurological illness, somatoform disorders, and symptom validity.

## Selected Publications:

- Castelda, B.A., Mattson, R.E., MacKillop, J., **Anderson, E.J.**, & Donovanick, 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.
- 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.

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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 Psychiatry Program at St. Joseph's Healthcare. Dr. Mamak is a co-developer of the electronic Hamilton Anatomy of Risk Management (eHARM) and the Aggressive Incidents Scale (AIS), two innovative methods of assessing and documenting risk. 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 worked with both provincial and federal corrections. In addition, she routinely consults with local and national police agencies, and is a frequent guest lecturer at the Canadian Police College. She has

particular interests in the area of female offending, hostage negotiations, violent offending, and risk prediction.

### **Selected Publications:**

- Cook, A. N., Moulden, H., **Mamak, M.**, Lalani, S., Messina, K., & Chaimowitz, G. (2016). Validating the Hamilton Anatomy of Risk Management – Forensic Version and the Aggressive Incidents Scale. Assessment. Online First Jul 15, 2016. doi: 10.1177/1073191116653828
- Choy, A. & **Mamak, M.** (2013), 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.
- Loza, W., Bloom, H., & **Mamak, M.** (2013). Understanding and Explaining 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.
- Zhu, N., Moulden, H.M., McNeely, H., & **Mamak, M.** (2013). The role of inattention in the relationship between major mental illness and crime. Journal of Forensic Psychology Practice, 13.
- Moulden, H.M., Chaimowitz, G.A., **Mamak, M.** & Hawes, J. (2013). Understanding how sexual offenders compare across psychiatric and correctional settings: examination of Canadian mentally ill sexual offenders. Journal of Sexual Aggression, 19(1), 1-10.

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Dr. McCabe is Director of the Anxiety Treatment and Research Centre and Psychologist-in-Chief at St. Joseph's Healthcare Hamilton. She is also Manager of the Eating Disorders Program and the Clinical Neuropsychology Service. Dr. McCabe is a 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 and Co-Lead of the Department Mentoring 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 has over 130 published articles, book chapters, and conference presentations on anxiety, eating disorders, and cognitive behavior therapy. She has disseminated her work broadly through publication of several CBT workbooks for clinicians and consumers including *The Overcoming Bulimia Workbook (2003)*, *10 Simple Solutions to Panic (2004)*, *Overcoming Your Animal and Insect Phobias (2005)*, *A Cognitive Behavioral Approach to Weight Management (2009)* and *The Cognitive Behavioral Workbook for Menopause (2012)*. She also coauthored *Cognitive Behavioural Therapy in Groups (2006)* and most recently co-edited *Phobias: The Psychology of Irrational Fear (2015)*. Her books have been translated into many languages including Chinese, Polish, Spanish, French, Italian, Dutch, Hebrew, and Japanese. 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:**

- Waechter, S., Rowa, K., Milosevic, I., Shnaider, P., Antony, M.M., & **McCabe, R.E.** (in press). Social anxiety and the accuracy of memory for childhood teasing frequency. *Journal of Cognitive Psychotherapy*.
- Key, B., Rowa, K., Bieling, P.J., McCabe, R. E., & Pawluk, E. (in press). Mindfulness Based Cognitive Therapy as an Augmentation Treatment for Obsessive Compulsive Disorder. *Clinical Psychology and Psychotherapy*.
- Yoon, K.L., LeMoult, J., Hamedani, A., & **McCabe, R.E.** (2017). Working memory capacity and spontaneous emotion regulation in generalized anxiety disorder. *Cognition and Emotion*, 3, 1-7.
- Vickers, K., Ein, N., Koerner, N., Kusec, A., **McCabe, R.E.**, Rowa, K., & Antony, M. M. (2017). Self-reported hygiene-related behaviors among individuals with contamination-related obsessive-compulsive disorder, individuals with anxiety disorders and nonpsychiatric controls. *Journal of Obsessive-Compulsive and Related Disorders*, 14, 71-83.
- Gavric, D., Moscovitch, D.A., Rowa, K., & **McCabe, R.E.** (2017). Post-event processing in social anxiety disorder: Examining the mediating roles of positive metacognitive beliefs and perceptions of performance. *Behaviour Research and Therapy*, 91, 1-12.
- Vella-Zarb, R.A., Cohen, J.N., **McCabe, R.E.**, Rowa, K. (2017). Differentiating sexual thoughts in obsessive-compulsive disorder from paraphilias and nonparaphilic sexual disorders, *Cognitive and Behavioural Practice*, 24, 342-352.
- McCabe, R.E.**, (in press). Foreword. In C. Beatriz Neufeld & B. Rangé (Eds.), *Terapia cognitivo-comportamental em grupos: das evidências à prática*. Porto Alegre, Brazil: Grupo A.
- Rowa, K., McCabe, R.E., & Antony, M.M. (in press). Specific and social anxiety disorder. In J. Hunsley and E.J. Mash (Eds.), *A guide to assessments that work, 2<sup>nd</sup> edition*. New York, NY: Oxford University Press.

**McCabe, R.E.**, Farrell, N. (in press). Specific phobia: Treatment. In A.E. Wenzel (Ed.), *The SAGE encyclopedia of abnormal and clinical psychology*. Thousand Oaks, CA: Sage Publications.

**McCabe, R.E.**, Milosevic, I., Rowa, K., Shnaider, P., Key, B., Pawluk, E., Antony, M.M. & the DART Working Group. (2017). *Diagnostic Assessment Research Tool (DART)*. Hamilton, ON: St. Joseph's Healthcare/McMaster University.

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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 Associate Co-Chair, Research in the Department of Psychiatry and Behavioural Neurosciences at McMaster University and a psychologist and Academic Head 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 has held grant funding from the following sources: CIHR, CIMVHR, NARSAD, OMHF, and NIMH. She is particularly interested in working with patients with complex behavioral presentations and patients with co-morbid mood and trauma-related disorders.

**Selected Publications:**

- McKinnon, M.C.**, Palombo, D., Nazarov, A., Kumar, N., Khuu, W., & Levine, B. (in press). Threat of death and autobiographical memory: A study of the passengers of Flight AT236. *Clinical Psychological Science*.
- Lanius, R., Frewen, P., Nazarov, A., & **McKinnon, M.C.** (2014). A social cognitive neuroscience approach to PTSD: Clinical & research perspectives. In Lanius, U. F., Paulsen, S.L. & Corrigan, F.M. (Eds). *Neurobiology & Treatment of Traumatic Dissociation: Towards an Embodied Self*. Springer: New York.
- Parlar, M., Frewen, P., Nazarov, A., -, C., MacQueen, G., & Lanius\*, R., **McKinnon\*, M.C.** (2014). Altered empathic responding in women exposed to repeated developmental trauma. *Brain and Behaviour*. 13 MAR 2014, DOI: 10.1002/brb3.215.
- Guo, Q., Parlar, M., Truong, W., Hall, G.B.C., Thabane, L.; **McKinnon, M.C.**, Goeree, R., & Pullenayegum, E. (2014). The reporting of observational clinical functional magnetic resonance imaging studies: A systematic review. *PLOS ONE*. Apr 22;9(4):e94412. doi: 10.1371/ journal.pone.0094412. eCollection 2014.
- Guo, Q., Thabane, L., Hall, G.B.C., **McKinnon, M.C.**, Goeree, R., & Pullenayegum, E. (2014). A systematic review of the reporting of sample size calculations and corresponding data components in observational functional magnetic resonance imaging studies. *NeuroImage*, 86, 172-181.
- Nazarov, A., Frewen, P., Parlar, M., Oremus, C., MacQueen, G., & **McKinnon\*, M.C.**, Lanius\*, R. (2014). Theory of mind performance in women with posttraumatic stress disorder related to childhood abuse. *Acta Psychiatrica Scandinavica*, 129, 193-201.
- King, M.J., MacDougall, A., Ferris, S., Herdman, K., Bielak, T., Smith, J., Abid, M.A., **McKinnon, M.C.** (2013). Impaired episodic memory for events encoded during manic but not depressed or euthymic mood states in bipolar disorder. *Psychiatry Research*, 205, 213-219.
- McKinnon, M.C.**, Cusi, A., & MacQueen, G. (2013). Psychological factors that may confer risk for bipolar disorder. *Cognitive Neuropsychiatry*, 18(1-2), 115-128.
- Cusi, A., Nazarov, A., MacQueen, G.M., & **McKinnon, M.C.** (2013) Theory of mind deficits in patients with mild symptoms of major depressive disorder. *Psychiatry Research*, 210, 672-674.
- Meusel, L.A., Hall, G., Fougere, P., **McKinnon, M.C.**, & MacQueen, G.M. (2013). Neural correlates of cognitive remediation in patients with mood disorders. *Psychiatry Research: Neuroimaging*, 214, 142-52.

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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 and Community Integration program at St. Joseph's Healthcare 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. Over the past several years she has developed and delivered a group-based intervention aimed at improving clients' ability to cope with voice-hearing.

#### **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.**  
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Dr. McNeely received her Ph.D. in 1999 from the University of Waterloo, and completed a postdoctoral fellowship in the 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. She started her career as a clinician-scientist in the Mood and Anxiety Disorders Program at CAMH. Since joining the faculty at St. Joseph's Healthcare, Hamilton and McMaster University in 2005, she has held a number of educational

leadership roles. She is currently an Associate Professor, Department Education Coordinator, and Interim Academic Lead, Schizophrenia Division, in the Department of Psychiatry and Behavioural Neurosciences and holds adjunct faculty appointments in the Department of Psychology, Neuroscience and Behaviour and the McMaster Integrative Neuroscience Discovery and Study (MiNDS) program. Her clinical and research interests focus on the interplay between neurobiological, affective and cognitive processes in functional outcome in persons with schizophrenia and severe mental illness.

### **Selected Publications:**

- McNeely, H.E.** & King, J.P. (2018). Neuropsychology in Late Life. In: Hategan, A., Bourgeois, J.A., Hirsch, C. & Giroux, C. Eds., *Geriatric Psychiatry: A Case-Based Textbook*. 2018, Springer.
- 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. (2017). Neurocognitive Predictors of Response in Treatment Resistant Depression to Subcallosal Cingulate Gyrus Deep Brain Stimulation. *Frontiers in Human Neuroscience Vol 11, Article 74*
- 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.
- King, J.P., Gojmerac, C. & **McNeely, H.E.** (2015). Psychological Assessment of Borderline Personality Disorder in Geriatric Patients. In: Hategan, A., Bourgeois, J.A. & Xiong, G.L. Eds., *Borderline Personality Disorder in Older Adults: Emphasis on Care in Institutional Settings*. 2015, Nova.
- 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.

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., Schwab, J.M., Seminowicz, D. (2005). Deep brain stimulation for treatment-resistant depression. *Neuron*, 45, 1-10.

### **Colleen Merrifield, Ph.D., C.Psych.**

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Dr. Merrifield received her Ph.D. in Clinical Psychology from the University of Waterloo, where she held a Vanier Canada Graduate Scholarship. She completed her predoctoral residency at the University of Ottawa and the Royal Ottawa Mental Health Centre. Prior to her current position in the Mood Disorders Program, she completed a postdoctoral fellowship at SJHH in both the Anxiety Treatment and Research Clinic and the Mood Disorders Program. In her current role as a psychologist in the outpatient Mood Disorders Clinic, her work focuses on integrating clinical practice, research, and teaching. She also holds a part-time appointment as an Assistant Professor in the Department of Psychiatry and Behavioural Neurosciences at McMaster University. Clinically, Dr. Merrifield's interest lies in the assessment and cognitive behavioural treatment of mood, anxiety, and related disorders and she is a founding member of the Canadian Association of Cognitive and Behavioural Therapies. Her research focuses on the development, evaluation, and dissemination of transdiagnostic CBT treatments for mood and anxiety disorders. Dr. Merrifield has published a number of peer-reviewed manuscripts and book chapters and has made numerous presentations both in the Hamilton community and at national and international professional conferences.

### **Selected Publications:**

Danckert, J., & **Merrifield, C.** (in press). Boredom, sustained attention and the default mode network. *Experimental Brain Research*.

**Merrifield, C.**, & McCabe, R.E. Specific phobia. In Amy E. Wenzel (Ed.), *The SAGE encyclopedia of abnormal and clinical psychology* (in press).

- Merrifield, C., & McCabe, R.E.** Cognitive behavioral group therapy. In Amy E. Wenzel (Ed.), *The SAGE encyclopedia of abnormal and clinical psychology* (in press).
- Merrifield, C., & McCabe, R.E.** Alcohol-induced anxiety disorder. In Amy E. Wenzel (Ed.), *The SAGE encyclopedia of abnormal and clinical psychology* (in press).
- Merrifield, C., & Danckert, J.** Characterizing the psychophysiological signature of boredom (2014). *Experimental Brain Research*, 232, 481-491. doi: 10.1007/s00221-013-3755-2
- Merrifield, C., Balk, D., & Moscovitch, D. A.** (2013). Self-portrayal concerns mediate the relationship between recalled teasing and social anxiety in adults with anxiety disorders. *Journal of Anxiety Disorders*, 27, 456-460. doi: 10.1016/j.janxdis.2013.05.007
- Malkovsky, E., **Merrifield, C.**, Goldberg, Y. K., & Danckert, J. (2012). Exploring the relationship between boredom and sustained attention. *Experimental Brain Research*, 222, 57-69. doi: 10.1007/s00221-012-3147-z
- Moscovitch, D. A., Gavric, D. L., **Merrifield, C.**, Bielak, T., & Moscovitch, M. (2011). Retrieval properties of negative versus positive mental images and autobiographical memories in social anxiety: Outcomes with a new measure. *Behavior Research and Therapy*, 49, 505-517. doi: 10.1016/j.brat.2011.05.009
- Merrifield, C., Hurwitz, M., & Danckert, J.** (2010). Multimodal temporal perception deficits in a patient with left spatial neglect. *Cognitive Neuroscience*, 1, 244-253. doi: 10.1080/17588921003759934

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

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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 and Research Clinic at SJHH, where her role involves clinical service, research, and teaching. She also holds an appointment as Assistant Professor in the Department of Psychiatry and Behavioural Neurosciences at McMaster University. Dr. Milosevic's clinical interests include assessment and cognitive behavioural treatment (CBT) of anxiety and related disorders. Her research investigates treatment outcomes and mechanisms in CBT for anxiety and related disorders and comorbid anxiety, mood, and substance use disorders. 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:

- Waechter, S., Rowa, K., **Milosevic, I.**, Shnaider, P., Antony, M. M., & McCabe, R. E. (in press). Social anxiety and the accuracy of memory for childhood teasing frequency. Manuscript accepted for publication in the *Journal of Cognitive Psychotherapy*.
- Milosevic, I.**, Chudzik, S. M., Boyd, S., & McCabe, R. E. (2017). Evaluation of an integrated group cognitive-behavioral treatment for comorbid mood, anxiety, and substance use disorders: A pilot study. *Journal of Anxiety Disorders, 46*, 85-100.
- Milosevic, I.**, Levy, H. C., Alcolado, G. M., & Radomsky, A. S. (2015). The Treatment Acceptability/Adherence Scale: Moving beyond the assessment of treatment effectiveness. *Cognitive Behaviour Therapy, 44*, 456-469.
- Milosevic, I.**, & McCabe, R. E. (Eds.) (2015). *Phobias: The psychology of irrational fear*. Santa Barbara, CA: Greenwood.
- Milosevic, I.**, & McCabe, R. E. (2015). Agoraphobia. In R. Cautin & S. Lilienfeld (Eds.), *The encyclopedia of clinical psychology*. Hoboken, NJ: Wiley-Blackwell.
- McCabe, R. E., **Milosevic, I.**, & Bieling, P. J. (2014). Groups for anxiety and PTSD. In J. De-Lucia Waack, C. Kalonder, & M. Riva (Eds.), *The handbook of group counseling and psychotherapy* (2<sup>nd</sup> Ed.). Thousand Oaks, CA: Sage Publications.
- Rowa, K., Gifford, S., McCabe, R. E., **Milosevic, I.**, Antony, M. M., & Purdon, C. (2014). Treatment fears in anxiety disorders: Development and validation of the Treatment Ambivalence Questionnaire. *Journal of Clinical Psychology, 70*, 979-993.
- Rowa, K., **Milosevic, I.**, & Antony, M. M. (2014). Cognitive-behavioral therapy for social anxiety disorder: Applying the approach. In J. Weeks (Ed.), *The Wiley-Blackwell handbook of social anxiety disorder*. Hoboken, NJ: Wiley-Blackwell.
- 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.

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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

forensic psychologist in the Forensic Program at St. Joseph's Healthcare, and an Associate Clinical 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 internationally.

### **Selected Publications:**

- Moulden, H. M.,** & Marshall, L. E. (in press). Sexual abuse in those with major mental illness. *Current Psychiatry Reports*.
- Moulden, H. M.** & Myers, C. J. (in press). Change to the fullest potential: Doing what works in the forensic context. In R. Roesch & A. N. Cook (Eds.), *The Handbook of Forensic Mental Health Services*.
- Prat, S., Losier, B. L., **Moulden, H. M.,** & Chaimowitz, G. A. (2016). Incapacity of the mind secondary to medication misuse as a Not Criminally Responsible (NCR) defense. *Journal of Forensic Sciences*. doi: 10.1111/1556-4029.13223
- Kemshall, H., & **Moulden, H. M.** (2016). Communicating about child sexual abuse with the public: Learning the lessons from public awareness campaigns. *Journal of Sexual Aggression*. doi: 10.1080/13552600.2016.1222004.
- Cook, A. N., **Moulden, H. M.** Lalani, S., Mamak, M., Messina, K., & Chaimowitz, G.(2016). Validating the HARM-FV and AIS using the HCR-20<sup>V3</sup> and Overt Aggression Scale in a sample of forensic psychiatric inpatients. *Assessment*. doi: 10.7319/1116653828
- Moulden, H. M.,** Chaimowitz, G., Mamak, M. & Hawes, J.(2014). Understanding how sexual offenders compare across psychiatric and correctional settings: Examination of Canadian mentally ill sexual offenders. *Journal of Sexual Aggression, 20,* 172-181.
- Zhu, N., **Moulden, H. M.,** McNeely, H., & Mamak, M. (2013). The role of inattention in the relationship between major mental illness and crime. *Journal of Forensic Psychology Practice, 13,* 28-39.

### **Matilda Nowakowski, Ph.D.,C.Psych.**

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Dr. Nowakowski received her Ph.D. in clinical psychology from Ryerson University in 2014 and her Ph.D., in experimental psychology from McMaster University in 2009. She

completed her pre-doctoral residency at St. Joseph's Healthcare Hamilton as well as a postdoctoral fellowship at the Anxiety Treatment and Research Clinic at St. Joseph's Healthcare Hamilton and the Digestive Diseases Clinic at McMaster University Medical Centre. She is currently working as a Psychologist in the Pain Clinic at St. Joseph's Healthcare Hamilton (King Campus) and is an Assistant Clinical Professor (PT) in the Department of Psychiatry and Behavioural Neurosciences at McMaster University. Dr. Nowakowski's clinical interests include cognitive-behavior therapy and mindfulness-based interventions for patients with chronic pain, anxiety and related disorders, and depression. Dr. Nowakowski's research focuses on examining the predictors and mediators of treatment outcome in patients with chronic pain and anxiety and related disorders as well as evaluating the integration of psychological treatments, especially cognitive-behaviour therapy, into medical settings. She has several publications in peer-reviewed journals and has presented at numerous national and international conferences.

### **Selected Publications:**

- Nowakowski, M.E.,** Rowa, K. Antony, M.M., & McCabe, R.E. (in press). Changes in anxiety sensitivity following group cognitive-behaviour therapy for social anxiety disorder and panic disorder. *Cognitive Therapy and Research*.
- Nowakowski, M.E.,** & McCabe, R.A. (in press). Panic disorder: Treatment. In A.E. Wenzel (Ed.), *The SAGE encyclopedia of abnormal and clinical psychology*. Thousand Oaks, CA: SAGE Publications.
- Nowakowski, M.E.,** McCabe, R., Rowa, K., Surette, M., Moayyedi, P., & Anglin, R. (2016). The gut microbiome: Potential implications for the understanding and treatment of psychopathology. *Canadian Psychology, 57*, 67-75.
- Nowakowski, M.E.,** Antony, M.M., & Koerner, N. (2015). Modifying interpretation biases: Effects on symptomatology, behavior, and physiological reactivity in social anxiety. *Journal of Behavior Therapy and Experimental Psychiatry, 49*, 44-52.
- Nowakowski, M.E.,** & Antony, M.M. (2015). Anxiety and Related Disorders. In R. McCabe & I Milosevic (Eds.), *Phobias: The psychology of irrational fear, an encyclopedia*. Santa Barbara, CA: ABC-CLIO.
- Nowakowski, M.E.** (2015). Cognitive bias modification. In R. McCabe & I Milosevic (Eds.), *Phobias: The psychology of irrational fear, an encyclopedia*. Santa Barbara, CA: ABC-CLIO.
- Gee, B.A., **Nowakowski, M.E.,** & Antony, M.M. (2015). Hypochondriasis/illness anxiety disorder. In R. Cautin, & S. Lilienfeld (Eds.), *The Encyclopedia of clinical psychology*. Hoboken, NJ: Wiley-Blackwell.
- Nowakowski, M.E.,** & Antony, M.M. (2013). Reactions to teasing in social anxiety. *Cognitive Therapy and Research, 37*, 1091-1100.
- Nowakowski, M.E.,** Rogojanski, J., & Antony, M.M. (2013). Specific phobia. In S.G. Hofmann (Ed.), *Wiley handbook of cognitive behavioral therapy. Volume 2: CBT for specific disorders*. Hoboken, NJ: Wiley-Blackwell.
- Nowakowski, M.E.,** McFarlane, T., & Cassin, S. (2013). Alexithymia and eating disorders: A critical review. *Journal of Eating Disorders, 1*:21.

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Dr. Pawluk is a Psychologist at the Anxiety Treatment and Research Clinic (ATRC) at St. Joseph's Healthcare Hamilton. She received her Ph.D. in Clinical Psychology from Ryerson University followed by a Postdoctoral Fellowship in Clinical Psychology at the ATRC. She is actively engaged in clinical work, research, and clinical supervision. Her primary research focus is generalized anxiety disorder (GAD), with a specific interest in testing theoretical models of GAD. Dr. Pawluk is also the Director of the Clinical Behavioural Sciences Program at McMaster University and an Associate Clinical Professor in the Department of Psychiatry and Behavioural Neurosciences.

#### **Selected Publications:**

- Pawluk, E. J.**, Koerner, N., Kuo, J. R., & Antony, M. M. (2018). *An experience sampling study of emotion and worry in generalized anxiety disorder*. Manuscript submitted for publication.
- Pawluk, E. J.**, Koerner, N., Tallon, K., & Antony, M. M. (2017). Unique correlates of problem-solving effectiveness in individuals with generalized anxiety disorder. *Cognitive Therapy and Research*, *41*, 881-890.
- Key, B. L., Rowa, K., Bieling, P., McCabe, R., & **Pawluk, E. J.** (2017). Mindfulness-based cognitive therapy as an augmentation treatment for obsessive compulsive disorder. *Clinical Psychology & Psychotherapy*. Advanced online publication.
- Pawluk, E. J.** & Koerner, N. (2016). The relationship between negative urgency and generalized anxiety disorder symptoms: The role of intolerance of negative emotions and intolerance of uncertainty. *Anxiety, Stress, & Coping*, *29*, 606-615.
- MacDonald, E. M, **Pawluk, E. J.**, Koerner, N., & Goodwill, A. M. (2015). An examination of distress tolerance in undergraduate students high in symptoms of generalized anxiety disorder. *Cognitive Behaviour Therapy*, *44*, 74-84.
- Pawluk, E. J.**, & Koerner, N. (2013). A preliminary investigation of impulsivity in generalized anxiety disorder. *Personality and Individual Differences*, *54*, 732-737.

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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 psychiatry and behavioural medicine. His practice involves the assessment and treatment of patients with complex medical and psychiatric presentations. He has developed clinical liaisons with a variety of medical services including respirology, palliative care, critical care, and renal transplant. Of particular interest has been the delivery of psychological services (e.g., consultation, brief intervention) in the acute care medical/surgical setting. Dr. Pellizzari is CACBT-ACTCC Certified in Cognitive Behaviour Therapy. He 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 include aspects of ICU (Intensive Care Unit) recovery. He is an Associate Professor (part-time) with the McMaster Department of Psychiatry and Behavioural Neurosciences.

#### **Selected Publications:**

- Kho M, Molloy A, Clarke F, Herridge M, Koo KKY, Rudkowski J, Seely AJE, **Pellizzari JR**, Tarride J-E, Mourtzakis M, Karachi T, Cook DJ. (2016). CYCLE pilot: A protocol for a pilot randomised study of early cycle ergometry versus routine physiotherapy in mechanically ventilated patients. *BMJ Open*. 6: 1-10.
- Pellizzari, J.** (2017). Cognitive-Behavioural Therapy Approaches to Managing challenges in Respiratory Disease. *Better Breathing 2017*. Ontario Respiratory Care Society, Toronto, Canada.
- Pellizzari J**, Kho M, Rudkowski J. (2016). *Surviving and Thriving After Critical Illness*. McMaster University Demystifying Medicine Seminar Series, Hamilton, Canada.
- Pellizzari J**, Kho M. (2016). Feasibility of Psychological Distress Screening in the CYCLE RCT. 9th International Meeting of Physical Medicine & Rehabilitation in the Critically Ill, San Francisco, United States.
- Pellizzari J.** (2016). Stress, Coping, & Scleroderma: Activity and Meaning. *Living with Scleroderma: Education forum for those affected by scleroderma*. Hamilton Scleroderma Group and Scleroderma Society of Ontario, Hamilton, Canada.

Woods A, O'Donnell C, **Pellizzari J**, Shadd J, Swinton M, Willison, K. (2017).  
Uncommon Bedfellows: New Insights into the Complex Relationship between  
Palliative Care and Medical Assistance in Dying. Canadian Bioethics Society  
Conference, Montreal, Canada

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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 Associate Professor in the Department of Psychiatry and Behavioural Neurosciences at McMaster University. She is also the 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 anxiety disorder. She also studies problematic hoarding.

**Selected Publications:**

- Waechter, S., Moscovitch, D., Vidovic, V., Bielak, T., **Rowa, K.**, & McCabe, R.E. (in press). Working memory capacity in social anxiety disorder: Revisiting prior conclusions. *Journal of Abnormal Psychology*.
- Gros, D. F., Merrifield, C. M., **Rowa, K.**, Szafranski, D. D., Young, L., & McCabe, R. E. (In press). A naturalistic comparison of group Transdiagnostic Behavior Therapy (TBT) and disorder-specific cognitive behavioral therapy groups for the affective disorders. *Behavioural and Cognitive Psychotherapy*.
- Waechter, S., **Rowa, K.**, Milosevic, I., Shnaider, P., Antony, M.M., & McCabe, R.E. (2017). Social anxiety and the accuracy of memory for childhood teasing frequency. *Journal of Cognitive Psychotherapy, 31*, 151-157
- Key, B., **Rowa, K.**, Bieling, P.J., McCabe, R.E., & Pawluk, E.J. (2017). Mindfulness-based cognitive therapy as an augmentation treatment for obsessive compulsive disorder. *Clinical Psychology and Psychotherapy*.
- Gavric, D., Moscovitch, D.A., **Rowa, K.**, & McCabe, R.E. (2017). Post-event processing in Social Anxiety Disorder: Examining the mediating roles of positive metacognitive beliefs and perceptions of performance. *Behaviour Research and Therapy, 91*, 1-12.

- Vella-Zarb, R.A., Cohen, J.N., McCabe, R.E., & **Rowa, K.** (2017). *So you think you know OCD? Differentiating sexual thoughts in OCD from paraphilias and nonparaphilic sexual disorders.* *Cognitive and Behavioural Practice, 24*, 342-352.
- Rowa, K.**, Gavric, D., Stead, V., LeMoult, J., & McCabe, R.E. (2017). The pernicious effects of post-event processing in social anxiety disorder. *Journal of Experimental Psychopathology, 7*, 577-587.
- Farrell, N.R., Ouimet, A.J., **Rowa, K.**, Soreni, N., Swinson, R.P., & McCabe, R.E. (2016). Who gets better when? An investigation of change patterns in group cognitive behavioural therapy for obsessive-compulsive disorder. *Journal of Obsessive Compulsive and Related Disorders, 10*, 35-41.

**Peter Sheridan, Ph.D., C.Psych.**

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Peter Sheridan received his B.Sc. with Specialization in Psychology from Trinity College, University of Toronto, and his M.A. and Ph.D. in Clinical Psychology from York University. He completed his internships at the Wellesley Hospital and at the Forensic Service, Centre for Addiction and Mental Health. Dr. Sheridan received a SSHRC Doctoral Fellowship for his research on the impact of gender, sexual orientation, and relationship status on judgements about victims of sexual assault. He has published and presented in the areas of sexual and gender identity, antigay violence, and sexual and relationship violence. Dr. Sheridan has provided clinical services for both the provincial and federal ministries of corrections and, most recently, was the Chief Psychologist at Grand Valley Institution for Women, the largest federal women's prison in Canada. He is trained in psychodynamic, CBT, and DBT approaches to treatment. He maintains a private practice in Toronto with a focus on assessment for criminal and civil proceedings and treatment and consultation for offenders returned to the community on parole or probation.

**Selected Publications:**

- Sheridan, P. M.** (2013, September). Working with female offenders. Professional development workshop presented at the Early Career Psychology Group, Correctional Service Canada, Kingston, Ontario.
- Sheridan, P. M.**, & Goodwin, R. (2002, March). Compounding the harm to male victims of sexual violence. Paper presented at Canadian Boys: Untold Stories, Toronto, Ontario.
- Sheridan, P. M.** (1997). Group counselling for gay male youth. In M. S. Schneider (Ed.), Pride and prejudice: Working with lesbian, gay and bisexual youth (pp. 83-96). Toronto: Central Toronto Youth Services.

- Stermac, L., **Sheridan, P. M.**, Davidson, A., & Dunn, S. (1996). Sexual assault of adult males. *Journal of Interpersonal Violence*, *11*, 52-64.
- Sheridan, P. M.**, & Hucker, S. J. (1994). Rape and sadomasochistic paraphilias. In J. Krivacska & J. Money (Eds.), *The handbook of forensic sexology: Biomedical and criminological perspectives* (pp. 104-125). Amherst, NY: Prometheus.
- Stermac, L. E., & **Sheridan, P. M.** (1993). The developmentally disabled adolescent sex offender. In H. E. Barbaree, W. L. Marshall, & S. M. Hudson (Eds.), *The juvenile sex offender* (pp. 235-242). New York: Guilford Press.

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Dr. Tweed received a Ph.D. in Clinical Psychology from York University in Toronto, ON and completed her pre-doctoral residency training at St. Joseph's Healthcare Hamilton (SJHH). Dr. Tweed's research interests include examining factors relevant to the treatment of eating disorders (e.g., emotion regulation, motivation, self-efficacy beliefs), as well as the prevention of disordered eating behaviours more generally. Dr. Tweed has co-authored a number of peer-reviewed journal articles and has presented her work at numerous international conferences.

**Selected Publications:**

- Laliberte, M. M., Balk, D., **Tweed, S.**, Smith, J. & Ghai, A. (2014). The impact of education on weight control beliefs. *Ethnicity and Inequalities in Health and Social Care*, *7*(2), 86-95.
- Tweed, S. R.** (2013). Group-based emotion focused therapy (EFT) for women with binge spectrum eating disorders in an outpatient setting: A preliminary comparison. *Dissertation Abstracts International: Section B: The Sciences and Engineering*, *75*(7-B).
- McVey, G., Gusella, J., **Tweed, S.**, & Ferrari, M. (2009). A controlled evaluation of web-based training for teachers and public health practitioners on the prevention of eating disorders. *Eating Disorders: The Journal of Treatment & Prevention*, *17*(1), 1-26.
- Davis, C., Patte, K., Levitan, R., Reid, C., & **Tweed, S.** (2007). From motivation to behaviour: A model of reward sensitivity, overeating, and food preferences in the risk profile for obesity. *Appetite*, *48*(1), 12-19.

- Davis, C., Patte, K., **Tweed, S.**, & Curtis, C. (2007). Personality traits associated with decision-making deficits. *Personality and Individual Differences*, 42(2), 279-290.
- Ferrari, M., **Tweed, S.**, Rummens, J. A., Skinner, H., & McVey, G. (2009). Health materials and strategies for the prevention of immigrants' weight-related problems. *Qualitative Health Research*, 19(9), 1259-1272.
- Kirsh, G., McVey, G., **Tweed, S.**, & Katzman, D. K. (2007). Psychosocial profiles of young adolescent females seeking treatment for an eating disorder. *Journal of Adolescent Health*, 40(4), 351-356.
- McVey, G., **Tweed, S.**, & Blackmore, E. (2007). Health Schools-Healthy Kids: A controlled evaluation of a comprehensive universal eating disorder prevention program. *Body Image*, 4(2), 115-136.
- McVey, G., Davis, R., **Tweed, S.**, & Shaw, B. F. (2004). Evaluation of a school-based program designed to improve body image satisfaction, global self-esteem, and eating attitudes and behaviors: A replication study. *International Journal of Eating Disorders*, 36(1), 1-11.

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Dr. Waechter received her Ph.D. in Clinical Psychology from the University of Waterloo. She completed her predoctoral residency at St. Joseph's Healthcare Hamilton (SJHH), and completed a postdoctoral fellowship at SJHH's Anxiety Treatment and Research Clinic. In her current role as a psychologist with the WSIB Specialty Clinic – Mental Health Program, Dr. Waechter focuses on integrating clinical practice, teaching and supervision, and research. She holds a part-time appointment as an Assistant Clinical Professor in the Department of Psychiatry and Behavioural Neurosciences at McMaster University. Clinically, Dr. Waechter's work focuses on providing comprehensive assessments and evidence-based treatment for individuals who have sustained a workplace psychological injury. Her main clinical interests involve trauma and stressor related disorders, anxiety and related disorders, mood disorders, and emotion dysregulation. Dr. Waechter's research interests include cognitive processes in the development, maintenance and treatment of anxiety and related disorders, as well as program evaluation and assessing

treatment outcomes. Dr. Waechter has published a number of peer-reviewed manuscripts and book chapters and has made numerous presentations both in the Hamilton community and at professional conferences.

### **Selected Publications**

Bielak, T., Moscovitch, D. A., & **Waechter, S.** (2018). Out of my league: Appraisals of anxiety and confidence in others by individuals with and without social anxiety disorder. *Journal of Anxiety Disorders*, 57, 76-83.

**Waechter, S.**, Moscovitch, D. A., Vidovic, V., Bielak, T., Rowa, K., & McCabe, R. E. (2018). Working memory capacity in social anxiety disorder: Revisiting prior conclusions. *Journal of Abnormal Psychology*, 127, 276-281.

**Waechter, S.**, Rowa, K., Milosevic, I., Shnaider, P., Antony, M.M., McCabe, R.E. (2017). Social anxiety and the accuracy of memory for childhood teasing frequency. *Journal of Cognitive Psychotherapy*, 31, 151-157.

Moscovitch, D.A., **Waechter, S.**, Bielak, T., Rowa, K., & McCabe, R.E. (2015). Out of the shadows and into the spotlight: Social blunders fuel fear of self-exposure in social anxiety disorder. *Journal of Anxiety Disorders*, 34, 24-32.

Moscovitch, D.A., Shaughnessy, K., **Waechter, S.**, Xu, M, Collaton, J., Nelson, A. L., Barber, K. C, Dean, J., Chiang, B., & Purdon, C. (2015). A model for recruiting clinical research participants with anxiety disorders in the absence of service provision: Visions, challenges, and norms in a Canadian context. *Journal of Nervous and Mental Disease*, 203, 943-957.

**Waechter, S.** & Stolz, J.A. (2015). Trait anxiety, state anxiety, and attentional bias to threat: Assessing the psychometric properties of response time measures. *Cognitive Therapy and Research*, 39, 441-458.

**Waechter, S.**, Nelson, A. L., Wright, C., Hyatt, A. & Oakman, J. (2014). Measuring attentional bias to threat: The reliability of dot probe and eye movement indices. *Cognitive Therapy and Research*, 38, 313-333.

## Adjunct Faculty and Supervisors

Biographies of adjunct faculty and supervisors are available on the residency program website, [www.stjoes.ca/psychology](http://www.stjoes.ca/psychology)

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

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**Gary Chaimowitz, M.D., FRCPC**

Psychiatrist & Clinical Director, Forensic Program, West 5<sup>th</sup> Campus

**Catherine Dool, M.A.**

Psychometrist, Clinical Neuropsychology Service, West 5<sup>th</sup> Campus

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