



CLINICAL PSYCHOLOGY RESIDENCY PROGRAM 2022-2023

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 5th 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 5th 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 5th Campus integrates inpatient and outpatient mental health programs alongside outpatient medical services, research facilities and academic partnerships. It is a place of hope and healing, of relationships and partnerships, and of visionary care.

St. Joseph's West 5th Campus opened in February 2014. 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

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

About Hamilton, Ontario



Nestled along the shores of Hamilton Harbour adjacent to the Niagara Escarpment, the City of Hamilton, with a population of 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
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 5th 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 5th 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

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 5th 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

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

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: Karen Rowa, Ph.D., C.Psych.
Randi E. McCabe, Ph.D., C.Psych.
Brenda Key, Ph.D., C.Psych.
Irena Milosevic, Ph.D., C.Psych.
Elizabeth Pawluk, Ph.D., C.Psych.
Jenna Boyd, Ph.D., C.Psych.

Adjunct Faculty: Jennifer Hewitt, Ph.D., C.Psych.

Availability: Major or Minor Rotation

Primary Location: Anxiety Treatment and Research Clinic (ATRC), West 5th 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 with panic disorder, agoraphobia, social anxiety, obsessive-compulsive disorder, posttraumatic stress disorder, and generalized anxiety disorder. Opportunities are also available for working with patients with other anxiety related difficulties (e.g., specific phobias, illness anxiety, hoarding disorder). Residents gain experience in clinical assessment using semi-structured interviewing techniques for anxiety and other disorders, report writing, liaison with other professionals, and individual and group treatments for anxiety disorders using evidence-based, cognitive behavioural treatments. Opportunities to conduct mindfulness-based cognitive therapy are also available. 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 and treatment issues. Residents are also expected to become familiar with the relevant research literature, participate in a weekly journal club, and participate in clinical research when possible.

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 and related disorders. Resident involvement in ongoing research is strongly encouraged. For more information about the ATRC, refer to the website: www.stjoes.ca/anxiety

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) 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. 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: 1) Early Intervention for early stage mental health difficulties; and 2) Transition Support for ongoing and complex cases among youth transitioning from child and adolescent services. Both streams are intended to ease and expedite access to services and resources, 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, consultation with other treating professionals, and individual and group treatments for youth 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. 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 the role of emotion dysregulation in the development and maintenance of psychopathology in youth, as well as developing youth specific mental health interventions (e.g., adapting cognitive-processing therapy for youth with PTSD). Resident involvement in ongoing research is strongly encouraged.

Eating Disorders

Core Faculty: Michele Laliberté, Ph.D., C.Psych.

Availability: Major or Minor Rotation

Primary Location: Eating Disorders Clinic, West 5th 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.
Bruno Losier, Ph.D., C. Psych.

Adjunct Faculty: Gary Chaimowitz, MD, FRCPC

Availability: Forensic Stream; Major or Minor Rotation

Primary Location: West 5th 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, an active outpatient service, as well three specialty 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 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 specialty 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.
Joseph Pellizzari, Ph.D., C.Psych.
Tyler Tulloch, Ph.D. C.Psych.
Adrijana Krsmanovic, Ph.D., C.Psych. (Supervised Practice)

Availability: Major or Minor Rotation

Primary Location: Charlton, King, and West 5th Campuses (see rotation description for location)

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. This rotation is based at the Charlton Site.

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 psychologists, psychiatrists, 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 also participate in ongoing CBT group interventions (e.g., CBT for perinatal anxiety, CBT for menopausal symptoms), in clinical/research team meetings, and in supervision to junior students. Opportunities to be involved in ongoing clinical research projects are present.

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 the Respiratory Rehabilitation Day Program (RRDP). This involves both individual and group-based modalities and working in an interprofessional model of care that includes respirologists, an occupational therapist, a physiotherapist, a social worker, and a respiratory therapist.

Reasons for psychological consultation include anxiety and mood-related concerns, adherence issues, adjustment difficulties, and smoking cessation. This rotation is located at the Charlton Site.

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, social workers, 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.

Behavioural Sleep Medicine (BSM)

The Behavioural Sleep Medicine rotation provides experiences with patients who have been referred by the Firestone Sleep Medicine Clinic who have insomnia with or without comorbid sleep and mental health disorders. Opportunities exist for learning semi-structured assessments for sleep disorders (e.g., Duke) as well as mental health disorders (e.g., Mini). The resident will engage in training in CBT for Insomnia in both individual and group format. An in-depth understanding and analysis of sleep logs (e.g., Consensus Sleep Diary) will also be part of the experience along with participation in sleep medicine rounds.

Multi-Care Kidney Clinic (MCKC) and Home Dialysis Program

The Multi-Care Kidney Clinic provides interdisciplinary care to outpatients with chronic kidney disease (CKD) up until that point when they either start dialysis, receive a living donor kidney transplant, or initiate palliative care. Many CKD patients have comorbid physical and mental health conditions such as diabetes, heart disease, fatigue, insomnia, and depression. CKD patients must adjust to numerous changes to their health and treatment plans as the disease progresses, and face many difficult decisions along the way, including whether or not to start dialysis, and which type to choose.

Residents in this rotation may work with patients before and/or after they initiate dialysis, and may support patients through this difficult transition period. Training opportunities may include: 1) psychological consultation to assess decisional conflict and provide decision-making support to pre-dialysis patients in the process of treatment-related decision-making; 2) brief individual cognitive-behavioural intervention with pre-dialysis patients to

decrease barriers to decision-making and/or home dialysis uptake; and 3) brief individual cognitive-behavioural intervention with home dialysis patients (either peritoneal dialysis or hemodialysis) to help manage comorbid mental health problems, including depression, anxiety, insomnia, interpersonal conflict, and adjustment- and adherence-related concerns. Residents may also have the opportunity to accompany the psychologist on home visits to observe therapy provided in the home setting, depending on COVID-19 restrictions. This rotation is based primarily at the King Campus, but may also involve some work at Charlton.

Mood Disorders

Core Faculty: Brenda Key, Ph.D., C.Psych.
Margaret McKinnon, Ph.D., C.Psych.
David Grant, 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: Abbie Coy, Ph.D., Psychometrist
Catherine Dool, M.A., Psychometrist
Margaret McKinnon, Ph.D., C.Psych.

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. Clinical training in the CNS encompasses practicum through to post-doctoral opportunities, and residents may have the opportunity to provide supervision to practicum students and/or undergraduate research students. Resident training is organized sequentially into an outpatient rotation and an inpatient rotation. Residents typically participate in 2 outpatient assessments per week in addition to co-leading an outpatient cognitive remediation group. During the inpatient rotation, residents are immersed in the role of psychologist as consultant in a medical/ psychiatric setting and conduct a variable number of consultations and brief inpatient assessments each week based on clinical demand and case complexity.

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 and behavioural intervention planning within the inpatient rotation.

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 through both outpatient and inpatient rotations. These specialized assessments allow residents to provide input related to differential diagnosis, prognosis, discharge planning, and treatment recommendations.

Faculty in the CNS also provide inpatient **psychiatric diagnostic assessment** services. 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 currently being delivered in the CNS include: Memory Boost, which focuses on memory in adult general psychiatric patients; 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 adults with a psychiatric diagnosis and subjective cognitive impairment, and a Menopause and the Brain group, a cognitive remediation group that addresses changes related to the menopausal transition. For all interventions, 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. Specific group opportunities will depend on resident's prior experience and availability of programming.

Additional Training Opportunities: Residents in the Neuropsychology Stream will spend a minimum of 50%, up to a maximum of 80%, of the training year, engaged in neuropsychology services. Stream residents will be required to attend the CNS triage meetings, Neuropsychology Seminar Series which includes several seminars that are combined with Geriatric Psychiatry Fellowship didactics and Behavioural Neurology didactics, and a minimum of five relevant Neurology/Neurosurgery rounds at the Hamilton General Hospital (via webcast or in person). These additional learning activities are also be available to residents completing a major or minor rotation, but would not be mandatory. *All residents* will present one clinical case during the neuropsychology seminar series.

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: Elmar Gardizi, Ph.D., C. Psych.
Jelena King, Ph.D., C.Psych.
Heather McNeely, Ph.D, C.Psych.

Availability: Major or Minor Rotation

Primary Locations: West 5th Campus

The Schizophrenia and Severe Mental Illness rotation is located within the Schizophrenia and Community Integration Service (SCIS), based at the West 5th Campus. The SCIS is the largest program within the Mental Health and Addictions Services and includes three 24-bed specialized inpatient units and a variety of outpatient services, including the Cleghorn Early Intervention Clinic and the Schizophrenia Outpatient Clinic (SOC) in addition to a transitional discharge / bridging program, four Assertive Community Treatment (ACT) Teams, a Community Treatment Order (CTO) program, centralized rehabilitation services and services devoted to supporting individuals with co-occurring psychiatric illness and intellectual developmental disability. Residents have the opportunity to train in both inpatient and outpatient services, and may focus on developing their skills in intervention and treatment and/or in psychodiagnostic/personality assessment, neuropsychological assessment, and cognitive remediation. Clinical services emphasize evidence-based interventions adherent with the Health Quality Ontario Treatment Standards for Adults with Schizophrenia.

Inpatient Services: The inpatient service offers specialized 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 an active part of the treatment team, attending weekly team meetings and offering diagnostic consultations and psychological treatment following a Cognitive Behaviour Therapy for Psychosis (CBT-p) approach. 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 depending on their level of background training, comprehensive neuropsychological assessment.

Outpatient Services: Residents outpatient activities occur predominantly within either the Cleghorn Early Intervention Clinic, or the Schizophrenia Outpatient Clinic, both based at the West 5th Campus. Minor or consultation experiences may be available to other outpatient programs within the SCIS on a case by case basis (e.g., consultation to ACTT).

The Cleghorn Early Intervention Clinic provides care to approximately 200 people experiencing early stages of psychosis. Clients may range in age from 16 to 35 years. 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, Cognitive Behaviour Therapy for psychosis (CBT-p) and common co-morbidities (e.g., mood, anxiety, trauma), 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. Research is available in the cognitive assessment and prediction of outcome in first episode psychosis.

The Schizophrenia Outpatient Clinic serves approximately 750 outpatients with schizophrenia and other psychotic disorders. While SOC functions on a case management model of care, the clinic adheres to HQO treatment standards, and actively incorporates self-management into standard case management encouraging and supporting clients to be active partners in their care and recovery journey. Residents have the opportunity to function as a psychological consultant, offering both assessment and intervention. Assessment includes psychodiagnostic assessment for complex presentations referred to SOC for specialized consultation, and may also include cognitive screening, or in-depth neuropsychological assessment, depending on the experience and training goals of the resident. Psychologists in SOC provide individual manualized CBT-p as well as integrative psychotherapy to outpatients on a referral basis. Research opportunities are available.

WSIB Specialty Clinic

Core Faculty: Stephanie Waechter, Ph.D., C.Psych.
 Colleen Merrifield, Ph.D., C.Psych.

Availability: Major or Minor Rotation

Primary Location: West 5th 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. 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 5, 2021**

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

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

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

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

At St. Joseph's Healthcare, Hamilton, we emphasize both depth of training within an area of primary interest, as well as breadth of training. Residents in the General Internship stream typically complete a primary major rotation (**ranked #1**), which represents an area in which they have achieved some experience and skill and wish to extend and refine those skills. Residents also complete a secondary major rotation (**ranked #2**) which may represent an additional area of depth training or an area of breadth training. Depending on interests and experience, some residents will complete a double major, with equal training experience in two substantive major rotations across the year. Applicants with an equal level of interest in two primary major rotations should indicate this preference in the cover letter. Many residents also complete a minor rotation (**ranked #3**) which is typically an area of breadth training.

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

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

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

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

FAQs about the SRF may be downloaded here:

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

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

****Due to the COVID-19 pandemic, all interviews this year will be held virtually on the days listed below.**

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

Our Program Code Numbers for the APPIC Match:

General Internship Stream: 184611

Neuropsychology Stream: 184612

Forensic Stream: 184613

Interview Notification Date: Friday December 3, 2021

Interviews will take place on the following dates:

Tuesday, January 11, 2022

Thursday, January 13, 2022

Monday, January 17, 2022

Wednesday, January 19, 2022
Friday, January 21, 2022

****Please note that interviews in January 2022 will all be conducted virtually****

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 of the Residency Program and other applicants, two individual interviews with at least two members of the training faculty and an opportunity to meet informally with several (if not all) of the current residents. 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 at least two other faculty members, and will be provided with contact information of current residents. 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

E-mail: 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 certificate 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. Her areas of clinical interest include neuropsychological assessment, psychotherapy after brain injury, and menopause in addition to clinical training and teaching. Dr. Ballantyne's treatment approach is client-centered and integrates cognitive-behavioural therapy and acceptance and commitment therapy.

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

Tel: 905-522-1155, ext. 36403
Fax: 905-521-6120
E-mail: pbieling@stjoes.ca



Dr. Bieling received his Ph.D. in 1997 from the University of British Columbia, and completed his internship at the Centre for Addiction and Mental Health (CAMH), in Toronto and a post-doctoral fellowship under Aaron T. Beck at the University of Pennsylvania in 1998. He is Associate Professor in the Department of Psychiatry and Behavioural Neurosciences and the 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.
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Selected Publications:

Shnaider, P., **Boyd, J.E.**, Duncan, C., & McCabe, R.E. (2021). The relationship between emotion regulation difficulties and PTSD outcomes during group Cognitive Processing Therapy for PTSD. *Psychological Services*, In Press.

Boyd, J.E., O'Connor, C., Protopopescu, A., Jetly, R., Lanius, R.A., McKinnon, M.C. (2020). The contributions of emotion regulation difficulties and dissociative symptoms to functional impairment among civilian inpatients with posttraumatic stress symptoms. *Psychological Trauma: Theory, Research, Practice, and Policy*, In Press.

Boyd, J.E., O'Connor, C., Protopopescu, A., Jetly, R., Rhind, S.G., Lanius, R.A., & McKinnon, M.C. (2019). An open-label feasibility trial examining the effectiveness of a cognitive remediation program, Goal Management Training, in individuals with posttraumatic stress disorder. *Chronic Stress*, 3, 1-13.

Boyd, J.E., Protopopescu, A., O'Connor, C., Neufeld, R.J.W., Jetly, R., Hood, H.K., Lanius, R.A., & McKinnon, M.C. (2018). Dissociative symptoms mediate the relation between PTSD symptoms and functional impairment in military members, veterans,

and first responders with PTSD. *European Journal of Psychotraumatology*, 9, 1463794.

Boyd, J.E., Lanius, R.A., & McKinnon, M.C. (2018). Mindfulness-based treatments for posttraumatic stress disorder: A review of the treatment literature and neurobiological evidence. *Journal of Psychiatry and Neuroscience*, 41, 7-25.

McKinnon, M.C., **Boyd, J.E.**, Frewen, P.A., Lanius, U.F., Jetly, R., Richardson, J.D., & Lanius, R.A. (2016). A review of the relation between dissociation, memory, executive functioning and social cognition in military members and civilians with neuropsychiatric conditions. *Neuropsychologia*, 90, 210-234.

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Dr. Caitlin Davey received her Ph.D. in clinical psychology from Ryerson University in 2015 and completed her residency at St. Joseph's Healthcare Hamilton, Department of Psychiatry and Behavioural Neurosciences, McMaster University. Dr. Davey is currently employed as a psychologist at the Mood Treatment and Research Centre where she completes psychological assessments for diagnostic clarification, personality assessments, as well as cognitive-behavioural group therapy. She also completes tasks related to program evaluation and quality assurance within the Mood Treatment and Research Centre. Her research interests primarily focus on the development, implementation and evaluation of culturally safe assessment and psychotherapeutic processes for Indigenous populations in Canada.

Selected publications:

Caropreso, L., Saliba, S., Hasegawa, L., Lawrence, J., **Davey, C. J.**, & Frey, B. N. (2020). Quality Assurance Assessment of a Specialized Perinatal Mental Health Clinic. *BMC Pregnancy & Childbirth*, 20.

Rouse, J., McShane, K. E., Usher, A., & **Davey, C. J.** (2017). 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. 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 first episode psychosis and traumatic brain injury.

Selected Publications:

- Gardizi, E.,** King, J.P., McNeely, H.E., & McDermid Vaz, S. (2019). Comparability of the WCST and WCST-64 in the assessment of first episode psychosis. *Psychological Assessment*, 31(2), 271-276.
- Gardizi, E.,** MacKillop, E., & Gaid, G. (2019). Self-injurious behaviour in a patient with dementia: A case report and literature review. *The Journal of Nervous and Mental Disease*, 207(1), 6-11.
- Gardizi, E.,** Czepita, A., Cole, E., Weatherston, B., Cooper, B., & Archie, S. (2017, May). Examining the predictors and sustainability of recovery for a 5-year early intervention program for psychoses: A research proposal. Poster presented at the Early Psychosis Intervention Ontario Network (EPION), Mississauga, Ontario.
- Gardizi, E.,** Wikkerink, S., & King, J. (2017, May). Specifying cut-off scores and identifying factors influencing validity testing in first episode psychosis using the Reliable Digit Span. Poster presented at the 29th Annual Research Day, Department of Psychiatry & Behavioural Neurosciences, McMaster University, Hamilton, Ontario.
- Gardizi, E.,** Hanks, R., Millis, S. R., & Figueroa, M. (2014). Comorbidity and insurance as predictors of disability following traumatic brain injury. *Archives of Physical Medicine and Rehabilitation*, 95(12), 2396-2401.
- Gardizi, E.,** Millis, S. R., Hanks, R., & Axelrod, B. (2012). Analysis of the Postconcussive Syndrome Questionnaire: Measuring the core construct of brain injury symptomatology. *The Clinical Neuropsychologist*, 26(6), 869-878.

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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.

Selected Publications:

- Parlar, M., Spilka, M., Gonzalez, D., Ballantyne, E., Dool, C., **Gojmerac, C.**, King, J., McNeely, H., and MacKillop, E. (2020). "You can't touch this": delivery of inpatient neuropsychological assessment in the era of COVID-19 and beyond. *Clinical Neuropsychologist*, Sept 10: 1-16.
- King, J.P., **Gojmerac, C.B.**, & McNeely, H.E. (2015). Psychological Assessment of Borderline Personality Disorder in Geriatric Patients. In A. Hategan, J.A. Bourgeois, & G.L. Xiong (Eds.), *Borderline Personality Disorder in Older Adults: Emphasis on Care in Institutional Settings* (pp. 51-58), Nova Science Publishers, Inc.
- Waserman, J., Saperson, K., **Gojmerac, C.**, and Stanzlik-Elliot (2015). Suicidality in Geriatric Borderline Personality Disorder: Clinical Approaches and Management. In A. Hategan, J.A. Bourgeois, & G.L. Xiong (Eds.), *Borderline Personality Disorder in Older Adults: Emphasis on Care in Institutional Settings* (pp. 71-80), Nova Science Publishers, Inc.
- 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.
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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.

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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 (within Behavioural Sleep Medicine) at St. Joseph's Healthcare. Dr. Green is an Associate Professor in the

Department of Psychiatry and Behavioural Neurosciences at McMaster University and Associate Director of Clinical Training for the Research and Clinical Training Stream, Department of Psychology. Dr. Green's clinical interests include cognitive behavioural and mindfulness-based interventions for depression, anxiety, and health-related difficulties. Research interests include women's mental health across the reproductive timeline, developing cognitive-behavioural treatment protocols for specialized populations, and understanding treatment outcomes related to CBT for insomnia. Dr. Green actively supervises psychology post-docs and residents, psychiatry residents, psychology practicum students and CBS students within McMaster University. She has several publications in peer-reviewed journals, has presented at numerous national and international conferences, and has co-authored two books.

Selected Publications:

- Green, S. M.**, Donegan, E., Agako, A., McCabe, R. E., Streiner, D., & Frey, B. N. (2020). Cognitive behavioral therapy for perinatal anxiety: A randomized controlled trial. *Australian and New Zealand Journal of Psychiatry*.
- Green, S. M.**, Donegan, E., McCabe, R. E., Fedorkow, D., Streiner, D., & Frey, B. N. (2020). Evaluating objective versus subjective outcomes in vasomotor symptoms following cognitive behavioural therapy. *Climateric*.
- Green, S. M.**, Frey, B. N., Donegan, E., & McCabe, R. E. (2019). Cognitive behavioral therapy for anxiety and depression during pregnancy and beyond: How to manage symptoms and maximizing well-being. (Routledge Publications: New York, NY)
- Goldfinger, C., **Green, S. M.**, Furtado, M., & McCabe, R. E. (2019). Examining worry content in a perinatal sample with generalized anxiety disorder. *Journal of Clinical Psychology & Psychotherapy*.
- Green, S. M.**, Donegan, E., Frey, B. N., Fedorkow, D., Streiner, D., Key, B., & McCabe, R. E. (2019). Cognitive behavioral therapy for menopausal symptoms (CBT-Meno): A randomized controlled trial. *North American Menopause Society-NAMS*.
- Furtado, M., VanLieshout, R. J., VanAmerigan, M., **Green, S. M.**, & Frey, B. N. (2019). Biological and psychosocial predictors of anxiety worsening in the postpartum period: A longitudinal study. *Journal of Affective Disorders*, 250, 218-225.
- Green, S. M.**, Key, B. L., & McCabe, R. E. (2015). Cognitive behavioral, behavioral and mindfulness based therapy for menopausal depression: A review *Maturitas*, 80, 37-47.
- Green, S. M.**, McCabe, R., & 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).

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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. In his current role at the Youth Wellness Centre, he provides assessment and treatment services, research, program development and evaluation, and clinical supervision. Dr. Hatchard is also a full-time assistant professor in the Department of Psychiatry and Behavioural Neurosciences at McMaster University. 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 2SLGBTQIA+ community.

Selected Publications:

Hatchard, T., Mioduszewski, O., Khoo, E.L., Romanow, H., Shergill, Y., Tennant, E.M., Leeming, A., Fang, Z., Poulin, P., & Smith, A.M. (2021). Reduced emotional reactivity in breast cancer survivors with chronic neuropathic pain following Mindfulness-Based Stress Reduction (MBSR): an fMRI pilot investigation. *Mindfulness*, 12, 751-762. DOI: doi.org/10.1007/s12671-020-01546-9.

Smith, A.M., Leeming, A., Fang, Z., **Hatchard, T.**, Mioduszewski, O., Schneider, M.A., *Ferdossifard, A., Shergill, Y., Khoo, E., & Poulin, P. (2020). Mindfulness-based stress reduction alters brain activity for breast cancer survivors with chronic neuropathic pain: preliminary evidence from resting-state fMRI. *Journal of Cancer Survivorship*. DOI: doi.org/10.1007/s11764-020-00945-0

Mioduszewski, O., **Hatchard, T.**, Fang, Z., Khoo, E.L., Small, R., Tennant, E.M., Romanow, H., Shergill, Y., Schneider, M.A., *Browne, N., Poulin, P., & Smith, A.M. (2020). Breast Cancer Survivors Living with Chronic Neuropathic Pain Show Improved Brain Health Following Mindfulness Based Stress Reduction: A

- Preliminary Diffusion Tensor Imaging Study. *Journal of Cancer Survivorship*. DOI: doi.org/10.1007/s11764-020-00903-w.
- Phillips, J.L., Norris, S., Talbot, J., Birmingham, M., **Hatchard, T.**, Ortiz, A., Owoeve, O., Batten, L. & Blier, P. (2020). Single, repeated, and maintenance ketamine infusions for treatment-resistant depression: a randomized controlled trial. Reprinted in *FOCUS*, 18, 236-243. DOI: doi.org/10.1176/appi.focus.18206
- Hatchard, T.**, Byron-Alhassan, A., Mioduszewski, O., Holshausen, K., *Correia, S., Leeming, A., Ayson, G., *Chiasson, C., Fried, P., Cameron, I., & Smith, A. (2020). Working overtime: Altered functional connectivity in working memory following regular cannabis use in young adults. *International Journal of Mental Health and Addiction*. DOI: doi.org/10.1007/s11469-020-00226-y.
- Phillips, J.L., Norris, S., Talbot, J., **Hatchard, T.**, Ortiz, A., Birmingham, M., Owoeve, O., Batten, L. & Blier, P. (2020). Single and Repeated Ketamine Infusions for Reduction of Suicidal Ideation in Treatment-Resistant Depression. *Neuropsychopharmacology*, 45, 606-612. DOI: doi:10.1038/s41386-019-0570-x.
- Phillips, J.L., Norris, S., Talbot, J., Birmingham, M., **Hatchard, T.**, Ortiz, A., Owoeve, 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.

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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. 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 as a full-time Assistant Clinical Professor 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:

- Losier, B., Jongsma, K., **King, J.P.** & McNeely, H. E. (2021). Cognitive Assessment in Medical Settings. *McMaster Textbook of Internal Medicine*. Kraków: Medycyna Praktyczna. <https://empendium.com/mcmtextbook/chapter/B31.II.21.29>
- Parlar, M.E., Spilka, M.J., Wong Gonzalez, D., Ballantyne, E.C., Dool, C., Gojmerac, C., **King, J.**, HcNeely, H., & MacKillop, E. (in press). "You can't touch this": Delivery of inpatient neuropsychological assessment in the era of COVID-19 and beyond. *The Clinical Neuropsychologist*. <https://doi.org/10.1080/13854046.2020.1810324>
- King, J. P.**, Ballantyne, E. & McNeely, H.E. (2020). Stress Awareness and Management in Medical Settings. In: Humanism and Resilience in Residency Training: A Guide to Physician Wellness. In: A. Hategan, K. Saperson, S. Harms, H. Waters, Eds. Switzerland: Springer, pp.219- 245.
- King, J. P.**, Ballantyne, E. & McNeely, H.E. (2020). Cognitive and Mindfulness Conceptualization. In: Humanism and Resilience in Residency training: A Guide to Physician Wellness. Editors: A. Hategan, K. Saperson, S. Harms, H. Water. Eds. Switzerland: Springer. pp. 273-296.
- Wilkins, L. K., Girard, T. A., Christensen, B. K., **King, J.**, Kiang, M., & Bohbot, V. D. (2019). Spontaneous spatial navigation circuitry in schizophrenia spectrum disorders. *Psychiatry Research*, 278, 125-128. doi: 10.1016/j.psychres.2019.05.032
- McNeely, H.E. & **King, J.P.** (2019). *Neuropsychology and the Geriatric Inpatient*. In: H. Fenn, A. Hategan, A. & J. A. Bourgeois, Eds. Inpatient Geriatric Psychiatry. Switzerland: Springer.
- King, J.P.**, McNeely, H.E., & Ballantyne, E. (December 2018). Promoting healthier thinking to build resilience. RESPITE; <https://respite.machealth.ca/>
- Gardizi, E., **King, J.P.**, McNeely, H.E., & Vaz, S.M. (2018). Comparability of the WCST and WCST-64 in the assessment of first-episode psychosis. *Psychological Assessment*, 31(2), 271-276. <http://dx.doi.org/10.1037/pas0000670>
- 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

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- 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.

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Dr. Krsmanovic received her Ph.D. in clinical psychology from Queen's University in 2020. She completed her pre-doctoral residency at Queen Elizabeth II Health Sciences Centre in Halifax, Nova Scotia. She is currently working as a psychologist in supervised practice in the Pain Clinic at St. Joseph's Healthcare Hamilton (King Campus). Dr. Krsmanovic's clinical interests include assessment, treatment, and consultation with individuals with chronic pain and chronic illness. Dr. Krsmanovic's research focuses on understanding the biopsychosocial impact of chronic conditions on individual well-being and quality of life.

Selected Publications:

Davidson, J. R., Dawson, S., & **Krsmanovic, A.** (2019). Effectiveness of group cognitive behavioral therapy for insomnia (CBT-I) in a primary care setting. *Behavioral Sleep Medicine*, 17(2), 191-201. <https://doi.org/10.1080/15402002.2017.1318753>

Tripp, D. A., Nickel, J. C., **Krsmanovic, A.**, Pontari, M., Moldwin, R., Mayer, R.,

- Carr, L. K., Yang, C. C., & Nordling, J. (2016). Depression and catastrophizing predict suicidal ideation in tertiary care patients with interstitial cystitis/bladder pain syndrome. *Canadian Urological Association Journal*, 10(11-12), 383-388. <https://doi.org/10.5489/cuaj.3892>
- Krsmanovic, A.**, Tripp, D. A., Nickel, J. C., Shoskes, D. A., Pontari, M., Litwin, M. S., & McNaughton-Collins, M. F. (2014). Psychosocial mechanisms of the pain and quality of life relationship for chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS). *Canadian Urological Association Journal*, 8(11-12), 403-408. <https://doi.org/10.5489/cuaj.2179>
- Tripp, D. A., Nickel, J. C., Katz, L., **Krsmanovic, A.**, Ware, M. A., & Santor, D. (2014). A survey of cannabis (marijuana) use and self-reported benefit in men with chronic prostatitis/chronic pelvic pain syndrome. *Canadian Urological Association Journal*, 8(11-12), E901-E905. <https://doi.org/10.5489/cuaj.2268>

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Dr. Laliberte is Assistant Professor in the Department of Psychiatry and Neurosciences and Associate Member of the Department of Psychology, Neuroscience and Behaviour at McMaster University in Hamilton, Ontario, Canada. She is also the Lead of the outpatient adult Eating Disorders Program at St. Joseph's Healthcare in Hamilton. She received her Ph.D. from Queen's University in Kingston, Ontario where she established a CBT group-based treatment program for adolescents with eating disorders. Currently, she directs a CBT-based program for adults with eating disorders which offers both group-based CBT and individual CBT-e for transition-aged youth (ages 16-22). The program also offers specialized group treatment for binge eating disorder. Dr. Laliberte has trained numerous health care professionals in both individual and group CBT treatment for eating disorders. She is a member of the steering committee for the provincially funded eating disorder programs where she co-chairs the program evaluation special interest group. She has published on the role of weight control beliefs and on family factors that predict disturbed eating, and has presented at international conferences on eating disorders. She has published a book on weight management, *The Cognitive Behavioral Workbook for Weight Management: A Step-by-Step Program*, with colleagues Randi McCabe and Valerie Taylor. She has also developed treatment manuals for Binge Eating Disorder, Eating Disorders and Body Image that are used in programs across Ontario. She is currently

researching factors associated with recovery and relapse in the treatment of disordered eating. In addition to her administrative, teaching and research activities, Dr. Laliberte also maintains a private practice in eating disorders.

Selected Publications:

Ghai, A., Milosevic, I., **Laliberte**, M., Taylor, V.H., McCabe, R.E. (2014). Body image concerns in obese women seeking bariatric surgery. Ethnicity and Inequalities in Health and Social Care, 7.2, 96-107.

Laliberte, M., Balk, Tweed, S., D., Smith, J. & Ghai, A. (2014). The impact of education on weight control beliefs. Ethnicity and Inequalities in Health and Social Care, 7.2, pp. 86 - 95

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 and 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.

Naish, K., **Laliberte**, M. MacKillop, J., & Balodis, I. (2018). Systematic review of the effects of acute stress in binge eating disorder. European Journal of Neuroscience, 50(3), 2415-2429.

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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 psychologist in the Forensic Psychiatry Program, West 5th campus, St. Joseph's Healthcare Hamilton hospital. As a Forensic Psychologist and Clinical Neuropsychologist,

he is involved in many aspects of psychological service delivery including court ordered assessment (Not Criminally Responsible, Section 21/22, Fitness to Stand Trial, etc.), risk for recidivism assessment, and 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 and graduate psychology research programs. Additionally, he regularly facilitates tutorials for undergraduate medical students. His recent clinical and research interests include an examination of rTMS technology in the management of severe mental illness, rTMS technology as a cognitive enhancement protocol, and psychological factors influencing jury decision making. A key research focus is Moral Injury in individuals found Not Criminally responsible. He sits on a number of departmental and program committees (e.g. chair of Psychiatry Grand Rounds committee, 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.

Selected Publications:

- Roth, S, Qureshi, A., Moulden, H.M., **Losier, B.**, McKinnon, M. Moral Injury in forensic psychiatry: A qualitative investigation into the moral-affective experiences of offenders with mental illness (Submitted)
- Johnston, A, **Losier, B.**, Ambrosini, D An investigation on the impact of the illusory truth effect on juror decision making process: Is it better to early or late when it comes to critical evidence? (Submitted)
- 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

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

Selected Publications:

MacKillop, E. & McCabe, R.E. (in press). Structuring and delivering group CBT in acute inpatient settings. In Bieling, P.J., McCabe, R.E., & Antony, M.M. (Eds.). *Cognitive behavioral therapy in groups, 2nd Edition*. New York, NY: Guilford Publications.

Parlar, M., **MacKillop, E.**, Petker, T., Murphy, J., & MacKillop, J. (2021). Cannabis use, age of initiation, and neurocognitive performance: Findings from a large sample of high-risk drinking emerging adults. *Journal of the International Neuropsychology Society*.

Parlar, M., Spilka, M. Wong Gonzalez, D., Ballantyne, E., Dool, C., Gojmerac, C., King, J., McNeely, H., & **MacKillop, E.** (2020). "You can't touch this:" Delivery of inpatient neuropsychological assessment in the era of COVID-19 and beyond. *The Clinical Neuropsychologist*, 1-16.

- Mullally, K., McLachlan, K., Pei, J., **MacKillop, E.** (2020). Performance validity testing in justice-involved adults with fetal alcohol spectrum disorder. *Journal of the International Neuropsychological Society*, 1-13.
- Gardizi, E., **MacKillop, E.**, & Gaid, G. (2019). Self-Injurious Behaviour in a Patient with Dementia: A Case Report and Literature Review. *Journal of Nervous and Mental Disease*, 207(1), 6-11.
- MacKillop, E.** & Chaimowitz, G. (2016). Correctional Settings. In Hategan, A., Bourgeois, J.A., & Hirsch, C. H. (Eds), *On-Call Geriatric Psychiatry*, pp. 295-303. Springer International: Switzerland.

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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 Associate Professor (PT) 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. Her particular interests are in area of female offending, hostage negotiations, violent offending, and risk prediction.

Selected Publications:

- Vedelago, L., Balodis, I., McLachlan, K., Moulden, H., Morris, V., Marsden, E., **Mamak, M.**, Chaimowitz, G., MacKillop, J., Amlung M. (2021). Deficits in reward decision-making on the Iowa Gambling Task in justice-involved adults. (Preprint) 10.31234/osf.io/xt59h
- Watts, D., Moulden, H., **Mamak, M.**, Upfold, C., Chaimowitz, G., Kapczynski, F. (2021). Predicting offenses among individuals with psychiatric disorders – a machine learning approach. *Journal of Psychiatric Research*, In press.
- Gatner, D.T., Moulden, H.M., **Mamak, M.**, Chaimowitz, G.A. (2021). A Risk of What? Understanding Forensic Psychiatric Inpatient Aggression through a Violence Risk Scenario Planning Lens. *International Journal of Forensic Mental Health*, DOI: 10.1080/14999013.2021.1899343
- Battaglia AM, Gicas KM, Rose AL, **Mamak M**, Goldberg JO. (2021). Aggressive Personality and Aggressive Incidents: A Pilot Investigation of the Personality Assessment Inventory within Forensic Psychiatry. *The Journal of Forensic Psychiatry and Psychology*, DOI:10.1080/14789949.2020.1867225
- Chaimowitz, G. A., **Mamak, M.**, Olagunju, A. T. (2020) Aggressive Incidents Scale (AIS) – A measure of aggression that manages violence risk. *Rossliskii psikhlatricheskii zhurnal (Russian Journal of Psychiatry)*. (6):36-44
- Chaimowitz, G. A., Upfold, C., Gea, L. P., Qureshi, A., Moulden, H. M., **Mamak, M.**, Bradford, J. M. W. (2020). Stigmatization of psychiatric and justice-involved populations during the COVID-19 pandemic. *Progress in Neuropsychopharmacology and Biological Psychiatry*. 106:110150
- Healey, L., Mullaly, K., **Mamak, M.**, Chaimowitz, G., Ahmed, A., Seto, M. (2020). Short-term clinical risk assessment and management: Comparing the Brockville Risk Checklist and Hamilton Anatomy of Risk Management, *Behavioral Sciences and the Law*, Special Edition Article, 1-16. DOI: 10.1002/bsl.2479
- Moulden, H. M., **Mamak, M.**, & Chaimowitz, G. (2020). A preliminary evaluation of the effectiveness of dialectical behaviour therapy in a forensic psychiatric setting. *Criminal Behaviour and Mental Health*.

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Dr. McCabe is a clinical psychologist and Director of Mood, Anxiety and Senior's Mental Health Programs at St. Joseph's Healthcare Hamilton. She is also a Professor in the Department of Psychiatry and Behavioural Neurosciences at McMaster University where she is the Academic Head of the Anxiety Division 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 related disorders. Dr. McCabe has over 170 published articles and book chapters focused primarily in the area of anxiety 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)*, *The Cognitive Behavioral Workbook for Menopause (2012)*, and *Cognitive Behavioral Therapy for Anxiety and Depression during Pregnancy and Beyond (2018)*. She also coauthored *Cognitive Behavioural Therapy in Groups (third edition currently in press)* and 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. Dr. McCabe is past president of the Canadian Association of Cognitive and Behavioural Therapies (CACBT) and was involved in developing national credentialing standards for CBT in Canada. Her current funded research is focused on the relationship between cannabis use and anxiety as well as the validation of the Diagnostic Assessment Research Tool (DART). In recognition of her contributions to the field, Dr. McCabe was elected Fellow status in the Canadian Psychological Association (2016), the Association of Cognitive and Behavioral Therapies (2017), and CACBT (2018).

Selected Publications (past year):

- Lento Agako, A., Donegan, E., **McCabe, R.E.**, Frey, B.N., Streiner, D., & Green, S.M. (in press) The role of emotion dysregulation in cognitive behavioural group therapy for perinatal anxiety: Results from a randomized controlled trial and routine clinical care. *Journal of Affective Disorders*.
- Milosevic, I., Cameron, D.H., Milanovic, M., **McCabe, R.E.**, & Rowa, K. (in press). Face-to-Face vs. Video Teleconference Group Cognitive Behavioural Therapy for Anxiety and Related Disorders: A Preliminary Comparison. *The Canadian Journal of Psychiatry*.
- Green, S.M., Donegan, E., **McCabe, R.E.**, Streiner, D.L., Furtado, M., Noble, L., Agako, A., Frey, B.N. (in press). Cognitive behaviour therapy for women with generalized anxiety disorder in the perinatal period: Impact on problematic behaviors. *Behaviour Therapy*.
- Pawluk, E. J., Musielak, N., Milosevic, I., Rowa, K., Shnaider, P., Schneider, L. H., Antony, M. M., & **McCabe, R. E.** (in press). *Psychometric properties of the Diagnostic Assessment Research Tool (DART) Self-Report Screener for DSM-5 mental disorders*. *Journal of Psychopathology and Behavioral Assessment*.
- Ouellette, M., Rowa, K., Soreni, N., Elcock, A., & **McCabe, R.E.** (in press). Exposure to stressful and traumatic life events in hoarding: Comparison to clinical controls. *Journal of Clinical Psychology*.

- Shnaider, P., Boyd, J.E., Cameron, D.H., & **McCabe, R.E.** (in press). The relationship between emotion regulation difficulties and PTSD outcomes during group Cognitive Processing Therapy for PTSD. *Psychological Services*.
- Elgie, M., Cameron, D.H., Rowa, K., Hall, G.B., **McCabe, R.E.**, MacKillop, J., Crosbie, J., Burton, C.L., & Soreni, N. (in press). Investigating Executive Functions in Youth with OCD and Hoarding Symptoms. *Bulletin of the Menninger Clinic*.
- Bieling, P.J., **McCabe, R.E.**, & Antony, M.M. (in press). *Cognitive behavioral therapy in groups, 2nd edition*. New York, NY: Guilford Publications.
- McCabe, R.E.**, Capobianco, L., & Antony, M.M. (in press). Anxiety and fear-related disorders: Social anxiety and specific phobias. In A. Tasman, M.B. Riba, T.G. Schulze, C.H. Ng, C.A., Alfonso, D. Lecici-Tosevski, S.Kanba, R.D., Alarcon, & D.M.Ndetei (Eds.), *Psychiatry fifth edition*. Springer.
- Hassan, R., **McCabe, R.E.**, Lahat, A., Rowa, K., & Schmidt, L.A. (2021). Shyness and anxiety: Protective role of approach-related motivations. *Personality and Individual Differences, 178*, 110859. <https://doi.org/10.1016/j.paid.2021.110859>
- Guzick, A.G., **McCabe, R.E.**, & Storch, E.A. (2021). A review of motivational interviewing in cognitive behavioral therapy for obsessive-compulsive disorder. *Journal of Cognitive Psychotherapy, 35*, 116-132.
- Levitt, E. E., Syan, S. K., Sousa, S., Costello, M. J., Rush, B., Samokhvalov, A. V., **McCabe, R. E.**, Kelly, J., & MacKillop, J. (2021). Optimizing screening for depression, anxiety disorders, and post-traumatic stress disorder in inpatient addiction treatment: A preliminary investigation. *Addictive Behaviors, 112*, <https://doi.org/10.1016/j.addbeh.2020.106649>
- Tsekova, V., Lenton-Brym, A.L., Rogojanski, J., Hood, H.K., Vorstenbosch, V., **McCabe, R.E.**, & Antony, M.M. (2021). Psychometric properties of the Ryerson social anxiety scales in individuals with social anxiety disorder. *Anxiety, Stress and Coping, 6*, 1-12.
- Gros, D., Merrifield, C., Hewitt, J., Elcock, A., Rowa, K., & **McCabe, R.E.** (2021). Preliminary findings for group transdiagnostic behavior therapy (TBT) in adolescents. *American Journal of Psychotherapy, 74*, 36-39.
- Pawluk, L., & **McCabe, R.E.** (2021). Cognitive Behavioral Group Therapy. In A. Wenzel (Ed.) *APA Handbook of Cognitive Behavioral Therapy, pp 467-498*. Washington, D.C.:American Psychiatric Association Publishing.

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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 the Homewood Chair in Mental Health and Trauma and an Associate Professor and Associate Chair, Research in the Department of Psychiatry and Behavioural Neurosciences at McMaster University. She also serves as the Mental Health and Addictions Research Lead at St. Joseph's Healthcare Hamilton and as a Senior Scientist at Homewood Research Institute. Finally, Dr. McKinnon is the Director of Clinical Training for the Research and Clinical Training program stream in the Department of Psychology, Neuroscience and Behavior at McMaster University. Work in Dr. McKinnon's laboratory focuses on identifying the neural and behavioural correlates of PTSD and trauma-related illnesses and on translating this knowledge to the development and testing of novel treatment interventions aimed at reducing the cognitive and affective sequelae of these conditions. Dr. McKinnon has a special interest in military, veteran and first responder populations, and has worked with these groups clinically and in her research program. Her program of research is funded by the Canadian Institutes of Health Research, the Worker's Safety Insurance Board of Ontario, the Canadian Institute of Military and Veterans Health Research and Defence Canada.

Selected Publications:

McKinnon, M.C., Palombo, D., Nazarov, A., Kumar, N., Khuu, W., & Levine, B. (2015). Threat of death and autobiographical memory: A study of the passengers of Flight AT236. *Clinical Psychological Science*, 3(4), 487-502.
doi:10.1177/2167702614542280.

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. McNeely completed her Ph.D. at the University of Waterloo, followed by 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 and McMaster University in 2005, she has held a number of educational leadership roles. She is currently an Associate Professor, Director of Interprofessional Faculty Development and 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 Neuroscience graduate 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:

- Khalesi, Z, Brooke, C, Jetha, M, **McNeely, H.E**, Goldberg, J.O., Schmidt, L.A. (2021) Revisiting shyness and sociability in schizophrenia: An examination of measurement invariance and mean level differences. *Journal of Personality Assessment*. DOI: 10.1080/00223891.2021.1895183
- Parlar, M.E., Spilka, M.J., Wong Gonzalez, D., Ballantyne, E.C., Dool, C., Gojmerac, C., King, J., **McNeely, H.**, MacKillop, E. (2020). "You Can't Touch This": Delivery of Inpatient Neuropsychological Assessment in the Era of COVID-19 and Beyond. *The Clinical Neuropsychologist*, DOI: 10.1080/13854046.2020.1810324
- Milanovic, M., **McNeely, H.E.**, Qureshi, A., McKinnon, M. & Holshausen, K. (*In Press*). Evidence-based treatments for depression: Effects on neurocognition and adaptations for neurocognitive impairments. In S. McClintock and J. Choi (Eds.), *Neuropsychological assessment and treatments for depression*. New York, NY: Guilford Press. Guilford Press.
- McNeely, H.E.** & King, J.P. (2019). Neuropsychology and the Geriatric Inpatient. In: Fenn, H., Hategan, A. & Bourgeois, Eds. *Inpatient Geriatric Psychiatry*. Springer
- Gardizi, E., King, J.P., **McNeely, H.E.**, & Vaz, S.M. (2018). Comparability of the WCST and WCST-64 in the assessment of first-episode psychosis. *Psychological Assessment*, doi: 10.1037/pas0000670
- 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*
- 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
- 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.
- Mayberg, H., Lozano, A.M., Voon, V., Kennedy, S.K., **McNeely, H.E.**, Hamani, C., Schwalb, J.M., Seminowicz, D. (2005). Deep brain stimulation for treatment-resistant depression. *Neuron*, 45, 1-10.

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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. Dr. Merrifield recently joined the WSIB Specialty Clinic. Dr. Merrifield was previously a psychologist in the Mood Disorders Program after completing 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 WSIB Specialty 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

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Dr. Milosevic received a Ph.D. in Clinical Psychology from Concordia University and completed a pre-doctoral residency at St. Joseph's Healthcare Hamilton. She is currently a psychologist at the Anxiety Treatment and Research Clinic at St. Joe's, 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, as well factors related to the phenomenology of these 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:

- Milosevic, I.**, Cameron, D. H., Milanovic, M., McCabe, R. E., Rowa, K. (in press). Face-to-face vs. video teleconference group cognitive behavioural therapy for anxiety and related disorders: A preliminary comparison. *The Canadian Journal of Psychiatry*.
- Pawluk, E. J., Musielak, N., **Milosevic, I.**, Rowa, K., Shnaider, P., Schneider, L. H., Antony, M. M., & McCabe, R. E. (in press). An evaluation of the Diagnostic Assessment Research Tool (DART) Screener for DSM-5 disorders. *Journal of Psychopathology and Behavioral Assessment*.
- 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.
- 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.
- 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. Joe's, an Associate Clinical Professor with the Department of Psychiatry and Behavioural Neurosciences, and Associate Member in the Department of Psychology, Neuroscience and Behaviour at McMaster University. Her research and clinical interests include problematic sexual behaviour, enhancing forensic rehabilitation, and diagnostic issues relevant to risk and treatment. She is a Fellow of the *Association for the Treatment of Sexual Abusers*, and co-editor of the Sexual Deviance section of the journal, *Current Psychiatry Reports*.

Recent Publications:

- Chaimowitz, G., **Moulden, H. M.**, Upfold, C., Mullally, K., & Mamak, M. (in press). The Ontario Forensic Mental Health System: A Population-Based Review. *Canadian Journal of Psychiatry*.
- Roth, S., Qureshi, A., **Moulden, H.M.**, Chaimowitz, G., Lanius, R., Losier, B., & McKinnon, M. (in press). "Trapped in their shame": A qualitative investigation of moral injury in forensic psychiatry patients. *Criminal Justice and Behaviour*.
- Watts, D., **Moulden, H. M.**, Mamak, M., Upfold, C., Chaimowitz, G., & Kapczynski, F. (2021). Predicting offenses among individuals with psychiatric disorders – A machine learning approach. *Journal of Psychiatric Research*, 138 (146-154).
- Gatner, D. T., **Moulden, H. M.**, Mamak, M., & Chaimowitz, G. (2021). At risk of what? Understanding forensic psychiatric inpatient aggression through a violence risk scenario planning lens. *International Journal of Forensic Mental Health*.
- Chaimowitz, G. A., Upfold, C., Géa, L., Qureshi, A., **Moulden, H. M.**, Mamak, M., Bradford, J. M. W. (2020). Stigmatization of psychiatric and justice-involved populations during the COVID-19 pandemic. *Progress in Neuropsychopharmacology & Biological Psychiatry*.
- Moulden, H. M.**, Mamak, M., & Chaimowitz, G. (2020). A preliminary evaluation of the effectiveness of Dialectical Behaviour Therapy in a forensic psychiatric setting. *Criminal Behaviour and Mental Health*.
- Chaimowitz, G. A., Mamak, M., **Moulden, H. M.**, Furimsky, I., & Olagunju, A. T. (2020). Implementation of risk assessment tools in psychiatric services. *Journal of Healthcare Risk Management*.
- Moulden, H. M.**, Firestone, P., & Marshall, W.L. (2020). Social competence in men who sexually offend against children: Testing an integrated model. *Journal of Sexual Medicine*.
- Bouchard, K., **Moulden H. M.**, & Lalumiere, M. (2019). Assessing paraphilic interests among women who sexually offend. *Current Psychiatry Review*, 21: 121.
- Bertsch, I., Cochez, F., **Moulden, H. M.**, Prat, S., Lambert, H., Lassagne, G., Lamballais, C., Defache, L., Pelletier, M., & Courtois, R. (2019). Comparaison franco-canadienne du développement des Cercles de soutien et de responsabilité (CSR) pour la prévention du risque de récidive des délinquants sexuels. *International Journal of Risk and Recovery*, 2 (2), 25-35.
- Vedelago, L., Amlung, M., Morris, V., Petker, T., Balodis, I., McLachlan, K., Mamak, M., **Moulden, H. M.**, Chaimowitz, G., & MacKillop, J. (2019). Technological Advances in

the Assessment of Impulse Control in Offenders: A Systematic Review. *Behavioral Sciences & the Law*, 37 (4), 435-451.

Bertsch, I., Cochez, F., **Moulden, H. M.**, Prat, S., Lambert, H., Lassagne, G., Lamballais, C., Defache, L., Pelletier, M., & Courtois, R. (2019). Comparaison franco-canadienne du développement des Cercles de soutien et de responsabilité (CSR) pour la prévention du risque de récidive des délinquants sexuels. *International Journal of Risk and Recovery*. doi.org/10.15173/ijrr.v2i2.3901

Vedelago, L., Amlung, M., Morris, V., Petker, T., Balodis, I., McLachlan, K., Mamak, M., **Moulden, H. M.**, Chaimowitz, G., & MacKillop, J. (2019). Technological Advances in the Assessment of Impulse Control in Offenders: A Systematic Review. *Behavioral Sciences & the Law*. doi.org/10.1002/bsl.2420

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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 (SJHH) as well as a postdoctoral fellowship at the Anxiety Treatment and Research Clinic at SJHH and the Digestive Diseases Clinic at McMaster University Medical Centre. She is currently working as the Network Clinical Lead (West Region) for the Ontario Structured Psychotherapy Program, a provincial program focused on increasing access to evidence-based psychotherapy for depression, anxiety, and anxiety-related conditions. She is also an Assistant Professor (PT) in the Department of Psychiatry and Behavioural Neurosciences at McMaster University. She previously worked as a clinical and health psychologist in the Bariatric and Chronic Pain Clinics at SJHH. Dr. Nowakowski's clinical and research interests focus on cognitive-behavior therapy for depression, anxiety, and chronic medical conditions.

Selected Publications:

Nowakowski, M.E., McCabe, R.E., & Busse, J.W. (2019). Cognitive-behavioral therapy to reduce persistent postsurgical pain following internal fixation of extremity fractures (COPE): Rationale for a randomized controlled trial. *Canadian Journal of Pain*, 3, 59-68.

- Nowakowski, M.E., & McCabe, R.A.** (2017). Panic disorder: Treatment. In A.E. Wenzel (Ed.), *The SAGE encyclopedia of abnormal and clinical psychology*. Thousand Oaks, CA: SAGE Publications.
- Nowakowski, M.E., Rowa, K. Antony, M.M., & McCabe, R.E.** (2016). 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., 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.

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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 PhD in Clinical Psychology from Ryerson University and completed 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 on the development and validation of the Diagnostic Assessment Research Tool (DART; McCabe et al., 2017) as well as studying models of generalized anxiety disorder. Dr. Pawluk is also the Director of the Psychotherapy and the Clinical Behavioural Sciences Programs and an Assistant Clinical Professor in the Department of Psychiatry and Behavioural Neurosciences at McMaster University.

Selected Publications:

- Pawluk, E. J., Musielak, N., Milosevic, I., Rowa, K., Shnaider, P., Schneider, L.H., Antony, M. M., & McCabe, R. E.** (In Press). An evaluation of the Diagnostic Assessment Research Tool (DART) Screener for DSM-5 Disorders. *Journal of Psychopathology and Behavioral Assessment*.
- McCabe, R. E., & **Pawluk, E. J.** (2021). The Diagnostic Assessment Research Tool (DART): A New, Open-Access Psychodiagnostic Interview. *Psynopsis*, 34(1), 27.
- Pawluk, E. J., Koerner, N., Kuo, J. R., & Antony, M. M.** (2020). *An experience sampling study of emotion and worry in generalized anxiety disorder*. Manuscript submitted for publication.

- Malivoire, B. L., Stewart, K. E., Tallon, K., Ovanessian, M., **Pawluk, E. J.**, & Koerner, N. (2019). Negative urgency and generalized anxiety disorder symptom severity: The role of self-reported cognitive processes. *Personality and Individual Differences*, 145, 58-63.
- 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.
- 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. 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:

- Pellizzari JR.** (2019). Clinical Psychology: Interprofessional Promise & Perspectives. Panel on Interprofessional Education. Annual Innovations in Palliative Care Event organized by the McMaster Division of Palliative Care (Family Medicine), Hamilton, Canada.
- 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.
- Baba-Willison K, **Pellizzari JR**, Woods A, Shadd J, Swinton M, Farag A, O'Donnell C, Frolic A. (2019). A simple survey . . . not so simple a response: Caring for those who suffer in this era of Medical Assistance in Dying (MAiD). Paper presented at the Canadian Bioethics Society Conference., Banff, Canada
- Kho ME, Molloy AJ, Clarke FJ, Reid JC, Herridge MS, Karachi T, Rochweg B, Fox-Robichaud AE, Seely AJE, Mathur S, Lo V, Burns KEA, Ball IM, **Pellizzari JR**, Tarride JE, Rudkowski J, Koo KY, Heels-Ansdell D, Cook DJ, and the Canadian Critical Care Trials Group. (2019). Multicentre pilot randomised clinical trial of early in-bed cycle ergometry with ventilated patients. *BMJ Open Res*.;6:e000383.6.
- Tulloch TG, Fillmore D, **Pellizzari JR**, McCabe RE. (2019). Introducing a novel approach to dialysis modality education. Presentation at the Canadian Association of Nephrology Nurses and Technologists., Edmonton, Canada. Hamilton Scleroderma Group and Scleroderma Society of Ontario, Hamilton, 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:

- Milosevic, I., Cameron, D. H., Milanovic, M., McCabe, R. E., & **Rowa, K.** (in press). Face-to-face vs. video teleconference group cognitive behavioural therapy for anxiety and related disorders: A preliminary comparison. *The Canadian Journal of Psychiatry*.
- Ouellette, M.J., **Rowa, K.**, Soreni, N., Elcock, A., & McCabe, R.E. (2021). Exposure to stressful and traumatic life events in hoarding: Comparison to clinical controls. *Journal of Clinical Psychology*.
- Cameron, D.H., **Rowa, K.**, McKinnon, M.C., Rector, N.A., & McCabe, R.E. (2020). Neuropsychological performance across symptom dimensions in obsessive-compulsive disorder: A comment on the state and critical review of the literature. *Expert Review of Neurotherapeutics*, 20, 425-438
- Auyeung, K., Hawley, L.L., Grimm, K., McCabe, R.E., & **Rowa, K.** (2020). Fear of negative evaluation and rapid response to treatment during cognitive behavioral therapy for social anxiety disorder. *Cognitive Therapy and Research*, 1-12.
- Rowa, K.**, Cameron, D., Soreni, N., LeMoult, J., & McCabe, R.E. (2019). Outcome of CBT for problematic hoarding in a naturalistic setting: Impact on symptoms and distress tolerance. *Behaviour Change*, 1-9
- Cameron, D., Summerfeldt, L.J., **Rowa, K.**, McKinnon, M.C., Rector, N.A., Ornstein, T.J., Richter, M.A., & McCabe, R.E. (2019). Differences in neuropsychological performance between incompleteness- and harm avoidance-related core dimensions in obsessive-compulsive disorder. *Journal of Obsessive-Compulsive and Related Disorders*, 22, 100448
- Ouellette, M.J., Puccinelli, C., **Rowa, K.**, Elcock, A., & McCabe, R.E. (2019). Cannabis and alcohol use in patients seeking therapy for anxiety and related disorders: A descriptive study. *Canadian Journal of Addiction*, 19, 1-9.
- McCabe, R.E., **Rowa, K.**, Young, L., Swinson, R.P., Farrell, N., & Antony, M.M. (2019). Improving treatment outcome in obsessive compulsive disorder: Does a motivational enhancement intervention boost efficacy? *Journal of Obsessive Compulsive and Related Disorders*, 22, 10046.

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Peter Sheridan received his Ph.D. in Clinical Psychology from York University. Dr. Sheridan has published and presented in the areas of sexual and gender identity, antigay violence, sexual and relationship violence, and professional boundary transgressions. He 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. In addition to his role as psychologist in the Forensic Outpatient Program at St. Joe's, he maintains a private practice in Hamilton and Toronto with a focus on assessment for criminal and civil proceedings, treatment for offenders returned to the community on parole or probation, and intervention for professionals, including physicians, lawyers, and teachers, facing censure or discipline by their regulatory bodies. Dr. Sheridan's current research interests include evaluating the efficacy of substance abuse and CBTp interventions for forensic populations.

Selected Publications:

Sheridan, P. (2020, March 10). Psychological assessment of Dangerous Offenders.

Seminar presented at University of Toronto. Toronto, Ontario.

Grimes, K. M. & **Sheridan, P.** (2019). The implementation of cognitive behavioural therapy for psychosis (CBTp) in a forensic setting: Lessons learned and future directions. *International Journal of Risk and Recovery*, 2, 18-22.

Sheridan, P. (2019, August 22). Mindfulness for clinician self-care. The Forensic Psychiatry Institute 2019. Muskoka, Ontario.

Sheridan, P., & Grimes, K. (2019, April 12). Implementation of CBTp for forensic patients. 13th Annual Risk & Recovery Forensic Conference. Hamilton, Ontario.

Prat, S., **Sheridan, P.**, Fraser, C., & McLean, A. (2019, April 11). And you thought you'd heard everything... What's new in forensic sexology? 13th Annual Risk & Recovery Forensic Conference. Hamilton, Ontario.

Sheridan, P. (2018, July 24). Recognizing and managing transference and countertransference in forensic practice. The Forensic Psychiatry Institute 2018. Muskoka, Ontario.

Sheridan, P., Solow, M. L., & Oliveira-Picado, C. (2018, April 13). Weed matters: Managing risk of forensic outpatients in chillin' times. 12th Annual Risk &

Recovery Forensic Conference. Hamilton, Ontario.

Sheridan, P. (2017, May 26). Mandated treatment: Clinical and ethical quicksand?
Grand Rounds, North York General Hospital. Toronto, Ontario.

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Dr. Tulloch received his Ph.D. in clinical psychology from Ryerson University in 2019 following the completion of his pre-doctoral residency at St. Joseph's Healthcare Hamilton. He is currently working as a psychologist in the Kidney Urinary program at St. Joe's and is an assistant professor (part-time) in the Department of Psychiatry and Behavioural Neurosciences at McMaster University. Dr. Tulloch's clinical interests include cognitive-behavioural interventions for patients with chronic kidney disease and other chronic medical conditions to improve disease self-management, coping, and health outcomes. He works within a multidisciplinary setting consisting of nephrologists, nurses, social workers, dietitians, pharmacists, and dialysis technologists. He supervises psychology residents and advanced practicum students seeking training in the area of health psychology.

Selected Publications:

- Tulloch, T. G.**, King, J. P., Pellizzari, J. R., & McNeely, H. E. (in press). Overview of psychotherapy principles for patients with kidney disease. In A. Hategan, J. A. Bourgeois, A. Gangji, & T. Woo (Eds.), *Psycho-nephrology: A guide to principles and practice*. Switzerland: Springer.
- McNeely, H. E., **Tulloch, T. G.**, Pellizzari, J. R., & King, J. P. (in press). The role of psychometric assessment of neuropsychological function in kidney disease. In A. Hategan, J. A. Bourgeois, A. Gangji, & T. Woo (Eds.), *Psycho-nephrology: A guide to principles and practice*. Switzerland: Springer.
- Tulloch, T. G.**, Stratton, N. L., Ing, S., Petrovic, B., & Hart, T. A. (2018). HIV and sexually transmitted infections. In T. Hadjistavropoulos & H. D. Hadjistavropoulos (Eds.), *Fundamentals of health psychology* (2nd ed.). Toronto, ON: Oxford University Press.
- Rooney, B. M., **Tulloch, T. G.**, & Blashill, A. J. (2018). Psychosocial syndemic correlates of sexual compulsivity among men who have sex with men: A meta-analysis. *Archives of Sexual Behavior*, 47(1), 75-93.
- Tulloch, T. G.**, Rotondi, N., Ing, S., Myers, T., Calzavara, L. M., Loutfy, M. R., & Hart, T. A. (2015). Retrospective report of developmental stressors, syndemics, and their

- association with sexual risk outcomes among gay men. *Archives of Sexual Behavior*, 44, 1879-1889.
- Hart, T. A., **Tulloch, T. G.**, & O’Cleirigh, C. (2014). Integrated cognitive behavioral therapy for social anxiety and HIV prevention for gay and bisexual men. *Cognitive and Behavioral Practice*, 21, 149-160.
- Hebert, E. A., Dugas, M. J., **Tulloch, T. G.**, & Holowka, D. W. (2014). Positive beliefs about worry: A psychometric evaluation of the Why Worry-II. *Personality and Individual Differences*, 56, 3-8.

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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.
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- 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

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