



CLINICAL PSYCHOLOGY RESIDENCY PROGRAM 2023-2024

www.stjoes.ca/psychology

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INTRODUCTION

About St. Joseph's Healthcare, Hamilton

Founded in 1890, St. Joseph's Healthcare, Hamilton is a large teaching hospital affiliated with the Faculty of Health Sciences at McMaster University and Mohawk College. The Mental Health 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 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 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 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, diversity issues, 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 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 often 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 are encouraged to actively engage in research at St. Joe's. They may also spend this time working on their dissertation, preparing posters and/or papers for publication, and preparing talks. Opportunities to participate in clinical research projects or to develop new projects are available on most rotations. Residents are 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, working with diverse populations, written reports, professional ethics, team participation, professionalism, utilization of supervision and feedback, and clinical research skills.

Residents also complete evaluations at the midpoint and 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. We receive a high volume of referrals and provide services for a range of anxiety and related disorders including 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 the Diagnostic Assessment Research Tool (DART; McCabe et al., 2017), a semi-structured diagnostic interview developed by the team here at the ATRC. Residents also engage in report writing, liaise with other professionals, and provide individual and group treatments for anxiety and related disorders using primarily 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 will join in discussions about diagnostic and treatment issues. Residents are also invited to become familiar with the relevant research literature, participate in a weekly journal club, and participate in clinical research when possible.

The ATRC aims to be a welcoming and inclusive space for clients of diverse backgrounds. Residents are encouraged to see clients with broad and diverse backgrounds and actively consider how to adapt evidence-based CBT protocols to best meet the needs of a particular client.

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. Some current projects include validating the DART, evaluating mindfulness-based cognitive therapy as a first-line treatment for Obsessive Compulsive Disorder, and developing a Family Accommodation Reduction program for close others of people with OCD. Resident involvement in ongoing research is strongly encouraged and residents are invited to attend a monthly research meeting at the ATRC to develop and discuss ongoing projects. For more information about the ATRC, refer to the website: www.stjoes.ca/anxiety

Borderline Personality Disorders Services

Core Faculty: Kerri Bojman, Psy.D., C.Psych.

Availability: Major Rotation or Minor Rotation

Primary Location: West 5th Site

The Borderline Personality Disorders Services (BPDS) at St. Joseph's Healthcare provides outpatient treatment for adults who are diagnosed with borderline personality disorder (BPD). BPDS also provides on-going training and consultation to student learners and health care professionals.

The goals of this rotation are twofold: 1) to learn how to assess, conceptualize, and treat the complex, multi-diagnostic problems that individuals with BPD experience, and 2) to develop a strong understanding and skillful application of DBT. Residents can learn how to conduct assessments to diagnose BPD and common co-occurring disorders such as PTSD, eating disorders, substance use, and mood disorders. Training emphasizes effective risk assessment and management of suicidal and non-suicidal self-injurious behaviours. Residents are expected to co-facilitate a DBT skills group, carry an individual caseload, provide telephone coaching during office hours, and participate in weekly team consultation meetings. Residents who are interested in completing a minor rotation at BPDS would be expected to co-facilitate a DBT Skills group and encouraged to attend team consultation. There may be opportunities for residents to co-facilitate other groups offered through BPDS (e.g., Cognitive Processing Therapy for PTSD), depending on

supervisor ability and applicant experience. There may also be opportunities for residents to provide additional training and consultation, depending on current opportunities and applicant experience.

The Borderline Personality Disorder Services also is pursuing a number of research initiatives looking at factors influencing response to treatment, as well as program development and evaluation. Residents are expected to familiarize themselves with the research literature relevant to BPD and DBT, and are encouraged to participate in ongoing research projects.

Concurrent Disorders Outpatient Program (CDOP) and the Young Adult Substance Use Program (YA-SUP)

Core Faculty: Victoria Stead Ph.D., C.Psych. (Supervised Practice)

Availability: Major or Minor Rotation

Primary Location: West 5th Campus, 100 West 5th St.

The CDOP is an outpatient specialty clinic that provides assessment and treatment services for individuals struggling with substance use and other co-occurring psychiatric disorders (e.g., depression, anxiety, post-traumatic stress disorder; referred to as a concurrent disorder). Within the CDOP, resides a specialty clinic targeting the needs of young adults (YA-SUP; ages 17-25 years) with concurrent disorders. Opportunities can be made available for both programs depending on experience and availability. Supervision will be provided by a psychologist in supervised practice. The programs takes a client-centred and harm reduction approach to assessment and treatment of these clients. Residents have the opportunity to complete psychological consultation assessments on a variety of complex clinical presentations, often in collaboration with other team members (e.g., psychiatrists and nurse practitioners). These psychological consultations usually include diagnostic clarification (via psychodiagnostic and cognitive screening measures), specialized case conceptualizations (for primary treating clinicians), and treatment recommendations. From these consultations, residents are then expected to provide specialized feedback to clients regarding the results of their assessments (including communication of diagnoses). Treatment is integrative and often involves many therapy modalities, including motivational interviewing, cognitive behavioural therapy, dialectical behaviour therapy (informed approaches and skills groups), mindfulness, and acceptance and commitment therapy. Measurement-based care is embedded within YA-SUP from onset to discharge with the aim of this to help guide collaborative treatment planning and empower clients in the autonomy of their care.

The CDOP and YA-SUP are staffed by a multidisciplinary team consisting of professionals with a background in psychology, psychiatry, social work, nursing, and community mental health. These programs rely heavily on community partnerships, and there are opportunities for residents to collaborate with different community agencies. 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 areas of substance use and concurrent disorders and youth mental health.

In addition to offering clinical services, the CDOP includes an integrated program of research and evaluation led by faculty members from the Department of Psychiatry and Behavioral Neurosciences at McMaster University and the Peter Boris Centre for Addictions Research. Research interests of the clinical and research staff include conducting innovative empirical research that bridges the gap between science and practice to ultimately identify preventative measures and overall improve evidence-based care. Research collaboration across SJHH clinics is also welcomed. Resident involvement in ongoing research is strongly encouraged.

Early Intervention in Young Adult Mental Health

Core Faculty: Taylor Hatchard, Ph.D., C.Psych.
Caitlin Davey, 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 early intervention for youth ages 17-25 years experiencing either emerging or complex and ongoing mental health difficulties, with the goal of rapid access to services, including assessment, treatment, and recovery. The YWC is a youth-based clinic located in the community in downtown Hamilton that is linked both to primary care and community referral sources, as well as to specialized mental health services within St. Joseph's Healthcare. Our services are intended to ease and expedite access to services and resources, improve continuity and coordination of care, and advocate as well as support youth and their families. Importantly, the YWC is intended to remove barriers to accessing care, and consequently, provides care to many youth from marginalized and underserved communities, with specific services for transgender and

gender diverse (TGD), and racialized youth, and is developing culturally safe services for Indigenous young people. The YWC was created and designed with youth advisory input, including our physical space, services offered, staffing, and engagement with clients. Our program strives to create a space of equity, diversity and inclusion, which we are actively working toward in a variety of ways, including but not limited to regular discussions to support racialized youth, consultation with our youth advisory council, and developing specific services for underserved communities as described above.

In terms of clinical presentations, residents gain exposure to a wide range of presenting concerns, including mood (e.g., MDD, PDD) and anxiety disorders (e.g., SAD), posttraumatic stress disorder, and emotion dysregulation, as well as a range of symptom severity (e.g., from mild to more severe presentations). As noted above, residents will also gain exposure to a youth from diverse backgrounds (e.g., BIPOC, 2SLGBTQIA+ youth). 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 uncovering the neural correlates of minority stress in sexual and gender minority individuals, improving evidence-based practices for youth, as well as treatments for specific populations such as the TGD and Indigenous communities in Canada. 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 (EDC) at St. Joseph's Healthcare is a specialty outpatient clinic providing multi-disciplinary assessment and treatment to clients with eating disorders. The EDC offers transdiagnostic CBT group treatment for individuals with Anorexia, Bulimia and Other Specified Feeding and Eating Disorders and provides specialized CBT group treatment for individuals with Binge Eating Disorder. Additionally, the EDC also provides individualized Cognitive Behaviour Therapy – Enhanced (CBT-E) to

some of the youngest transition-aged youth, aged 16-18. Extended treatment is offered to clients returning from higher levels of care (i.e., day hospital, residential or inpatient treatment) and to clients from the EDC who require longer to recover (for example, because of weight restoration). The EDC also offers group- and CBT-based body image treatment. The majority of assessment and treatment is currently being provided virtually.

Residents will learn to evaluate the severity of eating disorders, including both psychiatric and medical risk that help determine the appropriate level of care for the individual client. In addition to the various eating disorder presentations, residents will gain exposure to a wide range of other psychiatric concerns, and issues of emotion dysregulation or over-control that must be considered in planning treatment. Residents will also gain exposure to clients from diverse backgrounds (e.g., BIPOC, 2SLGBTQIA+ youth), and learn to work sensitively with diversity related to body weight. Residents work within a multidisciplinary team including psychologists, a psychometrist, psychiatrist, social worker, nurse practitioner, and dieticians, and are expected to contribute to weekly team discussions. Residents gain experience in the screening and assessment of eating disorders, clinical report writing, individual and group therapy for eating disorders. Working with other disciplines on the team, residents will also be encouraged to develop a good understanding of both nutrition and medical risks associated with assessment and recovery from an eating disorder.

Fully integrated into the clinical services provided at the EDC are both program evaluation and research initiatives. The EDC has collaborated on a number of projects with the Peter Boris Centre for Addiction Research and the McMaster Children's Hospital eating disorders program. Research conducted within the clinic has been strongly focused on understanding factors that impact treatment outcomes. Residents are expected to familiarize themselves with the relevant research literature in eating disorders and obesity, 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.

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.

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

The rotation in health psychology / behavioural medicine provides residents the opportunity to work with patients from diverse backgrounds with a wide range of disabilities. All settings continually strive to recognize the role that bias plays in assessment and treatment of health conditions, to raise awareness, and to work on

removing barriers and addressing challenges to delivery of culturally-safe and effective care, particularly to persons who have been historically, economically, and socially marginalized.

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 both physical and emotional (e.g., mood and anxiety disorders) difficulties associated with reproductive life cycle events, including menstrual cycle changes, pregnancy and postpartum periods and the menopausal transition. 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 and DBT informed treatments for difficulties that are gender-related. Residents will also participate in CBT group interventions (e.g., CBT for perinatal anxiety, CBT for menopausal symptoms, perinatal emotion regulation skills), 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.

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.

Chronic Kidney Disease (CKD) and Dialysis Service

This rotation provides experience in working with patients across the wide continuum of chronic kidney disease (CKD) progression. 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. Patients often experience a number of comorbid physical and psychological conditions such as diabetes, cardiovascular disease, neuropathy, fatigue, chronic pain, insomnia, obstructive sleep apnea, mild cognitive impairment, depression, and anxiety. The Multi-Care Kidney Clinic provides specialized interdisciplinary care to outpatients with CKD at high risk of kidney failure, and this is one of the settings residents in this rotation

will have the opportunity to work in. There is also the opportunity to work with dialysis patients in a variety of settings, including the hemodialysis units at King and Charlton sites, outpatient clinics, virtually via video, and in patient homes (for patients on home dialysis). This patient population is primarily composed of older adults, most typically over the age of 50, however, there is the opportunity to work with patients of all ages.

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 reduce psychological distress and decrease barriers to decision-making and/or home dialysis uptake; and 3) brief individual cognitive-behavioural intervention with 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 provide therapy to home dialysis patients in the home setting, depending on COVID-19 restrictions. This rotation is based primarily at King Campus but may also involve some work at Charlton.

Mood Disorders

Core Faculty: Elena Ballantyne, Psy.D., C. Psych.
Danielle Rice, Ph.D. C.Psych.(Supervised Practice)

Adjunct Faculty: Brenda Key, Ph.D., C.Psych.

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 inpatient and outpatient psychodiagnostic assessment for mood disorders (including differentials and co-morbidities such as personality disorders), team consultation, the provision of feedback to patients and families, and individual and group therapy. The mood disorders program provides care to diverse clients including marginalized and underserved communities. 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. Our program strives to create a space of equity, diversity and inclusion. Individual therapy clients are treated using an individualized CBT based case formulation approach that considers the unique stresses, strengths and challenges that a client is experiencing. Residents may also have the opportunity to be involved in delivering other forms of group

therapy (e.g. mindfulness based cognitive therapy, behavioural activation, and 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: Elena Ballantyne, Psy.D., C.Psych.
Christina Gojmerac, Ph.D., C.Psych
Jelena King, Ph.D., C.Psych
Emily MacKillop, Ph.D., C.Psych. ABPP-CN
Heather McNeely, Ph.D., C.Psych.

Adjunct Faculty: Abbie Coy, Ph.D., Psychometrist
Catherine Dool, M.A., Psychometrist
Elmar Gardizi, Ph.D., C.Psych.
Kristen Kaploun, Ph.D., C.Psych.
Bruno Losier, Ph.D., C.Psych. ABPP-CN
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 care to a wide range of inpatient and outpatient adult and older adult populations including those with **neurological** (e.g., stroke, neurodegenerative disease), **medical** (e.g., respiratory, nephrology, rheumatology, cardiac) **developmental** (e.g., autistic spectrum, learning), frequently with co-occurring **psychiatric** (e.g., psychotic, mood/anxiety), and/or **substance use** disorders. Clients represent diverse backgrounds (e.g., BIPOC, 2SLGBTQIA+) and are often socially marginalized. Residents will have opportunities to reflect on social-cultural, educational and language-based factors as these integrate into assessment planning and case conceptualization, and may gain experience conducting assessments with the assistance of professional interpreters. Supervisors in the CNS are actively engaged in research and the service emphasizes evidence-based practices, and utilizes extensive virtual assessment protocols when indicated. 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. Training is divided into separate outpatient and inpatient experiences. Residents typically complete 2 outpatient assessments per week in addition to co-leading a cognitive remediation group. During the inpatient training portion, residents are immersed in the role of psychologist as consultant in a psychiatric/medical setting and conduct a variable number of consultations and brief inpatient assessments each week based on clinical demand and case complexity.

Assessment: Services include brief **inpatient** assessment, comprehensive **outpatient** assessment, cognitive monitoring of patients receiving **Electroconvulsive Therapy (ECT)**, **intellectual developmental disability** assessment, and **dementia differential** assessment. Residents in neuropsychology extend and deepen their proficiency in assessing intellectual ability, basic academic abilities, problem-solving and executive functioning, attention and memory, visual and perceptual construction, language, motor functions, psychiatric symptom severity, personality and behaviour. Residents will integrate information about the patient's neuropsychological, medical and psychiatric status to arrive at a diagnosis and recommendations for treatment and rehabilitation strategies, will hone skills in report writing and in the communication of assessment results and recommendations to referring agents, patients, and their families.

Intervention: Opportunities for formal training in manualized evidence-based cognitive interventions include: Memory Boost, which focuses on lifestyle changes and compensatory skills for memory issues in adult general psychiatric patients; Memory and Aging (Wiegand, Troyer, Gojmerac, & Murphy (2013), *Aging and Mental Health*, 17(7), 806-815), 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) aimed at cognitively impaired older adults with or without concurrent mental health disorders, run by a multi-disciplinary team and includes a family member support component; MINDful ACTion, a modified mindfulness intervention for adults with a psychiatric diagnosis and subjective cognitive impairment, and Menopause and the Brain (Ballantyne, King, & Green (2021), *Frontiers in Global Women's Health*, [10.3389/fqwh.2021.741539](https://doi.org/10.3389/fqwh.2021.741539)), a cognitive remediation group that addresses changes related to the menopausal transition. Specific group opportunities will depend on resident's prior experience and availability of programming.

Additional Training Opportunities: Training meets Division 40 Guidelines. Residents in the Neuropsychology Stream will spend a minimum of 50% (up to 80%) of the training year engaged in neuropsychology services. Stream residents are required to attend and present a case at the Neuropsychology Seminar Series, and attend a minimum of five relevant Neurology/Neurosurgery rounds at the Hamilton General Hospital (via webcast or in person). These learning activities are available residents completing a major or minor rotation outside of the neuropsychology stream, but not required. Breadth assessment experiences also available to neuropsychology stream residents include: Criminal Forensic Neuropsychology, WSIB Specialty Clinic, Early Psychosis.

Special Qualifications

Applicants to the Neuropsychology Stream (APPIC Code: 184612) should state this in their cover letter, demonstrate experience with a broad array of standard

neuropsychological tests and relevant coursework in Neuropsychological Assessment and Theory. Previous coursework in Neuroanatomy is an asset.

Ontario Structured Psychotherapy West Region

Core Faculty: Matilda Nowakowski, Ph.D., C.Psych.
Peter Bieling, Ph.D., C.Psych.
Caitlin Davey, Ph.D., C.Psych.
Brenda Key, Ph.D., C.Psych.
Colleen Merrifield, Ph.D., C.Psych.

Availability: Major or Minor Rotation

Primary Location: Ontario Structured Psychotherapy West Region, 1 King Street West

The Ontario Structured Psychotherapy (OSP) Program is an innovative, stepped care program that offers publicly funded, measurement-based CBT for depression, anxiety, and anxiety-related problems to adults (18+) across the province of Ontario with a focus on priority populations that often experience barriers to accessing mental health services (e.g., those who are Indigenous, people of colour, 2SLGBTQIA, Francophone). While the program provides evidence-based CBT protocols, individual case formulation and cultural adaptation are emphasized and measurement-based care is incorporated to monitor treatment progress and inform treatment planning. In addition to the provision of care, a key and unique feature of the program is CBT clinician training, including regular individual and group clinical consultation from clinical consultants (i.e., experts in CBT). St. Joseph's Healthcare Hamilton (SJHH) and St. Joseph's Healthcare London (SJHC London) are jointly working to oversee the provision of OSP in the West Region of the province (OSP West).

Psychology residents completing a rotation in OSP West gain exposure to a range of presenting concerns of mild to moderate severity, including depression, anxiety (panic disorder, agoraphobia, social anxiety, illness anxiety, specific phobia, GAD), and anxiety-related concerns (PTSD and OCD). As noted above, residents will gain exposure to adult clients from diverse backgrounds. Residents receive training in both brief, semi-structured intake assessments as well as structured diagnostic assessments for more complex clinical presentations and gain experience working within a stepped-care model. Residents gain experience in evidence-based group and individual CBT protocols for depression, anxiety, and anxiety-related concerns (including ERP for OCD and CPT for PTSD) delivered virtually and in-person. Residents also develop their clinical consultation skills through participation in co-clinical consultation of CBT therapists.

Residents are an active part of the multidisciplinary team that meets on a weekly basis for assessment and treatment case conferences. During the case conferences, residents are expected to discuss diagnostic issues, treatment recommendations, and treatment

challenges. OSP West integrates program evaluation and quality improvement projects and residents have the opportunity to be actively involved in ongoing projects within the program.

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. Clients represent diverse backgrounds (e.g., BIPOC, 2SLGBTQIA+) and are often socioeconomically disadvantaged. Residents will have opportunities to reflect on these factors during case conceptualization and in their clinical approaches.

Training opportunities are embedded primarily within the Cleghorn Early Intervention Clinic, the Schizophrenia Outpatient Clinic (SOC) and Schizophrenia Inpatient Service. Training opportunities may involve some combination of intervention, psychiatric differential diagnostic assessment, neuropsychological assessment, and cognitive remediation. Clinical services emphasize evidence-based interventions consistent 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 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 as well as intellectual and cognitive screening. Residents integrate information from various sources to arrive at a diagnosis, write assessment reports, and provide feedback to the interdisciplinary teams.

Outpatient Services:

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 living with schizophrenia and other psychotic disorders. SOC actively incorporates self-management support into 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 and group CBT-p together with other interprofessional staff. Research opportunities are available.

WSIB Specialty Clinic

Core Faculty: Samantha Longman-Mills, Ph.D., C.Psych.
Stephanie Waechter, Ph.D., C.Psych.

Adjunct Faculty: Samantha Chen, Ph.D., C.Psych. (Supervised Practice)
Kristen Kaploun, Ph.D., C.Psych. (Clinical Neuropsychology)

Availability: Major Rotation (3-4 days per week for 4+ months required)

Primary Location: West 5th Campus

The WSIB Specialty Clinic provides comprehensive assessment and treatment to individuals who have experienced workplace injuries. In addition to diagnostic assessment

and evidence-based treatment, our clinic also focuses on helping clients improve functioning.

Our residents gain exposure to a wide range of presenting concerns, including trauma and stressor-related disorders (primarily PTSD), mood disorders (e.g., MDD, PDD), anxiety disorders (e.g., GAD; panic disorder), chronic pain, and somatic symptom and related disorders. Our clients are generally representative of the working population of Ontario (ages 16-65+) in terms of characteristics like language, race, ethnicity, sex, gender identity, and sexual orientation. Many of our clients have physical disabilities related to their workplace injury. In addition, a sizeable subset of our referrals are first responders (e.g., police, firefighters, correctional officers, and paramedics).

Residents gain experience in clinical assessment using structured interviewing techniques, report writing, consultation with other professionals, and providing individual evidence-based psychological treatments. Residents will gain knowledge of relevant legislation regarding workplace injuries and healthcare, and will have the somewhat unique experience of conducting assessment and treatment involving a third-party payer (WSIB). Residents are an active part of our multidisciplinary team and work closely with professionals from other mental health disciplines in providing services. For example, assessments are typically conducted collaboratively between psychiatry, psychology, and occupational therapy. Residents may be involved in the supervision of practicum students.

As a part of this rotation, residents will become familiar with the research literature relevant to workplace psychological injury and PTSD. Residents are expected to participate in our clinic's journal club. Opportunities for involvement in clinical research or program evaluation may be available.

There are also opportunities for exposure to neuropsychology assessment at our clinic, depending on resident interest and experience. However, neuropsychology assessments require a substantial time commitment; residents interested in this option would need to limit other activities in our clinic in order to dedicate enough time.

STIPEND AND BENEFITS

Stipend

For the 2023-24 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 \$35,000 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 4, 2022**

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

****Interviews 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 2, 2022

Interviews will take place on the following dates:

Tuesday, January 3, 2023

Thursday, January 5, 2023

Monday, January 9, 2023

Wednesday, January 11, 2023

Friday, January 13, 2023

****Please note that interviews will all be conducted virtually****

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. 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. (she/her)

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Professional Background

I completed my Psy.D. in clinical psychology at the Adler School of Professional Psychology in 2012 with a certificate in clinical neuropsychology. I completed my residency at St. Joseph's Healthcare Hamilton in the Clinical Neuropsychology Service and the Anxiety Treatment Research Centre. Following residency, I completed my supervised practice at SJHH as well as in a private practice setting, where I have stayed on as a licensed clinician. I am also an assistant professor in the Department of Psychiatry and Behavioural Neurosciences at McMaster University and teach Psychological Assessment. Additionally, I participate in seminar series and provide guest lectures at SJHH for residents and other learners with an emphasis on the assessment and treatment of traumatic brain injury. My research interests are in the areas of menopause, cognitive appraisal, and program evaluation, particularly regarding the adaptation of treatment approaches for individuals with cognitive difficulties. My treatment approach is client-centered and integrates cognitive-behavioural and acceptance and commitment therapy.

More About Me

I was born and raised in the Niagara Region and my ethnic background consists of mixed European ancestry. Outside of work, my main passion in life is travel. I'm a slow but determined hiker, and enjoy immersing myself in other cultures and landscapes around the world. Additionally, I'm a baking enthusiast, and like to spend time reading and volunteering in a local museum.

Selected Publications

Ballantyne, E.C., King, J.P., & Green, S. (2021). Preliminary support for a cognitive remediation intervention for women during the menopausal transition: A pilot study. *Frontiers in Global Women's Health*. 2:741539. doi: 10.3389/fgwh.2021.741539.

Parlar, M.E., Spilka, M.J., Wong Gonzalez, D., **Ballantyne, E.C.**, et al. (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

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.

Peter J. Bieling, Ph.D., C.Psych. (he/him)
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Professional Background

I received my Ph.D. in 1997 from the University of British Columbia, and completed my residency at the Centre for Addiction and Mental Health (CAMH), in Toronto and then was a post-doctoral fellow under Aaron T. Beck at the University of Pennsylvania. I am a Professor in the Department of Psychiatry and Behavioural Neurosciences and a Clinical Consultant in the Ontario Structured Psychotherapy Program. My research and clinical interests are in CBT and quality improvement in mental health care service provision. Lately I'm fascinated with what makes CBT really sing and how to teach this to learners.

More About Me

I'm a first-generation European immigrant to Canada, and also recognize that I've had a lot of privilege as a result. To try to make up for that I've tried to go out of my way to be an ally to people who find themselves in a position where they deserve more power and justice including women fleeing domestic violence and health for first nations. Personally, and unfortunately, I also have an appreciation for really bad reality TV, internal combustion engines, and I'm first in line for any buffet. If you didn't like me I'd introduce you to my children in order to redeem myself just a little.

Selected Publications

Van Lieshout, R. J., Layton, H., Savoy, C. D., Brown, J. S., Ferro, M. A., Streiner, D. L., **Bieling, P. J.** ... & Hanna, S. (2021). Effect of online 1-day cognitive behavioral therapy–based workshops plus usual care vs usual care alone for postpartum depression: a randomized clinical trial. *JAMA psychiatry*, 78(11), 1200-1207.

Pyrke R, McKinnon MC, McNeely H, Ahern C, Langstaff K, & **Bieling P. J.** (2017). Evidence-based design features improve sleep quality among psychiatric inpatients. *Health Environments Research and Design Journal (HERD)*, 10, 52-63.

Bieling, P. J., Hall, G. B., McCabe, R. E., McKinnon, M., Schmidt L. (2016). Clinical Psychology Arrives in Hamilton, *Psynopsis*

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

Kerri Bojman, Psy.D., C.Psych. (she/her)
Psychologist, Borderline Personality Disorder Services
West 5th Campus

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Professional Background

I received my PsyD degree in clinical psychology from Memorial University in 2017. I completed my residency training in Halifax, Nova Scotia, with major rotations in the Borderline Personality Disorder Treatment Program and Eating Disorder Program. I then moved to Toronto where I worked for several years at an adherent DBT clinic providing treatment to adolescents and adults with borderline personality disorder, emotion dysregulation, and comorbid disorders. I also provided clinical supervision and consultation in this setting. I accepted my current position in the Borderline Personality Disorder Services at St. Joseph's Healthcare Hamilton in 2021, where as part of my role I provide training, supervision, and consultation regarding DBT to students and/or clinicians. My research interests include investigating relationships between emotions, emotion regulation, and behaviour. I am also interested in program development and evaluation, and the dissemination of evidence-based interventions. I am a DBT-Linehan Board of

Certification, Certified Clinician™, a designation that indicates my competence in Dialectical Behaviour Therapy (DBT).

More About Me

I am a second-generation Canadian woman (she/her) with European ancestry. I was born and raised in Mississauga, Ontario, and have family members living in North America, Europe, and Australia. I am passionate about new adventures and travel, live performance, cross-country running, great cups of coffee, and spending time with family and friends.

Selected Publications

Carter-Major, J. C, **Bojman, K. M.**, & Kelly, A. C. (2018). Self-compassion focused interventions in obesity. In S. E. Cassin, S. Sockalingam, & R. Hawa (Eds.), *Psychological Care in Severe Obesity: A Practical Approach*. Cambridge University Press.

Jenna Boyd, Ph.D., C.Psych

Psychologist
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West 5th Campus

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Professional background

My name is Dr. Jenna Boyd (she/her) and I am a Psychologist at the Anxiety Treatment and Research Clinic (ATRC) at St. Joseph's Healthcare Hamilton and an Assistant Professor in the Department of Psychiatry and Behavioural Neurosciences, McMaster University. I received a Ph.D. in Clinical Psychology from McMaster University and completed my pre-doctoral residency at St. Joseph's Healthcare Hamilton. My role involves clinical service, research, and teaching. My clinical interests include assessment and cognitive behavioural treatment (CBT) for anxiety, trauma and stressor related, and obsessive-compulsive related disorders. My main area of research interest is PTSD, where I aim to contribute to impactful research that has a direct impact on care provided to individuals suffering from the long-lasting and significant sequela of trauma.

More About Me

I identify as a cisgender woman with mixed European ancestry. I grew up and have lived in Hamilton (and surrounding area) for most of my life (save for a brief stint in Guelph, ON., for my undergrad). I live with my partner and two cats and spend my free time baking, eating my way through Hamilton restaurants, enjoying the Hamilton trail networks and travelling when I can.

Selected Publications

Boyd, J.E., Cameron, D.H., Shnaider, P., McCabe, R.E., & Rowa, K. (2022). Sensitivity and specificity of the PTSD Checklist for DSM-5 (PCL-5) in a Canadian psychiatric outpatient sample. *Journal of Traumatic Stress, 35*(2), 424-433.

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.

Caitlin Davey, Ph.D., C.Psych. (she/her)

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Psychologist, Ontario Structured Psychotherapy Program – West Region

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Professional background

I completed my Ph.D. in clinical psychology at Toronto Metropolitan University in 2015. I completed my residency at St. Joseph's Healthcare Hamilton in the following rotations: Mood Disorders Clinic, Eating Disorders Clinic, and Health Psychology (Women's Health Concerns Clinic and Consultation-Liaison). Following residency, I completed my supervised practice with Six Nations Health Services as well as in a private practice setting. During my supervised practice year, I took my first parental leave and upon returning, I transitioned into a part time psychologist position at the Outpatient Mood Disorders Clinic at St. Joseph's Healthcare, while also working in a private practice setting. In 2022, I moved into a fulltime position at St. Joseph's Healthcare where I split my time between the Youth Wellness Centre and the Ontario Structured Psychotherapy Program – West Region. I am also an assistant clinical professor in the Department of Psychiatry and Behavioural Neurosciences at McMaster University. My research interests are understanding wellness from Indigenous perspectives, including applying two-eyed seeing approaches, incorporating spirituality in therapeutic contexts, and developing as well as evaluating culturally safe psychotherapeutic interventions for those who identify as Indigenous. I also have interests in quality assurance and program evaluation activities. I aim to conduct research as well as any program evaluation activities using community based, participatory action, and two-eyed seeing approaches.

More About Me

I identify as a mixed ancestry Indigenous, straight, woman (she/her). More specifically, I identify as Haudenosaunee (Cayuga nation), Polish, and Scottish. My mother's side is from Caledonia, ON and my father's side is from Six Nations of the Grand River, ON. I grew up off-reserve, in Caledonia, ON. I am a mother to two children and a dog, a partner, auntie, daughter, sister, and friend. I love spending time with family, bike riding, walking my dog, tending to my vegetable garden, and watching reality TV.

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.

Elmar Gardizi, Ph.D., C.Psych. (he/him)

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Professional Background

I received my Ph.D. from the University of Windsor in 2015 and completed my 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. I am currently employed as a psychologist at the Cleghorn Early Intervention Clinic where I provide neuropsychological assessment and cognitive behavioural therapy (CBT) to individuals with first episode psychosis. My research interests primarily focus on the assessment cognitive functioning and outcome in first episode psychosis and traumatic brain injury.

More About Me

Outside of work, I enjoy spending time with my family, reading, travelling, cooking, and staying physically active.

Selected Publications

- Gardizi, E.,** King, J., 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.

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

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Professional Background

I received my Ph.D. in 2009 from the University of Toronto and completed my internship at Baycrest Hospital in Toronto, Ontario. I am currently a clinical neuropsychologist at St. Joseph's Healthcare in the Seniors Mental Health Program and Clinical Neuropsychology Service. My clinical work includes assessment of older adults with cognitive issues (i.e., differential diagnosis) as well as group interventions to improve cognitive and brain health. I also hold an academic affiliation with the Department of Psychiatry and Behavioural Neurosciences at McMaster University (Assistant Professor, Part Time). My clinical and research interests are in aging, cognitive psychology, and affective neuroscience.

Selected Publications

Tolsdorf, E.L., **Gojmerac, C.**, Crowson, J., Frey, B.N., Kapczynski, F., and Duarte, D. (2022). Conversion to major neurocognitive disorder after COVID-19 in a woman with bipolar disorder: A 6-year longitudinal case report. *Bipolar Disorders*, 2022 Feb 16:10.1111/bdi.13192. doi: 10.1111/bdi.13192. Epub ahead of print. PMID: 35174589; PMCID: PMC9111191.

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.

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.

Sheryl M. Green, Ph.D., C.Psych. (she/her)

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Professional Background

I received my MA from York University, my PhD from the University of Regina (2006) and completed my pre-doctoral residency at the Centre for Addiction and Mental Health (CAMH) in Toronto, ON. Following residency, I started work as a psychologist at St. Joseph's Healthcare and currently provide clinical services within the Women's Health Concerns Clinic and the Firestone Sleep Medicine Clinic. I am an Associate Professor in the Department of Psychiatry and Behavioural Neurosciences at McMaster University and have a cross appointment in the Department of Psychology, Neuroscience & Behaviour, where I am Co-Director of Clinical Training for the clinical graduate program. My clinical interests include cognitive behavioural based interventions for anxiety, depression, insomnia, and health-related difficulties, as well as DBT informed interventions for emotion dysregulation. 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. I actively supervise psychology post-docs, residents, graduate students, practicum students, and honors thesis students within McMaster University.

More About Me

I identify as White with Belgian and Czechoslovakian ancestry. I was born in Regina, Saskatchewan and always enjoy returning to visit family and friends. I live with my husband and two daughters in Hamilton, where participating in (and watching live/TV) sports is a big part of our lives. Outside of work, I also enjoy reading (especially short stories), spending time with friends, visiting new places, and cooking/baking.

Selected Publications

Donegan, E., Frey, B. N., McCabe, R. E., Streiner, D., Fedorkow, D., Furtado, M. & **Green, S. M.** (In Press). Impact of the CBT-Meno protocol on menopause-specific beliefs, dysfunctional attitudes, and coping behaviors, *North American Menopause Society-NAMS*.

Agako, A., McCabe, R.M., Burckell, L., Barret, E., Silang, K., Frey, B. & **Green, S.M.**

- (In Press). A pilot study examining the effectiveness of a short-term dialectical behavioural therapy informed, skills group for emotion dysregulation during the perinatal period. *Psychological Services*.
- Donegan, E., Frey, B. N., McCabe, R. E., Streiner, D., & **Green, S. M.**, (In Press). Intolerance of uncertainty and perfectionistic beliefs about parenting as cognitive mechanisms of symptom change during cognitive behavioral therapy for perinatal anxiety, *Behaviour Therapy*.
- Gobin, K. C., Boyd, J. E., & **Green, S. M.** (2022). Evaluating cognitive processing therapy for childbirth-related post-traumatic stress disorder (CB-PTSD): A case study. *Cognitive and Behavioral Practice*. <https://doi.org/10.1016/j.cbpra.2021.12.004>
- Green, S. M.**, Inness, B. E., Furtado, M., McCabe, R. E., & Frey, B. N. (2022). Evaluation of an augmented cognitive behavioural group therapy for perinatal generalized anxiety disorder (GAD) during the COVID-19 pandemic. *Journal of Clinical Medicine*, 11, 209, <https://doi.org/10.3390/jcm11010209>
- Green, S. M.**, Furtado, M., Inness, B. E., Frey, B. N., & McCabe, R. E. (2022). Characterizing worry content and impact in pregnant and postpartum women with anxiety disorders during COVID-19. *Journal of Clinical Psychology & Psychotherapy*, <https://doi.org/10.1002/cpp.2703>
- Furtado, M., Frey, B. N., & **Green S. M.** (2021). Validation of the Intolerance of Uncertainty Scale for perinatal anxiety screening. *BMC Pregnancy and Childbirth*, 21, 829, <https://doi.org/10.1186/s12884-021-04296-1>
- Ballantyne, E. C., King, J.P., & **Green, S. M.** (2021). Preliminary support for a cognitive remediation intervention for women during the menopausal transition: A pilot study. *Frontiers in Global Women's Health-Women's Mental Health*.
- Green, S. M.** & Furtado, M. (2021). Cognitive behavioural therapy for sexual concerns in the perimenopause (CBT-SC-Peri): A four session protocol. *Frontiers in Global Women's Health-Women's Mental Health*, <https://doi.org/10.3389/fgwh.2021.744748>
- Cudney, L. E., Frey, B.N., McCabe, R.E., **Green, S. M.**, (2021). Investigating the relationship between objective measures of sleep and self-report ratings of sleep quality in healthy adults: A literature review. *Journal of Clinical Sleep Medicine*, <https://doi.org/10.5664/jcsm.9708>
- Agako, A., Ballester, P., Stead, V., McCabe, R. E. & **Green, S. M.** (2021). Measures of emotion dysregulation: A review. *Canadian Psychology/Psychologie canadienne*.<http://dx.doi.org/10.1037/cap0000307>
- Agako, A., McCabe, R. E., Donegan, E., Streiner, D., Frey, B. N., & **Green, S. M.** (2021).

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*, 292, 1, 517-525, <https://doi.org/10.1016/j.jad.2021.05.084>

Green, S. M., Donegan, E., McCabe, R. E., Agako, A., Furtado, M.*, Noble, L.*, Streiner, D., & Frey, B. N. (2021). Cognitive behavior therapy for women with generalized anxiety Disorder in the perinatal period: Impact on problematic behaviors. *Behavior Therapy*, 52 (4) p. 907-919, <https://doi.org/10.1016/j.beth.2020.11.004>.

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., 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*. <https://doi.org/10.1177/0004867419898528>

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*, <https://doi.org/10.1002/cpp.2413>

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*, 26, 9, 972-980, <https://doi:10.1097/GME.000000000000136>

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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Professional Background

I completed my undergraduate and graduate training in Ottawa, initially at Carleton University (B.A. Honours, 2012) and received my Ph.D. in Clinical Psychology at the University of Ottawa in 2018. I completed my residency at the University of Ottawa's Centre of Psychological Services and Research (CPSR), where I provided assessment and treatment services to youth and adults across a wide range of mental health concerns. Following residency, I moved to Hamilton and completed my supervised practice year as a psychologist in the Mood Disorders Program and the Youth Wellness Centre (YWC) at St. Joseph's Healthcare Hamilton, later transitioning into a fulltime role at the YWC in 2019. Concurrently, I am also a full-time assistant professor in the Department of Psychiatry and Behavioural Neurosciences at McMaster University and have a specific research interest in increasing access to care and evidence-based treatments for the 2SLGBTQIA+ community. For example, I am currently leading a proof-of-concept pilot of a new minority stress-based CBT intervention, *Transcending*, for transgender and gender diverse youth.

More About Me

I identify as gay, male (he/him), feminine, and white, with English, French, and Irish ancestry. I am also a partner, cat dad, son, brother, uncle, teacher, mentor, and friend. I grew up in Atlantic Canada in the village of Perth-Andover, N.B., and will always be a small-town boy at heart. Outside of work, I love plants and gardening, painting (e.g., oil, expressionist), and watching reality TV (e.g., RPDR, real housewives, etc.).

Selected Publications

Penta, S., Correia, S., Schneider, M., Holshausen, K., Mutschler, C., Haefer, S., Ferdossifard, A., Wilson, R., Hewitt, J., Roth, S.L., Boylan, K., & **Hatchard, T. (Accepted)**. Sex and gender in treatment response to dialectical behavior therapy: Current knowledge, gaps, and future directions. *The Cognitive Behavioural Therapist*.

Patel, H., Siegel, M., **Hatchard, T.**, Veltman, A., McKinnon, M.C., Syan, S.K., Merrifield, C., Archie, S., Wolf, J., & Nicholson, A.A. (2022). The influence of minority stress on the neurobiological correlates of executive functioning. *Quantitative Imaging in Medicine and Surgery*. DOI: 10.21037/qims-22-206

Hatchard, T., *Penta, S., *Correia, S., *Browne, O.J., *Haefner, S., *Tissera, T., Mioduoszewski, O., & Smith, A.M. (2022). Increased gray matter following mindfulness-based stress reduction in breast cancer survivors with chronic

- neuropathic pain: Preliminary evidence using voxel-based morphometry. *Acta Neurologica Belgica*. DOI: 10.1007/s13760-022-01877-5
- Nicholson, A.A., Siegal, M., Wolf, J., Narikyzy, S., Roth, S.L., **Hatchard, T.**, Schneider, M.A., McKinnon, M., Lanius, R., Heber, A., Smith, P., & Lueger-Schuster, B. (2022). A Systematic Review of the Neural Correlates of Minority Stress: Towards a Minority Mosaic Framework with Implications for Mental Health Risk and Resiliency. *European Journal of Psychotraumatology*, DOI: [10.1080/20008198.2021.2002572](https://doi.org/10.1080/20008198.2021.2002572)
- Hatchard, T.**, Byron-Alhassan, A., Mioduszewski, O., Holshausen, K., *Correia, S., Leeming, A., Ayson, G., *Chiasson, C., Fried, P., Cameron, I., & Smith, A. (2021). Working overtime: Altered functional connectivity in working memory following regular cannabis use in young adults. *International Journal of Mental Health and Addiction*, 19, 1314-1329. DOI: doi.org/10.1007/s11469-020-00226-y.
- Smith, A.M., Leeming, A., Fang, Z., **Hatchard, T.**, Mioduszewski, O., Schneider, M.A., *Ferdossifard, A., Shergill, Y., Khoo, E., & Poulin, P. (2021). 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*, 15, 518-525. DOI: doi.org/10.1007/s11764-020-00945-0
- 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.
- 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*, 14, 915-922. 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
- 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](https://doi.org/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](https://doi.org/10.1176/appi.ajp.2018.18070834).

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

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

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

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Professional Background

I earned a B.Sc. from Western University, and received my Ph.D. in Clinical Psychology in 2014 from Lakehead University. I went on to complete my pre-doctoral residency training at St. Joseph's Healthcare Hamilton. I am currently working as a psychologist at the Anxiety Treatment and Research Clinic at St. Joseph's Healthcare Hamilton, and hold a part-time appointment as an Assistant Professor in the Department of Psychiatry and Behavioural Neurosciences at McMaster University. My clinical work is focused on the assessment and cognitive behavioural treatment of patients with anxiety and related disorders. Research interests include the development, evaluation, and dissemination of transdiagnostic behaviour therapy in the adolescent population, and developmentally adapted Cognitive Processing Therapy. I actively supervise psychology residents, psychiatry residents, psychology practicum students, and CBS students within McMaster University.

More About Me

I identify as a White, straight woman (she/her), with mixed European ancestry. I was born and raised in a small beach town on the shores of Lake Huron. I moved to the Hamilton area to complete my residency, and now live in the Niagara area with my husband, two boys, my dog (a Great Dane), and my cat. Throughout my university years, I enjoyed rock climbing, sky diving, and bungee jumping, but these days I spend most of my spare time camping, hiking, and gardening.

Selected Publications

Penta, S., Correia, S., Schneider, M., Holshausen, K., Mutschler, C., Haefer, S., Ferdossifard, A., Wilson, R., **Hewitt, J.**, Roth, S.L., Boylan, K., & Hatchard, T. (Accepted). Sex and gender in treatment response to dialectical behavior therapy: Current knowledge, gaps, and future directions. *The Cognitive Behavioural Therapist*.

Ouellette, M.J., Mutschler, C., Roth, S.L., McCabe, R.E., Tissera, T., Patel, H., Boyd, J.E., Nicholson, A.A., **Hewitt, J.**, Lopez, J., Jeffs, L., Schneider, M., McKinnon, M.C., & Hatchard, T. (Revisions Submitted). The Transcending Protocol: A cognitive-behavioural framework for minority stress among transgender and gender diverse (TGD) youth. Submitted to *Journal of LGBTQ Issues in Counseling*.

Hatchard, T., Mutschler, C., Boyd, J., **Hewitt, J.**, Syan, S.A., Elcock, A., Rowa, K., & McCabe, R. (Submitted). Does age effect treatment? Outcomes for transition-aged youth with anxiety and related disorders in general adult disorder specific CBT groups. Submitted to *Behavioural and Cognitive Psychotherapy*.

Gros, D. F., Merrifield, C., **Hewitt, J.**, Elcock, A., Rowa, K., & McCabe, R. E. (2021). Preliminary Findings for Group Transdiagnostic Behavior Therapy for Affective Disorders Among Youths. *American Journal of Psychotherapy*, 74, 36-39. doi: 10.1176/appi.psychotherapy.20200003

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Professional Background

I received my Ph.D. from the University of Calgary and completed my pre-doctoral residency training at Calgary Clinical Psychology Residency program. I am psychologist and clinical consultant with the Ontario Structured Psychotherapy Program, West Region and I also work with the Anxiety Treatment and Research Clinic and Mood Disorders Program. My clinical work is focused on the assessment and treatment of clients with anxiety and mood disorders. My research is focused on the evaluation of cognitive behavioural therapies and mindfulness-based therapies for clients with anxiety and mood disorders.

More About Me

I was born in Alberta but grew-up in a small town on Georgian Bay. I returned to Alberta for my graduate training and then came back to Ontario and settled in the 'Golden Horseshoe' with my family to start my professional career. I enjoy exploring the many hiking trails and waterfalls in the Hamilton area.

Selected Publications

- O'Neil, L., D'Elia, A., Bower, M., Dennis, B.B., Bhat, M., Litke, K., McCabe, K., Whattam, J., Garrick, L., Chalmers, S., Simons, S., **Key, B.L.**, Goyert, S., Laplante, P., Xia, F., Guyatt, G., Thabane, L., Semaan, Z. (2020). Feasibility of behavioural activation group therapy in reducing depressive symptoms and improving quality of life in patients with depression: the BRAVE pilot trial. *Pilot and Feasibility Studies*, 6, 61
- 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*, 24(5), 1–12. DOI: 10.1002/cpp.2076
- 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.

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Professional Background

I received my 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. I 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. I am privileged to have spent most of my clinical career working with individuals with schizophrenia and other psychotic-spectrum illnesses who often face significantly more systemic barriers and stigma in the mental health system compared to those struggling with other mental health issues. This has translated into developing greater appreciation for the necessity of advocacy in the work we do as clinical psychologists and is something that I incorporate into my teaching and clinical supervision. My therapeutic approach is CBT and interpersonally informed and I am actively involved in IPT supervision and teaching within the Department of Psychiatry and Behavioural Neuroscience at McMaster University, where I hold a full-time academic appointment.

More About Me

I was born in Eastern Europe and grew up in Toronto. In my spare time, I try to practice self-care that includes reading, gardening, cooking and regular yoga practice that helps me to feel more balanced, healthy, and accessible to my family, friends, students, and clients.

Selected Publications

- Goegan, S.A., Hasey, J.P., **King, J.P.**, Losier, B.J., Bieling, P.J., McKinnon, M.C., & McNeely, H.E. (2022). Naturalistic Study on the Effects of Electroconvulsant Therapy (ECT) on Depressive Symptoms. *The Canadian Journal of Psychiatry*, 6(5):351-360, [doi:10.1177/07067437211064020](https://doi.org/10.1177/07067437211064020)
- Ballantyne, E.C., **King, J.P.**, & Green, S.M. (2021). Preliminary Support for a Cognitive Remediation Intervention for Women During the Menopausal Transition: A Pilot Study. *Frontiers in Global Women's Health*, doi: [10.3389/fgwh.2021.741539](https://doi.org/10.3389/fgwh.2021.741539)
- Tulloch, T. G., **King, J. P.**, Pellizzari, J. R., & McNeely, H. E. (2021). Overview of psychotherapy principles for patients with kidney disease. In: *Psycho-nephrology: A guide to principles and practice*. Editors: A. Hategan, J. A. Bourgeois, A. Gangji, & T. Woo, Eds. Switzerland: Springer.
- McNeely, H. E., Tulloch, T. G., Pellizzari, J. R., & **King, J. P.** (2021). The role of psychometric assessment of neuropsychological function in kidney disease. In: *Psycho-nephrology: A guide to principles and practice*. Editors: A. Hategan, J. A. Bourgeois, A. Gangji, & T. Woo, Eds. Switzerland: Springer.
- Ballantyne, E.C., **King, J.P.**, & Green, S.M. (2021). Cognitive Remediation for

- women during the menopausal transition: a pilot study. *Maritas*, 152: 74-75.
doi: [10.1016/j.maturitas.2021.08.027](https://doi.org/10.1016/j.maturitas.2021.08.027)
- 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/mcmttextbook/chapter/B31.II.21.29>
- Parlar, M.E., Spilka, M.J., Wong Gonzalez, D., Ballantyne, E.C., Dool, C., Gojmerac, C., **King, J.P.**, HcNeely, 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*, 34(7-8): 1395-1410.
doi:10.1080/13854046.2020.1810324. Epub 2020 Sept 10.
- 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*. Editors: 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.P.**, 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://respitemachealth.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>
- Wilkins, L.K., Girard, T.A., Herdman, K.A., Christensen, B. K., **King, J.P.**, Kiang, M., & Bohbot, V.D. (2017). Hippocampal activation and memory performance in schizophrenia depend on strategy use in a virtual maze. *Psychiatry Research*, 30 (268): 1-8.
- McNeely, H.E. & **King, J.P.** (2017). *Neuropsychology in Late Life*: In: A. Hategan, J.A. Bourgeois, C. Hirsch & C. Giroux, Eds. *Textbook of Geriatric Psychiatry*. Switzerland: Springer.

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Professional Background

I received my Ph.D. in clinical psychology from Queen’s University in 2020. For my pre-doctoral residency, I was at Queen Elizabeth II Health Sciences Centre in Halifax, Nova Scotia, where I worked in various health psychology rotations, including pain, oncology, cardiology, liver/kidney transplant, and GI clinic. I am currently working as a psychologist in the Pain Clinic at St. Joe’s, and I’m a part-time assistant professor in the Department of Psychiatry and Behavioural Neurosciences at McMaster University. My clinical interests include assessment, treatment, and consultation with individuals with chronic pain and chronic illness. My research focuses on understanding the biopsychosocial impact of chronic conditions on a person’s 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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Professional Background

I received my PhD in clinical psychology in 1994 from Queen’s University. I completed my residency training at Hotel Dieu Hospital in Kingston, Ontario where I went on to set up a group-based CBT treatment program for adolescents with eating disorders. I moved to St. Joseph’s Healthcare in 1996 and in 2000 established an outpatient program for patients with eating disorders where I am now clinical lead. I am also an Assistant Professor in the Department of Psychiatry and Behavioural Neurosciences at McMaster University and an associate of the Department of Psychology, Neuroscience, and Behaviour where I supervise both undergraduate and graduate students. I also hold a number of positions at the provincial level: I am on the steering committee for the provincial adult eating disorder programs; the steering committee for Eating Disorders Ontario; and am a clinical advisor for the provincial Eating Disorder Promotion, Prevention and Early Intervention initiative. I have written treatment manuals for CBT group-based treatment of eating disorders which are used across the provincial eating disorders programs, particularly the specialized treatment for Binge Eating Disorder. My research interests are broadly concerned with understanding risk for and treatment of eating disorders, with a particular interest in understanding factors that impact treatment outcomes for individuals with eating disorders.

More About Me

I identify as a White female of both French and Scottish heritage. I was born in Montreal and grew up living internationally, moving to the Caribbean Islands, Europe, Asia and the United States and returning to Canada to go to university. It delights me that I now live in a part of Canada where past generations of my family lived – makes me feel like I have roots! I live just south of Guelph with my husband (and dog!) in an historic limestone farmhouse where we raised our three boys. I am obsessed with gardening, love hiking, dabble in watercolour painting, piano and enjoy spending time with family and friends.

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. M.**, & Lucibello, K. M. (2022). Weight control beliefs in the treatment of binge-eating disorder: Why might they matter? *International Journal of Eating Disorders*, 1– 6. <https://doi.org/10.1002/eat.23713>
- 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.
- 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. R., **Laliberte, M.**, MacKillop, J., & Balodis, I. M. (2019). Systematic review of the effects of acute stress in binge eating disorder. *European Journal of Neuroscience*, 50(3), 2415-2429.

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Professional Background

I completed my Ph.D. in Clinical psychology at The University of the West Indies, Jamaica (honours, 2012). Thereafter, I pursued postdoctoral studies in substance use research at the Centre for Addiction and Mental Health (CAMH), Toronto and also postdoctoral studies in Global Mental Health: Trauma and Recovery at Harvard University, Cambridge. Upon transitioning to Canada, I completed my supervised practice year with Altum Health (UHN) WSIB Specialty Clinic. I later took up a full-time role at the WSIB Specialty Clinic at St. Joseph's Healthcare Hamilton in 2020. I am also a part-time Assistant Professor in the

Department of Psychiatry and Behavioural Neurosciences at McMaster University. My Research interests include the trauma related disorders, depression, anxiety and black experiences.

More About Me

I identify as a black, straight, woman (she/her). I am mother to a beautiful girl, wife, sister, auntie, daughter and friend. My favorite exercise option is cycling, I love flowers, gardening and watching all things HGTV.

Selected Publications:

Longman-Mills, S., Whitehorne-Smith P., Mitchell C., Shields L., Abel, W. (2021). *Culture and Mental Health in Jamaica*. In Moodley R, Lee E, Editors. The Routledge International Handbook of Race, Culture and Mental Health. Routledge; pp.399-410.

Abel W, **Longman-Mills, S**, Martin JS, Oshi D, Whitehorne-Smith P. (2017). Does Ganja Cause Mental Illness? Perspectives from a Population-based Assessment of Mental Health Literacy in Jamaica. *West Indian Medical Journal*, doi: 10.7727/wimj.2017.209

Irons-Morgan M, Abel W, **Longman-Mills, S**, Martin J, Mitchell C, Whitehorne-Smith P. (2017). Psychological Autopsy of Cases of Suicide for the Year 2012. *West Indian Medical Journal Open*, doi:[10.7727/wimj.2017.190](https://doi.org/10.7727/wimj.2017.190)

Longman-Mills, S, Mitchell C. (2017). Alcohol misuse in adulthood following experiences of psychological maltreatment during childhood. *International Public Health Journal*, 9(1):43-9.

Powell-Booth K, De La Haye W, **Longman-Mills, S**. (2016). Impact of cannabis on the neurocognitive performance of Jamaican adolescents. *Mental Health Addiction Research*, 1(4):71-3.

Ceïde ME, Williams NJ, Seixas A, **Longman-Mills, SK**, Jean-Louis G. (2015). Obstructive Sleep Apnea Risk and Psychological Health among Non-Hispanic Blacks in the Metabolic Syndrome Outcome (MetSO) Cohort Study. *Annals of Medicine*, 47(8):687-93.

Longman-Mills, S, Abel W, De La Haye W.(2015). Substance Abuse during Adulthood Subsequent to the Experience of Physical Abuse and Psychological Distress during Childhood. *West Indian Medical Journal Open*, 2(1):7-10.

Longman-Mills, S, Whitehorne-Smith P, De La Haye W. (2015). Substance Abuse and Its Relationship with Household Dysfunction and Psychological Distress among University Students. *West Indian Medical Journal Open*, 2(1):3-6.

Longman-Mills, S, Haye WDL, Hamilton HA, Brands B, Wright MdG, Cumsille F, et al. (2015). Psychological maltreatment and its relationship with substance abuse among university students in Kingston, Jamaica. *Texto & Contexto – Enfermagem*, 24:63-8.

Longman-Mills, S, Williams YMG, Rodriguez MOM, Baquero MRG, Rojas JDG, Amaya CJd, et al. (2015). The association between adult drug abuse and childhood maltreatment in students attending seven universities in five countries in Latin America and one country in the Caribbean. *Texto & Contexto – Enfermagem*, 24:26-32.

Gough H, **Longman-Mills, S**, De La Haye W, Mann R, Brands B, Hamilton H, et al. (2015). Family relations, peer influence, spirituality and drug use among students in one university in Kingston, Jamaica. *Texto & Contexto – Enfermagem*,24:184-9.

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Professional Background

I received my Ph.D. in 1999 from Dalhousie University, and completed my internship at Camp Hill Medical Centre in Halifax, Nova Scotia. I have been employed at St. Joseph's Healthcare Hamilton since 2001. I am 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, I am 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. I also hold the rank of associate professor in the Department of Psychiatry and Behavioural Neurosciences at McMaster University. I love teaching and my responsibilities have included didactic seminars to both Psychology and Psychiatry residents, as well as supervision of undergraduate and graduate psychology research programs. Additionally, I participate in the undergraduate medical student education programs (eg foundation tutorials). My

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. As well, a key research focus of mine is Moral Injury in individuals found Not Criminally responsible. I have the privilege of sitting 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, I published over a dozen peer reviewed journal articles and given numerous presentations at professional conferences.

Selected Publications

Roth, S., Andrews, K., Protopopescu, A., Lloyd, C., O'Connor, C., **Losier, B.J.**, Lanius, R. A., McKinnon, M.C. (2022) Mental Health Symptoms in Public Safety Personnel. *Traumatology*. Advance online publication. <https://doi.org/10.1037/trm0000367>.

Johnston, A. Ambrosini, D. and **Losier, B.** (2021). An investigation on the impact of the illusory truth effect on a juror's decision-making process: Is it better to be early or late when it comes to critical evidence?. *International Journal of Risk and Recovery*.

Goegan, S.A., Hasey, G.M., King, J.P., **Losier, B.J.**, Bieling, P.J., McKinnon, M.C., and McNeely, H.E. (2021) Naturalistic Study on the Effects of Electroconvulsive Therapy (ECT) on Depressive Symptoms. *The Canadian Journal of Psychiatry*.

Roth, S., Qureshi, A., Moulden, H.M., Chaimowitz, G.A., Lanius, R. A., **Losier, B.J.**, & McKinnon, M.C., (2021) "Trapped in their Shame": A Qualitative Investigation of Moral Injury in Forensic Psychiatry Patients. *Criminal Justice and Behavior*.

Perrotta, S. and **Losier, B.** (2021). Program evaluation Report on the Social Determinant of Health and Equity in a Forensic Psychiatry Program. *International Journal of Risk and Recovery*.

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Professional Background

I have been a member of the Clinical Neuropsychology Service at St. Joseph's Healthcare Hamilton and an Assistant Professor (PT) in the Department of Psychiatry and Behavioural Neurosciences at McMaster University since 2014. I earned a B.A. from the University of Iowa in 2000 and M.A. and Ph.D. degrees in Clinical Psychology at the State University of New York at Binghamton in 2004 and 2006. I completed a clinical internship in both Clinical and Neuropsychology at the Medical University of South Carolina in 2005-2006, followed by a two-year postdoctoral fellowship specializing in Neuropsychology at the Beth Israel Deaconess Medical Center through Harvard Medical School from 2006-2008. I have been board certified in Neuropsychology through the American Board of Professional Psychology (ABPP) since 2012. Prior to joining SJHH, I worked in both clinical and neuropsychology roles in 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. I am passionate about promoting post-graduate training in Neuropsychology in Canada, and am the director of the Neuropsychology postdoctoral fellowship program here at St. Joes, serve as a member on the ABCN Canadian sub-committee, and the co-chair of the AACN Board Certification Promotion committee, and I am also a mentor for AACN. I serve on the SJHH EDI Council and actively acknowledge the many barriers to performing culturally proficient evaluations in Neuropsychological and Psychological assessment. I have an appreciation for a holistic approach to assessment, treatment, and intervention, which actively considers medical, neurological, psychological, cultural, and behavioural factors as collectively impacting the wellness of an individual. My clinical and research interests focus on this perspective in applied clinical contexts, particularly pertaining to interventions and assessment within acute inpatient psychiatry.

More About Me

I'm a first-generation University graduate. In my spare time, I enjoy spending time with my family and two dogs.

Selected Publications

MacKillop, E. J. A., Campbell, M., McCartney, K., Rodrigo, A. H. (accepted for publication). Examining Positive Outcomes of Therapeutic Interventions in Acute Inpatient Psychiatry with Recreation Therapy as Linchpin to Interprofessional Collaboration. *Therapeutic Recreation: Practice and Research Journal of Therapeutic Recreation Ontario*, Vol. 16.

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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Professional Background

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

Battaglia, A. M., Gicas, K. M., **Mamak, M.**, & Goldberg, J. O. (2022). Mistakes in interpersonal perceptions: Social cognition in aggressive forensic psychiatry patients. *Criminal Behaviour & Mental Health*, 14. <https://doi.org/10.1002/cbm.2228>

Battaglia AM, **Mamak M**, Goldberg JO. The impact of social media coverage on attitudes towards mental illness and violent offending. *J Community Psychol*. 2022 Jan 30. doi: 10.1002/jcop.22807. Epub ahead of print. PMID: 35098551.

Mamak, M., Prosser A., Vincent, G. M., Maney, S. M., Hart, S. D. (2021). The Use of Risk Assessment Instruments for Sex Offenders. Sex Offender identification, risk assessment, treatment and legal issues. Second edition. Editors: Fabian Saleh, John Bradford and Daniel Brodsky. Oxford University Press published October 2021, New York New York.

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

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Professional Background

After completing my graduate training in psychology at the University of Toronto and internship at the Toronto General Hospital Eating Disorder Program, I began a post doctoral fellowship at the Anxiety Treatment and Research Clinic at St. Joseph's Healthcare Hamilton and found my work home. After several years as a staff psychologist in the Anxiety Treatment and Research Clinic, I took on the role of Manager of the Anxiety Treatment Research Clinic, Clinical Neuropsychology Services, Centralized Psychology Services and Eating Disorders Clinic. More recently, I took on a higher leadership role as Clinical Director of a portfolio of programs including CONNECT Central Intake, Mood Disorders Program, Anxiety Treatment and Research Clinic, Eating Disorders Clinic, Clinical Neuropsychology Service, Nunavut Virtual Mental Health Clinic, and the Youth Wellness Clinic as well as the Ontario Structured Psychotherapy Program for the Ontario West Region. I am also a Professor in the Department of Psychiatry and Behavioural Neurosciences at McMaster University where I am Academic Head of the Anxiety Division and Co-Lead of the Department Mentoring Program. My research interests are primarily in the area of anxiety and cognitive behavior therapy. Current projects that are funded by the Canadian Institutes of Health Research include the validation of the Diagnostic Assessment Research Tool (DART) and a randomized controlled trial of mindfulness based cognitive therapy vs cognitive behaviour therapy for obsessive compulsive disorder.

More About Me

I was born in Toronto but grew up in a small town called Streetsville, now in the heart of Mississauga. I enjoy yoga, walking my two dogs, hiking, and watching my kids play sports.

Selected Publications

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.
- Schneider, L.H., MacLeod, S., & **McCabe, R.E.** (in press). Investigating the Psychometric Properties of the Severity Measure for Specific Phobia. *Journal of Psychopathology and Behavioral Assessment*.
- Donegan, E., Frey BN, **McCabe, R.E.**, Streiner, DL, Fedorkow DM, Furtado M, Green SM. (in press). Impact of the CBT-Meno Protocol on Menopause-Specific Beliefs, Dysfunctional Attitudes, and Coping Behaviors. *Menopause*.
- Lenton-Brym, A.P., Provost-Walker, O., Tsekova, V., **McCabe, R.E.**, & Rowa, K. (in press). Positive beliefs about post-event processing in social anxiety disorder. *Behaviour Change*.
- Boyd, J.E., Ouelette, M.J., Puccinelli, C., & **McCabe, R.E.** (2022). Case formulation, behavior analysis and diagnostic interviews. *Reference Module in Neuroscience and Biobehavioral Psychology*. Elsevier, <https://doi.org/10.1016/B978-0-12-818697-8.00197-7>
- Schneider, L.H., Pawluk, E.J., Milosevic. I., Shnaider, Ph., Rowa, K., Antony, M.M., Musielak, N., & **McCabe, R.E.** (2022). The Diagnostic Assessment Research Tool in Action: A preliminary evaluation of a semistructured interview for DSM-5 disorders. *Psychological Assessment*, 34, 21-29. doi: 10.1037/pas0001059
- Agako, A., Burckell, L., **McCabe, R.E.**, Frey, B., Barrett, E., Silang, K. & Green, S. (2022). A pilot study examining the effectiveness of a short-term, DBT informed, skills group for emotion dysregulation during the perinatal period. *Psychological Services*.
- Donegan, E., Frey, B.N. **McCabe, R.E.**, Streiner, D.L., & Green, S. (2022). Intolerance of uncertainty and perfectionistic beliefs about parenting as cognitive mechanisms of symptom change during cognitive behavioural therapy for perinatal anxiety. *Behavior Therapy*. <https://doi.org/10.1016/j.beth.2022.02.005>
- D'Alessandro, A.M., Ritchie, K., **McCabe, R.E.**, Lanius, R.A., Heber, A., Smith, P., Malain, A., Schielke, H., O'Connor, C., Hosseiny, F., Rodrigues, S., & McKinnon, M.C. (2022). Healthcare workers and COVID-19-related moral injury: An interpersonally-focused approach informed by PTSD. *Frontiers in Psychiatry*. doi: 10.3389/fpsy.2021.784523.
- Cudney, L., Frey, B., **McCabe, R.E.**, & Green, S. (2022). Investigating the relationship between objective measures of sleep and subjective ratings of sleep quality in healthy adults: A review. *Journal of Clinical Sleep Medicine*, 18, 927-936.
- Snelgrove, N., Zaccagnini, M., McConnell, M., **McCabe, R.E.**, & Sherbino, J. (2022).

The McMaster Advanced Communication Competencies Model for Psychiatry (MACC Model). *Academic Psychiatry*, 46, 210-217.

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Professional Background

Dr. Margaret McKinnon is Full Professor and Associate Chair, Research in Department of Psychiatry and Behavioural Neurosciences at McMaster University, where she holds the Homewood Chair in Mental Health and Trauma. She is also the Research Lead for Mental Health and Addictions at St. Joseph's Healthcare Hamilton and a Senior Scientist at Homewood Research Institute. 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. A licensed clinical psychologist and clinical neuropsychologist, Dr. McKinnon has a special interest in military, veteran, and public safety populations (including healthcare workers), and has worked with these groups clinically and in her research program. She has published or in press nearly 150 scientific works. Work in Dr. McKinnon's lab is supported by federal and provincial funding from the Canadian Institutes of Health Research, the Canadian Institute for Military and Veterans Health Research, Veterans Affairs Canada, Defence Canada, the PTSD Centre of Excellence, MITACS, and the Workers Safety Insurance Board of Ontario, by a generous donation to Homewood Research Institute from Homewood Health Inc., and by generous gifts from private foundations, including True Patriot Love, the Cowan Foundation, the Military Casualty Support Foundation, the FDC Foundation, and the AllOne Foundation. Dr. McKinnon is a frequent commentator in the media on matters related to PTSD, moral injury, and the impact of trauma on special populations.

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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Professional Background

I received my Ph.D. from the University of Waterloo in 1999 and then completed a postdoctoral fellowship at the Rotman Research Institute, Baycrest Centre and my clinical licensure in neuropsychology at the Centre for Addiction and Mental Health (CAMH) in Toronto. I began my career as a clinician-scientist in the Mood and Anxiety Disorders Program at CAMH. After starting a family in Hamilton I was fortunate to obtain a psychologist position in the Schizophrenia Service at St. Joseph's in 2005, and eventually went on to become clinical lead for our centralized neuropsychology service (CNS). I am also an Associate Professor in the Department of Psychiatry and Behavioural Neurosciences where I am currently Director of Interprofessional Faculty Development and Academic Lead, Schizophrenia Division. I hold affiliate faculty positions in the Neuroscience Graduate Program and the Department of Psychology, Neuroscience and Behaviour where I supervise several clinical graduate students and sit on a number of dissertation committees. My scholarly activity has focused on program development, quality improvement, and mentorship. I have held a number of educational leadership roles and more recently hospital leadership positions related to implementation of quality care standards for adults with schizophrenia. My research focuses on the interplay between neurobiological, affective and cognitive processes in functional outcomes in persons with schizophrenia and other serious mental illness.

More About Me

I identify as White with Scottish and Irish ancestry. I was born and raised in a small town in the Ottawa Valley, and made my home in Southern Ontario after moving here in 1996 for graduate studies. I am a married mom to 2 teens and live on a hobby farm west of Hamilton with my family, 2 dogs and 12 chickens. I do what I can to protect our natural environment and I love to garden, make preserves, bird-watch and visit family.

Selected Publications

Goegan, S., Hasey, G, King, J, Losier, B, Bieling, P, McKinnon, M, **McNeely, H.E.** (2022) Naturalistic study on the effects of electroconvulsive therapy (ECT) on depressive symptoms. *Canadian Journal of Psychiatry*; 67(5), 351-360.

- Milanovic, M., **McNeely, H.E.**, Qureshi, A., McKinnon, M. & Holshausen, K. (2022). 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.
- Xiu, B, Andanty, C, Dai,N., Zai, C.C., Graff, A, **McNeely, H.E.**, Daskalakis, Z., De Luca, V. (2021) Association Between the Visual N1-P2 Complex and Neuroticism, *Clinical EEG and Neuroscience*; Sep 13; 1550059421103993 doi: 10.1177/15500594211039937. Online ahead of print. <https://doi.org/10.1177/15500594211039937>
- 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*. 24;1-18. doi: 10.1080/00223891.2021.1895183
- Tulloch, T.G., King, J.P., Pellizzari, J.R., **McNeely, H.E.** (2021) Overview of Psychotherapy Principles for Patients with Renal Disease. In Hategan, A., Bourgeois, J.A., Gangji, A., Woo, T. (Eds) *Psycho-nephrology: A Guide to Principles and Practice*. Springer, Nature, Switzerland.
- McNeely, H.E.**, Tulloch, T.G., Pellizzari, J.R., King, J.P. (2021) Psychometric assessment of neuropsychological function in kidney disease. In Hategan, A., Bourgeois, J.A., Gangji, A., Woo, T. (Eds) *Psycho-nephrology: A Guide to Principles and Practice*. Springer, Nature, Switzerland.
- Losier, B., Jongsma, K, King, JP, **McNeely, HE.** (2021). Cognitive Assessment in Medical Settings. *McMaster Textbook of Internal Medicine*. Eds: Hategan, A, Kates, N. Krakow: 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., **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*, 34(7-8):1395-1410. doi: 10.1080/13854046.2020.1810324. Epub 2020 Sep 10.
- McNeely, H.E.** & King, J.P. (2019). Neuropsychology and the Geriatric Inpatient. In: Fenn, H., Hategan, A. & Bourgeois, Eds. *Inpatient Geriatric Psychiatry*. Springer
- McNeely, H.E.** & King, J.P. (2018). Neuropsychology in Late Life. In: Hategan, A., Bourgeois, J.A., Hirsch, C. & Giroux, C. Eds., *Geriatric Psychiatry: A Case-Based Textbook*. 2018, Springer.

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*

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Professional Background

I (she/her) started my St. Joe's journey in 2010 as a first-time practicum student at the ATRC. I was delighted to return to St. Joe's in 2014, after completing my residency in Ottawa, to join the psychology team in the ATRC and Mood Disorders Outpatient Clinics. In January 2022, I joined Ontario Structured Psychotherapy, West Region (OSP West) as a clinical consultant. I'm also an Assistant Professor (PT) in the Department of Psychiatry and Behavioural Neurosciences at McMaster University and maintain a small roster of private practice clients in my spare time. I am licensed to practice with both adolescent and adult populations. I attended grad school at the University of Waterloo, where I was lucky enough to be a recipient of a prestigious Vanier Canada Graduate Scholarship.

Since the beginning of the COVID-19 Pandemic, I have been part of SJHH's COVID-19 Healthcare Worker Support Team and the Coping & Resilience Support (CARS) Mobile Team, where I have been honoured to provide individual and group peer support, coping, and resilience strategies to frontline healthcare workers throughout the pandemic. I very much enjoy working with learners and both teach and supervise at the undergraduate, graduate, and post-graduate levels across a number of disciplines. My clinical and

research interests focus broadly on assessment and CBT/CBT-based interventions related to anxiety, depression, obsessive-compulsive, trauma, and stressor related disorders. I was a member of Diagnostic Assessment and Research Tool (DART) Working Group and contributed to the writing and development of the DART (a modular, semi-structured diagnostic interview for assessing mental disorders based on DSM-5 diagnostic criteria). I have published scientific papers in peer-reviewed journals and book chapters and have presented my work at local, national, and international professional conferences.

More About Me

Personally, I am a strong advocate for client centered, anti-oppressive, and anti-racist practice and am ally of the 2SLGBTQIA community. Being neurodivergent myself, I welcome learners with differences and strive to adapt my training and supervision to help identify and meet individual needs.

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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Professional Background

I completed my pre-doctoral residency training at St. Joseph's Healthcare Hamilton and received a PhD in Clinical Psychology from Concordia University in 2011. I am a psychologist at the Anxiety Treatment and Research Clinic at St. Joe's, where I am involved in clinical service, research, teaching, and supervision. I also hold an appointment of Associate Professor (FT) in the Department of Psychiatry and Behavioural Neurosciences at McMaster University, and I am the Psychotherapy Associate Lead for the Psychiatry Residency Program in this department. I am also a member of the Psychology Residency Committee and the Coordinator of the Psychology Residency Seminar Series. My clinical interests include assessment and cognitive behavioural treatment (CBT) of anxiety and related disorders, and my research investigates treatment outcomes and mechanisms in CBT for anxiety and related disorders, as well factors related to the phenomenology of these disorders. I have also been involved in the development and ongoing validation of the Diagnostic Assessment Research Tool (DART), a semi-structured psychodiagnostic interview developed with colleagues at St. Joe's and McMaster.

More About Me

I was born and raised along the beautiful Adriatic Coast in Croatia and immigrated to Canada in later childhood. I have lived in many places in Ontario, completed my graduate studies in Montreal, QC, and finally settled in Hamilton when I came to St. Joe's to complete my residency. I love life in the Hammer, where I enjoy spending time outdoors with my family, going to local coffee shops, and honing my novice vegetable gardening skills.

Selected Publications

Milosevic, I., Cameron, D. H., Milanovic, M., McCabe, R. E., & Rowa, K. (2022). Face- to-

face vs. video teleconference group cognitive behavioural therapy for anxiety and related disorders: A preliminary comparison. *The Canadian Journal of Psychiatry*, 67(5), 391-402. <https://doi.org/10.1177/07067437211027319>

Schneider, L. H., Pawluk, E. J., **Milosevic, I.**, Shnaider, P., Rowa, K., Antony, M. M., Musielak, N., & McCabe, R. E. (2022). The Diagnostic Assessment Research Tool (DART) in action: A preliminary evaluation of a semistructured diagnostic interview for DSM-5 disorders. *Psychological Assessment*, 34(1), 21-29. <http://dx.doi.org/10.1037/pas0001059>

Abasi, I., Shams, G., Pascual-Vera, B., **Milosevic, I.**, Bitarafan, M., Ghanadanzadeh, S., & Talebi Moghaddam, M. (2021). Positive emotion regulation strategies as mediators in depression and generalized anxiety disorder symptoms: A transdiagnostic framework investigation. *Current Psychology: A Journal for Diverse Perspectives on Diverse Psychological Issues*. Advance online publication. <https://doi.org/10.1007/s12144-021-01392-5>

Gagné, J-P., Puccinelli, C., Gavric, D., **Milosevic, I.**, McCabe, R. E., Soreni, N., Alcolado, G., Wong, S.F., & Rowa, K. (2021). In vivo versus imaginal: Comparing therapists' willingness to engage in both forms of exposure therapy for repugnant obsessions. *Current Psychology: A Journal for Diverse Perspectives on Diverse Psychological Issues*. Advance online publication. <http://dx.doi.org/10.1007/s12144-021-02161-0>

Pawluk, E. J., Musielak, N., **Milosevic, I.**, Rowa, K., Shnaider, P., Schneider, L. H., Antony, M. M., & McCabe, R. E. (2021). Psychometric properties of the Diagnostic Assessment Research Tool (DART) Self-Report Screener for DSM-5 mental disorders. *Journal of Psychopathology and Behavioral Assessment*. Advance online publication. <http://dx.doi.org/10.1007/s10862-021-09895-y>

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Professional Background

I'm a Clinical and Forensic Psychologist in the Forensic Psychiatry Program at St. Joseph's Healthcare Hamilton and an Associate Professor in the Department of Psychiatry

and Behavioural Neurosciences at McMaster University. I've worked with individuals in the forensic/correctional systems for 20+ years, and I have particular interests in sexual violence, risk assessment and forensic rehabilitation. In terms of teaching and training, you may like to know about specific clinical interests emphasized in supervision with me. I like to focus on client feedback, sound therapy skills in the forensic domain (e.g. responsivity issues), and all aspects of sexual aggression assessment and treatment.

More About Me

On a more personal note, I'm a first generation Canadian of European ancestry and I love gardening, travel, and spending time with my family and friends (including four-legged ones).

Selected Publications

Géa, L., Upfold, C., Qureshi, A., **Moulden, H. M.**, Mamak, M., Bradford, J., & Chaimowitz, G. A. (In press). Public perceptions of vulnerable populations during the COVID-19 pandemic. *Journal of Psychiatric Research*.

Moulden, H. M., Myers, C., Lori, A., & Chaimowitz, G. (2021). The relationship between and correlates of problematic sexual behavior and major mental illness. *Frontiers in Psychology: Forensic and Legal Psychology*.

Chaimowitz, G., **Moulden, H. M.**, Upfold, C., Mullally, K., & Mamak, M. (2021). 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. (2021). "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., & Kapczinski, F. (2021). Predicting offenses among individuals with psychiatric disorders – A machine learning approach. *Journal of Psychiatric Research*.

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*.

Matilda Nowakowski, Ph.D., C.Psych. (she/her)

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Professional Background

I received my Ph.D. in clinical psychology from Toronto Metropolitan University in 2014 and my Ph.D. in experimental psychology from McMaster University in 2009. I completed my 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. Following my postdoctoral fellowship, I worked at the Chronic Pain Clinic and the Bariatric Clinic at SJHH. In 2021, I transitioned to my current role as the Network Clinical Lead for Ontario Structured Psychotherapy West Region (OSP West), a provincial program aiming to increase access to evidence-based psychotherapy for adults struggling with depression, anxiety, and anxiety-related conditions. I am also an Assistant Professor (PT) in the Department of Psychiatry and Behavioural Neurosciences at McMaster University and I teach in the Masters of Science in Psychotherapy Program. My clinical and research interests focus on cognitive-behavior therapy for depression, anxiety, and chronic medical conditions.

More About Me

I identify as a White, Polish Canadian, straight, woman (she/her). I was born in Poland and immigrated to Canada with my parents when I was 6 years old. I grew up in Hamilton, Ontario. I’m a daughter, niece, friend, teacher, and mentor. Outside of work, I enjoy reading, cooking, cardmaking, attending theatre performances, and practicing yoga and ballet.

Selected Publications

Nowakowski, M.E., & Bieling, P.J. (2022). An overview of group cognitive behavioral therapy: Science and practice. In G.J.G. Asmundson (Ed.), *Comprehensive clinical psychology (2nd Edition)*, New York, NY: Elsevier.

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*, 40, 468-478.

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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Professional Background

I received my PhD in clinical psychology from Toronto Metropolitan University in 2016 and completed my psychology residency at the London Clinical Psychology Consortium in London, Ontario. Following my graduate training I completed a Postdoctoral Fellowship in Clinical Psychology at the Anxiety Treatment and Research Clinic (ATRC) at St. Joseph's Healthcare Hamilton and McMaster University. In my position as a staff psychologist at the ATRC, I am actively engaged in clinical work, research, and supervision. My primary

research focus is on the development and validation of the Diagnostic Assessment Research Tool (DART; McCabe et al., 2017) and I am also interested in the study of worry.

I have a teaching and leadership role within the Department of Psychiatry and Behavioural Neurosciences at McMaster University. I am an Assistant Professor and direct the Masters of Sciences in Psychotherapy Program and the Clinical Behavioural Sciences Graduate Diploma Program. I teach a course on psychotherapy research and supervise students in their training in cognitive behavioural therapy.

More About Me

I identify as a white female with mixed European and Ukrainian ancestry. I spent my childhood in western Canada between Alberta and British Columbia before moving to Ontario in my adolescence. I live with my husband and child and I enjoy spending time outdoors and trying new recipes.

Selected Publications

Zheng, S., Marcos, M., Stewart, K. E., Szabo, J., **Pawluk, E. J.**, Girard, T. A., & Koerner, N. (2022). Worry, intolerance of uncertainty, negative urgency, and their associations to paranoid thinking. *Personality and Individual Differences*. Advance online publication.

Pawluk, E. J., Koerner, N., Kuo, J. R., & Antony, M. M. (2021). An experience sampling investigation of emotion and worry in people with generalized anxiety disorder. *Journal of Anxiety Disorders*, 84.

Pawluk, E. J., Musielak, N., Milosevic, I., Rowa, K., Shnaider, P., Schneider, L. H., ... & McCabe, R. E. (2021). An Evaluation of the Diagnostic Assessment Research Tool (DART) Screener for DSM-5 Disorders. *Journal of Psychopathology and Behavioral Assessment*, 34(1). 21-29.

Schneider, L. H., **Pawluk, E. J.**, Milosevic, I., Shnaider, P., Rowa, K., Antony, M. M., Musielak, N., & McCabe, R. E. (2021). The diagnostic assessment research tool in action: A preliminary evaluation of a semistructured diagnostic interview for DSM-5 disorders. *Psychological Assessment*, 34(1). 21-29.

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.

Malivoire, B. L., Marcos, M., **Pawluk, E. J.**, Tallon, K., Kusec, A., & Koerner, N. (2018). Look before you leap: The role of negative urgency in appraisals of ambiguous and unambiguous scenarios in individuals high in generalized anxiety disorder symptoms. *Cognitive Behaviour Therapy*, 48, 217-240.

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, 24*, 1109-1120.

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.

Joseph Pellizzari, Ph.D., C.Psych. (he/him)

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Professional background

I received my Ph.D. in 2000 from the University of Western Ontario and completed my internship at Victoria Hospital (London Health Sciences Centre). I have always worked in the broad area of psychosomatics and much of this work has been in the acute medical/surgical setting. Over the years, I have been fortunate to collaborate with a number of medical specialties, including respirology, palliative care, critical care, and renal transplant. These collaborations have offered the opportunity to teach and train learners interested in health and rehabilitation psychology. Since the pandemic, I have become very passionate about providing mental health and psychosocial supports to our fellow healthcare worker colleagues. I also have the distinct honour of representing our exceptionally talented psychology group at the corporate level as Professional Practice Lead. I have a part-time appointment with the McMaster Department of Psychiatry and Behavioural Neurosciences (Associate Professor).

More About Me

My parents were Italian immigrants. I grew up in Guelph and lived in London for many years before moving to Hamilton where I now reside with my wife, child, multiple cats, and fish tanks. I enjoy spending time with my family and friends, following my favourite sports teams, obsessing over audio gear, and curating my vinyl record collection.

Selected Publications

Pellizzari, J.R., Tulloch, T.G., & McCabe, R. (in press). Crisis in integrated health settings and life-threatening illnesses. In F.M. Dattilio, D.I. Shapiro, & D.S. Greenaway, (Eds.), *Cognitive Behavioral Strategies in Crisis Intervention (4th Ed.)*. Guilford.

Pellizzari, J.R., Haber, E., Rowa, K., Milosevic, I., & McCabe, R. (2022). Psychologists on the frontline of healthcare worker supports at St. Joseph's Healthcare Hamilton. *Psynopsis: Canada's Psychology Magazine, 44(2)*, 16-17.

Pellizzari, J.R. (2022). Psychological aspects of adaptation to critical care nephrology, dialysis, and transplantation for the patient and the caregiver. In A. Hategan, J.A. Bourgeois, A.S. Gangji & T.K.W. Woo (Eds.), *Psychonephrology: A Guide to Principles and Practice*. (pp. 253-267). Cham, Switzerland: Springer Nature.

Karen Rowa, Ph.D., C.Psych. (she/her)

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Professional Background

I received my PhD in clinical psychology in 2003 from the University of Waterloo and completed my residency training at the Centre for Addiction and Mental Health in Toronto, Ontario. Following that, I completed a 2-year CIHR-funded postdoctoral fellowship at the Anxiety Treatment and Research Clinic (ATRC) at St. Joseph's Healthcare and then transitioned to my current position as a psychologist at the ATRC. I am also an Associate Professor in the Department of Psychiatry and Behavioural Neurosciences at McMaster

University and have a cross appointment in the Department of Psychology, Neuroscience, and Behaviour at McMaster University where I supervise graduate students in the clinical psychology graduate program. I am the Director of Training in the Psychology Residency Program at St. Joseph's. My research interests, broadly, involve understanding anxiety and related disorders (including Hoarding Disorder) through a cognitive behavioural lens. My goal is to conduct research that has immediate and meaningful implications for individuals with anxiety and related disorders.

More About Me

I identify as female and White with mixed European ancestry. I was born and raised in Vancouver, BC but was not able to master skiing until I moved to Ontario as an adult and was introduced to kinder, gentler ski hills. I live in Hamilton with my husband, two kids, and very cute dog. I love to read, hike, laugh, support the Toronto Raptors, spend time with my family and friends, and consume good food and wine.

Selected Publications

Lenton-Brym, A.P., Provost-Walker, V., Tsekova, V., McCabe, R.E., & **Rowa, K.** (2021). Positive beliefs about post-event processing in social anxiety disorder. *Behaviour Change*, doi:<http://dx.doi.org/10.1017/bec.2021.25>

Boyd, J.E., Cameron, D.H., Shnaider, P., McCabe, R.E., & **Rowa, K.** (2021). Sensitivity and specificity of the PTSD Checklist for DSM-5 (PCL-5) in a Canadian Psychiatric Outpatient Sample. *Journal of Traumatic Stress*, doi:<http://dx.doi.org/10.1002/jts.22753>

Gagné, J-P., Puccinelli, C., Gavric, D., Milosevic, I., McCabe, R.E., Soreni, N., Alcolado, G., Wong, S.F., & **Rowa, K.** (2021). In vivo versus imaginal: Comparing therapists' willingness to engage in both forms of exposure therapy for repugnant obsessions. *Current Psychology: A Journal for Diverse Perspectives on Diverse Psychological Issues*, doi:<http://dx.doi.org/10.1007/s12144-021-02161-0>

Schneider, L. H., Pawluk, E. J., Milosevic, I., Shnaider, P., **Rowa, K.**, Antony, M. M., Musielak, N., & McCabe, R. E. (2021). The Diagnostic Assessment Research Tool (DART) in action: A preliminary evaluation of a semistructured diagnostic interview for DSM-5 disorders. *Psychological Assessment*, doi:<http://dx.doi.org/10.1037/pas0001059>

Milosevic, I., Cameron, D. H., Milanovic, M., McCabe, R. E., & **Rowa, K.** (2021). Face-to-face vs. video teleconference group cognitive behavioural therapy for anxiety and related disorders: A preliminary comparison. *The Canadian Journal of Psychiatry*, 1-12. DOI: 10.1177/07067437211027319

Pawluk, E. J., Musielak, N., Milosevic, I., **Rowa, K.**, Shnaider, P., Schneider, L. H., Antony, M. M., & McCabe, R. E. (2021). *Psychometric properties of the Diagnostic Assessment Research Tool (DART) Self-Report Screener for DSM-5 mental disorders*. *Journal of Psychopathology and Behavioral Assessment*, doi:<http://dx.doi.org/10.1007/s10862-021-09895-y>

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*, *77*, 2216-2227.

Hassan, R., **Rowa, K.**, McCabe, R.E., Lahat, A., & Schmidt, L.A. (2021). Shyness and anxiety: Protective role of extraversion. *Personality and Individual Differences*, *178*, <https://doi.org/10.1016/j.paid.2021.110859>

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Professional Background

I received my Ph.D. in Clinical Psychology from York University in 2006. My clinical and research interests have included the experiences of sexual and gender minority youth, antigay violence, sexual and relationship violence, and professional boundary transgressions. I have worked with both the provincial and federal ministries of corrections. In addition to my role as psychologist in the Forensic Psychiatry Program, I maintain a private practice in Hamilton and Toronto with a focus on assessment for criminal and civil proceedings, treatment for offenders in the community, and intervention for professionals facing censure or discipline by their regulatory bodies. My current research interests include evaluating the efficacy of substance abuse and CBTp interventions for forensic populations.

More About Me

I am (at least) 4th generation Canadian with mixed Irish, Scottish, and French Canadian ancestry. Born and raised in Ontario, I enjoy quiet weekends in the Kawarthas with my partner and family, who have learned to trust me with a chainsaw.

Selected Publications

Sheridan, P., Coelho, M., Olagunju, A. T., & Chaimowitz, G. A. (2022). Adapting CBTp in a forensic context. In P. A. Zapf (Ed.), *Innovative treatment approaches in correctional and forensic settings*. Manuscript in preparation.

Olagunju, A. T., **Sheridan, P.**, Oliveira-Picado, C., & Chaimowitz, G. A. (2022). *Semistructured manualized treatment program (SSMTP) for substance abuse disorders in forensic patients with concurrent disorders*. Manuscript in preparation.

Prat, S., **Sheridan, P.**, Fraser, C., & McLean, A. (2021, April 14-16). *What's new in forensic sexology? Sexual fantasies, sex dolls, and sex doll brothels* [Conference presentation]. 14th Annual Risk & Recovery Forensic Conference, Hamilton, 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., & Grimes, K. M. (2019, April 10-12). Implementation of CBTp for forensic patients [Conference presentation]. 13th Annual Risk & Recovery Forensic Conference, Hamilton, Ontario.

Sheridan, P., Prat, S., Fraser, C., & McLean, A. (2019, April 10-12). *And you thought you'd heard everything... What's new in forensic sexology?* [Conference presentation]. 13th Annual Risk & Recovery Forensic Conference, Hamilton, Ontario.

Sheridan, P. (2018, July 23-27). *Recognizing and managing transference and countertransference in forensic practice* [Conference presentation]. The Forensic Psychiatry Institute 2018, Huntsville, Ontario.

Sheridan, P., Solow, M. L., & Oliveira-Picado, C. (2018, April 11-13). *Weed matters: Managing risk of forensic outpatients in chillin' times* [Conference presentation]. 12th Annual Risk & Recovery Forensic Conference, Hamilton, Ontario.

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

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Professional Background

I received my Ph.D. in clinical psychology from Ryerson University, now Toronto Metropolitan University, in 2019. As part of this process, I completed my residency at St. Joseph's Healthcare Hamilton where I worked in a number of areas, including the Behavioural Medicine Consultation & Liaison Service, Chronic Pain Clinic, Behavioural Sleep Medicine Program, Anxiety Treatment and Research Clinic, Mood Disorders Program, and Women's Health Concerns Clinic. During this residency year, I gained experience working with patients with a broad range of chronic health problems and gained an even greater appreciation for the overarching impact that physical health issues have on mental health and other important areas of functioning. Since completing my Ph.D., I have worked as a clinical health psychologist at St. Joe's in a newly created position within the Kidney Urinary Program. This represents the first full-time psychologist position in a kidney urinary program in the province of Ontario, and I have been fortunate to have grown into this role with the support of a wonderful and dedicated interdisciplinary team. My work involves supporting patients across the wide spectrum of chronic kidney disease progression as they cope with the many physical, emotional, and social challenges that arise along the way. I am also an assistant professor in the Department of Psychiatry and Behavioural Neurosciences at McMaster University where I am currently collaborating with interdisciplinary colleagues from nephrology, respirology, and nursing on research examining the role of cognitive behavioural therapy in reducing hospital readmission after discharge.

More About Me

I identify as a gay male (pronouns he/him) of predominantly Scottish and Swedish background if I search back far enough, but culturally, I am Canadian through and through. I like a good strong black coffee and enjoy finding new ways of making it at home. My most recent addition to this skill set was learning to make Turkish coffee, which was a game changer! I grew up in Timmins, the "City with a Heart of Gold", surrounded by lakes and forests, as well as mosquitoes and black bears. Here, I learned to play the viola and joined the Timmins Symphony Orchestra for several years. As a student, I spent a few summers working 3500 feet underground in a gold mine hauling ore in a small tram. These days, I like to remain above ground and my hobbies include running, gardening and attempting to keep my house plants alive. I live with my partner and a few cockatiels who are trying their best to whistle catchy tunes like September by Earth, Wind & Fire.

Selected Publications

- Pellizzari, J. R., **Tulloch, T. G.**, & McCabe, R. (accepted). Crisis in integrated health settings and life-threatening illnesses. In F. M. Dattilio, D. I. Shapiro, & D. S. Greenaway (Eds.), *Cognitive behavioral strategies in crisis intervention* (4th ed.): Guilford.
- Tulloch, T. G.**, King, J. P., Pellizzari, J. R., & McNeely, H. E. (2022). Overview of psychotherapy principles for patients with kidney disease. In A. Hategan, J. A. Bourgeois, A. Gangji, & T. Woo (Eds.), *Psychonephrology: A guide to principles and practice*: Springer.
- McNeely, H. E., **Tulloch, T. G.**, Pellizzari, J. R., & King, J. P. (2022). The role of psychometric assessment of neuropsychological function in kidney disease. In A. Hategan, J. A. Bourgeois, A. Gangji, & T. Woo (Eds.), *Psychonephrology: A guide to principles and practice*: Springer.
- Hart, T. A., Noor, S. W., **Tulloch, T. G.**, Sivagnanasunderam, B., Vernon, J. R. G., Pantalone, D. W., Myers, T., & Calzavara, L. (2019). The Gender Nonconformity Teasing Scale for gay and bisexual men. *Psychology of Men & Masculinity*, 20(3), 445-457.
- 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.**, 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.
- 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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Professional Background

I completed my Ph.D. in clinical psychology at the University of Waterloo in 2015. I completed my residency at St. Joseph's Healthcare Hamilton in the following rotations: Anxiety Treatment and Research Clinic (ATRC); Dialectical Behaviour Therapy; and the Mood Disorders Program. Following residency, I completed my supervised practice at St. Joe's between the ATRC and the Women's Health Concerns Clinic, and then continued at the ATRC in temporary roles. In 2019, I joined the WSIB Mental Health Specialty Program as a full-time psychologist. I am also an assistant clinical professor in the Department of Psychiatry and Behavioural Neurosciences at McMaster University. My research interests include cognitive processes in anxiety and related disorders, particularly social anxiety disorder and PTSD. I am also interested in program development and evaluation, and am passionate about supervision and clinical training.

More About Me

I identify as white (primarily German ancestry) and female (she/her). I grew up on a farm in rural southwestern Ontario, but I now live near downtown Hamilton. I have two young children, so I spend a lot of time parenting! In my free time I enjoy reading fiction, playing board games, walking, and volunteer work.

Selected Publications

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*(3), 276–281. <https://doi.org/10.1037/abn0000341>

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. <https://doi.org/10.1016/j.janxdis.2018.05.005>

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. DOI: 10.1891/0889-8391.31.3.151

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. DOI: 10.1007/s10608-015-9670-z

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. DOI: 10.1007/s10608-013-9588-2

Adjunct Faculty and Supervisors

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

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

Professor, Department of Psychology, Ryerson University

Gary Chaimowitz, M.D., FRCPC

Psychiatrist & Clinical Director, Forensic Program, West 5th Campus

Catherine Dool, M.A.

Psychometrist, Clinical Neuropsychology Service, West 5th Campus

Gary Hasey, M.D., FRCPC

Psychiatrist, Mood Disorders Service, West 5th Campus