



CLINICAL PSYCHOLOGY RESIDENCY PROGRAM 2012-2013

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

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

Helpful Websites

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

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

About Hamilton, Ontario

St. Joseph's Healthcare is situated in Hamilton, Ontario, within a short distance of shops, restaurants and services. The City of Hamilton, with a population of 505,000, is home to several cultural and recreational landmarks. Copps Coliseum is an internationally recognized venue for concerts, sporting events, and conventions. Area attractions include the Royal Botanical Gardens, Dundurn Castle, Canadian Warplane Heritage Museum, Wild Waterworks, and several conservation areas and golf courses. The downtown core offers an eclectic mix of shopping and dining venues catering to all tastes. Bayfront Park is ideal for jogging and roller blading, and the nearby Niagara Escarpment, with over 1500

Training Objectives

The primary objective of the residency program is to provide a comprehensive predoctoral 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-IV TR 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, or participate in new research with residency faculty. Clinical research skills will also be taught through didactic seminars and grand rounds presentations, assigned readings, through the role modeling provided by residency faculty, and through discussions with supervisors.

Competencies expected for Goal 8: Following the scientist-practitioner model, residents will demonstrate ongoing commitment to expanding their scientific knowledge base and will organize time effectively in order to incorporate clinical research into their learning goals. Residents will demonstrate high levels of awareness of relevant clinical research and integrate their scientific knowledge base into their clinical practice. Residents will also display the ability to critically evaluate research identifying strengths and limitations of the

relevant literature. Moreover, residents will demonstrate the ability to communicate clinical research findings effectively in a style appropriate for a variety of different audiences (e.g., to professional colleagues, clients, and their care givers).

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 follows:

- 8 to 10 hours individual therapy
- 2 to 4 hours group therapy (e.g., 1 or 2 groups)
- 6 hours assessment (e.g., 2 to 3 comprehensive assessments) – more if in neuropsychology
- 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

The residency incorporates a combination of concurrent and sequential rotations, varying in length from three to twelve months. Major rotations, especially in sub-speciality areas such as neuropsychology, may comprise over 50% of the residency year. Some time before the beginning of the residency, a rotation schedule for the entire year is developed collaboratively between the Training Director, relevant supervisors, and each resident.

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

Schizophrenia: September through August (12 months, half time)

Mood Disorders: September to February (6 months, half time)

Neuropsychology: March to August (6 months, half time)

Resident 2

Anxiety: September through February (8 months, full time)

Eating Disorders: March to August (4 months, part time)

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

Workspace

Each resident will be provided with office space, a telephone extension, and a computer with on-line access to high speed e-mail, the internet, and various hospital and library resources. For residents who have concurrent rotations that require them to divide their time between the Charlton site and the West 5th Campus, office space will be available at each site on the days relevant to the respective rotations. Rotations will usually be organized so that residents do not have to travel between sites on a single day. Some residents will complete a minor portion of their work at centres that are affiliated with McMaster University, but are not part of St. Joseph's Healthcare. For example, as part of the Health Psychology/Behavioural Medicine rotation, residents may be involved in a half day pain management intervention program at the Hamilton General Hospital.

Didactic Experiences

Seminar Series

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

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

Hospital Rounds and McMaster Grand Rounds

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

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

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

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

Workshops and Research Days

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

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

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

Research Opportunities

Depending on the resident's interests and experience, opportunities to participate in clinical research projects or to develop new projects are available on most rotations. Recent research projects involving residents have included studies of: the effectiveness of community-based CBT group for comorbid 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).

Supervision

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

Evaluation

In addition to the regular and constructive feedback residents receive during supervision, formal evaluations occur twice during each rotation – once at the midpoint, and once at the end. The midpoint review is intended to identify areas of strength and weakness that can be further developed throughout the remainder of the rotation. Results of the final rotation evaluations will be amalgamated into a comprehensive resident evaluation that will become a permanent part of the resident's file. Summaries of the midpoint and final evaluations are sent to each resident's university to document his or her progress in the internship course. Residents are evaluated on the following skill and ability dimensions: relationship with patients, knowledge of psychological theory and clinical research, clinical

assessment and testing skills, therapeutic intervention, oral presentation, written reports, professional ethics, team participation, professionalism, utilization of supervision and feedback, and clinical research skills.

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

Finally, residents complete evaluations for each of the didactic seminars.

Accreditation

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

For more information on our accreditation status:

The Canadian Psychological Association
141 Laurier Avenue West, Suite 702
Ottawa ON K1P 5J3
Tel: 1-888-472-0657
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DESCRIPTION OF ROTATIONS

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

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

Anxiety Disorders

Core Faculty: Randi E. McCabe, Ph.D. Wendy Freeman, Ph.D.
 Karen Rowa, Ph.D.

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

Availability: Major or Minor Rotation

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

The ATRC is an outpatient specialty unit staffed by professionals with a background in psychology, psychiatry, or social work. The Centre receives more than 800 new referrals per year, predominantly for individuals suffering from panic disorder, agoraphobia, social phobia, obsessive-compulsive disorder, and generalized anxiety disorder. Opportunities are also available for working with patients who suffer with other anxiety related difficulties (e.g., specific phobias, posttraumatic stress disorder, hypochondriasis, body dysmorphic disorder, and trichotillomania). Residents gain experience in clinical assessment using structured interviewing techniques for anxiety and other disorders, report writing, liaison with other treating professionals, and individual and group treatments for anxiety disorders using evidence-based, cognitive behavioural treatments. Residents are an active part of the multidisciplinary team that meets on a weekly basis for case conferences. During the case conferences, residents are expected to discuss diagnostic issues and treatment recommendations pertaining to their assessment cases from the previous week. Residents are also expected to become familiar with the relevant research literature.

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

Dialectical Behaviour Therapy

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

Adjunct Faculty: Marilyn Korzekwa, M.D.

Availability: Major Rotation Only

Primary Location: Charlton Site

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

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

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

Eating Disorders

Core Faculty: Michele Laliberté, Ph.D.

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

Availability: Major or Minor Rotation

Primary Location: Eating Disorders Clinic, Charlton Site

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

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

Forensic Psychology

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

Adjunct Faculty: Gary Chaimowitz, MD

Availability: Major or Minor Rotation

Primary Location: Forensic Service, West 5th Campus

The Forensic Service at the West 5th Campus houses a busy 20-bed minimum-security inpatient unit, as well as a 20-bed medium security inpatient unit. There is also a very active outpatient department. On this rotation, residents focus on the intersection of psychological disorders and the criminal justice system, conducting forensic psychological assessments that are used by the multidisciplinary team to inform their recommendations to the court about issues concerning fitness to stand trial and criminal responsibility. Residents also participate in risk assessments, conducted in the context of pre-sentence assessments for the court or for the provincial review board. Residents can expect to assess a broad range of psychopathology on this rotation including Schizophrenia, Bipolar Disorder, Antisocial Personality Disorder, and various other personality disorders and Axis-I conditions. The focus of this rotation is forensic assessment, on occasion opportunities also exist to provide individual treatment or become involved in the Forensic DBT program. The focus of treatment is typically criminogenic risk factors such as, substance abuse or anger management, in order to ameliorate risk. Interested residents have the opportunity to participate in clinical research within the forensic program.

Health Psychology / Behavioural Medicine

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

Adjunct Faculty: Peter Bieling, Ph.D. Patricia Rosebush, MD
Cindy Kington, RN Claudio Soares, MD, Ph.D
Carmen Weiss, Ph.D.

Availability: Major or Minor Rotation

Primary Location: Charlton Site

Opportunities for training in health psychology / behavioural medicine occur within several contexts and settings. Patient presentations are typically complex from both medical and psychiatric perspectives. The aim is to develop competency in psychological consultation; within both inpatient and outpatient medical/surgical settings. Training experiences are negotiated in advance with the expectation that there will be a combination of general behavioural medicine consultation along with opportunities to explore sub-speciality interests according to resident preferences and supervisory availability. The following opportunities are available:

Health Psychology Consultation Service

This is a general consultation service for those medical inpatients or outpatients requiring psychological assessment and/or intervention. Our main partner is the Consultation-Liaison Psychiatry Service. However, referral sources also include other mental health and medical subspecialty services. Brief psychological interventions target mood, anxiety, somatization, adherence, and adjustment-related concerns for the medically ill.

Women's Health Concerns Clinic (WHCC)

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

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

Pain Management Centre

Primary Location: Hamilton Health Sciences Centre (Hamilton General Hospital)

Psychological consultation is offered to patients of this large, tertiary care, interventional pain management clinic. Delivery of service is on-site, within the clinic, in a collaborative care model that includes anesthesiologists, neurologist, and nurses. Residents on this rotation will perform psychological consultations and conduct brief psychological interventions both individually and in the form of group-based CBT.

Respiratory Rehabilitation

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

- i) 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;
- ii) psychological consultation with patients attending inpatient and day treatment pulmonary rehabilitation programs. This involves both individual and group-based modalities and working in an interprofessional model of care that includes respirologists, nurses, occupational therapists, physiotherapists, social worker, pharmacist, and respiratory therapist.

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

Palliative Care

Training opportunities are available in collaboration with the palliative care consultation service. This interprofessional collaboration involves team-based and individual consultation for patients (and their family members) dealing with end-of-life issues. Both inpatient and outpatient opportunities are available in this emerging area of psychological practice.

Bariatric Surgery

The Bariatric Surgery Program is one of four centres of bariatric excellence in Ontario, providing services such as pre- and post-surgical care, counselling and weight loss treatment. Training opportunities exist in all these areas, both individual and group-based, within the context of an interprofessional model of care that includes surgeons, general internal medicine physicians, endocrinologist, psychiatrist, nurses, social worker, and dietitian.

Long Term Psychotherapy

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

Availability: Minor Rotation Only

Primary Location: West 5th Campus

The Long Term Psychotherapy rotation provides residents with the opportunity to obtain intensive supervision on an individual psychotherapy case carried for up to one year. Clients referred to this service are individuals whose circumstances and symptomatology (e.g., diagnostically complex presentations, personality psychopathology) are such that long term intervention is indicated. Therapeutic modalities offered within this rotation include psychodynamic, interpersonal, experiential, and schema-focused therapies. Residents in this rotation typically see 1-2 clients once per week (seeing clients twice/week is an option if indicated) and receive one hour of supervision per week. The goal of this rotation is to develop residents' competence in their knowledge of the theory and practice of long term modalities, and, for those who have had prior experience in this area, to aid in extending and refining existing skills.

Mood Disorders

Core Faculty: Peter J. Bieling, Ph.D.
Ian Smith, Ph.D.

Adjunct Faculty: Susan Chudzik, M.Sc.
Gary Hasey, M.D.

Availability: Major or Minor Rotation

Primary Location: Mood Disorders Service, West 5th Campus

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

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

Neuropsychology & Psychodiagnostic Assessment

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

Adjunct Faculty: Bruce Christensen, Ph.D. Catherine Dool, M.A.
Michael Mosher, B.Sc.

Availability: Major or Minor Rotation
Note: there is one resident position in a neuropsychology stream

Primary Location: West 5th Campus

A *new Neuropsychology Stream* has just been added to the residency program for the 2012-2013 training year. Applicants interested in being considered within the Neuropsychology Stream should state this intention in their cover letter, and rank Neuropsychology #1 on their St. Joseph's Supplemental Application Form (see application procedures). An APPIC Program Code for the Neuropsychology Stream for the purposes of the Match is forthcoming and will be posted on the website when available.

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

Neuropsychological services are provided to virtually all SJHH medical and psychiatric programs. These include but are not limited to: (1) the Schizophrenia Service, where neuropsychological assessments are provided as a consultation service for 3 inpatient units and 1 outpatient clinic; (2) the Mood Disorders Program, where neuropsychological consultation is provided to both the inpatient unit and outpatient programs; (3) the Community Psychiatry Services, where neuropsychological evaluations are often requested in the context of complex diagnostic considerations, as well as the basis for access to community based support services; (4) the Acute Mental Health programs, where neuropsychological consultations are incorporated in the treatment plan and discharge disposition of patients; (5) The Cleghorn Early Intervention in Psychosis Program, where comprehensive cognitive and psychological evaluations are provided for those in the early stages of psychotic illness; and (6) medical programs such as Respiriology, Nephrology, Neurology and Rhumatology.

Residents will build proficiency in assessing intellectual and academic skills, problem-solving and executive functioning abilities, attention and memory, visual and perceptual construction skills, language abilities, motor functions, mood, personality and behaviour.

Residents will integrate information about the patient's neuropsychological and psychiatric status to arrive at a diagnosis and recommendations for rehabilitation strategies, will sharpen skills in report writing and the communication of assessment results and recommendations to referring agents, patients, and their families.

Residents are expected to become familiar with relevant literature and attend pertinent case conferences. Additionally, residents are required to attend and present at the bi-weekly Neuropsychology Seminar Series. Moreover, residents in this rotation are encouraged to attend weekly Neurology Rounds at the Hamilton General Hospital as well as subject-related conferences or workshops.

Intervention

Residents have the opportunity to collaborate with other medical professionals in the implementation of individualized rehabilitation programs including cognitive remediation and adaptive skills training for both inpatients and outpatients. New in 2012 – 2013 will be the implementation of cognitive remediation intervention groups for outpatients of the Mental Health and Addictions Program.

Special Qualifications

For those residents who wish to complete a major rotation in Neuropsychology, previous relevant coursework and familiarity with basic neuropsychological tests is required. Major rotations may extend up to 4 days per week devoted to neuropsychological activities for a period approximating 8 months.

Psychodiagnostic Assessment

Faculty in the CNS also provide psychodiagnostic assessment services in consultation to psychiatrists in the Acute Mental Health Programs. Residents completing a neuropsychology rotation will also be involved in psychodiagnostic assessment. Residents without a background in neuropsychology may elect to complete a minor rotation focused on psychodiagnostic assessment. On this rotation, the resident assumes the role of the consultant, answering specific questions about patients relating to the diagnosis of serious mental illness, cognitive functioning, personality, and other psychosocial factors. Residents will gain experience using a wide variety of assessment techniques including cognitive testing, neuropsychological screening, semi-structured clinical interviews, self-report personality inventories, and projective testing. As a full member of an interdisciplinary team consisting of psychiatry, social work, occupational therapy, vocational rehabilitation, recreation therapy, nursing, pharmacy, and chaplaincy, residents provide assessment feedback to other team members, the patient, the patient's family, and community care providers. Interdisciplinary team membership also provides the opportunity to develop skills in collaborative consultation and interdisciplinary care planning.

Schizophrenia and Severe Mental Illness

Core Faculty: Sandra McNally, Ph.D.

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

Availability: Major or Minor Rotation

Primary Locations: Schizophrenia Services, West 5th Campus
Community Schizophrenia Service (CSS)

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

The inpatient service, located at the West 5th Campus, offers services in assessment and intervention to 250 adult inpatients per year who have an established or suspected diagnosis of schizophrenia or other psychotic disorder. The service is located on three units: C2, the Assessment and Treatment Unit; A2, the Psychosocial Rehabilitation Unit; and D2, the Intensive Treatment Unit. Residents assume the role of consultant, providing assessment of cognitive and intellectual functioning, personality functioning, personality dynamics, and provision of diagnosis. Residents are supervised in the administration, scoring and interpretation of psychological assessment tools including, most commonly, the MMPI-2, the MCMI-III, the PAI, the WAIS-III, and the WMS-III. Under supervision, residents integrate information from various sources to arrive at a diagnosis, write clinical assessment reports, and provide assessment feedback to the interdisciplinary teams. Residents are also offered supervision in a variety of interventions for patients with psychotic disorders. Supervision in individual psychotherapeutic treatment includes supportive, cognitive-behavioural, and interpersonal/insight-oriented approaches. Residents are also offered the opportunity to co-lead patient education and support groups, a voice group, as well as developing other groups for patients.

Training in outpatient treatment takes place primarily at Community Schizophrenia Services (CSS) and to a lesser extent at the Hamilton Program for Schizophrenia (HPS) and the Cleghorn Program for Early Intervention in Psychosis. CSS is an outpatient programme affiliated with Schizophrenia Services that serves approximately 600 outpatients with schizophrenia and other psychotic disorders. Residents are offered opportunities for training and supervision in conducting psychodiagnostic assessments and individual and group psychotherapy. HPS is a comprehensive community-based treatment and rehabilitation program for adults with schizophrenia. Located near the hospital in the First Place building at 350 King St East, the program serves approximately 150 outpatients in long-term case management. Residents completing a major in schizophrenia may have the opportunity to participate in group CBT for psychosis. Current research within this

program explores the psychotherapeutic treatment of psychotic disorders, with a particular focus on the phenomenon of voice-hearing and the role of coping self-talk.

Other Training Opportunities

Residents also have the opportunity to take courses, such as psychotherapy or supervision courses through McMaster University's Clinical Behavioural Sciences (CBS) Program, if they are so inclined. Information about the CBS program may be found at: www.fhs.mcmaster.ca/cbs

STIPEND AND BENEFITS

Stipend

For the 2012-2013 academic year, six (6) full-time resident positions will be available, one of which will be in a *new clinical neuropsychology stream*. Predoctoral residents are paid a non-taxable stipend of \$31,000 in biweekly instalments.

Benefits, Vacations, and Parking

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

APPLICATION PROCESS

Qualifications

Preference will be given to candidates registered at CPA or APA accredited clinical psychology or clinical neuropsychology 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 (that includes assessment, intervention, supervision and support hours). Applicants are strongly encouraged to have their dissertation data collection / analysis completed prior to beginning their residency.

Applications are initially reviewed by the Training Director, and sorted for a comprehensive review by program faculty with expertise in the major area of interest stated by the applicant (i.e., an applicant wishing to complete a major rotation in Forensic Psychology will be reviewed by faculty within the Forensic Program). Applications are then reviewed 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 indicated by the applicant on the St. Joseph's Supplemental Application Form), 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 APPIC application), 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 and ethical questions posed, as well as faculty's impressions regarding interpersonal and communication skills; capacity to think 'on the spot', etc.

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

Application Materials and Deadlines

The residency begins on the first working day in September and ends on the last working day in August. **The deadline for receipt of applications is November 15, 2011.**

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 (AAPI standard items plus supplemental materials specific to St. Joseph's Healthcare, Hamilton) must be included in the AAPI online submission:

All standard items included in all AAPI online:

- A cover letter elaborating on the applicant's internship training goals and top three rotations of interest, with a description outlining how the applicant has to date prepared for participation in the rotations of primary interest (i.e., training and experience with relevant clinical populations and/or modes of assessment or intervention relevant to the major rotation of interest are expected). Applicants who wish to be ranked in the new Neuropsychology Stream should state this intention in their cover letter.
- A Curriculum Vitae (including education, clinical experience, research experience, administrative experience, workshops and seminars taken, awards and scholarships, publications, presentations, committees, editorial experience, etc)
- APPIC Application for Psychology Internship (AAPI, which includes the DCT's verification of eligibility and readiness)
- All graduate transcripts
- Three letters of reference, at least one of which is from a supervisor familiar with the applicant's academic skills, and at least one from a supervisor familiar with the applicant's clinical skills. Applicants are welcome (but not required) to ask referees to prepare letters according to guidelines from the Canadian Council of Professional Psychology Programs (www.ccppp.ca). Note that the program may contact referees who provide letters or who are listed on applicant CVs to obtain further information.

In addition, the following supplemental materials are to be uploaded and submitted electronically via AAPI online:

- Supplemental Application for the Clinical Psychology Residency Program at St. Joseph's Healthcare (available at www.stjoes.ca/psychology) – please be sure to rank order your interest in all rotations listed. Applicants seeking inclusion in the new Neuropsychology Stream should rank Neuropsychology #1. A separate Program Code for the Neuropsychology Stream is forthcoming and will be posted on the website when available.
- All undergraduate transcripts (non-official copies are acceptable)

Questions regarding the application materials should be directed to:

Dr. Heather McNeely

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

E-mail: hmcneely@stjoes.ca

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

Privacy and Application Materials

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

Interview and Selection Procedures

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

Our Program Code Number for the General Psychology Stream for the APPIC Match is 184611.

The Program Code Number for the Neuropsychology Stream for the APPIC Match is forthcoming and will be posted on the website when available.

Candidates who have been selected for an interview will be notified by December 14, 2011.

Interviews will take place on the following dates: January 11, 13, 16, 17 & 20, 2012.

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

FACULTY AND SUPERVISORS

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

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

Core Faculty and Supervisors

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

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

Director-Mood and Anxiety Services, Geriatric Services,
and Quality and Evaluation (Mental Health and Addictions)
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Dr. Bieling received his Ph.D. in 1997 from the University of British Columbia, and completed his internship at the Centre for Addiction and Mental Health (CAMH), in Toronto and a post-doctoral fellowship under Aaron T. Beck at the University of Pennsylvania in 1998. He is Associate Professor in the Department of Psychiatry and Behavioural Neurosciences and the Manager for the Mood & Anxiety Services and Geriatric Services at St. Joseph's Healthcare.

Dr. Bieling's current research and clinical focus is on empirically supported interventions in Mood Disorders and Cognitive Behavioural treatments. He also leads the Quality and Evaluation Service Team (QUEST) a joint venture of the Mental Health and Addiction Program at St. Joseph's Healthcare and the Department of Psychiatry and Behavioural Neurosciences, McMaster University. QUEST attempts to bring carefully designed research methodologies to questions related to program effectiveness and real world clinical dilemmas. Data generated from these efforts then assists the program in establishing priorities and making modifications to service delivery.

Dr. Bieling is coordinator for CBT depression training in the psychiatry residency program and a Founding Fellow in the Academy of Cognitive Therapy. He also supervises

psychology interns and practicum students at St. Joseph's Healthcare in both cognitive behavioural approaches and mindfulness based cognitive therapy. He has authored three books, including a comprehensive guide to the use of group based CBT approaches with Guilford Press.

Selected Publications:

- Dozois, D. J. A., **Bieling, P. J.**, Patelis-Siotis, I., Hoar, L., Chudzik, S., McCabe, K., & Westra, H. A. (In Press). Changes in Self-Schema Structure in Cognitive Therapy for Major Depressive Disorder. *Journal of Consulting and Clinical Psychology*.
- Konarski, J. Z., Kennedy, S. H., Segal, Z. V., Lau, M. A., **Bieling, P. J.**, McIntyre, R. S., & Mayberg, H. S. (In Press). Predictors of non-response to Cognitive Behavioural Therapy or Venlafaxine using glucose metabolism in major depressive disorder. *Journal of Psychiatry and Neuroscience*, 34, 175-180.
- Dozois, D. J. A., Martin, R. A., & **Bieling, P. J.** (In Press) Early Maladaptive Schemas and Adaptive/Maladaptive Styles of Humor. *Cognitive Therapy and Research*.
- Kidd, S.A., Boyd, G.M., **Bieling, P. J.**, Pike, S., & Kazarian-Keith, D. (in press). Effect of a vocationally-focused brief cognitive behavioural intervention on employment-related outcomes for individuals with mood and anxiety disorders. *Cognitive Behaviour Therapy*.
- Bieling, P. J.**, & Grant, D. A. (2007). Toward bridging the science and practice of depression prevention: What can we learn from cognitive vulnerability? *Canadian Psychology*, 48, 240-255.
- Bieling, P. J.**, Green, S. M., & MacQueen, G. (2007). The impact of personality disorders on treatment outcome in bipolar disorder: A review. *Personality and Mental Health*, 1, 2-13.

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

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

Selected Publications:

- Eubanks, C. E., **Burckell, L. A.**, & Goldfried, M. R. (2010). Clinical consensus strategies for interpersonal problems between young adults and their parents. *Journal of Consulting and Clinical Psychology, 78*, 212-224.
- Burckell, L. A.**, & McMains, S. (2009). Substance use and personality disorders among women. (Back, S. Ed.) *Women and Addiction: A Comprehensive Textbook*.
- Burckell, L.A.**, & Goldfried, M.R. (2006). Therapist qualities preferred by sexual minority individuals. *Psychotherapy: Theory, Research, Practice, Training*.
- Burckell, L. A.**, & Eubanks-Carter, C. (2005). Future directions of psychotherapy integration. In J.C. Norcross & M.R. Goldfried (Eds.), Future directions of psychotherapy integration: A roundtable. *Journal of Psychotherapy Integration, 15*, 392-471.
- Eubanks-Carter, C., **Burckell, L.A.**, & Goldfried, M.R. (2005). Future directions in psychotherapy integration: Research, practice, training, and theory. In J.C. Norcross & M.R. Goldfried (Eds.), *Handbook of psychotherapy integration*. New York: Oxford University Press.
- Eubanks-Carter, C., **Burckell, L.A.**, & Goldfried, M.R. (2005). Enhancing therapeutic effectiveness with gay, lesbian, and bisexual clients. *Clinical Psychology: Science and Practice, 12*, 1-18.

Wendy Freeman, Ph.D., C.Psych.

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Dr. Freeman received her Ph.D. from the University of British Columbia in 1999. Her internship training was completed at the Vancouver Hospital and Health Sciences Centre, Campus Site UBC. After completing her internship, she taught for a year in the Department of Psychology at Simon Fraser University, before moving to Charleston, South Carolina to complete a post-doctoral fellowship at the Center for Attention Deficit Disorders at the Medical University of South Carolina, Division of Genetics and Developmental Pediatrics. In 2001, Dr. Freeman joined the faculty at the University of Manitoba, Department of Psychology as an Assistant Professor, teaching graduate and undergraduate courses in psychology, supervising graduate and undergraduate student research, and providing clinical supervision to students completing practica at the Psychological Services Centre, University of Manitoba. She was the recipient of a teaching award from the Department of Psychology in 2005-06 and a Faculty Access Award from Disability Services at the University of Manitoba in 2005 for outstanding service in providing accommodations to students with disabilities. Dr. Freeman moved to Ontario in 2006 to join the Anxiety Disorders Clinic at the McMaster University Medical Centre, which integrated with the Anxiety Treatment and Research Centre at St. Joseph's Healthcare in 2010. Her clinical and research interests include parenting children with ADHD and anxiety problems, ADHD

in adulthood, cognitive behavioural treatments for children, adolescents and adults with anxiety disorders, patients' perceptions of treatment and treatment preferences, and formats for treatment delivery. Dr. Freeman has published in peer-reviewed journals, made numerous presentations at national and international scientific meetings and professional conferences, and holds an academic appointment with the Department of Psychiatry and Behavioural Neurosciences at McMaster University.

Selected Publications:

- Mills, R. S. L., **Freeman, W. S.**, Clara, I. P., Elgar, F. J., Walling, B. J., & Mak, L. (2007). Parent proneness to shame and the use of psychological control. *Journal of Child and Family Studies*, 16(3), 359-374.
- Walling, B. R., Mills, R. S. L., & **Freeman, W. S.** (2007). Parenting cognitions associated with the use of psychological control. *Journal of Child and Family Studies*. 16(5), 642-659.
- Brown, R. T., Amler, R. W., **Freeman, W. S.**, Feldman, H. M., Perrin, J. M., Pierce, K., Stein, M. T., Feldman, H. M., Pierce, K., Wolraich, M. L., and the Committee on Quality Improvement, Subcommittee on Attention-Deficit/Hyperactivity Disorder. (2005). Treatment of Attention-Deficit/Hyperactivity Disorder: Overview of the Evidence. *Pediatrics*, 115, e749-757.
- Brown, R. T., **Freeman, W. S.**, Brown, R.A., Belar, C., Hersch, L., Hornyak, L., Rickel, A., Rozensky, R. H., Sheridan, E, & Reed, G. (2002). The role of psychology in health care delivery. *Professional Psychology: Research and Practice*, 33, 536-545.
- Brown, R. T., & **Freeman, W. S.** (2002). Primary Care. In D. Marsh & M. Fristad (Eds.), *Handbook of serious emotional disturbance in children and adolescents* (pp. 428-444). New York: John Wiley.
- Johnston, C., & **Freeman, W. S.** (2002). Parents' beliefs about Attention-Deficit/Hyperactivity Disorder: Implications for assessment and treatment. *ADHD Reports*, 10, 6-9.
- Brown, R. T., **Freeman, W. S.**, Perrin, J. M., Stein, M. T., Amler, R. W., Feldman, H. M., Pierce, K., & Wolraich, M. L. (2001). Prevalence and assessment of attention deficit hyperactivity disorder in primary care settings. *Pediatrics*. 107, e43.
- Johnston, C., Fine, S., Weiss, M., Weiss, J., Weiss, G., & **Freeman, W. S.** (2000). Effects of stimulant medication on mothers' and children's attributions for the behavior of children with attention deficit hyperactivity disorder. *Journal of Abnormal Child Psychology*, 28, 371-382.

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

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

Her current clinical interests include cognitive behavioural and mindfulness-based interventions for depression, anxiety, and health-related difficulties (in particular, chronic pain and menopausal symptoms) and conducting psychodiagnostic assessments. Current research involvement includes the recent development and implementation of a cognitive-behavioural based intervention for menopausal symptoms in women (within the Women's Health Concern's Clinic), developing a mindfulness-based cognitive-behavioural treatment program specifically designed to meet the unique needs of women with perinatal anxiety, and examining the effectiveness of a mindfulness-based intervention within a heterogeneous sample of adult outpatients. She has several publications in peer-reviewed journals and has presented at numerous professional conferences.

Selected Publications:

- Green, S. M.**, & Bieling, P. J. (In Press). Expanding the scope of mindfulness-based cognitive therapy: Evidence for effectiveness in a heterogeneous psychiatric sample. *Cognitive and Behavioral Practice*.
- Green, S. M.**, Hadjistavropoulos, T., Hadjistavropoulos, H., Martin, R., & Sharpe, D. (2009). A controlled investigation of a cognitive behavioural pain management program for older adults. *Journal of Behavioural and Cognitive Psychotherapy*, 37 (2), 221-226.
- Green, S. M.**, Hadjistavropoulos, T., & Sharpe, D. (2008). Client personality characteristics predict satisfaction with cognitive behaviour therapy. *Journal of Clinical Psychology*, 64, 40-51.
- Bieling, P. J., **Green, S. M.**, & MacQueen, G. (2007). The Impact of Personality Disorders on Treatment Outcome in Bipolar Disorder: A Review. *Personality and Mental Health*, 1, 2-13.
- Green, S. M.**, Antony, M. M., McCabe, R. E., & Watling, M. A. (2007). Frequency of fainting, vomiting, and incontinence in panic disorder: A descriptive study. *Journal of Clinical Psychology and Psychotherapy*, 14, 189-197.
- Saucier, D., Lisoway, A., **Green S.**, & Elias, L. (2007). Female advantage for object location memory in peripersonal but not extrapersonal space. *Journal of the International Neuropsychological Society*, 13, 1-4.
- Hadjistavropoulos, T., LaChapelle, D., Hadjistavropoulos, H., **Green, S.**, Asmundson, G.J.G. (2002). Using facial expressions to assess musculoskeletal pain in older persons. *European Journal of Pain*, 6,179-187.
- Saucier, D. M., **Green, S. M.**, Leason, J. , MacFadden, A., Bell, S. & Elias, L. J. (2002). Are sex differences in navigation caused by sexually dimorphic strategies or by differences in the ability to use the strategies? *Behavioral Neuroscience*, 116, 403-410.
- Hadjistavropoulos, T., Malloy, D., Sharpe, D., **Green, S. M.**, & Fuchs, S. (2002). The relative importance of the ethical principles adopted by the American Psychological Association. *Canadian Psychology*, 43, 254-259.

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

Selected Publications:

- Westwood, D.A., **King, J.P.**, & Christensen, B.K. (in press). Separate visual systems for perception and action, but not for planning and control: a correlational analysis of a size-contrast illusion. *Experimental Brain Research*.
- Wilson, C.M., Christensen, B.K., **King, J.P.**, Li, Q., & Zelazo, P.D. (in press). Decomposing perseverative errors among undergraduates scoring high on the schizotypal personality questionnaire. *Schizophrenia Research*.
- Spencer, J., **King, J.P.**, Bennett, P.J., Sekuler, A.B., Christensen, B. (2009). Effects of face inversion and noise in persons with schizophrenia. *Journal of Vision*, 9(8), 486a.
- King, J.P.**, Christensen, B.K., & Westwood, D.A. (2008). Grasping behavior in schizophrenia suggests selective impairment in the dorsal pathway. *Journal of Abnormal Psychology*, 117(4), pp. 799-811.
- Wilson, C.M., Christensen, B.K., **King, J.P.**, Li, Q., & Zelazo, P.D. (2008). Decomposing perseverative errors among undergraduates scoring high on the schizotypal personality scale. *Schizophrenia Research*, 106, pp. 3-12.
- Barr, M.S., **King, J.P.**, Westwood, D.A., Daskalakis, Z.J., & Christensen, B.K. (2007). Interrupted grasping performance under a visual illusion: A TMS study to induce schizophrenia-like deficits. *Schizophrenia Bulletin*, 33(2), 553.

- King, J. P.**, Christensen, B.K., Sekuler, A.B., & Bennett, P.J. (2005). Dissociating dorsal and ventral visual stream functions via working memory performance in schizophrenia. *Schizophrenia Research*, 31(2), 363.
- Westwood, D.A., **King, J.P.**, & Christensen, B.K. (2004). Time-varying effects of a size-contrast illusion on grasping are not correlated with illusory perception. *Journal of Vision*, 4(8), 839a.
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Dr. Laliberté received her Ph.D. in 1994 from Queen's University, and completed her internship at Hotel Dieu Hospital in Kingston, Ontario. Dr. Laliberté is currently the Director of the Eating Disorders Program, St. Joseph's Healthcare and Staff Psychologist specializing in Eating Disorders. Dr Laliberté also has extensive experience in treating anxiety and depression. Her current research, in collaboration with Dr. Ayra Sharma (Professor of Medicine, Canada Research Chair for Cardiovascular Obesity Research and Management), examines the role of beliefs regarding control over weight on disordered eating in obese and non-obese populations. She is also extending previous research she has published on family factors related to disordered eating, as well as collaborating on other studies related to eating disorders. Dr. Laliberté has developed a group treatment manual for eating disorders, currently used in this program and others across Ontario.

Selected Publications:

- Laliberte, M.**, McCabe, R.E., & Taylor, V.H. (2009). *The Cognitive Behavioral Workbook for Weight Management: A Step-by-Step Program*. New Harbinger Publications .
- Laliberte, M.**, Newton, M., McCabe, R., & Mills, J.S. (2007). Controlling your weight versus controlling your lifestyle: How beliefs about weight control affect risk for disordered eating, body dissatisfaction and self-esteem. *Cognitive Therapy Research.*, 31, 853-869.
- Laliberte, M.**, Mills, J., Newton, M., & McCabe, R. (2004). Perceived control over weight versus perceived control over lifestyle: Their relationship to disturbed eating and self-esteem. (abstract) *International Journal of Eating Disorders*, 35(4), 450.
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Laliberté, M., Mills, J., Newton, M., & McCabe, R. (2004). Perceived control over weight versus perceived control over lifestyle: Their relationship to disturbed eating and self-esteem (abstract). *International Journal of Eating Disorders*, 35, 450.

Laliberté, M., Boland, F., & Leichner, P. (1999). Family climate: Family factors specifically related to disturbed eating behaviors and bulimia nervosa. *Journal of Clinical Psychology*, 55, 1021-1040.

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

Selected Publications:

Losier, B.J., & Klein, R.M. (2004). Covert orienting within peripersonal and extrapersonal space: Young adults. *Cognitive Brain Research*, 19, 269-74.

Losier, B.J., & Klein, R.M. (2001). A review of the evidence for a disengage deficit following parietal lobe damage. *Neuroscience Biobehavioral Review*, 25,1-13.

McGlone J., **Losier, B.J.**, Black, S.E. (1997). Are there sex differences in hemispatial visual neglect after unilateral stroke? *Neuropsychiatry, Neuropsychology, and Behavioral Neurology*, 10,125-34.

Losier, B.J., McGrath, P., & Klein, R.M. (1996). Error patterns on the continuous performance test in non-medicated and medicated samples of children with and without ADHD: A meta-analytic review. *Journal of Child Psychology, Psychiatry and Allied Disciplines*, 37, 971-987.

Losier, B.J., and Semba, K. (1993) Dual projections of single cholinergic and aminergic brainstem neurons to the thalamus and basal forebrain in the rat. *Brain Research*, 604, 41-52.

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Dr. Mini Mamak graduated with her Ed.D. from OISE, University of Toronto in 1997. She attained much of her forensic training at The Clarke Institute of Psychiatry, METFORS. She is currently the Senior Psychologist with the Forensic Service at St. Joseph's Healthcare at the West 5th Campus. She is also an Assistant Professor in the Department of Psychiatry and Behavioural Neurosciences at McMaster University. Dr. Mamak has significant experience working with offender populations and continues to consult with Correctional Service of Canada. She is a member of the board of advisory for the Canadian Critical Incident Association and is a member of the Ontario Review Board. She is often called upon to consult with police agencies both locally and internationally. She has particular interests in the area of hostage negotiations, violent offending, malingering, and risk prediction.

Selected Publications:

Choy, A. & **Mamak, M.** (in press), The Psychiatrist and Psychologist as Consultant to Law Enforcement. In Bloom, H., Schneider, The Hon. Mr. Justice R. & Hucker, S. (Eds), *Psychiatry and the Law in Canada*. Centre for Addiction and Mental Health & Irwin Law.

Chaimowitz, G., & **Mamak, M.** (2007). An evidenced based approach to the management of the mentally abnormal offender. *Journal of Brief Treatment and Crisis Intervention*, Dec, 1-12.

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Dr. McCabe is Director of the Anxiety Treatment and Research Centre and Psychologist-in-Chief at St. Joseph's Healthcare Hamilton. She is also an Associate Professor in the Department of Psychiatry and Behavioural Neurosciences at McMaster University where she is the CBT Anxiety Module Coordinator for the Postgraduate Psychiatry Psychotherapy Program. Dr. McCabe has numerous published articles, book chapters, and conference presentations on anxiety, eating disorders, and cognitive behavior therapy. She has authored one book for professionals: *Cognitive Behavioural Therapy in Groups* and four books geared to consumers: *The Overcoming Bulimia Workbook*, *10 Simple Solutions to Panic*, *Overcoming Your Animal and Insect Phobias* and the *Cognitive Behavioral Workbook for Weight Management*. Dr. McCabe is on the editorial board of

Cognitive and Behavioral Practice. She is actively involved in training other mental health professionals and has given many workshops on conducting cognitive behavioural therapy and the treatment of anxiety disorders and eating disorders. Her research interests focus on 1) variables affecting treatment outcome for anxiety disorders including motivation, process factors, and comorbidity; and 2) factors related to the phenomenology of anxiety and its disorders such as personality traits, life history, and information processing. Current research projects include a study examining augmentation of exposure-based treatment for OCD with motivational enhancement funded by the Obsessive Compulsive Foundation (OCF) and a study investigating self portrayal processes in social anxiety funded by the Social Sciences and Humanities Research Council (SSHRC).

Selected Publications:

- McCabe, R.E.**, Ashbaugh, A.R., & Antony, M. M. (in press). Specific and social phobia. In M. M. Antony and D. H. Barlow (Eds.), *Handbook of Assessment and Treatment Planning for Psychological Disorders, 2nd edition*. New York: Guilford.
- McCabe, R.E.**, Swinson, R.P., & Jacobs, A.M. (in press). Neo-Kraepelinian diagnosis: Adequacy for OCD, GAD, and PTSD. In D. McKay, J.S. Abramowitz, S. Taylor, and G.J.G. Asmundson (Eds.), *Current perspectives on the anxiety disorders: Implications for DSM-V and beyond*. New York: Springer.
- McCabe, R.E.**, & Gifford, S. (in press). Psychological Treatment of panic disorder and agoraphobia. In M. Antony and M.B. Stein (Eds.), *Oxford handbook of anxiety and related disorders*. New York, NY: Oxford University Press.
- McCabe, R.E.** (2010). Agoraphobia. In I.B. Weiner and W.E. Craighead (Eds.), *Corsini's Encyclopedia of Psychology, Fourth Edition*, (pp.55-56). Hoboken, NJ: John Wiley & Sons, Ltd.
- McCabe, R.E.**, Miller, J.L., Laugesen, N., Antony, M.M., & Young, L. (2010). The relationship between anxiety disorders in adults and recalled childhood teasing. *Journal of Anxiety Disorders, 24*, 238-243.
- Laliberte, M., **McCabe, R.E.**, & Taylor, V. (2009). *A cognitive behavioral approach to weight management: A step-by-step workbook*. Oakland, CA: New Harbinger Publications.
- Rosmarin, D.H., Bourque, L.M., Antony, M.M., & **McCabe, R.E.** (2009). Interpretation bias in panic disorder: Self-referential or global? *Cognitive Therapy and Research, 33*, 624-632.
- Grös, D.F., Antony, M.M., **McCabe, R.E.**, & Swinson, R.P. (2009). Frequency and severity of the symptoms of Irritable Bowel Syndrome across the anxiety disorders and depression. *Journal of Anxiety Disorders, 23*, 290-296.
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- McCabe, R.E.** & Boivin, M. (2008). Eating disorders. In D. McKay, J. Abramowitz, and S. Taylor (Eds.), *Clinical handbook of obsessive compulsive disorder and related problems* (pp. 188-204). Baltimore, MD: Johns Hopkins University Press.
- Katerelos, M., Hawley, L., Antony, M.M., & **McCabe, R.E.** (2008). The exposure hierarchy as a measure of progress and efficacy in the treatment of social anxiety disorder. *Behavior Modification, 32*, 504-518.
- Moscovitch, D.A., **McCabe, R.E.**, Antony, M.M., Rocca, L., & Swinson, R.P. (2008). Anger experience and expression across the anxiety disorders. *Depression and Anxiety, 25*, 107-113.
- Laliberte, M., Newton, M., **McCabe, R.E.**, & 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.
- Bieling, P.J., **McCabe, R.E.**, & Antony, M.M. (2006). *Cognitive behavioral therapy in groups*. New York: Guilford.
- Beaton, E.A., Schmidt, L.A., Ashbaugh, A.R., Santesso, D.L., Antony, M.M., & **McCabe, R.E.**, & Schulkin, J. (2006). Low salivary cortisol levels among socially anxious young adults: Preliminary evidence from a selected and a non-selected sample. *Personality and Individual Differences, 41*, 1217-1228.
- Antony, M.M., Coons, M.J., **McCabe, R.E.**, Ashbaugh, A.R., & Swinson, R.P. (2006). Psychometric properties of the *Social Phobia Inventory*: Further evaluation. *Behaviour Research and Therapy, 44*, 1177-1185.
- McCabe, R.E.**, Antony, M.M., & Ollendick, T.H. (2005). Assessment of specific phobias. In V.E. Caballo (Ed.), *Handbook of cognitive-behavioral assessment of psychological disorders* (pp 427-445). Madrid, Spain: Piramide.
- Antony, M.M., & **McCabe, R.E.** (2005). *Overcoming animal and insect phobias: How to conquer fear of dogs, snakes, rodents, bees, spiders, and more*. Oakland, CA: New Harbinger Publications.
- McCabe, R.E.**, & Antony, M.M. (2005). Panic disorder and agoraphobia. In M. Antony, D.R. Ledley, and R. Heimberg (Eds.), *Improving outcomes and preventing relapse in cognitive behavioral therapy* (pp. 1 – 37). New York: Guilford.
- McCabe, R.E.**, Chudzik, S.M., Antony, M.M., Young, L., & Swinson, R.P. (2004). Smoking behaviors across anxiety disorders. *Journal of Anxiety Disorders, 18*, 7-18.
- McCabe, R.E.**, & Antony, M.M. (2004). Challenges in the assessment and treatment of health anxiety: The Case of Mrs. A. *Cognitive and Behavioral Practice, 11*, 102-106.
- Antony, M.M., & **McCabe, R.E.** (2004). *Ten simple solutions to panic: How to overcome panic attacks, calm physical symptoms, and reclaim your life*. Oakland, CA: New Harbinger Publications.
- McCabe, R.E.**, McFarlane, T., & Olmsted, M.P. (2003). *The overcoming bulimia workbook: Your comprehensive step-by-step guide to recovery*. Oakland, CA: New Harbinger Publications.

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

Selected Publications:

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

McDermid Vaz, S.A., and Heinrichs, R.W. (2002). Schizophrenia and memory impairment: Evidence for a neurocognitive subtype. *Psychiatry Research*, 113, 93- 105.

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

Selected Publications:

- Cusi AM, Macqueen GM, Spreng RN, **McKinnon MC**. Altered empathic responding in major depressive disorder: relation to symptom severity, illness burden, and psychosocial outcome. (2011) *Psychiatry Res.*;188(2):231-6.
- King MJ, Williams LA, Macdougall AG, Ferris S, Smith JR, Ziolkowski N, **McKinnon MC**. Patients with bipolar disorder show a selective deficit in the episodic simulation of future events. (2011) *Conscious Cogn.* [Epub ahead of print]
- King MJ, Macdougall AG, Ferris S, Herdman KA, **McKinnon MC**. Episodic simulation of future events is impaired in patients with major depressive disorder(2011) *Psychiatry Res.*;187(3):465-7.

- Daniels JK, Frewen P, **McKinnon MC**, Lanius RA. Default mode alterations in posttraumatic stress disorder related to early-life trauma: a developmental perspective. (2011) *J Psychiatry Neurosci.*;36(1):56-9.
- King MJ, MacDougall AG, Ferris SM, Levine B, MacQueen GM, **McKinnon MC**. A review of factors that moderate autobiographical memory performance in patients with major depressive disorder. (2010) *J Clin Exp Neuropsychol.*;32(10):1122-44.
- Cusi A, Macqueen GM, **McKinnon MC**. Altered self-report of empathic responding in patients with bipolar disorder. (2010) *Psychiatry Res.*;178(2):354-8.
- Taylor V, **McKinnon MC**, Macdonald K, Jaswal G, Macqueen GM. Adults with mood disorders have an increased risk profile for cardiovascular disease within the first 2 years of treatment (2010). *Can J Psychiatry.*;55(6):362-8.
- McKinnon MC**, Cusi AM, Macqueen GM. Impaired theory of mind performance in patients with recurrent bipolar disorder: Moderating effect of cognitive load (2010) *Psychiatry Res.*;177(1-2):261-2.
- McKinnon, M.C.**, Yucel, K., Nazarov, A., & MacQueen, G. (2009). A meta-analysis examining clinical predictors of hippocampal volume in patients with major depressive disorder. *Journal of Psychiatry and Neuroscience*, 4: 41-54.
- Spreng*, R. N., **McKinnon***, M. C., Mar, R. A., & Levine, B. (2009). The Toronto Empathy Questionnaire: Scale development and initial validation of a factor-analytic solution to multiple empathy measures. *Journal of Personality Assessment*, 91: 62-71.
- Yucel, K., **McKinnon, M.C.**, Chahal, R., Taylor, V.H., Macdonald, K., Joffe, R., & MacQueen, G.M (2009). Increased subgenual prefrontal cortex size in remitted patients with major depressive disorder. *Psychiatry Research: Neuroimaging*, 173, 71-76.
- McKinnon, M.C.**, Nica, E.I, Sengdy, P., Kovacevic, N., Moscovitch, M., Freedman, M., Miller, B.L., Black, S.E. & Levine, B. (2008). Autobiographical memory in frontotemporal lobar degeneration and its relation to patterns of brain atrophy. *Journal of Cognitive Neuroscience*, 20: 1839-1853.
- Taylor, V., Macdonald, K., **McKinnon, M.C.**, Joffe, R. & MacQueen, G.M. (2008). Rates of obesity in a never treated population with mood disorders: baseline incidence and change over four years of follow up. *Journal of Affective Disorders*, 109: 127-131.
- Yucel, K., **McKinnon, M.C.**, Chahal, R., Taylor, V.H., Macdonald, K., Joffe, R., & MacQueen, G.M (2008). Anterior cingulate volume in first-episode patients with major depressive disorder. *Neuropsychopharmacology*, 33, 3157-3163.
- Yucel, K., Taylor, V. H., **McKinnon, M.C.**, Macdonald, K., Alda, M., Young, L. T., & MacQueen, G. M. (2008). Bilateral hippocampal volume increase in patients with bipolar disorder and short-term lithium treatment. *Neuropsychopharmacology*, 33, 361-367.
- Yucel, K., **McKinnon, M.C.**, Taylor, V.H., Macdonald, K., Alda, M., Young, L.T. & MacQueen, G.M. (2007). Bilateral hippocampal volume increase in patients with bipolar disorder after long-term lithium treatment: a longitudinal MRI study. *Psychopharmacology (Berl)*, 195: 357-367.
- Elgamal*, S., **McKinnon***, M.C., Ramakrishnan, K., Joffe, R., & MacQueen, G. (2007). Successful computer-based cognitive remediation therapy in patients with unipolar depression: A proof of principle study. *Psychological Medicine*, 37, 1229-1238.

- McKinnon, M.C.**, Svoboda, E., & Levine, B. (2007). Frontal lobe contributions to autobiographical memory. In B. L. Miller & J. Cummings (Eds). *The Human Frontal Lobes* (2nd Ed., pp 227-248). New York: Guilford Press.
- McKinnon, M.C.**, Levine, B. & Moscovitch, M. (2007). Domain-general contributions to social reasoning. The perspective from cognitive neuroscience. In M. J. Roberts (Ed.). *Integrating the Mind*, (pp 153-177). Hove, UK: Psychology Press.
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- McKinnon, M.C.**, Miller, B., Black, S., Moscovitch, M., & Levine, B. (2006). Autobiographical memory in semantic dementia: Implications for theories of limbic-neocortical interactions in remote memory. *Neuropsychologia*, 44(12), 2421-2429.
- Svoboda, E., **McKinnon, M.C.**, & Levine, B. (2006). The functional neuroanatomy of autobiographical memory: a meta-analysis. *Neuropsychologia*, 44(12). 2189-2208.
- McKinnon, M.C.**, Feinstein, A., Mayberg, H., Kanagasabai, S., Skocic, J, Sengdy, P., & Levine, B. (2005). Autobiographical memory for a life-threatening traumatic event and September 11th in survivors of an airline accident. *Journal of the International Neuropsychological Society*, 11, 36.
- Rosenbaum, R.S., **McKinnon, M.C.**, Levine, B. & Moscovitch, M. (2004). Visual imagery deficits, impaired strategic retrieval or memory loss: Disentangling the nature of an amnesic person's autobiographical memory deficit. *Neuropsychologia*, 42(12), 1619-1635.

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Dr. McNally received her Ph.D. in 1996 from York University, and completed her internship at The Centre for Addiction and Mental Health (CAMH). She is currently a Staff Psychologist in the Schizophrenia Services program at St. Joseph's Healthcare (West 5th Campus), and Assistant Professor in the Department of Psychiatry and Behavioural Neurosciences, McMaster University. Her clinical and research interests involve the psychotherapeutic treatment of psychotic disorders, including voice hearing and the phenomenology of coping self-talk in schizophrenia.

Selected Publications:

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

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Dr. McNeely received her Ph.D. in 1999 from the University of Waterloo, and completed a postdoctoral fellowship in the event related potential (ERP) laboratory at the Rotman Research Institute, Baycrest Centre and in the Neuropsychology Laboratory of the Schizophrenia and Continuing Care Program at the Centre for Addiction and Mental Health (CAMH) in Toronto. From 2001 to 2005, she was employed as a neuropsychologist in the Mood and Anxiety Disorders Program at CAMH and came to St. Joseph's Healthcare, Hamilton in July 2005. Dr. McNeely is the Director of Training for the Clinical Psychology Residency Program and an Assistant Professor in the Department of Psychiatry and Behavioural Neurosciences and an Associate Member of the Department of Psychology, Neuroscience and Behaviour at McMaster University. Her research interests focus on the interplay between neurobiological, affective and cognitive processes in severe mental illness. Dr. McNeely's clinical interests focus on determining the impact on neuropsychological functioning of multiple influences, particularly the interplay between factors associated with Axis I, II and III, and formulating practical recommendations for the client/patient, the family, and the treatment team.

Selected Publications:

- McNeely, H.E.**, Lau, M.A., Christensen, B.K. & Alain, C. (2008). Neurophysiological evidence of cognitive inhibition anomalies in persons with major depressive disorder. *Clinical Neurophysiology*, 119, 1578-1589.
- McNeely, H.E.**, Mayberg, H.S., Lozano, A.M. & Kennedy, S.H. (2008). Neuropsychological impact of Cg25 deep brain stimulation for treatment-resistant depression: preliminary results over 12 months. *Journal of Nervous and Mental Disease*. 196(5):405-10.
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Selected Publications:

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Selected Publications:

Moscovitch, D.A., Orr, E., **Rowa, K.**, Gehring Reimer, S., & Antony, M.M. (2009). In the absence of rose-coloured glasses: Ratings of self-attributes and their differential certainty and importance across multiple dimensions in social phobia. *Behaviour Research and Therapy*, 47, 66-70.

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Selected Publications:

Wojtowicz, A.E., & von Ranson, K.M. (in press). Weighing in on risk factors for body dissatisfaction: A prospective study of adolescent girls. *Body Image: An International Journal of Research*.

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