



# CLINICAL PSYCHOLOGY RESIDENCY PROGRAM 2010-2011

[www.psychologytraining.ca](http://www.psychologytraining.ca)

**For More Information, Please Contact:**

Heather McNeely, Ph.D.  
Director of Training, Clinical Psychology Residency Program  
Clinical Neuropsychology Service  
St. Joseph's Healthcare, Hamilton  
West 5<sup>th</sup> Campus  
100 West 5th Street, Box 585  
Hamilton, ON L8N 3K7  
Tel: 905-522-1155, ext.36422  
Fax: 905-381-5633  
E-mail: [hmcneely@stjoes.ca](mailto:hmcneely@stjoes.ca)

Updated July 24, 2009

# TABLE OF CONTENTS

## Introduction

About St. Joseph's Healthcare, Hamilton .....	2
About Hamilton, Ontario .....	2

## Overview of the Program

Training Philosophy .....	3
Training Goals .....	4
Structure of the Program .....	5
Workspace .....	5
Didactic Experiences .....	6
Research Opportunities .....	7
Supervision .....	7
Evaluation .....	7
Accreditation .....	8

## Description of Rotations

Anxiety Disorders .....	8
Dialectical Behaviour Therapy.....	9
Eating Disorders .....	10
Forensic Psychology.....	11
Health Psychology/Behavioural Medicine.....	11
Inpatient Psychodiagnostic Assessment .....	13
Mood Disorders .....	13
Neuropsychology .....	13
Schizophrenia and Severe Mental Illness.....	15
Other Training Opportunities .....	16

## Stipend and Benefits

Stipend .....	17
Benefits, Vacations, and Parking .....	17

## Application Process

Qualifications .....	18
Application Materials and Deadline .....	18
Privacy and Application Materials .....	20
Interview and Selection Procedures .....	20

## Faculty and Supervisors

Core Faculty and Supervisors .....	22
Adjunct Faculty and Supervisors .....	43

# 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 5<sup>th</sup> Campus (formerly the Hamilton Psychiatric Hospital). In addition, the Centre for Ambulatory Care is a third hospital site, although there are currently no psychology services there. 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.stjosham.on.ca](http://www.stjosham.on.ca)

*More information about the Department of Psychiatry and Behavioural Neurosciences, McMaster University:* [www.fhs.mcmaster.ca/psychiatryneuroscience](http://www.fhs.mcmaster.ca/psychiatryneuroscience)

## About Hamilton, Ontario

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 almost 500,000, is home to several cultural and recreational landmarks. Copps Coliseum is an internationally recognized venue for concerts, sporting events, and conventions. Area attractions include Dundurn Castle, the Royal Botanical Gardens, and several 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 kilometres of trails, provides an all-seasons getaway for hiking, biking, or skiing. Best of all, Hamilton is one of the most affordable cities in Canada, for its size.



# Training Goals

The primary objective of the Residency Program is to provide a comprehensive predoctoral 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, professional issues, and clinical research. These core competencies are supported through (1) supervised rotations involving provision of clinical services, supervision, team meetings, research opportunities and case conferences; and (2) didactic seminars provided by the Residency Program faculty on topics related to psychopathology, assessment, intervention, clinical skills, professional roles, and professional issues. In addition, residents are encouraged to attend various didactic rounds both at St. Joseph's Healthcare and McMaster University.

The core competencies emphasized in the program include:

- 1. Assessment:** Residents must meet the training objectives in psychological assessment that are specified by their training rotations, including the administration, scoring and interpretation, and communication of results from structured interviews and psychological tests.
- 2. Behaviour Change/Psychotherapy:** Each Resident is required to demonstrate competence with the types of therapies required for their given rotations, and to begin to develop proficiency in his or her area of specialization. As full members of the interdisciplinary teams on each rotation, residents become active in the process of determining the most appropriate treatments for their patients, and in deciding whether a referral to another agency is warranted.
- 3. Consultation:** Residents are grounded in the basic principles of consultation for other specialties within a hospital setting. Both didactic seminars and practical experiences provide residents with opportunity to develop a beginning proficiency as consultants.
- 4. Attention to Issues of Diversity:** Residents are exposed to diverse patient populations, an experience that is complemented by their didactic training in issues of diversity, including ethnic and cultural sensitivity, disability, sexual orientation, and gender issues.
- 5. Ethical and Professional issues:** Training includes exposure to APA and CPA ethical principles, pointers for finding employment in psychology, opportunities to interact with professionals from a wide range of disciplines, and opportunities to learn about other issues related to professional development.
- 6. Clinical Research:** Clinical research is strongly supported by the program and each resident is offered the opportunity to participate in a program of research relevant to his or her rotation(s). Residents may elect to participate in ongoing research (aiding in data collection, scoring, interpretation, and/or writing research reports for publication), or to initiate small-scale original research projects.

## 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)
- 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, allowing residents to follow some patients on a long term basis in predominantly intervention-focused rotations, but also affording them the opportunity to become immersed in more intensive, short-term rotations in assessment and diagnosis. Some time before the beginning of the residency, a rotation schedule for the entire year is developed collaboratively with 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*

Anxiety Disorders: September through April (approximately half time)

Forensic: September through April (approximately half time)

Neuropsychology: May through August (approximately full time)

### *Resident 2*

Mood Disorders: September through February (approximately full time)

Community Mental Health: March through August (approximately half time)

Eating Disorders: March through August (approximately half time)

Schizophrenia: September through November (1 group therapy session per week)

## 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. Some residents also complete minor rotations in other centres that are affiliated with McMaster University, but are not part of St. Joseph's Healthcare. For example, in past years, residents have received training at the Hamilton Program for Schizophrenia (a community-based program for individuals with schizophrenia) and in the Chedoke Child and Family Centre at Hamilton Health Sciences.

## **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.

*Topics for the current seminar series are available at:* [www.psychologytraining.ca](http://www.psychologytraining.ca)

### *Hospital Rounds and McMaster Grand Rounds*

Residents are encouraged to attend weekly 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. There is also the opportunity 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 encouraged to present at either of these rounds. Presentations may discuss research on a particular topic, or may integrate a case presentation with theoretical and/or empirical literature.

*For recent and forthcoming topics, a schedule of McMaster Grand Rounds is available at:* [www.fhs.mcmaster.ca/psychiatryneuroscience/education/psych\\_rounds/index.htm](http://www.fhs.mcmaster.ca/psychiatryneuroscience/education/psych_rounds/index.htm)

### *Workshops and Research Days*

The faculty at St. Joseph's Healthcare periodically organize workshops open to both staff and students. Faculty and residents also often participate in the Psychiatry and Behavioural Neurosciences Research Day, held annually at McMaster University. 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.

*Information about the Annual Research Day may be found on the Department website:* [www.fhs.mcmaster.ca/psychiatryneuroscience/research\\_clinical/research\\_day.htm](http://www.fhs.mcmaster.ca/psychiatryneuroscience/research_clinical/research_day.htm)

### *Other Presentations*

Residents are also required to give a case presentation during one of the smaller scheduled weekly seminars for residents.

## **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 relationship between perfectionism and treatment outcome across anxiety disorders, the influence of catastrophic predictions on the course of panic disorder, and a cross-validation of a risk-assessment instrument in a forensic population.

## **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, initiative, and utilization of supervision and feedback.

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.

*Examples of the various evaluation forms used in the Residency Program are available from the Program's website: [www.psychologytraining.ca](http://www.psychologytraining.ca)*

## Accreditation

The Clinical Psychology Residency Program at St. Joseph's Healthcare is fully accredited by the Canadian and American Psychological Associations (we will pursue our scheduled re-accreditation with both CPA and APA in the summer of 2010). 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).

## 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** typically 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:* Martin M. Antony, Ph.D. Randi E. McCabe, Ph.D.  
Michele Boivin, Ph.D. Karen Rowa, Ph.D.

*Adjunct Faculty:* Lisa Bourque, Psy.D. Laura J. Summerfeldt, Ph.D.  
Susan M. Chudzik, M.Sc. Richard P. Swinson, M.D.  
Linda Cox, M.S.W. Mark Watling, M.D.

*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.anxietytreatment.ca](http://www.anxietytreatment.ca)

## **Dialectical Behaviour Therapy**

*Core Faculty:* Lisa Burckell, Ph.D.  
Michelle Carroll, Ph.D.

*Adjunct Faculty:* Marilyn Korzekwa, M.D.

St. Joseph's Healthcare, Hamilton has implemented a strategic plan to provide people with Emotional Dysregulation (i.e., Borderline Personality Disorder and other disorders of emotion regulation) with an empirically validated treatment across all service areas. 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. Currently DBT is offered in outpatient, inpatient and a Day Hospital setting. We are also implementing a DBT framework in the Psychiatric Emergency Services.

Residents will have the opportunity to provide time-limited skills training, individual therapy and skills coaching in the Outpatient, Day Hospital and/or Inpatient DBT programs. Residents will learn how to conduct assessments to diagnose borderline personality disorder and to assess for the presence of suicidal and non-suicidal self-injurious behaviors. As part of these programs, 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.

### Inpatient DBT

This rotation will allow residents to learn select core DBT skills and assist with teaching these to clients on an acute inpatient unit. Residents will have the opportunity to observe and co-lead brief DBT groups as well as engage in orientation, skills coaching and behavioural chain analysis sessions with clients. Residents will also be able to attend the

inpatient consultation team meetings and there are opportunities to provide consultation and training to other inpatient staff.

### Day Hospital DBT

This program is open to clients who present with Emotional Dysregulation and maladaptive coping patterns (not only to clients with BPD). Referral sources include inpatient and emergency psychiatry services. This rotation will allow residents to learn DBT in an intensive group setting. This rotation is best completed as a major rotation over a shorter period of time. At the Day Hospital, skills group runs for 7.5 hours/week with hourly individual sessions. Residents will have the opportunity to learn all four components of DBT including skills training, individual therapy, skills coaching and consultation team.

### Outpatient DBT

This rotation is designed to teach residents how to conceptualize and to treat the complex, multi-diagnostic problems that individuals with borderline personality disorder 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. Residents will also learn how to conduct assessments to diagnose borderline personality disorder and other diagnoses, and to assess for the presence of suicidal and non-suicidal self-injurious behaviors. 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  
Amy Wojtowicz, Ph.D.

*Primary Location:* Eating Disorders Clinic, Community Psychiatry Service, 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.

*Adjunct Faculty:* Heather Moulden, Ph.D.  
Gary Chaimowitz, MD

*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

*Primary Location:* Consultation Liaison Service, Charlton Site; Women's Health Concerns Clinic, Charlton Site; Pain Management Centre, Hamilton General Hospital

Opportunities for training in health psychology / behavioural medicine occur within several contexts and settings. Patient presentations are typically complex with medical and psychiatric co- or multi-morbidities. The aim is to develop competency in psychological consultation; within both inpatient and outpatient medical/surgical settings. The following settings are currently available, while experiences in palliative care medicine and respirology are in active development:

## **Consultation Liaison Psychiatry Service**

Primary Location: Charlton Site

Consultation Liaison (CL) is the psychiatric sub-specialty that provides service at the mental health/medicine interface. Psychologists work closely with the CL Psychiatry team in offering mental health consultation to inpatient medical/surgical units at St. Joseph's Healthcare. Requests come mainly from Internal Medicine, the Intensive Care Unit (ICU), and specialty units (e.g., Obstetrics and Gynaecology, Nephrology, Respiratory Care, and Surgery). The CL Psychiatry team includes, psychiatrists, nurses, and clinical learners (psychiatric residents, clinical clerks, and nursing students). Psychology residents on the Health Psychology/Behavioral Medicine rotation have an opportunity to work with the multidisciplinary CL Psychiatry team and to receive training in brief interventions for medically ill patients with psychological symptoms.

The resident's role includes participating in team meetings and providing brief cognitive behavioural treatments to medical inpatients during their hospital stay. The focus of the interventions are primarily on anxiety and depression symptoms associated with medical illness. The role of "liaison" is also highlighted, in promoting the psychological aspects of care to our colleagues in medicine and surgery. Residents are expected to become familiar with the relevant treatment and research literature in this area.

## **Women's Health Concerns Clinic**

Primary Location: WHCC, Charlton Site

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: Pain Management Centre, Hamilton General Hospital

The Pain Management Centre at the Hamilton General Hospital is an outpatient clinic that provides various medical, physical and psychological services to patients with a variety of pain conditions. Within the clinic, the team consists of psychologists, anesthesiologists, acupuncturists, nurses, and physiotherapists. Residents on this rotation will perform psychological consultations and conduct brief psychological interventions both individually and in the form of group-based CBT for complex patients within an interventional pain management setting.

# Inpatient Psychodiagnostic Assessment

**Core Faculty:** Michelle Carroll, Ph.D.,  
Sheryl Green, Ph.D.

**Primary Location:** Specialized Assessment Service, West 5th Campus, and Acute Inpatient Services (West 5th and Charlton Sites)

We provide assessment services to the adult inpatient psychiatric population admitted to either an Acute Mental Health service or Specialized Assessment service. This population consists of individuals with a full range of psychiatric illnesses and psychological disorders including anxiety, depression, bipolar disorder, schizophrenia and other psychotic disorders, personality disorders, and other behavioural difficulties associated with dementia and/or developmental delay, with patients seen during acute, remitted, and chronic stages of illness.

Residents on this rotation assume 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. Although focused primarily on the assessment process, this rotation also provides opportunities for brief interventions based on the results of assessment using supportive, cognitive, strategic, and problem-focused strategies. In addition, there are opportunities for participation in open ended treatment groups (e.g., CBT, DBT) and ongoing outcome research or other special interest research projects.

## Mood Disorders

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

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

**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

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

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

*Primary Location:* West 5th Campus

The Clinical Neuropsychology Service (CNS) 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. The service emphasizes the neuropsychological underpinnings of these conditions and attempts to integrate brain-behavior findings into the diagnostic and treatment considerations of the multidisciplinary team.

The Neuropsychology rotation includes opportunities for training under the supervision of 5 registered psychologists specializing in neuropsychology (Drs. Christensen, King, Losier, McDermid Vaz, & McNeely) and two neuropsychometrists (Catharine Dool and Michael Mosher). Each supervisor on the Neuropsychology rotation is actively engaged in research and the service emphasizes evidence-based practices. Clinical 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 Respirology, Nephrology, and Neurology.

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. Under supervision, 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.

This rotation also offers an opportunity for residents to collaborate with other medical professionals in the implementation of rehabilitation programs including cognitive remediation and adaptive skills training. 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. 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.

## **Schizophrenia and Severe Mental Illness**

*Core Faculty:* Sandra McNally, Ph.D.

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

*Primary Locations:* Schizophrenia Services, West 5th Campus  
Hamilton Program for Schizophrenia (HPS)  
Community Schizophrenia Service (CSS)

The Schizophrenia and Severe Mental Illness rotation involves opportunities to work in a number of settings, including: (1) Schizophrenia Services at the West 5<sup>th</sup> Campus, a large program that includes inpatient and outpatient services for individuals with schizophrenia and related problems, (2) Community Schizophrenia Services (CSS) a large interdisciplinary outpatient service affiliated with Schizophrenia Services and located in downtown Hamilton, and (3) the Hamilton Program for Schizophrenia (HPS), a community outpatient service. Residents may elect to work in one or more of these settings, and to 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 5<sup>th</sup> Campus, offers services in assessment and intervention to 250 adult inpatients per year who have an established or suspected diagnosis of schizophrenia or other psychotic disorder. The service is located on three units: C2, the Assessment and Treatment Unit; B2, 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 at two locations: Community Schizophrenia Services (CSS) and to a lesser extent at the Hamilton Program for Schizophrenia (HPS). 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 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**

In addition to the rotations listed in this brochure, residents are permitted to have minor rotations in other areas, as long as an appropriate supervisor is obtained. For example, some residents in the past have participated in group treatments for anxious children at Hamilton Health Sciences (another academic hospital in Hamilton). Also, although the therapy orientations for many of the formal rotations emphasize cognitive and behavioral approaches (both individual and group), opportunities to receive supervised training are available for longer term psychotherapy, client centred therapy, experiential therapy, psychodynamic therapy, schema-focused therapy, and other modalities. Residents also have the opportunity to take formal psychotherapy 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](http://www.fhs.mcmaster.ca/cbs)

## STIPEND AND BENEFITS

### Stipend

For the 2010/2011 academic year, four full-time resident positions will be available. Predoctoral residents are paid a non-taxable stipend of \$28,000 in biweekly instalments.

### Benefits, Vacations, and Parking

In addition, 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. Parking permits (allowing parking at both the Charlton site and the West 5th Campus) may be purchased for a monthly fee of approximately \$60. 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. Prior to beginning the residency, applicants must have completed all of the requirements of their doctoral program except for the dissertation, including a minimum of 1,000 practicum hours. Applicants are encouraged to have at least their dissertation proposal and data collection / analysis completed prior to beginning their residency.

Applicant rankings are based on many factors including (in no particular order), breadth and depth of assessment and treatment experience (particularly in areas related to the rotations offered in our program), relevant didactic training (e.g., coursework, workshops attended), progress toward completion of their doctoral degree (e.g., dissertation), letters of recommendation, faculty's impressions from the applicant interviews (e.g., interpersonal and communication skills; capacity to think 'on the spot'), research experience, quality of writing samples (e.g., responses to 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.

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 Clinical 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, 2009.**

***Significant changes have been made to the way in which applications are submitted, effective for applications submitted for the 2010 – 2011 internship year.***

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

The AAPI Online may be accessed at [www.appic.org](http://www.appic.org) by clicking on "AAPI Online".

The following materials (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 outlining how the applicant has to date prepared for participation in the rotations of primary interest
- 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 now 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. 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.psychologytraining.ca](http://www.psychologytraining.ca))
- All undergraduate transcripts

Questions regarding the application materials should be directed to:

Dr. Heather McNeely  
Phone: (905) 522-1155, ext. 36422  
E-mail: hmcneely@stjoes.ca

Additionally, because residents will be working within a hospital environment, successful candidates will be required to produce documentation of up to date 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). If successful candidates do not have up to date immunizations, these may be provided through Employee Health Services at St. Joseph's Healthcare upon beginning the training program.

## 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 Clinical Training, and relevant administrative support staff.

## Interview and Selection Procedures

The Clinical Psychology Residency Program at St. Joseph's Healthcare follows the Association of Psychology Postdoctoral and Internship Centers (APPIC) Match Policies in the selection of residents, which can be found on the APPIC web site at [www.appic.org](http://www.appic.org). This residency site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any resident applicant. **Our Program Code Number for the APPIC Match is 184611.**

**Candidates who have been selected for an interview will be notified by December 14, 2009. Interviews will take place between January 7 to 15, 2010.**

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. Most core faculty sit on the Residency Program 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 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.psychologytraining.ca](http://www.psychologytraining.ca).

#### **Martin M. Antony, Ph.D., ABPP**

Director of Research, Anxiety Treatment and Research Centre  
St. Joseph's Healthcare, Hamilton  
50 Charlton Ave. East  
6<sup>th</sup> Floor, Fontbonne Building  
Hamilton, ON L8N 4A6  
Tel: 416-979-5000, ext. 2631  
Fax: 416-599-5660  
E-mail: [mantony@psych.ryerson.ca](mailto:mantony@psych.ryerson.ca)

Martin M. Antony, Ph.D. is Professor and Graduate Program Director in the Department of Psychology at Ryerson University in Toronto and President of the Canadian Psychological Association. He is also Director of Research at the Anxiety Treatment and Research Centre at St. Joseph's Healthcare in Hamilton, where he spends about a day each week, and is involved in supervision of psychology residents. Dr. Antony has published more than 25 books and 130 scientific articles and book chapters, mostly in the areas of anxiety disorders and cognitive behavioural therapy. His contributions to research and training have been recognized by awards from the Society of Clinical Psychology (American Psychological Association), the Canadian Psychological Association, the Anxiety Disorders Association of America, the Association for Behavioral and Cognitive Therapies, and a number of other professional organizations. Dr. Antony's website can be found at [www.martinantony.com](http://www.martinantony.com).

Dr. Antony's research interests are in the area of anxiety disorders, perfectionism, and cognitive behaviour therapy. Current funded projects include a study of a motivational enhancement intervention for obsessive compulsive disorder, a study of mindfulness-based treatment for social anxiety disorder, and a study on the effects of CBT on neurobiological correlates in social phobia.

### **Selected Publications:**

**Antony, M.M.** (in press). Anxiety disorders. In I.B. Weiner & W.E. Craighead (Eds.), *Corsini encyclopedia of psychology*, 4<sup>th</sup> ed. Hoboken, NJ: John Wiley and Sons.

**Antony, M.M.**, Pickren, W.E., & Koerner, N. (in press). Historical perspectives on psychiatric classification and anxiety disorders. D. McKay, J. S. Abramowitz, S. Taylor, & G. Asmundson (Eds.), *Current perspectives on the anxiety disorders: Implications for DSM-V and beyond*. New York: Springer.

Beaton, E.A., Schmidt, L.A., Schulkin, J., **Antony, M.M.**, Swinson, R.P., & Hall, G.B. (in press). Different fusiform activity to stranger and personally-familiar faces in shy and social adults. *Social Neuroscience*.

Carleton, R.N., Asmundson, G.J.G., McCabe, R.E., & **Antony, M.M.** (in press). Pain-related anxiety and anxiety sensitivity across anxiety and depressive disorders. *Journal of Anxiety Disorders*.

Federici, A., Rowa, K., & **Antony, M.M.** (in press). Adjusting treatment for partial- or non-response to contemporary cognitive-behavioral therapy. D. McKay, J. Abramowitz, & S. Taylor (Eds.) *Cognitive-behavioral therapy for refractory cases: Turning failure into success*. Washington, DC: American Psychological Association.

Koerner, N., & **Antony, M.M.** (in press). Special series on disgust and phobic avoidance: A commentary. *International Journal of Cognitive Therapy*.

Koerner, N., Hood, H., & **Antony, M.M.** (in press). Interviewing and case formulation. In D.H. Barlow (Ed.), *Oxford handbook of clinical psychology*. New York: Oxford University Press.

Koerner, N., Rogojanski, J., & **Antony, M.M.** (in press). Specific phobia. In M. Reinecke & S. Hofmann (Eds.), *Cognitive-Behavioral Therapy with Adults*. Cambridge, UK: Cambridge University Press.

Koerner, N., Vorstenbosch, V., & **Antony, M.M.** (in press). Panic disorder. In P. Sturmey & M. Hersen (Eds.), *Handbook of evidence-based practice in clinical psychology: Volume II – Adult disorders*. Hoboken, NJ: John Wiley and Sons.

McCabe, R.E., Ashbaugh, A.R., & **Antony, M.M.** (in press). Specific and social phobias. In M. M. Antony & D. H. Barlow (Eds.), *Handbook of assessment and treatment planning psychological disorders*, 2<sup>nd</sup> ed. New York: Guilford Press.

Rosmarin, D.H., Bourque, L.M., **Antony, M.M.**, & McCabe, R.E. (in press). Interpretation bias in panic disorder: Self referential or global? *Cognitive Therapy and Research*.

Wheeler, H.A., Blankstein, K.R., **Antony, M.M.**, McCabe, R.E., & Bieling, P.J. (in press). Perfectionism in anxiety and depression: Comparisons across disorders, relations with symptom severity, and role of comorbidity. *International Journal of Cognitive Therapy*.

- Butcher, J.N., Mineka, S., Hooley, J.M., Taylor, S., & **Antony, M.M.** (2010). *Abnormal psychology* (1<sup>st</sup> Canadian edition). Toronto, ON: Pearson Education Canada.
- Antony, M.M.**, & Norton, P.J. (2009). *The anti-anxiety workbook: Proven strategies to overcome worry, panic, phobias, and obsessions*. New York: Guilford Press.
- Antony, M.M.**, & Stein, M.B. (Eds.) (2009). *Oxford handbook of anxiety and related disorders*. New York: Oxford University Press.
- Antony, M.M.**, & Swinson, R.P. (2009). *When perfect isn't good enough: Strategies for coping with perfectionism* (2<sup>nd</sup> edition). Oakland, CA: New Harbinger Publications.
- Carleton, R.N., Collimore, K.C., Asmundson, G.J.G., McCabe, R.E., Rowa, K., & **Antony, M.M.** (2009). Refining and validating the Social Interaction Anxiety Scale and the Social Phobia Scale. *Depression and Anxiety, 26*, E71-E81.
- Gros, 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.
- Hunter, P., & **Antony, M.M.** (2009). Cognitive-behavioral treatment of emetophobia: The role of interoceptive exposure. *Cognitive and Behavioral Practice, 16*, 84-91.
- Moscovitch, D.A., Orr, E., Rowa, K., Gehring Reimer, S., & **Antony, M.M.** (2009). In the absence of rose-colored glasses: Ratings of self-attributes and their differential certainty and importance across multiple dimensions in social phobia. *Behaviour Research and Therapy, 47*, 66-70.

### **Peter J. Bieling, Ph.D.**

Operational Service Manager, Mood Disorders Service  
West 5th Campus  
St. Joseph's Healthcare, Hamilton  
100 West 5th Street  
Hamilton, ON L8N 3K7  
Tel: 905-522-1155, ext. 36403  
Fax: 905-521-6120  
E-mail: pbieling@stjoes.ca

Dr. Bieling received his Ph.D. in 1997 from the University of British Columbia, and completed his internship at the Centre for Addiction and Mental Health (previously the Clarke Institute of Psychiatry), in Toronto. He is currently the Operational Service Manager for the Mood, Anxiety, and Women's Health Concerns Clinic and Staff Psychologist at St. Joseph's Healthcare, as well as an Associate Professor in the Department of Psychiatry and Behavioural Neurosciences at McMaster University. Dr. Bieling's current research and clinical focus is on integrating personality constructs, emotional cognition, and psychological dysfunction, with a particular interest in the area of mood disorders and how personality and vulnerability factors interact to predict the onset, course, and treatment response of the individual. Dr. Bieling also has a strong interest in Cognitive Behavioural Therapy, including prediction of treatment response and developing novel interventions based on cognitive models. Other more specific constructs of interest

are perfectionism, sociotropy and autonomy, cognitive-emotional activation, and comorbidity of Axis I and II disorders. Several grants have been awarded in support of this research. Dr. Bieling currently serves on the editorial boards of *Canadian Psychology* and *Cognitive Therapy and Research*. He has published one book and numerous peer reviewed journal articles and invited chapters.

### **Selected Publications:**

Ross, G., & **Bieling, P. J.** (2006). *Depression and your thyroid: What you need to know*. Oakland, CA: New Harbinger.

**Bieling, P. J.**, & MacQueen, G. M. (2004). Bipolar disorder and personality: Constructs, findings, and challenges. In M. Rosenbluth, S. H. Kennedy, & R. M. Bagby (Eds.), *Depression and personality: Conceptual and clinical challenges*. (pp. 187-227). Washington, DC: American Psychiatric Publishing.

**Bieling, P. J.**, Beck, A. T., & Brown, G. K. (2004) Stability and change of sociotropy and autonomy subscales in cognitive therapy of depression. *Journal of Cognitive Psychotherapy*, 18, 135-148.

**Bieling, P. J.**, Israeli, A. L., & Antony, M. M. (2004). Is perfectionism good, bad, or both? Examining models of the perfectionism construct. *Personality and Individual Differences*, 36, 1373-1385.

**Bieling, P. J.**, Summerfeldt, L. J. S., Israeli, A. L., & Antony, M. M. (2004). Perfectionism as an exploratory construct in comorbidity of Axis I disorders. *Journal of Psychopathology and Behavioral Assessment*, 26, 193-201.

Goldapple, K., Segal, Z., Garson, C., Lau, M., **Bieling, P. J.**, Kennedy, S., & Mayberg, H. (2004). Modulation of cortical-limbic pathways in major depression: Treatment specific effects of cognitive behavioral therapy. *Archives of General Psychiatry*, 61, 34-41.

**Bieling, P. J.**, & Antony, M. M. (2003). *Ending the depression cycle: A guide for relapse prevention*. Oakland, CA: New Harbinger.

**Bieling, P. J.**, & Kuyken, W. (2003). Cognitive case formulation: Science or science fiction? *Clinical Psychology: Science and Practice*, 10, 52-69.

### **Michele Boivin, Ph.D.**

Psychologist, Anxiety Treatment and Research Centre  
St. Joseph's Healthcare, Hamilton  
50 Charlton Ave. East  
6<sup>th</sup> Floor, Fontbonne Building  
Hamilton, ON L8N 4A6  
Tel: 905-522-1155, ext. 35216  
Fax: 905-521-6120  
E-mail: mboivin@stjoes.ca

Dr. Boivin received her Ph.D. from the University of Toronto and completed her predoctoral psychology residency training at St. Joseph's Healthcare, Hamilton, with rotations in

Anxiety, Eating, and Mood Disorders. She subsequently completed a postdoctoral fellowship funded by the Canadian Institutes of Health Research at the Anxiety Treatment and Research Centre in Hamilton, Ontario. Dr. Boivin has received research awards from the American Psychological Association and Canadian Psychological Association, serves on the Program Committee of the Association for Behavioral and Cognitive Therapies, and acts as an ad-hoc editorial consultant for several scientific journals. Through the Clinical Behavioral Sciences Program at McMaster University, as well as the St. Joseph's Healthcare Predoctoral Clinical Psychology Residency Training Program, she is active in teaching and in the supervision of interns, practicum students, thesis students, and other learners.

Dr. Boivin's research interests center on (1) Research and treatment of trauma and Post-Traumatic Stress Disorder (2) Cognitive Behavioural Therapy for anxiety and related disorders (including alternative treatment delivery modalities and factors affecting outcome) and (3) Research and treatment of Eating Disorders (including the etiology and prevention of pathological dieting and exercise). Ongoing research projects include (1) The impact of various levels of therapist involvement and self-help materials in the treatment of Social Phobia, (2) Factors affecting success in Cognitive Behavioural Group Therapy, and (3) In collaboration with Dr. M. Laliberte of the Eating Disorders Program, the effect of group CBT for eating disorders on perceptions of control over one's weight. Her clinical interests include the treatment of Post-Traumatic Stress Disorder, Obsessive-Compulsive Disorder, Panic Disorder with Agoraphobia, Social Anxiety Disorder, Specific Phobias, Health Anxiety/Hypochondriasis, Impulse Control Disorders (including Trichotillomania and Skin Picking), Anorexia Nervosa, Bulimia Nervosa, and Binge Eating Disorder.

### **Selected Publications:**

**Boivin, M. K.**, Polivy, J. & Herman, C. P. (2008). An intervention to modify expectations of unrealistic rewards from thinness. *Eating Disorders: The Journal of Treatment and Prevention*.

McCabe, R.E., & **Boivin, M.** (2008). Eating disorders. In D. McKay, J. Abramowitz, and S. Taylor (Eds.), *Obsessive compulsive disorder and spectrum conditions*. Baltimore, MD: John Hopkins University Press.

**Boivin, M. K.** (2007). Review of the book *Biting the Hand that Starves You: Inspiring Resistance to Anorexia/Bulimia*. *Cognitive Behavioral Therapy Book Reviews*, 3. [www.cognitivetherapyassociation.org/CBTBR.aspx](http://www.cognitivetherapyassociation.org/CBTBR.aspx).

Polivy, J., Herman, C. P., & **Boivin, M. K.** (2005). Eating disorders. In J. E. Maddux & B. A. Winstead (Eds.) *Psychopathology: Contemporary issues, theory, and research*. Englewood Cliffs, NJ: Lawrence Erlbaum.

**Boivin, M. K.** & Wheeler, H. A. (2002). Computerized Test Bank for Professors: Canadian Edition. Accompanying G. C. Davison, J. M. Neale, K. R. Blankstein & G. L. Flett, (Eds.) *Abnormal psychology: Canadian edition*. Toronto: John Wiley and Sons.

**Lisa A. Burckell, Ph.D.**

Psychologist, Borderline Personality Disorder Service  
Community Psychiatry Services & East Region Mental Health Services  
St. Joseph's Healthcare  
Hamilton, ON  
Tel: 905.522.1155, ext. 38011  
Email: lburckel@stjoes.ca

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:**

**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.

## **Michelle Carroll, Ph.D.**

Psychologist, Specialized Assessment and Treatment / Acute Mental Health Services  
West 5th Campus and the Bridge to Recovery Day Hospital program  
St. Joseph's Healthcare, Hamilton  
100 West 5th Street  
Hamilton, ON L8N 3K7  
Tel (Acute Mental Health): 905-522-1155, ext. 36777  
Tel (Bridge to Recovery): 905-522-1155 x33500  
Fax: 905-381-5620  
E-mail: mcarroll@stjoes.ca

Dr. Michelle Carroll recently completed her Ph.D. at the University of Windsor and her internship at the State University of New York (SUNY) Upstate Medical University in Syracuse, New York. Her current research involvement and interests include the development and evaluation of an inpatient Dialectical Behaviour Therapy (DBT) program and in training and research for the Concurrent Disorders training program here at St. Joseph's. She also has a research and clinical interest in psychodiagnostic assessment, particularly with clinically complex clients and clients with personality disorders. Her past research included dimensional models of personality and the relationship between personality psychopathology and Axis I disorders as well as concurrent disorders. Her dissertation pertained to personality psychopathology as a mediator of the relationship between negative affectivity and impulsivity with problem gambling. To date she has submitted multiple articles for publication, has one in press and has made numerous presentations at professional conferences.

### **Selected Presentations:**

**Carroll, M., & Hibbard, S.** (2006, August). *Personality disorders in the development of problem gambling*. Poster presented at the meeting of the American Psychological Association, New Orleans, LA.

**Carroll, M., & Hibbard, S.** (2003, June). *The five-factor model: Its strengths and limitations as a measure of personality disorders*. Poster presented at the meeting of the Canadian Psychological Association, Hamilton, ON.

**Carroll, M., & Plastow, R.** (2003, August). *Describing personality disorders using a psychobiological model of personality*. Poster presented at the meeting of the American Psychological Association, Toronto, ON.

**Carroll, M., & Hibbard, S.** (2003, March). *The underlying factor structure of the DSM-IV Personality Disorders*. Poster presented at the meeting of the Society for Personality Assessment, San Francisco, CA.

## **Sheryl M. Green, Ph.D.**

Psychologist, Acute Mental Health and Consultation Liaison  
St. Joseph's Healthcare, Hamilton  
50 Charlton Ave. East

3rd Floor, Fontbonne Building  
Hamilton, ON L8N 4A6  
Tel: 905-522-1155 x 33672  
Fax: 905-521-6059  
E-mail: sgreen@stjoes.ca

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 Acute Mental Health and Consultation Liaison Services 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 and conducting complex psychodiagnostic assessments. Current research involvement includes the development, implementation, and evaluation of a cognitive-behavioural based intervention for menopausal symptoms in women (within the Women's Health Concern's Clinic), implementing and examining the effectiveness of a mindfulness-based intervention within a heterogeneous sample of adult outpatients, and cognitive-behavioural treatment programs for chronic pain. She has several publications in peer-reviewed journals and has presented at numerous professional conferences.

#### **Selected Publications:**

- 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.

### **Andrew M. Jacobs, Psy.D.**

Psychologist, Anxiety Treatment and Research Centre  
St. Joseph's Healthcare, Hamilton  
50 Charlton Ave. East  
6<sup>th</sup> Floor, Fontbonne Building  
Hamilton, ON L8N 4A6  
Tel: 905-522-1155, ext. 32932  
Fax: 905-521-6120  
E-mail: ajacobs@stjoes.ca

Dr. Jacobs received his Psy.D. in 2007 from the Virginia Consortium Program in Clinical Psychology (a jointly sponsored degree from the College of William & Mary, Eastern Virginia Medical School, Norfolk State University, and Old Dominion University). He completed his predoctoral residency at St. Joseph's Healthcare, Hamilton, with rotations in Anxiety Disorders, Mood Disorders, Psychodiagnostic Assessment, and Long-Term Psychotherapy. Following the doctorate, he completed a postdoctoral fellowship through McMaster University at the Anxiety Treatment and Research Centre (ATRC). In addition to providing clinical care as a psychologist at the ATRC, Dr. Jacobs is active in the training and supervision of psychology and psychiatry students, interns, and residents. His clinical and research interests focus on interpersonal and motivational factors in the delivery and effectiveness of cognitive behavioural therapy, particularly in working with mood and anxiety concerns.

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, & G. J. G. Asmundson (Eds.), *Current perspectives on the anxiety disorders: Implications for DSM-V and beyond*. New York: Springer.

**Jacobs, A. M.**, & Antony, M. M. (in press). [Review of the book *A CBT Practitioner's Guide to ACT: How to Bridge the Gap Between Cognitive Behavioral Therapy and Acceptance and Commitment Therapy*]. *Canadian Psychology / Psychologie Canadienne*.

**Jacobs, A. M.** (2009). [Review of the book *Handbook of Self-Help Therapies*]. *Cognitive Behavioral Therapy Book Reviews*, 5(1).

Lewis, R. J., Derlega, V. J., Clarke, E. C., Kuang, J., **Jacobs, A. M.**, & McElligott, M. D. (2005). An expressive writing intervention to cope with lesbian-related stress: The

moderating effects of openness about sexual orientation. *Psychology of Women Quarterly*, 29, 149-157.

**Sean Kidd, Ph.D., CPRP**

Psychologist, Mental Health Rehabilitation Services  
West 5th Campus  
St. Joseph's Healthcare, Hamilton  
100 West 5th Street  
Hamilton, ON L8N 3K7  
Tel: 905-522-1155, ext. 36312  
Fax: 905-575-6088  
E-mail: skidd@stjoes.ca

Dr. Sean Kidd received his Ph.D. in 2003 from the University of Windsor, completed his internship with the Yale Department of Psychiatry and a postdoctoral residency with the Yale Program on Recovery and Community Health. Dr. Kidd is involved in research, consultation, and clinical practice within the various rehabilitation programs, is an Assistant Professor in the Department of Psychiatry and Behavioural Neurosciences at McMaster University, and is an Assistant Clinical Professor with the Yale Department of Psychiatry.

Sean Kidd's primary area of research interest lies in the examination of resilience among marginalized persons. Much of his past work has focused on suicidality, resilience, and intervention development among homeless youth. His current research centres primarily on service development for persons with severe mental illness. He is engaged in studies examining various aspects of recovery oriented service delivery, fidelity among Assertive Community Treatment teams, outcomes of cognitive behavioural interventions for vocational stress, humour and its relationship with resilience, and sexual orientation. He is involved in consultation regarding service development and has an interest in cultural psychology, and the use of quantitative, qualitative and participatory methods of inquiry.

His clinical interests include programme evaluation and clinical service development at both service and systems levels, rehabilitation-focussed psychological assessment, emotion-focussed and psychodynamic therapy modalities, and cognitive behavioural intervention for chronic pain.

**Selected Publications:**

**Kidd, S.A.**, Miller, B., Boyd, G., & Cardena, I. (in press). Relationships between humour and stigma, subversion, and genuine connection among persons with severe mental illness. *Qualitative Health Research*.

Koblik, M., **Kidd, S.A.**, Goldberg, J., & Losier, B. (2009). Learning processes and outcomes in computer skills training for persons with serious mental illness. *Psychiatric Rehabilitation Journal*, 32, 306-308.

**Kidd, S. A.**, & Shahar, G. (2008). The relationship between social factors and suicidality among homeless youths. *American Journal of Orthopsychiatry*, 78, 163-172.

**Kidd, S.A.**, Boyd, G.M., Bieling, P., Pike, S., & Kazarian-Keith, D. (2008). Effect of a vocationally-focused brief cognitive behavioural intervention on employment-related outcomes for individuals with mood and anxiety disorders. *Cognitive Behaviour Therapy*, 37, 247-251.

**Kidd, S. A.**, & Davidson, L. (2007). "You have to adapt because you have no other choice." The stories of strength and resilience of 208 homeless youth in New York City and Toronto. *Journal of Community Psychology*, 35, 219-238.

**Kidd, S. A.**, & Davidson, L. (2006). Youth homelessness: A call for partnerships between research and policy. *Canadian Journal of Public Health*, 97, 445-447.

**Kidd, S. A.**, Henrich, C., Brookmeyer, K., Davidson, L., King, R. A., Shahar, G. (2006). The social context of adolescent suicide attempts: Interactive effects of relationships with parents, peers, and school. *Suicide & Life-Threatening Behavior*, 36, 386-395.

**Kidd, S. A.**, Styron, T. H., Carlson, S., & Hoge, M. (2004). The development of decision tools for residential utilization management: A critical review of the literature. *Administration and Policy in Mental Health*, 31, 435 – 448.

**Kidd, S. A.** (2002). The role of qualitative research in APA journals. *Psychological Methods*, 7, (1), 126-138.

### **Jelena King, Ph.D.**

Psychologist, Clinical Neuropsychology Service  
St. Joseph's Healthcare, Hamilton  
West 5th Campus  
100 West 5th Street  
Hamilton, ON L8N 3K7  
Tel: 905-522-1155 X 36299  
Fax: 905-381-5635  
E-mail: kingj@stjoes.ca

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:**

**King, J.P.**, Christensen, B.K., & Westwood, D.A. (in press). Grasping behavior in schizophrenia suggests selective impairment in the dorsal pathway. *Journal of Abnormal Psychology*.

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). *Schizophrenia Research*.

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.

**King, J.P.**, Christensen, B.K., Sekuler, A.B., & Bennett, P.J. (2003). Visual Processing in Schizophrenia: Selective Dorsal Pathway Impairment. *Schizophrenia Research*, 60(1), 173.

### **Michele Laliberté, Ph.D.**

Director, Eating Disorders Program  
Community Psychiatry Service  
St. Joseph's Healthcare, Hamilton  
50 Charlton Ave. East  
3<sup>rd</sup> Floor, Fontbonne Building  
Hamilton, ON L8N 4A6  
Tel: 905-522-1155, ext. 34093  
Fax: 905-521-6059  
E-mail: mlaliber@stjoes.ca

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:**

**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.

**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.

#### **Bruno Losier, Ph.D.**

Psychologist, Clinical Neuropsychology Service  
West 5th Campus  
St. Joseph's Healthcare, Hamilton  
100 West 5th Street  
Hamilton, ON L8N 3K7  
Tel: 905-522-1155, ext. 35592  
Fax: 905-381-5612  
E-mail: blosier@stjoes.ca

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.

### **Mini Mamak, Ed.D.**

Psychologist, Forensic Service  
West 5th Campus  
St. Joseph's Healthcare, Hamilton  
100 West 5th Street  
Hamilton, ON L8N 3K7  
Tel: 905-522-1155, ext. 36601  
Fax: 905-575-6057  
E-mail: mmamak@stjoes.ca

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.

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.

### **Randi E. McCabe, Ph.D.**

Director, Anxiety Treatment and Research Centre  
Psychologist-in-Chief  
St. Joseph's Healthcare, Hamilton  
50 Charlton Ave. East  
6<sup>th</sup> Floor, Fontbonne Building

Hamilton, ON L8N 4A6  
Tel: 905-522-1155, ext. 33695  
Fax: 905-521-6120  
E-mail: rmccabe@stjoes.ca

Dr. McCabe received her Ph.D. in 2000 at the University of Toronto, and completed her internship at the Toronto Hospital Eating Disorders Programme. She is Director of the Anxiety Treatment and Research Centre (ATRC) and Psychologist-in-Chief at St. Joseph's Healthcare as well as an Associate Professor in the Department of Psychiatry and Behavioural Neurosciences at McMaster University. In addition to coordinating the CBT Anxiety Module for the Psychiatry Residency Psychotherapy Training Program, Dr. McCabe has been actively involved in training other mental health professionals and has given many workshops on conducting cognitive behavioural therapy and the treatment of anxiety disorders and eating disorders.

Dr. McCabe has authored numerous peer-reviewed publications, invited chapters, and four books. She is on the editorial board of *Cognitive and Behavioral Practice*. Her research interests focus on the nature and treatment of anxiety disorders, health anxiety, comorbidity, and eating disorders. Dr. McCabe currently has a study underway examining whether a motivational enhancement intervention enhances standard treatment outcome for obsessive-compulsive disorder. This study is funded by a grant from the Obsessive Compulsive Research Foundation.

### **Selected Publications:**

**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.** (in press). Agoraphobia. In I.B. Weiner and W.E. Craighead (Eds.), *Corsini's Encyclopedia of Psychology*, Fourth Edition. Hoboken, NJ: John Wiley & Sons, Ltd.

**McCabe, R.E.** & Antony, M.M. (in press). Social and Specific Phobias. In A. Tasman, J. Kay, J.A. Lieberman, M.B. First, and M. Maj (Eds.), *Psychiatry Third Edition (pp)*. London, England: John Wiley & Sons, Ltd.

Collimore, K.C., **McCabe, R.E.**, Carleton, R.N., & Asmundson, G.J.G. (in press). Media exposure and dimensions of anxiety sensitivity: Differential associations with PTSD symptom clusters. *Journal of Anxiety Disorders*.

**McCabe, R.E.** & Boivin, M. (2008). Eating disorders. In D. McKay, J. Abramowitz, and S. Taylor (Eds.), *Obsessive compulsive disorder and spectrum conditions*. Baltimore, MD: Johns Hopkins University Press.

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*.

Grös, D.F., Antony, M.M., Simms, L.J., & **McCabe, R.E.** (2007). Psychometric Properties of the State-Trait Inventory for Cognitive and Somatic Anxiety (STICSA): Comparison to the State-Trait Anxiety Inventory (STAI). *Psychological Assessment*, 19, 369-381.

- 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. *Clinical Psychology and Psychotherapy*.
- Ashbaugh, A., Antony, M.M., Liss, A., Summerfeldt, L.J., **McCabe, R.E.**, & Swinson, R.P. (2007). Changes in perfectionism following cognitive-behavioral treatment for social phobia. *Depression and Anxiety*.
- Taube-Schiff, M., Suvak, M.K., Antony, M.M., Bieling, P.J., & **McCabe, R.E.** (2007). Group cohesion in cognitive behavioral group therapy for social phobia. *Behaviour Research and Therapy*, 45, 687-698.
- Bieling, P.J., **McCabe, R.E.**, & Antony, M.M. (2006). *Cognitive behavioral therapy in groups*. New York: Guilford.

### **Stephanie McDermid Vaz, Ph.D.**

Psychologist, Clinical Neuropsychology Service  
St. Joseph's Healthcare, Hamilton  
Cleghorn Early Intervention in Psychosis Program  
25 Charlton Ave East, Suite 703  
Hamilton, ON L8N 1Y2  
Tel: 905-522-1155, ext. 33883  
Fax: 905-525-2805  
E-mail: smcdermi@stjoes.ca

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:**

- 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., Ammari, N., Mile, A.A., & **McDermid Vaz, S.** (2008). Cognitive performance and functional competence as predictors of community independence in schizophrenia. *Schizophrenia Bulletin*, 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.

### **Sandra McNally, Ph.D.**

Psychologist, Schizophrenia Services  
West 5th Campus  
St. Joseph's Healthcare, Hamilton  
100 West 5th Street  
Hamilton, ON L8N 3K7  
Tel: 905-522-1155, ext. 36789  
Fax: 905-381-5607  
E-mail: smcnally@stjoes.ca

Dr. McNally received her Ph.D. in 1996 from York University, and completed her internship at The Centre for Addiction and Mental Health (formerly the Clarke Institute of Psychiatry). 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.

### **Heather E. McNeely, Ph.D.**

Director of Training, Psychology Residency Program

Psychologist, Clinical Neuropsychology Service

West 5th Campus

St. Joseph's Healthcare, Hamilton

100 West 5th Street, Box 585

Hamilton, ON L8N 3K7

Tel: 905-522-1155, ext.36422

Fax: 905-381-5635

E-mail: hmcneely@stjoes.ca

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 for Geriatric Care 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 psychologist (neuropsychology) in the Mood and Anxiety Disorders Program at CAMH. In July 2005 she joined the Schizophrenia Service at St. Joseph's Healthcare, with practice in clinical neuropsychology. Dr. McNeely holds several academic and scientific appointments, including Assistant Professorships in the Department of Psychiatry and Behavioural Neurosciences at McMaster University, and in the Department of Psychiatry at the University of Toronto (status only), and an Affiliate Scientist position in the Clinical Research Programme at CAMH. She has published numerous peer-reviewed journal articles, and has made many presentations at international scientific meetings. Dr. McNeely's research focuses on the interplay between neurobiological, psychological and cognitive processes in psychiatric illness. Dr. McNeely's clinical interests focus on determining the impact on neuropsychological functioning of multiple influences, particularly the interplay between Axis I and II factors and medication effects, 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.

- Rybak, Y., **McNeely, H.E.**, Mackenzie, B., Jain U. & Levitan, R.D. (2007). Seasonality and circadian preference in adult ADHD: Clinical and neuropsychological correlates. *Comprehensive Psychiatry*, 48, 562-571.
- Rybak, Y., **McNeely, H.E.**, Mackenzie, B., Jain U. & Levitan, R.D. (2006). An open trial of light therapy in Adult Attention Deficit Hyperactivity Disorder. *The Journal of Clinical Psychiatry*, 67,1527-1535.
- Meyer, J.H., **McNeely, H.E.**, Sagrati, S., Boovariwala, A., Martin, K., Verhoeff, N.P.L.G., Wilson, A.A., & Houle, S. (2006). Elevated putamen D2 receptor binding potential in major depression with motor retardation: An [11C] raclopride positron emission tomography study. *American Journal of Psychiatry*, 163, 1594-1602.
- Mayberg, H., Lozano, A.M., Voon, V., Kennedy, S.K., **McNeely, H.E.**, Hamani, C., Schwab, J.M., Seminowicz, D. (2005). Deep brain stimulation for treatment-resistant depression. *Neuron*, 45, 1-10.
- McNeely, H.E.**, Dywan, J., & Segalowitz, S.J. (2004). ERP Indices of emotionality and semantic cohesiveness during recognition judgements. *Psychophysiology*, 41, 117-129.
- McNeely, H.E.**, Christensen, B.K, West, R., & Alain, C. (2003). Neurophysiological evidence for disturbances of conflict processing in patients with schizophrenia. *Journal of Abnormal Psychology*, 112, 679-688.
- Alain, C., **McNeely, H.E.**, Yu, H., Christensen, B.K. & West, R. (2002). Neurophysiological evidence of error monitoring deficits in patients with schizophrenia. *Cerebral Cortex*, 12, 840-846.

### **Joseph Pellizzari, Ph.D.**

Psychologist, Consultation-Liaison Service, Mental Health and Addictions Program  
 St. Joseph's Healthcare, Hamilton  
 50 Charlton Ave East  
 4<sup>th</sup> floor, Fontbonne Building  
 Hamilton, ON L8N 4A6  
 Tel: 905-522-1155  
 Email: jpellizz@stjoes.ca

Dr. Joseph Pellizzari received his Ph.D. in 2000 from the University of Western Ontario, following the completion of his internship at Victoria Hospital (London Health Sciences Centre). Prior to joining the faculty at St. Joseph's Healthcare in 2008, he was employed with the Mental Health Care Program at London Health Sciences Centre for over 10 years, working in the areas of consultation-liaison psychiatry and behavioural medicine. Academic appointments included Assistant Professor in the Department of Psychiatry, Schulich School of Medicine & Dentistry and Adjunct Clinical Professor in the Department of Psychology, University of Western Ontario. He has been actively involved in program development, specifically in the area of adult consultation-liaison psychiatry services. Clinically, his practice involves the assessment and treatment of patients with complex medical and psychiatric presentations, including mood, anxiety, and somatoform disorders. Of particular interest has been the delivery of psychological services (e.g., consultation,

brief intervention) in the acute care medical/surgical setting. Dr. Pellizzari has also been active in education; teaching aspects of psychosomatic medicine to undergraduate medical students, supervising psychology and psychiatry residents, and participating in various liaison initiatives with other medical specialties (e.g., critical care trauma, nephrology, cardiac rehab, and oncology). Research interests have included the conceptualization and measurement of quality of life and health outcomes. In addition, he has been interested in the measurement and management of outcomes in acute care mental health services (i.e., utilization, clinical outcomes, and patient satisfaction).

### **Karen Rowa, Ph.D.**

Associate Director of Training, Psychology Residency Program  
Psychologist, Anxiety Treatment and Research Centre  
St. Joseph's Healthcare  
50 Charlton Ave. East  
6<sup>th</sup> Floor, Fontbonne Building  
Hamilton, ON L8N 4A6  
Tel: 905-522-1155, ext. 33656  
Fax: 905-521-6120  
E-mail: krowa@stjoes.ca

Dr. Rowa received her Ph.D. in 2003 from the University of Waterloo, and she completed her internship training at the Centre for Addiction and Mental Health in Toronto, Ontario. She is a psychologist at the Anxiety Treatment and Research Centre and an Assistant Professor in the Department of Psychiatry and Behavioural Neurosciences at McMaster University. Her research is focused on evaluating cognitive behavioural models and treatments of the anxiety disorders, with a specific focus on obsessive compulsive disorder and social phobia. More specifically, she is interested in ways of improving the delivery and effectiveness of existing cognitive behavioural treatments for the anxiety disorders. She has authored numerous peer-reviewed journal articles and invited chapters. She is co-author of a self-help book on overcoming a fear of heights as well as a clinician's guide to understanding and treating social anxiety disorder.

### **Selected Publications:**

Federici, A., **Rowa, K.**, & Antony, M.M. (in press). Adjusting treatment for partial- or non-response to contemporary cognitive-behavioral therapy. In D.McKay, J. Abramowitz, & S. Taylor (Eds.). *Cognitive-Behavior Therapy for Refractory Cases: Turning Failure into Success*. Washington, DC: American Psychological Association.

**Rowa, K.**, & Antony, M.M. (2008). Generalized anxiety disorder. In W.E.Craighead, D.J. Miklowitz, & L.W.Craighead (Eds.). *Psychopathology: History, Theory and Diagnosis* (pp 78-114). New York: John Wiley & Sons.

**Rowa, K.**, McCabe, R.E., & Antony, M.M. (2008). Specific phobia and social phobias. In J. Hunsley & E.J. Mash (Eds.). *A Guide to Assessments that Work* (pp 207-228). New York: Oxford University Press.

Antony, M.M., & **Rowa, K.** (2008). *Social anxiety disorder*. Göttingen, Germany: Hogrefe & Huber Publishers.

**Rowa, K.**, Antony, M.M., Summerfeldt, L.J., Purdon, C., Young, L. & Swinson, R.P. (2007). Office-based vs. home-based behavioral treatment for obsessive compulsive disorder: A preliminary study. *Behaviour Research and Therapy*, *45*, 1883-1892.

Purdon, C., Cripps, E., Faull, M., Joseph, S., & **Rowa, K.** (2007). Ego-dystonicity and obsessional thoughts. *Journal of Cognitive Psychotherapy*, *21*, 198-216.

**Rowa, K.**, Antony, M.M., Summerfeldt, L.J., Purdon, C., Young, L. & Swinson, R.P. (in press). Office-based vs. home-based behavioral treatment for obsessive compulsive disorder: A preliminary study. *Behaviour Research and Therapy*.

Antony, M.M., & **Rowa, K.** (in press). *Social anxiety disorder: Psychological approaches to assessment and treatment*. Göttingen, Germany: Hogrefe & Huber Publishers.

Antony, M.M., & **Rowa, K.** (2007). *Overcoming fear of heights. How to Conquer Acrophobia and Live a Life Without Limits*. Oakland, CA: New Harbinger Publications.

Purdon, C., **Rowa, K.**, & Antony, M.M. (2007). Diary records of thought suppression attempts by individuals with obsessive-compulsive disorder. *Behavioural and Cognitive Psychotherapy*, *35*, 47-59.

**Rowa, K.**, Antony, M.M., & Swinson, R.P. (2007). Exposure and ritual prevention. In M.M. Antony, C. Purdon, & L.J. Summerfeldt (Eds.), *Psychological treatment of OCD: Fundamentals and beyond* (pp 79-109). Washington, DC: APA.

**Rowa, K.**, McCabe, R.E., & Antony, M.M. (2006). Specific phobia. In F. Andrasik (Ed.), *Comprehensive handbook of personality and psychopathology, Volume 2: Adult psychopathology* (pp 154-168). Hoboken, NJ: John Wiley and Sons.

Antony, M.M., & **Rowa, K.** (2005). Evidence-based assessment of anxiety disorders in adults. *Psychological Assessment*, *17*, 256-266.

**Rowa, K.**, Purdon, C., Summerfeldt, L.J., & Antony, M.M. (2005). Why are some obsessions more upsetting than others? *Behaviour Research and Therapy*, *43*, 1453-1465.

**Rowa, K.** & Antony, M.M. (2005). Psychological treatments for social phobia. *Canadian Journal of Psychiatry*, *50*, 308-316.

### **Ian Smith, Ph.D.**

Psychologist, Mood Disorders Service  
St. Joseph's Healthcare, Hamilton  
West 5th Campus  
100 West 5th Street  
Hamilton, ON L8N 3K7  
Tel: 905-522-1155, ext. 5542  
Fax: 905-575-6029

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

Dr. Smith received his Ph.D. in 1996 from Queen's University, and completed his internship at the University Hospital in London, Ontario. He is currently a Staff Psychologist in the Mood Disorders Service at St. Joseph's Healthcare, and Assistant Professor in the Department of Psychiatry and Behavioural Neurosciences at McMaster University. Dr. Smith's current clinical interests include complex Psychodiagnostic Assessment and supervision in longer-term Schema-Focused and Psychodynamic therapy models. Current research involvement includes PTSD and Mood Disorder comorbidity. He has published six peer-reviewed journal articles and has served on the Program Improvement Council for the Mental Health Program at St. Joseph's Healthcare.

## **Adjunct Faculty and Supervisors**

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

### **Suzanne Archie, M.D.**

Psychiatrist and Director, Cleghorn Program in Early Intervention in Psychosis, St. Joseph's Healthcare, Hamilton

### **Lisa Bourque, Psy.D.**

Psychologist, Anxiety Treatment and Research Centre

### **James Cantor, Ph.D.**

Psychologist, Law and Mental Health Program  
Centre for Addiction and Mental Health

### **Gary Chaimowitz, M.D.**

Psychiatrist, Forensic Services, West 5th Campus

### **Bruce Christensen, Ph.D.**

Director, Clinical Neuropsychology Service, St. Joseph's Healthcare Hamilton  
Vice Chair, Research, Department of Psychiatry and Behavioural Neurosciences, McMaster University

### **Susan Chudzik, M.Sc.**

Comorbidity Team Coordinator  
Anxiety Treatment and Research Centre and Mood Disorders Service

### **Linda Cox, M.S.W.**

Social Worker, Anxiety Treatment and Research Centre

### **Lindsey George, M.D.**

Head, Mental Health Rehabilitation Service, West 5th Campus

**Joel Goldberg, Ph.D.**

Consulting Psychologist, Hamilton Program for Schizophrenia

**Gary Hasey, M.D.**

Psychiatrist, Mood Disorders Service, West 5th Campus

**Cindy Kington, RN**

Registered Nurse, Consultation Liaison Service

**Marilyn Korzekwa, M.D.**

Psychiatrist, St. Joseph's Healthcare Hamilton

**David Lam, M.D.**

Psychiatrist, Geriatric Psychiatry, West 5th Campus

**Victoria Madsen, M.A.**

Operational Service Manager, Geriatric Psychiatry, West 5th Campus

**Cathy McCutcheon, RN**

Registered Nurse, Eating Disorders Program, Community Psychiatry Service

**Angela McHolm, Ph.D.**

Psychologist, Hamilton Health Sciences, McMaster Children's Hospital, Chedoke Site

**Michael Mosher, B.Sc. (Ph.D. Candidate)**

Neuropsychology Service and Acquired Brain Injury Program  
West 5th Campus

**Heather Moulden, Ph.D.**

Psychologist, Forensic Services, St. Joseph's HealthCare

**Kofi Oforu, M.D.**

Medical Director, Eating Disorders Program  
Staff Psychiatrist, Inpatient Services, Mental Health and Addictions Program

**Patricia Rosebush, MD**

Director, Consultation Liaison Service

**Claudio Soares, MD., Ph.D.**

Director, Women's Health Concerns Clinic, St. Joseph's Healthcare

**Wanda Smith, Ph.D.**

Psychologist, Private Practice, Hamilton

**Laura Summerfeldt, Ph.D.**

Psychologist, Anxiety Treatment and Research Centre  
Assistant Professor, Trent University

**Richard P. Swinson, M.D.**

Medical Director, Anxiety Treatment and Research Centre

**Panth Voruganti, M.D.**

Psychiatrist, Forensic Services, West 5th Campus

**Mark Watling, M.D.**

Psychiatrist, Anxiety Treatment and Research Centre

**Amy Wojtowicz, Ph.D.**

Psychologist, Eating Disorders Program

**Priyanthy Weerasekera M.D., M.Ed.**

Head, Psychotherapy Program, Department of Department of Psychiatry and Behavioural  
Neurosciences, McMaster University

**Jodi Younger, M.A.Sc., CPRP**

Operational Service Manager  
Mental Health Rehabilitation Services, West 5th Campus