CPA Accredited Clinical Psychology Residency Program
2018-2019 Academic Year
Director-of-Training: Niki Fitzgerald, Ph.D., C.Psych.

CAMH – THE CENTRE FOR ADDICTION AND MENTAL HEALTH

The Centre for Addiction and Mental Health (CAMH) is Canada's largest mental health and addiction teaching hospital, as well as one of the world's leading research centres in the area of addiction and mental health. CAMH is fully affiliated with the University of Toronto, and is a Pan American Health Organization/World Health Organization Collaborating Centre.

CAMH combines clinical care, research, education, policy and health promotion to transform the lives of people affected by mental health and addiction issues.

We have central facilities located in Toronto, Ontario and 32 community locations throughout the province. CAMH was formed in 1998 as a result of the merger of the Clarke Institute of Psychiatry, the Addiction Research Foundation, the Donwood Institute and Queen Street Mental Health Centre.

CAMH:

- Provides outstanding clinical care for people with mental illness and addiction problems
- Conducts groundbreaking research, leading to new understanding and better addiction and mental health treatments
- Provides expert training to today's and tomorrow's health care professionals and scientists
- Develops innovative health promotion and prevention strategies
- Influences public policy at all levels of government

Exceptional quality and forward thinking has won CAMH national and international recognition. We are proud to have earned Canada's highest-level hospital accreditation and been chosen as a Pan American Health Organization / World Health Organization Collaborating Centre.

Client-centred care

Each year, CAMH treats over 20,000 people and responds to over 400,000 outpatient visits.

Whether it is a young person experiencing a first episode of psychosis, a senior with dementia, an adult with a drug addiction and depression, a child with a learning disability or anger management issue, or a person with a gambling problem or with schizophrenia, CAMH provides the specialized treatment needed. We're transforming lives.

At CAMH, our client-centred care focuses on individual client needs and strengths, and fully involves clients and their families. We respect the diversity of the clients and communities we serve, and provide inclusive, collaborative, culturally appropriate care and services.

Our view of health is holistic. CAMH offers a multi-disciplinary team approach to treatment, with programs that address issues affecting health, such as housing, employment, income and social support. We work with our community partners to nurture clients through a continuum of clinical programs, and support and rehabilitation services.

Dedicated staff team

CAMH brings together the talent and resources needed to be a leader in the mental health and addiction fields.

CAMH has attracted a superb team of 2,800 physicians, clinicians, researchers, nurses, educators, staff, volunteers and students who every day demonstrate their compassion and dedication to our clients, as well as their commitment to excellence.

We have recruited world-renowned and award-winning specialists to many of our clinical programs and research initiatives. They include numerous endowed university chairs and professors, Canada Research Chairs, fellows and recipients of the Order of Canada.

Our talented staff develop new models of care that impact mental health and addiction treatment far beyond CAMH itself. We provide professional education, build clinical capacity and support health promotion provincially, nationally and internationally.

Pioneering treatment program

CAMH is home to four programs offering leading-edge inpatient, outpatient and community-based treatment. They were created with a focus on acuity and complexity- on the clinical and social needs of our clients- rather than on diagnosis.

- Access and Transitions (the entry points into CAMH)
- Child, Youth and Emerging adult Program that includes the Child, Youth and Family, Slaight, McCain, and Cundhil Centres.

- Ambulatory Care and Structured Treatments (housing Addictions, Mood and Anxiety, and specialty clinics such as Women's Mental Health, and the Gender Identity and Borderline Personality Disorder Clinics)
- Complex Mental Illness (housing Forensics and Schizophrenia programs)

CAMH is also a leader in providing integrated treatment for people with concurrent disorders (both substance use and mental health problems).

We provide a range of high-quality clinical services, including assessment, brief intervention, inpatient care, outpatient services, continuing care and family support. In this way, we effectively meet the diverse needs of people who are at different stages of their lives and illnesses, or who are at risk of becoming ill.

Groundbreaking research

CAMH is the largest mental health and addiction research facility in Canada, employing nearly 100 full-time scientists and about 300 research staff. We currently secure over $37 million in grants and undertake hundreds of research studies each year.

CAMH's research keeps us on the leading edge of treatment, allowing us to turn what we learn at the bench side into practice at the bedside. Our neuroscientists, clinical scientists and researchers are recognized globally for breakthroughs in understanding the brain's structure and chemistry and the role of genes, as well as for pioneering new mental health and addiction treatments.

These discoveries, along with social policy research in substance use and mental health issues, are leading to innovative and effective health prevention strategies, social programs and public policies. Our advances are helping people in Canada and beyond enjoy longer, healthier lives.

Education, health promotion, public policy

As a teaching hospital fully affiliated with the University of Toronto, CAMH is proud of the quality of our clinical and scientific training. Each year almost 500 physicians, nurses, students from a variety of disciplines including psychology, medicine, nursing, social work, pharmacy, OT, BT, and legal train at CAMH, and almost 7,000 take part in our continuing education courses.

CAMH also develops publications and resources for health professionals, clients and the public. We provide the most extensive and up-to-date information on topics ranging from prevention to treatment of mental illness and addictions, and promote best practices across the province.

CAMH is offering more online courses, and our website www.camh.net provides downloadable, multilingual information and publications to increase access to

CAMH programs and resources. Through our McLaughlin Information Centre's toll-free information line (1 800 463-6273), we also respond to about 60,000 requests for information each year.

Through our network of 32 regional sites across Ontario, CAMH collaborates with communities on health promotion initiatives and strategies that support health and prevent illness.

We also work with community partners to advance public policy and programs at all levels of government that reflect the latest research and respond to the needs of people with addiction and mental health problems.

Through the CAMH Office of International Health and our work through the United Nations, we play an important role in advancing the understanding and treatment of mental illness and addiction globally, while bringing home important learnings to inform the cultural competence of our own care and treatment.

Transforming lives here

CAMH is committed to improve and transform care and to enhance the quality of life of people with mental health and addiction issues.

To make this commitment a reality, CAMH has embarked on a bold, multi-phase redevelopment of our Queen Street site in Toronto. Our award-winning Transforming Lives Here redevelopment project will turn a stigmatized institution into an urban village—a health care centre unlike any other in the world, integrating a new model of client care into the fabric of Toronto's most vibrant neighbourhood. The project will introduce new parks, shops and—most importantly—people into a site that has been cut off from the rest of the city for far too long. Our goal is to erase barriers, reduce stigma and improve care in the context of a civil society.

With a new model of care—based on best-practice medicine and respect for clients and their families—in a new environment that decreases stigma, CAMH will continue to expand its role as a centre of health care excellence, transforming the lives of the people and the communities we serve.

HISTORICAL BACKGROUND

In 1998 the province of Ontario merged two mental health and two addiction facilities: the Clarke Institute of Psychiatry, the Queen Street Mental Health Centre, the Addiction Research Foundation, and the Donwood Institute. Collectively, we are now known as the *Centre for Addiction and Mental Health* (CAMH), with respective divisions located at each site. The CAMH has been recognized for its teaching, research, and clinical care by the World Health Organization. The hospital merger creating the CAMH strengthened our ability to provide psychology residency training. We continue to receive strong administrative support for the

psychology residency program as one of the central training initiatives at the CAMH. We have also considerably expanded our residency training program over the years, from four positions in 1999 up to nine positions beginning in the 2008-2009 academic year, and ten positions beginning in our 2012-2013 academic year. We anticipate accepting thirteen residency applicants for the 2018-2019 academic year. Our psychology residency training occurs at all three of our main sites (College Street site, Russell Street site, and the Queen Street site)

CAMH RESIDENCY

At CAMH, we are pleased to offer thirteen residency placements, making our program one of the largest of its kind in Canada. As a vibrant mental health and addiction centre, residents have access to a wide variety of lectures, seminars, and symposia, provided by faculty from the CAMH, as well as frequent visiting lecturers from around the world. The library, housed at the Russell Street site, is well-stocked, and computer and audiovisual resources are excellent, including access to MEDLINE and Current Contents. Residents at CAMH have access to an office, a computer, and a telephone line.

The CAMH residency is especially interested in applicants who are bound for academic careers in university psychology departments, teaching hospitals, and other academic settings. Residents may choose to participate in research during the residency year. The CAMH residency adheres to a ***specialist*** *model* in which psychology residents at the CAMH are assigned to two major rotations which occur concurrently for the entirety of the year. In addition, residents may seek further training opportunities through a minor (half-day) rotation with other psychology supervisors at the CAMH.

The Residency runs from September 1 to August 31, with three weeks for vacation, various statutory holidays, and time off to attend conferences. Residents do <u>not</u> receive supplemental health benefits. Residents <u>do</u> contribute to Canada Pension and Employment Insurance.

Stipend (based on 2016-2017 year): $34,000.00 Canadian (paid twice per month).

PHILOSOPHY OF TRAINING

The CAMH residency program provides clinical training in the context of a scientist-practitioner (Boulder) model. Within this framework, clinical service and research are seen as mutually enhancing activities. Residents are expected to think critically about the services that they offer to individuals and to make clinical decisions based on objective data collected in the therapeutic/assessment context and informed by empirical research. In addition, residents are encouraged to integrate research and clinical practice by allowing their clinical experiences to influence the questions that they seek to answer through research.

Consistent with this philosophy, the residency program at CAMH is designed to provide training in the four general domains of:

1) knowledge of psychological theory and clinical research
2) therapeutic intervention
3) clinical assessment and testing skills, and
4) professional ethics.

PSYCHOLOGY STAFF AT CAMH

CAMH psychologists work in programs throughout the hospital and are highly regarded for their clinical skill, research, and leadership. At the present time, there are approximately 75 psychologists, psychological associates, and psychometrists working within the clinical programs at CAMH. Consistent with the scientist practitioner model, residency faculty at the CAMH are actively involved in conducting research, providing clinical care, and training professionals from various disciplines. In addition to their clinical and supervisory roles within the hospital, many CAMH psychologists are actively involved in other professional capacities, including holding academic positions at the University of Toronto, Ryerson University, and York University, working as editors of a number of prestigious journals, and sat on the DSM-V task force.

SUPERVISION AND EDUCATIONAL EXPERIENCES

Residents receive intensive supervision on both an individual and group basis. Students receive a minimum of four hours (two per rotation) of individual supervision per week as well as additional group supervision, team meetings, case conferences, and participation in the clinical case seminar.

Supervision occurs weekly in both rotations and may include any of the following activities, depending on the rotations: case reviews, live observation of sessions, audio/video review of sessions, individual supervision, group supervision, observation during team meetings, co-therapy conducted by the resident and supervisor (or other health professional), review of written material, and role plays.

Supervision not only involves discussion of cases, but also focuses on helping the resident develop competence in intervention and assessment, as well as addressing professional development more broadly.

There are a wide variety of educational experiences available to residents. A general orientation to the CAMH psychology residency takes place at the beginning of the year, and residents also participate in a CAMH-wide orientation. Throughout the year, residents attend two CPA residency seminars: a Clinical Seminar Series and the Psychotherapy Seminar. Each rotation also includes other educational and training activities, such as weekly rounds, interdisciplinary case conferences, and workshops. In addition, residents are encouraged to take advantage of a wide variety of other professional development activities including professional lectures, weekly grand rounds, workshops, seminars, and professional conferences, both within and outside the Centre.

Clinical Seminar Series

Seminars are provided every week by psychology staff at the CAMH (see Appendix A). Through these seminars, residents can gain familiarity with the various practicing sub-sections of the CAMH even if they are not in contact with them during their ordinary rotations. The seminars are structured to provide information relevant to assessment and treatment issues as well as to enhance the professional functioning of residents vis a vis the independent practice of psychology. The Clinical Seminar Series includes topics such as professional development, ethics, jurisprudence, evidence-based treatment interventions, and research presentations reflecting the range of interests by staff psychologists at the CAMH (for examples, see the research publications of primary supervisors listed below). Topics in the past have included psychopharmacology, professional advocacy, supervision, suicide risk assessment, tricky ethical issues, the supervised practice year, private practice, job, etc. A recent addition to this series is several multisite seminars that include residents from other residency sites in the Greater Toronto Area (GTA), such as Sick Kids Hospital, Surrey Place, Hincks-Dellcrest, Baycrest, etc allowing for an opportunity to network with residents outside CAMH. Also included in this series in the second half of the year are mock dissertation presentations, allowing residents an opportunity to present their work to their peers and receive feedback. Most recently psychology residents are attending the psychiatry residents' psychopharmacology lunch and learns during the year and we are exploring additional opportunities with psychiatry for joint learning experiences.

Psychotherapy Case Conference Series

This seminar provides an opportunity for residents to consolidate their psychotherapy skills and to interact with members of the Department of Psychology in a mutually trusting environment. Psychology staff members meet on a weekly

basis with the residents. Both staff and residents review audiotapes of psychotherapy sessions, with the goal examining specific clinical phenomena related to the practice of psychotherapy. This case conference serves as a continuing forum for the discussion and exploration of personal issues relevant to psychotherapy process and outcome as well as serving to model for the residents a variety of approaches to conceptualization and amelioration of emotional disorders. The psychology staff members participating in the case conference represent diverse perspectives and provide an important atmosphere relevant to disclosure and honest discussion of obstacles and successes in therapy.

EVALUATIONS

Residents receive a formal, written evaluation of their clinical skills and performance at the mid-point (sixth month) and end (twelfth month) of the residency year. These evaluations are reviewed with the resident and rotation supervisor and are then sent to the Residency Training Director to be reviewed. Residents also complete written evaluations for each supervisor in each of their rotations, at the midpoint (sixth month) and end (twelfth month) phases of their training. Residents are encouraged to provide feedback on the quality of supervision, the time commitments involved in the rotation, the balance between direct and indirect hours, and other aspects of the rotation experience.

MINIMAL STANDARDS FOR THE SUCCESSFUL COMPLETION OF THE RESIDENCY

Successful completion of the residency requires that residents complete two concurrent rotations to the satisfaction of the Residency Training Committee. Specific requirements of each rotation are reviewed with the resident at the beginning of the residency year, both verbally and in writing. Although the specific requirements vary from rotation to rotation, by the end of their training, residents are expected to be able to competently and independently provide a variety of professional services, including psychological assessment, diagnosis, and proficiency in empirically supported treatments. Residents are also expected to have advanced their knowledge of ethics and professional standards and further developed in their roles as professionals. Although residents are encouraged to participate in clinical research activities, research involvement is not a requirement of the residency-training program.

REMEDIATION PROCEDURES

If at any time during the residency year a resident has a concern or problem with their training or any other aspect of the residency program, they are encouraged to speak first with their rotation supervisor. A remediation plan will be developed in consultation with the supervisor. If the concern cannot be successfully resolved, the resident is encouraged to speak with the residency training director. If this does not

lead to a successful resolution, the resident may speak with the Psychology Lead. If this does not lead to a successful resolution, the resident may consult, in sequence, with the Director of Human Resources, the Director of Interprofessional Practice, and lastly the CEO of the CAMH. The decision of the CEO would be final and binding, with no right of appeal.

Although this standard dispute resolution process has, to date, been highly successful in satisfactorily resolving any disputes, there are several cases in which the resident can request alternate dispute resolution procedures, should he or she prefer. Such cases could include the following:

1) When the resident's concern is with the training director or Psychology Lead
2) When the resident seeks to appeal an evaluation
3) When the resident seeks to appeal a remediation plan
4) When the resident seeks to appeal a decision made during the standard dispute resolution process (other than a decision made by the CEO of the hospital)

In such cases, residents are permitted to contact either the training director or the Psychology Lead. The individual so contacted would then form an appeals committee consisting of three psychologists. It is suggested that the individuals who would comprise the committee would be (a) either the Director of Interprofessional Practice or the Psychology Lead, (b) one psychologist nominated by the Director of Interprofessional Practice, and (c) one psychologist nominated by the resident. This committee, within a reasonable time following receipt of written submissions from the resident, would issue its written decision, which would be, final and binding.

ROTATION ASSIGNMENTS

Residents matched to CAMH will be assigned to two half-time rotations, which run concurrently for 12 months. Tentative rotation assignments are typically made at the time of application review and interview, based on an applicant's experience and their ranking of rotation preferences in their application cover letter. Tentative rotation selections are discussed with students during their interview. Applicants will interview with rotations for which they are being actively considered.

If matched to our program within the Adult track, applicants will be assigned to their first choice rotation (as ranked in the application cover letter) and, most likely, to their second choice rotation (although the second choice rotation is not guaranteed). If matched to our program within the Child-Youth track, applicants will be assigned to at least one of their top two choices (as ranked in the application cover letter), although the first choice rotation is not guaranteed.

Residents are assigned to "major" rotations within either the adult or child tracks

(though not both). At least one of the primary rotations is typically in an area in which the resident has some familiarity and expertise. As mentioned above, regardless of which track residents chooses, they may do a "minor" rotation with a supervisor from other rotations in either track.

INTERVIEW AND SELECTION PROCEDURES

The CAMH Residency 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. **Our Program Code Number for the APPIC Match is 183211**.

A key aspect of our evaluation process is to ascertain the "goodness-of-fit" between an applicant's experience and areas of interest and our ability to provide training in these areas. Our aim is to help residents to build upon their existing strengths as well as to gain expertise in areas with which they have had less experience.

Interview assignments are based on the applicants' rotation rankings, with primary supervisors from the applicants' first and second choice rotations (and sometimes the third choice rotation) conducting the interviews. In some cases, applicants may not be selected to interview with one of their top two rotations. In this case, interviews will be conducted by primary supervisors from the applicants' other ranked rotations (for example, the third- or fourth-ranked rotation), and the applicant will then be under consideration for these rotations. Only rotations that applicants identify in their cover letter will consider the applicant for an interview.

Applicants who are placed on a "short list" will be contacted for an interview in the weeks following the **Tuesday October 31st, 2017 11:59PM E.S.T.** application deadline.

The positions are open to students who are formally enrolled in a CPA- and/or APA-accredited doctoral program in clinical, counseling, or school psychology, who meet the CPA or APA academic and practicum criteria and who have received formal approval from their Directors of Training to apply for the residency. As per CPA guidelines, eligibility for residency requires that applicants have completed all requisite professional coursework and practica prior to beginning the residency year. In addition, applicants must have completed a minimum of 600 hours of practicum experience in assessment and intervention strategies comprised of at least 300 hours of direct client contact and 150 hours of supervision to be eligible. Further, prior to applying for residency, applicants must have completed and received approval for their doctoral thesis proposal.

ACCREDITATION

CAMH is a CPA-accredited residency. **The residency learned on October 13, 2017 that it has been successfully reaccredited for another 4-year term**.

Canadian Psychological Association
Registrar of Accreditation
Canadian Psychological Association
141 Laurier Avenue West, Suite 702
Ottawa, ON K1P 5J3

CAMH was APA-accredited until September 2015 when APA ceased accrediting non-American sites.

HISTORICAL APPLICATION STATISTICS

Academic Year	2012-13	2013-14	2014-15	2015-16	2016-17
Positions Available	10	12	12	12	13
Applications	136	106	114	132	121
Interviewed/Short-listed	70	65	67	63	60
Ranked	31	62	67	44	
Matched	10	12	12	12	11
Matched as % of applications	7	11	11	9	
Mean Practicum Hours		1803	2098	1550	

GRADUATING RESIDENTS

Graduates of the residency program go on to a wide variety of post-doctoral opportunities. Residents of the 2014-2015 class will be completing post docs at Stanford, the Milwaukee VA, and CAMH. Others are moving into clinical roles in the community such as at Kinark Child and Family Service, various private practices, CAMH, as well as into consulting roles.

Those graduating in the 2015-2016 class are completing postdocs at CAMH; moving into part-time psychologist positions at CAMH; a psychologist position at an OSI clinic; private practices in the GTA; and one was hired as an Assistant Professor at the University of Manitoba.

APPLICATION PROCEDURE

APPIC applications are to be submitted via the *AAPI Online* Centralized Application Service. The AAPI Online may be accessed at www.appic.org. Deadline for applications to be received is Tuesday Octber 31st, 2017 at 11:59PM E.S.T.

Applications for the CAMH Psychology Residency should include:

1) All standard items included in the AAPI online:
   - ❑ APPIC Application for Psychology Internship (available at www.appic.org)
   - ❑ Cover letter, including information about the applicant's residency training goals. The cover letter should also include a clear indication of 'track' choice (Adult vs. Child, Youth, and Family). All applicants must choose **EITHER** the *Child, Youth, and Family Track* **OR** the *Adult Track*. Applicants are also asked to include, in their cover letter, a rank order (rankings 1 through 5) of rotation preference (e.g., 1 = 1st choice [most preferred rotation], 2 = 2nd choice, 3 = 3rd choice, etc.) within either the Child Track or the Adult Track, but not both tracks (i.e., rank order the rotations only within the Child Youth and Family Track, or only within the Adult Track). Only those rotations specified in the cover letter will be reviewed by the identified rotations. Please identify your rankings by using a **bold** font. Available rotations for the 2017 – 2018 academic year include:

     Child, Youth, and Family Track

     Adolescent Service
     Youth Addiction and Concurrent Disorders Service
     Better Behaviours Service
     Mood and Anxiety Service

     Adult Track

     Mood and Anxiety Ambulatory Services
     Work, Stress and Health Program
     Intensive Day Treatment
     Adult Forensic Outpatient Service
     Borderline Personality Disorder Clinic
     Gender Identity Clinic (Adult)
     Complex Care and Recovery
     Women's Program
     Clinical Research
     Addictions Clinical and Research
     Health & Wellness, Student Life Programs, off site at University of Toronto.

- ❑ Curriculum Vitae
- ❑ All graduate transcripts
- ❑ Three letters of reference using the **APPIC standardized reference form** (at least one from a supervisor familiar with the applicant's academic skills and at least one from a supervisor familiar with the applicant's clinical skills). Please note that referees may be contacted to obtain further information.

Please note: *All applicants must have an APPIC number prior to match day.* The APPIC code number for the CAMH residency program is **183211**.

**** **Please note**, non-Canadian citizens/residents are welcome to apply. Please note, that any applicant matched to the CAMH program, who is not a Canadian citizen, will be required to obtain a work visa (permitting them to work in Canada) before commencing their residency training. According to Canadian immigration policy, preference will be given to Canadian applicants.

Questions regarding the application materials should be directed to:

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Toronto, ON M5S 2G8, Canada

Tel: 416.535.8501 ext. 77333

Email: Niki.Fitzgerald@camh.ca

OVERVIEW OF CLINICAL ROTATIONS

---CHILD YOUTH AND FAMILY TRACK---

The Child, Youth, and Family Service (CYFS) incorporates the former Child Psychiatry Program and the Youth Addictions Service, both long-standing services at the Centre for Addiction and Mental Health. The CYFS is part of the Division of Child and Youth Mental Health (formerly the Division of Child and Adolescent Psychiatry) at the University of Toronto and several staff psychologists engage in clinical and research activities as a result, thus allowing residents exposure to clinical and research activities.

Residents will receive intensive training in clinical assessment and diagnosis, psychological testing, consultation, and therapeutic intervention. Such training includes experience in clinical interviewing of children, adolescents, and their families, and diagnostic formulation, which includes a strong focus on the use of the DSM-5. Because many patients seen in our program have more than one diagnosis, residents have the opportunity to work with children, adolescents, and families with the well-known clinical phenomenon of co-morbidity ("complex" cases). The program also serves a diverse and multicultural population, giving the resident an awareness of their own personal and professional strengths, limitations, and areas of growth as a clinician, while developing the knowledge, sensitivity, and skills needed to work with diverse populations. Training staff have a variety of theoretical interests, including the interface between developmental psychology and psychopathology, attachment theory and evolutionary psychology.

Assessment and psychological testing includes objective tests, projective tests, observational techniques, psychoeducational assessment, and structured diagnostic interviews. Such training includes development of integrated psychological report writing and the process of providing clinically sensitive feedback to parents and children. Therapeutic approaches rely on empirically-validated and best-practice models of intervention. These include individual psychotherapy, group therapy, family therapy, and parent counseling in various modalities (e.g., cognitive-behavioral, DBT, behavioral, psychodynamic, solution-focused and strength-focused therapy). Preventative programs in school and community settings also exist. Services within the CYFP often work within a multidisciplinary team of psychologists, psychiatrists, social workers, and child and youth workers. Thus, residents are able to enhance their understanding of the roles of multiple disciplines and develop skills in working together constructively.

Residents can gain experience in a broad range of internalizing and externalizing

child psychopathologies (e.g., Oppositional Defiant Disorder, delinquency and antisocial behavior, ADHD, mood and anxiety disorders). In addition, the program evaluates and treats children and youth with complex learning disabilities, pervasive developmental disorders, and substance abuse disorders. At present, the program is comprised of specialized services housed within an outpatient setting, and an inpatient unit for youth with concurrent disorders. The program has linkages to services at the Hospital for Sick Children. Typically, the resident will work with two primary supervisors across the various services within the CYFS. Minor rotations are also possible.

Supervision is on an individual and group basis. Child track residents participate in a weekly seminar that involves all psychology staff and other trainees: the seminar focuses on a range of topics, including new research in clinical child psychology, in which both staff and residents make presentations; the second seminar focuses on clinical issues.

MAJOR ROTATIONS WITHIN THE CHILD YOUTH AND FAMILY TRACK

Adolescent Clinic

Supervisors: Tracey A. Skilling, Ph.D., C.Psych.
Julia Vinik, Ph.D., C.Psych.

The Adolescent Clinic provides comprehensive assessment-only services to youth aged 12 and older. These youth are often actively involved in the juvenile justice system or have other legal issues and are referred to the Service because of their complex needs. Psychodiagnostic, psychoeducational, and risk/need assessments related to their antisocial behaviour are completed with the youth and recommendations offered to the courts, families, and other involved agencies on how best to meet the needs identified. Comprehensive treatment plans are developed but not offered by the Clinic; instead treatment referrals to community agencies are recommended. Residents will have the rare opportunity to conduct comprehensive psychodiagnostic and psychoeducational assessments for third parties within a youth justice context. Residents will complete these assessments utilizing structured and semi-structured interviews, well validated cognitive and academic assessment measures, as well as self-report psychometrics. Residents will also provide feedback to clients, families and referral agents, as well the supervision of more junior trainees. Assessments are often completed as a multidisciplinary team and residents will have opportunities to work closely with professionals from other disciplines, including psychiatry and social work.

Residents may also have the opportunity to be involved in clinical research projects underway in the Clinic.

Strong candidates will have experience in psychoeducational assessment and

interviewing. Experience with forensic assessments is useful but not required.

A minor rotation at the Adolescent Clinic can include observation of court-ordered assessments and, depending on the resident's level of experience, participation in parts of the assessment process, such as psychoeducational testing and collection of collateral information (e.g., interviews with caregivers, probation, school, and mental health service providers). In order to fully benefit from this experience, a minor rotation should be at least half a day per week for three months. Loner rotations will provide a more comprehensive experience in the clinic and a better understanding of the court-ordered assessment process.

Better Behaviours Service

Supervisor: Brendan Andrade, Ph.D., C.Psych.

The Better Behaviours Service (BBS) provides structured services for children, youth and their families who have challenges with disruptive behaviour, aggression, social skills difficulties, inattention, emotion dysregulation and non-compliance at home and/or at school. Through semi-structured assessment, factors contributing to behavioural difficulties are identified and comprehensive formulations developed to guide treatment planning. Individual, family and group based treatments are offered to help children build emotional and behavioural regulation skills and help caregivers develop more effective parenting strategies to reduce family conflict. Residents will learn to implement evidence-based models of care for children and parents including the multicomponent Coping Power group treatment program. Residents will be trained and participate in a number of evidence-based cognitive-behavioural individual and group treatment for children with disruptive behaviour and their parents. Residents are a valued part of the interdisciplinary team and often complete treatment with, and provide consultation to, colleagues from other disciplines.

This is a clinical-research rotation. Residents are involved in brief assessment, structured intervention and consultation in the context of one or more clinical-research projects operating within the BBS. Trainees are expected to participate in both clinical and research activities and as such, develop competency in applied clinical-research..

Minor Availability: Only option for a minor would be a research project with existing data from the clinic.

Applicant Assets: Clinical therapeutic skills in CBT with children, group treatment experience with children, youth and parents, and research interest and emerging expertise in child psychopathology is useful.

Youth Addiction and Concurrent Disorders Service

Supervisor: Susan Rosenkranz, Ph.D., C.Psych.

The Youth Addiction and Concurrent Disorders Service is a harm reduction service that helps adolescents and young adults aged 14-24 who have substance use problems, with or without mental health concerns, such as problems with mood and anxiety, PTSD, disruptive behaviour, attention difficulties, eating disorders, psychotic disorders, learning disorders, adjustment disorders, and personality disorders. The clients served in this program tend to have complex presentations and difficulties in multiple areas of functioning.

The program includes a range of services of varying levels of intensity – outpatient services, 2 day treatment programs that include section 23 TDSB classrooms, and a 12-bed inpatient unit serving youth aged 14-18 years. In this rotation, the resident will gain experience with all aspects of the service, with an emphasis on the inpatient unit.

The resident will become involved in diagnostic assessments, psychoeducational assessments, feedback to clients, families, and referral agents, as well as individual and group therapy. Treatment modalities emphasize CBT, DBT, and motivational interviewing. The resident will work within the context of a multidisciplinary team. Minor rotations that provide exposure to psychology's role within an inpatient unit are possible.

Stronger candidates would have experience working with youth with complex presentations, CBT experience, exposure to DBT, as well as experience leading groups.

Mood and Anxiety Service

Supervisor: Joanna Henderson, Ph.D., C.Psych.

The Mood and Anxiety Service provides outpatient assessment and treatment to children and youth aged 5 –18 years who have depression or anxiety, as well as their families. Common clinical presentations include low or bi-polar mood, generalized anxiety and social anxiety. An inter-professional team with psychology, psychiatry, social work and nursing work collaboratively on assessment and treatment. Treatment is offered in individual and group format with both clients and their parents. Treatment modalities include Cognitive Behaviour Therapy, Dialectical Behaviour Therapy, family therapy and psychoeducation.

The psychology resident will be involved in diagnostic and psychoeducational assessments and co-lead evidence-based treatment groups. The resident will also conduct an evaluation project that is aligned with the Cundill Centre for Child and

Youth Depression.

---ADULT TRACK---

MAJOR ROTATIONS WITHIN THE ADULT TRACK

Mood and Anxiety Ambulatory Services

Supervisor: Dr. Judith Laposa

The Mood and Anxiety Ambulatory Services is a clinical and research unit staffed by a multi-disciplinary team including psychology, psychiatry, social work, nursing, and occupational therapy. Our clinic is a high demand out-patient treatment service that offers specialized training in empirically supported treatments, namely in short-term cognitive behavioural therapy for mood, obsessive compulsive related, and anxiety disorders (clients receive treatment lasting for 13-15 weeks) as well as relapse oriented treatment (mindfulness-based cognitive therapy (MBCT). This rotation offers experiences with mood, obsessive compulsive related, and anxiety disorders for all residents.

A main focus of this residency rotation involves collaborating with clinical residents in order to further develop their ability to provide a comprehensive diagnosis, while considering optimal treatment suitability (e.g., considering the client's level of functioning, treatment modality, treatment format, acute phase treatment vs. relapse prevention treatment). Residents will gain proficiency in the administration of the Structured Clinical Interview for the DSM-5 (SCID-5) and they will also learn to administer the treatment suitability interview for determination of suitability for short-term cognitive-behavioural treatment. In addition, there is an emphasis on the importance of case formulation skills, in order to optimally apply CBT principles to complex diagnostic presentations. Continuing education in CBT is provided in the weekly CBT training rounds, and all residents give a presentation once during these meetings.

Residents have the opportunity to co-lead CBT treatment groups for depression, panic disorder, generalized anxiety disorder, social anxiety disorder, and obsessive-compulsive disorder during the residency year, as well as transdiagnostic groups. Residents will also see clients for individual therapy, although the therapy emphasis is group format. Residents who are interested in relapse-oriented interventions may choose to have exposure to these paradigms. Supervision includes direct individual supervision, and weekly clinical rounds that include all clinic staff. Residents may have additional opportunities to work with other disorders that interface with mood, obsessive compulsive related, and anxiety disorders, as opportunities arise.

Residents will develop clinical decision making skills, learn how to effectively communicate/collaborate with other health professionals, and train in empirically supported treatments. Residents are valued members of the treatment team, and they become familiar with the relevant clinical and research literature. Related

training goals involve understanding the role of cognitive vulnerability factors, while considering the interaction between pharmacotherapy and psychological treatment of the disorder.

In addition to offering clinical services, the Mood and Anxiety Ambulatory Services is an active research centre. Research interests of clinic staff members include the development of short-term, cost effective assessments and treatments, as well as the role of cognitive-behavioural factors in the etiology and treatment of mood, obsessive compulsive related, and anxiety disorders. Depending on the resident's interests and experience, opportunities to participate in clinical research projects may be available as time permits.

Successful applicants to the MAAS rotation have a foundation of CBT experience before starting the residency, and the MAAS rotation will increase both depth and breadth of the residents' CBT experience.

Potential minors in this rotation may include one assessment/week or one CBT group (both would be two hours face to face).

Intensive Day Treatment (IDT)

Primary Supervisor: Judith Levy-Ajzenkopf, Ph.D., C.Psych

This rotation is an intensive day-based service focused on improving access to care for clients (18 years and older) who would benefit from intensive programming for mood and anxiety, trauma, addictions and personality disordered behavior. The program offers multiple group-based therapy streams for complex clients presenting with mood/anxiety disorders and comorbid personality disorders, substance use disorders and trauma related conditions. There is also individual care offered focusing on case management, psychiatric care, community linkages and psychotherapy.

Trainees can expect training in DBT and other mindfulness and evidence based treatment modalities. Opportunities to lead DBT groups as well as offering adaptations of traditional DBT skills training (to other streams or individual clients) exist. Students or residents will also be expected to conduct psychological assessments to offer diagnostic clarification of complex clients who might not be benefitting from treatment as expected. Research efforts include evaluating the effectiveness of treatment and making adaptations as the data dictates. Participation in research activities is available as opportunities present and time permitting.

Work, Stress and Health Program

Primary Supervisors: Donna Ferguson, Psy.D., C.Psych
Niki Fitzgerald, Ph.D., C. Psych.
Reena Chopra, Ph.D., C.Psych.
Julie Irving, Ph.D., C.Psych.

This rotation is conducted in the Work, Stress and Health Program (WSH) of the Mood and Anxiety Program. The WSH is a large multidisciplinary outpatient clinic that provides comprehensive independent assessment and treatment for individuals who develop primary anxiety or mood disorders in response to workplace related traumatic events. The program provides students with the rare training opportunity to conduct independent comprehensive psychodiagnostic assessments for third parties within in a civil-legal context. These assessments involve the thorough evaluation of Axis I psychopathology, Axis II personality pathology, normal personality, and response style distortion (i.e. malingering or defensive responding) utilizing structured and semi-structured interviews (e.g. SCID-I, DIPD, M-FAST, SIRS), as well as self-report psychometrics (e.g. MMPI-2, PAI). The WSH assessment service sees a wide range of diagnostic presentations, but the majority of those assessed have symptoms of anxiety (e.g. PTSD, Panic Disorder), mood, and somatoform disorders. The WSH treatment service specializes in the treatment of primary anxiety and mood disorders (PTSD, depression and a range of other anxiety disorders) utilizing CBT. In addition to receiving supervision in the provision of individual evidenced based CBT protocols for anxiety and mood disorders, student will have to opportunity to actively participate in our group program as well.

Both the assessment and treatment services function within a multidisciplinary team approach and students work closely with the professionals from other mental health disciplines (e.g. psychiatry, occupational therapy) in the provision of services. WSH clients are of diverse ethno racial and cultural backgrounds. Residents will participate in the clinic's regular clinical and educational rounds. Opportunities for participation in research and gaining supervision experience is also available, but these may be limited by the residents' caseload and demands related to clinical service.

Strong candidates will have previous psychodiagnostic assessment experience and familiarity with administering the SCID and MMPI-2 as well as strong report writing skills. Previous experience working with PTSD or in a third party context are assets but not required.

For minors, residents may be involved in co-leading a skills based group. Depending on level of incoming experience, there is a possibility of taking on a treatment client.

Health & Wellness, Student Life Programs & Services, University of Toronto

Primary Supervisors:

Isabelle Bauer, Ph.D., C.Psych.
Ivy Brooker, Ph.D., C.Psych.
Megan Davidson, Ph.D., C.Psych.
Anita Gupta, Ph.D., C.Psych.
Ashley Palandra, Ph.D., C.Psych.
Molly Robertson, Ph.D., C.Psych.
Kate Witheridge, Ph.D., C.Psych.
Sandra Yuen, Ph.D., C.Psych.

The Health and Wellness Centre (HWC) is one department of nineteen Student Life Programs and Services at the University of Toronto. In partnership with primary care and health promotions, HWC offers University of Toronto students a wide range of services to help support them in achieving their personal and academic best. HWC exists to create opportunities, programs and policies to help students and communities, reduce risk for illness and injury, to enhance health as a strategy to support student learning, and advocate for safety and human dignity. Students who access mental health supports present with a variety of presenting concerns, including but not limited to anxiety, depression, relationship and/or familial difficulties, stress, and academic challenges.

HWC offers two Adult Psychotherapy Rotations:

A. Cognitive-Behavioral Therapy (CBT) Rotation

This rotation involves training in the provision of individual and group psychotherapy (8-12 sessions), as well as psychoeducational, skills-building workshops. This rotation focuses on a case formulation approach to CBT. Residents will have the opportunity to provide individual CBT for depression, panic, social anxiety, generalized anxiety, obsessive-compulsive disorder, trauma (stage 1-2), and bulimia, though co-morbid clinical presentations are most common. For group therapy and workshop training, residents will co-facilitate transdiagnostic groups and/or psychoeducational workshops for depression and anxiety clinical presentations. There is an opportunity to receive training in suitability assessments. Residents will participate in program evaluation by integrating outcome measures in assessment, treatment planning, and outcome evaluation.

B. Short-Term Psychotherapy Rotation

This rotation involves training in the provision of brief (≤ 6 sessions) and short -term (8-

12 sessions) models of psychotherapy, including insight-oriented, relational, emotion-focused, solution-focused or integrative models. This rotation focuses on a case formulation approach to psychotherapy. Students typically present with relational, depressive, anxiety, and academic issues. This rotation includes training in clinical interviewing and intake assessment for the purposes of determining disposition, urgency, and diagnoses. Residents will participate in program evaluation by integrating outcome measures in assessment, treatment planning, and outcome evaluation.

Minor rotations in CBT, short-term psychotherapy (IPT, EFT, SFT, integrative, etc), and health psychology are available, depending on supervisor availability.

Each rotation is comprised of:

Direct Activities

1. Weekly, individual, 1.5 hours supervision with a Registered Psychologist.
2. Caseload of six to eight (equivalent of) patients (i.e., six to eight hours of direct patient hours per week).
3. Clinical experience may include the provision of individual psychotherapy, psychoeducational workshops, group therapy, and/or Intake assessments.
4. Charting of patient encounters using an electronic health record.

Indirect Activities

1. Monthly participation in an interdisciplinary case conference with family physicians, primary care nurses, mental health nurses, psychiatrists, psychologists, and social workers.
2. Opportunity to attend shared care case conferences.
3. Consultation with other health professionals.
4. Attendance of educational seminars, workshops, and retreats.

HWC is staffed by an inter-professional group of mental health providers, including psychologists, psychiatrists, social workers, family physicians, nurses, and a dietician. HWC engages in program evaluation in order to ensure quality assurance in its services, programming, and treatment.

For more information about Health & Wellness:
http://www.studentlife.utoronto.ca/hwc
http://www.studentlife.utoronto.ca/hwc/services-offered#node-2039

Adult Forensic Outpatient Service

Adult Forensic Services

Residents have the opportunity to gain supervised clinical experience in two specialized forensic settings, the outpatient Sexual Behaviours Clinic and the inpatient Forensic Service. Generally residents spend six month in each setting.

Sexual Behaviours Clinic

Primary Supervisor: John Arrowood, Ph.D., C.Psych.

Residents are placed at the Sexual Behaviours Clinic (SBC) for a minimum of six months. The SBC, which is part of the CAMH Complex Mental Illness Program, specializes in the assessment and treatment of individuals with sexual behaviour problems. Many clients will have had previous contact with the legal system which results in their referral to the SBC, while others have self-identified concerns over sexual behaviour and/or interests.

Residents conduct weekly diagnostic and sexological assessments, including interviewing clients, review of medical and legal files, incorporating phallometric test results, scoring risk assessment measures (e.g., Static-99R) and making diagnoses and treatment recommendations. Opportunities to observe phallometric testing are also available. Residents also attend weekly interdisciplinary team meetings where assessment cases are discussed and reviewed. Residents will become familiar with the psycholegal standards in forensic practice. Residents also take on individual psychotherapy clients presenting with sexual behaviour problems and co-facilitate treatment groups. The SBC offers a wide range of treatment groups including the Child Pornography offender Relapse Prevention Group, Mainstream Relapse Prevention Group, Follow-up Group, and Hypersexuality Group. Supervision is provided on an individual basis as well as in team meetings and case conferences. Additionally, residents will have the opportunity to attend Forensic Division seminar series. Possibilities also exist for participation in clinical research as time permits.

Adult Forensic Inpatient and Outpatient Service, Queen St site:

Primary Supervisors: Brian Pauls, PhD, CPsych,
Percy Wright, PhD, CPsych
Smita Vir Tyagi, Ph.D., C.Psych.

The Adult Forensic Queen Street site rotation is part of the CAMH Forensic Division of the Complex Care and Recovery Program. Psychology staff are involved in providing specialized forensic assessments and intervention to patients before the courts or the Ontario Review Board. Forensic assessments include risk assessment,

fitness for trial and NCR assessments. In addition patients are assessed in a more traditional manner, using a range of measures, to assist in risk management. Group and individual intervention is provided, again in the service of assisting with risk management. Residents will be exposed to a range of assessment techniques and measures as well as specific interventions targeting risk. Supervision is provided on an individual basis as well as in team meetings and case conferences.

The ideal candidate for the Adult Forensic rotation is one with a strong interest in assessment and treatment of clients within a forensic setting. The ideal candidate will have forensic practicum experience which could include assessment and treatment of sexual offenders and/or assessment and treatment of forensic inpatients or those court mandated for assessment of fitness to stand trial or criminal responsibility

Minor rotation opportunities exist within both the Sexual Behaviours Clinic and the Inpatient Forensic Service – and would typically include co-facilitating a specialized treatment or taking on a limited case load of forensic assessments.

Borderline Personality Disorder Clinic

Primary Supervisors: Shelley McMain, Ph.D., C.Psych.
Michelle Leybman, PhD., C.Psych
Tali Boritz, PhD., C.Psych.

The Borderline Personality Disorder (BPD) Clinic is an outpatient program serving multi-disordered individuals with borderline personality disorder who are 18 years or older. The Clinic offers specialized training in the delivery of Dialectical Behaviour Therapy. The standard DBT modes of therapy offered in the Clinic include weekly individual, group skills training, after-hours telephone consultation and therapist consultation. Interns may also have the opportunity to participate in adaptations of traditional DBT. These adaptations include a DBT skills group which is offered as an adjunct to individual therapy conducted outside the clinic as well as a DBT component of an Intensive Day Treatment program. Family skills groups are also offered. In this rotation, interns primarily gain experience in delivering DBT individual and group skills training as well as crisis management. Interns are also involved in conducting diagnostic and suicide assessments. Interns also participate in a weekly therapist consultation team meeting. Interns are expected to become familiar with the relevant research. The BPD Clinic is an active clinical, research, and training centre. Research interests of the team include the evaluation of treatment outcome, the relation of psychotherapy process to outcome, and the role of emotion in psychotherapy. Participation in research activities is available as time permits.

Ideal candidates for this rotation will demonstrate previous training or experience working with personality disorders , trauma, or other complex mental illness. Previous training or experience working within a DBT framework is considered beneficial, but not required.

Potential minor rotation opportunities include co-facilitation of DBT skills group.

Women's Program

Primary Supervisor: Donna Akman, Ph.D., C. Psych.

The Women's Program offers women-only inpatient treatment for women with chronic and complex mental health disorders who have a trauma history. Women who are admitted to the Women's Program typically have longstanding and significant difficulties with mood and anxiety, affect dysregulation, interpersonal problems, addictions, and self-harm and/or suicidality. The treatment approach of our program is trauma-informed and feminist-informed, with an emphasis on safety and empowerment through psychoeducation, skill development, validation and self-determination. The Women's Program is staffed by an interdisciplinary team from psychiatry, psychology, nursing, therapeutic recreation, and social work.

Residents will have the opportunity to work in an inpatient setting with women with complex clinical presentations. The Women's Program uses an integrative model of care and has both group and individual treatment components. In addition to our inpatient services, short-term individual outpatient therapy is offered on a limited basis. Residents will be expected to facilitate inpatient groups, provide outpatient individual therapy, and conduct psychodiagnostic assessments, using a trauma-informed, feminist-informed framework. Residents will also be expected to participate in clinical rounds, team meetings and educational events offered within the Women's Program.

Ambulatory Care and Structured Treatment Programs
Adult Gender Identity Clinic

Primary supervisors:
Philip Jai Johnson, Ph.D., C. Psych.
Rylie Moore, Ph.D., C.Psych.
Morag Yule, Ph.D., C.Psych

The Gender Identity Clinic (GIC) is an outpatient clinic that assesses and treats adults who are referred because of gender dysphoria and/or the comorbid mental health concerns. The GIC sees a broad array of individuals including those who are considering or pursuing a social and/or medical transition. We also provide individual and group treatment for people of trans experience. Residents may be

interested in the wide diversity of clients, from various cultural and socioeconomic backgrounds, with presentations across a spectrum of diagnostic categories and levels of functioning, including a significant number of complex cases. Our clients have unique health care needs, and our clinic is dedicated to providing training in high quality care for individuals across the gender spectrum. Given the recent provincial regulation change, this rotation offers the opportunity to develop an in-demand clinical competency beyond the training year. While our clients are population-specific, this practicum provides Residents with excellent opportunities to sharpen general diagnostic, assessment and intervention skills.

The Clinic offers Residents comprehensive training in holistic psychodiagnostic interviewing that appreciates the social determinants of health, including the impact of marginalization. The results of these assessments provide relevant diagnoses and for those seeking medical interventions, evaluate a person's eligibility and readiness using the principles articulated in the current World Professional Association for Transgender Health (WPATH) Standards of Care (SOC 7). Residents will conduct initial clinical assessments, as well as follow-up and surgery readiness appointments and make appropriate community and surgical referrals as part of a client's treatment plan. Residents will have the opportunity to provide time-limited psychotherapy and consultation to family members and other professionals in the client's circle of care. On a broader level, residents may lead consultations for other hospital clients and services, as well as participate in community-based trainings and partnership projects.

Residents will become familiar with the relevant literature, receive weekly individual supervision, and will actively participate in weekly multidisciplinary case conference meetings that include all clinic staff. Residents typically have 3 clinical appointments across the 2 days- one initial assessment, one follow-up or therapy session, and one surgical approval appointment, with time for chart review, dictation, and gathering collateral. Participation in research activities is available when there are active projects, and as time permits. The clinic's culture is one that emphasizes good self-care and work-life balance with a regular work day.

Previous residents have had good diagnostic skills and have often been drawn to working with marginalized and underserved communities. Familiarity with LGBTQ communities is preferred but not required. Residents who have previously successfully matched are represented in pairings with many other programs- each and every other program is potentially a good pairing.

Complex Care and Recovery (Psychosis) Program

Primary Supervisors: Faye Doell, Ph.D., C.Psych.
Yarissa Herman, D.Psych., C.Psych.
Sylvain Roy, Ph.D.,C.Psych.
Larry Baer, Ph.D., C.Psych.

The Complex Care and Recovery Program offers multiple residency positions each year, working with a client population with primary diagnoses of a schizophrenia spectrum or other psychotic disorder, and frequently multiple comorbidities. Our rotations offer challenging and rewarding training opportunities in assessment and intervention in outpatient, inpatient and day hospital settings. Psychology residents can choose dedicated rotations in one of the following areas:

1) Cognitive Behavioural Therapy for Psychosis
2) Concurrent Disorders (CD) Intervention (psychosis and substance use)
3) Psychosocial Rehabilitation Assessment

Residents may also customize their rotation as a combination of two of these three areas, depending on availability of supervisors (for example, 6 months of assessment followed by 6 months of CBT or a combination of CBT and CD intervention combined for the year). Candidates should identify their preferred rotation within the program in their application cover letter.

Cognitive Behavioural Therapy Service

The primary focus of our service is to facilitate recovery from psychotic disorders by aiding clients in their efforts to gain or regain the valued roles, skills, and supports needed to have fulfilling lives in the community. We offer individual psychotherapy (typically 6 - 9 months in duration) for outpatient clients experiencing psychosis and related comorbidities. We also offer brief individual therapy through the Partial Hospitalization (day hospital) Program and Inpatient Services. There are also numerous opportunities for group therapy with inpatient, day hospital and outpatient populations.

Training opportunities in intervention include specialized training in the application of CBT techniques to psychosis (targeting positive symptoms such as delusions and hallucinations, as well as negative symptoms and comorbid symptoms of mood and anxiety) in both individual and group therapy formats. Clients often also suffer from cognitive deficits, low self-esteem and self-stigma related to having a serious and chronic mental illness, all of which may also be addressed in therapy. Therapy will typically integrate elements of metacognitive, DBT, compassion-focused and mindfulness-based approaches.

Our portfolio of group therapy interventions includes CBT for psychosis, as well as compassion-focused therapy, DBT skills and CBT treatments for social anxiety and other comorbid disorders of high prevalence amongst individuals with psychosis. Past residents have also had opportunity to contribute to program development of new interventions.

In addition, training will be provided in assessment of psychotic symptoms and of therapy suitability. Residents will be exposed to complex cases and will be expected to formulate case conceptualizations to guide treatment planning. Residents will also have the opportunity to work in interdisciplinary settings and will be encouraged to be fully active members of client care teams. Residents will receive both individual supervision as well as group supervision with a multidisciplinary team of clinicians in the CBT service.

Concurrent Disorders Service

The concurrent disorders (CD) service offers individual psychotherapy as well as group interventions for individuals with a current or past substance use difficulty who also have a psychotic illness, treating the two concurrently. Therapy occurs in both inpatient and outpatient settings.

The opportunities in CD intervention include training in both motivational interviewing and structured relapse prevention, which often utilizes CBT, mindfulness, and other evidence-based modalities. In addition to individual and group psychotherapy, residents have an opportunity to work with staff and teams in CD training and consultation.

As much of this work is in the process of being evaluated, trainees will have an opportunity to participate in program evaluations and/or clinical research, if desired.

Psychosocial Rehabilitation Assessment Service

The Psychosocial Rehabilitation Assessment Service provides comprehensive functional, psychological and neuropsychological evaluation to inform the development of treatment and rehabilitation plans for persons with psychosis. Assessments typically address planning regarding vocational or educational goals, and clarification regarding cognitive ability levels as they interact with symptomatology.

Clinical Research Rotation

Primary Supervisor: Lena C. Quilty, Ph.D., C.Psych.

The Clinical Research Rotation offers one to two residency positions each year, with in-depth training in evidence-based assessment and/or treatment of mood or addictive disorders in an applied research setting. The nature of rotation activities is tailored to resident training goals, and is contingent upon active research protocols and available clinical opportunities.

The goal of the Clinical Research Rotation is to provide training in the provision of psychological services in the context of clinical research, most commonly a

fulsome clinical trial. The Clinical Research Rotation is a dynamic, integrated clinical, research and training setting, wherein a variety of clinical research protocols are active each year. Outcome studies typically focus on moderators and mediators of cognitive and behavioural interventions for depression or addiction, singly or in combination. Clinical activities and caseload are collaboratively identified at the beginning and the middle of the residency year, and residents choose to focus on two of the following: assessment, intervention, and supervision.

Residents may choose to receive in-depth training and supervision in manualized cognitive behavioural therapy for depressive and/or addictive disorders, or other behavioural approaches including behavioural activation, contingency management, and integrated protocols s (e.g., integrated motivational enhancement and cognitive behavioural therapy). Residents will be exposed to complex cases, including comorbid conditions and diverse demographic features. Supervision is provided on an individual basis. Residents are expected to be active members of a multidisciplinary research team of scientists, staff, trainees, and volunteers, and to become familiar with the relevant clinical and research literature.

Residents may choose to receive in-depth training, supervision and experience in psychodiagnostic assessment, including broad instruments such as the *Structured Clinical Interview for DSM-5* (SCID-5) as well as more targeted instruments such as the *Columbia Suicide Severity Rating Scale* (C-SSRS) or the *Hamilton Depression Rating Scale* (Ham-D). Residents may also receive training in a range of clinician-rated, self-report, and performance-based measures of psychopathology, cognition, and impairment. Residents may choose to receive supervised supervision of psychodiagnostic assessment as well.

Depending on the student interest and experience, opportunities to participate in original empirical research may be available (i.e., scholarly manuscripts), as time permits. Research interests of CRL staff include personality and cognitive mediators and moderators of clinical outcomes, with an emphasis upon incentive motivation, reward processing, and impulsive decision making.

Strong candidates for the Clinical Research Rotation will have a solid foundation in cognitive behavioural therapy, including didactic instruction in cognitive behavioural theory, as well as clinical experience in individual or group cognitive behavioural therapy. Experience in the administration of semi-structured diagnostic interviews is also an asset. Suggested rotation pairings include Addictions Research, Mood and Anxiety, and Work, Stress, and Health.

Addiction Clinical and Research Rotation

Primary Supervisor: Christian Hendershot, Ph.D., C.Psych

The Addictions Services comprise a number of specialty clinics housed within the CAMH Acute Care program, collectively serving a large client volume in both outpatient and inpatient settings. This rotation offers assessment, intervention and clinical research experiences with clients presenting with substance use disorders, often in the context of co-occurring mood disorders or behavioural addictions. Residents can complete rotations in several clinics, most of which include multi-disciplinary teams (physicians, nurses, social workers, pharmacists) and biopsychosocial treatment approaches (i.e., behavioral and pharmacological interventions). Examples include the Addiction Medicine Service (AMS), which primarily serves clients with alcohol or opioid dependence, and the Nicotine Dependence Clinic (NDC), which provides comprehensive treatment for smoking cessation. Other potential rotations include services for problem gambling; LGBT-specific services, and specialized care pathways for co-occurring alcohol use disorder and depression. Opportunities exist for minor rotations at some of these clinical sites (e.g., AMS). Starting in 2018, opportunities may exist to participate in a new, cross-hospital program focused on alcohol assessment and treatment in the context of organ transplantation. Efforts are made to tailor clinical placements to trainees' interests.

Across these services, residents gain experience in both group and individual treatment settings. Psychosocial interventions are guided by cognitive-behavioral (e.g., relapse prevention) and motivational enhancement principles and incorporate a harm reduction philosophy. Residents receive weekly individual supervision in addition to team meetings specific to individual clinics.

Importantly, this rotation places emphasis on empirically supported treatments and the integration of clinical and research experiences. Residents will gain exposure to clinical research projects, and may gain exposure to clinical research protocols. To date, all residents on this rotation have submitted peer review manuscripts and/or fellowship applications related to their work during the residency year. Ideal candidates for this rotation are those with strong research and clinical training in addictions and/or mood disorders, as well strong motivation for pursuing clinical research experiences both during and after residency. Residents on this rotation should also be comfortable working autonomously in fast-paced hospital environments.

PSYCHOLOGY RESIDENCY FACULTY
(Primary Rotation Supervisors and Program Consultants)

Donna Akman, Ph.D., C. Psych., University of Toronto, 2003. Clinical and research interests include women's mental health, feminist psychotherapy, social determinants of mental health, program development and evaluation.

Akman, D. & Rolin-Gilman, C. (2012). Trauma-informed care on a women's inpatient psychiatric unit. In N. Poole & L. Greaves (Eds.), *Becoming Trauma Informed* (pp.225-233). Centre for Addiction and Mental Health.

Toner, B. & Akman, C. (2012). Using a feminist- and trauma-informed approach in therapy with women. In N. Poole & L. Greaves (Eds.), *Becoming Trauma Informed* (pp.37-46). Centre for Addiction and Mental Health.

Toner, B., Tang, T., Ali, A., Akman, D., Stuckless, N. Esplen, MJ., Rolin-Gilman, C. & Ross, L. (2012). Developing a gender role socialization scale. In J. L. Oliffe & L. Greaves (Eds.), *Designing and Conducting Gender, Sex, and Health Research*. Thousand Oak, CA: SAGE Publications.

Akman, D., Toner, B., Stuckless, N., Ali, A., Emmott, S. & Downie, F. (2001). Feminist issues in research methodology: The development of a cognitive scale. *Feminism & Psychology, 11*(2), 209-228.

Brendan Andrade, Ph.D., C.Psych., Dalhousie University, 2006. Clinical Interests: assessment and treatment of children and adolescents with disruptive behaviour and associated mental health concerns. Individual, family, and group based cognitive-behavioural intervention. Research Interests: social-cognitive and familial contributions to childhood disruptive and aggressive behaviour, ADHD, peer relationships, and clinic- and community-based prevention and intervention programs for disruptive children.

Lochman, J. E., Powell, N., Boxmeyer, C., Andrade, B. F., Stromeyer, S. L., & Jimenez-Camargo, L. A. (2012, June). Adaptations to the Coping Power program's structure, delivery settings, and clinician training. *Psychotherapy,* 49(2), 135 – 142..

Andrade, B. F. & Tannock, R. (2012, March). The Direct Effects of Inattention and Hyperactivity/Impulsivity on Peer Problems and Mediating Roles of Prosocial and Conduct Problem Behaviors in a Community Sample of Children. *Journal of Attention Disorders* DOI: 1087054712437580.

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Haas, S. M., Waschbusch, D. A., Pelham Jr, W. E., King, S, Andrade, B. F., &

Carrey, N. J. (2011, May). Treatment response in CP/ADHD children with callous/unemotional traits. *Journal of Abnormal Child Psychology*, 39(4), 541 – 552.

Andrade, B. F., Brodeur, D. A., Waschbusch, D. W., Stewart, S.A. & McGee, R. (2009). Selective and sustained attention as predictors of social problems in children with typical and disordered attention abilities. *Journal of Attention Disorders,* 12(4), 341 - 352.

King, S., Waschbusch, D. W., Pelham, W. E., Frankland, B. W., Andrade, B. F., Jacques, S., & Corkum, P. V. (2009). Social information processing in elementary-school aged children with ADHD: Medication effects and comparisons with typical children. *Journal of Abnormal Child Psychology*, 37(4), 579 - 589.

John S. Arrowood, Ph.D., C.Psych., State University of New York at Binghamton, 1994. Clinical interests include forensic assessment and the assessment of dangerousness and psychopathic personality. Additional clinical interests involve the assessment of fitness for duty or special assignment in police officers, as well as assessment and cognitive/behavioral treatment of Posttraumatic Stress Disorder (PTSD). Research interests include the historical antecedents of antisocial behavior and treatment outcome in child pornography offenders.

Arrowood, J. S. (October 2013). *Clinical Issues in the Assessment and Management of Child Pornography Offenders.* Invited lecture presented at the Sexual Behaviors Clinic Education full-day Workshop, Toronto, Ontario.

Arrowood, J. S. (November 2012). *Posttraumatic Stress Disorder: Implications for Professional Standards Investigations.* Half-day invited lecture presented at the Ontario Provincial Police Adjudication Prosecution Week-long course, Orillia, Ontario.

Arrowood, J. S. (September 2012). *Understanding depression and stress for Crown Prosecutors*. Invited lecture presented at the Ontario Crown Attorneys Association week-long conference, Collingwood, Ontario.

Arrowood, J. S. (February 2012). *Understanding Major Mental Illness and Risk for Violence*. Invited lecture presented at the Ontario Parole Board Training Conference, Toronto, Ontario.

Arrowood, J. S. (November 2011). *Posttraumatic Stress Disorder: Implications for Professional Standards Investigations*. Half-day invited lecture presented at the Ontario Provincial Police Adjudication Prosecution Week-long course, Orillia, Ontario.

Nussbaum, D., Hancock, M., Turner, I., Arrowood, J., Melodick, J. (2008). Fitness/Competency to Stand Trial: A Conceptual Overview, Review of Existing Instruments, and Cross-Validation of the Nussbaum Fitness Questionnaire. *Brief Treatment and Crisis Intervention, 8, 1,* 43-72.

Meyer JH, Wilson AA, Rusjan P, Clark M, Houle S, Woodside S, Arrowood J, Martin K, Colleton M. (2008). *J Psychiatry Neuroscience. 33(6)* 499-508.

Ong D., Popat A., Knowles S. R., Arrowood J. S., Shear N. H., Binkley K. E. (2004). Objective psychological measurement and clinical assessment of anxiety in adverse drug reactions. *Canadian Journal of Clinical Pharmacology, 11(1) 8-16.*

Nicola R. Brown, Ph.D., C.Psych., York University, 2006. Clinical interests include sexual orientation and gender identity concerns. Research interests include clinical decision-making and best practice models for working with trans people, adaptive processes of the significant others of trans people, and the social determinants of health.

Brown, N., & Zucker, K.J. (in press). Gender dysphoria. In I. Binik & K. Hall (Eds.), *Principles and Practice of Sex Therapy* (5th ed.). New York: Guilford.

Brown, N. R**.**, Kallivayalil, D., Mendehlson, M., & Harvey, M. R. (2011). Working the double edge: Unbraiding pathology and resiliency in the narratives of early-recovery trauma survivors. *Psychological Trauma: Theory, Research, Practice and Policy*. Advance online publication. doi: 10.1037/a0024969

Brown, N.R. (2011). Holding tensions of victimization and perpetration: Partner abuse in trans communities. In J. Ristock (Ed.), *Intimate Partner Violence in LGBTQ Lives*. NY: Routledge.

Brown, N.R. (2010). The sexual relationships of sexual-minority women partnered with trans men: A qualitative study. *Archives of Sexual Behavior, 39,* 561-572.

Brown, N.R. (2009). "I'm in transition too": Sexual identity renegotiation in sexual-minority women's relationships with transsexual men. *Residentational Journal of Sexual Health, 21*, 62-78.

Tali Z. Boritz, Ph.D., C.Psych., York University, 2012.

Tali Boritz is a psychologist and clinician scientist at the Centre for Addiction and Mental Health (CAMH), and an Assistant Professor in the Department of Psychiatry at the University of Toronto. Her clinical interests include the assessment and treatment of individuals with borderline personality disorder, suicidal and self-harm behaviours, and complex trauma. Her research primarily focuses on psychotherapy process and outcome, with particular emphasis on the treatment of personality disorders. Her current research program aims to elucidate mechanisms of change in personality disorders, including the successful negotiation of the therapeutic alliance.

Selected Publications:

Boritz, T., Barnhart, R., Eubanks, C., McMain, S. (In Press). Alliance rupture and resolution in dialectical behavior therapy for borderline personality disorder.

Journal of Personality Disorders.

McMain, S., Fitzpatrick, S., **Boritz, T.,** Barnhart, R., Links, P., & Streiner, D. (In Press). Outcome trajectories and prognostics for suicide and self-harm behaviors in patients with borderline personality disorder following one year of outpatient psychotherapy treatment. Submitted to the *Journal of Personality Disorders*.

McMain, S., **Boritz, T.,** & Zeifman, R. (In Press). Why does DBT work? Understanding processes and mechanisms in a complex treatment. (Invited chapter for *Handbook of Dialectical Behavior Therapy*. Ed. Michaela Swales.)

Boritz, T., Angus, L. Barnhart, R., & Constantino, M. (2016). Narrative flexibility in brief psychotherapy for depression. *Psychotherapy Research.*

Boritz, T., McMain, S., & Barnhart, R. (2016). The influence of posttraumatic stress disorder on treatment outcomes of patients with borderline personality disorder. *Journal of Personality Disorders, 30*(3), 395-407.

McMain, S., **Boritz, T.,** & Leybman, M. (2015). Common strategies for cultivating a positive therapy relationship in the treatment of borderline personality disorder. *Journal of Psychotherapy Integration, 25*,1, 20-29.

Faye Doell, Ph.D., C.Psych., York University, 2010. Clinical and research interests include the assessment and treatment of individuals with Schizophrenia-spectrum disorders, with an emphasis on Cognitive Behaviour Therapy and Motivational Interviewing.

Westra, H. A., Aviram, A. & Doell, F. K. (2011). Extending Motivational Interviewing to the Treatment of Major Mental Health Problems: Current Directions and Evidence. *Canadian Journal of Psychiatry, 56* (11), 643-650

Donna Ferguson, Psy.D., C.Psych., Adler School of Professional Psychology, Chicago, Illinois, 2003. Clinical interests include the assessment and treatment of PTSD and other anxiety disorders, primarily with injured workers. Clinical and research interests include concurrent disorders, particularly in the area of anxiety disorders and or co-morbid depressive disorders with gambling pathology.

Ferguson, D. & Dunlap, H., (in press). Posttraumatic Stress Disorder: What is it and how do I get help? *Moods Magazine.*

Toneatto, T., Ferguson, D., & Brennen, J. (2003). Effect of a new casino on problem gambling in treatment-seeking substance abusers. *The Canadian Journal of Psychiatry, 48,* 40-44*.*

Niki Fitzgerald, Ph.D., C.Psych., University of Windsor, 2006. Clinical Interests: assessment and treatment of depression and anxiety-spectrum disorders with a particular interest in PTSD. Research Interests: the role of psychosocial factors on the presentation of depressive, anxiety, and pain disorders.

Fitzgerald, N. (October 2014). *Mental Health and the Workplace*. Invited speaker at Schedule 2 Employers' Group Annual Conference. Richmond Hill, ON, Canada.

Fitzgerald, N. (June 2014). *Mental Health and the Workplace*. Invited Speaker at Mental Health and the Workplace. CMCM Meeting. Toronto, ON, Canada.

Fitzgerald, N. (March 2014). *Depression and Alcohol in the Ranks*. Invited speaker At Toronto Police Services. Toronto, ON, Canada.

Herman, C. P., Fitzgerald, N.E., Polivy, J. (2003). The Influence of Social Norms on Hunger Ratings and Eating. *Appetite*, 41 (1), 15-20.

Christian Hendershot, Ph.D., C.Psych., University of Washington, 2009. Clinical interests include cognitive-behavioral interventions, motivational interviewing, and brief interventions for addictive behaviors. Research interests include cognitive and genetic risk factors for heavy drinking and alcohol dependence, behavioural pharmacology of alcohol, human laboratory models of addiction, and randomized trials of brief interventions for addictive behaviors.

Hendershot, C.S., Wardell, J.D.❖, Samokhvalov, A.V., & Rehm, J. (2017). Effects of naltrexone on alcohol self-administration and craving: Meta-analysis of human laboratory studies. *Addiction Biology (Epub ahead of print)*.

Hendershot, C.S., Wardell, J.D.❖, McPhee, M.D., & Ramchandani, V.A. (2017). A prospective study of genetic factors, human laboratory phenotypes, and heavy drinking in late adolescence. *Addiction Biology (Epub ahead of print)*.

Dermody, S.S.❖ & Hendershot, C.S. (2017). A critical review of the effects of nicotine and alcohol co-administration in human laboratory studies. *Alcoholism: Clinical and Experimental Research* (41) 473-486.

Hendershot, C.S., Witkiewitz, K., George, W.H., & Marlatt, G.A. (2011). Relapse prevention for addictive behaviors. *Substance Abuse Treatment, Prevention, and Policy*, 6:17.

Hendershot, C.S., Otto, J.M., Collins, S.E., Liang, T., & Wall, T.L. (2010). Evaluation of a brief web-based genetic feedback intervention for reducing alcohol-related health risks associated with *ALDH2.Annals of Behavioral Medicine*, *40*(1), 77-88.

Hendershot, C.S., Stoner, S.A., Pantalone, D.W., & Simoni, J.M. (2009). Alcohol use

and antiretroviral adherence: Review and meta-analysis. *Journal of Acquired Immune Deficiency Syndromes, 52*(2), 180-202.

❖= CAMH Resident

Yarissa Herman, D.Psych. The University of Western Australia, 2010. Assessment and research interests include psychosocial interventions for people with psychosis, with a particular emphasis on motivational interviewing and concurrent disorders.

Sean Kidd, Ph.D., C.Psych. Sean Kidd is the Head of the Psychology Service in the Centre for Addiction and Mental Health Schizophrenia Program. He is also an Assistant Professor with the McMaster and University of Toronto Departments of Psychiatry. His research interests include examining mechanisms of resilience among marginalized persons and the effectiveness of psychiatric rehabilitation interventions. His past work has focused on Assertive Community Treatment, policy and service development for homeless youths, and the delivery of recovery-oriented services. He has interests in cultural psychology and the use of qualitative and participatory methods of inquiry. His clinical interests include complex trauma, mindfulness, and emotion-focused therapy.

Karabanow, J., Hughes, J., Ticknor, J., Kidd, S., and Patterson, D. (In press). The Economics of being young and poor: How homeless youth survive in neo-liberal times. *Journal of Sociology and Social Welfare.*

George, L., Kidd, S.A., Wong, M., Harvey, R., Browne, G. (in press). ACT fidelity in Ontario: Measuring adherence to the model. *Canadian Journal of Community Mental Health.*

Kidd, S.A., George, L., O'Connell, M., Sylvestre, J., Kirkpatrick, H., Browne, G., Odueyungbo, A., & Davidson, L. (in press). Recovery-Oriented Service Provision and Clinical Outcomes in Assertive Community Treatment, *Psychiatric Rehabilitation Journal.*

Kidd, S.A., George, L., O'Connell, M., Sylvestre, J., Kirkpatrick, H., Browne, G., & Thabane, L. (2010). Fidelity and recovery in Assertive Community Treatment, *Community Mental Health Journal, 46,* 342-350.

Griffiths, M., Kidd, S.A., Pike, S., & Chan, J. (2010). The Tobacco Addiction Recovery Program (TARP): Initial Outcome Findings. *Archives of Psychiatric Nursing, 24,* 239-246.

Judith Laposa, Ph.D., C.Psych. University of British Columbia, 2005. Research interests focus on the measurement and evaluation of cognitive models of anxiety disorders, and cognitive mechanisms in treatment response to cognitive behavioural therapy, with particular interests in PTSD, social phobia, and obsessive-compulsive disorder.

Rector, N.A., Cassin, S.E., Ayearst, L.E., Kamkar, K., & Laposa, J.M. (in press). Excessive Reassurance Seeking in the Anxiety Disorders. Journal of Anxiety Disorders.

Laposa, J.M., & Rector, N.A. (2011). A prospective examination of predictors of post-event processing following videotaped exposures in group cognitive behavioural therapy for individuals with social phobia. *Journal of Anxiety Disorders, 25* (4), 568-573.

Laposa, J.M., Cassin, S.E., & Rector, N.A. (2010). Interpretation of positive social events in social phobia: An examination of cognitive correlates and diagnostic distinction. *Journal of Anxiety Disorders, 24*(2), 203-210.

Laposa, J.M., & Rector, N.A. (2009). Attentional bias to symptom and obsessive belief threat cues in obsessive-compulsive disorder. *Journal of Nervous and Mental Disease, 197* (8), 599-605.

Laposa, J.M., & Alden, L.E. (2008). The effect of pre-existing vulnerability factors on a laboratory analogue trauma experience. *Journal of Behavior Therapy and Experimental Psychiatry, 39,* 224-235.

Michelle Leybman, Ph.D., C.Psych., McGill University, 2013. Clinical Interests include treating individuals with borderline personality disorder and focusing on co-morbid diagnoses (e.g., eating disorders and anxiety disorders) when needed. Research Interests include motivation and commitment to change, factors that help create and maintain a positive therapeutic relationship, and the efficacy of brief interventions for treating self-harm behaviour.

Judith Levy-Ajzenkopf, Ph.D., C.Psych., Concordia University, 2006. Clinical interests include treating those with personality disorders (in particular, Borderline Personality Disorder and Antisocial Personality Disorder) with mindfulness based therapy – primarily DBT. Research interests include increasing motivation to engage in therapy and operationalizing outcomes to better understand the efficacy of our interventions.

Shelley McMain, Ph.D., C.Psych., York University, 1995. Clinical interests include dialectical behaviour approaches to the treatment of borderline personality disorder. Primary research interests include psychotherapy process and outcome, the role of cognitive-emotional processing in effective treatment, the treatment of individuals diagnosed with personality disorders and substance use disorders.

McMain, S. Links, P., Gnam, W., Guimond, T., Korman, L. Streiner, D. (2009). A Randomized Trial of Dialectical Behaviour Therapy versus General Psychiatric Management for Borderline Personality Disorder. *American Journal of Psychiatry*, *166 (12*), 1365-1374.

Hirsh, J, B., Quilty, L.C., Bagby, R.M. and McMain, S.F. (in press) The Relationship between Agreeableness and the Development of the Working Alliance in

Patients with Borderline Personality Disorder. Journal of Personality Disorders.
Burckell, L.A., & McMain, S. (2001) Contrasting Clients in Dialectical Behaviour Therapy for Borderline Personality Disorder: "Marie" and "Dean," Two Cases with Different Alliance Trajectories and Outcomes. *Pragmatic Case Studies in Psychotherapy*, Volume 7, Module 2, Article 2, pp. 246-267. 201.
McMain, S. Pos, A., Iwakabe, S. Facilitating Emotion Regulation: General Principles for Psychotherapy. *Psychotherapy Bulletin*, 45 (3), 16-2.
Singh, D. McMain, S., & Zucker, K. (2011). Gender Identity and Sexual Orientation in Women with Borderline Personality Disorder. *Journal of Sexual Medicine*, 8(2), 447-454.
McMain, S. Wnuk, S., Pos, A. (2008). Enhancing Emotion Regulation: An Implicit Common Factor Among Psychotherapies for Borderline Personality Disorder *Psychotherapy Bulletin*, 9(1), 46-52.
McMain, S., Sayrs, J.H.R., Dimeff, L.A, & Linehan, M.M. (2007). Dialectical behavior therapy for individuals with BPD and substance dependence. In L.A. Dimeff and K. Koerner (Eds.), *Real World Adaptation of Dialectical Behavior Therapy*. New York: Guilford Press. .
McMain, S. (2007). Effectiveness of psychosocial treatments on suicidality in personality disorders. *Canadian Journal of Psychiatry*, 52(6 suppl 1), 103S-114S.

Susan Rosenkranz, Ph.D., C.Psych. , York University, 2012. Clinical and research interests include assessment and treatment of youth with concurrent substance use and mental health concerns, and trauma-focused and trauma-informed treatments for children and youth.

Rosenkranz, S. E., Muller, R. T., & Henderson, J. L. (2014). Substance use among youth with maltreatment histories: The mediating role of Complex PTSD. *Psychological Trauma: Theory, Research, Practice, and Policy, 6,* 25-33. doi: 10.1037/a0031920
Rosenkranz, S. E., Muller, R. T., & Henderson, J. L. (2012). Psychological maltreatment in relation to substance use severity among youth. *Child Abuse & Neglect*, *36,* 438-448. doi: 10.1016/j.chiabu.2012.01.005
Rosenkranz, S. E., Henderson, J. L., Muller, R. T., & Goodman, I. R. (2011). Maltreatment and motivation among youth entering substance abuse treatment. *Psychology of Addictive Behaviors, 26,* 171-177. doi: 10.1037/a0023800
Rosenkranz, S. E. & Muller, R. T. (2011). Outcome following inpatient trauma treatment: Differential response based on pre-treatment symptom severity. *Psychological Trauma: Theory, Research, Practice, and Policy*, 3, 453-461. doi: 10.1037/a0021778
Muller, R. T. & Rosenkranz, S. E. (2009). Attachment and treatment response among adults in inpatient treatment for posttraumatic stress disorder. *Psychotherapy: Theory, Research, Practice, Training, 46*, 82-96.

Lena C. Quilty, Ph.D., C.Psych., University of Waterloo, 2006. Clinical interests include psychological assessment and treatment of mood disorders and addiction. Research interests include evidence-based assessment as well as mediators and moderators of clinical outcomes in depression and addiction. Recent work has prioritized the role of reward processing and impulse control in this context.

Quilty, L. C., Dozois, D. J. A., Lobo, D., & Bagby, R. M. (2014). Cognitive structure and processing during cognitive behavioural therapy vs. pharmacotherapy for depression. *Residentational Journal of Cognitive Therapy, 7,* 235-250.

Quilty, L. C., DeYoung, C. G., Oakman, J. M., & Bagby, R. M. (2014). Extraversion and behavioural activation: Integrating the components of approach. *Journal of Personality Assessment, 9,* 87-94.

Quilty, L. C., Pelletier, M., DeYoung, C. G., & Bagby, R. M. (2013). Hierarchical personality traits and the distinction between unipolar vs. bipolar disorders. *Journal of Affective Disorders, 147*, 247-254.

Quilty, L. C., Ayearst, L., Chmielewski, M., Pollock, B. G., & Bagby, R. M. (2013). The psychometric properties of the *Personality Inventory for DSM-5* in an APA DSM-5 field trial sample. *Assessment, 20*, 362-369.

Quilty, L. C., McBride, C., & Bagby, R. M. (2008). Evidence for the cognitive mediational model of CBT for depression. *Psychological Medicine, 38*, 1531-1542.

DeYoung, C. G., Quilty, L. C., & Peterson, J.B. (2007). Between facets and domains: Ten aspects of the Big Five. *Journal of Personality and Social Psychology, 93*, 880-896.

Sylvian Roy, Ph.D., C.Psych. University to Montreal, 2011. Clinical interests: Neuropsychology and Neurorehabilitation. One of my roles will be to assess patients for brain injury and/or neurocognitive impairments stemming from complex medical conditions / concurrent disorders in addition to schizophrenia. Neurorehabiliation efforts may focus on cognitive remediation and/or compensation. Supervision can be offered in French or English.

Tracey A. Skilling, Ph.D., C.Psych., Queen's University, 2000. Clinical and research interests include: Antisocial behaviour, mental health and substance use in children and adolescents, psychopathy, juvenile delinquency, female offenders, and risk assessment.

Harris, G.T., Skilling, T.A., & Rice, M.E. (2001). The construct of psychopathy. *Crime and Justice: An Annual Review of Research, 28, 197-264.*

McCormick, S., Peterson-Badali, M., & Skilling, T.A. (2015). Mental health and justice system involvement: A conceptual analysis of the literature.

Psychology, Public Policy, and Law, 21 (2), 213-225. DOI: 10.1037/law0000033.

Penney, S.R & Skilling, T.A. (2012). Moderators of Informant Agreement in the Assessment of Adolescent Psychopathology: Extension to a Forensic Sample. *Psychological Assessment, 24,* 386-401.

Quinsey, V.L., Skilling, T.A., Lalumière, M. L., & Craig, W. M. (2004). *Juvenile Delinquency: Understanding Individual Differences*. American Psychological Association, Washington:DC.

Skilling, T.A., Doiron, J., & Seto, M.C. (2011). Improving our Understanding of Adolescent Sexual Offenders: Exploring Differences in Youth and Parent Reports of Antisociality among Sexual and Nonsexual Offenders. *Psychological Assessment, 23,* 153-163.

Sorge, G., Skilling, T.A., & Toplak, M. (2015). Intelligence, Executive Functions, and Decision-Making as Predictors of Antisocial Behavior in an Adolescent Sample of Justice-Involved Youth and Community Controls. *Journal of Behavioral Decision Making, 28(5), 477-490.* DOI: 10.1002/bdm.1864

Vieira, T., Skilling, T.A., & Peterson-Badali, M. (2009). Matching Services with Youths' Treatment Needs: Predicting Treatment Success with Young Offenders. *Criminal Justice and Behavior, 36,* 385-401.

Vitopoulos, N., Peterson-Badali, M., & Skilling, T. (2012). The Efficacy of the Risk-Need-Responsivity Framework in Guiding Treatment for Female Young Offenders. *Criminal Justice and Behavior, 39,* 1025-1041.

Dr. Julia Vinik, Ph.D., C.Psych, University of Toronto, 2014. Clinical and research interests include: mental health and substance use in justice involved youth, risk assessment, family dynamics, parenting and trauma-informed care.

Primary Supervisors at Health & Wellness, Student Life Programs, University of Toronto

Isabelle Bauer, Ph.D., C.Psych., Concordia University (2008)
Dr. Bauer provides assessment and cognitive behaviour therapy for mood and anxiety disorders. Her research has focused on understanding the impact of psychological stressors on mental health as well as on identifying coping strategies that can buffer against the effects of those stressors on mental and physical health. (.8 FTE)

Ivy Brooker, Ph.D., C. Psych.,Concordia University (2013)
Dr. Brooker provides assessment and therapy for anxiety and mood disorders as well as for interpersonal relationship issues and transitions. She utilizes an integrative approach to psychotherapy, drawing primarily from Interpersonal Psychotherapy, Mindfulness and Acceptance-Based Therapy, and Cognitive Behavioural Therapy. Her doctoral research looked at the developmental origins

and manifestation of trust development which she applies in her present-day practice by considering how formative relationships and attachment affect mental health and well-being.

Megan Davidson, Ph.D., C.Psych., Queen's University (2010)
Dr. Davidson's clinical interests are in the provision of Cognitive-Behavioural Therapy for anxiety, mood, and eating disorders. Her research interests are broadly in the interrelationships between health psychology and clinical psychology, as well as in understanding psychological influences on health, illness, and responses to those states. (1.0 FTE)

Anita Gupta, Ph.D., C.Psych., Kent State University (2006)
Dr. Gupta has experience working with a broad spectrum of health and mental health populations and has a special interest in issues related to the psychological implications of coping with medical illness and injury. She utilizes an integrative approach to psychotherapy, primarily drawing from CBT, Emotion Focused Therapy, and Solution Focused Therapies. (1.0 FTE)

Ashley Palandra, Ph.D., C.Psych., University of British Columbia (2015)
Dr. Palandra has particular clinical interests in the area of depression, anxiety, eating and body image challenges, trauma, and relational issues. She approaches psychotherapy from an integrative perspective, drawing primarily from psychodynamic, client centered, and CBT approaches. Her research to date has broadly been focused on women's challenges with eating and body image.

Molly Martha Robertson, Ph.D., C. Psych., Columbia University (2014).
Dr. Robertson has particular clinical interests in Dialectical Behavioural Therapy and integrative psychotherapy for Borderline Personality Disorder, complex trauma, impulsive behaviour, and difficulties with emotion regulation. Her research has focused on trauma and factors that impact resilience and successful treatment outcomes.

Kate Witheridge, Ph.D., C.Psych., University of Tulsa (2010)
Dr. Witheridge's clinical interests are in the area of Cognitive-Behavioural Therapy for depression and anxiety disorders. Research interests include cognitive factors associated with the development and maintenance of depression and anxiety disorders, biological factors associated with the development of obsessive-compulsive disorder, and personality traits as a variable in treatment outcome. (1.0 FTE)

Sandra Yuen, Ph.D., C.Psych., University of Western Ontario (1995)
Dr. Yuen's clinical interests are in the provision of Cognitive-Behavioural Therapy for depression and anxiety disorders. She is particularly interested in

interpersonal process, attachment, and metacognitive aspects of cognitive therapy. She overseas and organizes the program evaluation and quality assurance activities at Health & Wellness. (1.0 FTE)

ACCEPTANCE AND NOTIFICATION PROCEDURES

In selecting residents, the Centre for Addiction and Mental Health follows the Association of Psychology and Postdoctoral Residency Centers (APPIC) voluntary guidelines.

For the 2018-2019 residency year, CAMH will continue to use the APPIC computer matching procedure. The APPIC code number for our residency program is **183211**.

If you have any uncertainty about the procedure, please discuss this with an appropriate faculty member at your host university or (if short-listed) during your interview at our site.

The CAMH sends copies of all letters confirming residency positions to the directors of training of those students who have accepted residency positions (i.e., matched to the CAMH in the APPIC computer match process).

Applicants, agencies, and programs are urged to report any violations of these guidelines to the Chairperson, APPIC Executive Committee.

Applicants will be notified of their interview status on Friday December 1st, 2017.

Apppendix A

CPA Accredited Clinical Psychology Residency Program
Friday Seminar Series
September 2016- December 2016

(All lectures: 9:00 - 10:30 a.m. Doctor's Association Building (QS), Room 1106)

Date	Topic	Speaker	Room
September 2, 2016	Orientation to CAMH	Dr. Niki Fitzgerald	DAB 1106
September 9, 2016	iCARE training	CAMH staff 9-5pm	DAB 1105B
September 16, 2016 12-1pm	Psychopharm Seminar - Anxiety Disorders	Dr. Lakshmi Ravindran	DAB 1106
September 23, 2016 **First multisite seminar	Tricky Ethical Issues	Dr. Rick Morris College of Psychologists	Training Room a
September 30, 2016	SCID-5	CAMH staff	DAB 1106
October 7, 2016	Suicide 101	Dr. Sean Kidd	DAB 1106
October 14, 2016	Testifying in Court	Dr. Percy Wright	DAB 1106
October 21, 2016	Understanding and Intervening with Children with Disruptive Behaviour Disorders Mock Defense	Dr. Brendan Andrade	DAB 1106
October 28, 2016	Social Phobia	Dr. Judith Laposa	BGB 4109
November 4, 2016 12-1pm	Psychopharm Seminar - Guidelines for the Treatment of Schizophrenia	Dr. Gary Remington	DAB 1106
November 11, 2016	CBT for Sexual Dysfunction	Dr. Morag Yule (in supervised practice)	DAB 1106
November 18 2016	Mock Defense	Julie, Leanne, Syb Facilitated by Dr. Julia Vinik	DAB 1106
November 25, 2016 **multisite seminar**	Supervision	Dr. Lisa Couperthwaite	Training Room a
December 2, 2016	Suicide - 201	Dr. Sean Kidd	DAB 1106
December 9, 2016	MI for Psychiatric Disorders	Dr. Faye Doell	DAB 1106
December 16, 2016	Alcohol Disorders	Dr. Christian Hendershot	DAB 1106

December 23 2016	**NO SEMINAR**		DAB 1106
December 30, 2016	**NO SEMINAR**	-	

CPA Accredited Clinical Psychology Residency Program
Friday Seminar Series
January 2017 – June 2017

January lectures: 9:00 - 10:30 a.m. Doctor's Association Building (QS), Room 1106
February to June lectures: 9:00 - 10:30 a.m. Russell Site, Eli Lilly Room 2017

Date	Topic	Speaker	Room
January 6, 2017	**Jobs**	Dr. Sean Kidd	DAB 1106
January 13, 2017	Geriatric Psychopharmacology – P450 interactions and treating BPSD in dementia	12-1 Simon Davies	QS DAB, 1106
January 20, 2017	Psychological Interventions for Psychosis	Dr. Larry Baer	DAB, 1106
January 27, 2017	No SEMINAR		DAB 1106
February 3, 2017	Transition From Intern/Resident to Early Career Psychologist	Dr. Andrea Harris et al	Sick Kids Hospital
February 10 2017	No Seminar		
February 17, 2017	Trauma-focused CBT	Dr. Hester Dunlap	RS 2015
February 24, 2017	No Seminar		RS 2015
March 3, 2017	TBD	Dr. Lena Quilty	RS 2015
March 10, 2017	Basic Psychopharmopharmacology – Pharmacokinetics and pharmacodynamics	Bruce Pollock	
March 17, 2017	Neuropsych	Dr. Rylie Moore	RS 2015
March 24, 2017	Single Session Therapy	Ms. Saretta Herman, MSW RSW	
March 31, 2017	iCBT	Dr. Andrea Harris	455 Spadina suite 200 Conferenc

Date	Topic	Speaker	Room
			e room
April 7, 2017	Clinical Practice with LGBTQ clients/patients		CAMH training Room a
April 14, 2017	GOOD FRIDAY NO SEMINAR		RS 2015
April 21, 2017	PMAB training	Steven Hughes, Education Services	QS
April 21, 2017			
April 28, 2017	TBD	Dr. Donna Akman	RS 2015
May 5, 2017	Gender Dysphoria	Dr. Rylie Moore	RS 2015
May 12, 2017	Mock Defenses	Nicole, Leah, Nicola	RS 2015
May 12	Major Depressive Disorder: Guidelines for Pharmacological Treatment	Dr. Arun Ravindran	QS DAB, 1106
May 19, 2017	Self-Protection Skills	Steven Hughes, Education Services	RS 2015
***May 26, 2017	12-1 – joint case conference with psychiatry residents	Drs Fage and Fitzgerald	QS DAB, 1106
June 2, 2017	MBCT	Dr. Ivy Brooker	RS 2015
June 9, 2017	Minimizing Ableism	Kaley Roosen	RS 2015
June 16, 2017	Mock Defense	Kim, Jennifer, Tanaya Dr. Sean Kidd facilitating	RS 2015
June 23, 2017	MBCT II	Dr. Ivy Brooker	RS 2015
June 30, 2017	TBD	Dr. Yarissa Herman	RS 2015
July 1, 2017	NO SEMINAR	**NO SEMINAR**	RS 2015
July 7, 2017	The Registration Year	Lesia MacKanyn (CPO),Dr. Rylie Moore (in Supervised Practice)	Hincks Dellcrest