

Centre for Addiction and Mental Health
CPA/APA Accredited Clinical Psychology Internship Program
2010-2011 Academic Year
Director-of-Training: Dr. John Arrowood, C.Psych

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 internship training. We continue to receive strong administrative support for the psychology internship program as one of the central training initiatives at the CAMH. We have also considerably expanded our internship training program over the years. In 1999, we were able to add a fourth internship position, and in 2001 a fifth position. We added a sixth and seventh position in 2004 and an eighth position in 2006. More recently we added a ninth position in 2008-2009, for our largest internship class ever. We anticipate accepting nine internship applicants for the 2010-2011 academic year. The bulk of our psychology internship training occurs at the College Street site of the CAMH (previously the Clarke Institute of Psychiatry) and the Russell Street site (previously the Addiction Research Foundation).

Clarke Institute of Psychiatry

The Clarke Institute of Psychiatry was named after Dr. C. K. Clarke, a pioneer in Canadian psychiatry and the first professor of psychiatry at the University of Toronto. It opened in 1966 and operates as a public hospital under the legislative auspices of the Ontario Mental Health Foundation. The Institute has its own board of trustees and is affiliated with the University of Toronto as a teaching hospital. It is an active treatment facility fully accredited by the Canadian Council on Health Facilities Accreditation and is a centre for education and research in the mental health field.

The Institute's mandate has been three-fold: to conduct basic and clinical research, to provide clinical service, and to train mental health professionals in psychology, psychiatry, social work, and other allied disciplines. Interns 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 internship is especially interested in applicants who are bound for academic careers in university psychology departments, teaching hospitals, and other academic settings. Interns may choose to participate in research during the internship year. 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.

Addiction Research Foundation

The Addiction Research Foundation (ARF) of Ontario is a centre of excellence in clinical treatment, research, education, and training. With the recent merger, the ARF has focused these efforts towards the joint fields of addictions and mental health. Specifically, the ARF division generates and applies knowledge related to the assessment, treatment, and prevention of alcohol, tobacco, and other drug problems, and gambling problems. The ARF operates a Clinical Research and Treatment Institute (CRTI), which is an active health care facility that provides outpatient treatment to clients with alcohol and drug problems. Founded in 1949, the ARF is an internationally renowned institution and a collaborating centre of the World Health Organization. It is also affiliated as a health science facility with the University of Toronto. Through the ARF, interns have access to a wide variety of training and research opportunities. There are weekly clinical research seminars with presentations from a wide variety of disciplines and frequent lectures by visiting scholars from around the world. In addition, there are occasional special focus workshops, seminars, and conferences. Interns also may benefit from well-equipped clinical and research facilities.

Internship Positions for 2010-2011

There are a total of nine internship positions. In contrast with many internship programs, in which rotations occur sequentially, psychology interns at the CAMH are assigned to two major rotations which occur concurrently throughout the year. In addition, interns may seek further training opportunities through a minor (half-day) rotation with other psychology supervisors at the CAMH. If matched to our program, you will be assigned to your first choice rotation (as ranked on your CAMH application form) and, most likely, your second choice rotation (although the second choice rotation is not guaranteed). Our aim is to help interns to build upon their existing strengths as well as to gain expertise in areas with which they have had less experience. Therefore, at least one of the primary rotations is typically in an area in which the intern has some familiarity and expertise. 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 the application form. Tentative rotation selections are discussed with students during their interview. In addition to the major and minor rotations, interns participate in two weekly seminars. Finally, interns receive approximately a half-day per week to conduct independent research or other clinical activities of the intern's choice.

Typically, interns are assigned to "major" rotations within either the adult or child tracks (though usually not both). As mentioned above, regardless of which track an intern chooses, he or she may do a "minor" rotation with a supervisor from other rotations in either track. A key aspect of our evaluation process is to ascertain the "goodness-of-fit" between an applicant's areas of interest and our ability to provide training in these areas. Interview assignments are based on the ranking, with primary supervisors from your first and second choice rotations (and sometimes your third choice rotation) conducting the interviews.

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

Stipend (based on 2009-2010 year): \$30,000.00 Canadian (paid twice per month).

PHILOSOPHY OF TRAINING

The CAMH internship 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. Interns 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, interns 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 the scientist practitioner model, internship faculty at the CAMH are actively involved in conducting research, providing clinical care, and training professionals from various disciplines.

SUPERVISION REQUIREMENTS

Interns 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 the clinical case seminar.

EVALUATIONS

Interns complete written evaluations for each supervisor in each of their rotations, at the midpoint (sixth month) and end (twelfth month) phases of their training. Supervisors also complete written evaluations of interns' clinical skills and performance at these same time points, as well as any evaluations required by the interns' graduate program.

MINIMAL STANDARDS FOR THE SUCCESSFUL COMPLETION OF THE INTERNSHIP

Successful completion of the internship requires that interns complete two concurrent rotations to the satisfaction of the Internship Training Committee. Although the specific requirements vary from rotation to rotation, by the end of their training, interns are expected to be able to competently and independently provide a variety of professional services, including psychological assessment and psychological testing and show proficiency in empirically supported treatments. Although interns are encouraged to participate in clinical research activities, research involvement is not a requirement of the internship-training program.

ROTATION ASSIGNMENTS

Intern applicants are asked to rank their rotation choices on the CAMH application form. Interns matched to CAMH will be assigned to two half-time rotations, which run concurrently for 12 months. Every reasonable effort is made to assign interns to their top two rotation choices; however this is not always possible. Interns matched to CAMH will be assigned to at least one of their top two rotation picks (as determined by their rotation rankings in their application form).

REMEDIATION PROCEDURES

If at any time during the internship year, a student has a concern or problem with their training or other aspect of the internship program they are encouraged to speak first with their rotation supervisor. If the concern cannot be successfully resolved they are encouraged to speak with the internship director, Dr. John Arrowood. If this does not lead to a successful resolution, the intern may speak with the Psychologist-in-Chief, Dr. Ken Zucker. If this does not lead to a successful resolution, the intern may speak with the director of Human resources, Mr. Bill Manley, the Chief of Nursing Practice and Professional Services, Judith Tompkins, and lastly the CEO of the CAMH, Dr. Paul Garfinkel.

Although this standard dispute resolution process has to date been highly successful in adequately resolving any disputes, in cases where the standard dispute resolution is unsuccessful, the CAMH internship committee has developed alternate dispute resolutions procedures. In instances in which the 'standard' dispute resolution does not produce satisfactory results, interns are permitted to ask the Psychologist-in-Chief to assign a ('neutral') psychologist to assist them in resolving the dispute. Alternatively, the intern is permitted to approach a 'neutral' psychologist on their own to request assistance with dispute resolution.

Commission on Accreditation (CoA)

Suzan F. Zlotlow, Ph.D.
Director, Office of Program Consultation and Accreditation
American Psychological Association
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Canadian Psychology Association

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

APPLICATION PROCEDURE

Applications for the CAMH Psychology Internship should include:

- (1) Completed 'CAMH-Specific' application form. Please attach online as supplementary material on the AAPI application (i.e., submit the CAMH-Specific application in the AAPI Online Supplemental Section).
- (2) **AAPI online application *** New for 2010/2011 application. www.appic.org**

Please note: The CAMH **does** take part in the APPIC computer matching process. **This year we require the online AAPI application.** *All applicants must have an APPIC number prior to match day.* The APPIC code number for the CAMH internship program is **183211**.

Also (as above) we **do** require that applicants submit the CAMH-Specific Psychology Internship Application form (see separate document).

Applicants who are placed on a "short list" will be contacted for an interview within four weeks of the November 15, 2007 application deadline.

Any applicant matched (in the APPIC match process) 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 internship training.

Please direct completed applications (or inquiries) to:

John Arrowood, Ph.D., C.Psych.

Director-of-Training, CPA/APA Accredited Internship in Psychology

Centre for Addiction and Mental Health

250 College St. Room 629

Toronto, Ontario, M5T 1R8

Phone: 416-535-8501, ext. 6836

E-mail: john_arrowood@camh.net

Note: For inquiries, please contact Dr. Arrowood (by email first, if possible).

Deadline for Applications to be received is November 15, 2009

OVERVIEW OF CLINICAL ROTATIONS

---CHILD YOUTH AND FAMILY TRACK---

Child, Youth, and Family Program

Primary Supervisors: Sherri MacKay, Ph.D., C.Psych.
Tracey Skilling, Ph.D., C.Psych.
Pamela Wilansky-Traynor, Ph.D., C.Psych.
Kenneth J. Zucker, Ph.D., C.Psych.
Carol A. Root, Ph.D., C.Psych.
Allison Owen-Anderson, Ph.D., C.Psych.

Program Consultants: Revital Ben-Knaz, Ph.D., C.Psych.

The Child, Youth, and Family Program (CYFP) is newly organized, incorporating the former Child Psychiatry Program and the Youth Addictions Service, both long-standing services at the Centre for Addiction and Mental Health. The CYFP is now formally merged with the Division of Child Psychiatry at the Hospital for Sick Children and several staff psychologists engage in clinical and research activities at both sites, thus allowing interns exposure to an even larger and more diverse clinical population.

Interns 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-IV-TR. Because many patients seen in our program have more than one diagnosis, interns 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 intern 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 attachment theory, the interface between developmental psychology and psychopathology, 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, behavioral, psychodynamic, solution-focussed and strength-focussed, and core conflictual relationship theme 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, interns are able to enhance their understanding of the roles of multiple disciplines and develop skills in working together constructively.

Interns can gain experience in a broad range of internalizing and externalizing child psychopathologies (e.g., fire setting, delinquency and antisocial behavior, ADHD, mood and anxiety disorders). In addition, the program evaluates and treats youngsters with complex learning disabilities, pervasive developmental disorders, gender identity disorders and paraphilias, and substance abuse disorders. At present, the program is organized as an outpatient setting with specialized services housed within it, including a linkage with programs at the Hospital for Sick Children. Typically, the intern will work with two primary supervisors across the various services within the CYFP. Minor rotations are also possible.

Supervision is on an individual and group basis. Child track interns 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 interns make presentations; the second seminar focuses on clinical issues. Interns can also participate in a bi-weekly psychometry seminar, which discusses issues related to psychological assessment with standardized measures.

MAJOR ROTATIONS WITHIN THE CHILD YOUTH AND FAMILY TRACK

Adolescent Service

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

The Adolescent Service provides comprehensive assessment services to youth aged 12 to 18. These youth are often actively involved in the juvenile justice system or have other legal issues. Mental health, psychoeducational, and risk-to-reoffend assessments are completed with recommendations offered to the courts, families, and other involved agencies. The clinic also provides assessment services to youth not involved in the juvenile justice system who have problems with behaviour such as anger, aggression, or sexual misconduct. Comprehensive treatment plans are developed but not offered by the Service, instead treatment referrals to community agencies are suggested. The clinic also offers a 10-week psycho-educational group program to parents who are having difficulties parenting their teens. This program uses illustrative video clips, focused group discussion, and skills building exercises to support new and more effective management strategies in order to help reduce parenting stress and family conflict, and to increase parent-teen communication.

The Arson Prevention Program for Children (TAPP-C)

Supervisor: Sherri MacKay, Ph.D., C.Psych.

TAPP-C helps children and youth aged 2 to 18 years and their families, address firesetting, in the context of general mental health and family functioning. Many TAPP-C clients have histories that include one or more of the following: child maltreatment, involvement in the youth criminal justice system, residential treatment, substance abuse (parent and/or child), and psychiatric

disorder (parent and/or child). Program staff provide comprehensive risk assessments, integrating fire-specific and general mental health information, and generate comprehensive treatment plans. Brief manualized treatment is provided to youth and caregivers based on CBT and PMT strategies. Opportunities for providing longer term individual treatment are available. Program staff work closely with various community agencies, including child welfare agencies, to provide service.

The Gender Identity Service

Supervisor: Kenneth J. Zucker, Ph.D., C.Psych.
Allison Owen-Anderson, Ph.D., C.Psych

The Gender Identity Service helps children, adolescent, and families better understand a young person's struggle with gender identity development and related behavioural or emotional problems. Many children and youth seen in this clinic are confused about their gender identity, or unhappy about being a boy or a girl. The clinic also assesses children and youth exhibiting inappropriate and/or highly sexualized behaviour, as well as adolescents who are concerned about being sexually aroused by cross-dressing. Treatment is offered within the service, or a referral is made to another mental health professional.

Mood and Anxiety Service

Supervisor: Pamela Wilansky-Traynor, Ph.D., C.Psych.

The Mood and Anxiety Service helps children and adolescents who have anxiety or depression. Through the course of the assessment, we help the child and family better understand the problem. Where appropriate, treatment is recommended and can be provided within the service. Treatment goals are to reduce the child's anxiety or improve the child's mood so that he or she is better able to cope at home, school, and with friends. Treatment is provided in the form of individual, family, or group therapy, as well as parent counseling. Treatment modalities include cognitive behavioral therapy and psychodynamic therapy (e.g., Supportive Expressive Therapy).

Psychometry Service

Supervisor: Carol Root, Ph.D., C.Psych.

The Psychometry Service is a centralized service within the Child, Youth, and Family Program that receives referrals of complex cases requiring psychoeducational and/or social-emotional assessments. All services within the Child, Youth, and Family Program can refer to the Psychometry Service. The assessment involves interviewing of the family and child, and in some cases, the child's teacher. This is followed by the administration, scoring, and interpretation of a variety of psychological standardized tests. Comprehensive psychological reports, including treatment recommendations and/or accommodations, are provided and feedback is given to children, parents, educators, and other professionals, including psychiatric staff, as required.

Youth Addictions Service

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

The Youth Addiction Service helps older adolescents and young adults who have substance use problems, with or without mental health concerns, such as problems with mood and anxiety, disruptive behaviour, eating disorders, psychotic disorders, learning disorders, and adjustment disorders. Assessments, outpatient treatment, and day treatment services are provided by a multidisciplinary team. Treatment may be provided via individual, family, and group therapy.

---ADULT TRACK---

MAJOR ROTATIONS WITHIN THE ADULT TRACK

Cognitive Behavior Therapy: Depression

Primary Supervisors: Kathleen Corcoran, Ph. D., C.Psych.

This rotation is conducted in the Cognitive Behaviour Therapy (CBT) Unit of the Mood and Anxiety Program at the Clarke Site. The CBT Unit is a clinical/research out-patient treatment clinic that offers specialized training in short-term cognitive therapy for depressive based disorders (patients are seen over 15-20 weeks) and mindfulness-based cognitive therapy (MBCT) for the prevention of depressive relapse. Assessment of suitability for cognitive therapy is conducted as part of an initial evaluation procedure. The goals of the CBT Unit involve the provision of highly refined and well-researched clinical services. Investigations are conducted to evaluate treatment methods and to investigate vulnerability to psychological disorders. Given the clinical research role of this unit, patients are often concurrently participating in research trials which have a focus on the investigation of relapse and recovery following treatment. A current orientation of this unit is towards the study of vulnerability to major depressive disorder and the identification of cognitive markers. This unit also serves an important academic and teaching function for continued training of psychiatric residents and other mental health professionals who are interested in learning about the cognitive model of emotional disorders.

Training opportunities on the Cognitive Behaviour Therapy Unit involve developing skills in clinical assessment, diagnostic interviewing, and cognitive-behavioral treatment (individual and group) of Major Depressive Disorder. In addition, interns will learn to administer the selection interview for determination of suitability for short-term cognitive treatment. In addition, an emphasis on case formulation using a cognitive model of emotional disorders is stressed. Finally, interns will receive introductory exposure to MBCT. Supervision includes two hours per week of meetings plus weekly unit rounds that include all clinic staff.

There is also an emphasis on understanding the interaction between pharmacotherapy and psychological treatment of the disorder, the role of interpersonal factors in depression, and considerations relevant to treatment format selection (i.e., short-term or long-term in nature). Opportunities for participation in research are also available, but these may be limited by the interns' caseload and demands related to clinical service.

Program Consultant: Zindel V. Segal, Ph.D., C.Psych.

Cognitive Behaviour Therapy: Anxiety Disorders

Primary Supervisor: Judith Laposa, Ph.D., C.Psych.

This rotation is conducted in the Anxiety Disorders Clinic (ADC), located in the Mood and Anxiety Program of the Clarke Division. The ADC is a clinical and research unit staffed by individuals from a wide range of disciplines including psychology, psychiatry, social work, and occupational therapy. The clinic sees about 1000 new referrals per year, many of whom are treated in cognitive-behavioral and pharmacological treatment programs. The principal disorders seen in the clinic include panic disorder, agoraphobia, social phobia, obsessive compulsive disorder, and generalized anxiety disorder, although opportunities to work with individuals with other anxiety-related difficulties may exist. Treatment consists of short-term cognitive behaviour therapy, where clients are typically seen weekly over 12-14 weeks. Training of psychology interns includes administering a structured clinical interview for diagnostic assessment of Axis I disorders, learning to discern suitability for short-term cognitive behavioural therapy, developing clinical decision making skills, learning how to effectively communicate/collaborate with other health professionals, and training in empirically supported treatments for anxiety disorders, in both individual and group formats. Although most clients seen are outpatients, inpatient experience may be available as well, especially with obsessive compulsive disorder. Supervision includes two hours per week of meetings. Also, interns are expected to become a valued part of the treatment team, and to become familiar with the relevant clinical and research literature.

In addition to offering clinical services, the Anxiety Disorders Clinic is among the most active anxiety research centres in Canada. Research interests of clinic staff members include the development of short-term, cost effective assessments and treatments for anxiety as well as the role of cognitive-behavioural factors, biological factors, and their interaction in the etiology and treatment of anxiety disorders. Depending on the intern's interests and experience, opportunities to participate in clinical research projects or to develop new projects are available as time permits.

Work, Stress and Health Program

Primary Supervisors: Jason Bacchioni, Ph.D., C.Psych.
Donna Ferguson, Ph.D., C.Psych
Hester Dunlap, 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, CAPS, DIPD, M-FAST, SIRS),

as well as self-report psychometrics (e.g. MMPI-2, PAI, NEO PI-R). The WSH assessment service sees a wide range of diagnostic presentations, but the majority of those assessed suffer from 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. Interns 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 interns' caseload and demands related to clinical service.

Adult Forensic Outpatient Service

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

The Adult Forensic Outpatient Service is part of the CAMH Law and Mental Health Program, which was one of the first forensic centers established in Canada (as part of the Clarke Institute of Psychiatry) and continues to be at the forefront of research and treatment innovations. The Adult Forensic Outpatient Service is a clinical and research outpatient unit which specializes in the assessment and treatment of individuals involved in criminal and civil legal proceedings as well as occupational discipline procedures. Clinical activities in which interns are involved include diagnostic assessment, assessment of Posttraumatic Stress Disorder, assessment of psychopathic personality, clinical and actuarial assessment of risk for reoffense, and assessment of risk for violence in the workplace. These assessments can include evaluation of police officers for fitness for duty as well as evaluation of physicians and attorneys for fitness for practice. Interns will become familiar with the psycholegal standards in forensic practice and in reporting to attorneys and the courts. Interns also take on individual psychotherapy clients and run treatment groups in the sex offender treatment program. Supervision is provided on an individual basis as well as in team meetings and case conferences. Additionally, interns will have the opportunity to attend the Law and Mental Health Program seminar series. Possibilities also exist for participation in clinical research as time permits.

Clinical Sexology

Primary Supervisor: James M. Cantor, Ph.D., C.Psych.

Clinical Sexology Services is an interdisciplinary section housed in the Law & Mental Health Program, with a large clinical and research staff that includes psychologists, psychiatrists, psychometrists, and social workers. Approximately 250-300 new referrals are seen annually. Psychology students include those at the Masters level, Doctoral level, as well as Postdoctoral level. Clinical Sexology also maintains a highly productive research program, with CIHR-funded projects that include neuroimaging studies of pedophilic and other paraphilic disorders.

Interns in the Clinical Sexology rotation have the opportunity to work closely with patients of the Sexual Behaviours Clinic, the Kurt Freund Laboratory for phallometric diagnosis, and the Gender Identity Clinic (housed in the *Centralized Assessment and Treatment Services* of CAMH), according to interns' interests. Through the Sexual Behaviours Clinic and Freund Laboratory, interns receive specialized training in the sexological assessment of men who demonstrate illegal or clinically significant sexual behaviours or interests. These include individuals who have committed sexual offenses (e.g., sexual interference with a child, sexual assault, possession of child pornography), individuals who feel sexually compulsive, and individuals who are concerned regarding their sexual orientation or paraphilic interests. Individual psychotherapy cases typically involve preventing relapse among sexual offenders or assisting patients to integrate their sexual interests into their lives in a healthy manner. Through the Gender Identity Clinic, interns may conduct assessments of and individual psychotherapy with individuals who are pursuing or considering surgical sex/gender reassignment (both male-to-female and female-to-male), as well as with individuals who elect to manage their cross-gender feelings (and the expression of those feelings) while remaining in their original gender role. More information is available at http://individual.utoronto.ca/james_cantor.

Borderline Personality Disorder Clinic

Primary Supervisors: Shelley McMain, Ph.D., C.Psych.

The Borderline Personality Disorder (BPD) Clinic is an outpatient program serving clients diagnosed 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. Family skills groups are also offered. Treatment entails a team approach and requires a one-year commitment by clients. 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 DBT Clinic is an active clinical, research, and training centre. Research interests of the DBT 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.

Eating Disorder and Addiction Clinic

Primary Supervisor: Christine M.A. Courbasson, Ph.D., C.Psych.

The Eating Disorder and Addiction Clinic offers outpatient treatment to youth 16 years and older and to adults for anorexia nervosa, bulimia nervosa, binge eating disorder and other problematic eating behaviours concurrent with substance use. The therapy focuses on helping clients meet their goals in dealing with their eating disorder, substance use problems, and anxiety. Therapy also assists clients in developing a more positive self-image and healthy identity and improves their quality of life.

The Clinic also offers cognitive behavioural therapy for concurrent social phobia, generalized anxiety disorders and substance use. Beside the focus on anxiety, substance use, problematic eating and restricting are also addressed.

The treatment approach involves either or a combination of: 1) weekly group sessions, 2) weekly one-hour individual psychotherapy sessions, and 3) meetings with a dietician, physician, and nurse, as needed, and 4) after hours telephone consultation. Clients commit to attend treatment for a minimum of 10 week to one year depending on which stream they are in.

The current treatment streams are: 1) DBT enhanced for eating disorders and addiction; 2) CBT for addiction and social anxiety or generalized anxiety; 3) psycho-education and humanistic; 4) motivational interviewing and coaching; and 5) integrated psychotherapy (e.g., mindfulness, DBT, interpersonal, solution-focused).

The EDAC with its stimulating and vibrant clinical and research team has staff from psychology, psychiatry, social work, nursing, and nutrition. It receives about 300 referrals per year. The most frequent disorders seen at the EDAC are eating disorders, substance use, depressive disorder, social phobia, generalized anxiety, and posttraumatic stress disorders. Clients are offered group psychotherapy, which may be augmented with individual, and/or pharmacotherapy depending on their needs. All students and interns participate in our team consultation meetings on Tuesday 10.00am-12.00pm. They can choose to attend rounds and other educational events.

Psychology practicum students and interns can develop skills in assessment, diagnostic interviewing, and individual and group treatment (streams described below) of individuals with concurrent eating and substance use disorders, and individuals with anxiety disorders and substance use problems. The comprehensive assessment includes diagnostic interviews and objective measures of mental health, personality, and specialized assessment of anxiety, eating disorders, and substance use.

Practicum students and interns can develop advanced skills in cognitive-behavioural treatment, dialectical behavioural therapy, motivational interviewing, mindfulness, and humanistic therapy. They can participate in behaviour modification, behavioural exposure, behavioural activation, stress inoculation, and psychoeducation. They can learn how to apply and teach mindfulness skills to enhance clients' recovery. They are involved in all aspects of the treatment from intake to discharge and can provide both individual and group therapy.

The student and intern with the interest and experience may have the opportunity to be involved in research and teaching.

The eating disorders and addiction clinic, a north-American leading research centre on concurrent eating disorders and addiction, is involved in various clinical, research, and training activities. The team provides external consultation and training to professionals. Research interests include psychological determinants of resiliency and treatment success in individuals with concurrent disorders, coping with stress, mindfulness, impulsivity, anxiety disorders, expectancies and the role of the self in eating disorders.

Dual Diagnosis Program

Primary Supervisors: Yona Lunsky, PhD, CPsych
Anna Palucka, PhD, CPsych
Margaret Reid, Clin. Psy.D., CPsych

The Dual Diagnosis Program provides clinical services to adults (aged 16 +) with intellectual disabilities and mental health issues. The program comprises two outpatient community-based teams (the Dual Diagnosis Resource Service in Toronto and the Dual Diagnosis Service in Peel region), a 15-bed inpatient unit and a day treatment program (both located at the Queen Street Site). The treatment model is based on an interdisciplinary biopsychosocial approach to client care. The clinical teams have a wide representation of mental health disciplines including psychiatry, psychology, OT, behaviour therapy, recreational therapy, social work and nursing. The inpatient program is one of 5 specialized units in Ontario, and is targeted toward individuals with the most complex needs. Referrals to the inpatient and outpatient programs involve a wide spectrum of clinical conditions such as mood and psychotic disorders, anxiety disorders, personality and impulse control disorders, and autism spectrum disorders.

Interns can develop skills in assessment, diagnostic interviewing, and individual and group therapy with persons with intellectual disabilities. In addition, they can work as part of an interdisciplinary team providing time-limited community consultations (e.g., general hospitals, community agencies, group homes). The Dual Diagnosis Program is involved in numerous research and training activities at the local and national level. Interested interns may participate in an ongoing clinical research project or develop their own project as time allows.

Clinical Research Rotation

Primary Instructors: R. Michael Bagby, Ph.D., C.Psych.
Lena C. Quilty, Ph.D., C.Psych

This rotation is conducted in the Clinical Research Laboratory (CRL) at the College Street site. The CRL is a dynamic clinical, research and training setting, conducting a variety of basic clinical research and treatment outcome studies. Over the past 5 years, the CRL has received an average of 240 referrals for basic clinical research studies per year, principally involving one to two day psychological assessments of mood disorders, anxiety disorders, substance use disorders, impulse control disorders (e.g., pathological gambling) and personality disorders. Over the past 5 years, the CRL has received an average of 290 referrals for treatment outcome studies per year, principally involving the treatment of depression via brief (i.e. 16 week) interpersonal therapy, cognitive behavioural therapy, or antidepressant medication. The CRL also provides consultation and training to other mental health professionals.

Interns receive in-depth training, supervision and experience in psychodiagnostic assessment of both Axis I and II disorders, including the *Structured Clinical Interview for DSM-IV, Axis I Disorders, Patient Form* (SCID-I/P; First et al., 1995) and the *Diagnostic Interview for DSM-IV Personality Disorders* (DIPD-IV; Zanarini, 1996). Interns also receive training in structured interview, self-report, informant-rated, and performance-based measures of personality, cognition, motivation, impairment, and response bias. Examples of these measures include the

Minnesota Multiphasic Personality Inventory-2 (MMPI-2; Butcher et al., 2001), *Multi-source Assessment of Personality Pathology* (MAPP; Oltmanns & Turkheimer, 2006), *Shedler-Westen Assessment Procedure-II* (SWAP-II; Westen & Shedler, 1999), and the *Self-Referent Encoding Task* (SRET; Dobson & Shaw, 1987). Supervision is provided on an individual and group basis, as well as through biweekly case conferences and clinical team meetings. Training and supervision experience may be available. Interns receive in-depth training, supervision and experience in the provision of cognitive behavioural therapy for depression. Opportunities also exist for time-limited supportive therapy. Supervision is provided on an individual basis. Peer observation and educational events may also be available.

Depending on the student interest and experience, opportunities to participate in clinical research projects may be available, as time permits. Research interests of CRL staff include personality and psychodiagnostic assessment, and the mediating and moderating role of individual difference variables in treatment outcome and illness course.

Interpersonal Therapy Clinic (In 2010, this rotation will only be offered as a Minor Rotation)

Primary Supervisor: Carolina McBride, Ph.D., C.Psych.

The Interpersonal Psychotherapy (IPT) Clinic provides brief individual and group psychotherapy (16 sessions) for individuals with major depression. IPT is based on the premise that depression occurs within an interpersonal context and, therefore, the focus of therapy is on interpersonal relationships as a means of bringing about change. Interventions are aimed at helping patients improve their communication, attachment style, and expectations within relationships. One interpersonal problem area (grief, role disputes, role transitions, or interpersonal deficits) is selected to be the focus of treatment and changes in this problem area are linked to changes in symptoms of depression. IPT has been empirically proven as a primary treatment in acute major depression.

The primary purpose of the IPT clinic is to provide interns with the opportunity to learn and practice clinical assessment and treatment skills with adult clients using an interpersonal perspective. A second purpose of the IPT clinic is to conduct clinical research.

The primary goals of training are to assist interns to: 1) develop specific skills in the assessment of depression and other Axis I disorders using structured (SCID-I) and suitability interviews specifically designed for IPT; 2) develop case conceptualization skills and effectively treat depression using the IPT model; 3) develop clinical decision making skills; and 4) learn how to effectively communicate/collaborate with health professionals. Interns may also have the opportunity to be involved in a clinical research project.

EDUCATIONAL SEMINARS

In addition to direct clinical experience, the internship requires that the intern participate in a number of didactic educational experiences including the Clinical Seminar Series and the Psychotherapy Case Conference Series. In addition, interns 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. Lectures are typically held at the site where each psychologist provides his or her direct treatment or assessment functions. Through these seminars, interns 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 interns vis a vis the independent practice of psychology. Topics in the seminar reflect the range of interests by staff psychologists at the CAMH (for examples, see the research publications of primary supervisors listed below).

Psychotherapy Case Conference Series

This seminar provides an opportunity for interns 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 interns. Both staff and interns 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 interns 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.

PSYCHOLOGY INTERNSHIP FACULTY
(Primary Rotation Supervisors and Program Consultants)

John S. Arrowood, Ph.D., 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 the behavioral and pharmacological treatment outcome in PTSD.

Arrowood J. S. (June 2008). *Police Identification and Management of the Mentally Ill suspects*. Invited ½ day training presented at the TTC Special Constable Recruit training Course, TTC HQ, Toronto, Ontario.

Arrowood, J. S. (May - December 2008). *In-Custody Suicide risk*. Invited six-session lecture series presented at the Metropolitan Toronto Police College Booking Officers Course, Scarborough, Ontario.

Arrowood J. S. (April 2008). *Crisis Negotiation with the Mentally Ill Suspects*. Invited ½-day training presented at the Incident Commanders Course, hosted by the Metropolitan Toronto Police Service Emergency Task Force, Toronto, Ontario.

Arrowood J. S. (May 2007). *Stress in Undercover Police Investigations for Handlers*. Invited lecture presented at the Ontario Police College, CISO Handlers training course, Aylmer, Ontario.

Nussbaum, D., Hancock, M., Turner, I., Arrowood, J. S., Melodik, S. (2007). 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 2007*; doi: 10.1093/brief-treatment/mhm026.

Meyer, J.H., Wilson, A.A., Colleton, M., Rusjan, P. Clark, M., Houle, S., Woodside, S., Arrowood, J.S. (under review). 5-HT₂ receptor binding potential in people with aggressive and violent behavior.

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*.

Jason Bacchiochi, Ph.D., University of Toronto, 2005. Clinical interests include psychological assessment and treatment of mood and anxiety disorders. Research interests include assessment and identification of malingered psychopathology; use of structured psychometric instruments in differential diagnosis, and the relationship between individual differences a vulnerability to psychopathology.

Bacchiochi, J.R. & Bagby, R.M. (in press). Development and validation of the malingering Discriminant Function Index for the MMPI-2. *Journal of Personality Assessment, 87, 51-61*.

McBride, C., Bacchiochi, J.R., & Bagby, R. M. (2005). Gender differences in the manifestation of sociotropy and autonomy personality traits. *Personality and Individual Differences, 38, 129-136*.

Bagby, R.M., Basso, M.R., Marshall, M.B., Nicholson, R.A., Bacchiochi, J.R., & Miller, L.S. (2005). Distinguishing Bipolar Depression, Major Depression, and Schizophrenia with

- the MMPI-2 Clinical and Content Scales. *Journal of Personality Assessment*, 84, 89-95.
- Bacchiochi, J.R., Bagby R.M., Cristi, C., & Watson, J. (2003). Validation of connectedness and neediness as dimensions of the dependency construct. *Cognitive Therapy and Research*, 27, 233-242.
- Bagby, R.M., Nicholson, R.A., Bacchiochi, J.R., Ryder, A.G., & Bury, A.S. (2002). The comparative predictive capacity of the MMPI-2 and PAI validity scales to detect coached and noncoached feigning. *Journal of Personality Assessment*, 78, 69-86.

R. Michael Bagby, Ph.D., York University, 1985. Clinical interests include personality and psychodiagnostic assessment, as well as the objective assessment of response bias. Research interests include the role of personality in the development and course of psychopathology, including treatment outcome, as well as test construction and psychometric evaluation of objective measures of personality, psychopathology, and malingering.

- Bagby, R. M., Quilty, L. C., Segal, Z. V., McBride, C. C., Kennedy, S. H., & Costa, P. T. (2008). Personality and the prediction of response in major depressive disorder: A randomized control trial comparing cognitive therapy and pharmacotherapy. *Canadian Journal of Psychiatry*, 53, 361-370.
- Bagby, R. M., Marshall, M. B., Basso, M. R., Nicholson, R. A., Bacchiochi, J., & Miller, L. S. (2005). Distinguishing bipolar depression, major depression, and schizophrenia with the MMPI-2 Clinical and Content Scales. *Journal of Personality Assessment*, 84, 89-95.
- Bagby, R. M., Ryder, A. G., Schuller, D. R., & Marshall, M. B. (2004). The Hamilton Rating Scale for Depression: Has the gold standard become a lead weight? *American Journal of Psychiatry*, 161, 2163-2177.
- Bagby, R. M., Bindseil, K. D., Rector, N. A., Schuller, D. R., Joffe, R. J., Young, L. T., Seeman, M. V., & Cooke, R. G. (1997). The relationship between the Five-Factor Model of personality and unipolar depression, bipolar disorder and schizophrenia. *Psychiatry Research*, 70, 83-94.
- Bagby, R. M., Taylor, G. J., & Parker, J. D. A. (1988). Construct validity of the Toronto Alexithymia Scale. *Psychotherapy and Psychosomatics*, 50, 29-34.

James M. Cantor, Ph.D., C.Psych., McGill University, 2000. Clinical interests include assessment of persons dealing with illegal or clinically significant sexual behaviours and attractions, such as pedophilia and other paraphilias; the so-called sexual addictions; and sexual orientation and gender identity concerns. Research interests include biological contributors to sexual orientation, gender identity, and paraphilic sexual interests.

- Cantor, J. M., Blanchard, R., & Barbaree, H. E. (2009). Sexual disorders. In P. H. Blaney & T. Millon (Eds.), *Oxford textbook of psychopathology* (2nd ed.) (pp. 527–548). New York: Oxford University Press.
- Cantor, J. M., Kabani, N., Christensen, B. K., Zipursky, R. B., Barbaree, H. E., Dickey, R., Klassen, P. E., Mikulis, D. J., Kuban, M. E., Blak, T., Richards, B. A., Hanratty, M. K., & Blanchard, R. (2008). Cerebral white matter deficiencies in pedophilic men. *Journal of Psychiatric Research*, 42, 167–183.

- Cantor, J. M., Kuban, M. E., Blak, T., Klassen, P. E., Dickey, R., & Blanchard, R. (2007). Physical height in pedophilia and hebephilia. *Sexual Abuse: A Journal of Research and Treatment, 19*, 395–407.
- Cantor, J. M., Kuban, M. E., Blak, T., Klassen, P. E., Dickey, R., & Blanchard, R. (2006). Grade failure and special education placement in sexual offenders' educational histories. *Archives of Sexual Behavior, 35*, 743–751.
- Cantor, J. M., Blanchard, R., Robichaud, L. K., & Christensen, B. K. (2005). Quantitative reanalysis of aggregate data on IQ in sexual offenders. *Psychological Bulletin, 131*, 555–568.

Kathleen Corcoran, Ph.D., C.Psych. University of British Columbia, 2006. Clinical interests: assessment and treatment of mood and anxiety disorders; individual and group CBT for mood and anxiety disorders. Research interests: process and outcome in cognitive therapy; understanding the role of cognitive processes and metacognition in the etiology, maintenance, and treatment of mood and anxiety disorders.

Corcoran, K.M. & Woody, S.R. (in press). The importance of suppression and appraisals in the recurrence of intrusive thoughts; evidence in support of the cognitive theory of obsessions. *Behaviour Research and Therapy*.

Corcoran, K.M., Segal, Z.V., Anderson, A., & Farb, N. (in press). Mindfulness meets emotion regulation. In A. Kring & D. Sloan (Eds.), *Emotion Regulation and Psychopathology*. Guilford Press.

Corcoran, K.M. & Segal, Z.V. (2008). Metacognition in depressive and anxiety disorders: Current directions. *International Journal of Cognitive Therapy, 1*, 33 – 44.

Corcoran, K.M. & Woody, S.R. (2008). Appraisals of obsessional thoughts in normal samples. *Behaviour Research and Therapy, 46*, 71 – 83.

Corcoran, K.M., Woody, S.R., & Tolin, D.F. (2008). Recognition of facial expressions in obsessive-compulsive disorder. *Journal of Anxiety Disorders, 22*, 56 – 66.

Christine M. A. Courbasson, Ph.D., York University, 1998. Clinical interests include treatment of concurrent substance use, eating disorders, depression, anxiety, and personality disorders. Research interests include: Coping with stress, mindfulness, resiliency, expectancies and the role of the self in eating disorders, treatment of individuals with eating disorders and alcohol/drug use, PTSD.

Courbasson, C.M.A., & Schelkanova, I. (In press). Women and addictions: Body weight and shape concerns as barriers to recovery from substance use disorders. Let's address these issues in treatment and recovery now! *Journal of Drug Addiction, Education, and Eradication*.

Courbasson, C.M.A., & Schelkanova, I. (In press). Women, Substance Use and Post-traumatic Stress Disorder. *International Journal of Psychology Research*

- Courbasson, C.M.A., Rizea, C., & Weiskopf, N. (2008). Emotional eating in individuals with concurrent eating and substance use disorders. *International Journal of Mental Health and Addiction*, 1557-1882
- Courbasson, C.M.A., Araujo de Sorkin, A., Dullerud, B., Van Wyk, L. (2007). Acupuncture treatment for women with concurrent substance use and anxiety/depression: An effective alternative therapy? *Family and Community Health*, 30(2) 112-120.
- Courbasson, C.M.A. (2006). Reflective Activity and its Measurement. *International Journal of Mental Health and Addiction*, 4(2).

Hester Dunlap, Ph.D., OISE/University of Toronto, 2005. Clinical interests include cognitive-behavioural treatment of PTSD and depression, psychological assessment, and traumatic stress following work-related accidents. Research interests include risk factors for chronic PTSD, sexual assault, and war-related trauma among refugees.

- Ferguson, D. & Dunlap, H. (in press). Posttraumatic Stress Disorder: What is it and how do I get help? *Moods Magazine*.
- Stermac, L & Dunlap, H. (in press). Traumatic stress and psychoeducational transitions among immigrant youth. In Zinga, D. (Ed.) *Navigating Multiculturalism*. Cambridge Scholars Press.
- Dunlap, H., Brazeau, P., & Stermac, L, Addison, M. (2004). Acute forensic medical procedures used following a sexual assault among treatment seeking women. *Women & Health*, 40, 53-65.
- Stermac, L. Dunlap, H., Del Bove, & Bainbridge, D. (2004). Urgent care services for sexually assaulted males. *Family Violence and Sexual Assault Bulletin* 20, 5-10.

Donna Ferguson, Psy.D., 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.

Liora Keshet, M.A., C. Psych. The Hebrew University of Jerusalem, 1995. Clinical Interests: assessment and consultation of developmental and learning disorders in children and adolescents.

Judith Lapos, Ph.D., 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.

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

Rector, N.A., Antony, M., Laposa, J.M., Kokovski, N., & Swinson, R. (2008). Assessing content domains of repetitive thought in the anxiety spectrum: Rumination and worry in nonclinical and clinical samples. *International Journal of Cognitive Therapy, 1*, 352-377.

Alden, L.E., Regambal, M.J., & Laposa, J.M. (2008). The effects of direct versus vicarious threat on emergency department healthcare workers: Implications for PTSD Criterion A. *Journal of Anxiety Disorders, 22*, 1337-1346.

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.

Alden, L. E., Taylor, C.T., Mellings, T. M. B., & Laposa, J. M. (2008). Social anxiety and the interpretation of positive social events. *Journal of Anxiety Disorders, 22*, 577-590

Yona Lunsky, PhD., Ohio State University, 1999. Clinical interests include assessment and treatment of psychopathology in adults with intellectual disabilities and/or autism spectrum disorders (dual diagnosis). Research interests include psychosocial risk factors for dual diagnosis, health systems and clinical contributors to psychiatric crises in adults with intellectual disabilities, and women's health and intellectual disabilities.

Lunsky, Y., Bradley, E., Gracey, C., Durbin, J., & Koegl, C. (2009). Gender differences in psychiatric diagnoses amongst inpatients with and without intellectual disabilities. *American Journal on Intellectual and Developmental Disabilities, 114(1)*, 52-60.

Lunsky, Y., Gracey, C., & Gelfand, S. (2008). Emergency psychiatric services for individuals with intellectual disabilities: Perspectives of hospital staff. *Intellectual and Developmental Disabilities, 46(6)* 446-455.

Lunsky, Y., Bradley, E., Durbin, J., Koegl, C., Canrinus, M. & Goering, P. (2006). The clinical profile and service needs of adults with a dual diagnosis in psychiatric hospitals. *Psychiatric Services, 57(1)*, 77-83.

Lunsky, Y. (2004). Suicidality in a clinical and community sample of adults with mental retardation. *Research in Developmental Disabilities, 25*, 231-243.

Lunsky, Y. & Palucka, A. (2004). Depression and intellectual disability: A review of current research. *Current Opinion in Psychiatry, 17*, 359-363.

Sherri MacKay, Ph.D., University of Toronto, 1985. Research and clinical interests include juvenile firesetting, child and adolescent externalizing psychopathology, risk assessment, brief manualized intervention for caregivers and youth, and program dissemination.

Gallagher-Duffy, J., MacKay, S., Sullivan-Thomas, M. & Peterson-Badali, M. (In press). The

pictorial fire stroop: A measure of youthful fire interest. *Journal of Abnormal Child Psychiatry*.

MacKay, S., Boak, A., Adlaf, E., & Henderson, J. & Marton, P. (In press). Epidemiology of firesetting in adolescents: Mental health and substance use correlates. *Journal of Child Psychology and Psychiatry*.

Root, C., MacKay, S., Henderson J., DelBove, G., & Warling D. (2008). The link between maltreatment and juvenile firesetting: Correlates and underlying mechanisms. *Child Abuse and Neglect*, 32(2), 161-76.

Henderson, J., MacKay, S., & Peterson-Badali, M. (2006). Closing the research-practice gap: Factors affecting adoption and implementation of a children's mental health program. *Journal of Clinical Child and Adolescent Psychology*, 35, 2-12.

MacKay, S., Henderson, J., Del Bove, G., Marton, P., Warling, D., & Root, C. (2006). Fire interest and antisociality as risk factors in the severity and persistence of juvenile firesetting. *Journal of the American Academy of Child and Adolescent Psychiatry*, 45, 1077-1084.

Carolina McBride, Ph.D., University of Ottawa, 1999. Clinical Interests include the assessment and interpersonal treatment of depression. Research interests include interpersonal vulnerabilities to depression, with a particular focus on attachment security and gender differences.

McBride, C., Segal, Z., Kennedy, S., & Gemar, M. (2007). Changes in autobiographical memory specificity following Cognitive Behavior Therapy and Pharmacotherapy treatment for Major Depression. *Psychopathology*, 40, 147-152.

McBride, C., Bagby, R. M., & Atkinson, L. (2006). Adult Attachment Security and Treatment Response Following IPT and CBT Treatment of Major Depression. *Journal of Consulting and Clinical Psychology*, 74, 1041-1054.

McBride, C., & Bagby, R. M. (2006). Rumination and dependency: Explaining women's vulnerability to depression. *Canadian Psychology*, 47, 84-94.

McBride, C., Zuroff, D., Bagby, R. M., & Bacchioni, J. (2006). Depressive Experiences Questionnaire: Does it Measure Pathological and Non-Pathological Forms of Dependency. *Journal of Social Behavior and Personality*, 34, 1-16.

McBride, C., Bacchioni, J. R., & Bagby, R. M. (2005). Gender differences in the manifestation of sociotropy and autonomy personality traits. *Personality and Individual Differences*, 38, 129-136.

Shelley McMMain, Ph.D., York University, 1995. Clinical interests include cognitive/experiential and dialectical behaviour approaches to the treatment of concurrent addiction and mental health disorders. Primary research interests include psychotherapy process and outcome, the role of cognitive-emotional processing in successful treatment, the treatment of individuals diagnosed with personality disorders and substance use disorders.

McMain, S. (1998, August). *An emerging Canadian model for treating concurrent disorders*.

Paper presented at the meeting of the International Association of Applied Psychology, San Francisco, CA.

McMain, S. (in press). Dialectical behavior therapy case formulation: The case of Katrina. *Cognitive and Behavior Therapy Practice*.

McMain, S., & Courbasson, C. (in press). Treatment of impulsivity. In K. Douglas, C. D. Webster, S. D. Hart, & D. Evans (Eds.), *HCR-20 companion guide*. Vancouver: Simon Fraser University Institute on Law, Mental Health, and Policy.

McMain, S., & Korman, L. (1998). *Feasibility study for an integrated cognitive-behavioral and emotionally-focused psychotherapy of concurrent major depression and alcohol dependence*. Paper presented at the meeting of the Society for Psychotherapy Research, Salt Lake City, UT.

Allison Owen-Anderson, Ph.D., C.Psych., OISE/University of Toronto, 2006. Clinical interests include psychological assessment and treatment of gender identity disorders and transvestic fetishism, child psychotherapy, parent psychotherapy. Research interests include empathy in boys with gender dysphoria, expressed emotion in families of children with gender dysphoria, Internet use and how adolescents with gender dysphoria negotiate their gender identities online.

Owen-Anderson, A., Jenkins, M. J., Bradley, S. J., & Zucker, K. J. (2008). Empathy in boys with Gender Identity Disorder: A Comparison to Externalizing Clinical Control Boys and Community Control Boys and Girls. *Child Psychiatry and Human Development*, 39, 67-83.

Zucker, K. J., Bradley, S., Owen-Anderson, A., Kibblewhite, S., & Cantor, J. (2008). Is gender identity disorder in adolescents coming out of the closet? *Journal of Sex & Marital Therapy*, 34, 287-290.

Fridell, S. R., Owen-Anderson, A., Johnson, L. L., Bradley, S. J., & Zucker, K. J. (2006). The Playmate and Play Style Preferences Structured Interview: A comparison of children with Gender Identity Disorder and controls. *Archives of Sexual Behavior*, 35, 729-737.

Cohen-Kettenis, P.T., Owen, A., Bradley, S. J., & Zucker, K. J. (2002). Demographic characteristics, social competence, and behavior problems in children with Gender Identity Disorder: A cross-national, cross-clinic comparative analysis. *Journal of Abnormal Child Psychology*, 31, 43-55.

Anna M. Palucka, Ph.D., C. Psych., University of Toronto/OISE, 1997. Clinical and research interests: assessment of developmental disabilities, diagnostic assessment of psychopathology in developmentally disabled individuals, treatment interventions in autism spectrum disorders, forensic issues and intellectual disability.

Palucka, A.M., Lunskey, Y., Gofine, T., White, S. & Reid, M. (accepted). Comparison of referrals of individuals with and without a diagnosis of psychotic disorders to a specialized dual diagnosis program. *Journal on Developmental Disabilities*.

Palucka, A.M., Bradley, E., & Lunskey, Y. (2008). A case of unrecognized intellectual disability and autism misdiagnosed as schizophrenia: Are there lessons to be

learned? Mental Health Aspects of Developmental Disabilities, 11, 55-60.

Palucka, A.M., & Lunsky, Y. (2007). Review of inpatient admissions of individuals with autism spectrum

disorders to a specialized dual diagnosis program. Journal on Developmental Disabilities, 13, 205-209

Lena C. Quilty, Ph.D., University of Waterloo, 2006. Clinical interests include psychological assessment and treatment of mood and anxiety disorders. Research interests include the role of personality and cognition as mediators and moderators of treatment outcome in depression, the hierarchical structure of personality and psychopathology, and the psychometric evaluation of measures of psychopathology and other individual difference variables.

Quilty, L. C., De Fruyt, F., Rolland, J., Kennedy, S. H., Rouillon, F., & Bagby, R. M. (2008). Dimensional personality traits and treatment outcome in patients with major depressive disorder. *Journal of Affective Disorders*, 108, 241-250.

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

Tackett, J. L., Quilty, L. C., Sellbom, M., & Bagby, R. M. (2008). Additional evidence for a quantitative hierarchical model of the mood and anxiety disorders for DSM-V: The context of personality structure. *Journal of Abnormal Psychology*, 117, 812-825.

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.

Quilty, L. C., Oakman, J. M., & Farvolden, P. (2007). Behavioural inhibition, behavioural activation, and individual preference for familiarity. *Personality and Individual Differences*, 42, 291-303.

Margaret Reid, Clin.Psy.D., University of Birmingham, UK, 1999. Clinical and research interests include the assessment and treatment of individuals with intellectual disabilities (ID) and mental health problems, in particular, anger management, and the treatment of clients with ID diagnosed with personality disorders. Other interests include the treatment of addictive behaviours: harm reduction, motivational interviewing, and relapse prevention.

Peters, A. & Reid, M. (1998). Methadone treatment in the Scottish context: outcomes of a community-based service for drug users in Lothian. *Drug and Alcohol Dependence*, 50, 47-55.

Shewan, D., Macpherson, A., Reid, M. & Davies, J.B. (1996). The impact of the Edinburgh Prison (Scotland) Drug Reduction Programme. *Legal and Criminological Psychology*, 1, 83-94.

Shewan, D., Macpherson, S., Reid, M. & Davies, J.B. (1995). Patterns of injecting and sharing in Edinburgh Prison (Scotland). *Drug and Alcohol Dependence*, 39, 237-243.

Peters, A., Reid, M. & Griffin, S. (1994). Edinburgh drug users: Are they injecting and sharing less? *AIDS*, 8, 521-528.

Griffin, S., Peters, A. & Reid, M. (1993). Drug misusers in Lothian: Changes in injecting habits 1988-1990. *British Medical Journal*, 306, 693.

Carol Root, Ph.D., Ontario Institute for Studies in Education of the University of Toronto, 2002. Clinical and research interests include the role of parent-child relations in children's emotional development, developmental psychopathology, aggressive and antisocial behaviour in childhood, and risk factors and intervention methods related to juvenile firesetting.

MacKay, S., Henderson, J., Root, C., Warling, D., Gilbert, K.G., & Johnstone, J. (2004). TAPPC: Clinician's manual for preventing and treating juvenile fire involvement (consultation edition). *Centre for Addiction and Mental Health*.

Martini, T., Root, C., & Jenkins, J. (in press). Low and middle income mothers' regulation of negative emotion: Effects of children's temperament and situational emotional responses. *Social Development*.

Root, C., & Jenkins, J. (under review). Maternal appraisal styles, family risk status, and anger biases in children. *Journal of Abnormal Child Psychology*.

Zindel V. Segal, Ph.D., Queen's University, 1983. Clinical interests include: treatment of affective disorder, anxiety disorders, psychological adaptation to recurrent emotional difficulties, process issues in supervision. Research interests include: Assessment of cognitive vulnerability markers in major depressive disorder, self-schematic processing and the assessment of change in personal constructs as a result of successful therapy or recovery from illness.

Segal, Z. V., Gemar, M., & Williams, S. (1999). Differential cognitive response to a mood challenge following successful cognitive therapy or pharmacotherapy for unipolar depression. *Journal of Abnormal Psychology*, 108, 3-10.

Teasdale, J.D., Moore, R.G., Hayhurst, H., Pope, M., Williams, S. & Segal, Z.V.(2002). Metacognitive awareness and prevention of relapse in depression: Empirical evidence. *Journal of Consulting and Clinical Psychology*, 70, 278-287.

Goldapple, K., Segal, Z., Garson, C., Beiling, P., Lau, M., Kennedy, S. & Mayberg, H. (2004). Modulation of cortical-limbic pathways in major depression: Treatment specific effects of cognitive behavior therapy compared to Paroxetine. *Archives of General Psychiatry*.

Segal, Z.V., Pearson, J. L. & Thase, M.E. (2003). Challenges in preventing relapse in major depression: Report from an NIMH workshop on state of the science of relapse prevention in major depression. *Journal of Affective Disorders*.

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

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.

Quinsey, V.L., Book, A.S., & Skilling, T.A. (2004). A follow-up of deinstitutionalized men with intellectual disabilities and histories of antisocial behavior. *Journal of Applied Research in Intellectual Disabilities*.

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ACCEPTANCE AND NOTIFICATION PROCEDURES

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

For the 2010-2011 internship year, APPIC will continue to utilize the computer matching procedure, which our program will participate in. The APPIC code number for our internship 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 internship positions to the directors of training of those students who have accepted internship positions (i.e., matched to the CAMH in the APPIC computer match process). Any offer from the CAMH IS CONTINGENT UPON THE APPLICANT NOT HAVING MADE A PRIOR COMMITMENT.

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