



Centre for Addiction and Mental Health
CPA/APA Accredited Clinical Psychology Internship
Program
2012-2013 Academic Year
Director-of-Training: Dr. Hayley Wood, 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 doctors, 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, psychiatric 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 nine clinical programs offering leading-edge inpatient, outpatient and community-based treatment:

- Addictions

- Child, Youth and Family
- Centralized Assessment, Triage and Support (CATS –housing the Gender Identity and Borderline Personality Disorder Clinics)
- Dual Diagnosis (serving clients with both intellectual disabilities and mental health needs)
- Geriatric Mental Health
- Law and Mental Health (housing the Sexual Behaviors Clinic)
- Mood and Anxiety
- Schizophrenia
- Women’s Mental Health

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 doctors, medical students, nurses and allied health professionals 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 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, from four positions in 1999 up to nine positions beginning in the 2008 – 2009 academic year. We anticipate accepting nine internship applicants for the 2012-2013 academic year. The bulk of our psychology internship training occurs at the College Street site of the CAMH and the Russell Street site.

CAMH INTERNSHIP

At CAMH, we are pleased to offer nine internship placements, making our program one of the largest of its kind in Canada. As a vibrant mental health and addiction centre, 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 library, housed at the Russell Street site, is well-stocked, and computer and audiovisual resources are excellent, including access to MEDLINE and Current Contents. Interns at CAMH have access to an office, a computer, and a telephone line.

The CAMH 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. 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.

The Internship runs from September 3 to August 30, 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 this philosophy, the internship 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, internship 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 sitting on the DSM-V task force.

SUPERVISION AND EDUCATIONAL EXPERIENCES

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 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 intern 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 intern develop competence in intervention and assessment, as well as addressing professional development more broadly.

There are a wide variety of educational experiences available to interns. A general orientation to the CAMH psychology internship takes place at the beginning of the year, and interns also participate in a CAMH-wide orientation. Throughout the year, interns attend two APA/CPA internship 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, 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. 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. 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).

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.

EVALUATIONS

Interns receive a formal, written evaluation of their clinical skills and performance at the mid-point (sixth month) and end (twelfth month) of the internship year. These evaluations are reviewed with the intern and rotation supervisor and are then sent to the Internship Training Director to be reviewed. Interns 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. Interns 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 INTERNSHIP

Successful completion of the internship requires that interns complete two concurrent rotations to the satisfaction of the Internship Training Committee. Specific requirements of each rotation are reviewed with the intern at the beginning of the internship year, both verbally and in writing. 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, diagnosis, and proficiency in empirically supported treatments. Interns are also expected to have advanced their knowledge of ethics and professional standards and further developed in their roles as professionals. Although interns are encouraged to participate in clinical research activities, research involvement is not a requirement of the internship-training program.

REMEDICATION PROCEDURES

If at any time during the internship year an intern has a concern or problem with their training or any other aspect of the internship 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 intern is encouraged to speak with the internship training director. 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 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 intern can request alternate dispute resolution procedures, should he or she prefer. Such cases could include the following:

- 1) When the intern's concern is with the training director or Psychologist-in-Chief
- 2) When the intern seeks to appeal an evaluation
- 3) When the intern seeks to appeal a remediation plan
- 4) When the intern 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, interns are permitted to contact either the training director or the Psychologist-in-Chief. 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 Psychologist-in-Chief, (b) one psychologist nominated by the Director of Interprofessional Practice, and (c) one psychologist nominated by the intern. This committee, within a reasonable time following receipt of written submissions from the intern, would issue its written decision, which would be, final and binding.

ROTATION ASSIGNMENTS

Interns 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 on the CAMH application form. Tentative rotation selections are discussed with students during their interview. If matched to our program, applicants will be assigned to their first choice rotation (as ranked on the CAMH application form) and, most likely, to their second choice rotation (although the second choice rotation is not guaranteed).

Interns 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 intern has some familiarity and expertise. 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.

INTERVIEW AND SELECTION PROCEDURES

The CAMH Internship follows the Association of Psychology Postdoctoral and Internship Centers (APPIC) Match Policies in the selection of interns, 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 interns 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.

Applicants who are placed on a “short list” will be contacted for an interview within four weeks of the November 15, 2011 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 internship. As per CPA guidelines, eligibility for internship requires that applicants have completed all requisite professional coursework and practica prior to beginning the internship year. In addition, applicants must have completed a minimum of 600 hours of practicum experience in assessment and intervention strategies to be eligible.

Commission on Accreditation (CoA)

Director, Office of Program Consultation and Accreditation
American Psychological Association
750 First Street, NE
Washington, DC 20002-4242
Phone: 202-336-5979
Fax: 202-336-5978

Canadian Psychology Association

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

APPLICATION PROCEDURE

Applications are to be submitted via the *AAPI Online Centralized Application Service*. No printed documents are to be mailed directly to our program. The AAPI Online may be accessed at www.appic.org. **Deadline for Applications to be received is November 15, 2011.**

Applications for the CAMH Psychology Internship 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 internship training goals and primary rotations of interest
 - Curriculum Vitae
 - All graduate transcripts
 - Three letters of reference (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.

- 2) The completed 'CAMH-Specific' application form. Please submit the CAMH-Specific application form in the AAPI Online Supplemental Section.

Please note: While CAMH is not listed within the APPIC directory, **CAMH does take part in the APPIC matching process.** *All applicants must have an APPIC number prior to match day.* The APPIC code number for the CAMH internship program is **183211**.

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 internship training. According to Canadian immigration policy, preference will be given to Canadian applicants.

Questions regarding the application materials should be directed to:

Hayley Wood, Ph.D., C.Psych.
Director-of-Training, CPA/APA Accredited Internship in Psychology
Centre for Addiction and Mental Health
250 College St., Toronto, Ontario, M5T 1R8
Phone: 416-535-8501, ext. 6315
Email: hayley_wood@camh.net

OVERVIEW OF CLINICAL ROTATIONS

---CHILD YOUTH AND FAMILY TRACK---

Primary Supervisors: Sherri MacKay, Ph.D., C.Psych.
 Tracey Skilling, Ph.D., C.Psych.
 Brendan Andrade, Ph.D., C.Psych.
 Hayley Wood, Ph.D., C.Psych.
 Allison Owen-Anderson, Ph. D., C.Psych.
 Kenneth J. Zucker, Ph.D., C.Psych.
 Carol A. Root, Ph.D., C.Psych.
 Liora Keshet, M.A., C.Psych.Assoc.

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-focused and strength-focused, 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

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

The Adolescent Service provides comprehensive assessment only 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 on occasion provides similar 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.

Better Behaviours Service

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

The Better Behaviours Service (BBS) provides help for children, youth and their families who have challenges with disruptive behaviour, aggression, social skills difficulties, inattention and non-compliance at home and/or at school. Through semi-structured assessment, factors contributing to behavioural difficulties are identified. Individual, family and group based treatments are offered to help children build skills, reduce behavioural difficulties and help caregivers develop more effective parenting strategies to reduce family conflict. The BBS also offers a 10-month (i.e., an academic year) day treatment program in a community school for children aged 6-8 with severe behavioural challenges. Day treatment occurs in conjunction with family and group based therapy.

This is a clinical-research rotation. Interns are involved in brief assessment, structured intervention and consultation in the context of one or more clinical-research projects operating within the BBS. Interns will be trained and participate in evidence-based cognitive-behavioural individual and group treatment for children with disruptive behavior and their parents. Trainees are expected to participate in both clinical and research activities and as such, develop both clinical and research skills.

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

Supervisors: Kenneth J. Zucker, Ph.D., C.Psych.
Hayley Wood, Ph.D., C.Psych

The Gender Identity Service helps children, adolescents, 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 are 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 modalities are informed by models of developmental function and psychopathology. Diagnostic case formulations tailor the therapeutic modality and approach, which include supportive psychotherapy, psychodynamic therapy, attachment-based therapy, and parent counselling. We typically provide weekly long-term treatment to our clients. A key element in the training experience of the intern is to develop empathic skills and to understand better the internal representational world of their client. Interns will have the opportunity to be involved in diagnostic assessments, psychological assessments, feedback to clients, families and referral agents, and as well in individual, family and parent therapy. Interns may also have the opportunity to be involved in clinical research projects underway in the Service. Assessment and treatment initiatives are undertaken within the framework of a multidisciplinary team approach, and interns work closely with the professionals from other disciplines (e.g., psychiatry, social work, and endocrinology) in the provision of services.

Mood and Anxiety Service

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

The Mood and Anxiety Service helps children and adolescents aged 5-18 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 behavioural, play, supportive, and psychodynamic therapy.

Psychological Assessment Team for Children and Youth

Supervisors: Carol Root, Ph.D., C.Psych.
Liora Keshet, M.A., C.Psych.Assoc.

The Psychometry Service is a centralized service within the Child, Youth and Family Program that receives internal referrals of complex cases requiring comprehensive psychological assessments for children and youth (ages 4-17). Assessments are typically requested for psycho-educational and socio-emotional evaluations, as well as to provide an external opinion regarding differential diagnosis for Axis I and Axis II disorders. Assessments involve clinical interviewing with the child/youth, caregivers, and teachers, as well as administration, scoring, and interpretation of a variety of standardized psychological tests. Comprehensive psychological reports, including educational and treatment recommendations, are provided and feedback is given to children, parents, educators, and other professionals, including psychiatric staff, as required.

Youth Addiction and Concurrent Disorders Service

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

The Youth Addiction and Concurrent Disorders Service is a harm reduction service that helps adolescents and young adults aged 15-24 who have substance use problems, with or without mental health concerns, such as problems with mood and anxiety, disruptive behaviour, attention difficulties, eating disorders, psychotic disorders, learning disorders, adjustment disorders, and personality disorders. Psychology practicum students become involved in diagnostic assessments, psychoeducational assessments, feedback to clients, families, and referral agents, as well as individual and group therapy [First Contact, a brief group with a motivational interviewing focus; C-Smart for youth struggling with substance use and mood and/or anxiety difficulties; Seeking Safety to address concurrent substance use and PTSD; Dialectical Behavior Therapy (DBT) to address concurrent disorders]. Treatment modalities include cognitive behavioural, motivational interviewing, supportive, psychodynamic, and DBT.

---ADULT TRACK---

MAJOR ROTATIONS WITHIN THE ADULT TRACK

Cognitive Behavior Therapy Unit: Depression

Primary Supervisor: Lance Hawley, 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 high demand clinical/research out-patient treatment clinic that offers specialized training in short-term cognitive therapy for mood disorders (patients are seen over 15-20 weeks) and mindfulness-based cognitive therapy (MBCT) for the prevention of depressive relapse. All clients complete a comprehensive, multi-axial diagnostic intake assessment, and suitability for cognitive therapy is also assessed as part of the initial evaluation procedure. The goals of the CBT Unit involve the provision of highly refined and well-researched clinical services, designed to optimize treatment response. Ongoing research 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 involves the study of vulnerability to major depressive disorder and the identification of cognitive markers as related to treatment efficacy. 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 provision of cognitive-behavioral treatment (in both individual and group format) for clients experiencing Major Depressive Disorder. Interns will gain proficiency in the administration of the Structured Clinical Interview for the DSM-IV (SCID-IV) and they will also learn to administer the treatment suitability interview for determination of suitability for short-term cognitive treatment. In addition, there is a strong emphasis on the importance of case formulation, using a comprehensive model of emotional disorders. Finally, interns who are interested in mindfulness based CBT (MBCT) may choose to have introductory exposure to this paradigm. Supervision includes a minimum of two hours per week of individual supervision, group supervision, as well as weekly clinical and assessment rounds that include all clinic staff.

The main focus of this internship rotation involves collaborating with clinical interns in order to further develop their ability to provide a comprehensive multi-axial diagnosis, while considering optimal treatment suitability (e.g., considering treatment format: individual vs. group, acute phase treatment vs. relapse prevention treatment). During the internship, interns develop strong case formulation skills, in order to optimally apply CBT principles to complex diagnostic presentations. Related training goals involve understanding the role of cognitive vulnerability factors, while considering the interaction between pharmacotherapy and psychological treatment of the disorder. Opportunities for participation in research are also available; however, this is determined on a case by case basis, in consideration of the interns' overall caseload as well as considering additional clinical opportunities offered in this clinical service that the intern may choose to be involved in.

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 1200 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. 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 an active anxiety research centre. 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 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 Bacchiochi, 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.

The Clinical Sexology Services are 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 pedophilia and other paraphilic disorders.

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. Interns receive specialized training in the sexological assessment of persons who demonstrate illegal or clinically significant sexual behaviours or interests. These include sexual offenses (e.g., sexual interference with a child, sexual assault, possession of child pornography), "sexual addiction" or hypersexuality, and concerns with 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/students.html.

Borderline Personality Disorder Clinic

Primary Supervisor: Shelley McMain, Ph.D., 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. 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 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.

Gender Identity Clinic

Primary Supervisor: Nicola R. Brown, Ph.D., C.Psych.

The (Adult) Gender Identity Clinic (GIC) is an outpatient service of the Centralized Assessment, Triage & Support Program (CATS), whose treatment team includes psychology and psychiatry staff. Psychology students include those at the Doctoral level. The Clinic sees individuals with gender dysphoria (individuals uncomfortable or dissatisfied with their biological sex and/or gender role). The GIC assesses individuals who are considering or pursuing transition and/or sex reassignment surgery (SRS), both female-to-male and male-to-female transsexuals, as well as individuals who elect to manage and/or express their transgender feelings while remaining in their original gender role. CAMH's adult Gender Identity Clinic is currently the only Clinic in the province empowered to carry out the Ministry of Health's approval process for individuals in Ontario seeking SRS.

The Clinic offers interns specialized training in the concepts and diagnosis of

Gender Identity Disorders (and their differentials), as well as the Standards of Care for this population, including the eligibility and readiness criteria for hormonal and surgical recommendations. Interns will conduct initial clinical assessments, as well as follow-up and surgery approval appointments. Interns will have the opportunity to provide time-limited individual psychotherapy, and may help facilitate either or both of two group support programs offered. Interns will become familiar with the relevant literature, receive weekly individual supervision, and also participate in weekly case conferences that include all clinic staff. Participation in research activities is available when there are active projects and as time permits.

Dual Diagnosis Program

Primary Supervisors: Anna Palucka, Ph.D., C.Psych
Margaret Reid, Clin. Psy.D., C.Psych

Program Consultant: Yona Lunsky, Ph.D., C.Psych

The Dual Diagnosis Program provides clinical services to adolescents and adults 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 10-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 rotation offers a rich interprofessional experience (IPE) as well as opportunities for engagement in formal IPE activities. 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.

Schizophrenia Program

Primary Supervisors: Sean Kidd, Ph.D., C.Psych.
Mahesh Menon, Ph.D., C.Psych

The Schizophrenia rotation is housed within the Psychology Service in the Schizophrenia Program at CAMH. The Psychology Service is made up of a spectrum of programs and interventions accessed by persons ranging in age and ethnicity with serious and persistent mental illness. The primary focus of the services subsumed within Psychology Service is to aid in client efforts to gain or regain the valued roles, skills, and supports needed to be successful and have fulfilling lives in the community.

There are three core training experiences available within the Schizophrenia rotation:

(i) Neuropsychological assessments, as part of the 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, clarification regarding cognitive ability levels as they interact with symptomatology, and clarification regarding co-morbid conditions affecting cognitive functioning (e.g., ADHD, Learning Disorders).

(ii) Cognitive Behavioral Therapy for psychosis (CBTp). The CBTp service offers individual psychotherapy (typically 6 months in duration) for clients experiencing psychosis and related symptoms (including anxiety and depression), as well as group psychotherapy offered through both our outpatient services and partial hospital program. The training opportunities on this rotation would include specialized training in the application of CBT techniques to psychosis (targeting positive symptoms such as delusions and hallucinations, as well as negative and mood symptoms), and assessment of therapy suitability.

(iii) Program Evaluation: Lastly, Interns may have the opportunity to be involved in a program evaluation project within the Schizophrenia Program. This evaluation will then inform the development of policy recommendations and, possibly, a workshop for allied health professionals on a topic where knowledge-development is needed (e.g., working with clients who have difficulty maintaining boundaries, working on an ongoing basis with persons at risk for suicide and/or self-harm).

Students will receive ongoing weekly individual supervision with a licensed Psychologist.

Interns may also have the opportunity to participate in a research project in the program.

Within the above parameters an effort will be made to flexibly match aspects of the rotation that fit with resident interests, strengths, and training needs. This rotation will be particularly well-suited to students with prior training in neuropsychological assessment and with an interest in psychosis and severe mental illness.

**PSYCHOLOGY INTERNSHIP FACULTY
(Primary Rotation Supervisors and Program Consultants)**

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.

Andrade, B. F., Waschbusch, D. A., Doucet, A. M., King, S., McGrath, P. A., Stewart, S., Corkum, P. V. (2011, Apr 13). Social Information Processing of Positive and Negative Hypothetical Events in Children with ADHD and Conduct Problems and Controls. *Journal of Attention Disorders*. Doi: 10.1177/1087054711401346

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., 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. (February 2010). *Mitigating the Effects of Cumulative Stress and Burnout in Emergency Service Personnel*. Invited lecture presented at the Tema Center Memorial Trust Third Annual Educational conference on Acute and Posttraumatic Stress, Toronto, Ontario.

- Arrowood J. S. (October 2009). *Understanding of Psychological Stress in Undercover Operations and Management of Psychological Stress for Handlers*. Invited lecture for the Ontario Provincial Police Handlers Course, Orillia, Ontario.
- Arrowood, J. S. (April - December 2009). *In-Custody Suicide risk*. Invited six-session lecture series presented at the Metropolitan Toronto Police College Booking Officers Course, Toronto, Ontario.
- Arrowood J. S. (March 2009). *Management of and Negotiation with the Mentally Ill Suspects*. Invited training presented at the Metropolitan Toronto Police Service Emergency Task Force Recruit Training Course, Toronto, Ontario.
- Arrowood J. S. (February 2009). *Psychological Issues in the Management of Police Informants*. Invited lecture for the Ontario Police College Informant Handlers Course, Aylmer, 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.

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.

- Hensel, J., Bender, A., Bacchiochi, J., Pelletier, M., & Dewa, C. (2010). A descriptive study of a specialized worker's compensation board psychological trauma program. *Occupational Medicine, 60*, 645-657.
- Bacchiochi, J.R. & Bagby, R.M. (2006). 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.

Bacchioni, 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., Bacchioni, 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.

Nicola R. Brown, Ph.D., 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.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. *International Journal of Sexual Health*, 21, 62-78.

Brown, N. (2009). *TRANSforming care: A guide for service providers working with trans youth and young adults*. Toronto: Central Toronto Youth Services. Available: www.ctys.org

Brown, N. (2008). *Families in TRANSition: A resource guide for parents of trans youth*. Toronto: Central Toronto Youth Services. Available: www.ctys.org

Brown, N.R. (2007). Stories from outside the frame: Intimate partner abuse in sexual-minority women's relationships with transsexual men. *Feminism & Psychology*, 17, 373-393.

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.

Hester Dunlap, Ph.D., University of Toronto, 2005. Clinical interests include cognitive-behavioural treatments of PTSD, psychological assessment, and occupational trauma and stress. Research interests include risk factors for chronic PTSD, sexual assault, and war-related trauma among refugees.

- Stermac, L & Dunlap, H. (2006). Traumatic stress and psychoeducational transitions among immigrant youth. In Zinga, D. (Ed.) *Navigating Multiculturalism*. Cambridge Scholars Press.
- Stermac, L. Dunlap, H. & Bainbridge, D. (2005). Sexual assault services delivered by SANE practitioners. *Journal of Forensic Nursing, 1*, 124-128.
- 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.

Lance Hawley, Ph.D., C.Psych. – McGill University (2006) Dr. Hawley's role involves assessment and treatment of clients experiencing mood disorders, as well as teaching and providing supervision to health care professionals, utilizing a CBT framework. His research interests involve understanding underlying mechanisms associated with treatment efficacy and relapse, cognitive vulnerability models of depression, and understanding the role of non-specific factors (e.g., client personality) as related to treatment response.

Blatt, S.J., Zuroff, D.C., Hawley, L.L., Auerbach, J.S. (2010). Predictors of Sustained Therapeutic Change. *Psychotherapy Research*, 20: 1, 37-54.

Blatt, S.J., Zuroff, D.C., & Hawley, L. L. (2009). Factors contributing to sustained therapeutic gain in outpatient treatments of depression. In R. A. Levy & J. S. Ablon (Eds.) *Handbook of Evidence-Based Psychotherapy* (pp. 279 - 301). Humana Press, New York.

Hawley, L. L., Moon-Ho, R. H., Zuroff, D. C., & Blatt, S. J. (2007). Stress Reactivity Following the Brief Treatment for Depression: Differential Relapse in Psychotherapy and Pharmacotherapy. *Journal of Consulting and Clinical Psychology*. 75(2), 244-256.

Hawley, L. L., Moon-Ho, R. H., Zuroff, D. C. & Blatt, S. J. (2006). The Relationship of Perfectionism, Depression, and Therapeutic Alliance during Treatment for Depression: Latent Difference Score Analysis. *Journal of Consulting and Clinical Psychology*. 74(5), 930-942.

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

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., Oduyungbo, 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.

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., & Bacchiochi, 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., 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.

Shelley McMMain, Ph.D., 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.

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personality disorders. *Canadian Journal of Psychiatry*, 52(6 suppl 1), 103S-114S.

Mahesh Menon, Ph.D., C.Psych., University of Cambridge, 2005. Clinical interests include neuropsychological assessment in psychiatric populations and Cognitive Behavioral Therapy (CBT) for psychosis. Research interests include cognitive and neural basis of symptoms, particularly delusions, in psychosis, using cognitive and neuropsychological measures, and imaging tools such as fMRI.

Woodward TS, Menon M. (In Press). Multinomial Modeling and the Analysis of Source Monitoring Biases for the Study of Hallucinations. *European Archives of Psychiatry and Clinical Neuroscience*

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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.

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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 individuals with developmental disability, treatment interventions in autism spectrum disorders, forensic issues and intellectual disability.

Palucka, A.M., Reid, M., & Holstein, A. (2010). The clinical profile of women with intellectual disabilities and affective or adjustment disorder utilizing mental health services. *Journal on Developmental Disabilities, 16(1), 12-17.*

Lunsky, Y., White, S.E., Palucka, A.M., Weiss, J., Bockus, S., & Gofine, T. (2010). Clinical outcomes of a specialized inpatient unit for adults with mild to severe intellectual disability and mental illness. *Journal of Intellectual Disability Research, 54(1), 60-69.*

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

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., Godfrey, K. M., Kennedy, S. H., & Bagby, R. M. (2010). Harm avoidance as a mediator of treatment response to antidepressant treatment of major depressive disorder. *Psychotherapy and Psychosomatics, 79, 116-122.*

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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.

- Palucka, A.M., Reid, M., & Holstein, A. (2010). The clinical profiles of women with intellectual disabilities and affective or adjustment disorder utilizing mental health services. *Journal on Developmental Disabilities, 16*, 12-17.
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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, psycho-educational assessment, aggressive and antisocial behaviour in childhood, and risk factors and intervention methods related to juvenile firesetting.

- Root, C., MacKay, S., Henderson, J., Del Bove, G., & Warling, D. (2008). The link between maltreatment and juvenile firesetting: Correlates and underlying mechanisms. *International Journal of Child Abuse and Neglect, 32*, 161-176.
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Martini, T., Root, C., & Jenkins, J. (2004). Low and middle income mothers' regulation of negative emotion: Effects of children's temperament and situational emotional responses. *Social Development*, 13, 515-529.

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., Bieling, P. J., Young, L. T., MacQueen, G., Cooke, R., Martin, L., Bloch, R. T., & Levitan, R. D. (in press). Antidepressant monotherapy versus sequential pharmacotherapy and mindfulness-based cognitive therapy, or placebo, for relapse prophylaxis in recurrent depression. *Archives of General Psychiatry*.

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Lau, M. A., Christensen, B. K., Hawley, L. L., Gemar, M. S., & Segal, Z. V. (2007). Inhibitory deficits for negative information in persons with major depressive disorder. *Psychological Medicine*, 37, 1249-1259.

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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Hayley Wood, Ph.D., OISE/University of Toronto, 2009. Clinical and research interests include psychological assessment of gender identity disorder (GID) in children and adolescents, child and parent psychotherapy in GID, temperament and child psychopathology, and the expression of comorbid GID in individuals with autism spectrum disorders.

- Zucker, K.J., Bradley, S.J., Owen-Anderson, A., Kibblewhite, S.J., Wood, H., Singh, S., and Choi, K. (in press). Demographics, behavior problems, and psychosexual characteristics of adolescents with gender identity disorder or transvestic fetishism. *Journal of Sex and Marital Therapy*.
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- Wood, H., Manassis, K, Owens, M., & Garland, J. (2009) Characterizing anxious children with an obsessive difficult temperament. *Clinical Child Psychology and Psychiatry, 14*(1), 85-99.
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Kenneth J. Zucker, Ph.D., University of Toronto, 1982. Clinical and research interests include gender identity disorders in children and adolescents; attachment and child psychopathology; risk factors in child psychopathology; developmental psychopathology; individual child psychotherapy; parental counseling.

Atkinson, L., & Zucker, K. J. (Eds.). (1997). *Attachment and psychopathology*. New York: Guilford Press.

Singh, D., Deogracias, J.J., Johnson, L.L., Bradley, S.J., Kibblewhite, S.J., Owen-Anderson, A., Peterson-Badali, M., Meyer-Bahlburg, H.F.L., & Zucker, K.J. (2010). The gender identity/gender dysphoria questionnaire for adolescents and adults: Further validity evidence. *Journal of Sex Research, 47*, 49-58.

Zucker, K. J. (2006). "I'm half-boy, half-girl": Play psychotherapy and parent counseling for gender identity disorder. In R. L. Spitzer, M. B. First, J. B. W. Williams, and M. Gibbons (Eds.), *DSM-IV-TR® casebook, Volume 2. Experts tell how they treated their own patients* (pp. 321-334). Washington, DC: American Psychiatric Publishing.

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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 2012-2013 internship year, CAMH will continue to use the APPIC computer matching procedure. 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).

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