camh

The Centre for Addiction and Mental Health

CPA Accredited Residency in

Clinical Psychology

2022-2023 Academic Year

Director of Training: Niki Fitzgerald, Ph.D., C.Psych.

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The Centre for Addiction and Mental Health (CAMH)

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

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

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

CAMH:

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

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

Client-Centred Care

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

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

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

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

Dedicated Staff Team

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

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

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

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

Pioneering Treatment Program

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

- Access and Transitions (the entry points into CAMH)
- Child, Youth and Emerging Adult Program that includes the Child, Youth and Family, Slaight, McCain, and Cundill Centres.
- Ambulatory Care and Structured Treatments (housing Addictions, Mood and Anxiety, and specialty clinics such as Women's Mental Health, and the Gender Identity and Borderline Personality Disorder Clinics)
- Complex Care and Recovery (housing Forensics and Schizophrenia programs)

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

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

Groundbreaking Research

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

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

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

Education, Health Promotion, Public Policy

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

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

CAMH is offering more online courses, and our website www.camh.ca provides downloadable, multilingual information and publications to increase access to CAMH programs and resources. Through our McLaughlin Information Centre's toll-free information line (1 800 463-6273), we also respond to about 60,000 requests for information each year.

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

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

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

Transforming Lives Here

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

To make this commitment a reality, CAMH has embarked on a bold, multi-phase redevelopment of our Queen Street site in Toronto. Our award-winning Transforming Lives

Here redevelopment project will turn a stigmatized institution into an urban village—a health care centre unlike any other in the world, integrating a new model of client care into the fabric of Toronto's most vibrant neighbourhood. The project will introduce new parks, shops and—most importantly—people into a site that has been cut off from the rest of the city for far too long. Our goal is to erase barriers, reduce stigma and improve care in the context of a civil society.

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

Historical Background

In 1998 the province of Ontario merged two mental health and two addiction facilities: the Clarke Institute of Psychiatry, the Queen Street Mental Health Centre, the Addiction Research Foundation, and the Donwood Institute. Collectively, we are now known as the *Centre for Addiction and Mental Health* (CAMH), with respective divisions located at each site. The CAMH has been recognized for its teaching, research, and clinical care by the World Health Organization. The hospital merger creating the CAMH strengthened our ability to provide psychology residency training. We continue to receive strong administrative support for the psychology residency program as one of the central training initiatives at the CAMH. We have also considerably expanded our residency training program over the years, from four positions in 1999 up to nine positions beginning in the 2008-2009 academic year, and ten positions beginning in our 2012-2013 academic year. We anticipate accepting thirteen residency applicants for the 2020-2021 academic year. Our psychology residency training occurs at all three of our main sites: College Street (CS), Russell Street (RS), and the Queen Street (QS).

CAMH Residency

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

The CAMH residency adheres to a ***specialist model*** in which psychology residents at the

CAMH are assigned to two major rotations which occur concurrently for the entirety of the year. In addition, residents may seek further training opportunities through a minor (half-day) rotation with other psychology supervisors at the CAMH.

The Residency runs from September 1 to August 31, with three weeks for vacation, various statutory holidays, and an additional 5 educational days that can be used to attend conferences. Residents do not receive supplemental health benefits. Residents do contribute to Canada Pension and Employment Insurance.

Salary (based on 2020-2021 year): $34,000.00 Canadian (paid twice per month).

Philosophy of Training

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

To this end, additional goals for each resident include:

1. **Demonstrated proficiency in clinical assessment and diagnosis including use of psychometrics.**
   By the end of the year, it is expected that residents are able to, with minimal assistance, independently conduct a clinical assessment pertinent to their rotations; able to choose appropriate psychometric tools to address the presenting issues of their client; understand the limitations of the psychometric tools they use; able to consider and make differential diagnoses; make appropriate treatment recommendations based on the diagnoses based on best practices. To be aware of and be able to consider the role that factors such as culture, gender identification, SES, etc., have on the development and maintenance of the diagnoses conferred.

2. **Demonstrated proficiency in evidence-based therapeutic intervention.**
   By the end of the year, residents are expected to be competent in the theoretical underpinnings of the intervention they are using; case conceptualize within the orientation used; develop comprehensive training plans; able to develop a therapeutic alliance with clients; be knowledgeable of best practices.

3. **Demonstrated ability to conduct professional activities in a professional and ethical manner.**
   By the end of the year, residents are expected to consistently demonstrate self-awareness of their limits of competence; able to recognize potential ethical/legal issues (e.g., issues related to consent, dual relationships, confidentiality, etc) and able to address them through the use of professional standards and ethics; and know when to consult or to seek additional supervision.

4. **Develop a professional sense of self.**

The overall objective is for residents to be able to effectively work with co-workers from various disciplines and to develop a sense of confidence in their abilities. By the end of the year, residents should feel confident in their ability to work clinically with clients and to interact with team members; be able to communicate effectively with team members about cases and to collaborate about client care; be aware of their own limitations and personal biases and thus aware of when to seek additional supervision/feedback.

5 **Demonstrated ability to consider the impact of diversity-related issues on the provision and implementation of clinical services.**
By the end of the year, residents are expected to consistently demonstrate awareness of how issues of diversity, both their own and those of their clients, can interact as well as impact such things as clinical presentation, assessment procedures/tools used, and clinical interventions

Psychology Staff at CAMH

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

Supervision and Educational Experiences

Residents receive intensive supervision on both an individual and group basis. Students receive a minimum of four hours supervision per week as per CPA Accreditation guidelines. In addition, they may attend team meetings, case conferences, and participate in the clinical case seminar.

Supervision occurs weekly in both rotations and may include any of the following activities, depending on the rotations: case reviews, live observation of sessions, audio/video review of sessions, individual supervision, group supervision, observation during team meetings, co-therapy conducted by the resident and supervisor (or other health professional), review of written material, and role plays. Supervision not only involves discussion of cases, but also focuses on helping the resident develop competence in intervention and assessment,

as well as addressing professional development more broadly.

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

Clinical Seminar Series

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

Case Conference Series

This seminar provides an opportunity for residents to consolidate their peer consultation skills and to interact with members of the Department of Psychology in a mutually trusting environment. Psychology staff members meet on a weekly basis with the residents. This seminar serves as a continuing forum for the discussion and exploration of personal issues relevant to psychotherapy process and outcome as well as serving to model for the residents a variety of approaches to conceptualization and amelioration of emotional disorders. The psychology staff members participating in the case conference represent

diverse perspectives and provide an important atmosphere relevant to disclosure and honest discussion of obstacles and successes in therapy.

Rotation Assignment

Residents matched to CAMH *Adult and to the Child, Youth, and Family Track* will be assigned to **two** half-time rotations, which run concurrently for 12 months. At the time of application, applicants rank up to 5 rotations of interest. Supervisors of these rotations will review applications, looking for relevant experience related to the rotation. Interviews offered reflect the rotations for which the applicant is being considered and will be known at the time of interview offer and will generally include the applicant's top rotation choices.

Applicants and Rotation Assignment for Adult Rotations: Of those interviewed, given the ***specialist model***, the majority of interviewees will be interviewed by two rotations with a small minority considered for three. In the case where applicants are interviewed by three rotations, applicants will have an opportunity to convey to the Training Director any changes in their preferred order of rotations following their interview day and prior to the date when rankings are submitted. Should all three rotations continue to be interested in the applicant following the interview, the applicants' preferred order of rotations will take precedence barring any capacity issues within the program (i.e., the applicant will be assigned to their top choice and most likely to their second choice of those that they interviewed with, should they successfully match to the program). Interviewees with interviews at three rotations will be advised following the interview and prior to submission of rankings if there are rotations for which they are no longer being considered. Therefore, barring any unforeseen circumstances following the match, applicants applying to adult rotations will know what rotations they will be assigned prior to submitting their rankings.

Applicants and Rotation Assignment for the Child, Youth, and Family Service (CYFS): Applicants will be interviewed by three of the four rotations in the CYFS). If matched to our program within the Child-Youth Family Services track, applicants will be assigned to at least one of their top two choices (as ranked in the application cover letter), although the first choice rotation is not guaranteed. Rotation assignment will be determined *following* the match.

*** Regardless of which track residents chooses, they may do a "minor" rotation with a supervisor from other rotations in either track.

Interview and Selection Procedures

The CAMH Residency follows the Association of Psychology Postdoctoral and Internship Centers (APPIC) Match Policies in the selection of residents, which can be found on the APPIC web site at www.appic.org.

Program Code Number for the ADULT TRACK is APPIC Match is 183211.

Program Code Number for the NEURODEVELOPMENTAL DISABILITIES TRACK APPIC Match is 183212.

Program Code Number for the FULL-TIME FORENSICS TRACK APPIC Match is 183213.

Program Code Number for the CHILD, YOUTH, and FAMILY TRACK APPIC Match is 183214.

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

Interview assignments are based on the applicant's rotation rankings. 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 applicant's other ranked rotations (for example, the third- or fourth-ranked rotation), and the applicant will then be under consideration for these rotations. Only rotations that applicants identify in their cover letter will consider the applicant for an interview.

Applications are due Monday November 1st, 11:59PM E.S.T.
On **Friday December 3rd** applicants will be advised if they are invited for an interview. **ALL** applicants will receive an email on December 3rd informing them of their interview status. If you do not receive an email by the end of day on the 3rd, please contact the Training Director directly (Niki.Fitzgerald@camh.ca) to inquire about your status.

*** **Due to the unknown travel restrictions during January 2021, ALL interviews for the 2022-2023 academic will be conducted virtually**. Regardless of applicant location, there will NO in-person interviews conducted to ensure an equitable process for all applicants. Virtual interviews will occur **between January 10-24th**. The interview invitation sent on December 3rd will include the interview date. Acceptance of the interview, as per CCPPP guidelines, can occur on the following Monday December 6th, as well as any requests to change the interview. Requests to accommodate interview date changes will be accommodated as best as possible.

The positions are open to students who are formally enrolled in a CPA- and/or APA-accredited doctoral program in clinical, counseling, or school psychology, who meet the CPA or APA academic and practicum criteria and who have received formal approval from their Directors of Training to apply for the residency. As per CPA guidelines, eligibility for residency requires that applicants have completed all requisite professional coursework and practica prior to beginning the residency year. In addition, applicants must have completed a minimum of 600 hours of practicum experience. A minimum of 300 hours are to be direct, face-to-face patient/client contact defined as time students spend interviewing, assessing, or intervening with clients directly; a minimum of 150 hours of supervision; the remaining time can be support hours defined as support of the direct service, such as writing progress and process notes, report writing, case treatment planning, consultation, session review, case presentations, case-relevant literature reviews, rounds, case conferences, psychometric test scoring and interpretation, learning new psychological measures and/or interventions/treatments and professional development/continuing education that supports specific patient/client care.

Further, prior to applying for residency, applicants must have completed and received approval for their doctoral thesis proposal.

No preference is given to applicants based on whether they have previously completed a practicum placement at CAMH or if they have not. Given the ***specialist model*** of the program, relevant previous experience is certainly an asset. For example, in the Work, Stress and Health rotation, previous experience such as working with trauma and/or psychodiagnostic assessment experience and/or experience in a third-party payer context would be considered relevant (i.e., not specifically previous WSIB experience).

***** If you had placements and / or requirements that were negatively impacted by the COVID-19 pandemic, please request that your Director of Clinical Training highlight the nature of this impact in their portion of the APPIC application. If you had placements that were cancelled or prematurely terminated, please describe the training and hours that were anticipated in your cover letter. In the event that an applicants' hours fall short of the minimal requirements due to COVID-19, this shortfall will not be held against an applicant.**

Accreditation

CAMH is a CPA-accredited residency. The residency learned on October 13, 2017 that it has been successfully reaccredited for another 4-year term. The residency had a site visit on July 13-14, 2021 and is currently waiting to receive notification of reaccreditation, which it anticipates receiving in the fall 2021. For more information about accreditation please go to:

Canadian Psychological Association
Registrar of Accreditation
Canadian Psychological Association
141 Laurier Avenue West, Suite 702
Ottawa, ON K1P 5J3
Telephone: 613-237-2144 x 328 or 1-888-472-0657 x 328
e-mail: **accreditation@cpa.ca**
website: **http://www.cpa.ca/accreditation/**

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

Historical Application Statistics

Academic Year	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
Positions Available	13	13	13	14	15	14
Applications	121	143	117	134	152	137
Interviewed/Short-listed	60	72	65	69	72	59
Ranked	42	50	43	43	51	54
Matched	11	11	12	12	12	12
Matched as % of applications	11	8	10	9	8	8
Mean Practicum Hours	1972	2078	1816	1929	1634	1713

Graduating Residents

Graduates of the residency program go on to a wide variety of post-doctoral opportunities. There are often a few residents each year who complete a postdoc at CAMH. Others will complete post docs at other institutions. In the past 5 years, residents have gone on to complete postdocs at such places as Harvard, Stanford, and the Milwaukee VA. Others have moved into clinical roles in the community such as at Kinark Child and Family Service, various private practices, CAMH, as well as into consulting roles. Finally, recent graduates of the residency have been hired into academia.

Application Procedure

APPIC applications are to be submitted via the *AAPI Online* Centralized Application Service. The AAPI Online may be accessed at www.appic.org. Deadline for applications to be received is MONDAY NOVEMBER 1ST 11:59PM., E.S.T.
Applications for the CAMH Psychology Residency should include:

- All standard items included in the AAPI online:
  - APPIC Application for Psychology Internship (available at www.appic.org)
  - Cover letter, including information about the applicant's residency training goals. The cover letter should also include a clear indication of Track (Adult and/or Child, Youth, and Family and/or Neurodevelopmental Disabilities and/or Full-Time Forensics).
  - Curriculum Vitae
  - All graduate transcripts
  - Three letters of reference using the **APPIC standardized reference form** (at least one from a supervisor familiar with the applicant's academic skills and at least one from a supervisor familiar with the applicant's clinical skills). Please note that referees may be contacted to obtain further information.
  - For the **Adult** track (Program code **183211**), applicants are asked to include, in their cover letter, a **bolded** rank order (rankings 1 through 5) of rotation preference (e.g., 1 = 1st choice [most preferred rotation], 2 = 2nd choice, 3 = 3rd choice, etc.). Only those rotations specified in the cover letter will be reviewed by the identified rotations. Please identify your rankings by using a **bold** font.
  - For the **CYFS** track (Program code **183214**),** applicants are asked to include, in their cover letter, a **bolded** rank order (rankings 1 through 4) of rotation preference (e.g., 1 = 1st choice [most preferred rotation], 2 = 2nd choice, 3 = 3rd choice, etc.). Only those rotations specified in the cover letter will be reviewed by the identified rotations. Please identify your rankings by using a **bold** font.

Available rotations for the 2022 – 2023 academic year include:

1. ADULT TRACK (Program Code 183211)

Mood and Anxiety Ambulatory Services
Work, Stress and Health Program
Integrated Day Treatment
Adult Forensic Outpatient Service
Borderline Personality Disorder Clinic
Gender Identity Clinic (Adult)

Complex Care and Recovery
Clinical Research
Addictions Clinical and Research
Health & Wellness, Student Life Programs, off site at University of Toronto

2. NEURODEVELOPMENTAL DISABILITIES TRACK (Adult and Child) (Program Code 183212)

3. FULL-TIME FORENSICS (Program Code 183213)

4. CHILD, YOUTH, and FAMILY SERVICE (Program Code 183214)

Youth Justice Assessment Clinic
Youth Addiction and Concurrent Disorders Service
Better Behaviours Service
Mood and Anxiety Service

Please note: *All applicants must have an APPIC number prior to match day.*

The APPIC code for the **Adult** track is **183211**.
The APPIC code for the **Neurodevelopmental Disabilities** track is **183212**.
The APPIC code for the **Full-Time Forensics** track is **183213**.
The APPIC code for the **Child, Youth, and Family** track is **183214**.**

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

**** **Please also note** that CAMH has a mandatory mask-fit policy (i.e., Respiratory Protection Program, Policy #AHR 3.13.20) that requires ***ALL*** employees (which residents are considered) to complete a mask fit test at the start of their employment and to wear one when required. This further requires that during these times (time of testing and any subsequent required occasions), employees:

"Maintain a clean-shaven condition at the time of testing and when required to wear the respirator in the area where the respirator contacts the skin in order to achieve a proper seal between their face and the respirator face-piece."

****** Please note, as of September 2021, all new hires, volunteers and learners must be fully vaccinated as a condition of employment at CAMH.******

Questions regarding the application materials should be directed to:

Niki Fitzgerald, Ph.D., C.Psych.
Director-of-Training, CPA Accredited Residency in Psychology
Centre for Addiction and Mental Health
1106-250 College St
Toronto, ON M5S 2G8, Canada

Email: Niki.Fitzgerald@camh.ca

Overview of Adult Clinical Rotations

(Program Code 183211)

Major Rotations within Adult:

Mood and Anxiety Ambulatory Services

Supervisor: Dr. Judith Laposa, Ph.D., C. Psych.
Location: QS

The Mood and Anxiety Ambulatory Services is a clinical and research unit staffed by a multi-disciplinary team including psychology, psychiatry, social work, nursing, and occupational therapy. Our clinic is a high demand out-patient treatment service that offers specialized training in empirically supported treatment, namely in short-term cognitive behavioural therapy for mood, obsessive compulsive related, and anxiety disorders (GAD, SAD, panic, agoraphobia). Clients receive treatment lasting for 13-16 weeks).. This rotation offers experiences with mood, obsessive compulsive related, and anxiety disorders for all residents, offering opportunities to gain both depth and breadth of clinical experiences in individual and group treatment formats. Residents are also involved in coleading CBT booster groups. MAAS is one of the sites participating in the Ontario Structured Psychotherapy (OSP) program.

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

Residents have the opportunity to provide CBT group and/or individual treatment for depression, panic disorder, agoraphobia generalized anxiety disorder, social anxiety disorder, and obsessive-compulsive disorder during the residency year. Based on COVID 19 pandemic restrictions, there will likely be a mixture of individual and group treatment (virtual and/or in person) Supervision includes direct individual supervision, and residents co-lead CBT groups with the supervisor. Residents may have additional opportunities to

work with other disorders that interface with mood, obsessive compulsive related, and anxiety disorders, as opportunities arise.

Residents will develop clinical decision making skills, learn how to effectively communicate/collaborate with other health professionals, and train in empirically supported treatments. Residents are valued members of the treatment team, and they become familiar with the relevant clinical and research literature. Related training goals involve understanding the role of cognitive vulnerability factors, while considering the interaction between pharmacotherapy and psychological treatment of the disorder.

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

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

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

Integrated Day Treatment (IDT)

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

This rotation is an intensive day-based service focused on providing care for clients (18 years and older) who would benefit from intensive programming for mood and anxiety, trauma, addictions and personality disordered behavior. The program offers multiple group-based therapy streams for complex clients presenting with mood/anxiety disorders and comorbid personality disorders, substance use disorders and trauma related conditions. Individual care offered focuses on psychotherapy, psychiatric care, recreational programming and discharge planning.

Trainees can expect training primarily in DBT (and other evidence based treatment modalities as clinically indicated). Opportunities to lead DBT groups as well as offering adaptations of traditional DBT skills training (to other streams or individual clients) exist. Students or residents will also be expected to conduct psychological assessments to offer diagnostic clarification of complex clients who are not be benefitting from treatment as

expected. Research efforts include evaluating the effectiveness of treatment and making adaptations as the data dictates. Participation in research activities is available as opportunities present and time permitting.

Work, Stress and Health Program

Primary Supervisors: Samantha Fuss, Ph.D., C. Psych.
Alison Bury, Ph.D., C. Psych.
Longena Ng, Ph.D., C.Psych.
Location: CS – 455 Spadina

The WSH is a large multidisciplinary (e.g., psychology, psychiatry, OT, social work) outpatient clinic that provides comprehensive independent assessment and treatment for individuals referred by the Workplace Safety and Insurance Board (WSIB) who develop primary anxiety or mood disorders in response to workplace related traumatic events. The program provides trainees with the rare opportunity to conduct independent comprehensive psychodiagnostic assessments for a third party (WSIB) within in a civil-legal context. These assessments are typically conducted jointly with a psychiatrist and involve a thorough evaluation of Axis I psychopathology, utilizing structured and semi-structured interviews (e.g. SCID-I), as well as self-report psychometrics (e.g. MMPI-2, PAI) to inform treatment and return to work recommendations. The WSH assessment service sees a wide range of diagnostic presentations, but the majority of those assessed have symptoms of anxiety (e.g. PTSD, Panic Disorder), mood, substance, and somatoform disorders. The WSH treatment service specializes in the treatment of primary trauma disorders utilizing evidence-based approaches such as trauma-focused CBT, PE, and CPT. There are DBT-based skills groups that interested residents can co-facilitate. WSH clients are of diverse ethno racial and cultural backgrounds providing regular opportunities to consider the clinical implications and manifestation of a wide range of diversity-related issues.
This is primarily an assessment-based rotation and residents will complete 3-4 assessments per month. The average resident will take on one treatment client often starting in January once they are feeling more confident with the assessment process. Historically, residents at WSH supervise a junior practicum student in assessment between May and August. Residents will participate in individual and group supervision as well in the clinic's regular clinical and educational rounds.

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

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

Health & Wellness, Student Life Programs & Services, University of Toronto (off-site)

Primary Supervisors: Megan Davidson, Ph.D., C.Psych.
Lauren O'Driscoll, Ph.D., C.Psych.
Ashley Palandra, Ph.D., C.Psych.
Kathleen Tallon, Ph.D., C.Psych.
Kate Witheridge, Ph.D., C.Psych.
Katherine Welch, Ph.D., C.Psych.
Sandra Yuen, Ph.D., C.Psych.

Health & Wellness (HW) falls within the University of Toronto's Division of Student Life. HW provides medical, mental health and health promotion programs and services to University of Toronto students to help support them in achieving their personal and academic best. HW exists to create opportunities, programs and policies to help students and communities, reduce risk for illness and injury, to enhance health as a strategy to support student learning, and advocate for safety and human dignity. HW consists of an inter-professional team, including psychologists, social workers, psychiatrists, family physicians, primary care and mental health nurses, dietitians, health education coordinators, as well as trainees across all disciplines. HW engages in program evaluation in order to ensure quality assurance in its services, programming, and treatment.

HW has adopted a Stepped Care Model for mental health services, ranging from psychoeducational workshops, brief and short-term psychotherapy, group therapy, psychiatric care, case management, and crisis management. Students who access mental health supports present with a variety of presenting concerns, including but not limited to anxiety, depression, trauma, relationship and/or familial difficulties, stress, and academic challenges. The severity of concerns can range from sub-clinical psychosocial issues to complex psychiatric disorders.

HWC offers two Adult Psychotherapy Rotations:

A. Cognitive-Behavioral Therapy (CBT) Rotation

This rotation involves CBT training in the provision of individual and group psychotherapy (8-12 sessions), as well as psychoeducational, skills-building workshops. Some supervisors also have expertise in DBT (dialectical behavior therapy) and ACT (acceptance and commitment therapy). This rotation focuses on a case formulation approach to CBT. Residents will have the opportunity to provide individual CBT for depression, panic, social anxiety, generalized anxiety, obsessive-compulsive disorder, trauma (stage 1-2), and bulimia, though co-morbid clinical presentations are most common. For group therapy

and workshop training, residents have the opportunity to co-facilitate transdiagnostic groups and/or psychoeducational workshops for depression and anxiety clinical presentations. There is an opportunity to receive training in suitability assessments. Residents will participate in program evaluation by integrating outcome measures in assessment, treatment planning, and outcome evaluation.

B. Short-Term Psychotherapy Rotation

This rotation involves training in the provision of brief (≤ 6 sessions) and short -term (8-12 sessions) models of psychotherapy, including insight-oriented, relational, emotion-focused, or integrative models. This rotation focuses on a case formulation approach to psychotherapy. Students typically present with relational, depressive, anxiety, trauma, and academic issues. This rotation includes training in clinical interviewing and intake assessment for the purposes of determining disposition, urgency, and diagnoses. Residents will participate in program evaluation by integrating outcome measures in assessment, treatment planning, and outcome evaluation.

Minor rotations in CBT, short-term psychotherapy and health psychology are potentially available, depending on supervisor availability.

Each rotation is comprised of:

Direct Activities

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

Indirect Activities

1. Monthly participation in an interdisciplinary case conference with family physicians, primary care nurses, mental health nurses, psychiatrists, psychologists, and social workers.
2. Monthly participation in psychotherapy case conferences with psychologists and social workers.
3. Opportunity to attend shared care case conferences.
4. Opportunity to provide clinical supervision to MSW placement students and/or educational trainings with our primary care team.
5. Consultation with other health professionals.

6. Attendance at educational seminars, lunch & learns, workshops, and an annual professional development day.

For more information about Health & Wellness:
https://studentlife.utoronto.ca/department/health-wellness/
https://studentlife.utoronto.ca/

Adult Forensic Services

The Sexual Behaviours Clinic (SBC), the Forensic Consultation & Assessment Team (FORCAT) and the Brief Assessment Unit (BAU) are part of the Forensic Division of the Complex Care and Recovery Program, working with individuals who are 18+. Residents have the opportunity to gain supervised clinical experience in two specialized forensic settings, the outpatient Sexual Behaviours Clinic and FORCAT/BAU. Generally residents spend six months in each setting (two days/week).

Sexual Behaviours Clinic
Primary Supervisor: Ainslie Heasman, Ph.D., C.Psych.

Location: QS
At the SBC, clients are involved through either probation, physician, or self-referral. Mandated clients are on probation or parole for a sexually-related offence, while physician referred clients have concerns about paraphilic interests and/or out of control sexual behaviour. Residents conduct diagnostic and sexological assessments, including interviewing clients, review of collateral documentation, incorporation of phallometric test results, scoring risk assessment measures (e.g., Static-99R & Stable-2007) and the provision of diagnoses and treatment recommendations. Opportunities to observe phallometric testing are available.

Residents take on individual psychotherapy clients presenting with sexual behaviour problems and co-facilitate treatment groups. The SBC offers a wide range of treatment groups including those for individuals with offences related to child sexual exploitation images and those with contact sexual offences.

The SBC launched its first self-referral program in June 2021 for non-justice involved individuals with sexual interest in children and/or who are concerned about their risk to offend against a child (online or offline). The Talking for Change program provides anonymous helpline services across Canada. Non-anonymous group and individual psychotherapy is also provided. Residents will have the opportunity to provide these services as well.

FORCAT/BAU

Primary Supervisors: Brian Pauls, Ph.D., C.Psych.
Emily Cripps, Ph.D., C.Psych.
Percy Wright, Ph.D., C.Psych.

FORCAT provides specialized assessments (risk, personality, and cognitive) and intervention to clients who have been found Not Criminally Responsible or are under the jurisdiction of the Ontario Review Board (ORB). FORCAT also provides consultation on risk management and risk mitigation to forensic and non-forensic teams across the hospital. FORCAT provides individual psychotherapy to individuals who have been found NCR who are in need of specialized and tailored service. FORCAT also provides specialized group therapy services (CBT for Psychosis, DBT, Substance Use Relapse Prevention etc.) with a view to managing key risk factors in forensic recovery.

Residents will gain experience on using a range of forensic assessment measures such as VRAG-R, PCL-R, HCR-20:V3, SAPROF, LSI-R, Static-99-R/Stable 2007, ARMIDILO-S, SARA, ODARA and SAM amongst others. Residents will also have a chance to become involved in delivering specific interventions targeting risk, gain experience in forensic report writing, and become familiar with standards of forensic practice. Residents will have the opportunity to work on in-patient units as well as with outpatient clients. Residents will have the experience of working with complex populations with multiple needs and risks, some of whom have had a long involvement with the criminal justice and forensic mental health system. FORCAT works with diverse populations which include individuals with dual diagnosis, women, individuals with complex trauma, individuals who are cultural or language minorities, individuals of colour, those who are deaf or hard of hearing, and individuals of Indigenous descent. Additionally, residents will have opportunities for developing collaborative, clinical skills given FORCAT's role as part of multidisciplinary teams across the hospital. Residents will have the opportunity to participate in ongoing department activities which currently include evaluation, research and training. At FORCAT supervision is provided on an individual basis as well as in team meetings and case conferences.

The BAU provides outpatient and inpatient assessment services for the courts relating to fitness to stand trial and/or criminal responsibility. Specialized clinical activities in which residents are involved include the assessment of intellectual, cognitive, and neuropsychological functioning, personality, and malingering. Residents will administer and interpret a range of traditional psychological test, including the WAIS-IV, Rey Complex Figure, Shipley-2, PAI as well as more specialized measures of malingering and fitness for trial

Borderline Personality Disorder Clinic

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

Location: QS

The Borderline Personality Disorder (BPD) Clinic is an outpatient program serving multi-disordered individuals with borderline personality disorder between the ages of 18 and 65. The BPD Clinic offers specialized training in the delivery of Dialectical Behaviour Therapy. The standard DBT modes of therapy offered in the Clinic include weekly individual, group skills training, after-hours telephone consultation and therapist consultation. Interns may also have the opportunity to participate in adaptations of traditional DBT (e.g., prolonged exposure, DBT-PTSD, DBT-ACES). In this rotation, interns primarily gain experience in delivering DBT individual and group skills training. Interns are also involved in conducting diagnostic and suicide risk assessments, and participate in phone coaching offered to clients between sessions. Interns are expected to attend a weekly consultation team meeting for all BPD Clinic staff and trainees. Interns are expected to become familiar with the relevant research on BPD and DBT. The BPD Clinic is an active clinical, research, and training centre. Research interests of the team include psychotherapy process and outcome, predictors of treatment response, mechanisms of change in DBT, and the therapeutic relationship in BPD. Participation in research activities is available as time permits.

Ideal candidates for this rotation will demonstrate previous training or experience working with personality disorders, trauma, or other complex mental illness. Previous training or experience working within a DBT framework is considered beneficial.

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

Women's Program – NOT AVAILABLE FOR 2022-2023 year

Ambulatory Care and Structured Treatment Programs

Adult Gender Identity Clinic

Primary supervisors: Nina Vitopoulos, Ph.D., C.Psych.

Location: QS

The Gender Identity Clinic (GIC) is an outpatient clinic that assesses and treats adults who are referred because of gender dysphoria and/or the comorbid mental health concerns. The GIC sees a broad array of individuals including those who are considering or pursuing a social and/or medical transition. We also provide individual and group treatment for people of trans and gender-diverse experience. Residents may be interested in the wide diversity of clients, from various cultural and socioeconomic backgrounds, with presentations across a spectrum of diagnostic categories and levels of functioning, including a significant number of complex cases. Our clients have unique health care needs, and our clinic is dedicated to providing training in high quality care for individuals of all genders. Given the recent provincial regulation change, this rotation offers the opportunity to develop an in-demand clinical competency that residents will be able to draw upon beyond the training year. While our clients are population-specific, this practicum provides Residents with excellent opportunities to sharpen general diagnostic, assessment and intervention skills.

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

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

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

Complex Care and Recovery (Psychosis) Program

Primary Supervisors: Yarissa Herman, D.Psych., C.Psych.
Michael Grossman, Ph.D., C.Psych.
Melissa Button, Ph.D., C.Psych.

Location: QS

The Complex Care and Recovery Program offers multiple residency positions each year. Our clients have a primary diagnosis on the psychosis spectrum and typically also have multiple comorbidities such as social anxiety, OCD, depression and substance use. Our rotations offer challenging and rewarding training opportunities in evidence-based psychosocial intervention in outpatient, inpatient and day hospital settings. Psychology residents can choose dedicated rotations in one or both of the following areas:

1) Cognitive Behavioural Therapy for Psychosis (CBTp)
2) Concurrent Disorders (CD) Intervention (psychosis and substance use)

Candidates should identify their preferred rotation within the program in their application cover letter.

Cognitive Behavioural Therapy for Psychosis Service

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

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

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

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

Concurrent Disorders Service

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

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

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

Clinical Research Rotation

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

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

The goal of the Clinical Research Rotation is to provide training in the provision of psychological services in the context of clinical research, most commonly a fulsome clinical trial. The Clinical Research Rotation is a dynamic, integrated clinical, research and training

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

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

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

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

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

Addictions Clinical and Research Rotation

Primary Supervisor: Julianne Vandervoort, Psy.D., C.Psych

Location: QS

The Addiction Services comprise a number of specialty clinics and services housed within the CAMH Acute Care program. The Addictions Clinical and Research rotation offers assessment and intervention experiences with clients presenting with substance use disorders, often in the context of co-occurring psychiatric disorders. Residents have the option of completing rotations in several outpatient clinics, most of which include multi-disciplinary teams (physicians, nurses, social workers, pharmacists) and biopsychosocial treatment approaches (i.e., behavioral and pharmacological interventions). Examples include the Concurrent Outpatient Medical and Psychosocial Addictions Support Service (COMPASS), which primarily serves clients with alcohol, cannabis, or opioid dependence, and the Nicotine Dependence Clinic (NDC), which provides comprehensive treatment for smoking cessation. Residents also serve a role in providing cognitive-behavioural treatment within specialized, multidisciplinary care pathways for alcohol use disorder (AUD) and co-occurring AUD and depression. Across these services, residents gain experience in both group and individual treatment settings. Psychosocial interventions are guided by cognitive-behavioral (e.g., relapse prevention) and motivational enhancement principles and incorporate a harm reduction philosophy. Efforts are made to tailor clinic placements to the resident's background and interests.

This rotation places emphasis on empirically supported treatments and the integration of clinical and research experiences. Residents may gain exposure to clinical research projects and protocols. Ideal candidates for this rotation are those with strong training and interests in both research and clinical work in the area of addictive behaviours, as well as motivation for pursuing clinical experiences both during and after residency.

Julianne Vandervoort, Psy.D., C.Psych. Université du Québec en Outaouais, 2014. Clinical interests include cognitive-behavioural therapy and motivational interviewing for substance use disorders; evidence-based treatments; addiction medicine; individual and group psychotherapy.

Dermody, S.S., Wardell, J.D., Stoner, S.A., & Hendershot, C.S. (2018). Predictors of daily adherence to naltrexone for alcohol use disorder treatment during a mobile health intervention. *Annals of Behavioral Medicine.*

Hendershot, C.S., Wardell, J.D., Samokhvalov, A.V., & Rehm, J. (2017). Effects of naltrexone on alcohol self-administration and craving: Meta-analysis of human laboratory studies. *Addiction Biology 22* (1515-1527).

Hendershot, C.S., Wardell, J.D., Vandervoort, J., McPhee, M.D., Keough, M.T., & Quilty, L.C. (2018). Randomized trial of working memory training as an adjunct to inpatient substance use disorder treatment. *Psychology of Addictive Behaviors*, *32*, 861-872

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

= Former addictions rotation resident

Overview of Neurodevelopmental Disabilities Track - Lifespan (Program Code 183212)

Neurodevelopmental Disabilities Track

Primary Supervisors:
Yona Lunsky, PhD, CPsych

Madison Aitken, PhD, CPsych
Johanna Lake, PhD, CPsych

CAMH is one of the few hospitals which houses mental health services for children, youth and adults with intellectual and developmental disabilities (IDD) and their families through Child, Youth and Family Services and Adult Neurodevelopmental Services. The psychology resident in this track spends half their time in Child, Youth, and Family Services and half their time in Adult Neurodevelopmental Services.

Child, Youth and Family Services (CYFS)
Within CYFS, the resident spends one day per week in the Autism and Mental Health Service and one day in the Mood and Anxiety Service. The average age range of clients in these clinics is 10-24 years old.

The Autism and Mental Health Service supports young people and their families with autism and mental health issues. In this clinic, the resident works closely with psychiatry and psychology to conduct assessments related to mental health concerns. The resident also conducts autism diagnostic assessments, including opportunities to administer the ADOS-2. *The resident does not need to be engaged in cognitive or academic testing in this placement.*

In the Mood and Anxiety Service, the resident has opportunities to provide individual cognitive behavioural therapy tailored to meet the needs of youth with neurodevelopmental disorders, including autism spectrum disorder, attention deficit/hyperactivity disorder, learning disabilities, intellectual disabilities, and co-occurring mood or anxiety disorders. The resident also has opportunities to co-facilitate cognitive behavioural therapy groups for children and youth with anxiety and depression. These groups may include youth with autism and other neurodevelopmental disorders.

Adult Neurodevelopmental Services (ANS)
The resident typically spends two days per week in ANS. ANS provides services to persons aged 16+ with autism and/or intellectual disabilities and mental health concerns. Within ANS, there are opportunities to conduct autism assessments (using the ADOS-2), administer cognitive assessments to inform treatment planning, provide individual therapy to older youth and adults with intellectual disabilities and/or autism, and co-facilitate cognitive behavioural therapy and/or mindfulness skills groups for this population. The resident also has opportunities to provide services to family members, including psychoeducation and co-facilitating groups using acceptance and mindfulness-based approaches. *Although there are opportunities to conduct cognitive assessments, this is not a neuropsychological or assessment-focused placement.*

Overview

In this track the resident will develop skills in assessment, diagnostic interviewing, and individual and group therapy among persons with IDD. This includes gold standard clinical-research autism assessments using the ADI-R and ADOS-2. In addition, they will have the opportunity to work as part of an interprofessional team providing time-limited, community consultations (e.g., general hospitals, community agencies, group homes), as well as consultations with other services in the hospital.

Across the lifespan, there will be some specific opportunities to take a family centered approach and to engage in interventions that not only support people with IDD, but that also directly addresses family needs. This track will include assessment and care of families of children, transition-age youth and adults, within CYFS and ANS. In addition to these services the position includes interaction with three clinical-research CAMH Centres; the Azrieli Adult Neurodevelopmental Centre, Margaret and Wallace McCain Centre for Child, Youth and Family Mental Health and the Cundill Centre for Child and Youth Depression. Opportunities to participate in research assessments as part of an ongoing clinical research project or through the development of their own project within or across these CAMH Centres will be supported as time allows. In contrast to the general track where the resident spends 2 full days in one rotation and 2 full days in another rotation, residents in the Intellectual and Developmental Disabilities Track spend their 4 days split between the activities described above. The resident will participate in the Friday morning seminars with the rest of their cohort and a half-day can be spent doing a minor rotation.

Eligibility.
To be considered for the Intellectual and Developmental Disabilities child/adult position, applicants must have a minimum of 200 hours of prior clinical assessment or therapy hours with either children or adults with IDD.

Overview of Full-Time Forensics Track

(Program Code 183213)

Full-Time Forensics Track

Primary Supervisors: Dr. Emily Cripps, Ph.D., C.Psych (FORCAT)
Dr. Ainslie Heasman, Ph.D., C. Psych (SBC)
Dr. Brian Pauls, Ph.D., C. Psych (FORCAT)
Dr. Percy Wright, Ph.D., C. Psych (BAU/FORCAT)
Location: QS

The Sexual Behaviours Clinic (SBC), the Forensic Consultation & Assessment Team (FORCAT) and the Brief Assessment Unit (BAU) are part of the Forensic Division of the Complex Care and Recovery Program, working with individuals who are 18+. This full-time forensic rotation will allow residents to become skilled at working in various areas of forensic mental health and become familiar with the psycho-legal standards in forensic practice. Applicants should have a strong background in forensic coursework, training, and professional development.

The ***full-time*** (i.e., 4 days/week) forensic rotation is generally split between two days/week at the SBC and two days/week at FORCAT/BAU for the ***entire*** residency, however the exact split will be determined by the resident's training goals and supervisor availability. Residents will have the opportunity to attend the Forensic Division seminar series. Possibilities also exist for participation in research as time permits. Residents attend weekly clinical interdisciplinary team meetings.

At the SBC, clients are involved through either probation, physician, or self-referral. Mandated clients are on probation or parole for a sexually-related offence, while physician referred clients have concerns about paraphilic interests and/or out of control sexual behaviour. Residents conduct diagnostic and sexological assessments, including interviewing clients, review of collateral documentation, incorporation of phallometric test results, scoring risk assessment measures (e.g., Static-99R & Stable-2007) and the provision of diagnoses and treatment recommendations. Opportunities to observe phallometric testing are available.
Residents take on individual psychotherapy clients presenting with sexual behaviour problems and co-facilitate treatment groups. The SBC offers a wide range of treatment groups including those for individuals with offences related to child sexual exploitation images and those with contact sexual offences.

The SBC launched its first self-referral program in June 2021 for non-justice involved individuals with sexual interest in children and/or who are concerned about their risk to offend against a child (online or offline). The Talking for Change program provides anonymous helpline services across Canada. Non-anonymous group and individual psychotherapy is also provided. Residents will have the opportunity to provide these services as well.

FORCAT provides specialized assessments (risk, personality, and cognitive) and intervention to clients who have been found Not Criminally Responsible or are under the jurisdiction of the Ontario Review Board (ORB). FORCAT also provides consultation on risk management and risk mitigation to forensic and non-forensic teams across the hospital. FORCAT provides individual psychotherapy to individuals who have been found NCR who are in need of specialized and tailored service. FORCAT also provides specialized group therapy services (CBT for Psychosis, DBT, Substance Use Relapse Prevention etc.) with a view to managing key risk factors in forensic recovery.

Residents will gain experience on using a range of forensic assessment measures such as VRAG-R, PCL-R, HCR-20:V3, SAPROF, LSI-R, Static-99-R/Stable 2000, ARMIDILO-S , SARA, ODARA and SAM amongst others. Residents will also have a chance to become involved in delivering specific interventions targeting risk, gain experience in forensic report writing, and become familiar with standards of forensic practice. Residents will have the opportunity to work on in-patient units as well as with outpatient clients. Residents will have the experience of working with complex populations with multiple needs and risks , some of whom have had a long involvement with the criminal justice and forensic mental health system. FORCAT works with diverse populations which include individuals with dual diagnosis, women, individuals with complex trauma, individuals who are cultural or language minorities, individuals of colour, those who are deaf or hard of hearing, and individuals of indigenous descent. Additionally, residents will have opportunities for developing collaborative, clinical skills given FORCAT's role as part of multidisciplinary teams across the hospital. Residents will have the opportunity to participate in ongoing department activities which currently include evaluation, research and training. At FORCAT supervision is provided on an individual basis as well as in team meetings and case conferences.

The BAU provides outpatient and inpatient assessment services for the courts relating to fitness to stand trial and/or criminal responsibility. Specialized clinical activities in which residents are involved include the assessment of intellectual, cognitive, and neuropsychological functioning, personality, and malingering. Residents will administer and interpret a range of traditional psychological test, including the WAIS-IV, Rey Complex Figure, Shipley-2, PAI as well as more specialized measures of malingering and fitness for trial.

Overview of Child, Youth, and Family Services Track (Program Code 183214)

Location: Queen St., 80 Workman Way

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

Residents will receive intensive training in clinical assessment and diagnosis, psychological testing, consultation, and therapeutic intervention. Such training includes experience in clinical interviewing of children, adolescents, and their caregivers, and diagnostic formulation, which includes a strong focus on the use of the DSM-5. Because many patients seen in our program have more than one diagnosis, residents have the opportunity to work with children, adolescents, and families with the well-known clinical phenomenon of co-morbidity ("complex" cases). The program also serves a diverse and

multicultural population, giving the resident an awareness of their own personal and professional strengths, limitations, and areas of growth as a clinician, while developing the knowledge, sensitivity, and skills needed to work with diverse populations. Training staff have a variety of theoretical interests, including the interface between developmental psychology and psychopathology, attachment theory and evolutionary psychology.

Assessment and psychological testing includes objective tests, 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, children and youth. 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., CBT, DBT, behavioral, solution-focused and strength-focused therapy). Services within the CYEAP often include a multidisciplinary team of psychologists, psychiatrists, social workers, and child and youth workers. Thus, residents are able to enhance their understanding of the roles of multiple disciplines and develop skills in working together constructively.

Residents can gain experience in a broad range of internalizing and externalizing child psychopathologies (e.g., Oppositional Defiant Disorder, delinquency and antisocial behavior, ADHD, mood and anxiety disorders). In addition, the program evaluates and treats children and youth with complex learning disabilities, pervasive developmental disorders, and substance abuse disorders. At present, the program is comprised of specialized services housed within an outpatient setting, and an inpatient unit for youth with concurrent disorders. Typically, the resident will work with two primary supervisors across the various services within the CYEAP. Minor rotations are also possible.

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

Major Rotations within Child Youth and Family:

Youth Justice Assessment Clinic

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

The Youth Justice Assessment Clinic provides comprehensive assessment-only services to youth aged 12 and older. These youth are actively involved in the juvenile justice system, or have other legal issues, and are referred to the clinic because of their complex needs.

Psychodiagnostic, psychoeducational, and risk/need assessments related to antisocial behaviour are completed with the youth and recommendations offered to the courts, families, and other involved agencies on how best to meet the needs identified. Comprehensive treatment plans are developed as part of the assessment process and treatment referrals to community agencies are recommended. Residents will have the rare opportunity to conduct comprehensive psychodiagnostic and psychoeducational assessments for third parties within a youth justice context. Residents will complete these assessments utilizing structured and semi-structured interviews, well validated cognitive and academic assessment measures, as well as self-report psychometrics. Residents will also provide feedback to clients, families and referral agents, as well the supervision of more junior trainees. Assessments are often completed as a multidisciplinary team and residents will have opportunities to work closely with professionals from other disciplines, including psychiatry and social work.

Residents may have the opportunity to observe court proceedings as well as visit youth detention facilities. Residents may also have the opportunity to be involved in clinical research projects underway in the Clinic.

Strong candidates will have experience in psychoeducational assessment and clinical interviewing. Experience with forensic assessments is useful but not required.

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

Better Behaviours Service

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

The Better Behaviours Service (BBS) provides structured assessment and treatment services for children and youth who have complex mental health challenges including disruptive behaviour, aggression, social skills difficulties, inattention, emotion dysregulation and non-compliance at home and/or at school. Through semi-structured assessment, factors contributing to behavioural difficulties are identified and comprehensive formulations developed to guide treatment planning. Individual, parent-child and group based treatments are offered to help children build emotional and behavioural regulation skills and help caregivers develop more effective parenting strategies to reduce family

conflict. Residents will learn to implement evidence-based group treatment for parents and children including the multicomponent Coping Power group program and other structured treatments. Residents will also be trained and implement evidence-based cognitive-behavioural individualized treatments with children, youth and their parents. Residents are a highly valued part of the multidisciplinary team and often conduct treatment with, and provide consultation to, colleagues from other disciplines.

This is a clinical-research rotation. Residents are involved in brief assessment, structured intervention and consultation in the context of one or more clinical-research projects operating within the BBS. Residents participate in both clinical and research activities and as such, develop competency in applied clinical-research. Additionally, residents have the opportunity to complete an optional research project using existing data during their training.

Minor Availability: Residents have the opportunity to complete a minor rotation on the BBS through completion of a research project with existing data from the clinic.

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

Youth Addiction and Concurrent Disorders Service

Supervisor: TBD

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

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

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

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

Mood and Anxiety Service

Supervisor: Madison Aitken, Ph.D., C.Psych.

The Mood and Anxiety Service provides outpatient assessment and treatment to children, youth, and their parents, focused on primary presenting concerns involving anxiety and/or depression. Common clinical presentations include low mood, suicidal ideation, social anxiety, and generalized anxiety. Common co-occurring concerns include parent-child relational difficulties, learning disabilities, and disruptive behaviour. An inter-professional team, consisting of a psychologist, psychiatrists, social workers and a nurse, work collaboratively on assessment and treatment. Treatment is primarily cognitive behavioural (CBT), with other approaches (e.g., ACT, DBT skills, parent management training) integrated as appropriate. Both individual and group treatments are offered for clients and their parents. Individual therapy in this rotation emphasizes the development of a comprehensive formulation to guide treatment planning based on evidence-based approaches and the use of measurement-based care.

The resident will provide group and individual therapy for children, adolescents, and parents, and consultation to the inter-professional team. The resident will also have opportunities to work on a research project that is aligned with the Cundill Centre for Child and Youth Depression. Minor rotations consisting of providing group and/or individual CBT for children and/or adolescents, or research, may be available.

Strong candidates would have a foundation of CBT training and an interest in research on internalizing disorders.

Psychology Residency 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.

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

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

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.

Melissa Button, Ph.D., C.Psych., York University, 2018. Clinical and research interests include the assessment and treatment of individuals living with, with an emphasis on Cognitive Behaviour Therapy, Motivational Interviewing, and Dialectical Behaviour Therapy.

Button, M., Norouzian, Westra, H., Constantino, M., & Antony, M. (2018). Client reflections on confirmation and disconfirmation of expectations in cognitive behavioral therapy

for generalized anxiety disorder with and without motivational interviewing. *Psychotherapy Research. 29*. 1-14.

Button, M., Westra, H., Hara, K., & Aviram, A. (2014). Disentangling the Impact of Resistance and Ambivalence on Therapy Outcomes in Cognitive Behavioural Therapy for Generalized Anxiety Disorder. *Cognitive Behaviour Therapy. 44.* 1-10.

Alison Bury, Ph.D., C. Psych., York University, 2012.

Emily Cripps, Ph.D., C.Psych. University of Waterloo, 2004. Current interests include violence and sexual risk assessment and the treatment of relevant risk factors in forensic clients using modalities including CBT for Psychosis and DBT.

Korman, L., Cripps, E., & Toneatto, T. (2008). Problem gambling and anger : Integrated assessment and treatment. In M. Zangeneh, A. Blaszcznski & N.E. Turner (Eds.), In the pursuit of winning (pp. 251-270). New York : Springer.

Purdon, C.L., Cripps, E., Faull, M., Joseph, K., & Rowa, S. (2007). Development of a measure of ego-dystonicity. *Journal of Cognitive Psychotherapy, 21,* 198-216.

Marshall, W.L., Cripps, E., Anderson, D., & Cortoni, F.A. (1999). Self-esteem and coping strategies in child molesters. *Journal of Interpersonal Violence, 14(9),* 955-962.

Niki Fitzgerald, Ph.D., C.Psych., University of Windsor, 2006. Clinical Interests: assessment and treatment of depression and anxiety-spectrum disorders with a particular interest in PTSD and first responders.

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

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

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

Teresa Grimbos, Ph.D., C.Psych., University of Toronto, 2014. Clinical and research interests include: assessment and treatment of externalizing and internalizing problems in children and youth; assessment and treatment of youth charged with a sexual offence, risk assessment for violent and sexual offence recidivism; female youth who are involved with the law; emerging personality psychopathology in adolescents.

Skilling, T., Grimbos, T., & Vinik, V. Trauma and Mental Health Concerns in Justice Involved Youth who Commit Sexual Offenses. In Mussak, S. & Carich, M. (Eds.*) Safer Society Handbook of Sexual Abuser Assessment and Treatment*. Safer Society Press.

Penney, S. R., Prosser, A., Grimbos, T., Darby, P. L., and Simpson, A. I. F. (2018). Time Trends

in Homicide and Mental Illness in Ontario from 1987 to 2012: Examining the Effects of Mental Health Service Provision. *The Canadian Journal of Psychiatry, 63*, 387-394.
Penney, S. R., Seto, M. C., Crocker, A. G., Nicholls, T. L., Grimbos, T., Darby, P. L., Simpson, A. I. F. (2018). Changing Characteristics of Forensic Psychiatric Patients in Ontario: A Population-Based Study from 1987-2012. *Social psychiatry and psychiatric epidemiology,* 1-12.
Grimbos, T., Penney, S. R., Ray, I., Prosser, A., & Simpson, A. I. F. (2016). Gender Comparisons in a Forensic Sample: Patient Profiles and HCR-20: V2 Reliability and Item Utility. *International Journal of Forensic Mental Health, 15*, 136-148.
Grimbos, T., & Wiener, J. (2016). Testing the Similarity Fit/Misfit Process in Adolescents and Parents with Attention-Deficit Hyperactivity Disorder. *Journal of Attention Disorders.* doi: 1087054715622014.
Wiener, J., Biondic, D., Grimbos, T. & Herbert, M. (2015). Parenting Stress of Parents of Adolescents with Attention-Deficit Hyperactivity Disorder. *Journal of Abnormal Child Psychology.* doi: 10.1007/s10802-015-0050-7.

Michael Grossman, Ph.D., C.Psych., Queen's University, 2018. Clinical and research interests include early intervention in severe mental illness, and the development and evaluation of psychosocial treatments in schizophrenia-spectrum disorders.

Grossman, M.J. & Bowie, C.R. (2021). Money talks: The influence of extrinsic motivators on social cognition in early episode psychosis. *Schizophrenia Research*, *233*, 52-59.
Grossman, M.J. & Bowie, C.R. (2020). Jumping to social conclusions?: The implications of early and uninformed social judgements in first episode psychosis. *Journal of Abnormal Psychology*, *129*, 131-141.
Best, M.W., Grossman, M., Milanovic, M., Renaud, S., & Bowie, C.R. (2018). Be Outspoken and Overcome Stigmatizing Thoughts (BOOST): A group treatment for internalized stigma in first episode psychosis. *Psychosis*, *10*, 187-197.
Bowie, C.R., Grossman, M., Gupta, M., Holshausen, K., Best, M.W. (2017). Action-Based Cognitive Remediation for individuals with serious mental illnesses: Effects of real-world simulations and goal setting on functional and vocational outcomes. *Psychiatric Rehabilitation Journal*, *40*, 53-60.

Ainslie Heasman, Ph.D., C.Psych., California School of Professional Psychology, 2005. Clinical interests: sexological and risk assessment and treatment of individuals with sexual offences. Secondary prevention of child sexual abuse through perpetration prevention. Research interests: prevention of child sexual abuse through treatment of non-justice involved people with pedophilia, risk factors for sexual offending, and treatment effectiveness for individuals with sexual offences.

Stephens, S., McPhail, I. V., Heasman, A., & Moss, S. (2021). Mandatory reporting and clinician decision-making when a client discloses sexual interest in children.

Canadian Journal of Behavioural Science / Revue canadienne des sciences du comportement. Advance online publication. https://doi.org/10.1037/cbs0000247

Heasman, A. & Foreman, T. (2019), Bioethical issues and secondary prevention for non-offending individuals with pedophilia. *Cambridge Quarterly of Healthcare Ethics, 28(02), 264-275*

McPhail I., Stephens S., & Heasman A. (2018). Legal and ethical issues in treating clients with pedohebephilic interests. *Canadian Psychology/Psychologie canadienne, 59*(4), 369-381.

Foreman, T., & Heasman, A. (2018, July). *Applying a harm's reduction strategy to non-offending pedophiles: Germany's Dunkelfeld Program: Could it work in Canada?* International Bioethics Retreat. Paris, France.

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

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

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

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

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

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

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

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

particular interests in PTSD, social phobia, and obsessive-compulsive disorder.

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

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

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

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

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

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

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

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

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

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

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

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

Quilty, L. C., Dozois, D. J. A., Lobo, D., & Bagby, R. M. (2014). Cognitive structure and processing during cognitive behavioural therapy vs. pharmacotherapy for depression. *Residentational Journal of Cognitive Therapy, 7,* 235-250.
Quilty, L. C., DeYoung, C. G., Oakman, J. M., & Bagby, R. M. (2014). Extraversion and behavioural activation: Integrating the components of approach. *Journal of Personality Assessment, 9,* 87-94.
Quilty, L. C., Pelletier, M., DeYoung, C. G., & Bagby, R. M. (2013). Hierarchical personality traits and the distinction between unipolar vs. bipolar disorders. *Journal of Affective Disorders, 147*, 247-254.
Quilty, L. C., Ayearst, L., Chmielewski, M., Pollock, B. G., & Bagby, R. M. (2013). The psychometric properties of the *Personality Inventory for DSM-5* in an APA DSM-5 field trial sample. *Assessment, 20*, 362-369.
Quilty, L. C., McBride, C., & Bagby, R. M. (2008). Evidence for the cognitive mediationalmodel of CBT for depression. *Psychological Medicine, 38*, 1531-1542.
DeYoung, C. G., Quilty, L. C., & Peterson, J.B. (2007). Between facets and domains: Ten aspects of the Big Five. *Journal of Personality and Social Psychology, 93*, 880-896.

Brian S. Pauls, Ph.D., C.Psych
University of Toronto (2005). Clinical and research interests include risk assessment of

violent and sexual offenders, substance abuse treatment in the correctional system, Cognitive-Behavioural Therapy (CBT) for mood and anxiety disorders, and Post-Traumatic Stress Disorder (PTSD) and burnout in law enforcement agents.

Pauls, B.S., & Daniels, T. (2000). Relationship Among Family, Peer Networks, and Bulimic Symptomatology in College Women. *Canadian Journal of Counselling*, 34(4), 260-272.

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

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

McCormick, S., Peterson-Badali, M., & Skilling, T.A. (2015). Mental health and justice system involvement: A conceptual analysis of the literature. *Psychology, Public Policy, and Law, 21 (2), 213-225.* DOI: 10.1037/law0000033.

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

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

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

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

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

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

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

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

Toronto

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

Lauren O'Driscoll, Ph.D., C.Psych., University of Windsor (2019)
Dr. O'Driscoll's clinical interests are in the provision of integrative psychotherapy for a wide range of presenting concerns. Primary intervention models include emotion focussed therapy, acceptance and commitment and mindfulness-based therapy, cognitive-behavioural therapy, and motivational interviewing. (0.8 FTE)

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

Kathleen Tallon, Ph.D., C.Psych., Ryerson University (2019)
Dr. Tallon's clinical interests include the use of Cognitive-Behavioural Therapy for anxiety, mood, and obsessive-compulsive spectrum disorders. Her approach integrates elements of third wave behaviour therapies including the use of Acceptance and Commitment Therapy, Motivational Interviewing, and Dialectical Behaviour Therapy skills. She works to adapt therapy to diverse populations, with an emphasis on working with LGBTQ+ clients.

Katherine Welch, Ph.D., C.Psych., University of Windsor (2015)
Dr. Welch has provided assessment and treatment services in a range of settings, including the inpatient and outpatient hospital setting, student counselling centres, private practice, and internal medicine clinics often working on multidisciplinary teams. She received clinical training in CBT, EFT, IPT, and psychodynamic therapies and has provided psychological assessment and treatment services to adults with Depressive, Anxiety, and Obsessive Compulsive and Traumatic Stress Disorders. She has a particular interest in addressing problems in relationship to self and others (e.g., persistent self-critical thoughts,

Kate Witheridge, Ph.D., C.Psych., University of Tulsa (2010)
Dr. Witheridge's clinical interests are in the area of Cognitive-Behavioural Therapy for depression and anxiety disorders. Research interests include cognitive factors associated with the development and maintenance of depression and anxiety disorders, biological

factors associated with the development of obsessive-compulsive disorder, and personality traits as a variable in treatment outcome. (1.0 FTE)

Sandra Yuen, Ph.D., C.Psych., University of Western Ontario (1995)
Dr. Yuen's clinical interests are in the provision of Cognitive-Behavioural Therapy for depression and anxiety disorders. She is particularly interested in interpersonal process, attachment, and metacognitive aspects of cognitive therapy and integrates CBT with a psychodynamic approach. She overseas and organizes the program evaluation and quality assurance activities at Health & Wellness. Dr. Yuen is the University of Toronto lead for the national network, *Best Practices in Canadian Higher Education: Making a Positive Impact on Student Mental Health*. The Best Practices network focuses on knowledge exchange of emerging, promising, leading and best practices in post-secondary student mental health. (1.0 FTE)

Neurodevelopmental Disabilities Track

Yona Lunsky, Ph.D., C.Psych., Ohio State University, 1999. Clinical Interests: assessment and treatment of adolescents and adults with neurodevelopmental disabilities and mental health concerns. Individual, family, and group based cognitive behavioural and mindfulness and acceptance based interventions. Research Interests: mental health services research, intellectual disability, autism, psychosocial risk factors for mental health problems, mindfulness research and intellectual disability and family interventions.

Fung K, Lake J, Steel L, Bryce K, Lunsky Y. (2018). ACT processes in group intervention for mothers of children with autism spectrum disorder. Journal of Autism and Developmental Disorders. 48(8): 2740-2747.

Lunsky Y, Khuu W, Tadrous M, Vigod S, Cobigo V, Gomes T. (2018). Antipsychotic use with and without comorbid psychiatric diagnosis among adults with intellectual and developmental disabilities. Canadian Journal of Psychiatry. 63(6): 361-369.

Lunsky, Y., Fung, K., Lake, J., Steel, L., & Bryce, K. (2018). Evaluation of acceptance and commitment therapy (ACT) for mothers of children and youth with autism SpectrumDisorder. *Mindfulness*, *9*(4), 1110-1116.

Lunsky Y, Hastings R, Weiss JA, Palucka A, Hutton S, White K. (2017). Comparative effects of mindfulness and support and information group interventions for parents of adults with autism spectrum disorders and other developmental disabilities. Journal of Autism and Developmental Disorders. 47(6): 1769-1779.

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Acceptance and Notification Procedures

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

For the 2022-2023 residency year, CAMH will continue to use the APPIC computer matching procedure.

The APPIC code number for our Adult program is **183211**.

The APPIC code number for the neurodevelopmental disabilities program is **183212**.

The APPIC code number for the new full-time forensics program is **183213**.

The APPIC code number for the Child, Youth, and Family Services program is **183214.

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

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

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

Applicants will be notified of their interview status on Friday December 3rd applicants. Interviews will occur between January 10-24. The interview invitation sent on December 6th will include the interview date. Acceptance of the interview, as per CCPPP guidelines, can occur on the following Monday December 6th, as well as any requests to change the interview. Requests to accommodate interview date changes will be accommodated as best as possible.

Appendix A: Seminar Series

CPA Accredited Clinical Psychology Residency Program
Friday Seminar Series
September 2019- July 2020

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

Date	Topic	Speaker	Room
September 6, 2019	Orientation	Dr. Niki Fitzgerald	Training Rm A
September 13, 2019	CAMH orientation		DAB 1105B
September 20, 2019	Thriving Over the Long Haul	Dr. Niki Fitzgerald	80WW 6115
September 27 2019	Identifying Psychosis Risk	Dr. Cory Gerritsen	DAB 1106
October 4, 2019	1st GTA-Wide Seminar Tricky Ethical Issues	Dr. Rick Morris	RS T321
October 11, 2019	Intro to Psychodynamic Therapy	Drs Lila Hakim and Dino Zuccarini Contact email: lila.hakim@cfir.ca	80WW 6129
October 18, 2019	Programme Eval	Dr Yarissa Herman	DAB 1106
October 25, 2019			80WW 6123
November 1, 2019	Suicide 201	Dr. Sean Kidd	80WW 6115
November 8, 2019	Psychosis 101	Dr. Larry Baer	80WW 6115
November 15 2019	Employment post residency	Dr. Sean Kidd	DAB 1106
November 22, 2019	Complex Ethical Issues Seminar	Division Event led by Dr. Sean Kidd	DAB1106

November 29, 2019	2nd GTA-Wide Seminar Supervision	Dr. Diana Brecher	GTA-Wide Surrey Place
December 6, 2019	Research presentations		80 WW Rm 5129
December 13, 2019	Social Anxiety	Dr. Judith Laposa	BGB rm4115
December 20 2019	"Show me the $$$"	Dr. James Watson-Gaze	DAB 1106
December 27, 2019	NO SEMINAR	**-NO SEMINAR**	

Date	Topic	Speaker	Room
January 3, 2020			DAB 1106
January 10, 2020	Business 201	Dr. Larry Baer	QS DAB, 1106
January 17, 2020	No seminar - interviews		DAB, 1106
January 24, 2020	No seminar interviews		DAB 1106
January 31, 2020	Research Presentations?	Jen	DAB 1106
February 7, 2020	Early Career	GTA wide	**Sickkids**
February 14, 2020	Psychopharmacology	Dr. Arun Ravindran	Unit 1, rm 186
February 21, 2020			Unit 1, rm 186
February 28, 2020	Working in a Third Party Context	Dr. Niki Fitzgerald	Unit 1, rm 186
March 6, 2020	Use of MDMA in PTSD treatment	Dr. Anne Wagner dr.wagner@remedycentre.ca	Unit 1, rm 186
March 13, 2020	**Research Presentations**	Emily, Casey, Kimberley	Unit 1, rm 186

Date	Topic	Speaker	Room
March 20, 2020	**Psychopharmacology Part II** **Cancelled due to COVID**	Dr. Arun Ravindran	Unit 1, rm 186
March 27, 2020	Sex Therapy **Cancelled due to COVID**	Dr. Morag Yule moragy@gmail.com	Unit 1, rm 186
April 3, 2020	Concurrent Disorders **Cancelled due to COVID**	Dr. Yarissa Herman	Unit 1, rm 186
April 10, 2020	Good Friday	No seminar	Unit 1, rm 186
April 17, 2020	The Registration Year	GTA wide	Hincks
April 24, 2020	Application of DBT skills in treatment **Cancelled due to COVID**	Dr. Michelle Carroll	
May 1, 2020	Psychology Residency Retreat		Training Room a
May 8, 2020	Use of Self-Disclosure	Dr. Tanaya Chatterjee	Unit 1, rm 186
May 15, 2020	Cannabis and Opioids	Dr. Tony George	Unit 1, rm 186
May 22, 2020	cancelled	Dr. Yona Lunsky	Unit 1, rm 186
May 29, 2020	Developmental Disabilities: Diagnostic and Assessment issues	Dr. Yona Lunsky	webex
June 5, 2020	Developmental Disabilities: Treatment issues	Dr. Margaret Reid	webex
June 12, 2020	LGTBQ	Rainbow Health	OISE
June 19, 2020	Concurrent Disorders	Dr. Yarissa Herman	Unit 1, rm 186

Date	Topic	Speaker	Room
June 26, 2020	Adapting CBT for a South Asian population	Dr. Farooq Naeem	Unit 1, rm 186
July 3, 2020	Navigating the CPO complaints process	Dr. Ashley DiBatista	Unit 1, rm 186
July 10, 2020	Sex Therapy	Dr. Morag Yule moragy@gmail.com	Unit 1, rm 186
July 17, 2020	SBC	Dr. Ainslie Heasman	Unit 1, rm 186
July 24, 2020	Research Presentations	Katherine, Na, Shanna (Dr. Kidd facilitating)	Unit 1, rm 186
July 31, 2020	Research Presentations	Tommy, Gill, Danielle (Dr. Aitken facilitating)	Unit 1, rm 186

Appendix B

Training Experiences as per APPIC breakdown by Rotations in Adult Stream and Forensics

Modalities	ADD	BPD	CCR	CR	FOR	GIC	HWC	IDT	MAAS	WP	WSH
Assessment	Experience	Experience	Exposure	Experience	Major	Major		experience	Experience	Exposure	Maj
Individual Intervention	Major area of study	Emphasis	emphasis	Major	Major	Emphasis		major	experience	Major area	exp
Group Intervention	Experience	Emphasis	emphasis		Major	Exposure		major	major	Major area	exp
Family Therapy		N/A			N/A						
Evidence Based Practice	Major area of study	Major area		Major	Major	Major		major	Major	emphasis	
Evidence Based Research	Emphasis	exposure	exposure	Emphasis	Exposure	Exposure		exposure	Exposure		
Supervision of Practicum Students	Exposure	Exposure *(dependent on specific year and availability of students to supervise as well as level of DBT experience of resident)	exposure	Experience	Exposure			experience	Exposure		exposure
Consultation	Experience	Experience	exposure	Exposure	Emphasis	Experience		exposure	Exposure	exposure	

Crisis Intervention		experience			Exposure					experience	
Brief Psychotherapy	Experience	exposure	exposure		Exposure	Experience				Major area	
Long-term Psychotherapy		Major			Major	Experience					
Community Intervention		N/A			N/A						
Other – pls specify											

1) Major area of study – 50% +
2) Emphasis – 31-49%
3) Experience – 21-30%
4) Exposure – 1-20%

Supervised Experiences	ADD	BPD	CCR	CR	FOR	GIC	HWC	IDT	MAAS	WP	WSH
Learning Disabilities	exposure	exposure	exposure		Exposure			exposure	exposure		
Developmental Disabilities	exposure	exposure	exposure		Exposure						
Assessment	experience	experience	exposure		Major	major		experience	experience	exposure	maj
Serious Mental Illness	exposure	emphasis	Major area		Major	emphasis		emphasis	experience	Major area	
Anxiety Disorders	experience	emphasis	experience		Emphasis	experience		emphasis	major	emphasis	exp
Trauma/PTSD	exposure	major	experience		Exposure	emphasis		emphasis	Exposure	Major area	maj
Sexual Abuse		experience	exposure		Major	exposure		exposure	Exposure	Major area	
Substance Use Disorders	Major	experience	emphasis		Emphasis	exposure		exposure	Exposure	exposure	exposure
Forensics/Corrections	exposure	N/A	exposure		Major			exposure			
Sexual Offenders		N/A			Major						
Pediatrics		N/A			N/A						
School		N/A			N/A						
Counseling	exposure	exposure			Exposure	emphasis					
Multicultural Therapy		exposure			Emphasis	emphasis					
Feminist Therapy		N/A			N/A	experience				emphasis	
Empirically-supported treatments	Major	Major	major		Major	exposure		major	Major		major
Public policy/advocacy		exposure			Exposure	exposure					
Program Develop/Evaluation	exposure	exposure	exposure		Exposure			exposure	Exposure	exposure	exposure
Supervision	Exposure	expsure	exposure		Exposure				Exposure		exposure

Research	Emphasis	expsosure	exposure		Exposure	exposure			Exposure		
Supervised Experience	ADD	BPD	CCR	CR	FOR	GIC	HWC	IDT	MAAS	WP	WSH
Administration		exposure			exposure	exposure					
Integrated health care – primary		N/A			N/A						
Integrated health care-specialty	Emphasis	N/A			N/A	emphasis					
Sexual Disorders		N/A			Major						
Women's Health		N/A			N/A				Exposure	experience	
Other											

1) Major area of study – 50% +
2) Emphasis – 31-49%
3) Experience – 21-30%
4) Exposure – 1-20%

Appendix C –

Training Experiences as per APPIC breakdown by Rotations in Child and NDD Stream

Modalities	BBS	MAC	YJAC	YCAD	NDD
Assessment		Exposure	Major	Emphasis	Emphasis
Individual Intervention		Emphasis	N/A	Emphasis	Emphasis
Group Intervention		Emphasis	N/A	Emphasis	Experience
Family Therapy		N/A	N/A	N/A	N/A
Evidence Based Practice		Major	Major	Major	Emphasis
Evidence Based Research		Exposure	Exposure	Exposure	Exposure
Supervision of Practicum Students		Exposure	Exposure	N/A	Exposure
Consultation		Exposure	Experience	Emphasis	Exposure
Crisis Intervention		Exposure	Exposure	Exposure	Exposure
Brief Psychotherapy		Exposure	N/A	Emphasis	Exposure
Long-term Psychotherapy		N/A	N/A	Exposure	N/A
Community Intervention		N/A	N/A	N/A	N/A
Other – pls specify		N/A			N/A

5) Major area of study – 50% +
6) Emphasis – 31-49%
7) Experience – 21-30%
8) Exposure – 1-20%

Supervised Experience	BBS	CYFS-MAAS	YJAC	YCAD	NDD
Learning Disabilities		Exposure	Major	Experience	
Developmental Disabilities		Exposure	Exposure	Experience	
Assessment		N/A	Major	Emphasis	
Serious Mental Illness		Exposure	Emphasis	Major	
Anxiety Disorders		Major	Experience	Emphasis	
Trauma/PTSD		Exposure	Major	Major	
Sexual Abuse		Exposure	Exposure	Exposure	
Substance Use Disorders		Exposure	Major	Major	
Forensics/Corrections		N/A	Major	Exposure	
Sexual Offenders		N/A	Exposure	N/A	
Pediatrics		N/A	N/A	N/A	
School		N/A	N/A	Exposure	
Counseling		N/A	N/A	Experience	
Multicultural Therapy		Exposure	N/A	Experience	
Feminist Therapy		N/A	N/A	N/A	
Empirically-supported treatments		Major	N/A	Major	
Public policy/advocacy		N/A	N/A	N/A	
Program Develop/Evaluation		Exposure	Exposure	Exposure	
Supervision		Exposure	Exposure	N/A	
Research		Exposure	Exposure	Exposure	
Supervised Experience	BBS	CYFS-MAAS	YJAC	YCAD	NDD
Administration		Exposure	N/A	Exposure	

Integrated health care – primary		N/A	N/A	Exposure	
Integrated health care-specialty		N/A	N/A	Exposure	
Sexual Disorders		N/A	N/A	N/A	
Women's Health		N/A	N/A	Exposure	
Other					

1) Major area of study – 50% +
2) Emphasis – 31-49%
3) Experience – 21-30%
4) Exposure – 1-20%