CPA Accredited Clinical Psychology Residency Program
2017-2018 Academic Year
Director-of-Training: Niki Fitzgerald, Ph.D., C.Psych.

CAMH - THE CENTRE FOR ADDICTION AND MENTAL HEALTH

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

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

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

CAMH:

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

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

Client-centred care

Each year, CAMH treats over 20,000 people and responds to over 400,000 outpatient visits.
Whether it is a young person experiencing a first episode of psychosis, a senior with dementia, an adult with a drug addiction and depression, a child with a learning disability or anger management issue, or a person with a gambling problem or with schizophrenia, CAMH provides the specialized treatment needed. We’re transforming lives.

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

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

**Dedicated staff team**

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

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

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

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

**Pioneering treatment program**

CAMH is home to four programs offering leading-edge inpatient, outpatient and community-based treatment. They were created on care pathways focused 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)
• Underserved Populations (housing Child, Youth and Family; Geriatric Mental Health Services; and Dual Diagnosis- serving clients with both intellectual disabilities and mental health needs)
• Ambulatory Care and Structured Treatments (housing Addictions, Mood and Anxiety, and specialty clinics such as Women’s Mental Health, and the Gender Identity and Borderline Personality Disorder Clinics)
• Complex Mental Illness (housing Forensics and Schizophrenia programs)

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

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

**Groundbreaking research**

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

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

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

**Education, health promotion, public policy**

As a teaching hospital fully affiliated with the University of Toronto, CAMH is proud of the quality of our clinical and scientific training. Each year almost 500 doctors, medical students, nurses and allied health professionals train at CAMH, and almost 7,000 take part in our continuing education courses.

CAMH also develops publications and resources for health professionals, clients and the public. We provide the most extensive and up-to-date information on topics ranging from prevention to treatment of mental illness and addictions, and promote best practices across the province.
CAMH is offering more online courses, and our website www.camh.net provides downloadable, multilingual information and publications to increase access to CAMH programs and resources. Through our McLaughlin Information Centre’s toll-free information line (1 800 463-6273), we also respond to about 60,000 requests for information each year.

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

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

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

**Transforming lives here**

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

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

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

**HISTORICAL BACKGROUND**

In 1998 the province of Ontario merged two mental health and two addiction facilities: the Clarke Institute of Psychiatry, the Queen Street Mental Health Centre, the Addiction Research Foundation, and the Donwood Institute. Collectively, we are now known as the Centre for Addiction and Mental Health (CAMH), with respective divisions located at each site. The CAMH has been recognized for its teaching, research, and clinical care by the World Health Organization. The
hospital merger creating the CAMH strengthened our ability to provide psychology 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 twelve residency applicants for the 2016-2017 academic year. Our psychology residency training occurs at all three of our main sites (College Street site, Russell Street site, and the Queen Street site)

**CAMH RESIDENCY**

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

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

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

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

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

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

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

PSYCHOLOGY STAFF AT CAMH

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

SUPERVISION AND EDUCATIONAL EXPERIENCES

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

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

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

**Clinical Seminar Series**

Seminars are provided every week by psychology staff at the CAMH. 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 GTA allowing for an opportunity to network with residents outside CAMH. Also included in this series in the second half of the year are mock dissertation presentations, allowing residents an opportunity to present their work to their peers and receive feedback. Most recently psychology residents are attending the psychiatry resident psychopharmacology lunch learn during the year.

**Psychotherapy Case Conference Series**

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

**EVALUATIONS**

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

**MINIMAL STANDARDS FOR THE SUCCESSFUL COMPLETION OF THE RESIDENCY**

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

**REMEDIATION PROCEDURES**

If at any time during the residency year an resident has a concern or problem with their training or any other aspect of the residency program, they are encouraged to speak first with their rotation supervisor. A remediation plan will be developed in consultation with the supervisor. If the concern cannot be successfully resolved, the resident is encouraged to speak with the residency training director. If this does not lead to a successful resolution, the resident may speak with the Psychologist-in-Chief, Dr. Sean Kidd. If this does not lead to a successful resolution, the resident may
consult, in sequence, with the Director of Human Resources, the Director of Interprofessional Practice, and lastly the CEO of the CAMH. The decision of the CEO would be final and binding, with no right of appeal.

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

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

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

**ROTATION ASSIGNMENTS**

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

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

Residents are assigned to "major" rotations within either the adult or child tracks (though not both). At least one of the primary rotations is typically in an area in which the resident has some familiarity and expertise. As mentioned above, regardless of which track a resident chooses, he or she may do a "minor" rotation
with a supervisor from other rotations in either track.

INTERVIEW AND SELECTION PROCEDURES

The CAMH Residency follows the Association of Psychology Postdoctoral and Internship Centers (APPIC) Match Policies in the selection of residents, which can be found on the APPIC web site at www.appic.org. Our Program Code Number for the APPIC Match is 183211.

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

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

Applicants who are placed on a “short list” will be contacted for an interview in the weeks following the October 31st 9am E.S.T. application deadline.

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

ACCREDITATION

CAMH is a CPA-accredited residency. The residency is next due for re-accreditation in early 2017.
Canadian Psychology Association  
Registrar of Accreditation  
Canadian Psychological Association  
141 Laurier Avenue West, Suite 702  
Ottawa, ON   K1P 5J 3  

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

HISTORICAL APPLICATION STATISTICS

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GRADUATING RESIDENTS

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

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

APPIC applications are to be submitted via the AAPI Online Centralized Application Service. The AAPI Online may be accessed at www.appic.org. Deadline for applications to be received is **October 31, 2016 at 9am E.S.T.**

Applications for the CAMH Psychology Residency should include:

1) All standard items included in the AAPI online:
   - APPIC Application for Psychology Internship (available at www.appic.org)
   - Cover letter, including information about the applicant’s residency training goals. The cover letter should also include a clear indication of ‘track’ choice (Adult vs. Child, Youth, and Family). All applicants must choose **EITHER** the Child, Youth, and Family Track **OR** the Adult Track. Applicants are also asked to include, in their cover letter, a rank order (rankings 1 through 5) of rotation preference (e.g., 1 = 1st choice [most preferred rotation], 2 = 2nd choice, 3 = 3rd choice, etc.) within either the Child Track or the Adult Track, but not both tracks (i.e., rank order the rotations only within the Child Youth and Family Track, or only within the Adult Track). Please identify your rankings by using a **bold** font. Available rotations for the 2016-2017 academic year include:

   **Child, Youth, and Family Track**
   - Adolescent Service
   - Youth Addiction and Concurrent Disorders Service
   - Better Behaviours Service

   **Adult Track**
   - Mood and Anxiety Ambulatory Services
   - Work, Stress and Health Program
   - Integrated Intensive Ambulatory Service
   - Adult Forensic Outpatient Service
   - Borderline Personality Disorder Clinic
   - Gender Identity Clinic (Adult)
   - Schizophrenia Program
   - Women’s Program
   - Clinical Research
   - Addictions Clinical and Research Health & Wellness, Student Life Programs, off site at University of Toronto **NEW to be held in conjunction with a rotation in WSH

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

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

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

Questions regarding the application materials should be directed to:

Niki Fitzgerald, Ph.D., C.Psych.
Director-of-Training, CPA Accredited Residency in Psychology
Centre for Addiction and Mental Health
455 Spadina Ave, Suite 200
Toronto, ON M5S 2G8, Canada

Tel: 416.535.8501 ext. 77333

Email: Niki.Fitzgerald@camh.ca
OVERVIEW OF CLINICAL ROTATIONS

---CHILD YOUTH AND FAMILY TRACK---

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

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

Assessment and psychological testing includes objective tests, projective tests, observational techniques, psychoeducational assessment, and structured diagnostic interviews. Such training includes development of integrated psychological report writing and the process of providing clinically sensitive feedback to parents and children. Therapeutic approaches rely on empirically-validated and best-practice models of intervention. These include individual psychotherapy, group therapy, family therapy, and parent counseling in various modalities (e.g., cognitive-behavioral, behavioral, psychodynamic, solution-focused and strength-focused, and core conflictual relationship theme therapy). Preventative programs in school and community settings also exist. Services within the CYFP often work within a multidisciplinary team of psychologists, psychiatrists, social workers, and child and youth workers. Thus, 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, gender identity disorders and paraphilias, and substance abuse disorders. At present, the program is comprised of specialized services housed within an outpatient setting, and an inpatient unit for youth with concurrent disorders. The program has linkages to services at the Hospital for Sick Children. Typically, the resident will work with two primary supervisors across the various services within the CYFS. Minor rotations are also possible.

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

**MAJOR ROTATIONS WITHIN THE CHILD YOUTH AND FAMILY TRACK**

**Adolescent Clinic**

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

Julia Vinik, Ph.D., C.Psych.

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

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

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

The Better Behaviours Service (BBS) provides help for children, youth and their families who have challenges with disruptive behaviour, aggression, social skills difficulties, inattention, emotion dysregulation and non-compliance at home and/or at school. Through semi-structured assessment, factors contributing to behavioural difficulties are identified and comprehensive formulations developed to guide treatment planning. Individual, family and group based treatments are offered to help children build emotional and behavioural regulation skills and help caregivers develop more effective parenting strategies to reduce family conflict. Interns are a valued part of the interdisciplinary team and often complete treatment with 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 will be trained and participate in evidence-based cognitive-behavioural individual and group treatment for children with disruptive behaviour and their parents. Trainees are expected to participate in both clinical and research activities and as such, develop both clinical and research skills.

**Youth Addiction and Concurrent Disorders Service**

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

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

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

The resident will become involved in diagnostic assessments, psychoeducational assessments, feedback to clients, families, and referral agents, as well as individual and group therapy. Treatment modalities emphasize CBT, DBT, and motivational
interviewing. The resident will work within the context of a multidisciplinary team.
MAJOR ROTATIONS WITHIN THE ADULT TRACK

Mood and Anxiety Ambulatory Services
Supervisor Dr. Judith Laposa

The Mood and Anxiety Ambulatory Services is a clinical and research unit staffed by individuals from a wide range of disciplines including psychology, psychiatry, social work, nursing, and occupational therapy. Our service is a high demand out-patient treatment service that offers specialized training in empirically supported treatments, namely in short-term cognitive behavioural therapy for mood, obsessive compulsive related, and anxiety disorders (clients receive treatment lasting for 12-15 weeks) as well as relapse oriented treatment (Mindfulness-based cognitive therapy (MBCT)). This rotation offers experiences with mood, obsessive compulsive related, and anxiety disorders for all residents.

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

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

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

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

**Intensive Day Treatment (IDT)**

Supervisor: TBD

The Integrated Intensive Ambulatory Service (IIAS) is an intensive day-based service focused on improving access to care for clients (18 years and older) who would benefit from intensive programming for mood and anxiety, trauma and addictions. The program offers multiple group-based therapy streams for complex clients with a primary diagnosis of a mood and anxiety disorders. Clients may also experience secondary comorbid conditions including personality disorders, substance use disorders and trauma related conditions.

Clients enter the program by one of three treatment streams. What stream clients begin in is determined based on the client’s unique needs and the severity of symptom presentation. The Initial Intensive Stream is a 4 week, 5 half-days per week, open group focused on psychoeducation, activation, and skills building. The Recovery Connections Program is a 10 week, 2 half-days per week, open group which builds on skills learned in the Initial Intensive Stream and expands on DBT and CBT skills for management of mood and anxiety disorders. The Mapping Wellness stream is an 8 week, 5 half-days per week, closed stream, focused on psychoeducation, skills building, interpersonal effectiveness and DBT/CBT skills. The program utilizes a group therapy approach as well as individual clinical care including case management, psychiatric care and community linkage.

Students will have the opportunity to work closely within an intra-professional team (psychology, psychiatry, social work, nursing, occupational therapy, recreationist, peer support worker) offering brief group therapy focused on CBT and DBT based skills. Students will also have the opportunity to provide limited (up to six sessions) individual therapy to clients focused on CBT skills for mood and anxiety disorder. Another focus of the placement will be completing psychodiagnostic assessments for Axis I and II disorders (using the SCID-I and SCID-II) to provide diagnostic clarification and determine treatment suitability. In addition to regular individual supervision, students will have the opportunity to fully participate in team meetings, client rounds, and educational rounds.
Work, Stress and Health Program

Primary Supervisors: Hester Dunlap, Ph.D., C.Psych.
Donna Ferguson, Psy.D., C.Psych
Niki Fitzgerald, Ph.D., C.Psych.
Longena Ng, Ph.D., C.Psych.

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

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

Health & Wellness, Student Life Programs, University of Toronto **** NEW off-site Rotation (To be held in Conjunction with a rotation in Work, Stress and Health)

Primary Supervisors: Isabelle Bauer, Ph.D., C.Psych.,
Olivera Bojic-Ogjenovic, Ph.D., C.Psych.,
Shauna Corbin, Ph.D., C.Psych.,
Megan Davidson, Ph.D., C.Psych.,
Anita Gupta, Ph.D., C.Psych.,
Kate Witheridge, Ph.D., C.Psych.,
Sandra Yuen, Ph.D., C.Psych.,

The Health and Wellness Centre (HWC) of the University of Toronto’s Student Life Programs and Services. In partnership with primary care and health promotions, Health & Wellness offers University of Toronto students a wide range of services to help support them in achieving their personal and academic best. Health and Wellness 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.

This rotation provides brief and short-term treatment and consultation for University of Toronto students that present with a variety of presenting concerns, including but not limited to anxiety, depression, relationship difficulties, and academic challenges. We provide training in short-term models of psychotherapy, including insight—oriented, relational, emotion-focused, solution-focused or integrative models. Alternatively, residents may receive training in cognitive-behavioural therapy. Residents may also have the opportunity to work within a health psychology framework, with co-location within a primary care setting.

This rotation will include training in individual and group psychotherapy, as well as the provision of psychoeducational workshops. A primary training focus is on diagnosis, case conceptualization/formulation, and treatment planning. Residents will also learn to integrate outcome measures in assessment, treatment planning, and outcome evaluation.

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

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

Adult Forensic Outpatient Service
Primary Supervisor: John Arrowood, Ph.D., C.Psych.

The Adult Forensic Outpatient rotation is part of the CAMH Forensic Division of the Complex Mental Illness Program. This was one of the first forensic centers established in Canada (as part of the Clarke Institute of Psychiatry) and continues to be at the forefront of research and treatment innovations. The Adult Forensic Outpatient rotation takes place on a clinical and research outpatient unit which specializes in the assessment and treatment of individuals involved in the criminal
justice system. Residents also have the opportunity to take on specialized assessments within the Psycholegal Assessment Clinic. Clinical activities in which residents are involved include diagnostic and sexological assessment, assessment of psychopathic personality, clinical and actuarial assessment of risk for reoffense, assessment of malingering, and assessment of Posttraumatic Stress Disorder. Residents will become familiar with the psycholegal standards in forensic practice and in reporting to probation and parole officers, attorneys, and the courts. Residents also take on individual psychotherapy clients and run treatment groups in the sex offender treatment program. Supervision is provided on an individual basis as well as in team meetings and case conferences. Additionally, residents will have the opportunity to attend Forensic Division seminar series. Possibilities also exist for participation in clinical research as time permits.

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

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

Women’s Program
Primary Supervisor: Donna Akman, Ph.D., C. Psych.

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

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

**Gender Identity Clinic**

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

Philip Jai Johnson, Ph.D., C.Psych

The Adult Gender Identity Clinic (GIC) is a specialty outpatient service of the Ambulatory Care and Structured Treatments Program at CAMH. Our interprofessional treatment team includes psychologists, psychiatrists, social worker and family physicians. The Clinic sees individuals with gender dysphoria (individuals uncomfortable or dissatisfied with their biological sex and/or gender role) for assessment, as well as therapy. The GIC primarily assesses individuals who are considering or pursuing social and/or medical transitions including surgery (SRS), currently an insured service with the Ministry of Health for those who meet the World Professional Association for Transgender Health (WPATH) Standards of Care criteria. We see a wide diversity of clients, with presentations across a spectrum of diagnostic categories and levels of functioning, including a significant number of complex cases.

The Clinic offers residents specialized training in the concepts and diagnosis of Gender Dysphoria (and their differentials), as well as the Standards of Care for this population, including the eligibility and readiness criteria for hormonal and surgical recommendations. While some aspects of the training are quite specialized, this is an excellent training opportunity for general diagnostic assessment. Previous residents have also been drawn to working with marginalized and underserved communities. Given the recent provincial regulation change, this rotation offers the opportunity to develop an in-demand clinical competency.

Residents will conduct comprehensive clinical assessments, as well as follow-up
and surgery approval 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 individual 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 also participate in weekly case conferences that include all clinic staff. Participation in research activities is available when there are active projects and as time permits.

**Schizophrenia Program**

Complex Mental Illness - Schizophrenia Division

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

The Schizophrenia rotation offers multiple residency positions each year, with challenging opportunities in assessment and intervention in outpatient, inpatient and day hospital settings. The rotation can be fairly individualized, based on residents’ needs and interests.

The primary focus of our program 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 do so by offering neuropsychological assessment and specialized interventions such as CBT for psychosis and treatment for substance use. We also integrate third wave therapies including metacognitive, DBT and mindfulness approaches. These interventions target not only psychotic symptoms but also the multiple comorbidities that often accompany psychosis, such as substance use, social anxiety, depression, and OCD. 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.

Residents can choose to focus either on the assessment or intervention aspects of the rotation or they can opt to have a rotation that combines the two in equal weighting.

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

(ii) Intervention. The intervention services offered with the Schizophrenia rotation are Cognitive Behaviour Therapy for psychosis (CBTp) as well as Motivational Interviewing (MI) and Structured Relapse Prevention with a concurrent disorder population. We also offer Compassion-Focused Therapy and DBT Skills groups for inpatients.

The Cognitive Behaviour Therapy Service offers individual psychotherapy (typically 6 months in duration) for clients experiencing psychosis and related comorbidities. We also offer brief individual therapy through the Partial Hospitalization (day hospital) Program. There are also numerous opportunities for group therapy with inpatient, day hospital and outpatient populations.

The 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 symptoms of mood and anxiety) in both individual and group therapy formats. 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 along with a multidisciplinary team of clinicians in the CBT service.

The concurrent disorder (CD) service offers brief individual MI intervention as well as group psychotherapy through both our inpatient and outpatient services. Additionally, it offers consultation to CAMH staff regarding CD-focused treatment planning.

Clinical Research Rotation

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

This rotation is conducted in the Clinical Research Laboratory (CRL), with office space at the College and Queen Street sites. The Clinical Research Rotation takes place in a dynamic, integrated clinical, research and training setting, wherein a variety of basic clinical research and treatment outcome studies are conducted by each year. The CRL receives an average of 450 referrals for basic clinical research studies per year, principally involving one to two day psychological assessments of
mood disorders, anxiety disorders, substance use disorders, and personality disorders. The CRL further receives an average of 470 referrals for treatment outcome studies per year, which most commonly include pharmacotherapy and psychotherapy, such as manualized cognitive behavioural therapy or behavioural activation, for depressive and/or addictive disorders. The CRL also provides consultation and training to other mental health professionals.

Residents receive in-depth training, supervision and experience in psychodiagnostic assessment, such as the Structured Clinical Interview for DSM-5 (SCID-5) and the Hamilton Depression Rating Scale. Residents may also receive training in a range of clinician-rated, self-report, and performance-based measures of psychopathology, personality, cognition, impairment, and response bias. Residents further receive in-depth training, supervision and experience in the provision of protocolized brief psychotherapies such as cognitive behavioural therapy and behavioural activation. Supervision is provided on an individual basis. Peer observation and educational events, as well as training in supervision may be available. 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.

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

**Addiction Clinical and Research Rotation**

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

The Addictions Services comprise a number of specialty clinics housed within the CAMH Ambulatory Care and Structured Treatment program, collectively serving a large client volume (>100,000 outpatient visits and several hundred inpatient admissions annually). The Addictions Clinical and Research Rotation offers assessment, intervention and clinical research experiences with clients presenting with substance use disorders or behavioral addictions, often in the context of co-occurring mood disorders. Psychology residents complete rotations in multiple clinics, most of which include a multi-disciplinary team (physicians, nurses, social workers, pharmacists) emphasizing biopsychosocial treatment approaches (i.e., integration of pharmacological and behavioral interventions). Examples include the Addiction Medicine Service (AMS), which primarily serves clients with alcohol or opioid dependence, and the Nicotine Dependence Service (NDS), which provides comprehensive treatments for smoking cessation. Other areas of clinical service include problem gambling; LGBT-specific services; inpatient/residential treatment; and specialized care pathways for alcohol use disorder (AUD) and co-occurring
AUD and depression. Efforts are made to tailor clinical placements to trainees’ interests.

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

This rotation also emphasizes clinical research experiences. Trainees will gain exposure to clinical research projects and may gain assessment and intervention experience in the context of clinical research protocols. To date, residents have submitted both submit peer review manuscripts and postdoctoral fellowship applications during the residency year. The ideal candidates for this rotation are students with strong clinical and research training in addictions and/or mood disorders and an interest in pursuing clinical research opportunities during and after the residency year.
PSYCHOLOGY RESIDENCY FACULTY
(Primary Rotation Supervisors and Program Consultants)

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


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


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


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


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


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


Fitzgerald, N. (October 2014). Mental Health and the Workplace. Invited speaker at Schedule 2 Employers’ Group Annual Conference. Richmond Hill, ON,
Clinical interests include cognitive-behavioral interventions, motivational interviewing, and brief interventions (e.g., normative feedback) for addictive behaviors. Research interests include characterizing cognitive and genetic risk factors for heavy drinking and alcohol dependence, behavioral pharmacology of alcohol; genetics of alcohol metabolism, human laboratory models of addiction, and randomized trials to evaluate brief interventions for addictive behaviors.


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.


**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.


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.

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.


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


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.


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

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


Sorge, G., Skilling, T.A., & Toplak, M. (2015). Intelligence, Executive Functions, and


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

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

Dr. Bojic’s clinical interests include emotion focused therapy for depression and eating disorders, psychotherapy integration and interpersonal group psychotherapy. Her research interests are focused on the therapist’s contribution to the process and outcome of brief psychotherapy. She is a member of the Community Advisory Committee for Eating Disorders.

Shauna Corbin, Ph.D, C.Psych., Pacific Graduate School of Psychology (1988)  
Dr. Corbin has experience with a broad spectrum of clinical disorders in both inpatient and outpatient settings, with a special interest in trauma and dissociation. She utilizes psychodynamic, cognitive-behavioural, and psycho-educational approaches to treatment.

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

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.

Sandra Yuen, Ph.D., C.Psych., University of Western Ontario (1995)
Dr. Yuen’s clinical interests are in the provision of Cognitive-Behavioural Therapy for depression and anxiety disorders. She is particularly interested in interpersonal process, attachment, and metacognitive aspects of cognitive therapy. She overseas and organizes the program evaluation and quality assurance activities at Health & Wellness.
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 2017-2018 residency year, CAMH will continue to use the APPIC computer matching procedure. The APPIC code number for our residency program is **183211**.

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

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

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

Applicants will be notified of their interview status on Friday December 2nd, 2016.