camh

The Centre for Addiction and Mental Health

CPA Accredited Residency in

Clinical Psychology

2024-2025 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. Our psychology residency training occurs at two sites: College Street (CS) and the Queen Street (QS).

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 Queen 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 entire 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 2022-2023 year): $43,056 Canadian (paid biweekly).

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, Toronto Metropolitan 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. Residents also attend 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 Wednesday November 1st, 11:59PM E.S.T.
On **Friday December 1st** applicants will be advised if they are invited for an interview. **ALL** applicants will receive an email on December 1st informing them of their interview status. For those who are invited to interview, they will also be provided with their proposed interview date and the rotations with which they will be interviewing. If you do not receive an email by the end of day on the 1st (i.e., 5pm EST), please contact the Training Director directly (Niki.Fitzgerald@camh.ca) to inquire about your status.

*** **Due to the unknown travel restrictions during January 2024, ALL interviews for the 2024-2025 academic year 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 8-19th**. Acceptance of the interview, as per CCPPP guidelines, can occur on the following Monday December 4th, as well as any requests to change the interview day. Requests for 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).

Accreditation

CAMH is a CPA-accredited residency. The residency learned in the fall of 2021 that it was been successfully reaccredited for a 6-year term. 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	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24
Positions Available	13	14	15	14	12	12
Applications	117	134	152	137	161	124
Interviewed/Short-listed	65	69	72	59	72	58
Ranked	43	43	51	54	54	48
Matched	12	12	12	12	12	10
Matched as % of applications	10	9	8	8	7	8
Mean Practicum Hours	1816	1929	1634	1713	1809	1695

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 WEDNESDAY 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). If applying to multiple tracks, only ONE cover letter is necessary.
    - 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. If there are rotations that you are similarly interested in, please place them on the **same line** ie
        1. **Mood and Anxiety Ambulatory Service; Work, Stress and Health**
        2. **Borderline Personality Program; Integrated Day Treatment Program**
        3. **Forensics (SBC, FATU, FORCAT)**
    - 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 2024 – 2025 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
Health & Wellness, Student Life Programs, off site at University of Toronto
Therapeutic Neighbourhood

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
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**: CAMH accepts psychology residency applications from individuals who meet the following requirements:

1. Actively enrolled in a CPA or APA-accredited doctoral psychology program (e.g., clinical, counselling), or their equivalent

and

2. Legally entitled to engage in work in Canada at the time of application.

**** **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
1104-250 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 (MAAS) 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 outpatient treatment service that offers specialized training in empirically supported treatment, namely in short-term cognitive behavioural therapy for depression, obsessive compulsive disorder, generalized anxiety disorder, social anxiety disorder, panic disorder and agoraphobia, for adults. Clients receive treatment for 13-16 weeks. This rotation offers 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. There will likely be a mixture of individual and group treatment (virtual and/or in person). MAAS has been one of the sites participating in the Ontario Structured Psychotherapy (OSP) program since its inception, and the supervisor is the CAMH Clinical and Training Lead for OSP. Residents will learn how to work within a stepped care treatment model.

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, including aspects of equity, diversity and inclusion, in order to optimally apply CBT principles to complex diagnostic presentations.

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 in a multidisciplinary setting, 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.

In addition to offering clinical services, MAAS 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. All residents will routinely participate in measurement-based care as they deliver clinical services. 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. Direct clinical time for a two-day rotation typically includes one SCID 5 assessment per week, and 4-5 therapy hours/week (group and/or individual).

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 treatment for complex clients presenting with mood/anxiety disorders and comorbid personality disorders, substance use disorders and trauma related conditions. At the core of our programming, is the hospital's mandate to ensure equity thereby embracing diversity and inclusivity of all individuals. Treatment 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, have individual DBT clients as well as offering adaptations of traditional DBT skills training exist. DBT consultation team consists of clinicians from social work, psychology, psychiatry and nursing making it an excellent opportunity for interdisciplinary collaboration. 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. Successful candidates in this rotation possess a strong willingness to learn the DBT module (some degree of DBT knowledge and/or experience is helpful) and a flexibility to deal with a transdiagnostic group of clients in an effective way.

Work, Stress and Health Program

Primary Supervisors: Alison Bury, Ph.D., C. Psych.
Longena Ng, Ph.D., C.Psych.
Location: CS – 250 College, 11th flr

The WSH is a large multidisciplinary (e.g., psychology, psychiatry, OT) 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-5), as well as self-report psychometrics (e.g. MMPI-2, PCL-5, PHQ-9, WHO-DAS) 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. At the time of writing, the treatment offered at WSH is group-based CPT. 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. During the 2022-2023 year, each resident cofacilitated one 15-week CPT group. 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 three residents.

Monday	Tuesday
AM Report writing / assessment file review/prep	AM Assessment (3hrs)
PM Case Conference (13:00-14:00) Group Supervision (14:00-15:00)	PM Debrief with psychiatrist Individual supervision

The Therapeutic Neighbourhood

Primary Supervisor: Melissa Button, Ph.D., C. Psych.

Location: QS

The Therapeutic Neighbourhood (TN) is a centralized inpatient service that provides group programming for individuals with a wide range of presenting difficulties (e.g., psychosis, mood difficulties, anxiety, substance use, etc.). Our therapeutic groups are derived from Cognitive Behavioural Therapy (CBT), Compassion Focused Therapy (CFT), Dialectical Behaviour Therapy (DBT), Acceptance and Commitment Based Therapy (ACT), and Motivational Interviewing (MI) approaches, and we emphasize a humanistic and client-centered stance. There are opportunities to gain in-depth experience in facilitating these group treatments, as well as individual therapy that is based on a comprehensive case formulation. We also conduct orientation appointments for all referrals to the TN, which are based on MI principles.

The TN team is multidisciplinary, consisting of nursing, psychology, recreation therapy, social work, peer support and occupational therapy, and we continuously collaborate with all of the inpatient units. As such, there are a multitude of opportunities to be involved with case consultation and collaborative care, as well as developing and delivering skills training workshops. Residents can also conduct quality improvement and program evaluation and development projects.

A sample schedule is included below; though, opportunities are geared towards residents' specific goals and interests:

	Day 1	Day 2
Morning	• Team Huddle • Preparation, Admin • Individual Supervision • CBT Stress & Coping Group	• Team Huddle • Preparation, Admin • CFT/DBT Understanding Our Emotions and Caring for Ourselves Group • Charting
Afternoon	• Exploring Substance Use Group • Individual Psychotherapy Client • Admin, Charting • Team Huddle	• Orientation Appointment • CBT Thinking About Our Thinking Group • On Unit Meeting and/or Engagement • Team Huddle

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

Primary Supervisors:
Julia Kim, Psy.D., C.Psych.
Matthew Quitasol, Ph.D., C.Psych.
Kate Witheridge, Ph.D., C.Psych.
Katherine Welch, Ph.D., C.Psych.
Sandra Yuen, Ph.D., C.Psych.

Health and Wellness provides comprehensive mental health services to post-secondary students. We work with an inter-professional collaborative team, including psychologists, social workers, psychotherapists, psychiatrists, family physicians, primary care and mental health nurses, dietitians, and learners across disciplines. Health & Wellness works from a stepped care model for mental health services, including peer support, psychoeducational workshops, single session counselling, evidence-based group therapy, brief and short-term counselling/psychotherapy, primary care mental health, crisis management, case management, and outpatient psychiatry services. Our clinic serves a diverse clientele, including domestic and international undergraduate, graduate, and professional program students, with a range of clinical presentations similar to an outpatient mental health population. Our psychologists offer specialized training in evidence-based psychotherapies, including CBT, DBT, EFT, integrative, and other approaches (e.g., IPT, ACT, mindfulness, relational, etc.) for a range of mood and anxiety disorders, obsessive-compulsive disorders, eating disorders, emotional dysregulation/low distress tolerance issues, trauma, and personality issues (e.g., BPD); co-morbid and/or complex clinical presentations are not uncommon. As such, a case formulation approach is emphasized.

Residents will have the opportunity to provide individual short-term psychotherapy for depression, a full range of anxiety disorders (e.g., panic, GAD, social phobia, etc.), emotional dysregulation and low distress tolerance, obsessive-compulsive disorder, trauma (stage 1-2), bulimia, personality issues, interpersonal issues, and co-morbid clinical presentations. Residents can co-facilitate transdiagnostic CBT or DBT groups for mood and anxiety; opportunities to deliver psychoeducational workshops are also available. There is an opportunity to receive training in suitability assessments for therapy groups. Residents also have the option to provide single session counselling appointments.

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

Direct Activities

1. Caseload of approximately six (equivalent of) patients (i.e., six hours of direct

patient hours per week);
2. Clinical interviewing and assessments for the purposes of diagnoses, case formulation, and treatment planning or for consultation purposes;
3. Provision of individual psychotherapy (usually 12 sessions +/-), single-session counselling, group therapy, psychoeducational workshops, and/or CBT or group suitability assessments;
4. Collaborative care with other HW providers (e.g., physicians, psychiatrists);
5. Individual supervision with a Registered Psychologist.

Indirect Activities

Charting of client encounters using an electronic health record;

1. Program evaluation: integrating outcome measures in assessment, treatment planning, and measurement based care;
2. Consultation with other healthcare professionals;
3. Monthly participation in an interdisciplinary case conference with family physicians, primary care nurses, mental health nurses, psychiatrists, psychologists, psychotherapists, and social workers;
4. Monthly participation in interdisciplinary psychotherapy case conferences with social workers, psychotherapists, and psychologists;
5. Opportunity to attend shared care case conferences;
6. Attendance of Lunch & Learn sessions, educational seminars, workshops, and retreats.

A typical resident two-day week at HWC may comprise of:

1. Four to six individual sessions (a combination of individual psychotherapy, single session counselling, and/or group suitability sessions);
2. One two-hour group (group therapy and/or psychoeducation workshops);
3. One hour supervision;
4. Two to three hours of charting encounters, and
5. Two hours for research/preparation and consultation.

Example Schedules:

Day #1

09:00 am: Supervision
10:00 am: Individual psychotherapy client
11:00 am: Individual psychotherapy client
12:00 pm: Lunch (or monthly inter-disciplinary case consult meeting)
01:00 pm: charting/prep (lunch on days when there is a monthly inter-disciplinary case

consult meeting)
02:00 pm: Administration/treatment preparation/charting
03:00 pm: Individual psychotherapy client
04:00 pm: Administration/charting

Day #2
09:00 am: Administration/treatment preparation/group preparation (or monthly psychotherapy team consult meeting)
10:00 am: Individual psychotherapy client
11:00 am: Individual psychotherapy client
12:00 pm: Lunch (or CBT psychoeducational workshop from 12:00 – 1:30pm)
01:00 pm: CBT group (2 hours; or individual client)
03:00 pm: Administration/charting

The post-secondary student population seen at Health and Wellness is a diverse one. In line with the University of Toronto's commitment to the promotion of EDI initiatives, discussions of equity and diversity issues are regularly addressed in individual supervision, psychotherapy case conferences, and interdisciplinary case conferences, with an aim to identify and increase accessibility to University and community resources that address the diverse and unique needs of our students. Efforts are also made to ensure that residents have a diverse caseload with respect to presenting concerns and diagnoses. Health & Wellness offers occasional Lunch n' Learns, with past topics including Indigenous mental health, anti-Black racism and mental health, working with LGBTQ2S+ populations, and treating ADHD. The annual Health & Wellness professional development half/full-day has included trainings in Indigenous mental health, trans health, and EDI trainings over the years.

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 Forensic Assessment & Treatment Unit (FATU) 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 specialized forensic settings: the inpatient Forensic Assessment & Treatment Unit (FATU), the outpatient Sexual Behaviours Clinic (SBC), and working with both inpatients and outpatients with the Forensic Consultation and Assessment Team (FORCAT). A rotation with the Adult Forensic Services

would involve a combination of work with one or more of the Forensic Assessment & Treatment Unit (FATU), the Forensic Consultation & Assessment Team (FORCAT), and the Sexual Behaviours Clinic (SBC), with the specific details being determined together between the supervisors and the resident.

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

Sexual Behaviours Clinic

Primary Supervisor: Ainslie Heasman, Ph.D., C.Psych.
Sandra Oziel, 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

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

FORCAT provides specialized assessments (risk & personality) 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.

Forensic Assessment & Triage Unit (FATU)
Primary Supervisor: Smita Vir Tyagi, Ph.D., C.Psych.
Location: QS

FATU is a high secure in-patient forensic unit housing clients who are newly found NCR and are under the Ontario Review Board or individuals sent by the court on Treatment Orders, Keep Fit Orders etc. Clients are housed on this unit for 90 days (or longer). It is a busy, co-ed, acute care unit with multiple demands on the entire team. FATU is the unit where most NCR patients being their recovery journey under the ORB. On FATU the multidisciplinary team has disciplines working closely together on developing treatment and risk management plans. FATU serves a diverse multicultural population including women, racialized minorities, the elderly, those with intellectual disabilities and those with extensive criminal histories. FATU serves a wide variety of individuals with a broad range of psychiatric disorders, personality disorders, co-morbid medical problems, criminal histories and problems in many areas of social determinants of health.

Psychology's role on FATU involves a number of activities including: Conducting psychological assessments (intellectual ability, personality, substance use), conducting risk assessments using specialized measures such as PCL-R, SAM, SARA etc), learning and applying SPJ measures such as SAPROF and HCR administered in team setting, doing case formulation, providing short-term individual therapy to address identified risks and needs, report writing, providing opinions on cases, working with multidisciplinary teams on treatment planning and risk management and attending ward rounds. Residents have opportunities to participate in all these activities as well as have a chance to learn risk communication, clinical collaboration and participate in trainings and clinical or research initiatives that are underway. Supervision in this rotation is provided on an individual basis.

Borderline Personality Disorder Clinic

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

Ambulatory Care and Structured Treatment Programs

Adult Gender Identity Clinic

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

Location: QS

The Gender Identity Clinic (GIC) is an outpatient clinic that provides transgender affirmative care and assesses and treats adults who are referred because of gender dysphoria and/or the co-occurring 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 (Dialectical Behaviour Therapy Group and CBT AFFIRM groups) 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 gender diverse individuals. 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 rotation 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. GIC supervisors practice psychotherapy from an integrative framework and can provide training in CBT, DBT-informed therapy and emotion-focused therapy. On a broader level, residents may lead consultations for other hospital clients and services, participate in community-based trainings and partnership projects, and present to community stakeholders on transgender affirmative care.

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. Options for program development, evaluation and supervision of practicum students are also available. 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 2SLGBTQ+ 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.
Melissa Milanovic, 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 related 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.

1) 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.

Residents will receive specialized intervention training in the application of CBT techniques for psychosis in both individual and group therapy formats. Interventions focus on targeting positive symptoms, such as delusions and hallucinations, as well as negative symptoms and comorbid symptoms of mood and anxiety. Clients often present with cognitive deficits, low self-esteem and self-stigma related to having a complex 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.

Training in assessment of psychotic symptoms and client suitability for therapy will also be provided. Residents will work with complex cases and will be expected to formulate case conceptualizations to guide treatment planning. Residents will gain experience working in interdisciplinary settings as fully active members of client care teams. Residents will receive weekly individual supervision as well as group supervision. There may be opportunities for supervision of practicum students and engagement in peer supervision meetings.

Residents can contribute to both the development and evaluation of new interventions, in addition to research projects aimed at better understanding mechanisms of change in CBTp.

The service operates from a trauma-informed and inclusive framework, servicing clients with a range of gender, sexuality, religious and cultural identities. Significant efforts are made to reduce barriers to treatment, increase flexibility in service provision, and support and advocate for client involvement in all stages of care. We embrace a person-centered and strengths-based approach that empowers clients and seeks to reduce marginalization and stigmatization. Applicants with lived experience are strongly encouraged to apply.

Sample Schedule:

A typical residency day within the service entails: 1-2 short- or long-term individual CBT clients from day hospital, outpatient, or inpatient settings; interdisciplinary team rounds and/or case consultation meetings; co-facilitation of a day hospital or outpatient CBTp group program; supervision meeting(s); and documentation/session preparation. Residency experiences will be tailored to the training goals and interests of each resident.

2) Concurrent Disorders Service

The CCR concurrent disorders (CD) service offers intervention and consultation for individuals with a current or past substance use difficulty who also have a psychotic spectrum illness, treating the two concurrently. Therapy occurs in inpatient, outpatient, and day hospital settings, and includes individual and group modalities.

The opportunities in CD intervention include training in both Motivational Interviewing and Structured Relapse Prevention, which often utilizes Cognitive Behavioural Therapy, Acceptance and Commitment Therapy, and other evidence-based modalities. Residents conduct measurement-based assessments on complex cases and integrate findings into case formulation and treatment planning. In addition to individual and group psychotherapy, residents have an opportunity to work closely with multidisciplinary staff and teams in CD training and consultation.

Trainees will have an opportunity to participate in program development and evaluations and/or clinical research, if desired.

Sample Schedule:

On a typical day in the CD service, residents may see 1 – 2 individual clients, co-facilitate a substance-use group intervention, provide, attend a supervision meeting and complete documentation/session preparation. There is a broad range of opportunities and considerable flexibility in daily scheduling, depending on the resident's goals and interests.

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

Neurodevelopmental Disabilities Track

Primary Supervisors:
Yona Lunsky, PhD, CPsych

Johanna Lake, PhD, CPsych

CAMH is one of the few hospitals that 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. In addition, the resident has opportunities to supervise a practicum student providing therapy.

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.

Sample Schedule for the NDD track (subject to change):

	Monday	Tuesday	Wednesday	Thursday
AM	Autism and Mental Health Consultations	CYFS Supervision ANS Team Meetings	ANS Supervision Supervision of CYFS Practicum Student	CYFS Team Meeting ANS CBT Group
PM	Autism and Mental Health Consultations Prep work, Emails and Documentation	Mood and Anxiety individual clients	ANS individual clients Prep work, Emails and Documentation	ANS individual client ANS team meeting Mood and Anxiety individual client

Eligibility.

To be considered for the Neurodevelopmental 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)
Location: QS

The Sexual Behaviours Clinic (SBC) and the Forensic Consultation & Assessment Team (FORCAT) 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 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.

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.

Mood and Anxiety Service

Supervisor: TBD.

The Mood and Anxiety Service provides outpatient assessment and treatment to children, youth, and their parents. Common clinical presentations include low mood, suicidal ideation, emotion dysregulation, social anxiety, generalized anxiety, and panic. Common co-occurring concerns include parent-child relational difficulties, learning disabilities,

ADHD, disruptive behavior, and substance use. The resident will be part of an inter-professional team, consisting of a psychologist, psychiatrists, social workers and a nurse, who work collaboratively on treatment. Treatment is primarily cognitive behavioural (CBT), with other approaches (e.g., ACT, DBT skills, parent management training and other parent interventions) integrated as appropriate. Both individual and group treatments are offered for clients and their parents. Individual therapy in this rotation is generally for cases involving complex needs (e.g., comorbidity or severe symptoms, environmental adversity) and emphasizes the development of a comprehensive formulation to guide treatment planning based on evidence-based approaches, and the use of measurement-based care.

This is a primarily treatment-oriented rotation; however, opportunities for assessment are available if needed to meet the resident's training needs. The resident will provide group and individual therapy for children, adolescents, and parents, and consultation to the inter-professional team. Residents are also strongly encouraged to work on a research project as part of the Cundill Centre for Child and Youth Depression. The typical workload in this rotation includes co-facilitating a weekly group, seeing 3-5 individual cases, and attending 1.5 hours of team meetings. Residents also have the opportunity to supervise a practicum student providing therapy.

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

Minor rotations consisting of providing group and/or individual CBT for children and/or adolescents, or research, may be available.

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.

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. Smita Vir Tyagi, Ph.D., C.Psych., University of Toronto, 2004. Clinical and research interests include: Women in the forensic system, risk assessment for violence, Intimate partner violence, case formulation, risk communication, program evaluation, treatments and interventions in psychiatric settings and special interest in working with the following populations: Individuals with intellectual disabilities, women with offences against children and individuals with sexual offences.

Tyagi, V. S. (2013). Female Offenders. In H. Bloom and R. Schneider (Eds.), Mental Disorder and the Law: A comprehensive and practical approach. Toronto: Irwin Law.

Tyagi, V. S. (2013). Victimization and its sequelae: Implications for clinical practice with offender populations. In H. Bloom and R. Schneider (Eds.), Mental Disorder and the Law: A comprehensive and practical approach. Toronto: Irwin Law.

Tyagi, V. S. (2013). Cross-cultural forensic psychiatry. In H. Bloom and R. Schneider (Eds.), Mental Disorder and the Law: A comprehensive and practical approach. Toronto: Irwin Law.

Tyagi, V. S. (2006). Victimization, adversity and survival in the lives of women offenders: Implications for social policy and correctional practice. Canadian Woman Studies, 25 (1/2), 133-136.

Tyagi, V. S. (2006). Female counselors and male perpetrators of violence against women. Women and Therapy, 29 (1/2), 1-22.

Tyagi, V.S. (Feb/March2006). Linking issues and challenges facing provincially sentenced women with implications for correctional practice. Women, girls and Criminal Justice, 7 (2), 19-31.

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

Ashley Palandra, Ph.D., C.Psych., University of British Columbia (2015; currently on leave)

Dr. Palandra has particular clinical interests in the areas of depression, anxiety, eating and body image challenges, trauma, grief, and relational issues. She approaches psychotherapy from an integrative perspective, drawing primarily from relational, psychodynamic, client-centered, and skills-based approaches (e.g., CBT, DBT). Her prior research was broadly focused on women's challenges with eating and body image. (0.8 FTE)

Matthew Quitasol, Ph.D., C.Psych. University of Toronto Scarborough (2022).

Dr. Quitasol's clinical interests are in the area of Cognitive-Behavioral-Therapy for mood and anxiety disorders, as well as obsessive-compulsive disorders. His research interests include the role of psychopathology in blind spots and bright spots in self-knowledge, as well as the role of interpersonal processes and self-determination in outcomes for psychotherapy.

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, recurring strain or problematic work/family/partner relationships), past trauma, loss and transition, and health-related issues affecting emotional well-being (e.g., chronic and acute medical conditions). Her approach is grounded in attachment theory and draws on her training in several evidence-based therapies, which allows her to flexibly integrate interventions in response to clients' needs and goals. (1.0 FTE)

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.

Lunsky Y, Weiss JA, Paquette-Smith M, Tint A, Durbin A, Palucka A, Bradley E. (2017). Predictors of emergency department use by adolescents and adults with autism spectrum disorder: a prospective cohort study. BMJ Open. 7: e017377.

Johanna Lake, Ph.D., C.Psych., McMaster University, 2011. Clinical interests: assessment

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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 2024-2025 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 1st applicants. Interviews will occur between January 8-19. The interview invitation sent on December 1st will include the interview date. Acceptance of the interview, as per CCPPP guidelines, can occur on the following Monday December 4th, 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 2022- December 2022

(All lectures: 9:00 - 10:30 a.m.)

Date	Topic	Speaker	Room
September 2, 2022	iCARE training	Susan Murphy	1105-B
September 9, 2022	New Resident welcome/meet and greet		
September 16, 2022	CAMH new employee orientation		
September 23, 2022	Thriving over the long haul	Dr. Niki Fitzgerald	BGB-5221-5229-5th Flr. Meeting Room
September 30, 2022	1st GTA-Wide Seminar Tricky Ethical Issues	Dr. Rick Morris	Virtual via Webex
October 7, 2022	Suicide 101	Dr. Sean Kidd	
October 14, 2022 **12-2:30**	CCPPP – The Role of Behaviour Change Counselling in Chronic Disease Management	Dr. Michael Vallis	Preregistration required
October 21, 2022	Mandatory Reporting	Dr. Ainslie Heasman	
October 28, 2022	Suicide 201	Dr. Sean Kidd	

November 4, 2022	Research Presentations	Kathleen, Niki, Taylor	virtual
November 11th	Testifying in Court	Dr. Percy Wright	
November 18, 2022	Supervision	Dr. Diana Brecher	GTA wide Virtual webex
November 25, 2022	Program Eval/Development	Drs. Yarissa Herman and Sean Kidd	Please send a meeting link to gibasa@ontarioshores.ca; YGoldberg@baycrest.org; Sharon Guger <sharon.guger@sickkids.ca>
December 2, 2022	Digital Health	Dr. Lena Quilty	
December 9, 2022	ACT	Dr. Johanna Lake and Lee Steel	
December 16 2022	Psychosis	Dr. Cory Gerritsen	
December 23 2022			

CPA Accredited Clinical Psychology Residency Program

Friday Seminar Series

January 2023 – August 2023

9:00 - 10:30 a.m.

Date	Topic	Speaker	Room
January 6, 2023			
January 13, 2023	NO SEMINAR		
January 20, 2023	**NO SEMINAR**		

Date	Topic	Speaker	Room
January 27, 2023	Private Practice	Dr. Faye Doell	In person
February 3, 2023	Sleep Disorders and CBTi	Aaron Arkin arkin@citcassociates.com	**Virtual**
February 10, 2023 12-2:30pm	CCPPP Overcoming Imposter Syndrome		Virtual 12-2:30
February 17, 2023	MI for Psychiatric Disorders	Dr. Faye Doell drdoell@laksmandoell.com	In person
February 24, 2023	Social Anxiety Disorder	Dr. Judith Laposa	Virtual
March 3, 2023	GTA Wide - Early Career		Virtual
March 10, 2023	Private Practice	Dr. Rob Ferguson	Virtual (9-11am)
March 17, 2023			Virtual
March 24, 2023	Couples Therapy	Ed McAnanrama Edward.McAnanama@sinaihealth.ca	In person
March 31, 2023	Parent Coaching	Dr. Brendan Andrade	Virtual
April 7, 2023	NO SEMINAR GOOD FRIDAY		
April 14, 2023	Psychology Residency Retreat		In-person
April 21, 2023	GTA-Wide Registration		Virtual

Date	Topic	Speaker	Room
	Process/Supervised Practice Year		
April 28, 2023	Family Therapy	Dr. Jessica Kichler Jessica.Kichler@uwindsor.ca>;	virtual
May 5, 2023	Special Considerations when working with women	Dr. Smita Vir Tyagi; Matthew case presentation	In person
May 12, 2023	CCPPP – Social Justice and Decolonization with First Nations Clients	Dr. Josephine Tan	Virtual 12-2:30
May 19, 2023	Cannabis	Dr. Tony George Jinny research presentation	In person
May 26, 2023	Opioids	Dr. Tony George	In person
June 2 , 2023	ACT-informed suicide prevention planning	Dr. Anya Moon	virtual
June 9, 2023	GTA-Wide Providing Psychological Services to LGBTQ2S+ Clients	Dr. Leah Keating 9-11am	Virtual
June 16, 2023	ECT and rTMS	Dr. Tyler Kaster *Lily (research presentation 10:45-11:45)?	In Person at 1-2:30pm at Debrief Room A in the basement of 1025 Queen St W in the Sim Centre.
June 23, 2023	Engaging Men and Boys in Mental Health Care	Dr. James Watson-Gaze drjames@wgpsychology.com *Kathleen (clinical case presentation 10:45-11:45)	In person
June 30, 2023	Program Eval Presentations (3)	Matthew F., Louisa *Matthew F. (clinical case presentation 10:45-11:45)	Virtual

Date	Topic	Speaker	Room
July 7, 2023	Research Presentations (3)	Nick, Matthew F. *Niki (clinical case presentation 10:45-11:45)	Virtual
July 14, 2023	Program Eval Presentations (5)	Kathleen, Niki & Nick, Matt	Virtual
July 21 2023	Ethics		
July 28, 2023	Research Presentations (3)	Zahra , Louisa, lily (program eval) *Lauren (clinical case presentation 10:45-11:45) Johanna Lake Facilitating	Virtual
August 4,2023	Program Eval Presentations (3)	Lauren, Jinny, Zahra, Matt (Research) *Lily (clinical case presentation 10:45-11:45)?	Virtual
Aug 11	Last seminar		

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%