

Centre for Addiction and Mental Health
CPA/APA Accredited Clinical Psychology Internship Program
2007-2008 Academic Year
Director-of-Training: Dr. Carolina McBride, C.Psych

OVERVIEW OF THE PROGRAM

In 1998, the Clarke Institute of Psychiatry, under the hospital restructuring plan for the province of Ontario, merged with three other mental health and addiction facilities: 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. Hereafter, the acronym 'CAMH' will be used to refer to our facility. The CAMH has been recognized for its teaching, research, and clinical care, by the World Health Organization. The hospital mergers creating the CAMH strengthened our ability to provide psychology internship training. We continue to receive strong administrative support for the psychology internship program as one of the central training initiatives at the CAMH. We have also expanded our Internship training program in recent years. In 1999, we were able to add a fourth internship position, and in 2001 a fifth position. We added a sixth and seventh position in 2004. More recently we added an eighth position in 2006, for our largest internship class ever. We anticipate accepting eight internship applicants for the 2007-2008 academic year.

Historical Background

Clarke Institute of Psychiatry

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

The Institute's mandate has been three-fold: to conduct basic and clinical research, to provide clinical service, and to train mental health professionals in psychology, psychiatry, social work, and other allied disciplines. Interns have access to a wide variety of lectures, seminars, and symposia, provided by faculty from the CAMH, as well as frequent visiting lecturers from around the world. The internship is especially interested in applicants who are bound for academic careers in university psychology departments, teaching hospitals, and other academic settings. Interns may choose to participate in research during the internship year. The library, which is now housed at the ARF site, is well-stocked and computer and audiovisual resources are excellent, including access to MEDLINE and Current Contents.

Addiction Research Foundation

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

Internship Positions for 2007-2008

There are a total of eight internship positions. In contrast to many internship programs, in which rotations occur sequentially, psychology interns at the CAMH are assigned to two major rotations that occur concurrently throughout the year. In addition, interns may seek additional training opportunities through informal minor rotations with other supervisors at the CAMH. Our aim is to help interns to build upon their existing strengths as well as to gain expertise in areas with which they have had less experience. Therefore, at least one of the primary rotations is typically in an area in which the intern has some familiarity and expertise. Tentative rotation assignments are typically made at the time of application review and interview, based on an applicant's experience and their ranking of rotation preferences in the application form. Tentative rotation selections are discussed with students during their interview. In addition to the major and minor rotations, interns participate in two weekly seminars. Finally, interns receive approximately a half-day per week to conduct independent research or other activities of the intern's choice.

Typically, interns are assigned to major rotations within the adult (seven interns), and child (one intern) tracks, although occasionally an intern may do major rotations across tracks. As mentioned above, regardless of which track an intern chooses, he or she may do minor rotations with supervisors from other areas. For example, an intern who is working on two major rotations in the child track may choose to see one or two adult clients under the supervision of a third faculty member. A key aspect of our evaluation process is to ascertain the "goodness-of-fit" between an applicant's areas of interest and our ability to provide training in these areas.

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

Stipend (based on 2006-2007 year): \$30,000.00 Canadian (paid twice per month).

PHILOSOPHY OF TRAINING

The CAMH internship program provides clinical training in the context of a scientist-practitioner (Boulder) model. Within this framework, clinical service and research are seen as mutually enhancing activities. Interns are expected to think critically about the services that they offer to individuals and to make clinical decisions based on objective data collected in the therapeutic/assessment context and informed by empirical research. In addition, interns are encouraged to integrate research and clinical practice by allowing their clinical experiences to influence the questions that they seek to answer through research. Consistent with the scientist practitioner model, internship faculty at the CAMH are actively involved in conducting research, providing clinical care, and training professionals from various disciplines.

SUPERVISION REQUIREMENTS

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

EVALUATIONS

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

MINIMAL STANDARDS FOR THE SUCCESSFUL COMPLETION OF THE INTERNSHIP

Minimal standards for successful completion of the internship include the following:

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

REMEDIATION PROCEDURES

If at any time during the internship year, a student has a concern or problem with their training or other aspect of the internship program they are encouraged to speak first with their rotation supervisor. If the concern cannot be successfully resolved they are encouraged to speak with the internship director, Dr. Carolina McBride. If this does not lead to a successful resolution, the intern is may speak with the Psychologist-in-Chief, Dr. Ken Zucker. If this does not lead to a successful resolution, they intern may speak with the director of Human resources, Ms. Rhoda Beecher, the Chief-of-Staff, Dr. Stephen Sokolov, and lastly the CEO of the CAMH, Dr. Paul Garfinkel.

APPLICATION PROCEDURE

Applications for the CAMH Psychology Internship should include:

- (1) Completed 'CAMH-Specific' application form (see separate document)
- (2) Up-to-date CV
- (3) Undergraduate and graduate transcripts (official copies)
- (4) Three letters of reference
- (5) Statement of training goals and objectives (typically 1-2 pages in length)
- (6) Letter from the director of clinical training of the applicant's graduate school, indicating that he or she has completed all graduate courses, that their doctoral dissertation proposal has been approved, and that the training director supports their application for internship. *The relevant section of the AAPI application form (i.e., DCT approval) will suffice for this requirement (however see note immediately below re. the full AAPI application form).*

Please note: The CAMH **does** take part in the APPIC computer matching process, however the CAMH is not a member of APPIC and we do not require that students submit the APPIC Application for Psychology Internship (AAPI). *All applicants must have an APPIC number prior to match day.* The APPIC code number for the CAMH internship program is **183211**.

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

Applicants are encouraged (but not required) to send all of their application materials in one package. However, we recognize that some graduate programs and/or references may wish to send materials under separate cover.

Applicants who are placed on a "short list" will be contacted for an interview within four weeks of the November 15, 2006 application deadline.

Please direct completed applications (or inquiries) to:

Carolina McBride, Ph.D., C.Psych.

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

Interpersonal Therapy Clinic, Room 1244

Centre for Addiction and Mental Health

250 College St.

Toronto, Ontario, M5T 1R8

Phone: 416-535-8501, ext. 6130

FAX: 416-979-6853

E-mail: Carolina_McBride @camh.net

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

Deadline for Applications to be received is November 15, 2006

OVERVIEW OF CLINICAL ROTATIONS

---CHILD YOUTH AND FAMILY TRACK---

Child, Youth, and Family Program

Primary Supervisors: Joanna Henderson, Ph.D., C.Psych.
Sherri MacKay, Ph.D., C.Psych.
Tracey Skilling, Ph.D., C.Psych.
Pamela Wilansky-Traynor, Ph.D., C.Psych.
Kenneth J. Zucker, Ph.D., C.Psych.

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

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

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

Assessment and psychological testing includes objective tests, projective tests, observational techniques, psychoeducational assessment, and structured diagnostic interviews. Such training includes development of integrated psychological report writing and the process of providing clinically sensitive feedback to parents and children. Therapeutic approaches rely on empirically-validated and best-practice models of intervention. These include individual psychotherapy, group therapy, family therapy, and parent counseling in various modalities (e.g., cognitive-behavioral, behavioral, psychodynamic, solution-focussed and strength-focussed, and core conflictual relationship theme therapy). Preventative programs in school and community

settings also exist. Services within the CYFP often work within a multidisciplinary team of psychologists, psychiatrists, social workers, and child and youth workers. Thus, interns are able to enhance their understanding of the roles of multiple disciplines and develop skills in working together constructively.

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

Supervision is on an individual and group basis. Child track interns participate in a weekly seminar that involves all psychology staff and other trainees: the seminar focuses on a range of topics, including new research in clinical child psychology, in which both staff and interns make presentations; the second seminar focuses on clinical issues. Interns can also participate in a bi-weekly psychometry seminars, which discusses issues related to psychological assessment with standardized measures.

MAJOR ROTATIONS WITHIN THE CHILD YOUTH AND FAMILY TRACK

Adolescent Service

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

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

The Arson Prevention Program for Children (TAPP-C)

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

TAPP-C helps children and youth aged 2 to 18 years, and their families, address firesetting and other fire-related behaviours, in the context of general mental health and family functioning. Not only is firesetting a very dangerous behaviour, but it also tends to occur in the context of complex behavioural, emotional, and familial needs. Program staff provide comprehensive risk

assessments, integrating fi re-specific and general mental health information, and generate comprehensive treatment plans. Program staff provide intervention to families based upon TAPP-C's manualized treatment and work closely with various community agencies, including child welfare agencies, to provide service. Many TAPP-C clients have histories that include one or more of the following: child maltreatment, involvement in the youth criminal justice system, residential treatment, substance abuse (parent and/or child), and multiple psychiatric disorders (parent and/or child).

The Gender Identity Service

Supervisor: Kenneth J. Zucker, Ph.D., C.Psych.

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

Mood and Anxiety Service

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

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

Psychometry Service

Supervisor: Revital Ben-Knaz, Ph.D., C.Psych.

Liora Keshet, M.A., C. Psych Associate (supervised practice)

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

Youth Addictions Service

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

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

---ADULT TRACK---

MAJOR ROTATIONS WITHIN THE ADULT TRACK

Cognitive Behavior Therapy: Depression

Primary Supervisors: to be announced

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

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

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

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

Cognitive Behavior Therapy: Anxiety Disorders

Primary Supervisor: Neil A. Rector, Ph.D., C.Psych.

This rotation is conducted in the Anxiety Disorders Clinic (ADC), located in the Mood and Anxiety Program of the Clarke Division. The ADC is a clinical and research unit staffed by individuals from a wide range of disciplines including psychology, psychiatry, social work, and nursing. The clinic sees about 500 new referrals per year, many of whom are treated in cognitive-behavioral and pharmacological treatment programs. The principal disorders seen in the clinic include panic disorder, agoraphobia, social phobia, and obsessive compulsive disorder, although opportunities to work with individuals with other anxiety-related difficulties exist. Training of psychology interns includes opportunities to develop skills in clinical assessment, diagnostic interviewing, and cognitive-behavioral treatment (individual and group) of anxiety disorders. Although most clients seen are outpatients, inpatient experience may be available as well, especially with obsessive compulsive disorder. Also, interns are expected to become familiar with the relevant research literature.

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

Supervision includes two hours per week of meetings plus weekly case conferences that include all clinic staff.

Psychological Assessment Service

(Personality and Psychopathology assessment rotation and Clinical Neuropsychology assessment rotation)

The Psychological Assessment Service (PAS) is co-directed by Dr. Michael Bagby and Dr. Bruce Christensen. The PAS provides psychological and neuropsychological assessments and consultation services to inpatient units and outpatient clinics at the Clarke site to the following Divisions: Addictions, Schizophrenia, General Psychiatry, Mood and Anxiety, and Society, Women and Health. The service is also staffed with two Master's level psychometrists.

Personality and Psychopathology (Assessment Service)

Primary Supervisor: R. Michael Bagby, Ph.D., C.Psych.

Dr. Bagby coordinates the referrals for the assessment of personality pathology and psychopathology. This part of the service utilizes a number of objective measures of personality and psychopathology, including the MMPI-2, the Personality Assessment Inventory, the revised NEO Personality Inventory, and a number of other tests or specialized assessments.

Assessments also include structured and semi-structured assessment measures, including the Structured Clinical Interview for DSM-IV Axis I (SCID-I) and Axis II (SCID-II) and the Structured Interview for the Five-Factor Inventory. Computerized scoring and interpretation are available.

Clinical Neuropsychology (Assessment Service)

Primary Supervisor: Bruce K. Christensen, Ph.D., C.Psych.

Dr. Christensen coordinates the referrals for neuropsychological assessment. This service provides comprehensive assessment of the cognitive functioning and neurological integrity of psychiatric patients. The Neuropsychology Laboratory is well-equipped with both conventional and experimental neuropsychological measures which are used to assess a variety of patients including those with schizophrenia, mood/anxiety disorders, previous or current neurological injury/disease (e.g., brain injury, stroke, dementia), substance abuse problems, and forensic complications. The service emphasizes the neurobiological underpinnings of psychiatric illness and attempts to integrate neuropsychological findings into the diagnostic and treatment considerations of the multidisciplinary team. The Neuropsychology Laboratory is also an active research unit and is conducting numerous studies concerning the neuropsychology, neuropathology, and neuropharmacology of psychotic disorders, depression, psychopathy, sexual offending, anxiety, and eating disorders. In this context, members of the Neuropsychology Laboratory work closely with other scientists and clinicians from within the CAMH and the broader university community in combining neuropsychological data with other experimental test results (e.g., MRI structural morphometry, PET/fMRI functional imaging, TMS, psychopharmacology, ERP methods).

Interns on this rotation are expected to conduct assessments, write reports, provide family and team members with relevant test results, and provide clients with feedback on their evaluation. Interns are expected to attend a bi-weekly Neuropsychology Seminar, which focuses on clinical and technical aspects of neuropsychological assessment. Interns may also participate in research seminars within the Schizophrenia Program. Opportunities for participation in research are also available.

Work, Stress and Health Program

Primary Supervisors: Peter Farvolden, Ph.D., C.Psych.
Eilenna Denisoff, Ph.D., C.Psych.
Donna Ferguson, Ph.D., C.Psych

This rotation is conducted in the Work, Stress and Health Program (WSH), located in the Mood and Anxiety Program at the College Street Site. The WSH includes the Psychological Trauma Program. The WSH is a large multidisciplinary outpatient clinic that provides comprehensive psychiatric and psychological assessment, treatment and disability management services for clients referred by third parties including employers, insurers, employee assistance programs and professional licensing and regulatory boards. The mission of the WSH is to reduce the disability and costs associated with mental health problems in the workplace. The WSH Program provides comprehensive assessment services for clients from across Ontario and beyond. The two-day assessment process involves a psychiatric assessment, a comprehensive psychological assessment including SCID-I, SCID-II, MMPI-2 and a number of other specialized instruments, an occupational therapy assessment, and a multi-disciplinary case conference. Comprehensive assessment provides a clear diagnostic and functional formulation of a client's condition and addresses the following areas: pre-existing and co-existing stressors/vulnerabilities; return to work planning and recommendations; entitlement issues; treatment recommendations and case management considerations. The WSH Program provides integrated multidisciplinary treatment for mood disorders, anxiety disorders and related conditions. The treatment team includes psychiatry, psychology, occupational therapy, physical therapy and return to work coordination. The core of the treatment program is individual and group CBT. The most common disorders treated include post-traumatic stress disorder (PTSD), mood disorders, adjustment disorders anxiety disorders and pain disorder.

Training opportunities at the WSH include the opportunity to develop skills in comprehensive assessment and CBT for mood and anxiety disorders in the context of disability management. The rotation at the WSH offers a unique opportunity to work in a challenging multidisciplinary environment. Interns are a valued part of the program, and are expected to participate in administrative and clinical rounds and become familiar with the relevant research literature. Opportunities for participation in research are also available.

Program Consultants:

Hester Dunlap, Ph.D., C.Psych. (Supervised Practice)
Jason Bacchiochi, Ph.D., C.Psych. (Supervised Practice)

Law and Mental Health Program

(Adult Forensic Outpatient rotation and Clinical Sexology rotation)

The Law and Mental Health Program was one of the first forensic centers established in the country (as part of the Clarke Institute of Psychiatry) and continues to be at the forefront of research and treatment innovations. The Law and Mental Health Program specializes in the assessment and treatment of individuals who have ongoing involvement with the legal system.

Adult Forensic Outpatient Service

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

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

Clinical Sexology Program

Primary Supervisor: Ray Blanchard, Ph.D., C.Psych.

The Clinical Sexology Program consists of two clinical services: The Kurt Freund Laboratory for phallometric diagnosis, and the Gender Identity Clinic. Phallometric testing is a psychophysiological method for the assessment of erotic preferences in human males. In this procedure, a man's penile blood volume changes are monitored as he experiences a standard, prerecorded set of potentially erotic stimuli. The Phallometric Laboratory was established by Kurt Freund, M.D., D.Sc., the first clinical sexologist to use penile plethysmography to assess erotic preferences in men. It is the oldest laboratory in North America for the phallometric assessment of sex offenders and paraphilics, and its instrumentation for the collection and processing of phallometric data is still the most sophisticated in North America, or indeed, in the world. Most men referred to the Laboratory have been charged with, or convicted of, sexual interaction with minors or sexual coercion of adult women. The differential diagnosis usually involves a determination of paraphilia versus sexual misconduct motivated by some other factor. Psychology interns are involved in interviewing and psychological testing of laboratory patients, including neuropsychological testing and personality assessment. Interns do not however,

conduct the phallometric assessment itself as this is completed by a skilled technician.

In the Gender Identity Clinic, clinical experience can be expected in the assessment and diagnosis of patients with gender identity disorders, including those who present with the expressed wish for sex reassignment surgery, those who are exploring the possibility of surgery, and those who wish to manage their cross-gender feelings and the expression of those feelings while remaining in their original gender role. Experience will be offered in history-taking, group therapy with gender-dysphoric patients, and (occasionally), in individual counseling.

Borderline Personality Disorder Clinic

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

The Dialectical Behavior Therapy (DBT) Clinic is a treatment program for clients diagnosed with borderline personality disorder. The therapy program involves a combination of weekly individual and group skills training, in addition to after-hours telephone consultation. Treatment entails a team approach and requires a minimum one-year commitment. Therapy focuses on enhancing regulation of emotions, distress tolerance, and interpersonal functioning. Interns would gain experience in individual and group therapy as well as crisis management. Interns would participate in a weekly therapist consultation team meeting. Interns would be expected to become familiar with the relevant research. The DBT Clinic is an active clinical, research, and training centre. Research interests of the DBT team include the evaluation of treatment outcome, the relation of psychotherapy process to outcome, and the role of emotion in psychotherapy. Participation in research activities is available as time permits.

Anger and Addiction Clinic

Primary Supervisor: Lorne Korman, Ph.D., C.Psych.

The Anger and Addiction Clinic is a Dialectical Behavior Therapy (DBT)-based clinical and research outpatient program for individuals with concurrent anger and addiction problems. The clinic is based in the Concurrent Disorders Service of the Addictions Program, and offers one of few treatments concurrently addressing anger and addictions, as well as other Axis I and II disorders. The clinic team is multi-disciplinary, consisting of psychologists, psychiatrists, and social workers.

Treatment is based on an outpatient DBT model that has been adapted specifically to target angry, violent, and addictive behaviors. Rotation in this clinic involves training and supervision in the assessment of concurrent anger and addiction problems, and the provision of individual DBT sessions, skills training groups, and DBT skills coaching. In addition to weekly individual supervision and participation in the clinic consultation team, training opportunities may involve live supervision of individual and group sessions. Research interests of clinic staff members include the development of behavioral assessments of anger and violence, and the evaluation of cognitive-behavioral and emotion-focused treatment protocols for anger and addictions, domestic violence, and borderline personality disorder. The clinic trains residents and fellows in

psychiatry as well as interns and practicum students in psychology. We also provide consultation and training to other mental health professionals.

Eating Disorder and Addiction Clinic

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

The Eating Disorder and Addiction Clinic offers outpatient treatment for eating disorders and concurrent substance use, targets concurrent social phobia and other axes I and II disorders as well. The therapy focuses on helping clients meet their goals in dealing with their eating disorder and substance use problems, relate more effectively with others, adopt a healthy lifestyle, develop a more positive self-image and healthy identity, improve their quality of life, know themselves better and handle feelings and tolerate distress.

The Clinic also offers cognitive behavioural therapy for addiction and social anxiety. This treatment developed from the observation that many clients receiving treatment in the clinic experienced also social anxiety, which prevented them from benefiting from the specialized treatment. Most clients have a concurrent eating disorder. Beside the focus on social anxiety, substance use, problematic eating and restricting are also addressed.

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

The current treatment streams are: 1) DBT enhanced for eating disorders and addiction (1 year); 2) CBT for addiction and social anxiety (10 weeks); 3) psycho-education and humanistic (6 months); 4) motivation and coaching (on-going); and 5) multi techniques (e.g., mindfulness, DBT, interpersonal, solution-focused) (on-going).

Interns can develop skills in assessment, diagnostic interviewing, and individual and group treatment (streams described above) of individuals with concurrent eating and substance use disorders, and participate in a weekly therapist consultation team meeting. The intern with the interest and experience may have the opportunity to be involved in a clinical research project.

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

Interpersonal Therapy Clinic

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

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

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

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

EDUCATIONAL SEMINARS

In addition to direct clinical experience, the internship requires that the intern participate in a number of didactic educational experiences including the Clinical Seminar Series and the Psychotherapy Case Conference Series. In addition, interns are encouraged to take advantage of a wide variety of other professional development activities including professional lectures, weekly grand rounds, workshops, seminars, and professional conferences, both within and outside the Centre.

Clinical Seminar Series

Seminars are provided every week by psychology staff at the CAMH. Lectures are typically held at the site where each psychologist provides his or her direct treatment or assessment functions. Through these seminars, interns can gain familiarity with the various practicing sub-sections of the CAMH even if they are not in contact with them during their ordinary rotations. The seminars are structured to provide information relevant to assessment and treatment issues as well as to enhance the professional functioning of interns vis a vis the independent practice of psychology. Topics in the seminar reflect the range of interests by staff psychologists at the CAMH (for examples, see the research publications of primary supervisors listed below).

Psychotherapy Case Conference Series

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

PSYCHOLOGY INTERNSHIP FACULTY
(Primary Rotation Supervisors and Program Consultants)

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

Arrowood, J. S. (June 2004). *In-Custody Suicide risk*. Invited lecture presented at the Metropolitan Toronto Police College Booking Officers Course, Scarborough, Ontario.

Arrowood, J. S. (October 2003). *Stress in Undercover Police Duty*. Invited lecture presented at the Ontario Provincial Police Undercover Tactics Course, Orangeville, Ontario.

Arrowood, J. S. (August 2002). *Psychopathy and Antisocial Personality Disorder*. Invited lecture presented at the Specialized Week-Long Course in Forensic Mental health for Police. OPP Headquarters, Orillia, Ontario.

Arrowood, J. S. (September 2001). *Posttraumatic Stress Disorder in Policing: Issues in Prevention and Treatment*. Invited symposium presented at the OPP/FBI sponsored International Conference on Violent Crime. Barrie, Ontario.

Pratt, A., Dutton, M. A., and Arrowood, J. (November 1999). *Psychological Trauma: Forensic Evaluation and Testimony*. Specialty full-day Training Course presented at the 15th annual meeting of The International Society for Traumatic Stress Studies, Miami, FL.

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

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

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

Bagby, R.M., Basso, M.R., Marshall, M.B., Nicholson, R.A., Bacchiochi, J.R., & Miller, L.S. (2005). Distinguishing Bipolar Depression, Major Depression, and Schizophrenia with the MMPI-2 Clinical and Content Scales. *Journal of Personality Assessment*. 84, 89-95.

Bacchiochi, J.R., Bagby R.M., Cristi, C., & Watson, J. (2003). Validation of connectedness and neediness as dimensions of the dependency construct. *Cognitive Therapy and Research*. 27, 233-242.

Bagby, R.M., Nicholson, R.A., Bacchiochi, J.R., Ryder, A.G., & Bury, A.S. (2002). The comparative predictive capacity of the MMPI-2 and PAI validity scales to detect coached and noncoached feigning. *Journal of Personality Assessment*, 78, 69-86.

R. Michael Bagby, Ph.D., York University, 1985. Clinical and research interests include psychological assessment, in particular the assessment and detection of response dissimulation on psychological tests.

Bagby, R.M., & Marshall, M.B. (in press). Positive impression management and its influence on the Revised NEO Personality Inventory: A comparison of analogue and differential prevalence group designs. *Psychological Assessment*.

Bacchiochi, J.R., Bagby, R.M., Cristi, C., & Watson, J. (2003). Validation of neediness and connectedness as dimensions of the dependency construct. *Cognitive Therapy and Research*, 27, 233-242.

Bagby, R.M., Nicholson, R.A., Bacchiochi, J.R., Ryder, A.G., & Bury, A.S. (2002). The comparative predictive capacity of the MMPI-2 and PAI validity scales to detect coached and noncoached feigning. *Journal of Personality Assessment*, 78, 69-86.

Bury, A.S., & Bagby, R.M. (2002). The detection of feigned coached and uncoached post-traumatic stress disorder with the MMPI-2 in a sample of workplace accident victims. *Psychological Assessment* 14, 472-484

Ryder, A.G., Bagby, R.M., & Schuller, D.R. (2002). The overlap of depressive personality disorder and dysthymia: A categorical problem with a dimensional solution. *Harvard Review of Psychiatry*, 10, 337-352

Ray Blanchard, Ph.D., University of Illinois, 1973. Clinical interests include diagnosis and management of gender identity disorders, forensically significant erotic pathologies, and clinical interest in group psychotherapy with gender dysphoric patients. Research interests include taxonomy and clinical management of gender identity disorders and phallometric diagnosis of pedophilia and courtship disorders.

Blanchard, R., Christensen, B. K., Strong, S. M., Cantor, J. M., Kuban, M. E., Klassen, P., Dickey, R., & Blak, T. (2002). Retrospective self-reports of childhood accidents causing unconsciousness in phallometrically diagnosed pedophiles. *Archives of Sexual Behavior*, 31, 511-526.

Blanchard, R., Zucker, K. J., Cavacas, A., Allin, S., Bradley, S. J., & Schachter, D. C. (2002). Fraternal birth order and birth weight in probably prehomosexual feminine boys. *Hormones and Behavior*, 41, 321-327.

Blanchard, R. (2001). Fraternal birth order and the maternal immune hypothesis of male homosexuality. *Hormones and Behavior*, 40, 105-114.

Blanchard, R., Klassen, P., Dickey, R., Kuban, M. E., & Blak, T. (2001). Sensitivity and specificity of the phallometric test for pedophilia in nonadmitting sex offenders. *Psychological Assessment*, 13, 118-126.

Bruce K. Christensen, Ph.D., Vanderbilt University, 1997. Clinical interests include the neuropsychology of psychiatric disorders. Research interests include investigations of the cognitive and neurobiological mechanisms of psychotic disorders and depression.

Christensen, B.K., Girard, T.A., Benjamin, A., & Vidaihet, P. (2006). Evidence for impaired mnemonic strategy use among patients with schizophrenia using the part-list cuing

inhibition paradigm. *Schizophrenia Research*, 85(1-3), 1-11.

McNeely, H.E., Christensen, B.K., West, R., & Alain, C. (2003). Changes in neurophysiological correlates of conflict processing precede behavioural disturbance in patients with schizophrenia. *Journal of Abnormal Psychology*, 112(4), 679-88.

Daskalakis, Z.J., Christensen, B.K., Chen, R., Fitzgerald, P.B., Zipursky, R.B., & Kapur, S. (2002). Evidence for impaired cortical inhibition in schizophrenia. *Archives of General Psychiatry*, 59(4), 347-54.

Christensen, B. K., & Bilder, R. M. (2000). Dual cytoarchitectonic trends: An evolutionary model of frontal lobe functioning and its application to psychopathology. *Canadian Journal of Psychiatry*, 45, 247-256.

Kramer-Ginsberg, E., Greenwald, B. S., Krishnan, K. R. R. K., Christensen, B. K., Hu, J., Ashtari, M., Patel, M., & Pollack, S. (1999). Neuropsychological functioning and MRI signal hyperintensities in geriatric depression. *American Journal of Psychiatry*, 156, 438-444.

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

Courbasson, C.M.A., Smith P.D., & Cleland, P.A. (2005). Eating disorders in men and women with substance abuse problems. *Canadian Journal of Public Health*, 96(2), 102-106.

Courbasson, C.M.A., & Smith, P.D. (2005). Eating disorders and substance abuse. In W. Skinner, J.C. Negrete, & Smith, P. (eds), *Treating addiction and mental health problems concurrently: A practical guide for helpers*. Centre for Addiction and Mental Health. Pp. 249-268.

Courbasson, C.M.A., Smith, P.D., & Boland, F. (2005). Eating disorders and substance use. In *Alcohol and drug problems: A practical guide for counsellors*, 3rd ed. Centre for Addiction and Mental Health. Pp. 555-581.

Courbasson, C.M.A., Ballon, B., & Smith, P.D. (2003). Depression and suicidal ideation in youth with substance abuse problems. *Relational Child and Youth Care Practice*, 16(2), 46-52.

Courbasson, C.M.A., Endler, N.S., & Kockovsky, N. (2002). Coping and psychological distress among men with substance use problems. *Current Psychology*, 21, 35-49.

Eilenna Denisoff, Ph.D., York University, 2000. Clinical interests include the assessment and evidence-based treatment of anxiety disorders. Additional clinical interests are in education and training of staff and students as well as various mental health professionals, community workers. Dr. Denisoff is a member of the University of Toronto Psychiatric Outreach Program and the Academy of Cognitive Therapy. Research interests include understanding cognitive factors associated with the aetiology and maintenance of anxiety disorders.

Denisoff, E. (May 2006). Cognitive Behavioural Therapy Continuing Medical Education Workshop for Anxiety Disorders. Collaboration of the University of Toronto Psychiatric

- Outreach Program and the St. Joseph's Care Group, Thunder Bay, Ontario.
- Denisoff, E. (October, 2005). Training for the Structured Clinical Interview for the DSM-IV (SCID). Collaboration of the Continuing Mental Health Education Program of the University of Toronto and the Neuroscience Department of the Centre for Addiction and Mental Health, Toronto, Ontario.
- Farvolden, P., Denisoff, E., Selby, P., Bagby, R.M., & Rudy, L. (2005). Usage and Longitudinal effectiveness of a freely available web-based self-help CBT program for panic disorder. *Journal of Medical Internet Research*, 26;7(1):e7.
- Denisoff, E., & Endler, N. S. (2000). Life Experiences, Coping, and Weight Preoccupation in Young Adult Women. *Canadian Journal of Behaviour Science*, 32, 97-103.
- Rector, N. A., Denisoff, E., & Richter, M. (1999). Cognitive therapy for obsessive-compulsive disorder. *Canadian Psychiatric Association Bulletin*.

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

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

Peter Farvolden, Ph.D., University of Waterloo, 1998. Clinical interests include the psychological assessment and treatment of mood and anxiety disorders in the context of disability management. Additional clinical interests include the use of short-term intensive protocols for the treatment of mood and anxiety disorders, the use of Web-Based self-help for mood and anxiety disorders and telemedicine. Research interests include the effectiveness of Web-Based self-help, mental health in the workplace, stress and individual differences in response to stress, dissociation and hypnotic responding and personality research.

- Slovan, L., Farvolden, P., Gilbert, P., Price, J. (2006). The interactive functioning of anxiety and depression in agonistic encounters and reconciliation. *Journal of Affective Disorders*, 90, 93-99.
- Farvolden, P., Denisoff, E., Selby, P., Bagby, R.M., & Rudy, L. (2005). Usage and longitudinal effectiveness of a freely available web-based self-help CBT program for panic disorder. *Journal of Medical Internet Research*, 26;7(1):e7.
- Farvolden, P., McBride, C., Bagby, R.M., & Ravitz, P. (2003). A web-based screening instrument for depression and anxiety disorders in primary care. *Journal of Medical*

Internet Research, <http://www.jmir.org/2003/3/e23/>.

Farvolden, P., Kennedy, S.H., & Lam, R. (2003). Recent developments in the psychobiology and pharmacotherapy of depression: Optimizing existing treatments and novel approaches for the future. *Expert Opinion on Investigational Drugs*, 12, 65-86.

Bowers, K.S. & Farvolden, P. (1996). Revisiting a century-old Freudian slip--from suggestion disavowed to the Truth repressed. *Psychological Bulletin*, 116, 355-380.

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

Ferguson, D. & Dunlap, H., (in press). Posttraumatic Stress Disorder: What is it and how do I get help? *Moods Magazine*.

Toneatto, T., Ferguson, D., & Brennen, J. (2003). Effect of a new casino on problem gambling in treatment-seeking substance abusers. *The Canadian Journal of Psychiatry*, 48, 40-44.

Joanna Henderson, Ph.D., C. Psych., OISE/University of Toronto, 2002. Clinical interests include juvenile firesetting risk assessment, preventing and treating juvenile firesetting, child maltreatment and protection, collaborative intervention, child and adolescent high risk behaviours. Research interests include juvenile firesetting assessment and treatment, program evaluation, risk assessment, knowledge transfer, and factors affecting mental health professionals' practice.

MacKay, S., **Henderson, J.**, Del Bove, G., Marton, P., Warling, D., & Root, C. (2006). Fire interest and antisociality as risk factors in the severity and persistence of juvenile firesetting. *Journal of the American Academy of Child and Adolescent Psychiatry*, 44, 1077-1084.

Root, C., MacKay, S., **Henderson, J.**, Del Bove, G., & Warling, D. (accepted). The link between maltreatment and juvenile firesetting: Correlates and underlying mechanisms. *Child Abuse and Neglect*.

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

Lorne M. Korman, Ph.D., York University, 1998. Clinical interests include: Treatment of concurrent alcohol/drug use, depression, borderline personality disorder, posttraumatic stress disorder, and domestic violence. Research interests include the development and integration of emotionally-focused interventions in treatments for addictions and highly distressed clients, the assessment of changes in clients' cognitive-affective processing as a function of successful therapeutic outcome, and roadway aggression.

- Korman, L.M. (in press). Treating anger and addictions concurrently. In *Treating concurrent disorders: A handbook for practitioners*.
- Meyer, J.H., McMain, S., Kennedy, S.H., Korman, L., Brown, G.M., Dasilva, J., Wilson, A.A., Blak, T., Eynan-Harvey, R., Goulding, V.S., Houle, S., S., Links, P. (2003). Dysfunctional attitudes and 5-HT₂ receptors during depression and self-harm. *American Journal of Psychiatry*, 160, 90-99.
- Greenberg, L.S., Korman, L.M., Paivio, S. (2002). Emotion in humanistic psychotherapy. In D. Cain and J. Seeman (Eds.), *Handbook of humanistic psychotherapies* (pp. 499-532). A.P.A. Press: Washington, D.C.
- McMain, S., Korman, L., & Dimeff, L. (2001). Dialectical behavior therapy and the treatment of emotion dysregulation. *Journal of Clinical Psychology*, 57(2), 183-196.

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

- MacKay, S., Henderson, J., Warling, D., Root, C., & Del Bove, G. (2004, July). *Curiosity and psychopathology as risk factors for juvenile firesetting*. Poster presented at the International Society for the Study of Behavioral Development, Ghent, Belgium.
- MacKay, S., Henderson, J., Root, C., Warling, D., Gilbert, K.G., & Johnstone, J. (2004). *TAPPC: Clinician's manual for preventing and treating juvenile fire involvement*. Toronto: CAMH.
- MacKay, S. (2004, August). *TAPP-C: A Canadian best practice model for interventions with juvenile firesetters*. Invited Workshop presented at the 3rd International Conference on Juvenile Firesetters, Camden, NJ.
- Hanson, M., MacKay, S., Atkinson, L., Staley, S., & Pignatiello, A. (1995). Firesetting during the preschool period: Assessment and intervention issues. *Canadian Journal of Psychiatry*, 40, 299-303.

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

- McBride, C., Bagby, R. M., & Atkinson, L. (2006, in press). Adult Attachment Security and Treatment Response Following IPT and CBT Treatment of Major Depression. *Journal of Consulting and Clinical Psychology*.
- McBride, C., & Bagby, R. M. (2006). Rumination and dependency: Explaining women's vulnerability to depression. *Canadian Psychology*, 47, 84-94.
- McBride, C., Segal, Z., Kennedy, S., & Gemar, M. (2006, in press). Changes in autobiographical memory specificity following Cognitive Behavior Therapy and Pharmacotherapy treatment for Major Depression. *Psychopathology*.
- McBride, C., Zuroff, D., Bagby, R. M., & Bacchioni, J. (2006). Depressive Experiences Questionnaire: Does it Measure Pathological and Non-Pathological Forms of Dependency. *Journal of Social Behavior and Personality*, 34, 1-16.

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

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

McMMain, S. (1998, August). *An emerging Canadian model for treating concurrent disorders*. Paper presented at the meeting of the International Association of Applied Psychology, San Francisco, CA.

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

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

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

Neil A. Rector, Ph.D., University of York, 1996. Research interests focus on the measurement and evaluation of cognitive mechanisms in treatment response to cognitive therapy, with particular interests in social phobia, obsessive-compulsive disorder, and generalized anxiety disorder.

Calamari, J.E., Cohen, R.J., Rector, N.A., Szacun-Shimizu, K. Riemann, B.C., & Norberg, M.M. (in press). Dysfunctional belief-based obsessive-compulsive disorder subgroups. *Behaviour Research and Therapy*.

Rector, N.A., Kocovski, N.L., & Ryder, A. (in press). Social anxiety and the fear of causing discomfort to others. *Cognitive Therapy and Research*.

Rector, N.A. & Szacun-Shimizu, K., & Leybman, M. (in press). Anxiety sensitivity within the anxiety disorders: Disorder-specific sensitivities and depression comorbidity. *Behaviour Research and Therapy*.

Rector, N.A., Richter, M.A., & Bagby, R.M. (2005). The impact of personality on symptom expression in obsessive-compulsive disorder. *Journal of Nervous and Mental Disease*, 193 (4), 231-236.

Rector, N. A., Zuroff, D. M., & Segal, Z. V. (1999). Cognitive change and the therapeutic alliance: Assessing technical and non-technical factors in cognitive therapy. *Psychotherapy: Theory, Research, Practice, Training*, 36, 320-328.

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

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

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

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

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

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

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

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

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

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

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

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

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., Harris, G.T., Rice, M.E., & Quinsey, V.L. (2002). Identifying persistently antisocial offenders using the Hare Psychopathy Checklist and the DSM Antisocial personality disorder criteria. *Psychological Assessment, 14*, 27-38.
- Skilling, T.A., Quinsey, V.L., & Craig, W.M. (2001). Evidence of a taxon underlying serious antisocial behavior in boys. *Criminal Justice and Behavior, 28*, 450-470.

Pamela Wilansky-Traynor, Ph.D., York University, 2002. Clinical and research interests include mood and anxiety disorders in children, adolescents, and adults; cognitive behavioral, psychodynamic, and supportive expressive therapy; preventing anxiety and depression.

- Wilansky-Traynor, P., Manassis, K., Kleiman, V., Monga, S. Shaw, M., & Merka, P. (submitted). Cognitive Behavioral Therapy for Depressed Youth: Predictors of Treatment Participation. Under review in the Journal of the American Academy of Child and Adolescent Psychiatry.
- Wilansky-Traynor, P. & Lobel, T. (accepted, 2006). Differential effects of an adult observer's presence on sex-typed play behavior: A comparison between gender schematic and gender-aschematic preschool children. Accepted for publication to the Archives of Sexual Behavior.
- Wilansky-Traynor, P. (March, 2006) Supportive Expressive Therapy: Treating Interpersonal Risk in Anxious and Depressed Adolescents. Talk presented as part of a symposium at the 26th Annual Conference of the Anxiety Disorders Association of America. Miami, FL
- Raviv, A., Sills, R., Raviv, A. & Wilansky, P. (2000). Adolescents' help-seeking behavior: The difference between self- and other-referral. Journal of Adolescence, 23, 721-740.
- Burack, J. A., Shulman, C., Katzir, E., Schaap, T., Brennan, J., Iarocci, G., Wilansky, P. & Amir, N. (1999). Cognitive and behavioural development of Israeli males with fragile X and Down syndrome. International Journal of Behavioral Development, 23, 519-531.

Kenneth J. Zucker, Ph.D., University of Toronto, 1982. Clinical and research interests include gender identity disorders in children and adolescents; attachment and child psychopathology; risk factors in child psychopathology; developmental psychopathology; individual child psychotherapy; parental counseling.

- Atkinson, L., & Zucker, K. J. (Eds.). (1997). *Attachment and psychopathology*. New York: Guilford Press.
- Cohen-Kettenis, P. T., Wallien, M., Johnson, L. L., Owen-Anderson, A. F. H., Bradley, S. J., & Zucker, K. J. (2006). A parent-report Gender Identity Questionnaire for Children: A cross-national, cross-clinic comparative analysis. *Clinical Child Psychology and Psychiatry, 11*, 397-405.
- Zucker, K. J. (2005). Measurement of psychosexual differentiation. *Archives of Sexual Behavior, 34*, 375-388.
- Zucker, K. J. (2006). "I'm half-boy, half-girl": Play psychotherapy and parent counseling for gender identity disorder. In R. L. Spitzer, M. B. First, J. B. W. Williams, and M. Gibbons (Eds.), *DSM-IV-TR[®] casebook, Volume 2. Experts tell how they treated their own patients* (pp. 321-334). Washington, DC: American Psychiatric Publishing.
- Zucker, K. J., & Bradley, S. J. (1995). *Gender identity disorder and psychosexual problems in children and adolescents*. New York: Guilford Press.

ACCEPTANCE AND NOTIFICATION PROCEDURES

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

For the 2007-2008 internship year, APPIC will continue to utilize the computer matching procedure, which our program will participate in. The APPIC code number for our internship program is **183211**.

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

The CAMH sends copies of all letters confirming internship positions to the directors of training of those students who have accepted internship positions (i.e., matched to the CAMH in the APPIC computer match process). Any offer from the CAMH IS CONTINGENT UPON THE APPLICANT NOT HAVING MADE A PRIOR COMMITMENT.

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