



Pre-Doctoral Residency in Pediatric and Child Clinical Psychology

2026-2027



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About Halifax and Nova Scotia



The city of Halifax is the capital of Nova Scotia and the largest city in Atlantic Canada. It is located in Mi'kma'ki, the ancestral and unceded territory of the Mi'kmaq People, and we acknowledge them as the past, present, and future caretakers of this land.

Halifax was incorporated as a city in 1841. In 1996, the Halifax Regional Municipality (HRM) was formed when 4 former municipalities (Halifax, Dartmouth, Bedford, and Halifax County) were amalgamated. Halifax is currently the largest urban area in Atlantic Canada with an estimated population in 2025 of 503, 037.



Halifax is home to multiple post-secondary institutions, including Saint Mary's University, Dalhousie University, University of King's College, Université Sainte-Anne, Mount Saint Vincent University, and the Nova Scotia College of Art and Design (NSCAD) University. Halifax also boasts a variety of cultural opportunities, including the Maritime Museum of the Atlantic, Halifax Citadel National Historic Site (the most visited historic site in Canada), the Canadian Museum of Immigration at Pier 21, Halifax Public Gardens, Art Gallery of Nova Scotia, Nova Scotia Museum of Natural History, Africville Museum, and the Halifax Waterfront.

Halifax houses multiple restaurants, shopping, and cultural events, including the Halifax Jazz Festival, Lebanese Festival, Greek Fest Halifax, Pride Festival, the Halifax International Busker Festival, Royal Nova Scotia International Tattoo, Nocturne: Art at Night, and the Atlantic Film Festival.

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Some other facts about our city (from www.discoverhalifaxns.com):

- The Sambro Lighthouse is the **oldest functioning lighthouse** in North America
- Halifax was the location of the first official rules for ice hockey
- The Halifax Seaport Farmers' Market is the **longest continuously operating farmers' market** in North America
- The Halifax Transit Ferry is the **oldest salt-water passenger ferry** service in North America.
- Halifax was home to the **First Supreme Court in North America** (Oct 21, 1754)
- The greatest human-made explosion before the atomic bomb, the Halifax Explosion, occurred in the Halifax Harbour on Dec. 6, 1917

Halifax is a short drive to many other scenic venues in Nova Scotia (known as "Canada's Ocean Playground"). These sites include Peggy's Cove (one of the most photographed lighthouses in the world), hiking in Cape Breton's picturesque Cabot Trail, beautiful beaches, and the UNESCO heritage site in Lunenburg.

Nova Scotians are affectionately referred to as "Bluenosers", a nickname dating back to the late 18th century. Nova Scotians, and all Maritimers, are known for their friendliness and welcoming nature.

Pjila'si



Bienvenue



Welcome



Fáilte



Psychology at IWK Health

IWK Health is a tertiary care teaching centre with primary responsibility for Nova Scotia, New Brunswick, and Prince Edward Island. Psychology became a formal department at IWK Health (then called the IWK Hospital for Children) in 1976. The initial focus of the department was to support the clinical needs of children and adolescents receiving medical treatment at the hospital.

In the early years, the Psychology department consisted of four services: Neuropsychology; Behaviour Therapy; Developmental Psychology; and a “second opinion” service for complex learning disabilities. The Psychology department expanded substantially in the 1990s when the Regional Child and Adolescent Mental Health Services amalgamated with the IWK Health Centre. This more than doubled the complement of psychologists. Further growth has occurred since 2000, when Youth Forensic Services amalgamated with the IWK, and with expansions in Mental Health and Addictions, and provincial services for children with Autism Spectrum Disorder.

With a current complement of over 60 psychologists, four psychometrists, and a feeding specialist, Psychology at the IWK is a large, dynamic discipline. We are known for providing excellent clinical care, our leading Pre-Doctoral Residency in Pediatric and Child Clinical Psychology, and our productivity in clinical research.

IWK Health currently has a program management model of patient care services. Psychologists at the IWK work within three programs: (1) Children’s Health, (2) Mental Health and Addictions, and (3) Provincial Preschool Autism Services. We report to the Clinical Managers and Directors within each program. We also work together as part of the Discipline of Psychology.

The Psychology Professional Practice Leader (PPL), Dr. Marcie Balch, supports the Health Centre in recruiting and selecting psychology staff, and supports psychology staff in advancing their clinical, professional, and academic roles at the IWK. The PPL helps maintain high professional standards by supporting professional development, consulting with staff about performance management, and assuring advancement of the profession through teaching, research, and professional service activities. The Psychology PPL also works with other PPLs (e.g., Social Work, Nursing, Pharmacy), team leaders, managers, and program directors to assure a collaborative working environment that yields optimal multidisciplinary patient care.

Across the Discipline of Psychology, psychologists provide clinical care to infants, children, adolescents, and families, with a wide range of pediatric, developmental, acquired, and mental health disorders on an outpatient, inpatient, and day treatment basis. We are actively involved in clinical care, teaching, and research. Affiliation exists with the Departments of Psychology and Neuroscience, Psychiatry, and Pediatrics, at Dalhousie University.

The pre-doctoral psychology residency program falls within the Nursing and Professional Practice portfolio, under the direction of Nancy Cashen. There are 6 residency positions in the Discipline of Psychology at IWK Health. These are part of a current complement of 12 accredited Doctoral residency positions in Nova Scotia. Many of our residents have obtained employment in the Maritimes, providing closer relationships among IWK psychologists and the communities we serve.

Purpose and Philosophy of the Residency

The Pre-Doctoral Residency at IWK Health provides training for doctoral students in the areas of pediatric health and child/adolescent clinical psychology. The overarching goal is to prepare residents for independent practice as professional psychologists working with children, adolescents, and families. Residents receive extensive training and supervised experience with a variety of patient populations and clinical needs in a pediatric setting. Residents also work with other health professionals and external agencies within educational, mental health, community services, or rehabilitation settings. Residents will gain a breadth of experience by providing clinical care, attending educational seminars and rounds, participating in research, supervising junior trainees (under the supervision of a registered psychologist), and learning to work within an integrated, multidisciplinary system of health care delivery.

We adopt a scientist-practitioner approach to clinical practice, teaching, and research. To ensure that training meets the individual needs of each resident, rotation goals are set collaboratively between the resident and supervisor, considering each resident's experience and skill levels. Supervision is developmental in nature, with more intensive and direct supervision provided initially. This becomes more indirect and consultative as the resident's skills and confidence grow. Residents receive formal evaluations midway and at the end of each rotation. Residents also provide evaluations of their rotation experiences and supervisors at the end of each rotation, as well as an overall evaluation of the program at the end of the residency.

The residency is managed by the Coordinator of Clinical Training, Dr. Joanne Gillespie, along with the Clinical Training Committee, which includes a cross-section of psychologists across the discipline of Psychology. The Clinical Training Committee meets regularly to plan, implement, and evaluate the residency program and practicum placements. Residents join these monthly meetings to provide their perspectives on issues related to clinical training.

Goals and Objectives of the Residency

Consistent with the purpose and philosophy of our residency program, we continually work toward the following goals and objectives:

Goal 1 Assessment

To ensure that residents are competent in comprehensive assessment of children and adolescents, through clinical interviews, analysis of background information, as well as through cognitive, academic, behavioural, and social-emotional measures.

Objective 1: Residents will demonstrate competence in conducting comprehensive intake and diagnostic interviews with children, adolescents, and families. This will include integrating information from the medical chart, schools, and other agencies, along with a synthesis of developmental, behavioural, and family factors.

Objective 2: Residents will be able to competently select, administer, score, and interpret standardized measures of cognitive ability, memory, visuomotor

abilities, and academic or pre-academic achievement.

Objective 3: Residents will be able to competently select, administer, score, and interpret measures of behaviour and social-emotional function.

Objective 4: Residents will be able to convey assessment results and useful recommendations, in written and oral form, to families, members of multidisciplinary teams, community agencies and referral sources.

Goal 2 Intervention and Treatment

To ensure that residents are competent in planning and providing a range of empirically validated psychological treatments through individual, group, and family-based interventions.

Objective 1: Residents will develop competence in individual therapy with children and adolescents, using evidence-based approaches.

Objective 2: Residents will gain experience in conducting group interventions. This may include therapeutic groups (e.g., CBT groups for anxiety), and/or skills training groups (e.g., emotion regulation).

Objective 3: Residents will develop competence in family-based interventions (e.g., behavioural parent training, emotion focused family therapy, psycho-educational support).

Goal 3 Communication and Professional Conduct

To ensure that residents refine the personal skills, characteristics, and attitudes necessary for practice as a psychologist within a multidisciplinary context, including oral and written communication skills, consultation skills, and the ability to work with other professionals.

Objective 1: Residents will enhance their ability to function within a multidisciplinary team, including appreciation of the contributions of other team members, the role of the psychologist within the team, and the ability to work collaboratively with other team members.

Objective 2: Residents will gain experience in providing and receiving consultation to/from other professionals within the IWK, as well as the community regarding the care and treatment of children, adolescents, and families.

Goal 4 Ethics and Standards of Practice

To ensure that residents enhance their awareness, knowledge, and application of ethical and professional principles of psychology necessary for independent practice and professional growth.

Objective 1: Residents will enhance their awareness of provincial and federal legislation and guidelines relevant to conducting research and providing psychological services to children, adolescents, and their families.

Objective 2: Residents will develop and demonstrate an awareness of their clinical strengths, as well as their limits of clinical competence, given their level of professional training and experience, through the goal setting, evaluation, and supervision process.

Objective 3: Residents will have the opportunity to extend their understanding of ethical issues as they apply to their clinical and professional work.

Objective 4: Residents will gain experience in managing diverse time demands and prioritizing their efforts to reach attainable goals.

Goal 5 Evidence-Based Care in a Scientist-Practitioner Model

To ensure that residents are able to integrate science and clinical practice through a scientist-practitioner model.

Objective 1: Residents will be able to access and synthesize the research literature relevant to clinical problems, to determine “best practices”, and to use this information to guide assessment, treatment, and program development.

Objective 2: Residents will gain exposure to the process of planning, implementing, and reporting on program evaluation.

Objective 3: Residents will have the opportunity to become involved in clinical research, through involvement in on-going research at the IWK, and/or presenting a synthesis of research findings at rounds, multidisciplinary team meetings, or conferences.

Objective 4: Residents will have an opportunity to integrate science with clinical practice by presenting a talk to the public or to a group of non-Psychologists. This presentation will be based on scientific, evidence-based practices, but needs to be easily understood by parents and other non-Psychologists (e.g., teachers).

Goal 6 Diversity and Individual Differences

To ensure that residents increase their appreciation and understanding of how individual, social, and diversity factors impact clinical practice and decision-making when working with children, families, and agencies.

Objective 1: Residents will enhance their ability to work collaboratively with families in a family-centred care model, including appreciation of individual and

cultural differences, values, and resources.

Objective 2: Residents will have opportunities to learn about effective practices when working with individuals from a variety of cultural groups and diverse populations, through participation in resident seminars and other didactic trainings.

Objective 3: Residents will develop knowledge of Indigenous Peoples and Indigenous ways of knowing.

Objective 4: Residents will engage in reflective practice in their clinical work, being mindful of their own biases and positionality.

Goal 7 Breadth and Depth of Training

To ensure that residents have a broad range of experiences over the entire residency, including a balance between assessment and intervention, exposure to both medical and mental health concerns, and a range of ages, diversity factors, and presenting problems.

Objective 1: Residents will choose major and minor rotations that will provide them with some experiences that are primarily assessment-oriented and some that are primarily treatment-oriented.

Objective 2: Residents will gain experience working with children and adolescents with medical, neurological, and/or developmental conditions, as well as children and adolescents with primary mental health difficulties, over the course of the residency.

Objective 3: Residents will gain experience working with children and adolescents over a wide age range, and with a wide range of presenting problems, along with their families.

Goal 8 Supervision

To ensure residents attain competence in their response to supervision, as well as the development of their professional identity as clinical supervisors.

Objective 1: Residents will gain knowledge about models, skills, and ethical considerations in supervision.

Objective 2: Residents will use supervision effectively, including developing the capacity and skills for constructive criticism and self-evaluation.

Objective 3: Residents will gain experience providing supervision (under the supervision of a registered psychologist), via working with practicum students and/or providing peer consultation.

Across the residency program as a whole, we aim to provide residents with the following balance of experience:

- Assessment and Diagnosis (35%)
- Intervention (35%)
- Consultation (10%)
- Didactics (10%)
- Research/Program Development and Evaluation (10%)

Organization of the Residency

We offer six residency positions:

- **Child and Adolescent Clinical Psychology Track** (5 positions)
- **Pediatric Health Psychology Track** (1 position)

We strongly encourage you to **apply to both tracks** if you are interested in both and have the required experience for each of the tracks. If you apply to both tracks, simply rank them in your order of preference. According to APPIC match policies, you should tell us which track(s) you are applying for, but not how you rank each one.

Child and Adolescent Clinical Psychology Track (5 positions)

Residents in the Child and Adolescent Clinical Psychology Track typically complete two major rotations over the course of the year, each accounting for three days per week. Minor rotations account for one day per week. The first set of rotations runs from September through late February, while the second set goes from March to late August. Fridays are dedicated to nonclinical meetings, research, resident seminars, and peer support sessions across the entire year.

Residents may select one of the following two training options: Option A or Option B. All components are required within each option. In both Options A and B, residents must achieve competency in cognitive assessments; therefore, a rotation with the focus on cognitive/developmental/neuropsychological assessments **MUST** be completed by each resident. Please refer to the [Rotations](#) section for a description of each service.

	Major rotation (3 Days a Week- 6 Months)	Major Rotation (3 Days a Week- 6 Months)	Non-Major Rotation (1 day a week)
Option A (example on next page)	Assessment This must occur within Neuropsychology, Preschool & School-Age Autism Team, Preschool Pediatric Psychology Service, or Forensics	Intervention Any major rotation available (except Neuropsychology, Preschool & School-Age Autism Team, Preschool Pediatric Psychology or Forensics)	Assessment or Intervention Two minor rotations of your choice (each for 1 day/week for 6 months)
Option B (example below)	Intervention Community Mental Health and Addictions (CMHA)	Intervention Any major <u>intervention</u> rotation available	Assessment One 12-month rotation (1 day/week) with School-Age Assessment in MHA

Sample Training Plans for the Child and Adolescent Clinical Psychology Track

(for illustration only; residents can select any rotations that fit within the specifications identified on pages 9 and 10)

Option A

Major assessment rotation	Major intervention rotation	Minor rotations	Non-clinical day
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	September-February	March-August
Monday	Preschool Pediatric Psychology Service	Garron Centre
Tuesday	Preschool Pediatric Psychology Service	Eating Disorders Specialty Care Clinic
Wednesday	Hematology/Oncology/Nephrology Service	Garron Centre
Thursday	Preschool Pediatric Psychology Service	Garron Centre
Friday	Research, seminars, peer support	Research, seminars, peer support

Option B

Major intervention rotation #1	Major intervention rotation #2	Assessment rotation	Non-clinical day
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	September-February	March-August
Monday	Community Mental Health & Addictions	Adolescent Intensive Services
Tuesday	School age assessment- MHA	School age assessment- MHA
Wednesday	Community Mental Health & Addictions	Adolescent Intensive Services
Thursday	Community Mental Health & Addictions	Adolescent Intensive Services
Friday	Research, seminars, peer support	Research, seminars, peer support

Although the resident in the Pediatric Health Psychology Track has priority within the Pediatric Health rotations, the residents in the Child and Adolescent Clinical Psychology Track also have access to these rotations, depending on the availability of supervisors.

Pediatric Health Psychology Track (1 position)

This track provides specialized training in Pediatric Health Psychology as well as further experience in child and adolescent clinical assessment and intervention. **Residents applying to this track must have previous clinical experience working with children, youth, and/or families dealing with medically-related difficulties. Within their application and cover letter, applicants should clearly describe their relevant experience and appropriateness for the health psychology track.**

The Pediatric Health Psychology resident may work within any of the following services:

- Pediatric Health Psychology Service
- Feeding Clinic
- Hematology/Oncology/Nephrology Service
- Inpatient Units Consult Liaison Psychology Service
- Rehabilitation Psychology
- Pediatric Complex Pain Team

Various combinations are possible (e.g., number of days per week, number of months), depending on the resident's experience and interests, and on supervisor availability. The resident in the Pediatric Health Psychology Track has priority within the Pediatric Health rotations. Please refer to the [Rotations](#) section for a description of each service.

The Pediatric Health Psychology Resident will also spend 3 days per week for 6 months completing assessments in one of our assessment focused services (this must be in Neuropsychology, Preschool & School-Age Autism Team, or the Preschool Pediatric Psychology Service). A mandatory intervention rotation in Community Mental Health and Addictions (1 day per week for 6 months) is also required.

One day per week (Friday) is dedicated to nonclinical meetings, research, resident seminars, and peer support sessions.

Sample Training Plans for the Health Track (these are for *illustration only*; residents can select any rotations that fit within the specifications identified above)

Example 1:

	September-February	March-August
Monday	Pediatric Health Psychology Service	ASD Assessment
Tuesday	Pediatric Health Psychology Service	Pediatric Health Psychology Service
Wednesday	Feeding Team	ASD Assessment
Thursday	Community Mental Health and Addictions	ASD Assessment
Friday	Research, seminars, peer support	Research, seminars, peer support

Example 2:

	September-February	March-August
Monday	Rehabilitation Psychology Service	Preschool Pediatric Psychology Service
Tuesday	Rehabilitation Psychology Service	Community Mental Health and Addictions
Wednesday	Rehabilitation Psychology Service	Preschool Pediatric Psychology Service
Thursday	Hematology/Oncology/Nephrology Service	Preschool Pediatric Psychology Service
Friday	Research, seminars, peer support	Research, seminars, peer support

Research, Didactic Training, and Peer Support Sessions

We encourage residents to attend grand rounds, case conferences, and other professional development opportunities at IWK Health. It is possible to obtain educational leave (3 days) to attend workshops/conferences of interest or for dissertation defense. Residents are eligible to apply for professional development funding through Psychology.

In both the Child and Adolescent Clinical Psychology Track and the Pediatric Health Psychology Track, one day per week (Friday) is reserved for research, as well as participation in seminars and peer support sessions specifically planned for residents.

Research/Program Development & Evaluation

One half day per week is allocated to research. This occurs in addition to the option of a research minor rotation, described below. Residents *must* use this time to work on their dissertation if it is not complete. Residents who have completed their dissertation may participate in ongoing research or program development/evaluation projects conducted by psychologists at IWK Health.

We have good support services for conducting research including library and Internet access, and research program support. Please let us know ahead of time whether you are interested in particular research topics or working with particular researchers. We will arrange to have you meet or speak with potential research collaborators before your residency begins.

Supervision Seminar

Residents participate in a seminar focusing on the provision of clinical supervision approximately every six weeks. These 2-hour sessions include the IWK residents and is facilitated by the training coordinator. Through didactics and discussion, we will focus on important elements related to *providing* supervision (e.g., models of supervision, evaluation and feedback, multicultural considerations in supervision). There will also be opportunities for group supervision when residents are supervising practicum students at various times **throughout** the year.

Resident Seminar Series and Peer Support Sessions

Each Friday afternoon, residents participate in weekly 2-hour seminars developed specifically for them. These include presentations about relevant child, youth, and adult issues by psychologists from the IWK and other Halifax hospitals, other health professionals, and individuals working in other community settings. These seminars are Metro-wide seminars, meaning that residents from the adult health centres in the Halifax area also attend.

Mandatory peer support sessions occur weekly immediately following the seminar presentation. Peer support sessions allow residents to discuss issues relevant to their residency experience and to provide support to one another. Residents determine the structure of these sessions, within some overall guidelines covering specific areas (e.g., confidentiality). Residents often choose to spend time together socially following peer support sessions.

The following is a list of possible resident seminars:

- | | | |
|---|----------------------|----------------------|
| - Practicing as a queer and trans affirming therapist | - Psychopharmacology | - Program evaluation |
| - NSBEP/NS standards and legislation | - Chronic illness | - Private practice |
| - Indigenous health | - Finding Employment | - Supervision |
| | - Cultural diversity | - Suicidality |

Book Club Focusing on Indigenous Literature

Given the importance of understanding and reflecting upon the culture of Indigenous Peoples and the impacts of colonization, residents will participate in a quarterly book club with the Coordinator of Clinical Training and other staff psychologists. We begin by reviewing the Canadian Psychological Association's response to the Truth and Reconciliation Commission report and then read and discuss 3 separate books written by Indigenous authors. Each book will be assigned for a 3-month period and then be the focus of a 2-hour discussion session facilitated by the Coordinator of Clinical Training or another staff psychologist.

Rotations

We adhere to the CPA standard that supervision of doctoral residents must be provided by fully registered, doctoral-level psychologists. Residents may work with other supervisors (e.g., psychologists on the Candidate Register), but this must be in addition to supervision provided by fully registered doctoral-level psychologists. A current listing of staff in the Mental Health and Addictions Program, the Children's Health Program, and in Provincial Preschool Autism Services, is included at the end of this brochure.

Mental Health and Addictions Program

The Mental Health and Addictions Program is divided into two main areas: (1) Assessment and Treatment Services; and (2) Youth and Family Forensic Services. In all settings, psychologists provide a broad range of services to a diverse population of children and adolescents (up to their 19th birthday). The clinics and services within the Mental Health and Addictions Program offer a variety of residency training opportunities.

Mental Health and Addictions– Outpatient Mental Health

These services provide psychological assessment, consultation, and intervention to various outpatient teams within the Mental Health and Addictions Program. All teams are multidisciplinary, and residents may have the opportunity to work with psychiatry, occupational therapy, social work, recreation therapy, and other disciplines, depending on the team. Residents have the opportunity to gain experience in diagnostic and psychosocial assessments for children and adolescents with mental health diagnoses, and both individual and group empirically validated treatments. There are also opportunities to become involved in program evaluation and research. Services are offered in community clinics located in Halifax, Dartmouth, and Sackville (all within the Halifax Regional Municipality), as well as at the IWK's main campus.

Community Mental Health and Addictions (CMHA)

Halifax Site: Meredith Pike, Ph.D., Stephanie Ryan, Ph.D., Stephanie Snow, Ph.D.,

Sackville Site: Marcie Balch, Ph.D., Laura Love, Ph.D., Jennifer Gallant, Ph.D., Jillian Glasgow, Ph.D., Lauren Rosen, Psy.D., Breagh Newcombe, Ph.D.,

Dartmouth Site: Kristina Bradley, Ph.D., Mallory Campbell, Ph.D., Kaytlin Constantin, Ph.D., Ann Marie Joyce, Ph.D., Katie Niven Ph.D., Lindsay Uman, Ph.D.

In this rotation, you will have the opportunity to gain practical experience in the formulation and treatment of mental health concerns, including the formal assessment and diagnosis of mental health concerns in children and youth (e.g., anxiety, depression, disruptive behaviour disorders), where appropriate. The Community Mental Health and Addictions (CMHA) clinics use The Choice and Partnership Approach (www.capa.co.uk), which involves ongoing collaboration between clinicians and clients to formulate and achieve goals.

Treatment provided by the psychologists at these sites is evidence-based. Approaches used are primarily cognitive-behavioural, including acceptance and commitment therapy, but some supervisors also have expertise in family therapy, motivational interviewing, Emotion Focused Family Therapy, Dialectical Behaviour Therapy informed work, or use an integrative approach. Within most clinics, we have Psychologists with specific specialty time devoted to diagnoses and difficulties such as Eating Disorders, Concurrent Disorders (addictions), OCD, Trauma, Mood Disorders, and Family Therapy.

Within CMHA, individual and group treatments are provided for children and youth and their families. All groups are evidence-based and include: the Cool Kids/Chilled program (CBT for anxiety; Lyneham, Abbott, Wignall & Rapee), Connect parenting groups (<http://connectparentgroup.org/>), a parent group focused on supporting youth with substance use difficulties, and the Wise Minds group (which is based off of DBT Multi-family Skills Training Group [Rathus & Miller, 2015]). Residents may be able to participate in diagnostic assessments, typically focused on using DSM criteria to diagnose ADHD, Anxiety Disorders, Mood Disorders, and Externalizing Disorders. They may also be able to participate in the IWK Choice clinic, an opportunity to receive training in collaborative intake assessment with families and provide consultation to other health care professionals.

Major or minor rotations are available in CMHA.

MHA Intensive Care Teams

As part of the implementation of the Choice and Partnership Approach (CAPA), the IWK MHA program has developed several outpatient intensive care teams. Teams provide a more intensive interdisciplinary treatment approach to a smaller number of our most ill children, youth, and families presenting with neuropsychiatric disorders which are persistent or treatment resistant.

The OCD Specific Care Clinic*Ann Marie Joyce, Ph.D.*

The obsessive-compulsive disorder (OCD) intensive care team provides assessment, consultation, and treatment for children and adolescents with severe OCD. The team operates one day per week. The interdisciplinary team is composed of a Psychiatrist, a Psychologist, and a Youth Care Worker. The role of Psychology is primarily to provide cognitive behavioural therapy/exposure and response prevention (ERP) and support to youth and their families, and to participate in weekly multidisciplinary assessments. Within a treatment context, assessment of OCD severity (primarily using the CY-BOCS) is also common. There may be an opportunity for residents to participate in a caregiver group related to family accommodation of OCD. In addition, opportunities may arise for residents to participate in related clinical research and specialty clinic evaluation. At present only minor rotations (or major rotations in combination with Community Mental Health and Addictions) are possible. Please note: The OCD specific care clinic only runs on Tuesdays.

The Brief Intensive Outreach Service (BIOS)*Shawn Gates, Ph.D.*

The Brief Intensive Outreach Service (BIOS) team is an interdisciplinary care team supporting autistic children/adolescents and their caregivers/family. The interdisciplinary team is composed of two Psychiatrists, a Social Worker, a Psychologist, a Speech-Language Pathologist (SLP), an Occupational Therapist (OT), a registered behaviour therapist (RBT), and two Board-Certified Behaviour Analysts (BCBA). The role of Psychology includes clinical leadership, program development, mental health and cognitive assessment, collaborative case formulation, and mental health/behavioural interventions.

Service delivery may be offered across one of two streams/levels, depending on client presentation:

BIOS Intensive: At the intensive level, select members of the care team (as informed by case conceptualization) provide assessment, consultation and/or treatment for children and adolescents with ASD, comorbid mental health and related behavioural concerns. At times, there are also opportunities to participate in two treatment groups run in collaboration with CMHA: Facing Your Fears (a CBT group for anxiety) and PEERS (a social skills group). Residents would have the opportunity to be involved with any of these activities, depending on timing and availability.

BIOS Acute: At the acute level, BIOS involves intensive, short-term, family-focused intervention, predominantly aimed at achieving decreased aggression and improved functioning for children and families with ASD and challenging behaviour. Treatment is delivered across multiple settings (e.g., in the child's home; in clinic; in the community) when informed, and promotes collaboration with school, community services, and other care providers. This program involves multiple interdisciplinary clinician visits each week over the 8-to-12-week program, with regular care planning with the rest of the team (e.g., SLP, OT, BCBA, RBT, Social Work).

Resident participation in the overall service would preferably occur within a major rotation given the intensive nature of the program, although minor rotations can be accommodated to some degree.

Eating Disorders Team

Brynn Kelly, Ph.D.

In this rotation, you will receive training in the assessment and/or treatment of children and adolescents with eating disorders, working within a multidisciplinary team. The primary therapeutic approach you will be trained in is Family-Based Treatment (FBT), but you may also be able to gain exposure to other treatment modalities (e.g., CBT, Adolescent-Focused Therapy). Opportunities for involvement in program evaluation research or contributing to professional education programs may also be considered as part of the rotation. A minor rotation, or major rotation *in combination with other services*, is possible.

School-Age Assessment- MHA Program

Various supervisors

The School-Age Assessment rotation provides assessment services for school-age children and adolescents within Mental Health. Within this rotation, the focus will be on comprehensive psychoeducational and psychodiagnostic assessments, and will include administration, scoring, and interpretation of tests measuring cognitive abilities, information-processing skills, academic achievement, and social-emotional development. Other objectives will include interviewing and providing feedback to parents and children as appropriate, developing recommendations, writing case notes and reports, and consulting with parents, teachers, physicians, and other healthcare and educational personnel about assessment findings and implications for intervention. Opportunities to complete diagnostic assessments with specific emphasis on developing case formulations that integrate DSM-5-TR diagnostic criteria with psychosocial factors may also be provided in this rotation.

Available as a minor rotation (1 day/week for 6 months) in Option A, or as the assessment rotation (1 day/week for the entire year) within Option B.

Inpatient, Residential, and Day Treatment Mental Health

The Garron Centre for Child and Adolescent Mental Health (Inpatient Mental Health Unit)

Emma MacDonald, Ph.D.

The Garron Centre for Child and Adolescent Mental Health is a 14-bed acute care inpatient unit that serves children and youth between the ages of 5 and 19 years. It provides short-term, intensive assessment and treatment for youth experiencing significant mental health challenges. All care is delivered within a collaborative, multidisciplinary team framework, offering residents the opportunity to work closely with psychiatry, nursing, social work, and other allied health professionals within a busy psychiatric unit.

As a psychology resident, you will gain clinical experience in the comprehensive assessment of children and youth with a wide range of presenting concerns, including mood disorders, anxiety disorders, obsessive-compulsive and related disorders, psychotic disorders, eating disorders, disruptive behaviour disorders, and emerging personality traits. Clinical opportunities include psychological assessment (i.e., diagnostic, personality, and brief cognitive), treatment planning, individual therapy, and the development and implementation of behavioural management plans.

As a member of the allied health team, you will have opportunities to participate in and conduct complex and diverse clinical intakes. The patient population is majority culturally diverse, offering residents experience navigating and integrating cultural considerations into psychological assessment and treatment. You will also have opportunities to collaborate with teams from across the healthcare system (e.g., outpatient mental health teams; inpatient teams from medical services) and community partners (e.g., schools).

Only major rotations are available at the Garron Centre.

Children's Intensive Services

Psychology position is currently vacant

Children's Intensive Services (CIS) is an intensive treatment program providing day treatment and 24/5 programming for children from across Nova Scotia who present with severe disruptive behaviour and/or mental health problems. Children aged 6-12 are admitted to the program in 4-month cohorts, and services are provided to both the children and their primary caregivers. Diagnoses most often present at intake are ADHD, ODD, Anxiety Disorder, and ASD. In addition, many children in the program have a history of traumatic experiences. Psychology residents in this service participate as active members of the interprofessional team, possibly including participation in clinical rounds and case conferences. Learning opportunities during this rotation include:

- Conducting psycho-educational and mental health assessments
- Co-facilitating anxiety treatment and/or skill development groups (e.g., social skills, emotion regulation, relaxation, etc.)
- Individual therapy with children and/or caregivers
- Consulting and coordinating treatment plans with program staff, community agencies, and school personnel

Adolescent Intensive Services (AIS)

Heather MacLatchy, Ph.D. and Brittney Russell, Ph.D.

***** This rotation may not be available in 2026-2027 *****

Adolescent Intensive Services (AIS) provides family-centered care for adolescents, aged 13-19 years, who have complex mental health difficulties and/or concurrent substance use disorders. The program has two specific day treatment care areas, which are separated by different presenting problems and programming offered. One unit is DBT-informed, and the other is primarily CBT-focused. All units operate using the Connect (attachment based) principles as a

foundation and offer parenting groups using the same theoretical model. The duration of day treatment admission is informed by treatment goals (typically twelve weeks). Admissions are followed by three months of transition follow-up services, aimed at helping adolescents successfully integrate back to their homes and/or community schools.

In addition to day treatment, AIS also offers a 24/5 or 24/7 inpatient option for adolescents who do not reside in the Halifax area or have treatment goals that are best supported by inpatient care (e.g., substance withdrawal). The psychologists work within multidisciplinary teams. You will have the opportunity to conduct psychological assessments (e.g., social-emotional, cognitive, personality, behavioural, family), facilitate skills training and groups (e.g., DBT, CBT, motivational enhancement), develop and assist in the implementation of individualized care plans, and participate in individual and family therapy. You will also gain an understanding of how psychologists work collaboratively with community-based services, attend case conferences, participate in multidisciplinary rounds, and provide consultation and follow-up services with outside agencies (e.g., schools, Child and Family Services) to aid in the transition process.

AIS operates using attachment, harm reduction, and trauma informed care approaches centering around the needs of clients and their families. Therapeutic modalities used in this rotation are primarily cognitive-behavioural, motivational interviewing, dialectical-behavioural, acceptance and commitment therapy and systemic depending on the presenting problem. AIS is available as a major rotation only.

Family Intensive Outreach Service (FIOS)

Psychology position is currently vacant

FIOS is a family focused pathway within the intensive services, which provides treatment for families struggling with high-risk behaviours (e.g., suicidality, aggressive behaviour). Many referrals involve complex family dynamics, placement breakdown, and serious mental health challenges in the home. The focus of the FIOS is to provide community-based, intensive outreach services to families through a multidisciplinary team.

Families are followed for an 8-month period, with the primary intervention being Ecosystemic Structural Family Therapy (ESFT). Systemic therapy is a key component of treatment to assist families in supporting children/adolescents struggling with difficult behaviours, improve family functioning, and promote collaboration between services supporting the family in the community. Treatment sessions are conducted by a mini team (2-3 clinicians) in the family's home 1-2 times per week.

Residents will have the opportunity to work with a variety of complex family dynamics and caregiving structures (e.g., adoption). Many of the families in this service are also involved with other agencies in the community (e.g., RCMP, emergency services, child protection), which residents will have an opportunity to collaborate with during the rotation.

FIOS is available for both a minor and major rotation, and the rotation can be tailored to meet the training needs of residents. Residents interested in a major rotation should have experience in

working with both caregivers and youth (both individually and together); previous experience with serious complex mental health presentations is preferred. **Ideally, residents in this rotation would have a car, due to need for work throughout the community.**

IWK Youth Forensic Services

Forensic Assessment Rotation

Etta Brodersen, Ph.D., Julie Harper, Ph.D., Joanna Hessen Kayfitz, Ph.D., Celeste Lefebvre, Ph.D., Ainslie McDougall, Ph.D., Catherine Stewart, Ph.D., Rosalind Woodworth, Ph.D.

This major assessment rotation would be with the Youth Forensic Assessment Team and/or the Initiative for Sexually Aggressive Youth (ISAY) Program. Both teams provide psychological evaluations and risk assessments which are comprehensive reports involving a thorough psychosocial history, mental health assessment, and assessment of risk for sexual, violent, and/or general criminal recidivism as well as making recommendations for sentencing, rehabilitation, and risk management.

The reports by the Youth Forensic Assessment Team are provided to the Provincial Youth Courts of Nova Scotia under the Youth Criminal Justice Act (YCJA) and are typically requested for dispositional (sentencing) purposes, however, may be requested at any stage of the legal proceedings. Thus, clinicians may be asked to evaluate youth for application for bail review, consideration of an adult sentence, or other referral questions such as to consult on fitness to stand to trial and criminal responsibility evaluations. ISAY assessments are typically completed post-sentencing and as part of mandated assessment and treatment services. As part of the court-ordered assessment process, psycho-educational assessments also can be requested and may be an available opportunity as part of this rotation.

In this rotation, the resident would be exposed to the psychologist's role in a number of contexts (including outpatient settings, liaising with the Department of Justice including at the Nova Scotia Youth Centre [a youth custody facility], the courtroom), and be part of a multidisciplinary team. One would gain experience in clinical and forensic interviewing of youth and families, interaction with a variety of collateral sources/community partners, cognitive and personality testing and interpretation, risk for recidivism assessment, and report writing.

While **this rotation is primarily assessment focused**, there may be opportunities to be involved in providing intervention for youth with violent offences and/or for youth who have engaged in sexually inappropriate behaviour that has crossed legal lines. Psychoeducation and caregiver support is also provided to the youth's caregivers and, when relevant, on-going interactions involving partners (Department of Community Services, Probation Services, Schools, Youth Care Workers) in the treatment process. Working closely with multi-agency partners, multi-disciplinary intervention is delivered by forensic psychologists and social workers. Interventions are evidence-based and address both the criminogenic and mental health needs of the youth. It is important to note that these opportunities are not always available. If available, it would typically involve only one or two cases.

Forensic Assessment is a major rotation only. **It would be beneficial for incoming residents to have prior forensic experience/theoretical knowledge; however, this is not necessary.** If

this is the resident's first experience with forensics, competency in forensic assessment specifically may not be attainable at the end of the rotation (meaning further supervision/consultation would be necessary beyond residency if one planned to work in this specialized area). Regardless of whether one has incoming experience in the area of forensics, this rotation will provide opportunities to expand assessment skills/competencies in differential diagnoses, complex case conceptualization, clinical interviewing, and/or report writing.

Children's Health Program

Neuropsychology

Tricia Beattie, Ph.D., Nick Ciccarelli, M.A. (Psychometrist), Megan Duffett, Ph.D., Emily Svistunenko, B.A. (Psychometrist), Elizabeth Wanstall, Ph.D.

Psychologists in the Neuropsychology Service provide clinical training in the assessment of school-aged children with a wide variety of neurological and medical conditions that affect cognition and behaviour. Examples include traumatic brain injuries, stroke, neuromuscular diseases, genetic disorders, endocrine disorders, biochemical diseases, leukemia, brain tumours, and epilepsy. You will gain experience in administration, scoring, and interpretation of a range of neuropsychological measures, including specific neuropsychological tests as well as those involving general cognitive abilities.

You will also gain experience in reviewing health records, interviewing, case conceptualization, providing feedback to children and caregivers, developing recommendations, writing comprehensive reports, and consulting with other health care professionals, schools, and agencies. We offer major rotations (3 days/week for 6 months) only. Specific goals for the rotation can be tailored to your background in neuropsychology and clinical interests. We welcome residents whose major program or focus of study is in neuropsychology. As such, previous graduate courses in neuropsychology (e.g., neuroanatomy, neuropsychological assessment) and previous supervised practicum hours in neuropsychological assessment are required.

Preschool Pediatric Psychology Service (PPPS)

Hillary Rowe, Ph.D. and Aimée Yazbek, Ph.D.

Psychologists in this service provide clinical training in the assessment and diagnosis of children (birth through age 6) with neurodevelopmental and/or medical conditions affecting cognitive and behavioural development. Children present with a variety of neurodevelopmental, medical, and genetic disorders. The orientation used in this service is primarily behavioural, cognitive-behavioural, and neuropsychological.

During a rotation in PPPS, you will learn to complete intellectual, pre-academic/academic, neurodevelopmental, adaptive behaviour, and behavioural assessments. Opportunities are also available for residents to gain experience providing behavioural consultation. Previous residents have participated in parent groups and have helped develop resource materials. Your specific skills and goals will determine the nature of your experience.

During the rotation, you will gain experience providing consultation services to healthcare professionals (e.g., neurologists, pediatricians, speech-language pathologists, occupational therapists, physiotherapists), teachers (preschool and school) and developmental interventionists. You may participate in interdisciplinary programs (such as the IWK Kids' Rehab Team), acquiring additional skills working collaboratively with other professionals.

Residents typically complete a major rotation in PPPS. It may also be possible to have a joint placement working with PPPS and the Preschool Autism Team.

Rehabilitation Psychology

Trisha-Lee Halamay, Ph.D. and Crystal Lowe-Pearce, Ph.D.

The Rehabilitation Psychology Service falls under the umbrella of Pediatric Rehabilitation, which is an Interprofessional Service at the IWK for children and youth with physical disabilities including neurodevelopmental conditions (e.g., cerebral palsy, muscular dystrophy, and spina bifida), acquired brain and/or spinal cord injuries, and other physical needs that would benefit from a rehabilitation lens. Residents have the opportunity to work with outpatient and/or inpatient populations, and to be involved in consultation and intervention related to the functional goals of patients and their families.

Using a solution-focused coaching approach, Rehabilitation Psychology provides services within an evidence-based framework to assist with cognitive, behavioural, or psychological adjustment issues, which are directly related to or complicated by disability. Examples include behavioural and emotional regulation; coping with disability and changes in physical or cognitive functioning; developing strategies to support optimal functioning and participation at home, school, and community; and coping with stress and anxiety related to disability. Residents will gain interprofessional experience working collaboratively with other health-care teams and clinics as well as external agencies such as schools. Group facilitation and rehab-related committee participation may also be an option, depending upon availability. Available as a major or minor rotation.

Feeding Clinic

Jamesie Coolican, Ph.D. and Allison Field, M.A.

Residents working within this clinic will gain experience in applying behavioural principles to managing severe feeding issues in young children (primarily under the age of five). Some residents may get experience using Motivational Interviewing or Cognitive Behaviour Therapy with older children. Children referred to the clinic may have poor growth, food refusal behaviour, anxiety related to eating, and/or complex medical histories which may have interfered with the acquisition of feeding skills. Children may be seen on either an inpatient or outpatient basis; however, the majority are seen as outpatients.

For residents in the Health Psychology track, this experience is available as a minor rotation or can be integrated in a flexible manner with other health rotations throughout the year depending

on the interests and experience of the resident. For residents in the Child and Adolescent Clinical Psychology Track, this experience is available only as a minor rotation.

Pediatric Complex Pain Team

Meghan Schinkel, Ph.D. and Elizabeth Wanstall, Ph.D.

The Pediatric Complex Pain Team provides multidisciplinary consultation and treatment of chronic/ongoing pain in children. The psychologists are involved in all areas of assessment and treatment of chronic and recurrent pain, and work closely with clinical nurse specialists, physiotherapists, and anesthesiologists. In addition to consultation to the team and participation in inter-disciplinary assessments and care, the psychologists provide individual treatment (based on cognitive-behavioural therapy, acceptance and commitment therapy, and/or motivational interviewing) for pain and to improve functioning in youth with chronic pain. Groups for adolescents may also be provided during this rotation.

The Complex Pain Team accepts referrals from all departments at the IWK and from family physicians. Opportunities to participate in clinical research in pediatric pain *may* also be available. The psychologists on this service work part-time, and therefore only minor rotations are available at present.

Hematology, Oncology & Nephrology Service + Inpatient Consultation Liaison

Katharine Filbert, Ph.D.

Psychology services with the Pediatric Hematology/Oncology/Nephrology Service involve assessment, treatment, and consultation for children, adolescents, and families dealing with cancer (e.g., acute lymphoblastic leukemia; brain tumors), complex blood disorders (e.g., hemophilia; sickle cell disease), and kidney disease. Service may be provided individually on an inpatient or an outpatient basis, and also includes multi-disciplinary consultation with other health professionals and community partners (e.g., community health care providers; schools). Depending on referral requests, this rotation involves both short and long-term intervention experiences.

Common referral issues include assistance coping with issues related to the assessment and treatment of the medical condition (e.g., coping with medical procedures); adherence to medical regimes (e.g., taking medication); pain management; adjustment and coping with chronic health conditions, hospitalization, and functional limitations (e.g., school attendance); and mental health and behavioural issues related to the medical condition or its treatment. Behavioural intervention for encopresis with chronic constipation co-occurring with the oncological, hematological, or kidney condition, is also provided. Informal consultation may also be provided to the multi-disciplinary health care team to enhance consistency and patient outcomes. Evidence-based approaches most often used in this service are behavioural, cognitive behavioural, acceptance and commitment therapies, and motivational interviewing techniques.

This rotation is offered as a minor rotation and includes clinical work within the Inpatient Units Consult Liaison Psychology Service.

The Inpatient Units Consultation Liaison Psychology Service responds to referrals for children and adolescents hospitalized on the Medical, Surgical and Neurosciences Unit (MSNU), the Pediatric Intensive Care Unit (PICU), and the Pediatric Medical Unit (PMU). Residents on this service will be involved in providing short-term evidence-based treatment, assessment, and consultation for a wide range of mental health issues (including issues which may be unrelated to the medical treatment and/or recovery) presenting during the hospital admission. Specific clinical activities include: providing rapid assessment and support to families following an acute health-related crisis; supporting patients in developing and strengthening coping skills; helping patients and medical staff address and remove barriers related to medical treatment compliance; facilitating communication between primary care staff and families; providing consultation to and collaborating with primary care staff and outpatient teams; and facilitating referrals to outpatient psychosocial services (e.g., Community Mental Health; Pediatric Health Psychology Service).

This rotation is offered as a minor rotation and includes clinical work within the Pediatric Hematology/Oncology/Nephrology Service.

Pediatric Health Psychology Service

Joanne Gillespie, Ph.D., Trisha-Lee Halamay, Ph.D., Elizabeth McLaughlin, Ph.D., Ena Vukatana, Ph.D.

In the Pediatric Health Psychology Service, we provide assessment, treatment, and consultation for children and adolescents with acute and chronic medical conditions. We help them to cope with aspects of the assessment or treatment of the illness (e.g., coping with procedures or examinations, taking medications, adhering to complex daily regimens). We work with medical problems for which the evidence-based treatment involves behavioural interventions (as is the case in enuresis, and encopresis with chronic constipation). As well, we work on broader issues such as coping with illness, functional limitations (e.g., school attendance, involvement in social activities) related to a medical condition, or parent-adolescent conflict related to a medical condition. We use evidence-based approaches, including behavioural, cognitive behavioural, and acceptance and commitment therapies.

Patients in this service are seen primarily on an individual outpatient basis. Depending on referral patterns and the resident's schedule, there may be opportunity for group treatment as well. Residents also have the opportunity to participate in multidisciplinary clinics (Complex Bladder Collaborative with urology; Differences of Sexual Development Clinic with surgery, urology, endocrinology, gynecology, and social work), as well as monthly bowel management consultation rounds (with gastroenterology, surgery, nursing, physiotherapy, and pediatrics).

Residents attend biweekly intake meetings to review new referrals, determine the priority in which cases should be seen, participate in team consultation, and discuss any service-related issues. Depending on their interests, residents within the service will also have the opportunity to participate in broader activities, such as development of resources or delivery of educational sessions to families or other healthcare providers.

The psychologists in this service are not members of any specific medical team. Referrals come from across the health centre and from physicians across the Maritimes. Typical referral sources include general pediatrics, gastroenterology, urology, endocrinology, and ophthalmology, as well as immunology, rheumatology, orthopaedics, neurology, developmental clinic, ENT, dentistry, and general surgery, among others. As such, residents will have the opportunity to collaborate and consult with professionals from a range of specialties and disciplines. Many patients referred to the service have a comorbid neurodevelopmental condition or mental health diagnosis.

Residents in the Pediatric Health Psychology track often select this rotation given the breadth of referral populations and issues. Major and minor rotations in the Pediatric Health Psychology Service are also available to residents in the Child and Adolescent Clinical Psychology Track. Residents will have the opportunity to take part in any aspect of the service. The rotation may be tailored to suit the resident's clinical interests with regard to specific patient populations or types of referrals.

Provincial Preschool Autism Service (PPAS)

Preschool and School-Age Autism Teams

Erika Brady, Ph.D., Melissa Cook, M.A., Agnes Flanagan, Ph.D., Helen Flanagan, Ph.D. Kerri Gibson-Grant, Ph.D., Michelle Kerr, M.A.S.P., Liz MacKay, Ph.D., Shannon-Dell MacPhee, M.A., Sarah Martin, M.A.S.P., Brittany Morrison, M.A.S.P., Sarah Peverill, Ph.D., Alice Prichard, Ph.D., Annie Richard, Ph.D., Joey Schurman, M.Sc.

Psychologists in this service provide clinical training in the assessment and diagnosis of children ranging in age from toddlers through 18 years with, or suspected of having, an autism spectrum disorder (ASD). Opportunities exist to participate in major or minor rotations, and the resident's specific skills and goals will determine the nature of their experience. For example, residents can gain experience across all ages seen in this service or choose to focus on the preschool or school-age population.

Residents participate in diagnostic assessments for ASD, including structured observational methods (ADOS-2), a diagnostic interview, and assessment of intellectual, adaptive, and behaviour functioning. They may have the opportunity to participate in interdisciplinary assessments with developmental pediatricians and consult with other professionals (e.g., occupational therapists, speech-language pathologists, early interventionists, teachers). Residents will learn to interpret the findings within the larger context of the client's medical, developmental, and psychosocial history. Developing skills in differential diagnosis, providing diagnostic feedback to families and report writing is emphasized. There may be the opportunity to provide brief consultation to families around a variety of behavioural, developmental, and/or mental health issues (e.g., tantrums, sleep, anxiety).

Note: For trainees interested in focusing their assessment work on young children, it may also be possible to have a joint placement with the preschool ASD diagnostic team and PPPS.

Research

Residents in the *Child and Adolescent Track* may choose a six-month minor rotation in clinical research. In this rotation, residents will collaborate on existing research projects involving original data collection and/or data that have already been collected. The research must have an applied focus to help prepare residents for a research career within a health care setting. By the end of the rotation, residents are expected to show evidence of solid research progress by generating a grant proposal, manuscript, or poster presentation. Residents may not use this rotation to work on their dissertation.

Residents in the Pediatric Health Psychology track who are interested in conducting clinical research may do so within one of their track rotations, rather than as a separate research rotation. The resident should discuss this interest with their supervisors soon after match day to determine how research can be integrated into their clinical rotations.

Examples of IWK Psychologists with larger research programs include:

- **Dr. Jill Chorney**- Interactions among healthcare providers and families including shared decision-making and family centered care; behaviour change strategies including motivational communication; application of implementation science in organizational change; health services outcomes in youth mental health.
- **Dr. Aimée Coulombe**- Developing a more collaborative referral pathway to Intensive Services at the IWK; Supporting shared and informed decision-making between families and clinicians when clients are considering IWK Intensive Services; Evaluating client, family, and clinician experiences with this new referral process. Short-term, small scale research opportunities related to supporting clinical practice across the MHA program may be available according to resident interest. Dr. Coulombe would particularly welcome any collaborations supporting care from an Equity Diversity Inclusion Reconciliation and Accessibility focus.

Many other psychologists at IWK Health are involved in clinical research. Residents may choose to work with these psychologists as well. For a list of psychology staff research interests, as well as a list of recent staff publications, please refer to the end of this brochure.

Interview candidates will have the opportunity to meet with potential research supervisors during their interview. Please let us know ahead of time if you are interested in completing a research project during your residency so that we can arrange these meetings for you.

Summary of Rotation Opportunities

	Major	Minor
Mental Health and Addictions Program (MHA)		
<i>Assessment and Treatment Services – Outpatient Mental Health</i>		
Community Mental Health and Addictions (CMHA)	✓	✓
The OCD Specific Care Clinic		✓
Eating Disorders Specific Care Clinic		✓
Brief Intensive Outreach Service (BIOS)	✓	✓
School-Age Assessment- MHA		✓
<i>Assessment and Treatment Services – Inpatient, Residential, and Day Treatment Mental Health</i>		
Adolescent Intensive Services	May not be available	
Family Intensive Outreach Service (FIOS)	Not currently available	
Children's Intensive Services	Not currently available	
The Garron Centre for Child and Adolescent Mental Health	✓	
<i>Youth and Family Forensic Services</i>		
Forensic Assessment Rotation	✓	
Children's Health Program (CHP)		
Neuropsychology	✓	
Preschool Pediatric Psychology Service	✓	✓
Rehabilitation Psychology	✓	✓
Feeding and Nutrition Clinic		✓
Pediatric Complex Pain Team		✓
Pediatric Health Psychology Consultation Service	✓	✓
Hematology/Oncology/Nephrology Service and Inpatient Units Consult Liaison Psychology Service		✓
Provincial Preschool Autism Service (PPAS)		
Preschool & School-Age Autism Assessment Team	✓	✓
Research		
Research Rotation		✓

Potential Impact of COVID-19 on Residency Training

The identification of COVID-19 in Nova Scotia in March 2020 resulted in significant changes to service delivery at IWK Health and across the Maritime provinces. Mandatory masking was initiated at the end of July 2020; presently, masking is only in place at the IWK when indicated due to symptoms or at the request of families.

Residents are considered hospital employees and therefore, continued to work full time hours throughout the pandemic. As hospital employees, there is a possibility (if needed) that residents could be reassigned to other areas across the health centre, but this has not happened. Because many programs transitioned to clinical care being delivered virtually via Zoom for Health Care, many residents have worked from home-based offices for some portion of their training year. They were supported through this process with assistance securing necessary computer equipment at home and were provided with IT support and Zoom for Healthcare accounts.

All meetings, didactics, peer support, and supervision sessions were moved from in person delivery to an online platform in 2020. We have now returned to most seminars and peer support sessions being held in person.

Practicum placements were reinstated for PhD psychology students in September 2020 and have continued since then. Residents will have the opportunity to supervise junior trainees during their training year.

If you have questions about COVID-19 related changes within a specific care area and how these changes may impact training opportunities for a resident placed within that rotation, please contact the Coordinator of Clinical Training to discuss further.

Facilities

IWK Psychological Services are provided through a number of programs. Some are located at the main IWK Health site, and others are off-site.

Psychologists working within the Children's Health Program are located primarily on the Fourth Floor of the Link Building at IWK Health (5980 University Avenue). The office of the Psychology Training Coordinator is located there as well. One-way mirrors are available in a number of assessment and treatment rooms. There is also a kitchenette and conference room in this area.

The Garron Centre for the Mental Health and Addictions Program is located at the main IWK site.

Other services within the Mental Health and Addictions Program are located off-site:

- CMHA Halifax (6080 Young Street)
- CMHA Dartmouth- Site 1 (99 Wyse Road)
- CMHA Sackville (40 Freer Lane)
- AIS & CIS (2760 Joseph Howe Drive)
- BIOS (1496 Bedford Highway)

For rotations within the Mental Health and Addictions Program, opportunities for observation and recording sessions are available through the Video, Audio, Learning Tool (VALT) system.

Offices

Residents share 2 large offices. Each resident has a desk, networked computer, and filing space, as well as their own telephone and phone number, voice mail, personal email and internet account, Zoom for Healthcare account, and access to office supplies.

Administrative Support

Administrative support is available to psychologists and residents.

Other Psychology Support Staff

There are two psychometrists in the Neuropsychology Service, one psychometrist in the Mental Health and Addictions program, one psychometrist in the Provincial Preschool Autism Services Program, and a feeding specialist in the Feeding Clinic.

Libraries

IWK Health has a library that is staffed by a professional librarian and two part-time staff, all of whom are extremely approachable and helpful. There are currently over 175 journal subscriptions, 4000 books, and access to various electronic databases. Residents can use the Dalhousie Library system, which is connected to the Nova Scotia University Libraries Network. Additionally, there is a Family Resource Library that is well funded through the support of the IWK Auxiliary. This library has a professional librarian and over 3000 titles. There is also a library of books and manuals in the resident office.

Social Events

Residents are invited to attend the Discipline of Psychology holiday party in December, as well as all additional social events through the year.

Accreditation

The residency is accredited by the Canadian Psychological Association (CPA). Our program was reaccredited in 2019 for 7 years, with the next site visit occurring during the 2025-2026 academic year.

The contact information for the office of Accreditation for CPA is:

CPA Accreditation Panel
1101 Prince of Wales Drive, Suite 230
Ottawa, Ontario
K2C 3W7

How to Apply

Qualifications

The following qualifications provide a guide to prospective applicants and are used to guide our decision making. Some qualifications are required, whereas others are preferred. Not every successful candidate will necessarily have met all of the preferred criteria.

Required

- Enrolled in a CPA/APA **accredited** doctoral program in clinical psychology. **Individuals from unaccredited programs, or school or counselling programs, will not be considered, regardless of their clinical experience.**
- Graduate level courses in assessment, therapy, ethics, and clinical interviewing.
- Graduate level course in developmental and/or child psychopathology.
- All course work and comprehensives completed.
- Dissertation proposal must be completed prior to application for residency, as per CPA standards. Data collection is expected to be close to complete by fall 2025.
- Minimum of 600 practicum hours (direct clinical care + supervision) approved by the applicant's graduate program. We consider care provided via telepsychology (telephone contact or virtual videoconference) to be equivalent to face-to-face direct patient/client contact.
- Although our site does not have a specific requirement about the number of integrated reports required to receive an interview, it is recommended that applicants have between 9 and 11 integrated reports *with children/youth specifically* to be considered competitive.
- Diverse practicum experience in **both** assessment and intervention with children, youth, and families.

Preferred

- Dissertation data collection completed, and first dissertation draft underway.
- Career interest in child clinical or pediatric psychology.
- Canadian citizens, non-Canadians currently studying within Canada, or those with landed immigrant status will be given **significant** preference, in accordance with Immigration Canada requirements, including the updated foreign worker legislation.
- Competency in French or other languages.

When short-listing applicants, we look for those who have child/adolescent experience in **both** intervention (preferably both group and individual) **and** developmental/cognitive assessment. We do not interview applicants who have experience *only* with intervention or *only* with assessment. We also look closely at peer-reviewed journal publications, dissertation status, and letters of reference.

When ranking candidates post-interview, the Clinical Training Committee takes into account the goodness of fit between the candidate's training/orientation and the training offered at the IWK. The candidate's dissertation status, presentation during the interview, and case

conceptualization and treatment skills demonstrated in the interview are also important components in our ranking process.

For your information, for the 2025-2026 training year we had 43 applicants and interviewed 24 candidates. Under the APPIC heading “Summary of Practicum Experience” the candidates we selected for interviews had accumulated an average of 324 assessment hours (range: 171-870 hours), 428 intervention hours (range: 192-793 hours), and 366 supervision hours (range: 245-674 hours).

Application Documentation

Residency applicants must submit the following using [AAPI Online](#):

- APPIC Application for Psychology Internship (AAPI)
- APPIC Academic Program’s Verification of Internship Eligibility and Readiness
- Curriculum Vitae, which is well organized and includes:
 - Content, location, ages, and diagnoses seen, description, and supervisor of each clinical placement. Please also describe the type of supervision (e.g., co-facilitation of sessions, live observation of individual sessions, recorded observation of individual sessions, didactic/discussion) received at each placement
 - Awards
 - Publications
- Graduate transcripts
- Three letters of reference - These letters must use the APPIC Standardized Reference Form
- Cover Letter. This should identify the track(s) to which you are applying and detail your personal training goals and interests in relation to our residency program. Please include which rotations you are interested in, including noting if you want option A or B (if you are applying for the child and adolescent psychology track). Please remember that your rotation interests must include **both** assessment and intervention.

We encourage applicants interested in both the Child and Adolescent Clinical Psychology Track and the Pediatric Health Psychology Track to apply to both tracks. You will not be penalized for applying to both tracks, because we rank each track separately. Please make it clear in your cover letter whether you are applying to one track (specify which one) or both tracks. Please outline your training goals and rotations of interest that are relevant to each track. **If you are applying to the Pediatric Health Track, please clearly describe your relevant health psychology experience and appropriateness for the track.**

Selection Process

Our National Matching Service Program Code Numbers are:

- 181211 – Child and Adolescent Clinical Psychology Track (five positions)
- 181212 – Pediatric Health Psychology Track (one position)

The Clinical Training Committee selects interview candidates soon after the application deadline. As per the CCPPP recommendation, we will be informing all applicants of their selection status on Friday, December 5. Interviews will begin to be scheduled at noon that day and interview dates will be selected in consultation with the applicant. As per CCPPPs interview plan, we will guarantee interview slots from January 12-23, 2026. However, we will provide other dates to applicants who wish to interview at other times. The interview is conducted by two psychologists, one of whom is from an area of particular interest to the applicant. To help candidates prepare for the interview, we provide information about the interview content in the interview letter of offer.

Because of potential COVID-19 disruptions to travel, environmental factors, and the importance of equity and access considerations, as per recommendations from CCPPP and the APPIC Board of Directors, this year all interviews (including local applicants or those who may request an in-person visit) will again be held virtually via videoconferencing or telephone (based on preference of the applicant).

In addition to the formal interview, current residents will call or meet virtually with candidates who receive an interview. This provides an “off the record” chance to ask questions about the residency program and the city of Halifax. Candidates will also meet virtually individually with the Coordinator of Clinical Training; additional virtual meetings with prospective supervisors can be arranged.

In accordance with APPIC match policies, no person at IWK Health will solicit, accept or use any ranking-related information from any residency applicant. Information about the match may be obtained from APPIC and from National Matching Services.

IWK Health is committed to the principles of employment equity, and we welcome applications from all qualified candidates. Applicants who are members of equity seeking communities, including Indigenous, Black/African Nova Scotians, Immigrants/Newcomers, Persons of Colour, Persons with Disabilities, and 2SLGBTQIA+, are invited to identify themselves on their application.

All applicants who meet the required qualifications for the residency program will be considered for an interview. Where all other aspects of individuals’ applications are equivalent with regard to fit for our residency program, applicants who choose to disclose that they are a member of an equity seeking community will be given priority in interview selection.

During the ranking process (i.e., after application review and interviews), if an applicant who has self-identified is not the highest scoring candidate but falls within 10% of the next highest scoring candidate, the candidate who self-identified will be ranked higher. The ‘10%’ reflects the current impact of historical bias on traditionally marginalized people and supports our goal of increasing diverse representation to reflect the region in which we operate and the patients and families we serve.

As a condition of employment at IWK Health, incoming residents are required to complete a criminal record check, a child abuse registry check, and provide proof of up-to-date immunization status. We also recommend that incoming residents confirm that their home university provides professional liability coverage; otherwise, we strongly recommend that they purchase it on their own.

In accordance with federal privacy legislation, we are committed to collecting only the information that is required to process your application. This information is secured within Psychological Services at IWK Health and is shared only with those individuals involved in the evaluation of your residency application. If you are not matched with our program, your personal information will be destroyed within six months of Match Day. If you are matched with our residency program, your application and CV will be available only to those involved in your supervision and training including your rotation supervisors, the Psychology Training Coordinator, and relevant administrative support staff.

Deadlines, Salary, and Benefits

The application deadline is **November 14, 2025 at 11:59 AST**. We use the APPIC internship application form, participate in the APPIC Match, and abide by all APPIC policies and procedures. We will let applicants know whether they have received an interview on December 5, 2025. They can begin to book their interviews with the NMS interview scheduling program that same day.

The residency begins on September 1, 2026 and ends on August 31, 2027. The salary for 2026-2027 is \$55,185 less statutory deductions. This salary corresponds to the living wage rates for Halifax (2024) published by the Canadian Centre for Policy Alternatives. Residents are eligible for reimbursement of eligible relocation expenses up to \$5000, three weeks paid vacation and statutory holidays, as well as medical and dental benefits. Time (3 days) is available for educational leave to attend professional conferences or workshops (or dissertation defense).

We continue to have an arrangement with Dalhousie University to provide IWK residents with access to health services (including a primary care provider) through the Dalhousie Student Health & Wellness Centre (SHWC) www.dal.ca/campus_life/health-and-wellness.html). Residents will be required to provide information about their provincial health coverage (e.g., OHIP, MSP, AHCIP, etc.) when receiving care at the SHWC.

We look forward to learning more about you and your training goals. If you are interested in our program, and have questions or would like additional information, please contact:

Dr. Joanne Gillespie (she/her),

Coordinator of Clinical Training

Pre-doctoral Residency in Pediatric and Child Clinical Psychology

IWK Health, 4th floor link 5850/5980 University Avenue

Halifax, Nova Scotia B3K 6R8

Phone: (902) 470-8408

Email: joanne.gillespie@iwk.nshealth.ca

Staff Profiles (July 2025)

Children's Health Program

Dr. Tricia Beattie

Ph.D., 2008, University of New Brunswick

Psychologist, Neuropsychology Service

Clinical Interests: Neurocognitive outcome in children with various underlying neurological and medical conditions (e.g., Epilepsy, Brain Tumours); learning disabilities; anxiety. Research Interests: Assessment and remediation of memory and executive functioning problems in children; impact of various medical treatments/interventions on neurocognitive outcome in children; program evaluation.

Mr. Nick Ciccarelli

M.A., 1990, Mount Saint Vincent University

Psychometrist, Neuropsychological Services

Clinical Interests: Assessment and remediation of children with learning disabilities, neuropsychological assessment and clinical follow-up of children with closed head injuries, and neurological impairments.

Research Interests: Developing new approaches for improving social adaptive functioning for children with impaired cognitive abilities.

Dr. Jamesie Coolican

Ph.D., 2009, Dalhousie University

Psychologist, Feeding Clinic

Clinical Interests: Assessment and intervention for children with feeding difficulties.

Research Interests: Effectiveness of parent training/education on both child and parent outcomes. Program development and evaluation.

Dr. Megan Duffett

Ph.D., 2016, University of Windsor

Psychologist, Neuropsychology Service

Clinical Interests: Neuropsychological assessment of children and adolescents with neurological and medical conditions. Diagnostic and neurocognitive assessment of school age children with suspected autism spectrum disorder.

Research Interests: Emotion socialization; parenting practices and associated behavioural and emotional development of children; experiences of parents of children with autism spectrum disorder; program evaluation.

Dr. Katharine Filbert

Ph.D., 2012, University of Ottawa

Psychologist, Pediatric Hematology/Oncology/Nephrology and Inpatient Units Consult Liaison Psychology Service

Clinical Interests: Behavioural and cognitive behavioural intervention for medical treatment adherence; coping with acute and chronic illnesses and elimination disorders; parenting children and youth with a chronic illness; short-term evidence-based assessment, consultation, and

treatment for mental health issues presenting during inpatient admissions; treatment of disruptive behaviour disorders; acceptance and commitment therapy; motivational interviewing. Research Interests: Bullying prevention and intervention; childhood obesity; pediatric pain; preoperative intervention planning; program development and evaluation; resilience.

Dr. Joanne Gillespie

Ph.D., 2005, University of Western Ontario

Psychologist, Pediatric Health Psychology Service

Coordinator of Clinical Training

Clinical Interests: ACT, motivational interviewing, behavioural intervention, and cognitive behavioural intervention for difficulties involving adherence to medical regimens and procedures, as well as coping with acute and chronic illness; medical/procedural anxiety; treatment of elimination disorders, psychological aspects of food allergies.

Research Interests: Individual differences in procedural distress; psychological aspects of food allergies; procedural anxiety; preoperative psychological assessment in pediatric orthopedic surgery

Dr. Trisha-Lee Halamay

Ph.D., 2021, University of New Brunswick

Psychologist, Rehabilitation Psychology & Pediatric Health Psychology

Clinical Interests: Rehabilitation Psychology: Outpatient support to children and adolescents with ongoing physical needs that benefit from a rehabilitation lens, including neurodevelopmental conditions (e.g., cerebral palsy, muscular dystrophy, and spina bifida), as well as sudden functional change related to injury or illness (e.g., brain injury, spinal cord injury, amputation). Evidence-based intervention to assist with cognitive, behavioural, or psychological adjustment issues, directly related to or complicated by disability. Health Psychology: Evidence-based intervention using behavioural, cognitive, and acceptance and commitment therapy approaches to support children and adolescents receiving outpatient care for a variety of acute and chronic medical challenges (e.g., procedural anxiety, adherence, and coping with conditions); consultation with caregivers and other health care providers.

Research Interests: Program development related to the clinical needs of pediatric health and rehabilitation populations.

Dr. Crystal Lowe-Pearce

Ph.D., 2009, Dalhousie University

Psychologist, Rehabilitation Psychology

Clinical Interests: Assessment, consultation, and intervention for children with ongoing physical needs that would benefit from a rehabilitation lens, including neurodevelopmental conditions (e.g., cerebral palsy, muscular dystrophy, and spina bifida), as well as sudden functional change related to injury or illness (e.g., brain injury, spinal cord injury, amputation). Evidence-based intervention to assist with cognitive, behavioural, or psychological adjustment issues, which are directly related to or complicated by disability. Interprofessional practice.

Research Interests: Program development and evaluation related to the clinical needs of rehabilitation populations.

Dr. Elizabeth McLaughlin

Ph.D., 2002, Dalhousie University

Psychologist, Pediatric Health Psychology Service

Clinical Interests: Children and adolescents with acute and chronic medical conditions.

Assessment, treatment, and consultation regarding treatment adherence, procedural anxiety, and coping with illness using cognitive behaviour therapy, motivational enhancement, and acceptance and commitment therapy. Parenting in the context of chronic health conditions.

Research Interests: Program evaluation related to clinical intervention in health psychology, including multi-disciplinary collaborations.

Dr. Meghan Schinkel

Ph.D., 2018, Dalhousie University

Psychologist, Complex Pain Clinic

Clinical Interests: Assessment, consultation and intervention for children and adolescents with complex pain using CBT, ACT or motivational interviewing approaches. Intervention focused primarily on addressing functional goals, coping/adjustment, and mental health concerns related to a medical condition.

Research Interests: The role of family factors in pediatric pain; psychosocial functioning in siblings of children with chronic pain/chronic health conditions.

Dr. Ena Vukatana

Ph.D., 2017, University of Calgary

Psychologist, Pediatric Health Psychology Service

Clinical Interests: Use of evidence-based strategies from behavioural, cognitive behavioral, and acceptance and commitment therapy approaches to support youth with a variety of acute and chronic medical challenges, such as procedural anxiety, treatment adherence, and coping with chronic health conditions; consultation with caregivers and health care providers to support youth in the aforementioned areas.

Research Interests: Psychosocial functioning of youth with chronic health conditions; parenting youth with chronic health conditions; procedural anxiety.

Dr. Elizabeth Wanstall

Ph.D., 2024, York University

Psychologist (Cand. Reg.), Neuropsychology Service & Complex Pain Clinic

Clinical Interests: Neuropsychological assessment of children and adolescents with neurological and medical conditions. Providing evidence-based assessment, intervention, and consultation for children and youth with chronic pain and/or somatization using CBT, ACT, DBT, or motivational interviewing.

Research Interests: Parenting children with neurodevelopmental conditions (e.g., ADHD) and early neurological risk (e.g., neonatal stroke, childhood cancer, cardiac conditions). Evaluating peer support programs for children with chronic health conditions (e.g., IBD, arthritis). Program development/evaluation of psychosocial interventions for children and youth with chronic pain and/or somatization.

Dr. Aimée Yazbek

Ph.D., 2009, University of New Brunswick

Psychologist, Preschool Pediatric Psychology Service

Clinical Interests: Assessment, diagnosis and intervention with infants, preschool and early elementary children with neurodevelopmental and genetic disorders; Development and implementation of home- and/or centre-based intervention programs; Consultation to health professionals, families, and schools; Group intervention for parents of children with disabilities.

Research Interests: Program development and evaluation.

Mental Health and Addictions Program Staff**Dr. Marcie Balch**

Ph.D., 2015, University of New Brunswick

Psychology Professional Practice Leader (IWK)

Psychologist, Community Mental Health and Addictions (Sackville Site)

Clinical Interests: Assessment and treatment (primarily cognitive behavioural therapy and ACT) of children and adolescents with anxiety and mood disorders; cognitive assessments for diagnoses of learning disabilities. I also have DBT training and work with youth with BPD features.

Research Interests: Program evaluation, self-concept in adolescents

Dr. Kristina Bradley

Ph.D., 2016, University of Ottawa

Psychologist, Community Mental Health and Addictions (Dartmouth Site)

Clinical Interests: cognitive and developmental assessments, behavioural interventions for children with neurodevelopmental disorders, CBT for anxiety, OCD, and mood, DBT for emotionally dysregulated adolescents, CBT groups for anxiety, and DBT skills group

Research Interests: Child and Adolescent Mental Health, Mental Health Promotion, Prevention, iCBT, Psychotherapy Processes, Health Behaviour Change, Health Services Research, Group-based interventions.

Dr. Mallory Campbell

Ph.D., 2019, OISE/University of Toronto

Psychologist, Community Mental Health and Addictions (Dartmouth Site)

Clinical Interests: Individual and group treatments for children with anxiety and disruptive behaviour disorders. Individual and group treatments for adolescents with anxiety, OCD, emotion dysregulation, mood, and concurrent disorders. Interventions primarily informed by dialectical-behavioural, cognitive behavioural and behavioural approaches. Cognitive and psychodiagnostic assessments of children and adolescents.

Research Interests: Substance use and Emerging Adulthood.

Dr. Kaytlin Constantin

Ph.D., 2023, University of Guelph

Psychologist (candidate register), Community Mental Health and Addictions (Dartmouth Site)

Clinical Interests: Interventions for youth with comorbid mental health and physical health conditions/somatic symptoms, anxiety disorders, OCD, and a history of trauma. Particular interest in parent/caregiver interventions. Integrative approach to treatment primarily guided by CBT, EFFT, and ACT.

Research Interests: pediatric acute pain and Indigenous health research

Dr. Jill Chorney

Ph.D., 2006, West Virginia University

Psychologist, Community Mental Health and Addictions (Halifax), Advanced Practice Leader: Behavior Change

Clinical Interests: Youth with comorbid mental health and physical health conditions, youth (especially adolescents) with anxiety disorders and mood disorders. Primary theoretical orientation is behavioural and clinical work is grounded in third wave cognitive behavioral therapies (mostly Acceptance and Commitment Therapy, Dialectical Behavior Therapy).

Research Interests: Shared decision-making, implementation science, behavior change, health services research, psychological interventions for pediatric acute and chronic pain

Dr. Laura L. Love

Ph.D., 2013, York University

Psychologist, Community Mental Health and Addictions (Bedford/Sackville site)

Clinical Interests: Assessment and treatment with children, adolescents, parents, and families with a variety of mental health concerns, including eating disorders, anxiety disorders, and mood disorders; formulation from a developmental-systems lens. Intervention approaches typically involve an integration of emotion-focused, humanistic, attachment-based, family, and cognitive behavioural approaches, involving family and parent-based, dyad, and individual practice. Supervision and clinical teaching from a developmental model is also a passion and interest, Laura is a supervisor and trainer in EFFT certified by the IIEFFT.

Research Interests: Development and evaluation of the Emotion-focused family therapy model (EFFT); self-efficacy in treatment; supporting parents/caregivers with youth in mental health treatment

Dr. Aimée Coulombe

Ph.D., 2011, University of Western Ontario

Psychologist, Community Mental Health and Addictions (Halifax), Advanced Practice Leader (APL) Clinical Practice, Mental Health and Addictions

Clinical Interests: Treatments targeting emotional, behavioural, cognitive, and interpersonal dysregulation. Complex case formulation and goal-based outcomes. Building emotional awareness and competence; emotion coaching. Attachment, trauma, and parenting. Sleep.

Research Interests: Pediatric sleep; knowledge translation; service delivery models.

Dr. Jennifer Gallant

M.A., 2017, Laurentian University; Ph.D., 2024, University of New Brunswick

Psychologist, Community Mental Health and Addictions (Sackville Site)

Clinical Interests: Psychoeducational assessments; anxiety, depression, self-harm/suicidality, trauma, behavioural parent training and emotion coaching strategies; somatization and health-related psychological distress; Integrative approach with influences from Cognitive Behaviour

Therapy (including TF-CBT for trauma), Dialectical Behaviour Therapy, Emotion-focused approaches, and Acceptance and Commitment Therapy.

Research Interests: Working memory and anxiety.

Dr. Jill Glasgow

Ph.D., 2019, University of Windsor

Psychologist, Community Mental Health and Addictions (Sackville Site)

Clinical Interests: Cross-battery assessment of children and adolescents to provide clear feedback and recommendations; Dialectical Behaviour Therapy for adolescents and their parents; complex presentations, self-harm, and suicidality; attachment and trauma; Emotion Focused Family Therapy (EFFT) for parents;; Gender-affirming care for youth and their parents; OCD and ERP

Research Interests: Quality improvement and program development with a focus on approaches that reduce self-harm and suicidality; knowledge dissemination and staff training/supervision.

Dr. Amber Johnston

Ph.D., 2013, University of Guelph; M.A., 2007, University of Guelph

Psychologist, Eating Disorders Specific Care Clinic

Clinical Interests: Currently focused on the assessment and treatment of children and adolescents with eating disorders, including anorexia nervosa, bulimia nervosa, and ARFID. Utilizes evidence-based approaches such as Family-Based Treatment and Cognitive Behavioural Therapy. Clinical work is grounded in family systems, attachment theory, and mindfulness. Provides consultation to multidisciplinary teams and supervision to psychology students and residents.

Research Interests: (not currently active in research) development and evaluation of Acceptance and Commitment Therapy (ACT) with adolescents and their parents.

Dr. Ann Marie Joyce

Ph.D., 2007, Dalhousie University

Psychologist, OCD Specific Care Clinic (0.5 FTE) and Community Mental Health and Addictions (Dartmouth Site, 0.4 FTE)

Clinical Interests: Assessment and treatment of children and adolescents with OCD, ASD, anxiety disorders, ADHD, or complex presentations using a cognitive-behavioural model. Parenting training in behavior management for any mental health presentation.

Research Interests: (not currently active in research) ADHD subtypes and their relationship to other disorders; learning disabilities; definition of intelligence; outcome and program evaluation.

Dr. Brynn Kelly

Ph.D., 2011, University of Southern California

Psychologist, Eating Disorders Specific Care Clinic

Clinical Interests: Current work primarily focuses on assessment and treatment of children and adolescents with eating disorders, with additional interests in the assessment and treatment of trauma, anxiety disorders, and externalizing behaviour disorders; Utilization of evidence-based treatment modalities (e.g., Family Based Treatment for Anorexia and Bulimia Nervosa, CBT – including Trauma-Focused and Eating Disorder types), with a family systems lens; Program development & evaluation, consultation, and supervision

Research Interests: Evidence-based assessment and intervention; Emotional, behavioural, and social adjustment during childhood and adolescence; Childhood violence exposure and trauma

Dr. Celeste Lefebvre

Ph.D., 2007, Dalhousie University

Psychologist, Youth Forensic Services [including the Initiative for Sexually Aggressive Youth (ISAY) Program]

Clinical Interests: Assessment and treatment of youth who engage in general, violent and/or sexually inappropriate behaviours that have crossed legal lines, with a specialization specific to sexual offending.

Research Interests: Assessing risk for general, violent or sexual recidivism and treatment/rehabilitation for justice-involved youth

Dr. Emma MacDonald

Ph.D., 2016, Toronto Metropolitan University (Formerly known as Ryerson University)

Psychologist, The Garron Centre for Child and Adolescent Mental Health

Clinical Interests: Assessment and treatment of children and adolescents with a variety of mental health concerns including: anxiety disorders, mood disorders, OCD, personality disorders, and family/relational issues. Treatment is evidence-based and informed by CBT, DBT and ACT interventions.

Research Interests: Program evaluation

Dr. Ainslie McDougall

Ph.D., 2014, University of New Brunswick

Psychologist, Youth Forensic Assessment Services

Clinical Interests: Psychological and risk assessments of youth who engage in general, violent, and/or sexually inappropriate behaviours.

Research Interests: Antisocial behaviour in adolescent populations, how responsivity factors can impact offender rehabilitation, short- and long-term risk assessments

Dr. Breagh Newcombe

Ph.D., 2024, University of New Brunswick

Psychologist, Community Mental Health and Addictions (Sackville Site)

Clinical Interests: Assessment and treatment of children and adolescents with various mental health concerns, including anxiety, OCD, PTSD, and mood. Treatment approaches typically include acceptance and commitment therapy (ACT), cognitive-behavioral therapy (CBT), and eye movement desensitization and reprocessing therapy (EMDR).

Research Interests: (not currently actively engaged in research) Evidence based interventions with a focus on prevention

Dr. Katie Niven

Ph.D., 2023, University of Guelph

Psychologist, Community Mental Health and Addictions (Dartmouth Site, .8 FTE) and 0-5 Clinic (.2 FTE)

Clinical Interests: Trauma, attachment, anxiety and selective mutism, low mood, emotion dysregulation, disruptive behaviour, obsessive-compulsive disorder, parent/caregiver work. Approaches include Cognitive Behavior Therapy, Dialectical Behavior Therapy (skills), Acceptance and Commitment Therapy, and Emotion-Focused Family Therapy/Emotion Focused

Therapy for Youth. Cognitive and psychodiagnostic assessments of children and adolescents.

Research Interests: (not currently actively engaged in research); Acceptance and Commitment Therapy (ACT) and Positive Clinical Psychology

Dr. Meredith Pike

Ph.D., 2013, University of Guelph

Psychologist & Co-Clinical Team Lead, Community Mental Health and Addictions (Halifax Site)

Clinical Interests: Assessment and treatment of children and adolescents with various mental health concerns, including internalizing and externalizing disorders; special interest on parent intervention for the same. Diagnostic and psychoeducational assessments of cognitive, emotional, and behavioural disorders. Treatment approaches typically include a blend of cognitive-behavioural, behavioural and emotion-focused approaches.

Research Interests: Cognitive correlates of academic achievement.

Dr. Lauren Rosen

Psy.D., 2010, Adler University

Psychologist, Community Mental Health and Addictions (Sackville Site)

Clinical Interests: Assessment and treatment of children and adolescents with a wide variety of presenting problems, including anxiety, OCD, eating disorders, depression, ADHD, learning disabilities, and family relational issues. Treatment modalities include CBT, ACT, FBT, and solution focused therapy.

Research Interests: Relationship between eating disorders, body image, and self-esteem; OCD.

Dr. Stephanie Ryan

Ph.D., 2019, York University

Psychologist, Community Mental Health and Addictions (Halifax Site)

Clinical Interests: Assessment and treatment of children and adolescents with a range of presenting issues, including anxiety, mood, obsessive compulsive disorder (OCD), disruptive behaviours, autism spectrum disorder, family difficulties; psychodiagnostic assessments and psychoeducational assessments. Treatment modalities include CBT, ACT, and DBT.

Research Interests: Mental health in children and adolescents with autism spectrum disorder and intellectual disabilities. (not currently active in research)

Dr. Stephanie Snow

Ph.D., 2019, Dalhousie University

Psychologist, Mental Health and Addictions Program Advanced Practice Leader (APL) -Research, Outcomes, Evaluation.

Clinical Interests: Joint formulation and collaborative treatment planning, measurement-based care, consultation, peer supervision/capacity building. Clinical populations include children and youth (up to 19) presenting with range of moderate to severe mental health concerns. Training in and enjoy working with individuals with comorbid neurodevelopmental and/or health related challenges. Primary theoretical orientation is third wave cognitive behavioural. Preferred format is to engage families/caregivers in treatment wherever possible.

Research Interests: Measurement-based care, use of data in clinical consultation and supervision, learning health systems

Dr. Catherine Stewart

Ph.D., 2012, University of Saskatchewan

Psychologist, Youth Forensic Services

Clinical Interests: Psychological and risk assessments of youth who engage in general, violent, and/or sexually inappropriate behaviours; Intervention

Research Interests: Risk assessment for general, violent or sexual recidivism and treatment/risk management for justice-involved youth and adults

Dr. Lindsay Uman

Ph.D., 2009, Dalhousie University

Psychologist & Co-Clinical Team Lead, Community Mental Health and Addictions (Dartmouth Site)

Clinical Interests: Assessment and treatment of children and adolescents with anxiety disorders, disruptive behaviour disorders, mood disorders, learning issues, and health-related issues affecting mental health. Treatments are typically cognitive-behavioural and involve individual, group, and parent training components.

Research Interests: Psychological interventions for pediatric pain, systematic reviews, relationship between pain and anxiety, and quality improvement of randomized controlled trials.

Dr. Rosalind Woodworth

Ph.D., 2014, University of Tasmania

Psychologist, Youth Forensic Assessment Services

Clinical Interests: Psychological and risk assessments of youth who engage in general and violent behaviours. Family-based treatment of children and adolescents with disruptive behaviour disorders.

Research Interests: Program evaluation and development, positive psychology.

Provincial Preschool Autism Services**Dr. Erika Brady**

Ph.D., 1998, Temple University

Psychologist, Provincial Preschool Autism Services (PPAS)

Clinical Interests: Assessment of children with autism spectrum disorder (ASD) and other neurodevelopmental disorders (e.g., ADHD, learning disability, intellectual disability).

Research Interests: not currently engaged in research activities.

Ms. Katherine Carroll

MASP., 2005, Mount Saint Vincent University

Psychologist, Autism Educator, Provincial Preschool Autism Services

Clinical and Research Interests: Autistic Spectrum Disorders, Applied Behaviour Analysis (ABA), Positive Behaviour Support (PBS), Pivotal Response Treatment (PRT).

Dr. Dorothy Chitty

Ph.D., 2002, University of Manitoba

Psychologist, Provincial and IWK Clinical Leader of Early Intensive Behavioral Intervention, Autism Team

Clinical and Research Interests: Applied Behavior Analysis (ABA) with a focus on a pivotal response treatment and positive behavioural support of preschool children with autistic spectrum disorder in their natural environment.

Ms. Melissa Cook

M.A., 2000, Lakehead University

Psychologist (Autism Diagnostics), Provincial Preschool Autism Services (PPAS)

Clinical Interests: Assessment and intervention for children and adolescents with various neurodevelopmental disorders (with a specific focus on autism spectrum disorder) and mental health concerns (e.g., anxiety, depression, OCD)

Research Interests: not currently engaged in research activities

Dr. Helen Flanagan

Ph.D., 2010, York University

Psychologist, Clinical Leader (Diagnostics), Provincial Preschool Autism Services (PPAS)

Clinical Interests: Assessment and treatment of children with autism spectrum disorder (ASD). Diagnostic and cognitive assessment. Intervention to build communication and social skills and reduce challenging behaviours.

Research Interests: Evaluation of intervention programs for children with ASD; Developmental course of ASD; Program development and evaluation.

Ms. Michelle Kerr

MASP., 2014, Mount Saint Vincent University

Registered Psychologist, Clinical Interventionist, Early Intensive Behavioural Intervention, Provincial Preschool Autism Services

Clinical and Research Interests: Autism Spectrum Disorder, Positive Behaviour Support (PBS), Pivotal Response Treatment (PRT).

Ms. Shannon-Dell MacPhee

M.A., 2011, McGill University

Psychologist (Autism Diagnostics), Provincial Preschool Autism Services (PPAS)

Clinical/Research Interests: Assessment and diagnosis (autism spectrum disorder, learning disabilities/disorders, intellectual disability, ADHD); intervention and treatment (learning and attention, anxiety, emotion regulation); positive behaviour support; parenting support.

Ms. Brittany Morrison

MASP., 2014, Mount Saint Vincent University

Psychologist (Autism Diagnostics), Provincial Preschool Autism Services (PPAS)

Clinical/Research Interests: Assessment & Intervention for children with autism spectrum disorder (ASD). Applied Behaviour Analysis (ABA), Positive Behaviour Support (PBS), Pivotal Response Treatment (PRT).

Dr. Sarah Peverill

Ph.D., 2021, Dalhousie University

Psychologist, Provincial Preschool Autism Services (PPAS)

Clinical Interests: Assessment and treatment of children (preschool & school-age) and adolescents with autism spectrum disorder. Additional interests include assessment and treatment of other neurodevelopmental disorders (e.g., ADHD, learning disability, intellectual disability) and mental health concerns (e.g., anxiety, depression, OCD).

Research Interests: not currently engaged in research activities.

Dr. Alice Prichard

Ph.D., 2011, York University

Psychologist, Clinical Leader (Diagnostics), Provincial Preschool Autism Services (PPAS)

Clinical Interests: Assessment and treatment of children and adolescents with neurodevelopmental disorders, with a particular focus on autism spectrum disorder (ASD). Additional interests include assessment and treatment of mental health and behavioural concerns, including ADHD, anxiety, and OCD.

Research Interests: not currently engaged in research activities.

Representative Publications by Current IWK Staff in the last 5 Years

Ameis, S., Haltigen, J., Lyon, R., Sawyer, A., Mirenda, P., Kerns, C., **Smith, I. M.**, Vaillancourt, T., Volden, J., Waddell, C., Zwaigenbaum, L., Bennett, T., Duku, E., Elsabbagh, M., Georgiades, S., Ungar, W., Zaidman-Zait, A., Meng-Chuan, L., Szatmari, P., for the Pathways in ASD Study Team. (2021) Middle-childhood executive function mediates associations between early-childhood autism symptoms and adolescent outcome in autistic children. *The Journal of Child Psychology and Psychiatry*. <https://doi.org/10.1111/jcpp.13493>

Anagnostou, E., Zwaigenbaum, L., Szatmari, P., Fombonne, E., Fernandez, B., Woodbury-Smith, M., Brian, J., Bryson, S., **Smith, I. M.**, et al. (in press). Autism Spectrum Disorder: ASD: Advances in evidence-based practice. *Canadian Medical Association Journal*.

Bailey, K.M., Howard, J.J., El-Hawary, R., **Chorney, J.**, PORSCHE Study Group (2021). Pain Trajectories Following Adolescent Idiopathic Scoliosis Correction. *Journal of Bone and Joint Surgery Open Access*, 6 (2): e20.00122. doi: 10.2106/JBJS.OA.20.00122

Baribeau, D. A., Chalupka, M., Zaidman-Zait, A., Waddell, C., Kerns, C., Duku, E., Georgiades, S., **Smith, I. M.**, Volden, J., Zwaigenbaum, L., Elsabbagh, M., Mirenda, P., Szatmari, P., Bennett, T., Vaillancourt, T., & Ungar, W. (2020). Co-occurring trajectories of anxiety and insistence on sameness behaviour in autism spectrum disorder. *British Journal of Psychiatry*, 218(1), 20-27. <https://doi.org/10.1192/bjp.2020.127>

Birnie, K, **Chorney, J.**, El-Hawary, R., PORSCHE Study Group. Child and parent pain catastrophizing and pain from pre-surgery to six-weeks post-surgery: Examination of cross-sectional and longitudinal actor-partner effects. *Pain*, 158(10), 1886-1892. PMID: 28598902.

Brophy, S., Brennan, K., Woodgate, E., Pinaud, B., **McLaughlin, E.**, **Gillespie, J.**, Grover, Z., Blackmore, C. & Romao, R. (2022). Comparing quality of life improvement after antegrade continence enema (ACE) therapy for patients with organic and functional constipation/encopresis. *Journal of Pediatric Surgery*. Doi: 10.1016/j.jpedsurg.2021.12.055

Campbell LA, Clark SE, **Chorney, J**, **Emberly D**, MacDonald J, MacKenzie, A, Warner G, Wozney L (2022) Choice and partnership approach to community mental health and addiction services: a realist-informed scoping review. *BMJ Open* doi:10.1136/bmjopen-2022-064436

Campbell LA, Clark SE, **Chorney J**, Emberly, D., Carrey, NJ, Bagnell, A., Blenus, J., Daneff, M., & J. Campbell. Understanding the uptake of virtual care for first and return outpatient appointments in child and adolescent mental health services: a mixed-methods study. *BMJ Open* 2023;0:e074803. doi:10.1136/bmjopen-2023-074803

Carter Leno, V., Wright, N., Pickles, A., Bedford, R., Zaidman-Zait, A., Kerns, C., Mirenda, P., Zwaigenbaum, L., Duku, E., Bennett, T., Georgiades, S., **Smith, I. M.**, Vaillancourt, T., Szatmari, P., & Elsabbagh, M. (2021) Exposure to family stressful life events in autistic children: Longitudinal

associations with mental health and the moderating role of cognitive flexibility. *Autism*. <https://doi.org/10.1177/13623613211061932>

Cherry, K.M.ⁱ, Vander Hoeven, E., Patterson, T. S., & Lumley, M.N. (2021). Defining and measuring “psychological flexibility”: A narrative scoping review of diverse flexibility and rigidity constructs and perspectives. *Clinical Psychology Review*, 84, <https://doi.org/10.1016/j.cpr.2021.101973>

Cherry, K.M.ⁱ, McArthur, B.A., & Lumley, M.N. (2020). A multi-informant study of strengths, positive self-schemas, and subjective well-being from childhood to adolescence. *Journal of Happiness Studies*, 21.

Chorney, J, Emberly, D, Jeffrey, J, Hundert, A, Pakkanlilar, O, Abidi, S, Bagnell, A, Brennan, M, Campbell, LA, Clark, S, **Bradley, K**, Ross, O (2023) Implementation of a Knowledge Management System in Mental Health and Addictions: Mixed Methods Case Study. *Journal of Medical Internet Research Formative Research*, Feb, 6;7:e39334. doi: 10.2196/39334

Collins, A. C., Price, G. D., **Woodworth, R. J.**, & Jacobson, N. C. (2024). Predicting individual response to a web-based positive psychology intervention: A machine learning approach. *The Journal of Positive Psychology*, 19(4), 675–685. <https://doi.org/10.1080/17439760.2023.2254743>

Constantin, K., Lupo-Flewelling, K., Moline, R.L., & McMurtry, C.M. (2023). Child emotion regulation capacity moderates the association between parent behaviors and child distress during pediatric venipuncture. *Journal of Pediatric Psychology*, 48(2), 108-119. <https://doi.org/10.1093/jpepsy/jsac035>

Constantin, K., Moline, R.L., Pillai Riddell, R., Spence, J.R., & McMurtry, C.M. (2022). Biopsychosocial contributors to parent behaviors during child venipuncture. *Children*, 9(7), 1000. <https://doi.org/10.3390/children9071000>

Constantin, K., Moline, R. L., Pillai Riddell, R., Spence, J. R., Fiacconi, C. M., LupoFlewelling, K., & McMurtry, C. M. (2022). Parent and child self- and co-regulation during pediatric venipuncture: Exploring heart rate variability and the effects of a mindfulness intervention. *Developmental Psychobiology*, 64(5), e22277. <https://doi.org/10.1002/dev.22277>

Constantin, K., Powell, D., & McCarthy, J. (2021). Expanding conceptual understanding of interview anxiety and interview performance: Integrating cognitive, behavioural, and physiological features. *International Journal of Selection and Assessment*. Advanced online publication. doi:10.1111/ijsa.12326

Constantin, K., Moline, R., Labonte, L., & McMurtry, C.M. (2021). A multi-method approach to understand parent behaviors during child acute pain. *Journal of Psychophysiology*. doi:10.1027/0269-8803/a000280

Cost, K. T., Zaitz, A., Mirenda, P., Duku, E., Zwaigenbaum, L., **Smith, I. M.**, Ungar, W. J., Kerns, C., Bennett, T., Szatmari, P., Georgiades, S., Waddell, C., Elsabbagh, M., & Vaillancourt, T. (2021) “Best

Things”: Parents describe their children with autism spectrum disorder over time. *Journal of Autism and Developmental Disorders*. <https://doi.org/10.1007/s10803-021-05144-z>

Courchesne, V., Bedford, R., Pickles, A., Duku, E., Kers, C., Mirenda, P., Bennett, T., Georgiades, S., **Smith, I. M.**, Ungar, W., Vaillancourt, T., Zaidman-Zait, A., Zwaigenbaum, L., Szatmari, P., Elsabbagh, M. & Pathways Team. (2021) Non-verbal IQ and change in restricted and repetitive behaviors throughout childhood in autism: A longitudinal study using the Autism Diagnostic Interview-Revised. *Molecular Autism*, 12, 57. <https://doi.org/10.1186/s13229-021-00461-7>

Curran, J., Bishop, A., **Chorney, J.**, MacEachern, L., Mackay, R. ‘Enlightening and intimidating all at once’: Partnering with parents to advance child health research. *Healthcare Management Forum*. [In press]. PMID: 29400092

Curran, J., Taylor, A., **Chorney, J.**, Porter, S., Murphy, A., MacPhee, S., Bishop, A., Haworth, R. Development and feasibility testing of the Pediatric Emergency Discharge Interaction Coding Scheme. *Health Expectations*, 20(4), 734-741. PMID: 28078763

da Estrela, C., McGrath, J.J., Booi, L., & Gouin, J.-P. (2020). Heart rate variability, sleep quality, and depression in the context of chronic stress. *Annals of Behavioral Medicine*, 55. 10.1093/amb/kaaa039

da Estrela, C., MacNeil, S., & Gouin, J.-P. (2021). Heart rate variability moderates the between- and within-person associations between daily stress and negative affect. *International Journal of Psychophysiology*, 162. doi: 10.1016/j.ijpsycho2021.02.001

Dempsey, E. E., Moore, C., Johnson, S., Stewart, S., & **Smith, I. M.** Moral foundations theory among autistic and neurotypical children. *Frontiers in Psychology*

Dempsey, E. E., Moore, C., Richard, A. & **Smith, I. M.** (2020). Moral foundations theory in autism spectrum disorder: A qualitative investigation. *Autism*, 24(8), 2202-2212.

<https://doi.org/10.1177/1362361320939331>

D'Entremont, B., Flanagan, H. E., Ungar, W. J., Waddell, C., Garon, N., den Otter, J., Leger, N., Vezina, F., & **Smith, I. M.** (2021) Comparing the impact of differing preschool autism interventions on parents in two Canadian provinces. *Journal of Autism and Developmental Disorders*. <https://doi.org/10.1007/s10803-021-05349-2>

Evong, Y., **Chorney, J.**, Ungar, G., Chorney, J. Perceptions and Observations of Shared Decision Making During Pediatric Otolaryngology Surgical Consultations. *Journal of Otolaryngology - Head & Neck Surgery*. 48(1), 1. PMID: 31208462

Georgiades, S., Tait, P. A., McNicholas, P. D., Duku, E., Zwaigenbaum, L., **Smith, I. M.**, Bennett, T., Elsabbagh, M., Kerns, C. M., Mirenda, P., Ungar, W. J., Vaillancourt, T., Volden, J., Waddell, C., Zaidman-Zait, A., Gentles, S., & Szatmari, P. (2021) Trajectories of symptom severity in children with autism: Variability and turning points through the transition to school. *Journal of Autism and Developmental Disorders*. <https://doi.org/10.1007/s10803-021-04949-2>

Heaman, J. A. L., **Cherry, K.M.**, McMurtry, C.M., Giguere, B., & Lumley, M.N. (2024). Changing minds: An rct of a growth mindset intervention on depressive symptoms and well-being in adolescent girls and boys. *International Journal of Applied Positive Psychology*, 9(1)

Hunsche, M. C., Saqui, S., Mirenda, P., Zaiman-Zait, A., Bennett, T., Duku, E., Elsabbagh, M., Georgiades, S., **Smith, I. M.**, Szatmari, P., Ungar, W., Vaillancourt, T., Waddell, C., Zwaigenbaum, L., Kerns, C. M. (2020). Parent-reported rates and clinical correlates of suicidality in children with autism spectrum disorder: A longitudinal study. *Journal of Autism and Developmental Disorders*. <https://doi.org/10.1007/s10803-020-04373-y>

Jerrott, S., Clark, S., **Chorney, J., Coulombe, A.**, Wozney, L. (in press). Can Text Messages Enhance Therapeutic Engagement Among Youth and Caregivers Initiating Outpatient Mental Health Treatment? A multimethod formative evaluation. *JMIR Formative Research*.

Kemp J, **Chorney J**, Kassam I, MacDonald J, MacDonald T, Wozney L, Strudwick G Learning About the Current State of Digital Mental Health Interventions for Canadian Youth to Inform Future Decision-Making: Mixed Methods Study. *J Med Internet Res* 2021;23(10):e3049, doi: [10.2196/30491](https://doi.org/10.2196/30491) PMID: [34665141](https://pubmed.ncbi.nlm.nih.gov/34665141/)

Kotelnikova, Y., **Lefebvre, C. D.**, Campbell, M. A., Canales, D., & **Stewart, C.** (2022). Intersection between justice-involved youth personality profiles and criminal risk-need patterns. *International Journal of Forensic Mental Health*, 21 (3), 256-272. <https://doi.org/10.1080/14999013.2021.1972061>

Lalloo, C., Hundert, A., Harris, L., Pham, Q., Campbell, F., **Chorney, J.**, Dick, B., Simmonds, M., Cafazzo, J., Stinson, J. Capturing daily disease experiences of adolescents with chronic pain: mHealth-mediated symptom tracking. *JMIR Mhealth Uhealth*. [In press]. PMID: 30664472.

Lee, H., Vigen, C., Zwaigenbaum, L., **Smith, I. M.**, Brian, J., Watson, L. R., Crais, E. R., & Baranek, G. (2020). Construct validity of the First-Year Inventory (FYI Version 2.0) in 12-month-olds at high risk for autism spectrum disorder (ASD). *Autism*, 25(1), 33-43. <https://doi.org/10.1177/1362361320947325>

Lee, V., Duku, E., Zwaigenbaum, L., Bennett, T., Szatmari, P., Elsabbagh, M., Kerns, C., Mirenda, P., **Smith, I. M.**, Ungar, W. J., Vaillancourt, T., Volden, J., Waddell, C., Zaidman-Zait, A., Thompson, A., Georgiades, S. (2020). Temperament influences the relationship between symptom severity and adaptive functioning in children with autism spectrum disorder. *Autism*, 24(8), 2057-2070. <https://doi.org/10.1177/1362361320933048>

Li, L., Merchant, M., Gordon, S., Lang, B., Ramsey, S., Huber, A., **Gillespie, J.**, Lovas, D., & Stringer, E. (2023) High rates of symptoms of major depressive disorder and panic disorder in a Canadian sample of adolescents with juvenile idiopathic arthritis. *Journal of Rheumatology*, 50, 804-8.

- MacDonald, E. M.**, Koerner, N., Antony, M. M., Vickers, K., Mastorakos, T., & Kuo, J. (2020). Investigating the therapeutic potential of cognitive bias modification for high anxiety sensitivity. *Journal of Behavior Therapy and Experimental Psychiatry*, 68, doi:101521.
- MacKenzie, N., Pantelis, A., Chambers, C., Constantin, E., Godbout, R., Hall, W., Brown, C., Gruber, R., Dearman, A. H., Opsiroglu, S., Reid, G. J., **Smith, I. M.**, Stremmer, R., Weiss, S., Keys, E., & Corkum, P. (2021) Children's Sleep during COVID-19: How Sleep influences surviving and thriving in families. *Journal of Pediatric Psychology*. <https://doi.org/10.10936/jpepsy/jsab075>
- Mayworm, A., **Kelly, B.M.**, Duong, M., & Lyon, A. (2020). Middle and High School Student Perspectives on Digitally-Delivered Mental Health Assessments and Measurement Feedback Systems. *Administration and Policy in Mental Health and Mental Health Services Research*, DOI 10.1007/s10488-020-01010-9.
- Meier, J., **Chorney, J.**, Fox, S., & Hong, P. Decision Aid Prototype for Treatment of Pediatric Sleep Disordered Breathing: A Randomized Pilot Study. *The Laryngoscope*. [In press]. PMID: 30408191
- Moline, R.L., **Constantin, K.**, Chambers, C. T., Powell, D., Lewis, S.P., Laurignano, L., & McMurtry, C. M. (2022). A brief mindfulness intervention for parents and children before pediatric venipuncture: a randomized controlled trial. *Children*, 9(12), 1869. doi:10.3390/children9121869
- Newcombe, B.**, Olthuis, J.V., & Giberson, E.R. (2024). A brief workplace intervention for anxiety sensitivity aimed at reducing the risk of posttraumatic stress in first responders. *Cognitive Behavior Therapy*
- Newcombe, B.C.**, Olthuis, J., Hamilton, R., MacLean, M., & McAulay, T. (2023). CBT + exercise vs treatment as usual in treating anxiety and depression in university students: A pilot study. *Journal of College Student Psychotherapy*
- Noel, M., Pavlova, M., Lund, T., Jordan, A., **Chorney, J.**, Rasic, N., Brookes, J., Hoy, M., Yunker, W., Graham, S. The role of narrative in the development of children's pain memories: influences of father- and mother-child reminiscing on children's recall of pain. *Pain*. [In press]. PMID: 30908359.
- O'Byrne, R., **Cherry, K.M.**ⁱ, Collaton, J., & Lumley, M.N. (2021). The contribution of positive self-schemas to university students' distress and well-being. *International Journal of Cognitive Therapy*,
- Patterson, J., Armstrong, V., Duku, E., Richard, A., Franchini, M., Brian, J., Zwaigenbaum, L., Bryson, S. E., Sacrey, L., Roncadin, C., & **Smith, I. M.** (in press) Early trajectories of motor skills in infant siblings of children with autism spectrum disorder. *Autism Research*.
- Pickles, A., Wright, N., Bedford, R., Steiman, M., Duku, E., Bennett, T., Georgiades, S., Kerns, C.M., Mirenda, P., **Smith, I.M.**, Ungar, W.J., Vaillancourt, T., Waddell, C., Zaidman-Zait, A., Zwaigenbaum,

L., Szatmari, P., Elsabbagh, M. and Pathways in ASD Study Team. Predictors of Language regression and its association with subsequent communication development in children with autism. *Journal of Child Psychology and Psychiatry*.

Pillai Riddell, R.R., Bucsea, O., & Shiff, I., Gennis, H., Badovinac, S., DiLorenzo, M., Racine, N., Ahola Kohut, S., Lisi, D. M., Turcotte, K., Stevens, B., & **Uman, L. S.** (2023). Non-pharmacological management of infant and young child procedural pain- An Update. *Cochrane Database of Systematic Reviews*.

Quon, E.C. & **Kelly, B.M.** (2023). Weight outcomes for adolescents with atypical anorexia nervosa in family-based treatment. *Journal of the Canadian Academy of Child and Adolescent Psychiatry*. Advance online publication.

Reeve, C., Cummings, E., **McLaughlin, E.**, Smith, S., **Gadbois, S.** (2020). An idiographic investigation of diabetic alert dogs' ability to learn from a small sample set. *Canadian Journal of Diabetes*, 44, 37– 43; doi.org/10.1016/j.jcjd.2019.04.020

Reid, K.B., Sacrey, L.R., Zwaigenbaum, L., Raza, S., Brian, J., **Smith, I. M.**, Bryson, S., Armstrong, V., Roberts, W., Szatmari, P., Vaillancourt, T., & Roncadin, C. (2020). The association between social emotional development and symptom presentation in autism spectrum disorder. *Development and Psychopathology*, 32(4), 1206-1216. <https://doi.org/10.1017/S0954579420000711>

Rosen, N.O., Dawson, S.J., Binik, Y.M., Pierce, M., Brooks, M., Pukall, C., **Chorney, J.**, Snelgrove-Clarke, E., George, R. (2022). Trajectories of dyspareunia from pregnancy to 24 months postpartum. *Obstetrics & Gynecology*, 139, 3, 391-399 PMID: 35115480, DOI: [10.1097/AOG.0000000000004662](https://doi.org/10.1097/AOG.0000000000004662)

Sacrey, L., Raza, S., Armstrong, V., Brian, J., Kushki, A., **Smith, I. M.**, & Zwaigenbaum, L. (2020) Physiological measurement of emotion from infancy to preschool: A systematic review and meta-analysis. *Brain & Behavior*. <https://doi.org/10.1002/brb3.1989>

Sacrey, L., Raza, S., Armstrong, V., Brian, J., Kushki, A., **Smith, I. M.**, & Zwaigenbaum, L. (2020). Physiological measurement of emotion from infancy to preschool: A systematic review and meta-analysis. *Brain & Behavior*. <https://doi.org/10.1002/brb3.1989>

Sacrey, L. R., Zwaigenbaum, L., Brian, J. A., **Smith, I. M.**, Armstrong, V., Raza, S., Vaillancourt, T., & Schmidt, L. A. (2021) Affect and gaze responses during an emotion-evoking task in infants at familial risk for autism spectrum disorder. *Molecular Autism*, 12, 63. <https://doi.org/10.1186/s13229-021-00468-0>

Sacrey, L., Zwaigenbaum, L., Brian, J., **Smith, I. M.**, Bryson, S., Armstrong, V., Szatmari, P., Garon, N., Vaillancourt, T., & Roncadin, C. (2020). Assessment of autism symptoms from 6 to 18 months of age using the Autism Observation Scale for Infants in a prospective high-risk cohort. *Child Development*, 92(3), 1187-1198. <https://doi.org/10.1111/cdev.13485>

- Sacrey, L. R., Zwaigenbaum, L., Bryson, S. E., Brian, J., **Smith, I. M.**, Roberts, W., Szatmari, P., Vaillancourt, T., Roncadin, C., & Garon, N. (2020). Screening for behavioral signs of autism spectrum disorder in 9-month-old infant siblings. *Journal of Autism and Developmental Disorders*. <https://doi.org/10.1007/s10803-020-04371-0>
- Smith, I. M.**, Waddell, C., Ungar, W. J., den Otter, J., Murray, P., Vezina, F., D'Entremont, B., Flanagan, H., & Garon, N. (2020). Preschool autism services: A tale of two Canadian provinces and the implications for policy [Commentary]. *Paediatrics & Child Health*, 26(3), 145-148. <https://doi.org/10.1093/pch/pxaa097>
- Snow, S., Smith, I. M.**, Latimer, M., Cameron, E.S., Fox, J., & **Chorney, J. A** (2021). A Balancing Act: An interpretive description of healthcare providers' and families' perspectives on the surgical experiences of children with autism spectrum disorder. *Autism* <https://doi.org/10.1177/13623613211034057>
- Sorenson Duncan, T., Karkada, M., Deacon, S.H. & **Smith, I. M.** (2021). Building meaning: Meta-analysis of component skills supporting reading comprehension in children with autism spectrum disorder. *Autism Research*, 14, 840–858. <https://doi.org/10.1002/aur.2483>
- Szatmari, P., Cost, K., Duku, E., Bennett, T., Elsbaugh, M., Georgiades, S., Kerns, C., Mirenda, P., **Smith, I. M.**, Ungar, W., Vaillancourt, T., Waddell, C., Zaidman-Zait, A., Zwaigenbaum, L. (2021) Association of child and family attributes with outcomes in children with autism. *Journal of American Medical Association Network Open*, 4(3), e212530. <https://doi.org/10.10m01/jamanetworkopen.2021.2530>
- Taddio, A., McMurtry, C.M., Logeman, C., Gudzak, V., DeBoer, A., **Constantin, K.**, Lee, S., Moline, R., Uleryk, E., Chera, T., MacDonald, N. E., & Pham, B. (2022). Prevalence of pain and fear as barriers to vaccination in children - Systematic review and meta analysis. *Vaccine*
- Tan-MacNeill, K.M., **Smith, I.M.**, Jemcov, A., Keeler, L., **Chorney J.**, Johnson, S., ... Corkum, P.V. (2020). Barriers and facilitators to treating insomnia in children with autism spectrum disorder and other neurodevelopmental disorders: Parent and health care professional perspectives. *Research in Developmental Disabilities*, 107, doi: 10.1016/j.ridd.2020.103792
- Tan-MacNeill, K.M., **Smith, I.M.**, Weiss, S.K., Johnson, S.A., **Chorney, J.**, Constantin, E., ... Corkum, P.V. (2020). An eHealth insomnia intervention for children with neurodevelopmental disorders: Results of a usability study. *Research in Developmental Disabilities*, 98, 1-14. doi:10.1016/j.ridd.2020.103573
- Tan-MacNeill, K. M., **Smith, I.M.**, Johnson, S.A., **Chorney, J.**, & Corkum, P. (2021). A systematic review of online parent-implemented interventions for children with neurodevelopmental disorders. *Children's Health Care*, 50, 239-277. doi:10.1080/02739615.2021.1886934
- Tesfaye, R., Wright, N., Zaidman-Zait, A., Bedford, R., Zwaigenbaum, L., Kerns, C., Duku, E., Mirenda, P., Bennett, T., Georgiades, S., **Smith, I. M.**, Vaillancourt, T., Pickles, A., & Elsabbagh, M. (2021) Investigating longitudinal associations between parent reported sleep in early childhood

and teacher reported executive functioning in school-aged children with Autism. *Sleep*
<https://doi.org/10.1093/Sleep/zsab122>

Trost, B., Engchuan, W., Nguyen, C. M., Thiruvahindrapuram, B., Dolzhenko, E., Backstrom, I., Mirceta, M., Adhami-Mojarad, B., Yin, Y., Dov, A., Chandrakumar, I., Prasolava, T., Shum, N., Hamdan, O., Pellecchia, G., Howe, J. L., Whitney, J., Klee, E. W., Baheti, S., Amaral, D. G., Anagnostou, E., Elsabbagh, M., Fernandez, B. A., Hoang, N., Lewis, M. E. S., Liu, X., Sjaarda, C., **Smith, I. M.**, Szatmari, P., Zwaigenbaum, L., Glazer, D., Hartley, D., Stewart, A. K., Eberle, M. A., Sato, N., Pearson, C. E., Scherer, S. W., & Yuen, R. K. C. (2020). Genome-wide detection of tandem DNA repeats expanded in autism. *Nature*, 586, 80-86. <https://doi.org/10.1038/s41586-020-2579-z>.

Wanstall, E. A., & Ahola Kohut, S. (2023). Linguistic predictors of the mentor-mentee relationship in a peer support program for adolescents with inflammatory bowel disease. *Children's Health Care*, 54(3), 329-349. <https://doi.org/10.1080/02739615.2023.2272954>

Zaidman-Zait, A., Mirenda, P., Szatmari, P., Duku, E., **Smith, I. M.**, Zwaigenbaum, L., Vaillancourt, T., Kerns, C., Volden, J., Waddell, C., Bennett, T., Georgiades, S., Ungar, W. J., & Elsabbagh, M. (2020). Profiles and predictors of academic and social school functioning among children with autism spectrum disorder, 50(5), 656-668. *Journal of Clinical Child & Adolescent Psychology*.
<https://doi.org/10.1080/15374416.2020.1750021>

Zaidman-Zait, A., Waddell, C., Kerns, C., Duku, E., Georgiades, S., **Smith, I. M.**, Zwaigenbaum, L., Elsabbagh, M., Mirenda, P., Szatmari, P., Bennett, T., Vaillancourt, T., & Ungar, W. (in press) Exposure to Family Stressful Life Events in Autistic Children: Longitudinal Associations with Mental Health and the Moderating Role of Cognitive Flexibility. *Autism*

Zwaigenbaum, L., Brian, J., **Smith, I. M.**, Sacrey, L., Franchini, M., Bryson, S. E., Vaillancourt, T., Armstrong, V., Duku, E., & Szatmari, P. (2021) Symptom trajectories in the first 18 months and autism risk in a prospective high-risk cohort. *The Journal of Child Psychology and Psychiatry*, 62(12), 1435-1443. <https://doi.org/10.1111/jcpp.13417>

Zwaigenbaum, L., Bryson, S. E., Brian, J., **Smith, I. M.**, Sacrey, L., Armstrong, V., Roberts, W., Szatmari, P., Garon, N., Vaillancourt, T., & Roncadin, C. (2020). Assessment of autism symptoms from 6 to 18 months of age using the Autism Observational Scale for Infants in a prospective high-risk cohort. *Child Development*, 92 (3), 1187-1198. <https://doi.org/10.1111/cdev.13485>

ⁱ Dr. Katie Niven's publications under maiden name (**Cherry, K.M.**)