Alberta Health Services

Predoctoral Residency in Pediatric and Child Clinical Psychology

Alberta Children's Hospital

2025-2026 Training Year

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Pre-Doctoral Residency in Pediatric & Child Clinical Psychology
Alberta Children's Hospital

The Residency offers training that spans diverse and complex clinical issues, populations, and professional roles in the areas of pediatric and child clinical psychology. It is a multi-site Residency program anchored by pediatric rotations at the **Alberta Children's Hospital** and complemented by child clinical rotations at two core sites: the **Child Development Centre** and the **Richmond Road Diagnostic and Treatment Centre**. The coordinated programs based in these sites are managed within Child Health, Child Development and Child and Adolescent Mental Health, Calgary Zone, and administered overall through the Provincial mandate of Alberta Health Services (AHS).

We would like to respectfully acknowledge that our residency program training sites are located on a traditional meeting place and home of the Blackfoot and the people of Treaty 7 region in Southern Alberta, which includes the Siksika, the Piikani, the Tsuut'ina and the Stoney Nakoda First Nations. The City of Calgary is also home to the Metis Nation of Alberta, Region 3.

ALBERTA CHILDREN'S HOSPITAL

The Alberta Children's Hospital (ACH) is the major pediatric health care centre serving southern Alberta, eastern British Columbia, and western Saskatchewan. It is a university-affiliated teaching hospital and a comprehensive facility integrating health care through a continuum of inpatient, outpatient, day treatment, educational and outreach services. Established in 1922, ACH developed ambulatory and day treatment, outreach, and acute inpatient care from 1960-1980. In the 1990s Child and Adolescent Health Services were consolidated. A new ACH, which opened in September 2006, was the first free-standing paediatric facility to be built in Canada in more than 20 years.

The mandate of ACH is to meet the healthcare needs of children in its catchment area. It is the hospital's position that active programs of training, research and scholarly activity promote and enhance clinical excellence among its staff and thereby facilitate achievement of our mandate. Consequently, the mission of ACH is to provide excellent client care, to educate and train students in medicine, nursing, and the allied health professions, and to conduct research.

Emergency, acute care and rehabilitative services are geared to the spectrum of childhood health and developmental problems and are delivered through multidisciplinary teams. The hospital's philosophy of "Family Centred Care" is focused on wellness and recognizes that the child and family's foundations (biological, psychological, sociological, and spiritual) play an interactive role in illness and health. In this context there is a broad array of psychosocial expertise at ACH in which the Psychology Discipline plays an important role. The hospital has a community and educational orientation and shares consultative relationships with many community caregivers and agencies. As a teaching hospital, it has major affiliations with the

undergraduate, graduate, and medical school programs at the University of Calgary. In addition to ongoing research projects within the service delivery systems, the Behavioural Research Unit (Child Development Centre) specializes in research on developmental and behavioural problems.

CHILD DEVELOPMENT CENTRE

The Child Development Centre (CDC) opened in September 2007 and is located adjacent to ACH on the University of Calgary campus. Through partnerships within AHS, Calgary Zone and university and community-based programs, the mandate of the CDC is to provide best practice integrated services for children and families, and leadership in the areas of education, research, and clinical services in the fields of child development and inter-professional collaboration. Child Development Services within the CDC consist of eleven specialized clinics staffed by inter-disciplinary teams that offer different combinations of assessment, intervention, and consultation for children up to 18 years with a variety of developmental, paediatric and/or trauma-related concerns. Psychologists are involved in many of these services, with examples including the Child Abuse Service, Cumulative Risk Clinic, Neonatal Follow-up Service and Autism Spectrum Disorder Diagnostic Clinic and Consultative Diagnostic Clinic. In addition to Psychology, contributing disciplines include paediatric medicine, psychiatry, social work, education, occupational therapy, speech language pathology, nursing, and physiotherapy.

RICHMOND ROAD DIAGNOSTIC AND TREATMENT CENTRE

The Richmond Road Diagnostic and Treatment Centre (RRDTC) houses the Mental Health Specialized Services, which is a component of the Calgary Zone, Child & Adolescent Addictions and Mental Health and Psychiatry Programs (CAAMHPP). RRDTC is located approximately 15 minutes by car from ACH and CDC. CAAMHPP Specialized Services provides outpatient services to support children and adolescents in the community.

The service utilizes a multidisciplinary and multimodal approach to provide purposeful, integrated and comprehensive short-term, episodic and customized intervention. In addition to psychology, the multidisciplinary team includes psychiatry, pediatrics, nursing, social work, speech-language pathology, occupational therapy, and clerical support. Multimodal intervention includes assessment, individual, family, and group therapy and consultation. Three specialized clinics serve children and adolescents with multiple, tertiary, and complex mental health presentations: 1) Obsessive Compulsive Disorder Program for children and adolescents with moderate to severe OCD; 2) Complex ADHD Treatment Team (CATT) for children and adolescents with treatment resistant and/or highly comorbid Attention-Deficit/Hyperactivity Disorder; and 3) the Neuropsychiatry Service (NPS) for children and adolescents with comorbid medical and mental health issues. The Neuropsychiatry Service (NPS) is primarily a consultative model with collaboration from involved community agencies and medical care providers.

Although these clinics are under the auspices of the Child and Adolescent Addictions and Mental Health and Psychiatry Program, treatment in the specialized services is not focussed on providing addiction treatment and referrals are made to other CAAMHPP or AHS, Calgary Zone agencies for assessment and treatment of addiction issues.

THE DISCIPLINE OF PSYCHOLOGY

The Discipline of Psychology provides a professional home base for the roughly 40 psychologists integrated into the matrix of multidisciplinary programs. The Discipline is accountable for the standards of clinical practice, ethical conduct and quality assurance related to the spectrum of its activities. Additionally, it provides specialized pediatric, child development and mental health services, and is responsible for research, education, and training in Psychology, including the Residency. For the purposes of defining the scopes of practice within the Residency, three broad domains comprise the rotational choices: Pediatric Health domain (including neuropsychology and psychologists serving medical clinics) Child Development, and Child and Adolescent Mental Health. Psychologists provide both assessment and treatment services. Assessment services include evaluation of the cognitive, interpersonal, emotional, behavioural and adaptive functioning of children and youth. Treatment services include individual, group, and parent.

VISION STATEMENT OF THE RESIDENCY

Child Clinical and Pediatric Psychology will be an integral component of children's health and mental health care through the development of new knowledge, transfer of knowledge and translation of knowledge into practice.

MISSION STATEMENT OF THE RESIDENCY

To provide excellence in the education and training of Child Clinical and Pediatric Psychologists who will meet the current and future health needs of children, families and communities.

PHILOSOPHY AND VALUES OF THE RESIDENCY

The residency provides training in clinical practice and promotes a scholarly and scientific approach to professional psychology. We believe that sound psychological practice is based on the science of psychology and that practice informs science**.** We have a strong commitment to Family Centered Care while meeting our duty to assure the safety, security, and well-being of children, and to respect their developing autonomy**.** Furthermore, while we recognize the multifaceted and complex roles professional psychologists play in service delivery, we also acknowledge that we cannot prepare residents for every possible role they may undertake in their future careers. Consequently, residents must learn to think critically about clinical and professional activities and to access and use research and the scholarly literature to prepare themselves for new roles. Clinicians are not only informed consumers of the research and scholarly literature but are also an essential resource for generating meaningful questions and answering them. We believe that both practice and science must operate within the highest ethical and professional standards.

We promote a respect for the contributions of other health care professionals and seek to assist residents in developing positive and productive relationships with these individuals, consistent with Alberta Health Services' collaborative approach to health care. We also enable residents to establish and maintain such relationships with caregivers and professionals from our larger community. The breadth of healthcare professionals on multidisciplinary teams are recognized for the different skill sets, expertise, and perspectives they bring to clinical practice. While multidisciplinary cooperation and collaboration are strongly valued and promoted, we recognize the skill sets (e.g., psychometric assessment, empirically supported interventions, research training) that distinguish Psychology Residents' training from the training experiences of other allied health care professionals.

We are committed to respect and understanding of cultural and individual diversity, consistent with Alberta Health Services' respect for the diversity of individuals and the dignity accorded to staff and clients alike. This not only includes a theoretical understanding of diversity but the ability to translate this understanding into culturally competent practice and respectful collegial interaction.

TRAINING MODEL

In keeping with our philosophy, the Residency offers exposure to a wide variety of diverse and complex clinical problems, populations, and professional roles within the area of psychology, rather than restricting activities to a narrow field. The training staff comprises psychologists whose backgrounds span the range of clinical, counselling, educational, developmental, neuropsychology and health psychology and who can offer residents a broad range of theoretical orientations and practical approaches. Each resident develops a training plan in conjunction with his or her primary supervisor that includes clinical areas that will be pursued with depth and focus.

The primary training method is experiential (i.e., direct service delivery) and supervision plays a central role in the learning process. Supervision is augmented by didactic seminars, observation of staff conducting clinical services, guided reading, and consultative support. Professional psychologists registered in the province of Alberta carry out the large majority of supervisory responsibilities; however, residents may receive supplementary training and consultation by non-psychologist health care professionals (e.g., medical specialists or social workers). The training is sequential and cumulative, with the resident typically assuming greater responsibility for clinical work and activities as the residency year progresses. Evaluation is viewed as an essential part of the Residency and occurs as a continuous process. Formal evaluations of the resident's progress occur at the mid-point and end of each rotation. A defined set of core competencies form the framework for training, resident progress, evaluation of residents and supervisors, and overall successful completion of the Residency.

Training considerations take precedence over the demands of service delivery. Caseloads are chosen for their educational opportunities in relation to the resident's training goals and each resident's level of expertise and skills. In addition to the emphasis on the acquisition of clinical knowledge and skills, considerable attention is directed to the application of ethical and professional standards to everyday practice and the development of a professional identity. Developing and maintaining cooperative and collaborative relationships with other hospital and community caregivers and accessing the scientific and scholarly literature to guide clinical practice are emphasized as enduring functions of successful professional life.

GOALS OF THE RESIDENCY

The overall goal of the Residency is to prepare the resident to enter a career as a professional psychologist. The following goals of the Residency are intended as a guide to the resident's development in the required competency categories. They are as follows:

1. To conduct his or her practice with professional maturity, and to engage in constructive relationships with clients, families, and other professionals. **(Interpersonal Relationships-Professional Conduct).**

2. To achieve competency in psychological assessment, including diagnostic interviewing and psychodiagnostic evaluation. **(Assessment-Diagnostic Interviewing and Psychodiagnostic Evaluation)**

3. To achieve competency in intervention. **(Intervention)**

4. To conduct his or her practice with a respect for and understanding of cultural and individual diversity, and culturally competent skill. **(Cultural and Individual Diversity)**

5. To achieve competency in providing consultation to other professionals regarding the abilities and needs of clients. **(Consultation)**

6. To understand the interplay of science and practice and to foster a commitment to lifelong learning. **(Scholarly/Scientific Inquiry and Commitment of Learning)**

7. To demonstrate a working knowledge of ethical principles and practice standards in clinical activities so that the resident will aspire to the highest ethical and professional standards in future professional roles. **(Ethics and Standards)**

8. To demonstrate a beginning knowledge and competence in providing supervision. **(Provision of Supervision)**

9. To achieve competency in his or her response to supervision. **(Response to Supervision)**

EDUCATION AND TRAINING OBJECTIVES OF THE RESIDENCY AND STATEMENT OF EXPECTED COMPETENCIES

To meet these goals, we have developed the following education and training objectives in terms of the competencies expected of our graduates. These competencies are consistent with the Residency's philosophy and training model previously described. Specific items in the Resident Evaluation Report are anchored to these competencies.

Goal 1: **Interpersonal Relationships – Professional Conduct:**
To conduct his or her practice with professional maturity, and to engage in constructive relationships with clients, families, and other professionals.

Objectives for Goal 1:

1. The resident can demonstrate a capacity to participate positively in a multidisciplinary or multidisciplinary model of care.
2. The resident can demonstrate an ability to organize his or her activities effectively and can dependably carry out assignments.

Goal 2: **Assessment – Diagnostic Interviewing and Psychodiagnostic Evaluation**
To achieve competency in psychological assessment, including diagnostic interviewing and psychodiagnostic evaluation.

Objectives for Goal 2:

1. The resident will be able to competently conduct diagnostic interviews with children and families.
2. The resident will be able to administer and interpret a range of psychological assessment measures, including psychometric instruments.
3. The resident will have the capacity to communicate, both verbally and in written form, a formulation of the problems and recommendations about intervention to the child, family, and professional colleagues.

Goal 3: **Intervention**
To achieve competency in intervention.

Objectives for Goal 3:

1. The resident understands the basis of treatment formulation, including empirically supported intervention, development of treatment goals, and psychotherapeutic strategies.
2. The resident demonstrates competency in a range of therapeutic techniques with children.

3. The resident demonstrates an understanding of process issues related to intervention.

Goal 4: Cultural and Individual Diversity

To conduct his or her practice with a respect for and understanding of cultural and individual diversity and culturally competent skills.

Objectives for Goal 4:

1. The resident exhibits awareness of and sensitivity to cultural diversity and individual differences in clinical work.
2. The resident demonstrates the skills and ability to provide culturally competent clinical care.

Goal 5: Consultation

To achieve competency in providing consultation to other professionals regarding the abilities and needs of clients.

Objective for Goal 5:

1. The resident demonstrates effective consultation in sharing knowledge with other professionals regarding the client.

Goal 6: Scholarly/Scientific Inquiry and Commitment of Learning

To understand the interplay of science and practice and to foster a commitment to lifelong learning.

Objectives for Goal 6:

1. The resident demonstrates an ability to apply a scholarly approach to clinical practice.
2. Where applicable, the resident demonstrates the ability to initiate and conduct an appropriate research project and/or program evaluation.

Goal 7: Ethics and Standards

To demonstrate a working knowledge of ethical principles and practice standards in clinical activities so that the resident will aspire to the highest ethical and professional standards in future professional roles.

Objective for Goal 7:

1. The resident demonstrates a comprehensive knowledge and a keen sensitivity to professional ethics in terms of ethical standards, codes of conduct, legislation relating to psychology, and obligations under the law.

Goal 8: Provision of Supervision

To demonstrate a beginning knowledge and competence in providing supervision.

Objective for Goal 8:

1. The resident demonstrates a beginning knowledge and experience with the theories and models for the provision of supervision.

Goal 9: Response to Supervision

To achieve competency in his or her response to supervision.

Objective for Goal 9:

1. The resident demonstrates the effective use of supervision and the capacity and skills for constructive criticism and self-evaluation.

RESIDENCY STRUCTURE

Orientation	Rotation I Major/Minor	Inter-Session	Rotation II Major/Minor	Wrap-Up
2 weeks	Mid Sep - Feb	2 weeks	March – mid Aug	2 weeks

The training year has been divided into two five-month clinical terms plus three shorter periods designated for: initial orientation (two weeks); transition between rotations (two weeks); and final wrap-up (two weeks). Although residents are entitled to three weeks' vacation, their attendance for the full duration of the Orientation, Inter-Session and the Wrap-up period is mandatory.

The structure of the Residency fosters both the depth and breadth of training in the applied areas of service, which the Discipline of Psychology offers within Pediatric Medical Psychology, Child Development and Child and Adolescent Mental Health. In addition, minor rotations allow for broad exposure to many facets of the health care network.

Through this overall structure there is provision for long-term therapy involvement with supervisory continuity, assessment experiences with multiple populations, and involvement in several program/clinic environments. In addition, a weekly half day of professional development is built in to accommodate resident attendance at seminars, Training Committee

meetings and meetings with the Director of Training and ensure opportunities for residents to interact and share residency experiences.

ORIENTATION

The initial two-week Orientation period has been designed to orient new residents to the ACH, CDC and RRDTC environments and to the clinical activities and professional issues that are central to these pediatric clinical facilities, as well as to AHS, Calgary Zone. The Orientation period is intended to help residents understand their training in the context of the whole health care setting, to become familiar with logistical supports, demands and relevant policies of the Discipline, Services, Hospital and Residency, and to begin developing their plan for the Residency year. Orientation modules provide residents with observational, didactic, and interactive experiences in services where psychological assessment, treatment and consultation take place. During the Orientation period, each resident is provided access to the Psychology Residency Orientation Manual, which includes descriptive information about ACH, CDC, RRDTC, the Discipline of Psychology and the Residency, copies of relevant policies, and descriptions of programs and procedures.

ROTATION SELECTION

The Discipline of Psychology offers clinical training in three broad domains: the Pediatric Health Domain (which includes psychologist serving medical clinics and Neuropsychology), Child Development and Child and Adolescent Mental Health. To ensure that the Residents experience breadth and depth of training, some basic guidelines for rotation selection have been established. Each term (5-month training block) the Resident will select a Major Rotation and Minor Rotation. A Major Rotation will represent a commitment of at least 3 days per week; a Minor Rotation will involve 1 to 1.5 days per week. Two Minor Rotations may be combined for shorter durations within a term. Over the course of the year, residents are required to select a major rotation from the Pediatric Health domain. Major rotations are selected and confirmed in the spring prior to commencing the training program. Minor rotations may be selected prior to commencing the program but they will not be confirmed until the orientation period of the residency program. The resident will have the opportunity to become familiar with the sites, clinics and meet with potential supervisors prior to confirming their minor rotations. Assignment to rotations/clinics depend upon the resident's interest, as well as supervisor availability and the number of residents interested in a particular rotation.

Residency applicants are asked to identify rotations of interest in the cover letter of their application. Residents are encouraged to list specific clinics of interest as well as clinical modalities, client demographics or training opportunities of interest. This information is used to designate a primary supervisor for the resident prior to beginning the Residency year. The primary supervisor supports the resident in the development of their training plan for the year.

The primary supervisor is typically the supervisor from the first term Major rotation and often supervises the resident's long-term cases as well.

During the Orientation period, residents become more familiar with the different rotations, and they begin to develop their yearlong training plan. The resident, under the guidance of the Primary Supervisor, articulates specific training goals and identifies the specific sequence of Major and Minor rotations and other training experiences (e.g., group therapy) to achieve these goals. The Director of Training coordinates the overall training year by ensuring, for example, that all three residents will not be identically placed in the same rotational domain at the same time and approves each resident's plan. Each plan is presented to the Training Committee for confirmation. A copy of the resident's training plan is sent to the resident's University Director of Training, along with a copy of the evaluation form used to assess the resident's progress. University Directors of Training are invited to contact the Residency Program Director of Training if they have any questions about the Residency Training Plan and are invited to personally visit ACH at any time during the residency year.

OVERVIEW OF MAJOR, MINOR & EXPOSURE ROTATIONS

(x = possible option for rotation in clinic/service area)

Pediatric Medical Psychology			
Clinic /Service Area	**Major**	**Minor**	**Exposure**
Asthma, Cardiology and Cardiorespiratory	x	x	x
Diabetes/Endocrine	x	x	x
Feeding and Sensory	x	x	x
Gastroenterology	x	x	x
Haematology, Oncology and Blood and Bone Marrow Transplant	x	x	x
Inpatient Medical Psychology		x	x
Musculoskeletal: Orthopedics/Juvenile Amputee, Rheumatology	x	x	x
Neurosciences	x	x	x
Neuropsychology	x		
Nephrology Clinic	x	x	x
Pediatric Centre for Health and Weight	x	x	x
Sleep Clinic		x	x
Vi Riddell Pain/Rehab Centre/Burn Team	x	x	x

Child and Adolescent Mental Health			
Clinic/Service Area	**Major**	**Minor**	**Exposure**
Adolescent Inpatient*	x	x	x
Child Abuse Service	x	x	x
Children's Day Treatment Program (CDTP)	x	x	x
Complex ADHD Treatment Team (CATT)	x	x	
Forensic Adolescent Program (FAP)*	x	x	
Neuropsychiatry Service		x	x
Northwest Community Clinic	x	x	
OCD Clinic		x	x
Youth Substance Use and Mental Health Services (YSUMHS)	x	x	x
Child Development			
Clinic/Service Area	**Major**	**Minor**	**Exposure**
Autism Spectrum Disorder Diagnostic Clinic + Consultative Diagnostic Clinic	x	x	x
Cumulative Risk Diagnostic Clinic	x	x	x
Early Childhood and Perinatal Program	x	x	x
Neonatal Follow-up Service		x	x

These programs are part of the Calgary Clinical (Adult) Residency program and are subject to availability. See more details to follow.

DESCRIPTIONS OF THE MAJOR ROTATIONS

I. PEDIATRIC HEALTH DOMAIN

Pediatric psychology is one of the core areas of service provided by psychologists at ACH, and psychologists are currently involved with the majority of medical clinics. The Pediatric Health domain forms one of the cornerstones of training for psychology residents and it is expected that residents will choose one Major rotation from this domain. An additional minor can also be selected from the Pediatric Health Domain if that meets the training needs of the resident. The Pediatric Health Domain is made of two subcategories – Medical Psychology and Neuropsychology. Rotations within the pediatric health domain can provide residents with training in assessment, treatment, program development, and planning for children and families presenting with a wide range of clinical concerns. Psychologists and residents participate in multi-disciplinary healthcare teams in a collaborative model of care for the child patient and his/her family. Throughout their rotation, residents will gain experience in the multitude of roles performed by pediatric psychologists, including consultation to the teams and multi-disciplinary healthcare treatment planning, as well as more traditional individual and family clinical psychological services.

Medical Psychology Rotation (Location: ACH) A major rotation in Medical Psychology typically is focused in one clinic area complemented by training opportunities in other medical clinics, depending upon a resident's interests and availability of supervisors.
All clinics are composed of multidisciplinary teams consisting of medical specialists, nurse clinicians, psychologists, social workers and other allied health staff as needed.

A medical psychologist typically assesses and treats those children who struggle with the following challenges:

- Non-adherence with medical treatments resulting in substantial risk to the patient.
- Biopsychosocial factors causing acute exacerbation of medical condition or impacting illness presentation.
- Medical conditions resulting in psychological problems that have a major impact on other areas of functioning.
- Preparation for invasive procedures and surgery.
- Pain management.
- Medical anxiety and trauma.
- Somatic Symptom Disorders.

The most frequently employed treatment modalities are cognitive behavioural strategies such as relaxation and guided imagery training, systematic desensitization, medical hypnosis, motivational interviewing and acceptance and commitment therapy. Individual

child/adolescent, parent and family psycho-educational counselling, and group therapy are offered.

Clinical Rotations include:

- **Burn Team:** The psychologist's role is mainly in relation to pain management (e.g., debridement), disability adjustment (e.g. scars), medical compliance (e.g. wearing garments), and reactions to accidents (e.g. fear of fires). The Burn Team meets once weekly, and most referrals come via the physiotherapist/Coordinator of the Team. Psychology is involved in both inpatient and outpatient care. Residents can become directly involved in cases of disability adjustment and reactions of children who have been burned, including pain management. The base rate of referrals is highly variable and often the children are very young, age 2 to 3 years.

- The **Cardiology** psychologist assesses and treats children and adolescents living with a variety of heart conditions such as congenital malformations, heart transplants, and rhythm disorders (e.g., Long QT Syndrome). Residents will likely be exposed to more acute and serious medical presentations in this rotation. Medical trauma (e.g., cardiac arrest), life sustaining treatment adherence (e.g., transplant rejection medication), somatic symptoms (e.g., chest pain, dizziness), and adjustment to chronic illness (e.g., dealing with scars after open heart surgery), are the primary presenting concerns of Cardiology patients.

- The **Diabetes/Endocrine Clinic** psychologists address the needs of children and adolescents with Type 1 and Type 2 diabetes as well a variety of Endocrine disorders (e.g. Turner syndrome, hypothyroidism, growth hormone insufficiency, precocious puberty). The most common presenting problems referred to psychology are adjustment to diagnoses, adherence to treatment regimen, needle phobia and learning concerns related to an Endocrine condition. Treatment modalities include both individual and group therapy using cognitive behavioral, behavioral and motivational interviewing approaches.

- The **Gastrointestinal Clinic** team at ACH is comprised of gastroenterologists, registered nurses, pharmacy, registered dieticians, psychology, social work, and child life. The psychologist on the team provides assessment, treatment and consultation to children and adolescents with a diverse range of chronic and acute gastrointestinal disorders (e.g. functional abdominal pain, inflammatory bowel disease, irritable bowel syndrome, dysphagia, eosinophilic esophagitis, rumination syndrome, encopresis, cyclic vomiting syndrome, etc.) and diseases of the liver (including pediatric patients who have undergone liver transplant). The GI Clinic psychologist also provides psychological services to pediatric patients with intestinal failure who are followed by the *Children's Hospital Intestinal Rehabilitation Program (CHIRP)* at ACH. Residents completing a rotation within the GI Clinic will enhance their general knowledge and skills in pediatric/medical psychology as well as

receive clinical supervision in the specialized practice of psychogastroenterology (i.e., the application of psychological science and practice to gastrointestinal health and illness). Clinical work includes the assessment and treatment of psychosocial factors (e.g., anxiety, mood, interpersonal difficulties, trauma) that may be influencing symptom presentation via the brain-gut axis, supporting adjustment to diagnosis, and coping with chronic illness, addressing medical anxiety/phobias that are impairing medical treatment, and providing non-pharmacological management of impairing physical symptoms (e.g., pain, nausea, vomiting). Residents completing rotations within the GI Clinic will be expected to complete assigned readings within psychogastroenterology for discussion in supervision and to support their clinical training. Although the psychologist primarily provides outpatient services, some inpatient work does occur and can be arranged if this is of interest to the resident. Theoretical orientations/approaches to psychological treatment utilized in the GI Clinic include cognitive behavioural therapy (CBT), acceptance and commitment therapy (ACT), narrative therapy, motivational interviewing, gut-directed medical hypnosis, and attachment-informed interventions.

- **The Hematology, Oncology, and Blood and Bone Marrow Transplant (HOT) Program** addresses the needs of children and adolescents with chronic blood diseases (e.g., aplastic anemia, sickle cell disease), cancer (e.g., leukemia, brain tumors), and medical conditions that may require a blood or bone marrow transplant. Children and adolescents seen in this program are followed from diagnosis through to their long-term survivorship. Areas of practice include adjustment to illness, management of subsequent mood and anxiety symptomatology, management of the physical consequences of disease (e.g., nausea, pain) and monitoring for late effects of treatment including cognitive and psychosocial difficulties. The psychologists are involved in inpatient and outpatient care and also engage in clinical research within the program.

- **Inpatient Medical Psychology** provides assessment, consultation, and intervention to children and adolescents who are admitted to hospital due to injury or illness. The inpatient psychologist provides targeted assessment and intervention of psychological symptoms impacting physical health, engagement in medical care, adjustment to admission, and safe discharge home. Psychological interventions commonly include parent education (e.g., psychoeducation; parent support of pain or behavioral issues impacting medical health or rehabilitation), multi-disciplinary consultation and trauma-informed care planning for patients. The inpatient psychologist also works closely with the ACH brain injury/rehabilitation team, providing psychological supports to patients and families in early recovery from illness and injury requiring intensive multi-disciplinary rehabilitation (e.g., spinal cord injury, acquired and traumatic brain injury).

- The **Nephrology/Urology Clinic** psychologist supports the needs of children and adolescents with acute and chronic kidney disease as well as bladder and voiding dysfunction. Common

reasons for referral include adjustment (e.g., to diagnosis or treatment), treatment of internalizing and externalizing disorders impacting medical care, assessment of suitability and preparation for kidney transplantation or other surgical interventions, medical trauma and anxiety, non-adherence to medical treatment, behavioural treatment of dysfunctional voiding, as well as assessment of cognitive and learning challenges associated with chronic kidney disease. Residents can see patients in both the inpatient and outpatient setting.

- The **Neurosciences Clinics** serve children and adolescents with a wide range of neurological disorders, including epilepsy, neuromotor and neuromuscular disorders (e.g., cerebral palsy, spina bifida), traumatic brain injury, chronic headache/migraine, and functional (conversion) disorders. The Neurology team includes pediatric neurologists, nurse specialists, neurophysiology technicians, speech/language pathologists, occupational therapists, physiotherapists, social workers, pharmacists, dieticians, and clinical psychologists. Reasons for referral to Psychology are wide-ranging, and include supporting adjustment to neurological condition, improving medical treatment adherence, supporting pain management and functional restoration, treating somatic and functional neurological symptoms, processing medical-related trauma, and assessing and treating other mental health concerns that have developed within the context of the patient's medical journey. Patients and their families present diverse, interesting, and often complex and challenging psychological and social issues. A psychology resident in this clinic can provide individual and workshop-based interventions using various theoretical orientations, including cognitive behavior therapy, acceptance and commitment therapy, behavior therapy, attachment-based intervention, relaxation- and mindfulness-based strategies, etc. The ACH also has one of the only pediatric biofeedback labs in Canada, which is for psychophysiological assessment and treatment of a variety of conditions including chronic headache, pain, dysautonomias, and functional neurological disorders.

- **Orthopedics/Juvenile Amputee Clinic:** The psychologist's role on the Orthopedic and Amputee Clinics spans a variety of adjustment issues in relation to medical procedures, rehabilitation, surgery, and injury/amputation. This might include assessing the child's and the families' readiness for procedures (e.g., Ilizarov) and facilitating adaptive coping with pain and medical challenges over the course of treatment. Enhancing medical adherence, managing pain, and overcoming medical fears/trauma are frequent therapeutic objectives. The opportunity exists for residents to learn about the impact of invasive medical procedures or trauma injuries on children, and to assist in their adjustment with pain, coping, and disability.

- **The Pediatric Centre for Weight and Health (PCWH)** is part of Alberta Health Services' provincial Pediatric Weight Management initiative, a comprehensive approach to preventing and managing pediatric obesity and related medical comorbidities. The PCWH at Alberta Children's Hospital is a multidisciplinary, family-focused clinic that serves children and

adolescents who have a body mass index (BMI) greater than or equal to the 85th percentile and/or medical comorbidities that could benefit from healthy lifestyle management. The psychologist's role in the PCWH clinic includes assessment, treatment, and consultation. Assessments are family-centered and focus on identifying readiness for healthy lifestyle change (e.g., motivation, confidence, available support, strengths/barriers/maintaining factors) as well as assessing for the presence and extent of associated social-emotional issues (e.g., poor self-esteem, negative body image, symptoms of anxiety/mood disorders, social stigma and distress related to weight, disordered eating patterns, etc.). Treatment (individual or group) may include motivational interviewing, behaviour modification, cognitive behavioural therapy, mindfulness strategies, and/or parenting education and training. The psychologist works closely with other team members within the PCWH (pediatricians, nurse, social worker, dieticians, and exercise specialist).

- **Pediatric Eating, Feeding, and Swallowing Service**: offers a multidisciplinary approach for the evaluation and treatment of infants, children, and adolescents with a variety of feeding problems. The team consists of a clinical psychologist, dietitians, occupational therapists, and speech language pathologists. Children/adolescents may have a primary feeding problem without any other diagnosis or may have comorbid diagnoses such as an Autistic Spectrum Disorder or Intellectual Disability. Feeding problems may be associated with premature birth or other medical conditions which may have interfered with the development of eating skills. The psychologist works closely with other team member, initial assessments are often jointly conducted. Psychological treatment may take the form of parent counselling or individual work with children and adolescents.

- The **Respiratory Clinic** follows children and adolescents with a variety of lung diseases (e.g., Cystic Fibrosis (CF), and Asthma). The most common psychology referrals include respiratory somatic symptom disorders (e.g., habit cough, vocal cord dysfunction), adjustment to life-limiting illness (e.g., CF), challenges with complex treatment adherence, and medical anxiety/trauma. There is potential for both inpatient and outpatient training in this rotation as children who have a CF diagnosis often require two-week hospital admissions for illness management. Within the Respiratory Clinic, the psychologist is also part of a specialized service that uses a multidisciplinary approach to manage severe and difficult to control asthma (i.e., Intensive Management Asthma Clinic: IMAC). Families followed in IMAC represent a diverse population in regard to ethnicity, social economic status and health beliefs/practices.

- **Rheumatology Clinic:** The psychologist's role on the Rheumatology Clinic is to assist children in coping with long-term, and often relapsing medical conditions (e.g., arthritis, uveitis, lupus, etc.). Often, the children are frustrated by the limitations imposed by their illness or by the medical interventions they must undergo, and the focus of Psychology is directed toward helping children find ways to cope with illness. This can include coping with pain or limitations to physical activity; managing anxiety around procedures and needles;

managing unpleasant side effects of medications (e.g., nausea, vomiting); or assisting with pill swallowing. The opportunity exists for residents to attend clinic meetings, and to provide counselling to children who have a variety of long-standing medical conditions.

- **Sensory (Hearing) Clinic:** The psychologist's role on the Sensory Clinic is to help children and families cope with hearing loss and medical procedures. In the case of young children, this often involves helping the child and parents adjust to the use of hearing aids, and preparation/follow-up regarding cochlear implants. With older children the psychologist's role includes helping children with a range of behavioural concerns associated with hearing loss such as social isolation and bullying. The psychologist also conducts cognitive assessments. The clinic team meets on a regular basis through team meetings, clinic conferences, and chart reviews. Residents can also provide individual treatment for children with emotional concerns related to hearing loss. Some activities, such as counseling with signing interpreters, intellectual assessments of children with significant hearing impairment, and surgical preparation may be less appropriate for direct resident involvement but may provide observational opportunities.

- The **Sleep Clinic:** The Sleep Clinic team psychologist offers behavioural/psychological interventions for infants, toddlers, children, and adolescents suffering from a range of sleep problems secondary to a complex medical presentation (e.g., developmental/neurological disorders; genetic disorders). These sleep difficulties include sleep association problems, limit setting issues, insomnia, night waking, parasomnias (e.g., night terrors, sleep walking, delayed sleep phase, nightmares), and narcolepsy. Parents are often heavily involved in treatment.

- **Vi Riddell Children's Pain and Rehabilitation Centre:** Psychologists within the Vi Riddell Children's Pain and Rehabilitation Centre provide consultation and support to children and adolescents involved in a variety of pain programs including the Headache Clinic, the Complex Pain clinic, and the Intensive Pain and Rehabilitation program. The psychologists provide individual and group treatment to improve youths' abilities to cope with pain and to improve their functioning despite pain. These interventions include cognitive behavioural approaches, self-hypnosis, acceptance and commitment therapy, relaxation and imagery, graduated behavior rehearsal, reactivation and pacing.

  There are also opportunities to participate in the program's one-day workshop ('The Comfort Ability') focusing on pain management that includes both youth and parent components. The Complex Pain clinic provides opportunity to participate in multidisciplinary team assessments along-side nurses, physiotherapists, family therapists, and anesthesiologists. Whereas the Intensive Pain and Rehabilitation Program provides opportunities to participate in a 3-week day treatment program designed to increase

functioning for children and adolescents with persistent pain who have not benefited from outpatient treatment.

Pediatric Neuropsychology rotation: (location: ACH)

- **Pediatric Neuropsychology** residents may choose as a major rotation *only*. There are currently three neuropsychologists at Alberta Children's Hospital and our service covers the entire hospital. There are approximately five areas of expertise in pediatric neuropsychology, including brain injury, epilepsy-surgery, oncology, rehabilitation, and/or general neurology/neurosurgery. Residents can indicate which area(s) they have an interest in and can be matched with an available supervisor. Duties would include consultation and assessment, and possible patient/family support. Because of the specialized nature of the neuropsychology rotation, academic preparation, and practicum experience within the area of neuropsychology are necessary. We strongly prefer that resident applicants meet the guidelines put forth at the Houston Conference on Specialty Education and Training in Clinical Neuropsychology. **To be considered for the pediatric neuropsychology rotation, applicants must have the following credentials at the time of application (or provide evidence of the following completed by the end of the current practicum):**

    1. 500 hours of formal neuropsychological practicum experiences (with a minimum of 200 hours spent in face-to-face neuropsychological activities, at least 100 of these hours must involve contact with children)
    2. at least eight comprehensive neuropsychological assessment reports (ideally involving pediatric patients) completed.
    3. completion of a graduate-level course in neuropsychological theory/assessment, and child development

Please specifically list each of the following separately in your cover letter:

1. Number of comprehensive neuropsychological assessment reports written (including only cases for which you conducted most of the interview and testing, integrated the test results, and provided a case formulation/interpretation and recommendations)
2. Number of hours completed in neuropsychological practicum
3. Number of hours of face-to-face neuropsychological activity (including interviews, test administration, feedback, and interventions, if applicable)

II. Child and Adolescent Mental Health

The clinics and programs listed below, form the basis of the Mental Health Domain. The service areas are generally considered to be tertiary level interventions as the children and families have complex problems characterized by high acuity, severity, chronicity and/or are resistant to treatment. Often, the child and family present with many of these aspects. These mental health services link to other agencies in CAAMHPP or the broader AHS, Calgary Zone.

The mandate of the service is to see children from the ages of 0 to 18. The great majority of the work is conducted with school aged children and young adolescents. The Children's Day Treatment Program only treats children up to the age of 13 years. The Adolescent Addictions Inpatient and Forensic programs focus on adolescent youth.

Multidisciplinary teams deliver all care within the Mental Health Services. Most of these services offer the opportunity to work with social workers, occupational therapists, speech and language pathologists, educational consultants, nursing, and psychiatry. There is a strong family centered approach to the programs. The nature of the psychologist's role varies across the different clinics and services.

- **Child Abuse Service (Location: Child Development Centre):** The Child Abuse Service is a major community resource for children and youth who have experienced abuse and their caregivers. Key areas of service include medical assessments, assessments for impact of abuse/trauma on psychosocial and family functioning, therapeutic interventions to alleviate trauma and behavioural symptoms, guidance and support for caregivers, consultation to AHS clinics and community agencies, and community education. With the opening of the Luna Child and Youth Advocacy Centre (located in the same building as the Child Development Centre), in March 2013, the Child Abuse Service, as the Alberta Health Services partner, joined with the Calgary Police Service, RCMP, Calgary Region Child and Family Services, and Alberta Justice Calgary Crown Prosecutors, to provide comprehensive and coordinated services to victims of abuse under the age of 18.

Children and youth assisted through the Child Abuse Service present with a wide array of psychological and behavioural problems, including posttraumatic stress disorder, mood and anxiety disorders, physical aggression, sexual behaviour problems, developmental delays and learning difficulties. Many have experienced multiple forms of abuse and/or complex developmental trauma, along with disruptions in caregiver relationships and home environments. Residents have opportunities to complete comprehensive psychological assessments of the impact of abuse on children's functioning, implement individual child and

caregiver therapeutic interventions, provide group interventions for children and caregivers, and provide consultation to Luna Child and Youth Advocacy Centre partners, school personnel, Child and Family Services caseworkers and other community-based professionals. Evidence-based interventions include Trauma-Focused Cognitive Behavioral Therapy, Dialectical Behaviour Therapy (DBT), DBT-A skills group, Modified Parent-Child Interaction Therapy, Circle of Security Parent Training, CONNECT Parent Group, and Problematic Sexual Behavior Group Treatment for Children and Caregivers.

- **Children's Day Treatment Program (Location: Alberta Children's Hospital)** The Children's Day Treatment Program (CDTP) consists of a 12-desk day-patient unit service for children in grades 3 to 7 who present with a wide range of mental health disorders (e.g., Neurodevelopmental Disorders, Depressive Disorders, Anxiety Disorders, Disruptive, Impulse-Control, Conduct Disorders, Trauma and Stress-Related Disorders). The multi-disciplinary team includes Psychology, Psychiatry, Family Therapy, Occupational Therapy, Speech Language Pathology, Social Work, and Nursing. There are two mental health classrooms that are a partnership between AHS and the Calgary Board of Education and Residents will also have the opportunity to work collaboratively with teachers and mental health therapy assistants who work in the classroom. Children and their families are admitted to CDTP on an elective basis because the children either cannot be maintained in the community or because the nature of their problems requires more intensive observation, assessment, and intervention. Each admission is 10 weeks long and includes 1 week of transition support. In all admissions, the first four weeks are primarily focused on comprehensive assessment of the child and of the family system. This information is used to guide intervention during the remainder of the admission and following discharge. The Children's Day Treatment Program adheres to an Attachment-based treatment philosophy and incorporates cognitive-behavioral, trauma-informed, collaborative problem solving, and behavioural interventions into individual care plans and within the milieu and classrooms more generally. Children are treated within the context of their family/caregiving system and parents/caregivers are expected to attend weekly family therapy sessions throughout a child's admission.

Residents will have the opportunity to complete comprehensive diagnostic and psychoeducational assessments for children with a wide range of presenting problems and complex symptom presentations. In addition, residents will interpret assessment results, and in consultation with the team, develop a detailed case conceptualization. Psychology then takes the lead in delivering the case conceptualization to children's parents, school staff, and relevant community agencies. Residents will also have the opportunity to plan, develop, and assist with the implementation of individualized treatment plans for children both in the milieu and classrooms settings. In addition, residents will have opportunities to provide individual and group therapy to children on a weekly basis. Lastly, residents will have the opportunity to provide extensive consultation to the larger treatment team.

- **Complex ADHD Treatment Team (CATT) (Location: Richmond Road Diagnostic & Treatment Centre)** Complex ADHD Treatment Team (CATT) provides services for children and adolescents with treatment resistant and/or highly co morbid Attention-Deficit/Hyperactivity Disorder. The primary objective of this clinic is to significantly reduce the morbidity effects of this disorder among this complex population. The opportunity for Psychology Residents on the CATT include: 1) involvement in multidisciplinary assessments (including Psychiatry, Social Work/Family Therapy, Nursing, Speech-Language Pathology, and Occupational Therapy), 2) conducting Psychological Assessments regarding conditions that are commonly co morbid with ADHD (including learning disorders, mood and anxiety disorders, and autism spectrum disorders), 3) to provide individual therapy using Cognitive Behavioural Therapy (CBT) and Acceptance and Commitment Therapy (ACT) modalities to address mood or anxiety disorders, anger/emotional dysregulation, etc. and 4) Provide group therapy to address anxiety disorders in children and adolescents. Typical assessments include psychoeducational, socioemotional assessments, as well as assessments for autism spectrum disorders. Residents would then have the opportunity to participate in multidisciplinary conferences, providing feedback to families as well as consulting with the school. Opportunities may also be available for observing and participating in family therapy addressing behavioural concerns, mood or anxiety issues, or trauma and attachment issues related to parent-child functioning.

- **Neuropsychiatry Service (Location: Richmond Road Diagnostic & Treatment Centre)** is for children and adolescents with co-morbid medical conditions that involve structural brain abnormality and mental health issues. Patients may have epilepsy, traumatic brain injury, or a genetic syndrome that affects the child's brain and functioning. The Neuropsychiatry Service (NPS) is a multidisciplinary team (including Psychiatry, Psychology, Social Work/Family Therapy, Nursing, Speech-Language Pathology, Occupational Therapy and Pharmacy) that provides consultation and collaboration with involved community agencies, schools, and medical care providers. The opportunity for Psychology Residents would be to provide consultation, assessment, and treatment of the co morbid anxiety, mood, ADHD, LD, behaviour, adaptive and executive functioning issues.

- **Northwest Community Clinic (NWCC) (Location: Foothills Professional Building)** The Northwest Community Clinic is an outpatient mental health clinic providing evidence-based treatment to children, adolescents, and their families. Our clinic provides care to youths experiencing a wide range of moderate to severe mental health problems, allowing for diversity of skill and enhancing breadth of experience. Common presenting problems include emotion dysregulation, anxiety/depression, attention/behavior concerns, and parent-child conflict. This rotation will provide opportunities for building

skills in a variety of therapeutic formats, including individual, parent, family, and group therapy. Therapeutic modalities vary based on the presenting problem, but typically include cognitive behavioural therapy, dialectical behaviour therapy, mindfulness, and trauma- and attachment-informed interventions. Residents will be involved with completing psychodiagnostic intake assessments for each family, treatment planning, treatment delivery, consultation to the team/external organizations, and case management. Involvement may also be possible with: research and program evaluation; supervision of practicum students.

- **OCD Program (Location: Richmond Road Diagnostic & Treatment Centre)** The OCD Clinic provides services for children and adolescents with moderate to severe OCD. The clinic's overarching objective has been to mitigate and prevent the negative e effects of OCD on child and family well-being through the use of evidence-based interventions, including Cognitive Behavioural Therapy with Exposure and Response Prevention, while empowering children and families to better cope with the mental health struggles they face. The opportunity for Psychology Residents in the OCD Clinic would be to conduct diagnostic assessments with an interdisciplinary team and provide individual and group Cognitive Behavioural Therapy for children and adolescents diagnosed with OCD. Parent coaching and integrated team intervention with family therapy and psychiatry is also a standard part of the training experience.

Adolescent Rotations*

- **Adolescent Inpatient Rotation* (Location Foothills Medical Centre**) is designed to develop skills in therapy and psychological assessment to prepare residents for professional practice with adolescents and their families. Residents receive in-depth training with complex patients on mental health inpatient units, including training in individual therapy, group therapy, psycho-diagnostic assessments, and consultation. Acute stabilization and trauma- and attachment-informed care are emphasized. Third-wave CBT modalities are often used, such as Self-Compassion, Dialectical Behavior Therapy, and Collaborative Problem-Solving. The resident will gain extensive experience working on a multi-disciplinary team in an acute hospital setting. Opportunities to conduct research may be available.

- **Youth Substance Use and Mental Health Services (YSUMHS) Community Outpatient Team* (Location 1005 17 St. NW)** is a community outpatient clinic working with youths (12-19 years) and their families/support system, providing therapy services, as well as referral to other in-house supports as necessary (including group therapy, recreation therapy, psychiatry, psychological assessment). As a concurrent disorders program, youths are referred to our service to address mental health concerns, in addition to also struggling with substance use or addictions (gaming, internet, etc.). As per the resident's

training goals, they would have the opportunity to be involved with providing therapy (individual, group, family, parent session formats), psychological assessment (such as psychoeducational or personality testing), and consultation to the team/external agencies. Involvement may also be possible with residential treatment and stabilization programs located at other sites, research and program evaluation and supervision of practicum students.

- **Forensic Adolescent Program* (FAP)** (**Location Sunridge Professional Centre)**: FAP provides assessment and consultation for youth between the ages of 12 and 18 years who are in conflict with the law and are thought to have mental health problems. Most clients are mandated to attend by the courts. Intensive assessment is provided by an interdisciplinary team comprised of psychologists, psychiatrists, nurses, social workers, recreation therapists, and outreach therapists. Treatment is delivered in individual and group formats and is intended to address both relapse prevention and management of mental health issues. Under supervision of a psychologist, the resident's main focus is to conduct comprehensive psychological assessments (including clinical interviews, tests and gathering information from families and other collateral sources) which offer opinions regarding issues such as risk for future offending (both violent and non-violent), risk to self and the community, treatment need and likely responses to treatment.

Consultation with other members of the interdisciplinary team and community agencies may also be part of the resident role. A major rotation is primarily assessment focused but the resident may have the opportunity to provide individual therapy to youth who have committed sexual offenses. A minor rotation may be available that focusses on individual therapy for youth that have committed sexual offenses and does not have an assessment focus.

*The above Adolescent rotations at Foothills Medical Centre, Youth Substance Use and Mental Health Centre, and the Sunridge Professional Centre are part of the Calgary Clinical (Adult) Residency Program. Residents from the Calgary Clinical Psychology Residency Program have priority for these rotations and ACH residents will have access to these rotations subject to availability.

III. Child Development

These rotations offer the resident the opportunity to provide diagnostic assessment, and consultation for children with complex developmental, learning, adaptive and behavioural difficulties. Over the course of the rotation, residents are expected to become members of multi-disciplinary teams by performing assessments, participating in case conferences, and liaising with community resources.

- **Autism Spectrum Disorder Diagnostic Clinic (Location: Child Development Centre)** is a multi-disciplinary clinic that serves children aged 0-18 with complex developmental delays/difficulties in the area of communication, social, behavioural, motor, cognitive, adaptive, attention and emotional functioning, with queries of Autism Spectrum Disorder (ASD). The **Consultative Diagnostic Clinic** receives referrals for children suspected of having other complex developmental, learning, adaptive and behavioural challenges, such as intellectual disabilities, language disorders, learning disorders, and ADHD.

  The primary role of the Psychologist on the Autism Spectrum Disorder Diagnostic Clinic and Consultative Diagnostic Clinic is to provide tertiary level diagnostic assessment and consultation (e.g., program planning) using a family-centered approach in which parents, school personnel, and other professionals involved in the child's care (e.g., Speech-Language Pathologists) are important members of the team.

- **Cumulative Risk Diagnostic Clinic (Location: Child Development Centre)** is a multidisciplinary team that assists in the identification and diagnosis of children who have been either affected prenatally by alcohol and/or have experienced multiple risks and negative prenatal and postnatal exposures in the context of presenting with learning and developmental difficulties. This clinic follows the Canadian Guidelines for Diagnosis of Fetal Alcohol Spectrum Disorder (2004, 2015) when evaluating children for an FASD diagnostic question. The team assumes a cumulative risk approach when conceptualizing the presentation of each patient and functional profiles of a child's/youth's abilities is outlined. Standardized psychometric tools, including neuropsychological tests, are utilized by the psychologists on this team, who also assist in developing management plans for the child/youth and provides follow-up consultation to, patients, caregivers and schools/programs and community partners.

- **The Early Childhood and Perinatal (ECAP)** program: (**Location East Calgary Health Centre)** provides 1) consultation and therapeutic intervention services to families of children between birth and kindergarten entry as well as, 2) consulting to ECAP colleagues and professionals in the community. Common referral concerns include: problems with behavioural regulation (e.g., excessive anger, tantrums, self-injurious behaviours); anxiety (separation problems, selective mutism, withdrawal behaviours); other regulatory challenges (i.e., eating, sleeping, toileting); parent-child relationship problems; emerging developmental concerns (e.g., ASD, ADHD); and exploring the impact of parental mental health, substance use, domestic violence, neglect and/or trauma on a child's development.

In the ECAP program, the opportunity exists for residents to participate in Family Consults, Focused Consults, and Psychology Consults. Depending on the resident's background and experiences with children under five, parent-child relationship/attachment challenges, and relationship-based therapies, there may also be opportunities to be involved as a co-therapist in therapy cases. All families entering the ECAP program are triaged through a Family Consult, a 90-minute screening session used to identify the program component that will best meet their needs. Residents would have an opportunity to participate as the parent therapist (interviewing parent about concerns), the child therapist (interacting with the child and informally screening development), and the observer/recorder (typing parent information, child observations, impressions, and recommendations into a summary provided to parents at end of session). Focused Consults allow a more intensive "in-depth" exploration of concerns and are designed to assist the family (and referral source) in better understanding the developmental, social-emotional, and/or relational needs of the child. Psychology Consults focus on a particular question (e.g., query ASD, parent-child relationship challenges, impact of trauma) or specific social-emotional or behavioural issue (e.g., tantrums, oppositional behaviour, aggression, separation anxiety) to clarify concerns, provide recommendations and strategies, and support accessing funding. Psychology Consults often co-occur with a therapy caseworker and support the ECAP therapist in better understanding and meeting child and family needs.

- **Neonatal Follow-up Clinic (Location: Child Development Centre)** provides assessment, diagnosis, consultation and early referral for infants and young children at risk of neurodevelopmental difficulties secondary to extreme prematurity, extremely low birth weight and/or early complex medical/surgical interventions. Multidisciplinary evaluations are scheduled at key ages from birth to age 5. The Psychologist conducts cognitive, developmental, and behavioural assessments and consults with other providers in a collaborative family centred approach. Opportunities for residents may include developing assessment skills with infants and preschoolers, participating in research, and working with families on developmental and behavioural issues.

DESCRIPTIONS OF MINOR ROTATIONS

Minor Rotations offer training in service areas not chosen as Major rotations so that residents can tap the breadth of training opportunities the Discipline of Psychology has to offer. Minor rotations do not have to be within both the Child Clinical and Pediatric Health domains (e.g., both Minors could be in one of these domains depending on residents' interests).

A Minor Rotation can range from 1 to 1 ½ days per week over a five-month period, or two can be combined for shorter durations. Therefore, residents can expect to have significant exposure in two or more areas beyond their Major Rotations during the year.

In addition to the minor rotations listed in the tables on page 11, we offer minor rotations in clinical research or program development:

- **Clinical Research/Program Development:** In order to experience the scientist-practitioner model more fully, this Minor Rotation allows the resident the opportunity for exposure or participation in clinical research or program development or evaluation. The resident may become a temporary member of an ongoing research or program evaluation project, develop a small, time-limited project, or take on the development of a research protocol that would be completed by staff after the resident has completed the Residency, with the resident getting full credit for his or her contribution. Any original research is, of course, subject to approval by the appropriate Research Committee. To illustrate the research and scholarly interests of Psychology staff, a listing of representative recent publications is included at the end of this Brochure.

INTER-SESSION

A two-week Inter-Session period follows the end of the first clinical rotation. The intent of this period is to help residents complete work from the first rotation, meet new supervisors and become oriented to the second rotation. Part of the Inter-session may be spent in focused reading and inservice experiences directed at preparing the resident for clinical assessment and treatment of children and families seen in the next rotation.

WRAP-UP

The last two weeks of the Residency are dedicated to completing activities such as case closures, final documentation, and evaluations. This is often one of the busiest times of the training year with the conclusion of clinical work, year-end review, and the granting of Certificates of Successful Completion.

EDUCATIONAL ACTIVITIES

Psychology Resident Seminar Series. Residents participate in the monthly Psychology Resident Seminar Series. This will include serial and focused presentations and discussions in the areas of assessment, intervention, and special clinical topics/professional issues. These activities provide opportunities to reflect upon the integration of theory and research with daily clinical practice, including reviews of relevant literature.

Residents are encouraged to take advantage of the wide range of educational opportunities provided through the Discipline of Psychology, the Hospital and various Child Health and Child

and Adolescent Mental Health programs and clinics. These include presentations by local experts as well as by nationally and internationally recognized authorities.

Intern Interhospital Seminar Series. Attendance at the monthly Intern Interhospital Seminar Series is for the most part optional, although attendance at some presentations is mandatory. These seminars give residents from the ACH residency and interns from the Calgary Clinical (Adult) Residency an opportunity to meet each other and share experiences. They include topics of interest to both child and adult-focused interns/residents and are presented by members of the training staffs of the various Calgary hospitals and other agencies.

Presentations to Psychology Staff. Residents present to the psychology staff in the latter part of the training year on a topic of their choice.

Training in Supervision. The Discipline offers practicum experiences to graduate students enrolled in the Program in Clinical Psychology at the University of Calgary (CPA Accredited). Residents will participate in the Discipline's training program by supervising a graduate student to gain expertise in clinical supervision. Resident's supervisory sessions with graduate students are directly supervised. Residents also attend didactic sessions on the ethics of supervision, models of supervision, and reviews of relevant literature.

Training in Crisis Intervention. Supervising psychologists within the Residency program assess and treat children and families experiencing life-threatening medical and mental health emergencies (e.g., serious accidents, diagnosis of serious illness, suicidal ideation and gestures, child abuse). Such situations may arise during residents' participation in a particular rotation and afford an opportunity for supervised training in crisis intervention. Residents will be closely supervised by Psychology staff and will collaborate with other professionals.

Training in Cultural and Individual Diversity. As per statistics Canada (2020) Calgary had the 2nd highest immigration rate per capita in Canada. According to the 2016 census Calgary is home to citizens of 240 ethnic origins and is ranked 3rd in proportion of visible minorities in Canada. Alberta Health Services has a strong commitment to diversity and inclusion. AHS strives to be a healthcare organization that is inclusive, respectful and treats everyone with fairness, equity, and equality regardless of race. The AHS Diversity and Inclusion Council aims to improve patient experience and outcomes by creating a diverse workforce in an inclusive environment that is fair, just, and respectful of individuals and their similarities and differences. An Anti-Racism Advisory Group is a sub-committee of the Diversity and Inclusion Council that was established to develop a consistent and comprehensive approach to AHS anti-racism activities. In 2021 AHS released a new Anti-Racism Position Statement as part of continued efforts to combat racism in all forms. The Indigenous Wellness Core, AHS focuses on Indigenous health needs and topics and builds partnerships between AHS and Indigenous peoples in Alberta.

Consistent with the AHS commitment, the Residency attempts to enhance our residents' exposure to issues of cultural and individual diversity. The Residency requires 40 hours of focused work in cross-cultural psychology. Over the last 4 residency years, residents have accumulated an average of 100 hours of diversity experience in their residency year. This can be met through a combination of attendance at didactic and educational presentations and direct clinical work with children and families of cultural and individual diversity. Seminars and presentations in cultural and individual diversity will be arranged to meet the needs and interests of residents in the Psychology Resident Seminar Series and the Intern Interhospital Seminar Series. Apart from these specified educational and training opportunities, residents will have clinical contact with children and families from culturally and individually diverse backgrounds in their rotations.

RESIDENT FUNCTIONS, RESPONSIBILITIES AND EXPECTATIONS

The Residency experience is designed to be an integrated and intensive training experience in child clinical and pediatric health psychology. The resident will also have substantial responsibility for professional functions in the context of supervisory, administrative, and educational support. A careful balance will exist between caseload and training experiences.

Within the 'family centered' care model of ACH, the resident will be responsible for the full range of clinical services, including history taking, assessment, diagnosis, treatment, follow-up and consultation. Psychological assessment may include all or part of cognitive, psycho-educational, behavioural, attachment, and familial techniques. The resident may have a preferred clinical intervention model, and refinement of his/her specific approach will be supported. However, the resident is expected to become familiar with other major clinical frameworks and gain exposure to the broader range of approaches employed by psychology staff. Caseload requirements will be dependent on the area to which the resident is assigned and will consider the resident's goals for the Residency. Given the multi-disciplinary nature of professional care across the training sites, residents will gain specific training in consultation with other health care professionals and community agencies. Where assigned to a clinic or program, the resident will be expected to be involved in clinic or program functioning. Prerequisite skills (at the Practicum level) in all areas of clinical functioning are expected. In the event of a lack of skill in any area deemed critical to clinical functioning, outside reading and/or compensatory practice may be assigned.

The hours of training will generally average 38.75 hours per week. Psychology may, at times, conduct evening programs; residents may choose to participate, although this is not mandatory. Residents are expected to amass between 1600 and 2000 hours of supervised experience, which is consistent with the expectations of the CPA accreditation program. Residents are expected to work toward a minimum of 12 hours of direct client contact per week, but no more than 15 hours per week. Clinical activities will comprise no more than two thirds of a resident's

time, with supervision, didactic seminars, literature reviews, and research options allocated for the remainder of the time. The resident will comply with all AHS and Discipline regulations, including recording of professional time, personnel requirements, confidentiality, and the release of patient information. In addition, residents will be expected to complete Discipline, Hospital, and AHS, Calgary Zone orientations.

The Residency has developed policies and procedures to protect the rights of residents. These are reviewed with the residents in the Orientation period and included in the Orientation Manual.

Resident Advisor. At the beginning of the residency year, a staff member from the Discipline of Psychology is appointed by the Director of Training as the Resident Advisor. This individual is chosen from staff members who will not have any direct supervisory duties with the residents for that particular year. Although the role of the Resident Advisor is intended for personal and professional support, it is also a safety valve for any concerns related to dilemmas, disagreements, or possible harassment. The Resident Advisor would chair the tribunal should it be necessary to adjudicate a resident's appeal about decisions related to probation or termination.

A **Residency Professional Issues Group** conducted jointly by the residents and the Resident Advisor is offered to each year's residency class at the beginning of the Residency year. The group is intended to provide a forum for sharing professional identity and developmental issues and whatever other content deemed appropriate by the group. The group is collegial and confidential in nature and therefore not evaluative. It is not a therapy group. The group meets at least at the beginning and mid-point of the residency year and can schedule other meetings in the year as per the preferences of a particular residency class.

ADMINISTRATION OF THE RESIDENCY

The Training Committee plays a central role in the administration and operation of the Residency. The Director of Training chairs the Committee, which consists of the Discipline Leader, primary supervisors, major and minor rotation supervisors, a psychology representative from each of the three major sites (ACH, CDC, RRDTC) and all three residents. As full members of the Training Committee, the active participation of the residents is critical. Rotational supervisors are only required to attend during the period they supervise a resident. The Committee usually meets monthly with a break during the summer months.

The Committee is charged with the overview of the selection process of new residents, approval of the residents' yearlong plans, and liaison with residents. It advises the Director of Training about the operation of the Residency. Designated members of the Training Committee carry

out other activities, such as the revision of residency policies and procedures under the leadership of the Director of Training.

SUPERVISION AND EVALUATION

Residents can expect a minimum of four hours of individual supervision per week from a primary supervisor and/or rotation supervisor. Although evaluation is an ongoing process, formal written evaluations will occur at the mid-point and at the end of each rotation. Evaluation is an interactive process between the resident, the primary and/or rotation supervisor and the Director of Training and will be communicated to the resident's Director of Clinical Training in summary format. To maintain quality training, residents must evaluate their supervisors and the rotations.

Two meetings (Program Retreat and Program Review), attended by the residents as an integral part of the Training Committee, are held near the end of each Residency year. These meetings review and address areas such as the accuracy and appropriateness of the brochure, application and selection procedures, orientation to the hospital and Residency, rotational assignments, supervisory assignments and process, seminar program, evaluation, and personal/professional needs and logistical supports. They give residents and staff an opportunity to reflect on areas of growth for the residency program. Discussion and plans for philosophical and structural changes to the Residency are encouraged, as well as residents' suggestions about specific modifications to the program. A formal audit of the Residency's success in achieving its goals and objectives is also undertaken when the training year has been completed.

FACILITIES

The Discipline of Psychology is a contributing profession within Child Health, Child Development and Child and Adolescent Mental Health. Psychology staff members have permanently assigned offices within their areas of assignment across the sites, as well as access to interview and therapy rooms with observational and audio-visual capability. A biofeedback room is located at the ACH site. Residents have access to testing materials and computer scoring programs. The CDC also provides a formally designated Resident's office, test library and interview, assessment, treatment rooms with observational and audio-visual capacity. A Resident workspace within a student office, as well as a test library and assessment and treatment rooms, with observational and audiovisual capabilities, are in the Child and Adolescent Mental Health Specialized Services at the RRDTC. A resident office or workspace is available in Adolescent rotations.

Within each resident office there is lockable file space, bookshelves, and a phone line with electronic voice mail. Residents can also book appropriate therapy rooms. Residents most often utilize the clinical space allocated to the programs and clinics associated with their major

rotation. Each resident office is wired for internet access and provides a computer and linked printer. In addition, there are other computer stations that are accessible to residents. Each resident is given an E-mail account at the beginning of the training year.

The ACH site has an in-house library of current books and periodicals related to child and family health and mental health issues. In addition, the library is integrated into the network of the University of Calgary's general and medical collections and has full on-line card and search capabilities. Each resident is issued hospital library access as part of the Orientation and has full use of these facilities. The library also has an Inter-Library Loan service that residents can access. The small Psychology library contains relevant professional (e.g., copies of Standards and Codes of Ethics) and scholarly scientific literature.

ACH also provides a wide range of recreational facilities for staff and social functions in which residents can choose to participate.

As part of a teaching hospital, the Discipline liaises with the University of Calgary and the Behavioural Research Unit at the CDC. Several Supervisory staff hold cross appointments at the University and actively teach in Clinical Psychology, Applied Psychology, Psychiatry and Pediatrics.

ACCREDITATION

The 2024-2025 year will be the 39th year the Residency has been in existence. It was first accredited by the Canadian Psychological Association for a five-year period in November 1987. It was thereafter re-accredited by both the Canadian and American Psychological Associations for additional 5-year periods in 92-93, 97-98 and 02-03 and a 7-year period in 07-08. Accreditation by the American Psychological Association voluntarily ended on August 31, 2008, in accordance with the APA Committee on Accreditation decision to stop accrediting programs in Canada. Our most re-accreditation with CPA occurred in 2022 for another 7-year period.

The CPA Accreditation Panel can be reached at the following address: Canadian Psychological Association, Accreditation Panel, 141 Laurier Ave. West, Suite 702, Ottawa, Ontario K1P 5J3; Phone: (613) 237-2144

As a member of the Association of Psychology Post-Doctoral and Internship Centers (APPIC), the Residency conforms to the guidelines and uniform notification and acceptance dates. **The Residency will participate in the APPIC computer-matching program. For details, see Applications, Deadlines and Notification section.**

ELIGIBILITY, STIPENDS, AND DATES

Applicants to the Residency must meet certain eligibility requirements before they are considered. They must have achieved doctoral candidacy and had their dissertation proposal approved by their university within graduate programs in CPA or APA accredited clinical or professional psychology programs prior to the residency application due date. They must have completed supervised practicum training in basic assessment and therapy with a minimum of 600 hours (including direct and non-direct hours). Successful candidates typically have 1000 hours or more, with a significant proportion of work with children and families. We understand that students' practicum experiences and hours may have been impacted by COVID-19 and will consider this when reviewing applications. **Please see additional requirements on page 24 for the rotation in Pediatric Neuropsychology**. We received 53 completed applications for three Residency positions for the 2023-2024 training year. **In accordance with Canadian Immigration policy, priority must be given to Canadian citizens and to graduate students attending Canadian Universities who can demonstrate that they are eligible to work in Canada.**

Three pre-doctoral residency positions are offered with a stipend of $43,873.45 each. Residents are eligible for a basic medical benefits package, three weeks' vacation, and 11 statutory holidays. **Completion of a satisfactory Criminal Record Check and Vulnerable Sector Search is required prior to commencing employment.**

As a full-time training program, the Residency will commence on September 3, 2024, and finish August 22nd, 2025.

APPLICATIONS, DEADLINES AND NOTIFICATION

Enquiries should be directed to:

Dr. Cailey Hartwick, Director of Training
Pre-doctoral Residency in Pediatric and Child Psychology
c/o Child Abuse Clinic - Luna Child and Youth Advocacy Centre
Child Development Centre
Suite 400, 3820 24 Ave NW, Calgary, AB T3B 2X9
Phone: (403) 428-5321; Fax: (403) 428-5329
e-mail: Cailey.Hartwick@albertahealthservices.ca

website: http://www.albertahealthservices.ca/assets/programs/ps-1883-psych-pediatric-residency-brochure.pdf

All applications should be made using the APPIC online application process.

The application consists of two parts:

1. APPIC Application for Psychology Internship (AAPI) for the 2024-2025 year, which may be accessed at: http://www.appic.org.

2. Supporting materials required include:
   1) A current curriculum vitae;
   2) Official graduate transcript;
   3) Letters of reference from three professionals, two of whom can attest to your applied psychology experiences. Applicants should be aware that the Residency may directly contact referees who provide letters to obtain further information.
   4) A cover letter which describes what you hope to achieve from the Alberta Children's Hospital Residency and **indicates your first choices for major rotations (one in each domain).** Please review rotation selection and descriptions in the brochure on pages 11– 24. Your choices will not affect your eligibility. Applicants who are requesting a rotation in Pediatric Neuropsychology must include additional information in their cover letter (please see page 24)
   5) Please note, typically applicants with a minimum of **10** child integrated reports would be considered for interviews. Please see additional requirements on page 24 for applicants requesting a major rotation in Pediatric Neuropsychology.

Deadline for application is November 1, 2024. The Residency participates in the APPIC computer-matching program and successful applicants will be notified accordingly. Applicants must obtain an Applicant Agreement Package from National Matching Services Inc. and register for the Matching Program to be eligible to match to our program. Applicants can contact NMS through the Matching Program web site at www.natmatch.com/psychint or at National Matching Services Inc., 595 Bay Street, Suite 301, Box 29, Toronto, Ontario M5G 2C2.

Please note our endorsement of the following statement:

This internship site agrees to abide by the APPIC Policy that no person at this training facility will communicate, solicit, accept or use any ranking-related information from any resident applicant or resident.

Applicants will be notified on December 1, 2024, if they will be offered an interview and interviews will be scheduled on December 4, 2024. **Interviews will take place January 13- 24, 2025 and will be provided via Zoom. Unfortunately, in person interviews can not be offered.** Applicants will interview with two members of the training staff via Zoom and have a private Zoom meeting with one of the current residents. The interview and meeting with a resident can take up to 2 ½ hours.

PRIMARY SUPERVISORS

Dr. Jessica Baraskewich

Ph.D., 2023. School & Applied Child Psychology, University of Calgary. Psychologist, Respiratory Clinics & Site Director, Comfort Ability. Clinical work typically includes assessment and treatment of internalizing disorders, psychosocial adjustment to complex medical conditions and diagnoses, and adherence to medical interventions.

Dr. Taryn Bastion (Bemister)

Ph.D., 2014, University of Calgary, Clinical Psychology. Adolescent Inpatient Rotation Interests include: child and adolescent mental health, psycho-diagnostic assessment, individual and group therapy, trauma- and attachment-informed care, and third-wave CBT (mindfulness, self-compassion, and DBT-based interventions).

Dr. Kris Belanger

Ph.D., 1999, University of Waterloo, Clinical Psychology. Child Abuse Service. Interests include working with caregivers to support maltreated children using a variety of attachment-based intervention models (e.g., parent groups and dyadic therapy)

Dr. Andrea Bliss

Ph.D., 2013, University of New Brunswick, Clinical Psychology. MAPS, Obsessive Compulsive Disorder (OCD) Program. Interests include assessment and treatment of OCD and related disorders in children and youth.

Dr. Kristina Brache

Ph.D., 2015, University of Victoria, 2015. Youth Substance Use and Mental Health Services. Interests include assessment and treatment of substance use disorders concurrent with psychiatric disorders and other medical conditions, cognitive-behavioural therapy, family therapy, interpersonal therapy, and group therapy for substance use disorders.

Dr. Deborah Brown

Ph.D. 2003, University of Calgary. Forensic Adolescent Program, Sunridge Professional Centre. Her interests include adolescent forensic psychology, including assessment of risk for violence, criminal recidivism, sexual recidivism and psychopathy. She completes court ordered assessments on individuals who have been charged with a criminal offence under the Youth Criminal Justice Act to provide treatment recommendations and risk of recidivism. She has specific interest in individuals with autism spectrum disorders and youth who have committed a sexual offence. She is a Training Committee Member of the Calgary Clinical (Adult) Psychology Residency.

Dr. Torie E. Carlson

Ph.D., 2002, Counselling Psychology, Ball State University. Psychologist in Vi. Riddell Pediatric Pain and Rehabilitation Centre as well as the Burn Team. Clinic interests include assessment and treatment of acute and complex pain in children and adolescents, burns, medical hypnosis and biofeedback.

Dr. Ryan C. Day

Ph.D., 2002, Washington University. Psychologist in the Forensic Adolescent Program, Sunridge Community Health Centre. His interests include adolescent forensic psychology, including assessment of risk for violence, criminal recidivism, sexual recidivism and psychopathy; personality assessment; psychodynamic psychotherapy; sleep disorders.

Dr. Elisea De Somma

Ph.D., 2022, York University, Clinical Developmental Psychology. Nephrology and Urology Clinics. Adjunct Assistant Professor, Department of Psychology, University of Calgary. Interests include psychosocial adjustment to chronic illness, adherence to medical treatment, as well as assessment/treatment of internalizing and externalizing disorders co-occurring with chronic illness and medical care. Integrative therapeutic approach, drawing primarily from ACT, CBT, and MI. Additional interests include psychoeducational assessment of children and youth impacted by chronic kidney disease, as well as pre-transplant psychosocial assessment.

Dr. Chelsea Durber

Ph.D. 2022, School & Clinical Child Psychology, University of Alberta. Psychologist, Pediatric Centre for Wellness and Health. Clinical interests include psychosocial adjustment to childhood health conditions, treatment of internalizing (e.g., anxiety, body dysmorphia) and externalizing (e.g., conduct disorder) disorders, parent-child relationships, and assessment of cognitive functioning and learning disabilities in youth.

Dr. Jennifer Douglas

Ph.D., 2016, Simon Fraser University, Clinical Psychology. Northwest Community Clinic. Interests include child and adolescent mental health; group therapy; attachment-based interventions; CBT and third-wave CBT interventions (mindfulness, ACT, DBT); forensic psychology.

Dr. Kelley Drummond

Ph.D., 2013, University of Toronto, School and Child Clinical Psychology Program. Complex ADHD Treatment Team. Interests include assessment and treatment of neurodevelopmental disorders, including ADHD and autism spectrum disorder, and co-occurring learning, disruptive behaviour, mood and anxiety disorders.

Dr. Cailey Hartwick

Ph.D. 2012, University of Guelph, Clinical Psychology. Child Abuse Service. Interests include assessment and intervention with maltreated children, sexualized behavior in children and youth and clinical supervision.

Dr. Carly Heffel

Ph.D., 2014, University of North Texas, Counseling Psychology; Postdoctoral Fellowship in Pediatric Neuropsychology 2014-2016, Alberta Children's Hospital. Inpatient Medical Psychologist at Alberta Children's Hospital. Clinical interests include time-limited, multi-disciplinary, and systemic interventions, trauma-informed care, and early monitoring of neurocognitive and neurobehavioral recovery.

Dr. Lori Henriksson

Ph.D., 2004, University of Calgary, Applied Psychology. Autism Spectrum Disorder Diagnostic Clinic, Cumulative Risk Diagnostic Clinic + Consultative Diagnostic Clinic. Interests include assessment and diagnosis of developmental disabilities, including Autism Spectrum Disorders and Fetal Alcohol Spectrum Disorder, as well as learning assessments**.**

Dr. Lauren Joly

Ph.D. 2018, York University, Clinical-Developmental Psychology. Child Abuse Service. Interests include assessment and intervention with maltreated adolescents, particularly those presenting with high-risk behaviours (e.g., self-harm, suicidality). Primary therapeutic modalities include DBT and TF-CBT.

Dr. Laura Kaminsky

Ph.D. 2001, University of Calgary, Clinical Psychology. Diabetes and Endocrine Clinics. Adjunct Assistant Professor, Department of Pediatrics, University of Calgary. Interests include clinical supervision, psychosocial adjustment to childhood health conditions, motivational interviewing and adherence to diabetes care, group therapy for teens with poorly controlled diabetes, needle phobia and learning disabilities in youth with Endocrine disorders (e.g., Turner syndrome).

Dr. Melanie Khu

Ph.D., 2016, Clinical Psychology, University of Calgary. Psychologist, Hematology, Oncology, Blood and Marrow Transplant Program. Clinical interests include psychosocial adjustment to chronic and life-threatening illnesses, inpatient pediatric consultation and liaison, and assessment and treatment of internalizing disorders (including trauma).

Dr. Kristin Lalji (Rostad)

Ph.D., 2012, University of Calgary, Clinical Psychology. Complex ADHD Treatment Team. Interests include early onset psychosis, treatment of anxiety and comorbid disorders as well as assessment for ASD, ADHD, and specific learning disorders.

Dr. Melanie Loomer

Ph.D., 1993, University of Waterloo, Clinical Psychology. Sensory and Feeding Clinics. Interests include developmental disabilities, learning difficulties, hearing loss, internalizing disorders, behaviour management, eating and feeding difficulties and adjustment to disability.

Dr. William S. MacAllister

Ph.D., 2001. Palo Alto University, Clinical Psychology. APA-Approved Internship Puget Sound VA Healthcare System. APPCN Postdoctoral Fellowship in Neuropsychology, 2003, SUNY at Stony Brook. Pediatric Neuropsychologist in the Neurosciences/Epilepsy Program. Research interests include neuropsychological and neurobehavioral outcomes of neurological and medical disorders in children and adolescents, particularly Epilepsy and Pediatric Multiple Sclerosis.

Dr. Kendra MacLeod

Ph.D., 2009, University of Cincinnati, Clinical Child Psychology. Cardiorespiratory, and Orthopedics Clinic. Primary clinical focus is on assessment and treatment of biopsychosocial factors impacting illness/symptom presentation and adjustment. Specific interests include medical trauma/anxiety, somatic symptom disorders, adherence to medical regimens, adjustment to illness/injury/trauma, medical hypnosis, pain and adaptive stress management.

Dr. Ryan Matchullis

Ph.D., 2018, University of Calgary, School and Applied Child Psychology. Autism Spectrum Disorder Diagnostic Clinic + Cumulative Risk Diagnostic Clinic. Interests include assessment and diagnosis of neurodevelopmental differences, autism spectrum disorders (particular interest in late diagnosis and female presentations), culturally and linguistically sensitive assessment, fetal alcohol spectrum disorders, remote/tele-assessment.

Dr. Sandra J. Mish

Ph.D., 2008. University of Victoria, Clinical Psychology, Neuropsychology specialization. Rehabilitation Psychologist/Neuropsychologist in the Neurosciences Program, including the Functional Independence Transition Program as part of Vi Riddell Children's Pain & Rehabilitation Centre, and the Dr. Gordon Townsend School, Rehabilitation and Education Program. Interests include rehabilitation with a focus on skill building and transition planning, driving in youth with cerebral palsy, and consultation and neuropsychological assessments in children, adolescents, and young adults with neurological and medical disorders.

Dr. Jerilyn Ninowski

Ph.D., 2010, University of Calgary, Clinical Psychology. Autism Spectrum Disorder Diagnostic Clinic + Consultative Diagnostic Clinic. Interests include: assessment and diagnosis of

developmental disabilities, including Autism Spectrum Disorders, common comorbid externalizing and internalizing disorders, and behaviour management.

Dr. Nicki Ottenbreit

Ph.D., 2006. University of Calgary, Clinical Psychology. Child Abuse Service. Interests include assessment and treatment of maltreated children and their families and attachment-based interventions.

Dr. Erin Pougnet

Ph.D., 2012, Concordia University, Clinical Psychology. OCD Program. Interests include treatment of depression and anxiety disorders and assessment of autism spectrum disorders in children.

Dr. Deanne Robbins

Ph.D., 2007, McGill University, School and Applied Child Psychology. Complex ADHD Treatment Team. Interests include assessment of neurodevelopmental disorders including autism spectrum disorders, assessment and treatment of complex ADHD, behavior, mood and anxiety disorders in children and adolescents, and attachment issues.

Dr. Tyson Sawchuk

Ph.D., 2020, University of Calgary, Applied Psychology. Epilepsy Monitoring Unit (EMU), Neurology, Headache & Somatic Rehabilitation Clinics. Clinical and research interests include psychogenic non-epileptic seizures (PNES) semiology, diagnosis, psychophysiology biomarkers, treatment outcomes and cross-cultural variability; functional neurologic (conversion) disorders in children and behavioral treatment/psychophysiology correlates in pediatric migraine.

Dr. Fiona Schulte

Ph.D., 2009, University of Toronto, Social and Behavioral Health Science. Postdoctoral Fellowship in Paediatric Psychology, 2010, Alberta Children's Hospital. Haematology, Oncology, and Transplant Program. Research Assistant Professor, Department of Oncology and Paediatrics, University of Calgary. Interests include assessment of individual and group treatment for psychosocial adjustment and outcomes for patients, siblings, and parents at diagnosis, during treatment and into survivorship.

Dr. Ivan Sedov

Ph.D. 2020, University of Calgary. Clinical interests include emotion-regulation skill-building, sleep interventions, mindfulness-based treatments, parent-coaching for challenging behavior, and psychological assessment of school-aged children and adolescents.

Dr. Karen Serrett

Ph.D., 1992, Louisiana State University, Psychology (School/Clinical). Collaborative Mental Health Care program. Interests include early intervention, behavioural challenges/behavioural management, FASD, developmental disabilities, ADHD, and learning difficulties.

Dr. Jessica Switzer

PhD, 2019, University of Calgary, Clinical Psychology. Child Abuse Service. Clinical interests include: assessment and intervention with maltreated children/youth and their families, attachment-based interventions, and clinical supervision. Primary therapeutic modalities include (individual and group): TF-CBT, DBT-A, Circle of Security Parenting, and Connect Parenting Program. Member of CPA, PAA, and CAP.

Dr. Justine Thacker

Ph.D. 2019, University of Calgary, Clinical Psychologist, Children's Day Treatment Program. Clinical interests include assessment and treatment child and adolescent mental health disorders including anxiety, mood, disruptive behaviour, and trauma- and stressor-related disorders; psychoeducational assessment and learning disorders; individual and group therapy for children with emotion regulation problems; trauma- and attachment-informed care including the collaborative problem-solving approach.

Dr. Jenna Thomas

Ph.D., 2019, University of Calgary, Clinical Psychology. Rheumatology & Pain Clinics. Interests include psychosocial adjustment to complex medical conditions, adherence to medical care regimens, procedural anxiety, inpatient pediatric consultation, and assessment and treatment of internalizing disorders (including medical trauma).

Dr. Joanne Vallely

Ph.D. 2012, Clinical Psychology, University of New Brunswick. Psychologist in the Vi Riddell Pediatric Pain and Rehabilitation Centre. Clinic interests include: assessment and treatment of acute and complex pain in children and adolescents, psychosocial adjustment to chronic and life-threatening illnesses, and internalizing disorders.

Dr. Marsha Vasserman

Ph.D., 2008. Widener University, Institute for Graduate Clinical Psychology. Postdoctoral Fellowship in Pediatric Neuropsychology, 2010, New York University Medical Center, Child Study Center. Pediatric Neuropsychologist and Interim Team Lead in Neurosciences Programs. Interests include neuropsychological and neurobehavioral outcomes of neurological and medical disorders in children and adolescents., with particular focus on children with congenital heart disease.

Dr. Caroline Westwood

Ph.D., 2002, University of Calgary, Applied Psychology. Neuropsychiatry Service. Interests include individual play therapy, community consultation, psycho-educational and social-emotional assessments, group therapy (CONNECT attachment-based care-giver group, creative expressions, social skills training) and treatment planning.

Dr. Michelle S. Zepeda - Pronouns: she/her/ella (Spanish)

Ph.D., 2022, University of Calgary, Clinical Psychology. Gastroenterology Clinic & Children's Hospital Intestinal Rehabilitation Program (CHIRP). Clinical work typically includes assessment and treatment of internalizing (e.g., disorders of the brain gut interaction, medical trauma) and externalizing disorders, psychosocial adjustment to complex medical conditions and diagnoses, adherence to medical interventions, procedural anxiety, and inpatient pediatric consultation. Clinical interests also include multicultural psychology and supervision. Interventions used are predominantly CBT and narrative therapy, as well as attachment-informed care.

SUPERVISORY TEAM MEMBERS

Ms. Medi Bryce-Lund

M.A., 1986, University of Victoria; Educational Psychology. Autism Spectrum Diagnostic + Consultative Diagnostic Clinic. Primary interests include assessment and diagnosis of developmental disabilities in preschool children with a specific interest in Autism Spectrum Disorders. Additional interests include early intervention, parent education, and behavior management in young children.

Mr. Peter Laycock

M.Sc., 2004, University of Calgary, Clinical Psychology. Child Abuse Service. Serve on the Credentials Evaluation Subcommittee with the College of Alberta Psychologists. Interests include reaction to trauma, child maltreatment, and child sexual behaviour problems.

Ms. Sue Makarchuk

M.A., 1996, University of Regina; Clinical Psychology. Neonatal Follow-Up Clinic. Primary interests include assessments and diagnosis of developmental disabilities in preschool children and monitoring the trajectories of extremely premature and extremely low birthweight infants. Primary interest and experience in Autism Spectrum Disorder with additional interest and experience in Fetal Alcohol Spectrum Disorders, parent intervention and support, behaviour management in young children, and early intervention for supporting improved developmental outcomes.

TRAINING AFFILIATES

Dr. Deborah Dewey

Ph.D., Director, Behavioural Research Unit, Child Development Centre. Professor, Departments of Pediatrics and Community Health Sciences, Faculty of Medicine, University of Calgary, Adjunct Professor, Faculty of Kinesiology, University of Calgary.

Dr. Melanie Noel

Ph.D. 2013. Dalhousie University, Clinical Psychology. Assistant Professor, University of Calgary and Alberta Children's Hospital Research Institute (ACHRI). Dr. Noel's research expertise is in the area of anxiety/fear and pain memories as cognitive-affective mechanisms underlying trajectories of pediatric pain. The overarching aim of her research is to understand and harness the influence of cognitive behavioral factors on children's pain trajectories using a developmental framework.

Dr. Katie Birnie

Ph.D. 2016. Dalhousie University, Clinical Psychology. Assistant Professor, University of Calgary and Alberta Children's Hospital Research Institute (ACHRI). Dr. Birnie's research expertise is in the area of pediatric pain, patient engagement, implementation science, knowledge mobilization, and community partnership. The overarching aim of her research is to improve effective and equitable pain assessment and management of pain in children, adolescents, and their families.

Dr. Keith Yeates

Ph.D. 1984. University of North Carolina at Chapel Hill, Clinical Psychology, Child Clinical Specialization. Professor and Head of Psychology and Ronald and Irene Ward Chair in Pediatric Brain Injury, University of Calgary. Lead, Integrated Concussion Research Program. Pediatric neuropsychologist whose research aims to better understand the outcomes of childhood brain injury and influences on recovery, and thereby foster more effective treatment and management. Current projects focus on concussion and mild traumatic brain injury (TBI), in terms of both assessment and treatment.

RESEARCH AND SCHOLARLY INTERESTS OF PSYCHOLOGY STAFF

To illustrate the research and scholarly interests of the Psychology staff, a listing of representative publications appear below:

Asadi-Pooya, A., Valente, K., Restrepo, A.D., D' Alessio, L., Homayoun, M., Bahrami, Z., Alessi, R., Paytan, A.A., Kochen, S., Myers, L., **Sawchuk, T**., Buchhalter, J., Taha, F., Lazar, L.M., Pick, S. & Nicholson, T. (2019). Adult-onset psychogenic nonepileptic seizures: a multicenter international study*. Epilepsy & Behavior*.

Asadi-Pooya, A., Myers, L., Valente, K., **Sawchuk, T**., Restrepo, A.D., Homayoun, M. Buchhalter, J., Bahrami, Z., Taha, F., Lazar, L.M., Paytan, A.A., D' Alessio, L., Kochen, S., Alessi, R., Pick, S. & Nicholson, T. (2019). Psychogenic nonepileptic seizures in children and adolescents: an international multicenter study. *Epilepsia.*

Asadi-Pooya, A., Al Baradie, R., **Sawchuk, T**., Bahrami, Z., Al Ameer, A. & Buchhalter, J. (2019) *Psychogenic nonepileptic seizures in children and adolescents: An international cross-cultural study.* Epilepsy & Behavior, 90: 90-92.

Asadi-Pooya, A.A., Brigo, F., Kozlowska, K., Perez, D.L., Pretorius, C., **Sawchuk, T**., Saxena, A., Tolchin, B., Kette, V. (2021). Social Aspects of Life in Patients with Functional Seizures: Closing the Gap in the Biopsychosocial Formulation. Epilepsy & Behavior.

Bailey, H. N., DeOliveira, C. A., Wolf, V. V., Evans, M. E., & **Hartwick, C.** (2011). The impact of childhood maltreatment history on parenting: A comparison of maltreatment types and assessment methods*. Child Abuse and Neglect*, 36(3), 236-46.

Barlow-Krelina, E., Fabri, T. L., O'Mahony, J., Gur, R. C., Gur, R. E., **De Somma, E.**, ... & Till, C. (2021). Examining cognitive speed and accuracy dysfunction in youth and young adults with pediatric-onset multiple sclerosis using a computerized neurocognitive battery. *Neuropsychology*, *35*(4), 388.

Baril, M-C. & **Mish, S. J.** (2013). Neuropsychiatric manifestations of a paraneoplastic syndrome. In T. A. Hurwitz & W. T. Lee (Eds.), *Casebook of Neuropsychiatry* (pp. 17-24). Washington: American Psychiatric Publishing.

Barrera, M., Atenafu, E., **Schulte, F.,** Bartels, U., Sung, L., Janzen, L., Chung, J., Cataudella, D., Hancock, K., Saleh, A., Strother, D., McConnell, D., Downie, A., Hukin, J., Zelcer, S. (2017) Determinants of Social Competence in Pediatric Brain Tumor Survivors who Participated in an Intervention Study. *Supportive Care in Cancer.*

Barrera, M, **Schulte, F**, & Spiegler, B. (2008). Factors Influencing Depressive Symptoms of Children Treated for a Brain Tumor. *Journal of Psycho-Oncology, 26*, 1-16.

Barrera, M. & **Schulte, FS**. (2009). A Group Social Skills Intervention Program for Survivors of Childhood Brain Tumors. *Journal of Pediatric Psychology, 34*, 1108-1118.

Barrera, M., Atenafu, E., **Schulte, F.,** Bartels, U., Sung, L., Janzen, L., Chung, J., Cataudella, D., Hancock, K., Saleh, A., Strother, D., McConnell, D. Downie, A., Hukin, J., Zelcer, S (2017) Determinants of Quality of Life Outcomes for Survivors of Pediatric Brain Tumors. *Pediatric Blood and Cancer*. DOI: 10.1002/pbc.26481 [Epub ahead of print]

Barrera, M., Atenafu, E., Sung, L., Bartels, U., **Schulte, F**., Chung, J., Cataudella, D., Hancock, K., Janzen, L., Saleh, A., Strother, D., Downie, A., Zelcer, S., Hukin, J., and McConnell, D. (2017). A Randomized Control Social Skills Intervention Trial to Improve Social Skills and Quality of Life in Pediatric Brain Tumor Survivors. *Psycho-Oncology*. doi: 10.1002/pon.4385. [Epub ahead of print]

Beauchamp, M., Aglipay, M., **Yeates, K.O.**, Désiré, M., Keightley, M., Anderson, P., Brooks, B.L., Barrowman, N., Gravel, J., Boutis, K., Gagnon, I., Dubrovsky, S., and Zemek, R., for the 5P PERC Concussion-Neuropsych Team (2018). Predictors of neuropsychological outcome after paediatric concussion. *Neuropsychology, 32(4),* 495-508.

Belanger K., Gennis H., **Ottenbreit N.,** and Racine N. (2023) Enhancing attachment-based aspects of PCIT for young children with a history of maltreatment. *Front. Psychol*. 14:1229109. doi: 10.3389/fpsyg.2023.1229109.

Benbadis, S., Ledford, R., **Sawchuk, T**. & Dworetzky, B. (2022). A broader perspective: Functional symptoms beyond neurology. Epilepsy & Behavior Reports, 16.

Benore, E., Banez, G.E., **Sawchuk, T.** & Bolek, J. (2014). Applied Biofeedback in Pediatric Pain. *Biofeedback, 42*, 96-102

Beshai, S., **Wallace (Korotana), L.M.,** McDougall, K.H., Waldmann, K., & Stea, J.N. (2016). Reduced contact cognitive-behavioral interventions for adult depression: A review. *The Journal of Psychology: Interdisciplinary and Applied. 150*. 252-279.

Bhandari, R.P., Harrison, L.E., Richardson, P.A., Goya Arce, A.B., Dokyoung, S.Y., Rajagopalan, A., **Birnie, K.A**., & Sil, S. (2022). Clinical utility of CAT administered PROMIS measures to track change for pediatric chronic pain. Journal of Pain, 23(1), 55-64.

Bigler, E. D., Zielinski, B. A., Goodrich-Hunsaker, N., Black, G. M., Huff, T., Christiansen, D-M. W., Abildskov, T., Dennis, M., Taylor, H. G., Rubin, K., Vannatta, K., Gerhardt, C. A., Stancin, T., & **Yeates**, K. O. (2016). The relationship of focal lesions

to cortical thickness in pediatric traumatic brain injury. *Journal of Child Neurology.*

Birnie, K.A., Stinson, J., Isaac, L., Tyrrell, J., Campbell, F., Jordan, I., Marianayagam, J., Richards, D., Rosenbloom, B., Clement, F., & Hubley, P. (2022). Mapping the current state of pediatric surgical pain care across Canada and assessing readiness for change. Canadian Journal of Pain. Epub ahead of print. doi: 10.1080/24740527.2022.2038031

Birnie, K.A., Pavlova, M., Neville, A., Noel, M., Jordan, I., Jordan, E., Marianayagam, J., Stinson, J.N., Lorenzetti, D.L., Faulkner, V., Killackey, T., Campbell, F., & Lalloo, C. (2021). Rapid evidence and gap map of virtual care solutions across a stepped care continuum for youth with chronic pain and their families in response to the COVID-19 pandemic. PAIN, 162(11), 2658-2668. doi: 10.1097/j.pain.0000000000002339.

Birnie, K.A., Killackey, T., Stinson, J., Noel, M., Lorenzetti, D., Marianayagam, J., Jordan, I., Jordan, E., Neville, A., Pavlova, M., Campbell, F., & Lalloo, C. (2021). Best practices for virtual care to support youth with chronic pain and their families: A rapid systematic review to inform healthcare and policy during COVID-19 and beyond. PAIN Reports, 6(2): e935. doi: 10.1097/PR9.0000000000000935.

Birnie, K.A. & Harrison, D. (2020). Special issue on knowledge mobilization: Pediatric pain. Paediatric & Neonatal Pain, 2, 102-103. doi:10.1002/pne2.12040

Birnie, K.A., Ouellette, C., Do Amaral, T., & Stinson, J. (2020). Mapping the evidence and gaps in treatments for pediatric chronic pain to inform policy, research, and practice: A systematic review and quality assessment of systematic reviews. Canadian Journal of Pain, 4(1), 129-148. doi:10.1080/24740527.2020.1757384

Birnie, K.A., Heathcote, L.C., Bhandari, R.P., Feinstein, A., Yoon, I.A., & Simons, L.E. (2020). Parent physical and mental health contributions to interpersonal fear avoidance processes in pediatric chronic pain. Pain, 161(6), 1202-1211. doi:10.1097/j.pain.0000000000001820

Birnie, K.A., Richardson, P., Rajagopalan, A., & Bhandari, R.P. (2020). Factors associated with agreement between child and caregiver report of child functioning with chronic pain: PROMIS® pediatric and parent-proxy report. The Clinical Journal of Pain, 36(3), 203-212.

Birnie, K.A., Dib, K., Ouellette, C., Dib, M., Nelson, K., Pahtayken, D., Baerg, K., Chorney, J., Forgeron, P., Lamontagne, C., Noel, M., Poulin, P., & Stinson, J. (2019). Partnering For Pain: A priority setting partnership to identify patient-oriented research priorities in pediatric chronic pain in Canada. CMAJ Open, 7(4), E654-E664. doi:10.9778/cmajo.20190060

33. Birnie, K.A., Campbell, F., Nguyen, C., Lalloo, C., Tsimicalis, A., Matava, C., Cafazzo, J., & Stinson, J. (2019). iCanCope PostOp: User-centered design of a smartphone-based app for self-management of postoperative pain in children and adolescents. JMIR Formative Research, 3(2), e12028.

35. Birnie, K.A., Hundert, A., Lalloo, C., Nguyen, C., & Stinson, J.N. (2019). Recommendations for selection of self-report pain intensity measures in children and adolescents: A systematic review and quality assessment of measurement properties. Pain, 160(1), 5-18. doi:10.1097/j.pain.0000000000001377 (*Editor's choice).

Birnie, K.A., Noel, M., Chambers, C.T., Uman, L., & Parker, J.A. (2018). Psychological interventions for needle-related pain and distress in children and adolescents. The Cochrane Database of Systematic Reviews. doi: 10.1002/14651858.CD005179.pub4

Birnie, K.A., Nguyen, C., Do Amaral, T., Baker, L., Campbell, F., Lloyd, S., Ouellette, C., von Baeyer, C., Lalloo, C., & Stinson, J. (2018). A parent-science partnership to improve postsurgical pain management in young children: Co-development and usability testing of the 'Achy Penguin' smartphone-based app. Canadian Journal of Pain, 2(1), 280-291. doi:10.1080/24740527.2018.1534543

Birnie, K.A., Dib, K. & Ouellette, C. (2018). Meaningful patient engagement in pediatric chronic pain research: Patient partner and researcher perspectives. Pediatric Pain Letter, 20(3), 21-27.

Birnie, K.A., Kulandaivelu, Y., Jibb, L., Hroch, P., Positano, K., Robertson, S., Campbell, F., Abla, O., & Stinson, J. (2018). Usability testing of an interactive virtual reality distraction intervention to reduce procedural pain in children with cancer. Journal of Pediatric Oncology Nursing, 35(6), 406-416. doi:10.1177/1043454218782138

Birnie, K.A., Chorney, J., El-Hawary, R., & PORSCHE Study Group. (2017). 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. doi:10.1097/j.pain.0000000000000976

Birnie, K.A., Chambers, C.T., Chorney, J., Fernandez, C.V., & McGrath, P.J. (2017). A multi-informant multi-method investigation of family functioning and parent-child coping during children's acute pain. Journal of Pediatric Psychology, 42(1), 28-39. doi:10.1093/jpepsy/jsw045

Birnie, K.A., Chambers, C.T., Chorney, J., Fernandez, C.V., & McGrath, P.J. (2017). A multi-

informant multi-method investigation of family functioning and parent-child coping during children's acute pain. Journal of Pediatric Psychology, 42(1), 28-39. doi:10.1093/jpepsy/jsw045

Blackmon, K., Barr, W. B., Morrison, C., **MacAllister, W**., Kruse, M., Pressl, C., Wang, X., Dugan, P., Liu, A.A., Halgren, E., & Devinsky, O. (2019). Cortical gray–white matter blurring and declarative memory impairment in MRI-negative temporal lobe epilepsy. *Epilepsy & Behavior*, 97, 34-43

Boyle (Bliss), A. M., & O'Sullivan, L.F. (2016). Staying connected: Computer-mediated and face to face communication in college students' dating relationships. *Cyberpsychology. Behavior and Social Networking, 19*, 299-307.

Brooks, B.L., **MacAllister, W.S., Fay-McClymont, T.B., Vasserman, M.,** Sherman, E.M.S. (2018). Derivation of New Embedded Performance Validity Indicators for the Child and Adolescent Memory Profile (ChAMP) Objects Subtest in Youth with Mild Traumatic Brain Injury. *Archives of Clinical Neuropsychology.*

Brooks, B.L., Low, T.A., Plourde, V., Virani, S., Jadavji, Z., MacMaster, F.P., Barlow, K.M., Lebel, R.M., & **Yeates, K.O.** (2018). Cerebral blood flow in children and adolescents several years after pediatric concussion. *Brain Injury, 33(2), 233-241.*

Brooks, B.L., Plourde, V., Beauchamp, M.H., Tang, K., **Yeates, K.O.**, Keightley, M., Anderson, P., Désiré, N., Barrowman, N., & Zemek, R. (2018). Predictors of psychological distress following pediatric concussion. *Journal of Neurotrauma.*

Brooks, B.L., Plourde, V., **MacAllister, W.**, and Sherman, E.M.S. (2018). Detecting invalid performance in youth with traumatic brain injury using the Child and Adolescent Memory Profile (ChAMP) Lists subtest. *Journal of Pediatric Neuropsychology*.

Brooks, B.L., **Fay-McClymont, T.B., MacAllister, W., Vasserman, M.**, and Sherman, E.M.S. (2019). A new kid on the block: The Memory Validity Profile (MVP) in children with neurological conditions. *Child Neuropsychology, 25(4),* 561-572.

Brooks, BL, Plourde, V, **Fay-McClymont, TB, MacAllister, W.**, Sherman, ES. Factor structure of the CNS Vital Signs computerized cognitive battery in youth with neurological diagnoses. *(*2019). *Child Neuropsychology, 1-12.* https://doi.org/10.1080/09297049.2019.1569609

Buchhalter, J., Scantlebury, M., D'Alfonso, S., Appendino, J.P., Bello, L., Brooks, B., Claassen, C., Corbeil, J., Czank, D., Dean, S., Ho, A., Jacobs-LeVan, J. MacKay, M., McMahon, J., Mineyko, A., Rho, J., Roberts, T., Rothenmund, S., Ruta, G., **Sawchuk, T.**, Simms, B., Smyth, K., Still, T., Thornton, N. (2021). Creation and implementation of an electronic

health record note for quality improvement in pediatric epilepsy: practical considerations and lessons learned. Epilepsy Open, 6(2):345–58.

Carlson, T.E. (2013). Exploring pain management through the lens of dance [Review of the DVD *Dancing With Pain*] *Pediatric Pain Letter, 15(3),* 38-40.

Carter, A., Denton, A, Ladino, L.D., Hassan, I., **Sawchuk, T**., Snyder, T., Vrbancic, M., Reuber, M., Huntsman, R. & Tellez-Zenteno, J.F. (2018). Experience of Psychogenic Nonepileptic Seizures in Canada: A Survey Describing Current Practices. Seizure: *European Journal of Epilepsy*, 61: 227-233.

Chambers, C.T., Dol, J., Parker, J.A., Caes, L., **Birnie, K**., Taddio, A., Campbell-Yeo, M., Halperin, S., & Langille, J. (2020). Implementation effectiveness of a parent-directed YouTube video ("It Doesn't Have To Hurt") on evidence-based strategies to manage needle pain: Descriptive survey study. JMIR Pediatrics & Parenting, 3(1), e13552. doi:10.2196/13552

Chamorro Vina, C., Guilcher, G., **Schulte, F**., Schwanke, J., De Vries, A., Culos-Reed, S.N. (2017). Description of a community-based exercise program for children with cancer: A sustainable, safe and feasible model. *Rehabilitation Oncology*, 35: 24-37.

Chomistek, K., Barnabe, C., Naqvi, S.F., Luca, N., Johnson, N., **Birnie, K.A**., Miettunen, P., Santana, M., Stinson, J, & Schmeling, H. (2022). Acceptability of an adolescent self-management program for juvenile idiopathic arthritis. ACR Open Rheumatology, 4(2), 142-151.

Climie, E., & **Rostad (Lalji), K**. (2011). Test review: Wechsler Adult Intelligence Scale. *Journal of Psychoeducational Assessment*, 29, 581-586.

Cook, J.L, Green, C.R., Lilley, C.M., Anderson, S.M., **Baldwin, M-E**., Chudley, A.E., Conry, J.L,, LeBlanc, N., Loock, C.A., Lutke, J., Mallon, B.F., McFarlane, A.A., Temple, V.K., & Rosales, T. (2016). Fetal Alcohol Syndrome Disorder: A guideline for diagnosis across the lifespan. *Canadian Medical Association Journal.*

David, C.V., Redekopp, C., **Fay-McClymont, T.B., McAllister, W.S.** (2021). Emotional functioning in pediatric epilepsy: Evidence of greater externalizing behavior with left hemisphere onset. Epilepsy & Behavior, 117, 107851. https://doi.org/10.1016/j.yebeh.2021.107851

De Somma, E., O'Mahony, J., Brown, R. A., Brooks, B. L., Yeh, E. A., Cardenas de La Parra, A., ... & Till, C. (2022). Disrupted cognitive development following pediatric acquired demyelinating syndromes: a longitudinal study. *Child Neuropsychology*, *28*(5), 649-670.

De Somma, E., Rizeq, J., & Skilling, T. A. (2021). Criminogenic need profiles among substance-using justice-involved youth. *Criminal Justice and Behavior*, *48*(12), 1694-1713.

De Somma, E., Brown, R.A., Sadeghi, M., O'Mahony, J., Brooks, B.L., Yeh, E.A., Arnold, D., Collins, L., Aubert-Broche, B., Narayanan, S., Marrie, R.A., Baror, A., Banwell, B., & Till, C. on behalf of the Canadian Demyelinating Disease Study (2018). Disrupted cognitive development following acute demyelinating syndromes: A longitudinal study. *Journal of the International Neuropsychological Society*.

Drummond, K.D., Bradley, S.J., Peterson-Badali, M., VanderLaan, D.P., & Zucker, K. (2017). Behaviour problems and psychiatric diagnoses in girls with gender identity disorder. *Journal of Sex and Marital Therapy*. doi:10.1080/0092623X.2017.1340382

Durrand, H., Birnie, K. A., **Noel, M**., Vervoort, T., Goubert, L., Boerner, K. E., Chambers, C. T., & Caes, L. (2017). State versus trait: Validating state assessment of child and parental catastrophic thinking about child pain. *Journal of Pain*, 18(4), 385-395.

Durand, H., **Birnie, K.A**., Noel, M., Vervoort, T., Goubert, L., Boerner, K.E., Chambers, C.T., & Caes, L. (2017). State versus trait: Validating state assessment of child and parental catastrophic thinking about children's acute pain. Journal of Pain, 18(4), 385-395. doi:10.1016/j.jpain.2016.11.012

Durber, C. M., **Yeates, K. O**., Taylor, H. G., Walz, N. C., Stancin, T., & Wade, S. L. (2017). The family environment predicts long-term academic achievement and classroom behavior following traumatic brain injury in early childhood. *Neuropsychology.*

Durish, C. L., Pereverseff, R., & **Yeates, K. O.** (2018). Depression and depressive symptoms in pediatric traumatic brain injury: A scoping review*. Journal of Head Trauma Rehabilitation*.

Eccleston, C., Fisher, E., Howard, R.F., Slater, R., Forgeron, P., Palermo, T.M., **Birnie, K.A.,** Anderson, B.J., Chambers, C.T., Crombez, G., Ljungman, G., Jordan, I., Jordan, Z., Roberts, C., Schechter, N., Sieberg, C.B., Tibboel, D., Walker, S.M., Wilkinson, D., & Wood, C. (2021). Delivering transformative action in paediatric pain: A Lancet Child & Adolescent Health Commission. The Lancet Child & Adolescent Health 5(1), P47-87. https://doi.org/10.1016/S2352-4642(20)30277-7

Emery, C. A., Barlow, K. M., Brooks, B. L., Max, J. E., Villavicencio-Requis, A., Gnanakumar, V., Robertson, H. L., Schneider, K., & **Yeates, K. O**. (2016). A systematic review of psychiatric, psychological, and behavioural outcomes following mild traumatic brain injury in children and adolescents*. Canadian Journal of Psychiatry*, 61, 259-269.

Fabri, T. L., Datta, R., O'Mahony, J., Barlow-Krelina, E., **De Somma, E**., Longoni, G., ... & Till, C. (2021). Memory, processing of emotional stimuli, and volume of limbic structures in pediatric-onset multiple sclerosis. *NeuroImage: Clinical*, *31*, 102753.

Fay, T.B., Yeates, K.O., Wade, S.L., Drotar, D., Stancin, T., & Taylor, H.G. (2009). Predicting longitudinal patterns of functional deficits in children with Traumatic Brain Injury. *Neuropsychology*, 23(3), 271-282.

Fay, T.B., Yeates, K.O., Taylor, H.G., Bangert, B., Dietrich, A., Nuss, K., Rusin, J., & Wright, M. (2010). Cognitive reserve as a moderator of post-concussive symptoms in children with complicated and uncomplicated mild traumatic brain injury. *Journal of the International Neuropsychological Society,* 16(1), 94-105. Epub 2009 Oct 19.

Fay, T.B., Yeates, K.O., Taylor, H.G., Bangert, B., Dietrich, A., Nuss, K., Rusin, J., & Wright, M. (2010).Cognitive reserve as a moderator of post-concussive symptoms in children with complicated and uncomplicated mild traumatic brain injury. *Journal of the International Neuropsychological Society,* 16(1), 94-105. Epub 2009 Oct 19. doi: 10.1017/S1355617709991007

Forgeron, P., Chorney, J., **Carlson, T**., Dick, B., Plante, E. (2015) To Befriend or Not: Naturally Developing Friendships Amongst a Clinical Group of Adolescents with Chronic Pain. *Pain Management Nursing*.

Giesbrecht, G. F., Letourneau, N., Campbell, T., Hart, M., **Thomas, J. C.**, Tomfohr-Madsen, L., & the APrON Study Team (2020). Parental use of "cry out" in a community sample during the first year of infant life. *Journal of Developmental & Behavioral Pediatrics,* epub ahead of print. doi: 10.1097/DBP.0000000000000791

Grool, A. M., Aglipay, M., Momoli, F., Meehan, W. P., Freedman, S. B., **Yeates, K. O**., Gravel, J., Gagnon, I., Boutis, K., Meeuwisse, W., Barrowman, N., Osmond, M. H., & Zemek, R., for the Pediatric Emergency Research Canada (PERC) 5P concussion team. (2016). Relationship of early participation in physical activities to persistent post-concussive symptoms following acute pediatric concussion. *Journal of the American Medical Association*, 316, 2504-2514.

Gusella, J. L. Campbell, A. G., **Lalji, K**. (2017). A shift to placing parents in charge: Does it improve weight gain in youth with anorexia? *Paediatrics & Child Health*. doi: 10.1093/pch/pxx063.

Hamberger, M., Seidel, W.T., **MacAllister, W.S.**, & Smith, M.L. (2018). Auditory and Visual

Naming Tests for Children. *Child Neuropsychology*, 24:7, 903-922. https://doi.org/10.1080/09297049.2017.1414172

Hamberger, M.J., **MacAllister, W.S.,** Seidel, W.T., Busch, R., Salinas, C.M., Klaas, P. Smith, M.L. (2019). Name That Thing: Noninvasive Identification of Seizure Lateralization in Children. *Neurology*, 92, 1-8.

Harder, L., Bobholz, J., **MacAllister, W.S.** (2018). Multiple Sclerosis. In J. Donders and S. Hunter (Eds.). Neuropsychological Conditions Across the Lifespan, Cambridge University Press, Cambridge, UK.

Harder, L., Liff, C.D., **MacAllister, W.S.** (2020). Multiple Sclerosis. In, K. Stucky, M. Kirkwood, and J. Donders (Eds.), Clinical Neuropsychology Study Guide and Board Review – Second Edition. Oxford University Press, New York

Harrison, D. & **Birnie, K.A**. (2020). Special issue on knowledge mobilization: Neonatal pain. Paediatric & Neonatal Pain, 2, 61-62. doi:10.1002/pne2.12039

Hartwick, C., Desmarais, S., & Hennig, K. H. (2007). Characteristics of male and female victims of sexual pressure. *The Canadian Journal of Human Sexuality, 16* (1-2), 31-44.

Hawley, K., Huang, J.S., Goodwin, M., Diaz, D., de Sa, V.R., **Birnie, K.A**., Chambers, C.T., & Craig, K.D. (2019). Youth and parent appraisals of participation in a study of spontaneous and induced pediatric clinical pain. Ethics & Behavior, 29(4), 259-273. doi:10.1080/10508422.2018.14

Heverly-Fitt, S., Rubin, K. H., Dennis, M., Taylor, H. G., Stancin, T., Gerhardt, C. A., Vannatta, K., Bigler, E. D., & **Yeates, K. O.** (2016). Investigating a proposed model of social competence in children with traumatic brain injury. *Journal of Pediatric Psychology*, 41, 235-243.

Holley, A. L., Wilson, A. C., **Noel, M**., & Palermo, T. M. (2016). Post-traumatic stress symptoms in children and adolescents with chronic pain: A topical review of the literature and a proposed framework for future research. *European Journal of Pain*, 20(9), 1371-1383.

Hundert, A.S., **Birnie, K.A**., Abla, O., Positano, K., Cassiani, C., Lloyd, S., Tiessen, P.H., Lalloo, C., Jibb, L., & Stinson, J. (2022). A pilot randomized controlled trial of virtual reality distraction to reduce procedural pain during subcutaneous port access in children and adolescents with cancer. Clinical Journal of Pain, 38(3), 189-196.

Jaaniste, T., **Noel, M.**, & von Baeyer, C. L. (2016). Young children's ability to report on past, future and hypothetical pain states: A cognitive-developmental perspective. *Pain, 157*(11), 2399-2409

Jibb, L., **Birnie, K.A.,** Nathan, P.C., Beran, T., Hum, V., Victor, J.C., & Stinson, J.N. (2018). Using the MediPORT humanoid robot to reduce procedural pain and distress in children with cancer: A pilot randomized controlled trial. Pediatric Blood & Cancer, 65(9), e27242 doi:10.1002/pbc.27242

Johnston, D.L., Nagarajan, R., Caparas, M., **Schulte**, F., Cullen, P., Aplenc, R., Sung. L (2013) Reasons for Non-Completion of Health Related Quality of Life Evaluations in Pediatric Acute Myeloid Leukemia: A Report from the Children's Oncology Group. PLOS ONE

Johnston, D., Gerbing, R., Alonzo, T., Aplenc, R., Nagarajan, R., **Schulte, F**., Cullen, P., Sung, L. (2015). Patient-Reported Outcome Coordinator Did Not Improve Quality of Life Assessment Response Rates: a Report from the Children's Oncology Group. PLOS ONE, 10(4):e0125290

Joly, L.E. & Connolly, J. (2019). It can be beautiful or destructive: Street-involved youth's perceptions of their romantic relationships and resilience. *Journal of Adolescence*, 70, 43-52. doi:10.1016/j.adolescence.2018.11.006

Joly, L.E. & Connolly, J. (2016). Dating violence among high risk young women: A qualitative and quantitative review of the literature. *Behavioral Sciences*, 6 (1), 7. doi: 10.3390/bs6010007

Joly, L.E. (2015, September). Street-involved youth: Dating relationships and resilience. *LaMarsh Sketches.*

Jones, S., Watts, D., **Brache, K,** & Bedford, E. (2024) Transitioning to telehealth to treat concurrent disorders: Provider and patient perspectives during the COVID-19 pandemic. *Journal of Technology in Behavioural Science,* https://doi.org/10.1007/s41347-024-00400-2

Jordan, I., Martens, R., **Birnie, K.A**.* (2021). Don't tell me, show me: Reactions from those with lived experience to the 2020 revised IASP definition of pain. Paediatric & Neonatal Pain, 3, 119-122. doi: 10.1002/pne2.12059

Kaminsky, L.A. & Dewey, D. (2013). Psychological correlates of eating disorder symptoms and body image in adolescents with type 1 diabetes. *Canadian Journal of Diabetes, 37,* 408-414.

Kaminsky, L.A. & Dewey, D. (2014). The association between body mass index and physical activity, and body image, self-esteem and social support in adolescents with Type 1 diabetes. *Canadian Journal of Diabetes, 38,* 244-249.

Kerns, K. A., **Mish, S. J.**, Roberts, J., & Jagdis, F. (2014). Neuropsychological profile of treated children with congenital toxoplasmosis. *Psychology*, *5*, 1079-1089. http://dx.doi.org/10.4236/ psych.2014.59120

Khu, M., Chambers, C. & Graham, S. A. (2019). Preschoolers flexibly shift between speakers' perspectives during real-time language comprehension. *Child Development*.

Khu, M. & Noel, M. (2017). Internship Interviews: Scheduling, Preparation, and Interview Strategies. In R. Pillai Riddell, & M. Badali (Eds.), Match Made on Earth: A Guide to Navigating the Psychology Internship Application Process – 2nd Edition (CPA Press).

Khu, M., & Noel, M. (2017). After Matching to an Internship Site. In R. Pillai Riddell, & M. Badali (Eds.), Match Made on Earth: A Guide to Navigating the Psychology Internship Application Process – 2nd Edition (CPA Press).

Khu, M., Soltani, S., Neville, A., Schulte, F., & Noel, M. (2018). Posttraumatic stress and growth in parents of youth with chronic pain. Children's Health Care. doi: 10.1080/02739615.2018.1514606

Killackey, T., Baerg, K., Dick, B., Lamontagne, C., Poolacherla, R., Finley, G.A., Noel, M., **Birnie, K.A**., Choinière, M., Pagé, G.A., Dassieu, L., Lacasse, A., Lalloo, C., Poulin, P., Ali, S., Battaglia, M., Campbell, F., Harris, L., Mohabir, V., Nishat, F., Benayon, M., Jordan, I., & Stinson, J. (2022). Experiences of pediatric pain professionals providing care during the COVID-19 pandemic: A qualitative study. Children, 9, 230.

Killackey, T., Noel, M., **Birnie, K.A**., Choinière, M., Pagé, G., Dassieu, L., Lacasse, A., Lalloo, C., Brennenstuhl, S., Poulin, P., Ingelmo, P., Ali, S., Battaglia, M., Campbell, F., Smith, A., Harris, L., Mohabir, V., Benayon, M., Jordan, I., Marianayagam, J., & Stinson, J. (2021). COVID-19 pandemic impact and response in Canadian pediatric chronic pain care: A national survey of medical directors and pain professionals. Canadian Journal of Pain. Epub ahead of print: doi: 10.1080/24740527.2021.1931069

Kirk, J.W., Baker, D.A., Kirk, J.J., **MacAllister, W.S.** (2020, In Press). A Review of Performance and Symptom Validity Testing with Pediatric Populations. *Applied Neuropsychology: Child.*

Korotana, L.M., Dobson, K.S., Pusch, D., & Josephson, T. (2016). A review of primary care interventions to improve health outcomes in adult survivors of adverse childhood

experiences. *Clinical Psychology Review, 46, 59-90.*

Kozlowska, K., **Sawchuk, T.**, Waugh, J.L., Helgeland, H., Baker, J., Scher, S. & Fobian, A.D. (2021). Changing the culture of care for children and adolescents with functional neurological disorder. Epilepsy & Behavior Reports, 16: 100486.

Kurowski, B. G., Treble-Barna, A., Zhang, H., Zhang, N., Martin, L. J., **Yeates, K. O**., Taylor, H. G., Wade, S. L. (2016). Catechol-O-methyltransferase genotypes and parenting influence on long-term executive functioning after moderate to severe early childhood traumatic brain injury: An exploratory study. *Journal of Head Trauma Rehabilitation*, 31, E1-E9.

Kwan, V., Hagen, G., **Noel, M**., Dobson, K., & **Yeates, K.** (2017). Healthcare at your fingertips: The professional ethics of smartphone health-monitoring applications. *Ethics and Behaviour Journal.*

Kwan, V., **Yeates, K.O.,** & Brooks, B.L. (2018). Headache long after pediatric concussion: severity and relation to subjective and objective cognitive functioning. *Journal of the International Neuropsychological Society.*

Lafay, Cousin, L., **Fay-McClymont, T.,** Johnston, D., Fryer, C., Scheinemann, K., Fleming, A., Hukins, J., Janzen, L., Guger, S., Strother, D., Mabbott, D., Huang, A., & Bouffet, E. (2015). Neurocognitive evaluation of long term survivors of atypical teratoid rhabdoid tumors (ATRT): The Canadian registry experience. *Pediatric Blood Cancer, 62*, 1265-9.

Laliberté Durish, C., **Yeates, K.O**., & Brooks, B.L. (2018). Psychological resilience as a predictor of persistent post-concussive symptoms in children with single and multiple concussion. *Journal of the International Neuropsychological Society.*

Laliberté Durish, C., **Yeates, K.O**., & Brooks, B.L. (2017). Persistent effects of paediatric mild traumatic brain injury: The role of resilience. *Journal of the International Neuropsychological Society*.

Laliberté Durish, C., **Yeates, K.O**., & Brooks, B.L. (2017). Convergent and divergent validity for a measure of psychological resilience in children with mild traumatic brain injury. *Journal of the International Neuropsychological Society.*

Laliberté Durish, C., **Yeates, K.O.**, & Brooks, B.L. (2017). The role of psychological resilience in children with poor recovery following mild traumatic brain injury. *Journal of the International Neuropsychological Society.*

Laliberté Durish, C., **Yeates, K.O., &** Brooks, B.L. (2018). Convergent and divergent validity of the Connor-Davidson Resilience Scale in children with concussion and orthopaedic injury. *Brain Injury, 32(12),* 1525-1533.

Laliberté Durish, C., **Yeates, K.O., &** Brooks, B.L. (2018). Psychological resilience as a predictor of persistent post-concussive symptoms in children with single and multiple concussion. *Journal of the International Neuropsychological Society, 24(8)*, 759-768.

Lalloo, C., Shah, U., **Birnie, K.A**., Davies-Chalmers, C., Rivera, J., Stinson, J.N. & Campbell, F.C. (2017). Commercially available smartphone apps to support post-operative pain self-management: A scoping review. Journal of Medical Internet Research, 5(10), e162. doi: 0.2196/mhealth.8230

Lee, S., Narendran, G., Tomfohr, L., **Schulte, F.** (2016) A systematic review of sleep in hospitalized pediatric cancer patients. *Psycho-Oncology*. DOI: 10.1002/pon.4149

Letourneau, N., Dewey, D., Kaplan, B., Ntanda, H., Novick, J., **Thomas, J. C.**, Deane, A., Pon, K., Giesbrecht, G. F. (2019). Intergenerational transmission of adverse childhood experiences via maternal depression and anxiety and moderation by child sex. *Journal of Developmental Origins of Health and Disease, 10*(1), 88-99. doi. 10.1017/S2040174418000648

Liepert, M., Alikhani, K., Gnanakumar, V. & **Sawchuk, T.** (In press). Concurrent Multiple Sclerosis and Somatic Symptom Disorder: A scoping review and case series. Journal of Neuropsychiatry and Clinical Neurosciences.

Loeffen, E.A.H., Kremer, L.C.M., van de Wetering, M.D., Mulder, R.L., Font-Gonzalez, A., Dupuis, L.L., Campbell, F., Tissing, W.J.E., on behalf of the Pain in Children with Cancer Guideline Development Panel* (**Birnie, K.A**. panel member). (2019). Reducing pain in children with cancer: Methodology for the development of a clinical practice guideline. Pediatric Blood & Cancer, 66, e27698.

Loeffen, E.A.H., Stinson, J., **Birnie, K.A**., van Djik, M., Kulkarni, K., Rijsdijk, M., Font-Gonzalez, A., Dupuis, L.L., van Dalen, E.C., Mulder, R.L., Campbell, F., Tissing, W.J.E., van der Wetering, M.D., & Gibson, F. (2019). Measurement properties of instruments to assess pain in children with cancer: A systematic review protocol. BMC Systematic Reviews, 8(1), 33-41.

Maa, T**., Yeates, K. O**., Moore-Cilngenpeel, M., & O'Brien, N. F. (2016). Age-related carbon dioxide reactivity in children after moderate and severe TBI. *Journal of Neurosurgery: Pediatrics*, 18, 73-78.

MacAllister, W.S., Brooks, B.L (In Press). Validity Testing in Pediatric Neuropsychology. In R. Booth, T. Murphy, and K. Zebracki (Eds). Paediatric neuropsychology within the multidisciplinary context: A guide for clinicians, academics, and students. MacKeith Press, UK.

MacAllister, W.S., Desire, N., Vasserman, M, Dalrymple, J., Salinas, L., Brooks, B.L. (2020) The Use of the MSVT in Children and Adolescents with Epilepsy. Applied Neuropsychology: Child.

MacAllister, W.S., Maiman, M., Marsh, M., Whitman, L., **Vasserman, M**., Cohen, R.J., and Salinas, C.M. (2018). Sensitivity of the Wisconsin Card Sorting Test-64 versus the Tower of London-Drexel Version for Detecting Executive Dysfunction in Children with Epilepsy. *Child Neuropsychology*, 24(3), 354-369.

MacAllister, W.S., Maiman, M., **Vasserman, M.,** Fay-McClymont, T., Brooks, B.L**.**, & Sherman, E.M.S. (2019). The WISC-V in Children and Adolescents with Epilepsy. *Child Neuropsychology.* 1-11.

MacAllister, W.S., Vasserman, M., Armstrong, K., (2019). Are we Documenting Performance Validity Testing in Pediatric Neuropsychological Assessments? A Brief Report. *Child Neuropsychology*. 1-8.

Mackenzie, N.E., Chambers, C.T., Parker, J.A., Audrey, E., Jordan, I., Richards,, D.P., Marianayagam, J., Ali, S. Campbell, F., Finley, G.A., Gruenwoldt, E., Stevens, B., Stinson, J., & **Birnie, K.A**.* (in press). Bridging the gap: Identifying diverse stakeholder needs and barriers to accessing evidence and resources for children's pain. Canadian Journal of Pain.

MacKenzie, N.E, Tutelman, P.R., Chambers, C.T., Parker, J.A., MacDonald, N.E. McMurtry, C.M., Pluye, P., Granikov, V., Taddio, A., Barwick, M., **Birnie, K.A**., Boerner, K.E. (2021). Factors associated with parents' experiences using a knowledge translation tool for vaccination pain management: A qualitative study. BMC Health Services Research, 21, 355.

MacKenzie, N.E, Tutelman, P.R., Chambers, C.T., Parker, J.A., MacDonald, N.E. McMurtry, C.M., Pluye, P., Granikov, V., Taddio, A., Barwick, M., **Birnie, K.A**., Boerner, K.E. (2021). Understanding parents' use of a knowledge translation tool to manage children's vaccination pain. PAIN Reports, 6(1), e907.

Madsen, J. W., Hernández, L., **Sedov, I.D**., & Tomfohr-Madsen, L. M. (2021). Romantic relationship satisfaction is associated with sleep in undergraduate students. Couple and Family Psychology: Research and Practice. Advance online publication.

https://doi.org/10.1037/cfp0000163

Madsen, J. W., Hernández, L., **Sedov, I**., & Tomfohr-Madsen, L. M. (2021). Romantic relationship satisfaction is associated with sleep in undergraduate students. Couple and Family Psychology: Research and Practice. Advance online publication. https://doi.org/10.1037/cfp0000163

Maiman, M., Del Bene, V.A., Farrell, E., **MacAllister, W.S.**, Sheldon, S., Arce Rentería, M., Slugh, M., Gazzola, D., & Barr, W.B. (2019). The utility of the Repeatable Battery of Neuropsychological Status (RBANS) in patients with temporal and non-temporal lobe epilepsy. Archives of Clinical Neuropsychology.

Maiman, M., Del Bene, V.A., **MacAllister, W.S**., Sheldon, S., Farrell, E., Arce Rentería, M., Slugh, M., Nadkarni, S.S., Barr, W.B. (2018). Reliable Digit Span (RDS): Does it adequately measure suboptimal effort in an adult epilepsy population? *Archives of Clinical Neuropsychology*

Maiman, M., Salinas, C.M., Gindlesperger, M.F., Westerveld, M., **Vasserman, M.**, & **MacAllister, W.S.** (2017). Utility of the Behavior Rating Inventory of Executive Function-Preschool Version (BRIEF-P) in Young Children with Epilepsy. *Child Neuropsychology*., 1-11.

Mazur-Mosiewicz, A., Carlson, H. L., **Hartwick, C.,** Dykeman, J., Lenders, T., Brooks, B.L., Weibe, S. (2015). Effectiveness of cognitive rehabilitation following epilepsy surgery: Current state of knowledge. *Epilepsia*, 56(5).

Mazur-Mosiewicz, A., Carlson, H. L., **Hartwick, C.,** Laliberte, C., Tam, Sherman, E. M. S, et al. (2015). Rates of Reporting Suicidal Ideation and Symptoms of Depression on Children's Depression Inventory in a Paediatric Neurology Sample*. Journal of Pediatric Neuropsychology*

Mazur-Mosiewicz, A., **Hartwick, C.,** Carlson, H. L., Laliberte, C., Tam, E., Sherman, E., Brooks, B. (2013). Prevalence of symptoms of depression and suicidal ideation in pediatric neurology patients. *The Clinical Neuropsychologist*, 27(4) 632-633.

McArthur, B., Strother, D., **Schulte, F.** (2017) Positive schemas, psychopathology, and quality of life in children with pediatric cancer: A pilot study*. Journal of Psychosocial Oncology.* DOI: 10.1080/07347332.2017.1283655. [Epub ahead of print]

McCrimmon, A., & **Rostad, K.** (2014). Review of the Autism Diagnostic Observation Schedule, Second Edition (ADOS-2). *Journal of Psychoeducational Assessment, 32*, 88-92.

McMurtry, C. M., Taddio, A., **Noel, M**., Antony, M. M., Chambers, C. T., Asmundson, G. J., Pillai Riddell, R., Shah, V., MacDonald, N. E., Rogers, J., Bucci, L. M., Mousmanis, P., Lang, E., Halperin, S., Bowles, S., Halpert, C., Ipp, M., Rieder, M. J., Robson, K., Uleryk, E., Votta Bleeker, E., Dubey, V., Hanrahan, A., Lockett, D., & Scott, J. (2016). Exposure-based interventions for the management of individuals with high levels of needle fear across the lifespan: A clinical practice guideline and call for further research. *Cognitive Behavioral Therapy*, 45(3), 217-235.

Mesaroli, G., Campbell, F., Hundert, A., **Birnie, K.A**., Sun, N., Davidge, K.M., Lalloo, C., Davies-Chalmers, C., Harris, L., & Stinson, J. (2021). Development of a screening tool for pediatric neuropathic pain and complex regional pain syndrome: Pediatric PainSCAN©. Clinical Journal of Pain, 38(1), 15-22.

Mesaroli, G., Hundert, A., **Birnie, K.A**., Campbell, F., & Stinson, J. (2020). Screening and diagnostic tools for Complex Regional Pain Syndrome: A systematic review. Pain. Epub ahead of print. https://doi.org/10.1097/j.pain.0000000000002146

Moules, N., Estefan, A., Laing, C., **Schulte, F**., Guilcher, G., Strother, D. (2017). A Tribe Apart: Sexuality and Adolescents with Cancer. Journal of Pediatric Oncology Nursing. Narad, M., Treble-Barna, A., Peugh, J., **Yeates, K. O**., Taylor, H. G., Stancin, T., & Wade, S. Recovery trajectories of executive functioning after pediatric TBI: A latent class growth modeling analysis. *Journal of Head Trauma Rehabilitation*.

Morrison, C., **MacAllister, W.S.**, Barr, W.B. (2018). Neuropsychology within a Tertiary Care Epilepsy Center. *Archives of Clinical Neuropsychology*, 33(3), 354-364.

Narad, M., **Yeates, K. O.**, Taylor, H. G., Stancin, T., & Wade, S. (2017). Maternal and paternal distress and coping over time following pediatric traumatic brain injury. *Journal of Pediatric Psychology*, 42, 304-314.

Neville, A., Lund, T., Soltani, S., Jordan, A., Stinson, J., Killackey, T., **Birnie, K. A**., & Noel, M. (2021). Pediatric chronic pain in the midst of the COVID-19 pandemic: Lived experiences of youth and parents. Journal of Pain. Epub ahead of print. doi: 10.1016/j.jpain.2021.11.012

Noel, M., Rabbitts, J. A., Fales, J., Chorney, J., & Palermo, T M. (2017). The influence of pain memories on adolescents' post-surgical pain experience: a longitudinal dyadic analysis. *Health Psychology*.

Noel, M. (2016). Harnessing the fragility of pain memories to help children forget: A new avenue for pediatric psychology interventions? *Journal of Pediatric Psychology*, *41*, 232-4.

Noel, M, Alberts N, Langer SL, Levy RL, Walker LS, Palermo TM. (2016). The sensitivity to change and responsiveness of the adult responses to children's symptoms in children and adolescents with chronic pain. *Journal of Pediatric Psychology, 41*, 350-62.

Noel, M., Wilson, A. C., Holley, A. L., Durkin, L., Patton, M., & Palermo, T. M. (2016). Posttraumatic stress disorder symptoms in youth with versus without chronic pain. *Pain*, 157(10), 2277-2284.

Noel, M, Beals-Erickson SE, Law EF, Alberts N, Palermo TM. (2016). Characterizing the pain narratives of parents of youth with chronic pain. *Clinical Journal of Pain.* Epub ahead of print:1-35.

Noel, M, Groenewald CB, Beals-Erickson SE, Gebert JT, Palermo TM. (2016). Chronic pain in adolescence and internalizing mental health disorders: A nationally representative study. *Pain, 157,* 1333-8.

Noel, M, Wilson AC, Holley AL, Durkin L, Patton M, Palermo TM. (2016). Post-traumatic stress disorder symptoms in youth with versus without chronic pain. *Pain.*.

Noel, M., McMurtry, C. M., Pavlova, M., & Taddio A. (2017). Brief report: A systematic review and meta-analysis of pediatric memory reframing interventions for needle procedures. Pain Practice. DOI: 10.1111/papr.12572. Available at http://onlinelibrary.wiley.com/doi/10.1111/papr.12572/full

Noel, M., Pavlova, M., McCallum, L., & Vinall, J. (2017). Remembering the hurt of childhood: a psychological review and call for future research. *Canadian Psychology*, 58(1), 58-68.

Novak, Z., Aglipay, M., Barrowman, N., **Yeates, K. O**., Beauchamp, M. H., Gravel, J., Freedman, S. B., Gagnon, I., Gioia, G., Boutis, K., Burns, E., Ledoux, A. A., Osmond, M., & Zemek, R., on behalf of the Pediatric Emergency Research Canada (PERC) 5P concussion team. (2016). Association of persistent post-concussion symptoms with pediatric quality of life. *JAMA Pediatrics*, 170, e162900

Oren, A., Benoit, M. A., Murphy, A., **Schulte, F**., Hamilton, J. (2012). Quality of Life and Anxiety in Adolescents with Differentiated Thyroid Cancer. *Journal of Clinical Endocrinology and Metabolism.*

Ottenbreit, N. D., Dobson, K. S., & Quigley, L. (2014). An examination of avoidance in Major Depression in comparison to Social Anxiety Disorder, *Behavior Research and Therapy, 56,* 82-90.

Ottenbreit, N. D., Dobson, K. S., & Quigley, L. (2014). A psychometric evaluation of the Cognitive-Behavioral Avoidance Scale in Women with Major Depressive Disorder, *Journal of Psychopathology and Behavioural Assessment, 36,* 591-599.

Palermo, T.M., Walco, G.A., **Birnie, K.A**., Crombez, G., de la Vega, R., Eccleston, C., Kashikar-Zuck, S., Roy Paladhi, U,, & Stone, A.L. (2021). Core outcome set for pediatric chronic pain clinical trials: Results from a Delphi poll and consensus meeting. Pain. Epub ahead of print: doi: 10.1097/j.pain.00000000000022s41

Parker, D.M., **Birnie, K.A.,** Yoon, I.A., & Bhandari, R.P. (2020). Interpersonal dyadic influences of pain catastrophizing between caregivers and children with chronic pain. The Clinical Journal of Pain, 36(2), 61-67. doi:10.1097/AJP.0000000000000773

Patton, M., Forster, V., Forbes, C., Stokoe, M., Noel, M., Carlson, L.C., **Birnie, K.A**., Reynolds, K., & Schulte, F. (2021). Characterizing pain in survivors of childhood cancer. Psycho-Oncology. Epub ahead of print. doi: 10.1007/s00520-021-06386-4

Pavlova, M., Ference, J., Hancock**,** M., & **Noel, M**. (2017). Disentangling the sleep-pain relationship in pediatric chronic pain: The mediating role of internalizing mental health symptoms. *Pain Research and Management*. doi: 10.1155/2017/1586921

Pelletier, W., **Schulte, F.,** Guilcher, G. (2015). Pediatric Hematopoietic Stem Cell Donors: Need for Longitudinal Medical and Psychosocial Surveillance. *Pediatric Blood and Cancer, 62,* 737-738.

Pexman, P., **Rostad, K.**, McMorris, C., Climie, E., Stowkowy, J., & Glenwright, M. (2011). Processing of ironic language in children with high-functioning Autism Spectrum Disorder. *Journal of Autism and Developmental Disorders, 41,* 1097-1112.

Plourde, V., **Yeates, K.O.,** and Brooks, B.L. (2018). Predictors of long-term psychosocial functioning and health-related quality of life in children and adolescents with prior concussions. *Journal of the International Neuropsychological Society, 24(6),* 540-548.

Potter, K., Luca, P., Pacaud, D., Virtanen, H., Nettel-Aguirre, A., **Kaminsky, L**., Ho, J. (2017). Prevalence of Alcohol, Tobacco, Cannabis and Other Illicit Substance Use in a Population of Canadian Adolescents with Type 1 Diabetes Compared to a General Adolescent Population. *Paediatrics & Child Health*.

Potter, K., Virtanen, H., Luca, P., Pacaud, D., Nettel-Aguirre, A., **Kaminsky, L**., Ho, J. (2018). Knowledge and Practice of Harm Reduction Behaviors for Alcohol and Other Illicit Substance Use in Adolescents with Type 1 Diabetes. *Paediatrics & Child Health*.

Pougnet, E., Serbin, L., Stack, D, & Schwartzman, A. (2011). Fathers' influence on children's cognitive and behavioural functioning: A longitudinal study of Canadian families. *Canadian Journal of Behavioural Science, 43*(3), 173-182.

Pougnet, E., Serbin, L., Stack, D., Ledingham, J., & Schwartzman, A. (2012). The intergenerational continuity of fathers' absence in a socioeconomically disadvantaged sample. *Journal of Marriage and Family*, 74(3), 540-555.

Racine, N., Eirich, R., Dimitropoulos, G., **Hartwick, C.,** Madigan, S. (2020). Development of trauma symptoms following adversity in childhood: The moderating role of protective factors. Child Abuse & Neglect, 101, 104375, ISSN 0145-2134, doi.org/10.1016/j.chiabu.2020.104375.

Racine, N., **Hartwick, C.,** Collin-Vézina, D., Madigan, S., (2020). Telemental health for child trauma treatment during and post-COVID-19: Limitations and considerations. Child Abuse & Neglect, 110, 104698

Racine, N.M., **Khu, M.**, Reynolds, K., Guilcher, G.M.T., & **Schulte F.S.M.** (2018). Quality of life in pediatric cancer survivors: contributions of parental distress and psychosocial family risk. *Current Oncology, 25*, 41-48. doi: 10.3747/co.25.3768.

Racine, N., Zhu, J. **Hartwick, C.,** Madigan, S. (2021) Differences in demographic, risk, and protective factors in a clinical sample of children who experienced sexual abuse versus poly-victimization. Frontiers in Psychiatry.

Racine, N., Madigan, S., Cardinal, S., **Hartwick, C.,** Leslie, M., Motz, M., Pepler, D. (2022). Community-based research: Perspectives of psychology researchers and community partners. Canadian Psychology. Preprint: https://psyarxiv.com/cxrmt

Racine, N., Dimitropoulos, G., **Hartwick, C.,** Eirich, R., Van Roessel, L., Madigan, S. (2021). Characteristics and service needs of children referred to maltreatment services in Canada. Journal of the Canadian Academy of Child and Adolescent Psychiatry, 30(2):92-103.

Rakshani, N., Jeffery, A., **Schulte, F.,** Barrera, M., Atenafu, E., Hamilton, J. (2010). Evaluation of a comprehensive care clinic model for children with brain tumour and risk for hypothalamic obesity. *Obesity*, 18, 1768-1774.

Richards, D.P., **Birnie, K.A**., Eubanks, K., Lane, T., Linkiewich, D., Singer, L., Stinson, J.N., & Begley, K.N. (2020). Guidance on authorship with and acknowledgement of patient

partners in patient-oriented research. Research Involvement & Engagement, 6, 38. doi.org/10.1186/s40900-020-00213-6

Richardson, P.A., Parker, D.M., Chavez, K., **Birnie, K.A**., Krane, E.J., Simons, L.E., Cunningham, N. & Bhandari, R.P. (2021). Evaluating telehealth implementation in the context of pediatric chronic pain treatment during COVID-19. Children, 8, 764.

Richardson, P., **Birnie, K.A**., Goya Arce, A. B., & Bhandari, R. P. (2021). Author response to "We need precise interventions to stem the opioid epidemic". American Journal of Preventative Medicine, 60(5), e237-e238. https://doi.org/10.1016/j.amepre.2020.12.005

Richardson, P., **Birnie, K.A**., Goya Arce, A. B., & Bhandari, R. P. (2021). Clinical correlates of opioid prescription among pediatric patients with chronic pain. American Journal of Preventative Medicine, 60(3), 379-386. https://doi.org/10.1016/j.amepre.2020.08.026

Richardson, P., **Birnie, K.A**., Harrison, L.E., Rajagopalan, A., & Bhandari, R.P. (2020). Profiling modifiable psychosocial factors among children with chronic pain: A person-centered methodology. Journal of Pain, 21(3-4), 467-476. doi:10.1016/j.jpain.2019.08.015

Root, A., Wimsatt, M., Rubin, K. H., Bigler, E. D., Dennis, M., Gerhardt, C. A., Stancin, T., Taylor, H. G., Vannatta, K., & **Yeates, K. O.** (2016). Children with traumatic brain injury: Associations between parenting and social adjustment. *Journal of Applied Developmental Psychology*, 42, 1-7.

Ross, K. M., **Thomas, J. C.**, Letourneau, N., Campbell, T. S., & Giesbrecht, G. (2019). Partner social support during pregnancy and the postpartum period and inflammation in 3-month-old infants. *Biological Psychology*, *144,* 11-19.doi.10.1016/j.biopsycho.2019.03.005

Rostad, K., **Yott, J**., & Poulin-Dubois, D. (2012). Development of categorization in infancy: Advancing forward to the animate/inanimate level. *Infant Behavior & Development, 35,* 584-595.

Rostad, K., & Pexman, P.M. (2014). Developing appreciation for ambivalence: The understanding of concurrent conflicting desires in 4- to 7-year-old children. *Canadian Journal of Experimental Psychology, 68,* 122-132.

Rostad, K. & Pexman, P. M. (2015). Preschool-aged children recognize ambivalence: Emerging identification of concurrent conflicting desires. *Frontiers in Developmental Psychology*. doi: 10.3389/fpsyg.2015.00425.

Salinas, L., Dalrymple, J., & **MacAllister, W.S.** (2018). Memory in Children with Epilepsy:

Utility of the WRAML-2 in Generalized and Focal Epilepsy Syndromes, *Epilepsy & Behavior*, 89, 30–36.

Sawchuk, T. & Buchhalter, J. (2015). Psychogenic non-epileptic seizures in children-Psychological presentation, treatment and short-term outcomes. *Epilepsy and Behavior, 52* (Pt A), 49-56.

Sawchuk, T, Austin, J.K. & Terry, D. (2017). Models of Care. In B.A. Dworetzky & G. Baslet (Eds.), Psychogenic Non-Epileptic Seizures: Toward the Integration of Care. New York: Oxford University Press.

Schulte, F., Mongrain, M. & Flora, D. (2008). Unhealthy and Healthy Dependence: Implications for Major Depression. *British Journal of Clinical Psychology, 47*, 341-353.

Schulte, F. & Barrera, M. (2010). Social competence in childhood brain tumor survivors: a comprehensive review. *Supportive Care Cancer, 18*, 1499-1513.

Schulte, F., Bartels, U., Bouffet, E., Janzen, L., Hamilton, J., Barrera, M. (2010). Body weight, social competence and cognitive functioning in survivors of childhood brain tumors. *Pediatric Blood & Cancer, 55*, 532-539.

Schulte, F. (2014). Biological, Psychological and Social Health Needs in Cancer Care: How Far Have We Come?, *Current Oncology, 21,* 161-162.

Schulte, F., Bartels, U. Barrera, M. (2014). A Pilot Study Evaluating the Efficacy of a Group Social Skills Program for Survivors of Childhood CNS Tumors Using a Comparison group and Teacher Reports. *Psycho-Oncology*. DOI: 10.1002/pon.3472.

Schulte, F. & Barrera, M. (2014). Social adjustment in pediatric brain tumor survivors: Evaluating the psychometric properties of assessment tools, *Supportive Care Cancer, 22*, 561-569.

Schulte, F., Vannatta, K. Barrera, M. (2014) Social Problem Solving and Social Performance After a Group Social Skills Intervention for Childhood Brain Tumor Survivors. *Psycho-Oncology, 23,* 183-189.

Schulte, F. (2015). Social competence in pediatric brain tumor survivors: breadth vs. depth. *Current Opinion in Oncology, 27*, 306-310.

Schulte, F., Wurz, A., Strother, D., Reynolds, K., Dewey, D. (2016). Quality of life in survivors of pediatric cancer and their siblings: The consensus between parent-proxy and self-reports. Pediatric Blood & Cancer, 63(4): 677-683.

Schulte, F., Russell, K. B., Cullen, P., Embry, L., **Fay-McClymont, T.,** Johnston, D., Rosenberg, A., Sung, L. (2017) Systematic Review & Meta-Analysis: Health-Related Quality of Life in Pediatric CNS Tumor Survivors. *Pediatric Blood & Cancer*. doi: 10.1002/pbc.26442. [Epub ahead of print]

Schulte, FS, Brinkman, T, Li, C, **Fay-McClymont, TB**, Srivastava, D, Ness, KK, Howell, R, Mueller, S, Wells, E, Strother, D, Lafay-Cousin, L, Leisenring, W, Robison, L, Armstrong, GT, Krull, KR. (2018). Social adjustment in adolescent survivors of pediatric central nervous system tumors: A report from the Childhood Cancer Survivor Study. *Cancer.* 2018 Aug 01. https://doi.org/10.1002/cncr.31593

Selles, R. R., Belschner, L., Negeiros, J., Lin, S. Y., Schuberth, D., McKenney, K., Gregorowski, N., Simpson, A., **Bliss, A.**, & Stewart, S. E. (2017). Group family-based cognitive behavioral therapy for pediatric obsessive compulsive disorder: Global outcomes and predictors of improvement. *Psychiatry Research 260, November 2017.* DOI: 10.1016/j.psychres.2017.11.041

Sedov, I.D., Anderson, N.A., Dhillon, A.K., & Tomfohr-Madsen, L.M. (2020). Insomnia during pregnancy: A meta-analysis. Journal of Sleep Research.

Sedov, I.D., & Tomfohr-Madsen, L.M. (2020). Trajectories of Insomnia Symptoms and Associations with Mood and Anxiety from Early Pregnancy to the Postpartum. Behavioral Sleep Medicine, 1-12.

Stokoe, M. Zwicker, H. M., Forbes, C., Abu-Saris, N., **Fay-McClymont, T.,** Desire, N., Guilcher, G. M. T., Singh, G., Leaker, M., Yeates, K. O., Russell, K. B., Cho, S., Carrels, T., Rahamatulllah, I., Henry, B., Dunnewold, N., Schulte, F. (In Press). Health Related Quality of Life in Children with Sickle Cell Disease: A systematic review and meta-analysis. Blood Reviews.

Switzer, J & Grylls, M. (2022). Strengthening the Nest: Supporting Natural Supports Throughout the Pandemic and Beyond. Canadian Consortium on Child & Youth Trauma.

Taylor, E., Miller, M., Ciesar, E., Ralston, E., Shields, J., **Hartwick, C.,** Sidle, G., Silovsky, J. (accepted). Innovative Responses to Problematic Sexual Behavior of Youth: Children's Advocacy Centers in North America. St. Amand, A. Contemporary and Innovative Practices in Child & Youth Advocacy Centre Models. UQAT Press, Canada

Thomas-Argyriou, J. C., Letourneau, N., Dewey, D., Campbell, T. S., & Giesbrecht, G. F. (2020). The role of HPA-axis function during pregnancy in the intergenerational transmission of

maternal adverse childhood experiences to child behavior problems. *Development and Psychopathology,* 1-17. doi: 10.1017/S0954579419001767

Tomfohr-Madsen, L., Madsen, J.W., Bonneville, D., Virani, S., Plourde, V., Barlow, K.M., **Yeates, K.O.,** & Brooks, B.L. (2019). A pilot randomized control trial of cognitive- behavioural therapy for insomnia in adolescents with persistent post-concussion symptoms. *Journal of Head Trauma Rehabilitation.*

Vasserman, M., Virani, S., **MacAllister, W. S.**, Désiré, N., Mish, S., **Fay-McClymont, T**., ... & Brooks, B. L. (2022). Parent ratings on the MEMRY questionnaire predict children's academic performance. Child Neuropsychology, 1-19.

Vinall, J., Pavlova, M., Asmundson, G. J. C., Rasic, N., & **Noel, M**. (2016). Mental health comorbidities in pediatric chronic pain: a narrative review of epidemiology, models, neurobiology and treatment. *Children, 3(4),* 1-31.

Watson, C.P., Mackinnon, S., Dostrovsky, J., Bennett, G., Farran, P., & **Carlson, T.** (2014). Nerve resection, crush and re-location relieves complex regional pain syndrome II: a case report. *Pain, 155*, 1168-1173.

Weinrib, A.Z., Azam, M.A., **Birnie, K.A.**, Burns, L.C., Clarke, H., & Katz, J. (2017). The psychology of chronic post-surgical pain: New frontiers in risk factor identification, prevention, and management. British Journal of Pain, 11(4), 169-177. doi:10.1177/2049463717720636

Westwood, C. (2018). Elementary School. In Child and Youth Mental Health in Canada: Cases From Front-Line Settings. Toronto, Ontario: Canadian Scholars.

Whitlow P.G., Caparas M., Cullen P., Trask C., **Schulte F.**, Embry L., Nagarajan R, Johnston D.L., Sung L. (2014). Strategies to improve success of pediatric cancer cooperative group quality of life studies: a report from the Children's Oncology Group. *Quality of Life Research, 24*, 1297-1301.

Wurz, A., Chamorro-Vina, C., Guilcher, G., **Schulte, F**., Culos-Reed, N. (2014). The feasibility and Benefits of a 12-Week Yoga Intervention for Pediatric Cancer Out-Patients. *Pediatric Blood & Cancer, 61,* 1828-1834.

Yamakawa, G., Salberg, S., Barlow, K.M., Brooks, B.L., Esser, M., **Yeates, K.O.,** and Mychasiuk, R. (2017). Manipulating cognitive reserve: Pre-injury environmental conditions influence the severity of concussion symptomology, gene expression, and response to melatonin treatment in rats. *Experimental Neurology, 295*, 55-65.

Yeates, K. O., Beauchamp, M., Craig, W., Doan, Q., Zemek, R., Bjornson, B. H., Gravel, G., Mikrogianakis, A., Goodyear, B., Abdeen, N., Beaulieu, C., Dehaes, M., Deschenes, S., Harris, A., Lebel, C., Lamont, R., Williamson, T., Barlow, K. M., Bernier, F., Brooks, B. L., Emery, C., Freedman, S. B., Kowalski, K., Mrklas, K., Tomfohr-Madsen, L., & Schneider, K., on behalf of Pediatric Emergency Research Canada (2017). Advancing Concussion Assessment in Pediatrics (A-CAP): a prospective, concurrent cohort, longitudinal study of mild traumatic brain injury in children: study protocol. BMJ Open, 7, e017012 (doi: 10.1136/bmjopen-2017-017012).

Yeates, K.O., Tang, K., Barrowman, N.J., Freeman, S.B., Gravel, J., Gagnon, I., Sangha, G., Boutis, K., Beer, D., Craig, W., Burns, E., Farion, K., Mikrogianakis, A., Barlow, K.M., Dubrowsky, A.S., Meeuwisse, W., Gioia, G., Meehan, W., Beauchamp, M.H., Kamil, Y., Grool, A.M., Hoshizaki, B., Anderson, P., Brooks, B.L., Vassilyadi, M., Klassen, T., Keightley, M., Richer, L., DeMatteo, C., Osmond, M., & Zemek, R. (2018). Derivation and initial validation of clinical phenotypes of children presenting with concussion acutely in the Emergency Department: Latent class analysis of a multicentre, prospective cohort, observational study. Journal of Neurotrauma.