



CBT Associates



Clinical Psychology Residency Program

2021-2022 Academic Year

Director of Training: Khush Amaria, Ph.D., C.Psych.

Professional Practice Leader: Peter Farvolden, Ph.D., C.Psych.

For more information, please visit:

www.cbtassociates.com

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Who We Are

Since 2002, CBT Associates has helped people become happier and more productive by assisting clients in overcoming feelings and behaviours that negatively impact their everyday lives. Dr. Peter Farvolden and Dr. Eilenna Denisoff were previously working in the Mood and Anxiety Program and the Clinical Research Department at the Centre for Addiction and Mental Health (CAMH). They opened their practice together in response to the overwhelming demand they saw for high-quality and evidence-based psychological treatment.

Evidence has demonstrated that Cognitive Behavioural Therapy (CBT) is effective in helping people to overcome a variety of problems and achieve a healthier and more balanced approach to life. However, access to this treatment has, historically, been a challenge. Over the past decade, Drs. Denisoff and Farvolden expanded their practice to meet this need and today they work with a growing group of over 70 like-minded psychologists, social workers and registered psychotherapists to provide effective, efficient, evidence-based treatment at 3 locations in the Greater Toronto Area, including Etobicoke, North York, and Downtown Toronto. They have found that this group practice approach allows them to provide access to the broadest base of clinical expertise and provide a tailored approach for the best outcomes.

Due to COVID-19, CBT Associates is working remotely and providing services to our clients by both video, email and telephone. Our secure video options enable us to be fully operational during this time.

Today, CBT Associates provides personalized, compassionate, respectful and discreet treatment with the highest level of professional care, focusing on leading-edge, evidence-based Cognitive Behavioural Therapy to help children, adolescents and adults of all ages in sessions for individuals, groups, couples, and families. The spirit of our approach is active, compassionate, and genuine. We collaborate with clients and develop a treatment plan that works for them.

As psychologists, we are trained to be scientist-practitioners. This means that our practice is guided by the best evidence provided by current research on what works for common problems. The treatments and techniques we employ have been shown to be most effective in reducing symptoms and improving the quality of life for people experiencing anxiety, mood, stress, and relationship problems. Through our evidence-based practice, we strive to integrate the best research and evidence with our clinical expertise and our clients' values.

Philosophy of Training

The Clinical Psychology Residency Program is committed to the Scientist-Practitioner model, which is reflected through the use of Cognitive Behavioural Therapy (CBT) as our main treatment modality.

Research has indicated that the way we think and behave powerfully affects our emotions. CBT helps clients change their negative and anxious thoughts and behaviours, so they can feel and function better, in order to improve quality of life. Rigorous clinical trials have proven that CBT is effective in improving symptoms of depression, anxiety, PTSD, psychosis, amongst other conditions.

Through an evidence-based education, Residents will learn how to collaborate with clients to design personalized case conceptualizations and evidence-based treatment plans that may also integrate a number of related therapeutic approaches. These include, but are not limited to, Motivational Interviewing (MI), Acceptance and Commitment Therapy (ACT), Mindfulness Meditation, Mindfulness-Based Stress Reduction (MBSR), Mindfulness-Based Cognitive Therapy (MBCT), and Dialectical Behaviour Therapy (DBT). Residents within our program are encouraged to anchor their clinical service in a thorough review of existing scientific literature and evaluate their interventions systematically.

CBT Associates is committed to assisting Residents in developing advanced clinical skills in CBT, and to providing effective and evidence-based treatment to clients. This immersive experience will ensure that Residents develop assessment, treatment, consultation and ethical skills to prepare them to work as independent practitioners.

The Clinical Psychology Residency Program is accredited by the Canadian Psychological Association (CPA). CBT Associates is the first private practice in Canada to be awarded accreditation status. The CBT Associates Clinical Residency Program is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC – Program Member Code #1870). Our National Matching Service (NMS) match number is #187011. We are also a member of The Canadian Council of Professional Psychology Programs.

Goals of Training

The primary aim of the CBT Associates Clinical Residency Program is to prepare Residents to become competent and autonomous Clinical Psychologists. Residents will develop skills and knowledge in the areas of diagnosis, assessment, treatment, consultation, as well as professional and ethical issues and Supervisory skills. Residents are expected to think critically not only about the services they offer to clients but also about the clinical decisions they make. These decisions are based upon data collected in the therapeutic and assessment context and be informed by empirically supported research. As such, Residents are expected to develop core competencies in the following 8 areas, with an emphasis on assessment, intervention, consultation and interprofessional collaboration, and professional ethics and standards:

Assessment – Assessments are conducted to develop each Resident’s competence in assessment, diagnosis, case conceptualization, and to provide recommendations for treatment and interventions. The expectation is that Residents will become proficient with the psychological assessments that are specific to their training rotations including the administration, scoring, interpretation, and communication of results from structured diagnostic interviews and psychological tests.

Intervention - To ensure that Residents are competent in planning and providing a range of psychological treatments through individual, group, and couples- or family-based interventions. Residents will understand the basis of treatment formulation including empirically supported interventions, development of treatment goals, and psychotherapeutic strategies. Residents will demonstrate an understanding of the process issues related to intervention. The focus at CBT Associates is clearly on evidence-based practice within the CBT umbrella (including ACT, DBT, MBCT, CPT). Exposure to other modalities such as EMDR, EFT, and IPT will be available via in-house seminars and rounds, as well as in application, if agreed upon by Residents and Supervisor.

Consultation and Interprofessional Collaboration - Residents are expected to develop the personal skills and attitudes necessary for practice as a psychologist within a suitable interprofessional framework, including oral and written communication skills, consultation skills, and the ability to work competently with and/or lead other mental health and healthcare professionals. Within our private practice setting, there are often opportunities to coordinate care with other treating professionals such as psychiatrists or family physicians, as well as case managers and school personnel.

Professional Ethics and Standards - Training aims to ensure that Residents develop awareness, knowledge, and application of ethical and professional principles of psychology in clinical activities so that they will aspire to the highest ethical and professional standards in future professional roles. Residents are expected to demonstrate a comprehensive knowledge and a keen sensitivity to professional ethics

in terms of ethical standards, codes of conduct, different legislation relating to psychology and obligations under the law. Training aims to help prepare Residents for registration with the College of Psychologists of Ontario, as well as other state and provincial licensing boards.

Development of Supervisory Skills - Residents may have the opportunity to provide supervision to junior therapists – practicum students and, if suitable, other MA-level therapists (registered psychotherapists and social workers) in individual or group-based services. If Residents pursue these experiences, they receive guidance from their Supervisor. Additionally, Residents will gain knowledge of the literature that is available on supervision through readings. Opportunities to also provide ad hoc mentorship to our cohort of other MA-level therapists (registered psychotherapists, social workers, e-therapists) also exist and will be further developed as the digital service expands.

Professional Development - Educational events at CBT Associates are held on a regular basis, and Residents are required to attend. Educational opportunities include in-house training seminars, and rounds focused on CBT Skills, clinical treatment, assessment, disability management and supervision rounds. Residents are expected to participate in active learning by conducting and attending presentations and seminars, as well as keeping abreast of current literature. In addition, our Residents are expected to attend the GTA Residency Consortium seminar series (bi-monthly).

Cultural Diversity - Residents are exposed to clients and staff from diverse cultural backgrounds. Training focuses on becoming aware of and sensitive to cultural and individual differences in the context of their work as psychologists. Opportunity for a pro-bono case (with approval of Supervisor) and to make partnerships with local community health agencies are available.

Program Development and Evaluation - To enhance the scientist-practitioner approach by training Residents in program evaluation research, and exposing them to other forms of clinical research, within a clinical setting. Opportunities for program development and evaluation vary from year to year, but include evaluation of Intake process, evaluation of outcomes in clinics, and TAI-CBT evaluation.

Supervision and evaluation is completed on an ongoing basis and in a consistent format. Supervision is provided by staff licensed to provide psychology services in the province of Ontario. As indicated in the Canadian Psychological Association (CPA) guidelines, a minimum of four hours of supervision per week is provided to Residents by doctoral level psychology staff. Supervision is structured in order to meet the Resident's level of competence. Supervision activities are individualized to each Resident's specific training needs and entry-level skills, and will include both group and individual supervision. As Resident's competence increases, supervision becomes more consultative and collaborative in nature. Residents are evaluated on their progress at intervals of three months, for a total of 4 evaluation points by their Supervisors. Feedback will be provided to the Resident's Director of Training at all evaluation points. Residents provide feedback on Supervisors and rotations at the same intervals also.

Program Structure

The Clinical Residency Program will run from September 1 through August 31 (i.e., first business day in September to the last business day in August), and requires the completion of 1600 hours of supervised practice. We have three Resident positions available. Residents are scheduled for 40 hours per week, with specific schedule to be determined at the outset of the Residency in collaboration with the Resident's Clinical Supervisors and Director of Clinical Training. Residents will be required to work at least two evenings per week between 5 p.m. and 9 p.m., unless agreed upon between Resident and Director of Training.

Residents typically spend at least two days at the Downtown location to participate in didactic rounds and group supervision treatment rounds. Residents often work at more than one CBT Associates location. Services provided by Residents would be similar at all locations. Residents are assigned to these locations based on preference, supervision needs and suitable referral volume. Administrative supports and senior clinicians are comparable at each location.

Residents will spend a minimum of 50% of their Residency in *direct* client contact (approximately 12-15 hours per week) and have protected time for supervision, training and a half-day for dissertation work. For some Residents, clinical contact may also include work through BEACON™, which is a new digital platform developed by CBT Associates to enhance traditional in-person CBT sessions, and provide a standalone internet-based CBT approach, providing evidence-based protocol-driven treatment under the guidance of a therapist.

In addition to their clinical work, Residents will also participate in report-writing, clinical readings, educational and didactic seminars, and supervision. Residents may also have the opportunity to work on evaluation projects within the clinic, such as analyzing outcome data for our new digital platform or our clinical service partnerships with mental health agencies.

Each Resident will receive a minimum of four hours of supervision per week by a doctoral-level, registered psychologist. Clinical Supervisors are available across locations, and would supervise Residents at, and across, locations. Styles of supervision will vary between Supervisors, and may include discussion of clinical cases, professional development and mentorship, observing and being observed while providing clinical services, video or audio recording of sessions, and formal case presentations. Residents will be assigned a minimum of two Supervisors based upon their expression of interest and availability of the Supervisor. Both Supervisors meet weekly with each Resident (2 hours with their primary and 1 hour with secondary Supervisor). An additional facilitated Group Supervision session, occurs weekly, as well. Supervision may be provided in individual and/or group formats, in addition to attending weekly interdisciplinary team meetings,

psychology seminars, and case conferences.

Supervisors provide a graduated experience of increasing autonomy, depending upon the experience and comfort level of the individual Resident. Residents are encouraged to dialogue with their Supervisors as to when they feel ready to take on more autonomy, or if they have been given too much. Built into the program is also the ability for the Residents to be supervised on their supervision of junior practitioners.

Successful completion of the Residency involves:

- Completion of 1600 hours
- Participate in at least one group treatment (e.g., MBCT or DBT Skills groups) or couples- or family-based treatment
- Case presentation in the CBT rounds
- Participation in training rounds and seminars
- Evaluation by the primary and secondary Supervisor around readiness for supervised practice

Didactic Seminars

Residents will be required to attend a number of didactic seminars over the course of the Clinical Residency.

Facilitated Weekly Assessment/Treatment Rounds are one hour in length, and are focused on diagnostic assessment, treatments and interventions, ethics, case presentations and professional development.

Monthly CBT Clinical Skills rounds focused on specific CBT strategies, are two hours in length, and include discussions around the theory and application of evidence-based therapeutic strategies.

Residents are also required to attend monthly In-House Training sessions that are focused on the development and enhancement of CBT skills for numerous clinical conditions. These training sessions are two hours in length and facilitated by Psychologists, or other experts as scheduled.

In total, the didactic training averages to 3 hours of training per week of the Residency.

Clinical Rotations

Residents within our program will anchor their clinical service in a thorough review of existing scientific literature on empirically-validated treatments, and evaluate their interventions systematically. Residents will focus on developing their skills in *Assessments, Intervention and Consultation*.

Although *assessments* may vary depending upon the specific referrals, in general, Residents will be expected to demonstrate proficiency in psychodiagnostic assessment with structured clinical interviews, as well as behavioural, personality, and cognitive assessment measures, where appropriate. Our model of training allows for experience with diverse clinical populations and presentations.

Regarding *intervention*, Residents at CBT Associates will develop proficiency in the use of empirically and theoretically based approaches to therapy with a diverse client population specific. This will include supervision and training in various psychotherapy modalities and may include individual, group, and in some cases, couples or family therapy. Although CBT training will be the primary modality of treatment and training, other forms of therapy may be incorporated into the training program, such as DBT, MBCT and ACT.

Concerning *consultation*, Residents are expected to develop the personal skills and attitudes necessary for practice as a psychologist within a multidisciplinary framework, including oral and written communication skills, consultation skills, and the ability to work competently with other healthcare professionals. Residents may be involved in interacting with professionals within CBT Associates and with professionals from community agencies regarding the care and treatment of clients. This also provides Residents with an opportunity to engage in the multiple roles of a psychologist including clinician, teacher/Supervisor, evaluator/researcher, administrator, and leader.

The Clinical Residency Program has been segmented into several rotations based on client populations. All Residents will be required to complete clinical work within the Adult Mental Health and Intake Consultation rotations. Residents may also elect to complete additional training in the Child and Adolescent Mental Health and BEACON™ rotations.

Clients will be assigned to Residents on the basis of their clinical interests, to meet expectations for diversity, breadth and depth of training and availability of referrals.

ADULT MENTAL HEALTH ROTATION

In this year-long rotation, Residents will work with clients, aged 18 to 64 years old, from diverse backgrounds and clinical presentations. Often referrals include individuals suffering from Major Depressive Disorder, Bipolar Disorder, Schizophrenia, Substance Abuse Disorders, Panic Disorder, Agoraphobia, Specific Phobias, Social Anxiety Disorder, Generalized Anxiety Disorder, Illness Anxiety Disorder, Obsessive Compulsive and related disorders, Post-traumatic Stress Disorder and related disorders, and Eating Disorders. Clients may also present regarding issues related to grief, relationships, stress, and occupational difficulties, among other stressors. Opportunities for group and couples work is included.

CHILD AND ADOLESCENT MENTAL HEALTH ROTATION (MINOR ROTATION)

In this 6-month or full-year (1 day/week) rotation, Residents will work with clients, aged 5 to 17 years old, Often referrals include individuals experiencing from Attention Deficit Hyperactivity Disorder (ADHD), Learning Disabilities, Major Depressive Disorder, Substance Abuse Disorders, Panic Disorder, Agoraphobia, Specific Phobias, Social Anxiety Disorder, Selective Mutism, Generalized Anxiety Disorder, Illness Anxiety Disorder, Separation Anxiety Disorder, Obsessive Compulsive and related disorders, Post-traumatic Stress Disorder and related disorders, and Eating Disorders. There may also be opportunities to conduct psychoeducational assessments for ADHD and Learning Disabilities, giftedness, developmental delays and autism spectrum disorders, to consult with schools and primary care/psychiatrists or child development agencies.

BEACON™ ROTATION (MINOR ROTATION)

In this 6-month or full-year (1 day/week) rotation, Residents have the opportunity to be involved in diagnostic assessments and treatment through our BEACON platform, which is a Therapist-Assisted internet Cognitive Behavioural Therapy (TAiCBT) platform. TAiCBT involves using digital technology to administer diagnostic assessments and to deliver protocol-driven evidence-based treatment tools (e.g., psychoeducation, skills training, homework, outcome measures) to clients. Clients are assisted in using these tools by the therapist, who provides tailored feedback and support via secure messaging and phone calls. Opportunities for program evaluation and training and consultation to inter-professionals is available as part of this rotation.

INTAKE CONSULTATION (MINOR ROTATION)

In this 6-month or full-year (1 day/week) rotation, Residents spend one ½ day per week providing consultation to the Intake Team/Coordinators – focusing on completing “intake” type calls and requests, reviewing diagnostic information and treatment needs for potential clients with Intake Team members, and providing general teaching, oversight and/or consultation to intake team on triage needs and alternative treatment supports. Supervision is provided by a Senior Clinical Director.

Resident Evaluation

The evaluation process is designed to be iterative and meaningful to the development of the Resident and Residency program design. Overall, we expect the evaluation to maximize the learning and competency development of each Resident, while also including constructive review of areas of development (and strengths) and progress of individual goals and objectives. Formal written evaluations are completed by Supervisors at the mid-and final-points of each 6-month or year-long rotation, with opportunity for a 9-month evaluation for year-long rotation. Evaluations are reviewed in a face-to-face meeting with the Resident; any areas of concern are addressed collaboratively with the Director Training.

Residents complete formal written evaluations of their Supervisors and their rotation at the mid-and final-points of each 6-month or year-long rotation, which are reviewed with the Director of Training. Together with the Director of Training, these provide opportunities for the Residents to review their program and to elicit suggestions and recommendations for improvements to the program during their Residency (when applicable).

Finally, Residents complete formal written evaluations of their Supervisors at the mid-and final-points of each 6-month or year-long rotation, which are reviewed with the Director of Training. Feedback to Supervisors is provided after their own evaluations of Residents, and when possible, shared in an aggregate and/or anonymous manner. Any urgent areas of concern are addressed collaboratively with the Director Training/Professional Practice Lead, Residents and/or Supervisor. Residents also met with the Director of Training regularly throughout the year to elicit informal (e.g., during rounds) and formal feedback (e.g., individual and group meetings, at minimum every 3 months).

Dispute and Remediation Procedures

Full dispute and remediation procedure details can be found in “The Identification and Management of Resident Performance and Concerns” policy document, which is provided at the outset of the Residency.

In the event of Resident performance issues, as identified by the Supervisor or other members of CBT Associates, the Supervisor will first discuss any concerns with the Resident. Informal remediation procedures would be discussed and implemented. If concerns persist, the Director of Training, and/or the Professional Practice Leader may

wish to meet with the Resident to discuss further remediation and training options, at which time, a formal written description of the issue, as well as a performance remediation plan would be initiated.

In the event of difficulties or concerns with any aspect of the Residency program, Residents are encouraged to contact their Supervisors to determine an appropriate plan to resolve the issue. Should the Supervisor be unable to resolve the issue, the Resident may contact the Director of Training, or the Professional Practice Leader. Should the issue be related to matters involving the training director or professional practice lead, the Resident may approach the other Clinical Directors or Human Resources.

Residents will have the opportunity to discuss and appeal any decisions made by the Director of Training related to these matters.

Accreditation

The CBT Associates Clinical Residency Program is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC - Program Member Code #1870). Our National Matching Service (NMS) match number is # 187011. We are also a member of The Canadian Council of Professional Psychology Programs.

The Clinical Psychology Residency Program is accredited by the Canadian Psychological Association (CPA). CBT Associates Clinical Residency Program is the first private practice in Canada to be awarded accreditation status.

The CPA Accreditation Office can be found at the address below:

[Office of Accreditation – Canadian Psychological Association](#)

141 Laurier Avenue West, Suite 702

Ottawa, Ontario

K1P 5J3

Phone: 1-888-472-0657; (613) 237-2144

Email: accreditationoffice@cpa.ca

Stipend

For the full Academic year, full time Residents will receive a stipend that will consist of \$35,000, paid in biweekly installments. Full time Residents will also receive a conference attendance allowance of \$1,000 and will be provided with \$500 to purchase relevant training manuals. Client billing, or number of clients seen, have no effect on Resident compensation or evaluation.

Residents will receive 15 working days of vacation and 5 business days to attend conferences, defend their dissertation or attend job interviews. Specific dates will be determined between the Resident, Supervisor and Director of Clinical Training.

Application Process

Qualifications

All candidates must be enrolled in a CPA- or APA-accredited Clinical Psychology Doctoral program, or equivalent, and have completed some CBT coursework prior to application submission. Three Resident positions are currently available.

Prior to commencing the Residency, Residents must have completed all requirements of their doctoral program, excluding the completion of their dissertation. A minimum of 600 practicum hours, including at least 300 direct client contact hours (i.e. assessment and/or group and individual treatment), will also be required. Practicum experience with diverse clinical populations, and treatment using CBT, are preferred.

Applicants will be required to provide a cover letter, along with their application, outlining their training goals for the Clinical Residency, including two to three Supervisors of interest. The cover letter should also describe their interest in working at CBT Associates, the rationale behind their didactic and practicum training experiences, as well as how these experiences will prepare them for the Clinical Residency Program. Applications will be submitted electronically through the APPIC online application system (see below), and will be reviewed by the Clinical Directors at CBT Associates. Top rank-ordered applicants will be offered an interview, either by phone or in person, depending on Resident and Review Committee availability.

CBT Associates is committed to offering equal opportunity employment and encourages applications from all qualified individuals regardless of race, religion, cultural or ethnic background, gender, sexual preference, and disability. The program will make all efforts to ensure program access to those with disabilities by ensuring the accessibility of the physical site and by making further necessary accommodations on a case-by-case basis through liaison with the Director of Training and Professional Practice Leader.

Applications:

The deadline for receipt of applications is November 2, 2020.

Applicants must register for the Residency Match, using the online registration system on the Match website: <http://www.natmatch.com/psychint>

Applications are to be submitted using the AAPI Online Centralized Application Service. Please do not mail any printed documents to CBT Associates. The AAPI Online may be accessed at <http://www.appic.org> by clicking on "AAPI Online."

Applications for the CBT Associates Clinical Psychology Residency should include:

- (1) APPI Online Application
- (2) Cover Letter
- (3) Graduate Transcripts
- (4) Curriculum Vitae, including educational background, clinical experience, research experience, administrative experience, publications and presentations, awards and scholarships, and relevant workshops and seminars taken.
- (5) Three letters of reference, including from one individual familiar with the applicant's research skills, and another individual familiar with the applicant's clinical skills. Referees must use the APPIC Standardized Reference Form (SRF). Please ensure that you have informed your referees about this requirement.
- (6) Supplemental Material: A case conceptualization of an assessment and treatment of a client. This should include the presenting problem, relevant background information, psychodiagnostic and/or psychometric testing, CBT case conceptualization, and treatment progress, including specific interventions.

The interview notification date will be December 10, 2020.

Virtual interviews will take place between January 11 and January 22, 2021.

Questions regarding the Clinical Residency Program or Application Process should be directed (preferably by email) to:

CBT Associates Clinical Residency Program Office

Tel: 416-499-6373

Email: Residency@cbtassociates.com

Contact for Director of Training:

Khush Amaria, Ph.D., C.Psych

Director of Training

CBT Associates

181 University Avenue, Suite 1101

Toronto, ON, M5H 3M7

Tel: 416-363-2644

Fax: 416-363-9183

Email: dramaria@cbtassociates.com

For more information about CBT Associates: www.cbtassociates.com

COVID-19 Statement:

If you had placements and/or requirements that were negatively impacted by the COVID-19 pandemic, please request that your Director of Clinical Training highlight the nature of this impact in their portion of the APPIC application. If you had placements that were cancelled or prematurely terminated, please describe the training and hours that were anticipated in your cover letter. In the event that your hours fall short of the minimal requirements due to COVID-19, this shortfall will not be held against you.

Clinical Supervisors

Dr. Rixi Abrahamsohn, Ph.D., C. Psych.

Available to supervise Residents in the Adult Mental Health Rotations

Dr. Rixi Abrahamsohn received her Ph.D. in psychology from the Ontario Institute for Studies in Education at the University of Toronto. She completed her predoctoral Residency training at the Centre for Addiction and Mental Health (CAMH) in the Mood and Anxiety Program. Her areas of interest and expertise include diagnostic assessment and the treatment of mood and anxiety disorders. Dr. Abrahamsohn has extensive experience providing cognitive behavioural therapy (CBT) in a variety of inpatient and outpatient settings.

At CBT Associates, Dr. Abrahamsohn provides individual treatment for adults with social phobia, panic disorder, generalized anxiety disorder, obsessive-compulsive disorder, post-traumatic stress disorder, depression, and interpersonal and relationship issues.

Dr. Abrahamsohn is a member of the College of Psychologists of Ontario (CPO), Canadian Association of Cognitive Behavioural Therapies (CACBT) and the Ontario Psychological Association (OPA). Dr. Abrahamsohn is also CACBT-ACTCC Certified in Cognitive Behavioural Therapy.

Dr. Khush Amaria, Ph.D., C.Psych., Senior Clinical Director

Available to supervise Residents in the Adult Mental Health and the Child/Adolescent Mental Health Rotations

Dr. Khush Amaria joined CBT Associates in 2008 as a Clinical and Health Psychologist in supervised practice, while working full-time at the Hospital for Sick Children (SickKids). In Dr. Amaria's most recent role at SickKids (2010-2018), she served as the Team Lead for the Good 2 Go Transition Program—a hospital-wide consultation and program development service in the field of healthcare transitions. In this position, Dr. Amaria worked to build evidence-based practices that supported the transition and empowerment of youth with special health care needs through, both their own development, and the health care system.

In September 2017, Dr. Amaria increased her time at CBT Associates to serve as the interim Clinical Director of the Child and Adolescent Program. As of September 2018, Dr. Amaria transitioned full-time into the role of Senior Clinical Director, while continuing to lead the Child and Adolescent Program.

Dr. Amaria provides treatment for children, adolescents, and adults with anxiety disorders, depression, adjustment difficulties, parent-child relational difficulties, and other health- and coping-related problems. As part of her interest in community outreach, Dr. Amaria is involved in supporting parents, educators and caregivers on a variety of topics related to general child and adolescent development, mental health in children and youth, social skills and risk-taking behaviours in adolescence. She has been invited to teach workshops on cognitive behavioural therapy (CBT) for children, adolescents and adults to mental health care providers across Ontario.

Dr. Amaria is a member of the College of Psychologists of Ontario (CPO), Canadian Association of Cognitive and Behavioural Therapies (CACBT-ACTCC) and the Ontario Psychological Association (OPA). She is credentialed as a CACBT-ACTCC Certified Cognitive Behavioural Therapist.

Dr. Jennifer Carey, Psy.D. C.Psych.

Available to supervise Residents in the Adult Mental Health and the Child/Adolescent Mental Health Rotations

Dr. Jennifer Carey is a clinical psychologist who received her PsyD from Pacific University in Portland, Oregon. She completed her predoctoral internship and postdoctoral training at the University of Rochester in Rochester, New York. Before moving to Toronto, she worked in a range of settings including a community clinic, juvenile day treatment facility, anxiety clinic, and academic setting.

Dr. Carey has experience utilizing CBT, dialectical behavior therapy (DBT), and mindfulness to provide comprehensive evidenced based treatment to a range of individuals. She has worked with a variety of presenting concerns from depression and anxiety to trauma, low self-esteem, and relationship issues.

Dr. Carey's therapy style is compassionate but direct. She believes in using evidenced based treatments tailored to the individual client to decrease suffering and increase quality of life.

Dr. Janine Cutler, Ph.D., C.Psych.

***Available to supervise Residents in the Adult Mental Health Rotations
(including couples-based therapies)***

Dr. Janine Cutler graduated in 1994 with a Ph.D. in clinical psychology from the University of Manitoba. Dr. Cutler works with adults and provides individual, couples and group therapy. She has been providing clinical services in a private practice setting since 1988. For the past 20 years, she has specialized in the areas of clinical and forensic psychology.

While residing in Manitoba, Dr. Cutler worked as a Program Manager at the Canadian Mental Health Association, prior to working at Stony Mountain Institution as the Mental Health Psychologist and then the Senior/Chief Psychologist. Subsequent to leaving Stony Mountain Institute, Dr. Cutler worked full-time in a private practice clinic. After moving to Ontario in 2006, Dr. Cutler worked at Whitby Mental Health Centre prior to taking the position of Chief of Psychology at the Ontario Correctional Institute, which is a treatment facility. She then became the Senior/Chief Psychologist at Grand Valley Institution for Women and returned to full-time work within a private practice setting in 2010.

Dr. Cutler has expertise in conducting psychological, medical-legal, and psychological risk assessments. She also has experience and an interest in the treatment of anxiety and mood disorders; personality disorders; physical, emotional and sexual abuse; post-traumatic stress; loss and grief; relationship issues; domestic violence; anger and emotion management; stress management; mindfulness; work-related issues and substance use. Dr. Cutler has widely used cognitive behavioural therapy (CBT) within the mental health and correctional systems and in private practice. She also has training in dialectical behavioural therapy (DBT) and has been trained to provide workshops and training in the area of compassion fatigue and vicarious trauma.

Dr. Cutler is a member of the College of Psychologists of Ontario (CPO), the Ontario Psychological Association (OPA), the Canadian Psychological Association (CPA), the Canadian Association of Cognitive and Behaviour Therapies (CACBT), the Canadian Register of Health Service Providers in Psychology (CRHSPP), and the Association of State and Provincial Psychology Boards (ASPPB) Mobility Program.

Dr. Peter Farvolden, Ph.D., C.Psych., Senior Clinical Director

Available to supervise Residents in the Adult Mental Health, the Child/Adolescent Mental Health and the BEACON Rotations

Dr. Farvolden became interested in Clinical Psychology when he worked as a Child and Youth Worker at a Residential Treatment Centre for Children and Adolescents. He was impressed enough by the transformative power of talk therapy to pursue a PhD in Clinical Psychology from the University of Waterloo, where he received his initial training in the scientist-practitioner model and evidence-based treatment.

Dr. Farvolden has worked as a researcher, clinician and administrator in a wide variety of inpatient and outpatient settings, including the Hamilton Health Sciences Centre, The University Health Network, and the Centre for Addiction and Mental Health (CAMH). He holds university appointments in the Department of Psychiatry at the University of Toronto and the Departments of Psychology at the University of Waterloo and Ryerson University. In his research, he has focused on basic processes in personality and psychopathology as well as the pharmacological and psychological treatment of mood and anxiety disorders.

As a scientist-practitioner, his clinical practice is guided by the best evidence provided by current research on what works best for whom. He is passionate about delivering sensitive, compassionate, informed and effective treatment and believes that great things happen when we strive to integrate the best research and evidence with our clinical expertise and our clients' values. Dr. Farvolden believes strongly that people receive the best care in the context of a large team of like-minded professionals who hold each other to the highest standards.

At CBT Associates, Dr. Farvolden provides cognitive behavioural therapy (CBT) for children, adolescents, and adults with anxiety disorders, depression, and stress-related problems. He provides supervision to psychologists during their supervised practice year with the College of Psychologists of Ontario (CPO) and peer consultation to his colleagues at CBT Associates. He gives inspired talks to a variety of audiences, including communities, professionals, and employers.

Dr. Farvolden is a member of the College of Psychologists of Ontario (CPO), the Association for Behavioral and Cognitive Therapies (ABCT), the Anxiety Disorders Association of America (ADAA), the Canadian Psychological Association (CPA), the Canadian Association of Cognitive Behavioural Therapy (CACBT), and the Ontario Psychological Association (OPA).

Dr. Andrew Gentile, Ph.D., C.Psych.

Available to Supervise Residents in the Adult Mental Health Rotations

Andrew Gentile received his PhD in clinical psychology from Hofstra University and completed his predoctoral residency at Mount Sinai Beth Israel Hospital in New York City. Prior to that Andrew completed a two-year research fellowship at the Karolinska Institute in Stockholm, Sweden where his research focused on developing Internet-Cognitive Behavioral Therapy interventions for Body Dysmorphic Disorder delivered to an international patient population.

Dr. Gentile's clinical practice is focused on the delivery of Cognitive Behavioral Therapies for adults for a wide range of clinical problems. In addition to working with depression and anxiety issues which are among the most common presenting concerns, he has extensive experience working with body image concerns as well as those suffering from chronic emotion dysregulation and self-harm. He has received specialized training in Acceptance and Commitment Therapy (ACT) and Dialectical Behavior Therapy (DBT) for a variety of diagnostic presentations. As such his focus goes beyond just symptom reduction. Instead, he works collaboratively with clients to help them build fuller, more meaningful lives that are in line with their own chosen values.

Dr. Gentile is a member of the College of Psychologists of Ontario, Ontario Psychological Association (OPA), and the Association of Behavioral and Cognitive Therapies (ABCT).

Dr. Leorra Newman, Ph.D., C.Psych.

Available to supervise Residents in the Adult Mental Health Rotations

Dr. Leorra Newman received her Ph.D. in Clinical Psychology from Ryerson University. She completed her predoctoral clinical internship at Sunnybrook Health Sciences Centre and North York General Hospital, with specializations in treatment of obsessive compulsive disorder, eating disorders, and psychological effects of cancer diagnoses or treatment. Dr. Newman has also received clinical training at St. Michael's Hospital (Department of Family and Community Medicine), the Centre for Addictions and Mental Health (Psychological Trauma Program and Alternate Inpatient Milieu), and at Ryerson University (Sleep and Depression Lab and Anxiety Research and Treatment Lab).

Dr. Newman has conducted research on mindfulness approaches to anxiety and factors affecting individuals' treatment choices for anxiety-based problems, as well as neuroscientific research on memory and sensorimotor function.

At CBT Associates, Dr. Newman provides assessment and cognitive behavioural therapy for a variety of anxiety, mood, stress-related, and physical concerns, as well as insomnia. She has experience incorporating approaches that include mindfulness, distress tolerance, and emotion regulation skills such as Acceptance and Commitment Therapy (ACT) and Dialectical Behaviour Therapy (DBT). Treatment is tailored to individual clients' needs. Dr. Newman is a member of the College of Psychologists of Ontario (CPO).

About Toronto



Toronto is Canada's largest city and home to one of the most culturally diverse populations, consisting of over 2.8 million people. The city is a jewel on the shore of Lake Ontario. It is sometimes referred to as the "New York City of Canada" because of the range of activities, entertainment, diversity and environment.

Toronto has a variety of exciting places and events to see. The variety of museums, such as the Royal Ontario Museum, the Art Gallery of Ontario, and the Ontario Science Centre can fill a day with fun and adventure.

One of the most well-known structures in the world that graces Toronto's skyline is the CN Tower. It measures a height of 553.33 meters and is known as "Canada's National Tower". With its glass floor and revolving restaurant at the top, it offers spectacular views of the city. Situated next to the CN Tower is one of the most dynamic entertainment centers in the world – Rogers Centre, home to the Toronto Blue Jays. The Rogers Centre hosts over 200 events yearly and is known for its retractable roof. In addition, Toronto has many parks and beautiful beaches that can provide a peaceful escape from the city life. Less than two hours away is Niagara Falls and the American Border, for weekend road trips.