

Residency in Clinical Psychology

2026-2027 Academic Year

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505 Eglinton Avenue West, Suite 200, Toronto

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Clinic Philosophy



At the Centre for MindBody Health (CMBH), mental health and wellness are our priorities. CMBH was launched in 2014 by clinic founders, Dr. Shelley McMain and Dr. Shari Geller, Registered Psychologists with the College of Psychologists and Behaviour Analysts of Ontario (CPBAO). Our Co-Directors are internationally recognized by authorities in Dialectical Behavior Therapy (DBT) (Dr. McMain), and Emotion Focused Therapy (EFT) and Self-Compassion Therapy (Dr. Geller). Drs. McMain and Geller oversee an expert team of Clinical Psychologists, Registered Social Workers, and Registered Psychotherapists whose attention to excellence in evidence-based mental health treatments is a core tenet of our professional practice.

As a clinic, we are committed to continuously building upon our skills, ensuring our clinicians remain at the forefront of psychotherapy advancements. Our commitment to excellence in psychotherapy and being the very best in our fields extends to our professional community as we offer exceptional training and workshops with international expert clinicians and researchers.

CMBH upholds several core values:

- **Authenticity**
Authentic connections are our foundation. We value open, honest communication and celebrate the uniqueness of our clients' and clinicians' individual journeys.
- **Community/Team**
We believe in the strength of community and teamwork, striving to create a nurturing environment for a shared sense of purpose and belonging.

- **MWe (Me + We)**
Drawing from Dr. Daniel Siegel’s work, we are committed to fostering meaningful connections. Our focus emphasizes self-discovery and building strong community ties for shared growth.
- **Integrity**
Adhering to the highest ethical standards, we emphasize transparency as a cornerstone in building trust within our relationships with clients, team members, and the wider community.
- **Innovation and Growth-Oriented**
We foster a culture centered around innovation and advancement that meets the ever-evolving needs of our clients and the broader clinical community. This dedication ensures excellence in mental health care and skill building, aligning with our commitment to training and continuous improvement.
- **Commitment**
The well-being of our clients and community is a beacon for all we do. This commitment begins with an exceptional psychotherapy service; it fosters a supportive team environment that promotes continuous learning, growth, and wellbeing for our clinical team.
- **Equity, Diversity, Inclusion and Justice**
At CMBH, we recognize that matters of equity, diversity, inclusion, and justice are integral to our mission. We are committed to fostering an environment that not only respects but also celebrates the diverse backgrounds and identities of our clients, clinicians, and community members. By embracing an anti-racist stance, we actively work to dismantle systemic inequalities and promote a culture of safety, inclusivity and justice. Our dedication to these principles is woven into our core values, ensuring that every individual feels seen, heard, and valued in their unique journey toward healing and growth.

CMBH Residency Program Philosophy, Mission and Model

Mission

The Centre for MindBody Health (CMBH) believes that effective psychological practice requires the integration of scientific and professional knowledge, skills, and attitudes paired with a focus on antiracist and anti-oppressive practices. As such, CMBH's residency training program incorporates diverse psychological theories, approaches, and perspectives, preparing residents for autonomous practice, while maintaining a focus on culturally competent care. This program is attuned to the expanding scope and evolving nature of the field, acknowledging that clinical psychologists will likely engage in multiple roles throughout their careers, and aims to be responsive to residents who are readying themselves for autonomous practice.



Training Model

CMBH aims to train future psychologists through an empirically informed, competency-based practitioner-scholar model. Given that it is important for psychologists to integrate scientific inquiry and methodology in their practice, we subscribe to the philosophy that practitioner scholars should act as a “local clinical scientist.”

As described in Trierweiler et al. (2010), “starting with an accurate description of the needs of each client, the local clinical scientist model requires that practitioners bring the best available theoretical conceptions, the most useful available research, their careful scientifically constructed understanding of the local circumstances of the case, and their individual and collective professional experience to bear in studying and improving the functional condition of the client” (p. 129).

As such, this perspective emphasizes:

- Understanding multiple theoretical perspectives;
- An ability to understand, synthesize, and apply research literature; and
- developing an “active inquiring mind” as opposed to concentrating solely on technical skills or expertise.

CMBH is committed to providing a sequential, cumulative clinical training experience that increases in complexity. The training is conducted in a supportive and facilitative manner, ensuring that each psychology resident is respected and recognized for their valuable contributions to the learning environment. We believe that it is critical for our trainees to receive quality supervision. In our view, the goal of the supervisory relationship is to maximize opportunities for residents to develop a constructive, collaborative working alliance with their supervisor that supports growth, learning, and quality care provision. Residents are given opportunities to deepen their understanding of theoretical principles and apply this knowledge in practice, as well as share their learning throughout the residency year.

We encourage our trainees to share specific goals for the residency with their supervisors, and for supervisors to support these goals through empirically supported supervision methods, such as tape review, providing readings, and modeling techniques.

Values

Residency training at CMBH is guided by values in line with those of the Canadian Psychological Association (CPA; see [CPA 2023 Accreditation Standards_EN_Web.pdf](#)). These include:

- Broad and general practice with opportunities to explore new and emerging areas.
- Multiple ways of knowing, sources of knowledge, and values.
- Commitment to lifelong learning.
- Valuing human diversity.
- Self-awareness, open-mindedness, flexibility, personal integrity, and honesty.
- Adherence to professional ethics and standards of conduct.

These values support the profession-wide competencies of the CMBH Residency Program, ensuring that residents are well-prepared for their future roles as clinical psychologists.

Goals Based on Foundational Competencies

Recognizing that psychological practice is based on science, CMBH believes that competent, evidence-based practice requires integrating scientific and professional knowledge. As such, **the overall goal of the residency program is to prepare students for autonomous, evidence-based practice** within their desired areas of competence, while maintaining a focus on anti-oppressive and antiracist practices.

In line with this overarching goal, the CPA has outlined **eight foundational competencies** which all residents are tasked to develop during the residency year. These are:

1. Individual, social, and cultural diversity
2. Indigenous interculturalism
3. Evidence based knowledge and methods
4. Professionalism
5. Interpersonal skills and communication
6. Reflective practice, bias evaluation

7. Ethics, standards, laws, policies
8. Interprofessional collaboration and service settings

In addition to foundational competencies, the CPA has developed **five functional competencies**:

1. Assessment
2. Intervention
3. Consultation
4. Program development and evaluation
5. Supervision

As such, within each category of *foundational* competence, emphasis is placed on ensuring that students meet training goals related to developing *functional* competence. Training goals for each resident therefore include:

1. **Demonstrated proficiency in culturally sensitive, evidence-based therapeutic intervention (Foundational Competencies 1 and 3).**

By the end of the year, residents are expected to be competent in the theoretical underpinnings of the intervention they are using for each population they work with; case conceptualize within the orientation used, recognizing issues of diversity; develop comprehensive training plans to ensure that they are meeting their learning goals; develop a strong therapeutic alliance with clients; and be knowledgeable of best practices based on recommendations from CPA and APA.

Specific objectives:

- Attend educational activities related to evidence-based practice (e.g., lunch and learn workshops, live workshops hosted by CMBH)
- Develop a comprehensive training plan that is regularly reviewed throughout the residency year
- Develop an evidence-based case-conceptualization for each client
- Demonstrate proficiency in developing a strong therapeutic alliance with each client
- Regularly review CPA and APA guidelines for best practice

2. **Demonstrated proficiency in culturally sensitive clinical assessment and diagnosis, including Indigenous interculturalism (Foundational Competencies 1, 2, and 6).** By the end of the year, it is expected that residents are able to, with minimal assistance, independently conduct a clinical assessment; choose appropriate psychometric tools to address the presenting issues of their client, if needed; understand the limitations of the psychometric tools they use for their populations; consider and make differential diagnoses; and make appropriate treatment recommendations based on the diagnoses/case formulation of the client and best practices. Residents are expected to be aware of and be able to consider the role that factors such as culture, gender identification, SES, etc. have on the development and maintenance of the diagnoses conferred.

Specific objectives:

- Attend educational activities related to culturally sensitive assessment (e.g., lunch and learn workshops, external workshops)
- Attend educational activities on working with individuals from Indigenous populations
- Understand the utility and learn the psychometric properties of each assessment tool prior to administering it to clients to ensure that it meets their needs
- Include issues related to intersectionality in all case conceptualization activities
- Demonstrate proficiency in using evidence to rule out differential diagnoses

3. Demonstrated ability to conduct activities in a professional and ethical manner (Foundational Competencies 4, 5, and 7).

By the end of the year, residents are expected to consistently demonstrate self-awareness of their limits of competence; recognize potential ethical/legal issues (e.g., issues related to consent, dual relationships, confidentiality, etc.) and able to address them through the use of professional standards and ethics; and know when to consult or to seek additional supervision.

Specific objectives:

- Attend educational activities related to ethics and professional issues (e.g., lunch and learn workshops)
- Review the CPA Ethics Code whenever an ethical decision point occurs
- Use the 10-step CPA ethical decision-making model when experiencing ethical issues within the practice
- Maintain memberships with professional organizations (e.g., OPA, CPA)
- Improve communication skills through presenting case presentations and actively participating in team meetings
- Demonstrate proficiency in professional communication through writing thorough and accurate chart notes

4. Develop a professional sense of self (Foundational Competencies 4, 5, and 8). By the end of the year, residents are expected to be able to effectively work with colleagues and to develop a sense of confidence in their abilities. Residents should feel confident in their ability to work clinically with clients and to interact with team members; be able to communicate effectively with team members about cases and to collaborate about client care, when needed; be able to communicate effectively with external healthcare providers (e.g., general practitioners) when necessary; and be aware of their own limitations and personal biases and thus be aware of when to seek additional supervision/feedback.**Specific objectives:**

- Present at least two clinical cases at monthly clinical case rounds throughout the year to the team
- Regularly attend and participate actively in team meetings and assigned consultation groups to practice professional communication skills

- Communicate with other health care providers (e.g., via phone/virtual or in writing) on an as-needed basis
 - If the opportunity is available, co-lead at least one group therapy to practice effective communication and build confidence working with clients and other team members
5. **Demonstrated ability to consider the impact of diversity-related issues on the provision and implementation of clinical services, including an understanding and awareness of Indigenous cultural considerations (Foundational Competencies 1, 2, and 6).**
- By the end of the year, residents are expected to consistently demonstrate awareness of how issues of diversity, both their own and those of their clients, can interact as well as impact such things as clinical presentation, assessment procedures/tools used, and clinical interventions.

Specific objectives:

- Attend educational activities related to equity, diversity, inclusion, and intersectionality (e.g., lunch and learn workshops)
- Attend educational activities related to Indigeneity (e.g., lunch and learn workshops, external workshops)
- During clinical case presentations, discuss how diversity-related issues influenced the case with regards to clinical presentation, assessment procedures/tools used, and clinical interventions.

Typical Program Structure

The following are the typical dates for various residency-related tasks and milestones.

Date	Task
Quarterly	Review of supervision log document in quarterly review with supervisor
As Needed	Review process of supervision with supervisor
First week of Internship	Orientation Week (onsite)
September 30	Complete training plan with supervisor send to DoT by this date
November 15	Complete Term 1 Midterm Review, document any changes to training plan, and send to DoT by this date
February 15	Complete Term 1 Final Review of resident and send to DoT by this date
May 15	Complete Term 2 Midterm Review, document any changes to training plan, and send to DoT by this date
August 15	Complete Term 2 Final Review and send to DoT by this date



Residency Components

- **Direct Hours** (No more than 2/3 time in direct client contact)
Client services
 - Individual psychotherapy
 - Individual assessments
 - Group psychotherapy
 - Phone calls or other client communication
- **Indirect Hours:**
 - Supervision
 - Resident supervision of practicum student
 - Report writing, clinical note writing
 - Case formulation
 - Consultation group
- **Nonclinical activities**
 - Presentations
 - Education
 - Assisting in recruitment for following residency year (e.g., being available to speak to prospective residents during interview week)
 - Optional ½ day protected research time, upon review with resident in discussing their needs and training goals

Resident Sample Week

Note: Some weeks may have more direct clinical hours as the resident progresses throughout the program.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
09:00	Prep		Prep/Consultation	Prep	Prep
10:00	Prep	Prep	DBT Group	Client	Prep
11:00	Supervision 1	Client	DBT Group	Supervision 3	Practicum Student Supervision
12:00	Lunch Hour	Lunch and Learn	Lunch Hour	Lunch Hour	Lunch Hour
01:00	Client	Client	Break	Client	Client
02:00	Client	Client	Client	Client	Client
03:00	Prep	Prep	Supervision 2	Prep	Prep
04:00	Prep	Prep	Prep	Prep	Prep
05:00		DBT Consult Team			

Supervision

Residents will be provided with regular supervision (minimum four hours per week with up to 45 minutes of individual supervision being asynchronous). Supervision can take many forms, including direct observation of residents' work with clients (e.g., live observation, audio or video recordings), role play/modeling, discussion of case formulation, and more. Of importance, we emphasize recording client sessions to be reviewed in supervision sessions.

Attention is directed toward maintaining residents' caseloads at a level that allows for sufficient time to integrate theory and practice. Individual goals and objectives are set through mutual consultation, with regular feedback and evaluations designed to facilitate growth and positive identification with the profession of psychology.

Evaluation

At the beginning of the year, residents will complete a training plan with their supervisor which will be updated throughout the year based on training goals. Moreover, residents will be formally evaluated quarterly during the year both at CMBH and via any evaluation forms required by the resident's university. At these intervals, supervisors will complete an evaluation form for the resident and provide feedback to the resident about what the review contains. Both the supervisor and the resident will "sign off" on the feedback. The training plan and workload will be reviewed and updated to ensure residents are on track to attain their training goals.

Final evaluations should be completed in August, close to the end date of the residency (ideally around August 15). The meeting of supervisor and resident allows for a review of the year and the resident's experience of the training site. It is HIGHLY recommended that final evaluations are only completed after all work is submitted or at the very least, a draft of any outstanding notes/reports has been reviewed.

Residents will also have the chance to evaluate their supervisor(s) as well as the residency site. The ability to provide honest and professional feedback to those in positions of power is an important skill for residents to develop. Ideally, supervisors and supervisees will regularly engage in discussions about the supervision process, what is working, and what might need to be adjusted. One of the CPA Standards requires that residents evaluate their supervisors and residency programs. Given the power differential that inherently exists between supervisor and supervisee, final supervisor and site evaluations can be provided one month after completion of residency with option for resident to check a box indicating their preference for their evaluation to be provided to the supervisor anonymously THREE years after graduation, and only if that supervisor has supervised at least three residents, to protect resident confidentiality. The site evaluation will be provided to the DoT only and will be reviewed to ensure that the training program meets residents' needs.

Nonclinical Activities

Time is allocated within residents' schedules for nonclinical activities aimed at fostering growth as a clinician. These include attending live training, reviewing previous trainings, reading papers and manuals, and consulting with other professionals, among others.

Salary & Benefits

In their role as a Psychology Doctoral Resident at the Centre for MindBody Health for the 2026/2027 period, residents will receive a yearly salary of **\$37,500 CDN (pending review)**. This salary will be paid out on a prorated monthly basis.

During residency, residents can enjoy several benefits that will support their personal and professional growth. These include:

- **Vacation & Holidays:** Residents will have 15 days of paid vacation to be taken during the residency period, subject to approval and scheduling in advance, as well as 9 statutory holidays.
- **Illness:** Residents will have up to 5 personal/wellness days to use at their discretion.
- **Professional Development Days:** Residents will have up to 5 professional development days, allowing them to participate in workshops, seminars, or conferences that enhance their knowledge and skills in the field of psychotherapy.
- **Research ½ day:** We recognize that some residents may want to seek jobs in academia following their residency. In recognition of this, residents *may* be permitted to complete a weekly ½ day of research (with the express permission of the DoT and the clinical directors) in advance of the residency start date.
- **Supervision:** To foster professional development, residents will receive 3 individual supervision hours per week, complemented by additional opportunities for supervision per week (i.e., in small group forms to discuss clients, as well as ethics, theory, research, conceptualization, treatment planning to support development of clinical knowledge in EFT and DBT treatment models, among others)
- **Clinical Contact Hours:** This is a full-time residency (40 hours per week) with approximately 12-15 hours of face-to-face client contact per week. Residents are expected to work one evening a week.
- **Community of Practice:** Residents will be welcome to attend regular clinic socials aimed at building a closely-knit community of practice supportive of work-life balance.

Training & Education



CMBH has an established tradition of hosting master clinicians from around the world to facilitate thought-provoking workshops. We strive to challenge our thinking and grow our clinical skills and practices.

CMBH Professional Development

CMBH hosts professional development training (2-3 times per year) that covers a range of topics. Through these trainings, residents can broaden their knowledge and enhance their skills with various therapeutic practices and frameworks even if they are not in contact with them during their clinical work. 2026 trainings include:

- **Foundations of ACT** presented by Dr. Diana Hill (November 2026)
- **Integrating AEDP & Trauma** presented by Dr. Diana Fosha (December 2026)

We also have a library of past trainings available (see section below on Educational Resources and Training Library). Video On Demand Trainings include:

- **Ten Ways to Enhance Emotions in Therapy** presented by Dr. Les Greenberg
- **Teletherapy and Emotions** presented by Dr. Les Greenberg and Dr. Rhonda Goldman
- **Integrating IFS Techniques for Trauma Resilience** presented by Dr. Richard Schwartz
- **Mindfulness-Based Cognitive Therapy Strategies for Working with Depression and Anxiety** presented by Dr. Zindel Segal
- **Psychedelic Assisted Therapy, Mindfulness and Compassion: Key Insights for Clinicians** presented by Dr. Ronald Siegel
- **Advanced Empathetic Attunement Phase 1** presented by Dr. Robert Elliot

- **Advanced Empathetic Attunement Phase 2: Broadening Your Skills** presented by Dr. Robert Elliot
- **Let's Talk About Sex (Therapeutically): Practical Skills for Every Clinician** presented by Dr. Tammy Nelson
- **IFS Relationship Skills for Couple and Individual Therapy: Intimacy from the Inside Out** presented by Toni Herbine-Blank

Clinical Case Rounds

Residents are required to present at least two clinical cases during the year as part of CMBH's Clinical Case Rounds. These rounds provide an opportunity to collaborate with an interdisciplinary team, discuss clinical challenges, receive constructive feedback, and strengthen case presentation and consultation skills. By engaging with the diverse expertise and perspectives of the CMBH team, residents gain valuable clinical insights and practical strategies that enhance their therapeutic practice and professional development.

In-House Education

Education provided by CMBH consists of Lunch and Learn presentations and consultation teams:

Sample Lunch & Learn Schedule (2025–2026 Academic Year)

Once per month, CMBH hosts a team-wide lunch and learn in which a staff member at CMBH or an external presenter leads the group in an engaging and informative presentation. The seminars are organized to offer pertinent information on assessment and treatment matters, aiming to improve the professional capabilities of residents for their independent practice in psychology. Topics covered include social and cultural diversity; professionalism; ethics, standards, laws, and policies; interprofessional collaboration; and much more.

Below is a sample of the 2025–2026 Lunch & Learn schedule. While the 2026–2027 schedule is currently being finalized and may vary based on clinician availability and emerging training needs, residents can expect regular monthly didactic seminars covering evidence-based assessment, intervention, ethics, diversity, supervision, and professional development topics. Additional presentations and training opportunities may be added throughout the residency year.

Date	Presenter	Topic
Tuesday September 30, 2025	Virginia O'Hayer	DBT for Trans Folx
Tuesday October 28, 2025	Wayne Skinner	Fundamentals of Addiction
Tuesday November 25, 2025	Shari Geller	Integrating self-compassion in therapy
Tuesday January 27, 2026	Shelley McMain	Coaching Skills in Individual Sessions and Dealing with Obstacles
Tuesday February 24, 2026	Natasha Williams	Integrating cultural awareness into intakes, assessments and therapy

Tuesday March 24, 2026	Lousia Man	DBT skills adapted for clients presenting with autism
Tuesday April 28, 2026	Gillian Reid	Working with Parents: The Purpose and Process of Going Deeper with Caregivers
Tuesday May 26, 2026	Anna Oldershaw & Anna Robinson	Applying Emotion Focused Therapy (EFT) with Neurodivergent Clients

Educational Resources & Training Library

Residents at CMBH have access to an extensive internal electronic library of clinical and professional development resources through the clinic's secure intranet platform. Available materials include recordings of previous trainings and workshops, psychotherapy resources, treatment manuals, journal articles, case formulation materials, supervision resources, and educational documents related to evidence-based assessment and intervention approaches. These materials are intended to support residents' ongoing learning, preparation for clinical work, case conceptualization, and professional development throughout the residency year. The library is regularly updated as new training and educational materials become available.

Consultation Team

CMBH offers several consultation team opportunities depending on your clinical orientation and training goals. These include the larger DBT consult team, the EFT consult team (hosted by Dr. Leslie Greenberg), and small group consultation by Dr. Tali Boritz, among others.

DBT Consult Team (description from Behavioral Tech online)

A DBT consultation team is a group of DBT providers who work together to treat clients. A team typically has 3 to 8 people, and it could include a combination of providers who may have different roles or professional credentials (e.g., psychologists, social workers, counselors, and psychiatrists). Providers meet regularly with their team – often weekly – to help one another and manage the high stress and potential burnout of treating clients at high risk of suicide.

It is assumed that anyone doing DBT can only do effective DBT in the context of a team. Active participation in a DBT team is also required for our comprehensive trainings and by the DBT Linehan Board of Certification.

EFT Consult Team

CMBH's EFT consult team offers the opportunity for members (typically 3-5) to share audio and/or video recordings of client sessions (typically 2 per meeting) and to receive feedback from a master EFT practitioner.

Additional Consultation Meetings

There may be opportunities throughout the residency year to join additional consultation groups based on both need and availability.

Thresholds for Competency

Clinical Assessments

By the end of the year, residents are expected to independently conduct clinical assessments with minimal assistance. They should be able to select appropriate psychometric tools and understand their limitations for specific populations. Residents must demonstrate the ability to make differential diagnoses and provide evidence-based treatment recommendations. Consideration of sociocultural factors such as culture, gender identity, and socioeconomic status must be evident in all diagnostic formulations.

Evidence-Based Interventions

Residents will achieve proficiency in delivering evidence-based individual interventions, and may have the opportunity to co-lead group psychotherapy. They are expected to understand the theoretical foundations of their interventions, case conceptualize within their chosen orientation, and incorporate diversity considerations. Residents must also be able to develop treatment plans that align with best practices from the Canadian Psychological Association (CPA).

Professionalism

Residents must demonstrate professionalism in all interpersonal interactions. They are expected to collaborate effectively with colleagues, communicate clearly about client care, and build a strong therapeutic alliance with clients. Competency includes the ability to work with external providers, recognize personal limitations and biases, and seek supervision when needed.

Ethics and Professional Standards

Residents are expected to consistently demonstrate self-awareness regarding their competencies and ethical responsibilities. They should be able to identify potential legal or ethical issues and respond appropriately using established standards. Residents will receive structured opportunities to deepen their knowledge of ethics and professional conduct.

Workplace Functioning & Self-Regulation

By year-end, residents should complete tasks independently and reliably, manage time effectively, and prioritize competing responsibilities. They are expected to remain adaptable, show initiative, and demonstrate motivation and conscientiousness. Self-awareness of strengths, weaknesses, and emotional impact on others is essential, along with the use of healthy coping strategies in response to personal or professional stress.

Recruitment & Retention

Incoming Resident Application Requirements

CMBH plans to maintain an active residency program. The available positions welcome students currently enrolled in a doctoral program accredited by CPA and/or APA in clinical and/or counseling psychology. Applicants must satisfy the academic and practicum standards set forth by CPA or APA and obtain formal approval from their Directors of Training to apply for residency. According to CPA guidelines, eligibility for residency mandates completion of all necessary professional coursework and practicum before commencing the residency year. Additionally, before seeking residency, candidates must obtain approval for their doctoral thesis proposal. CMBH follows application deadlines aligned with AAPIC programming.

Interview & Selection Procedures

Our primary objective in our selection process is to assess the fit between applicants' goals and previous experience and CMBH's ability to support and foster your development as a clinician. We hope to give our residents the opportunity to build on their existing strengths and foundational skills and help them gain experience and understanding in new areas. To uphold program transparency, **CMBH maintains an expectation that current residents are available to speak to prospective resident applicants for the following years.**

Equitable Selection Procedures

Our residency program is committed to anti-oppressive, equity-informed selection practices that reduce systemic barriers faced by marginalized groups. We use a holistic review process that values diverse lived experiences, community engagement, and non-traditional training pathways alongside academic performance. Selection procedures and interviews are standardized to reduce subjectivity and promote fairness and are conducted by a minimum of two psychologists.

We actively recruit through inclusive channels, offer accommodations, and invite feedback to improve accessibility and transparency. Residents are evaluated using structured rubrics aligned with CPA standards, and we strive to ensure that all applicants feel respected and supported throughout the selection process. These selection procedures are advised by the Canadian Human Rights Commission (2023).

CMBH Training Committee

Dr. Shelley McMain, PhD

Clinical Psychologist & Clinic Director

Dr. Shelley McMain is an Associate Professor in the Department of Psychiatry at the University of Toronto, Canada. She is Head of the Borderline Personality Disorder Clinic and a Clinician Scientist at the Centre for Addiction and Mental Health in Toronto. She is a practicing psychotherapist, trainer, educator and researcher. Shelley is a certified DBT individual and group clinician and currently serves on the International DBT Strategic Planning Committee. Shelley's research interests are personality disorders, DBT, emotion regulation, suicidal and self-harm behavior and substance abuse. She has authored more than 60 articles and chapters and has a book forthcoming. She is the Principal Investigator of a large research study designed to evaluate the clinical and cost effectiveness of six months compared to one year of DBT for the treatment of suicidal individuals diagnosed with Borderline Personality Disorder. Shelley has delivered 300+ conference, colloquia, grand rounds, and workshop presentations. Her work has led to numerous research and teaching awards including the distinguished research award from the European Society for the Study of Personality Disorders; the scientific paper prize from the American Psychoanalytic Association; the research award from the International Society for Improvement; and teaching awards from the Department of Psychiatry and the Faculty of Medicine, University of Toronto.

Dr. Shari Geller, PhD

Clinical Psychologist & Clinic Director

Dr. Shari Geller is an author, clinical psychologist, certified teacher of Mindful Self-Compassion (MSC) teacher and leader in the field of therapeutic presence. Shari offers training modules in therapeutic presence internationally as part of a longer-term vision of having presence be a foundational training across psychotherapy approaches. With over thirty years' experience weaving psychology and mindfulness, Shari co-authored the book, *Therapeutic Presence: A Mindful Approach to Effective Therapy – 2nd Edition* (2022) with Dr. Leslie S. Greenberg. Shari's book: *A Practical Guide for Cultivating Therapeutic Presence* (2017), offers hands-on tools and guidance for cultivating and strengthening presence in therapy. Shari is co-editor on a new book: *Self-Compassion in Psychotherapy: A Clinical Handbook* (manuscript in preparation). Shari created the Therapeutic Rhythm and Mindfulness Program (TRM™), a group modality integrating mindfulness, rhythm practices, and emotion-focused awareness to enhance wellbeing and presence. Shari serves on the teaching faculty in Health Psychology at York University and is Adjunct Professor in the Faculty of Music at the University of Toronto, in association with Music and Health Research Collaboratory (MaHRC). Shari is on the steering committee and part of the core faculty of the Self-Compassion in Psychotherapy (SCIP) certificate program and is Membership and Networking Committee for the International Society for Emotion Focused Therapy (isEFT). Shari offers training, supervision and therapy in Emotion-Focused therapy (EFT) and Mindfulness and Self-Compassion modalities for individuals and couples. For publications and more details about her local and international training programs on Cultivating Therapeutic Presence for therapists, educators and medical professionals, see www.sharigeller.ca

Dr. Breanne Faulkner, PhD*Clinical Psychologist & Director of Training*

Dr. Breanne Faulkner is a Clinical and Counselling Psychologist, registered with the College of Psychologists and Behavioural Analysts of Ontario. She completed her Master's and PhD at the University of Toronto and has been providing compassionate mental health treatment to adults for over 15 years. Dr. Faulkner brings a wealth of experience to her role as Psychology Internship Director, through clinical positions at the Centre for Addiction and Mental Health, the Ontario Shores Centre for Mental Health Sciences, and Toronto Metropolitan University. She maintains a particular interest in trauma-related difficulties, and has engaged in research, publication, and teaching trauma and PTSD, and on the impacts of cultural and systemic contexts in which they occur. Dr. Faulkner is an integrative, emotion-focused clinician, guided by client-centred, experiential, attachment-based, and trauma-informed principles. She is trained in a variety of evidence-based treatment modalities, including Emotion-Focused Therapy (EFT), EFT for Complex Trauma, Cognitive Behavioural Therapy (CT), Prolonged Exposure, Cognitive Processing Therapy (CT), and Dialectical Behaviour Therapy (DBT), as well as relational psychodynamic and sensorimotor approaches. Dr. Faulkner brings curiosity, openness, and humility to role as internship Director, valuing the wisdom, intersectional identities, and lived experiences of supervisees. She is attentive to the supervisor-trainee relationship, aiming to provide a safe and responsive learning environment for clinicians at every stage of their professional development.

Dr. Bev Fredborg, PhD*Clinical Psychologist & Founding Director of Training*

Dr. Bev Fredborg is registered as a clinical psychologist with the College of Psychologists of Ontario. She completed her Ph.D. in Clinical Psychology at Toronto Metropolitan University (formerly Ryerson University). She is also an assistant professor at the University of Winnipeg; as such, she only offers virtual services to clients in Ontario. Bev has completed previous training at the Psychology Training Clinic at St. Michael's Hospital in Toronto, McMaster University's Student Wellness Centre, and the Borderline Personality Disorder Clinic at the Centre for Addiction and Mental Health. She completed her predoctoral residency at the Clinical Health Psychology program at the University of Manitoba, wherein she spent 6 of her 12-month residency working with veterans, military, and police officers experiencing PTSD and/or trauma related symptoms, and the remaining six months focused on assessing and treating depression- and anxiety-related issues. Bev has received training in dialectical behavior therapy, cognitive behavioral therapy, emotion-focused therapy, acceptance and commitment therapy, and various trauma-focused evidence-based treatments (specifically, cognitive processing therapy, prolonged exposure, dialectical behavior therapy for PTSD, and written exposure therapy). She provides a warm and non-judgmental therapeutic environment that emphasizes the understanding and exploration of painful emotional experiences to create change. Bev has a special interest in working with clients with early childhood trauma, posttraumatic stress disorder, borderline personality disorder, and/or those struggling with emotion dysregulation, life transitions, grief/loss, and shame.

Dr. Nicole Dignard, PhD*Clinical Psychologist / Supervisor*

Dr. Nicole Dignard completed her Ph.D. in Clinical Psychology at the University of Windsor and completed her pre-doctoral residency at the Centre for Addiction and Mental Health with a focus on emotion regulation and trauma. Nicole has experience in psychological assessment and treatment of eating disorders, borderline personality disorder, post-traumatic stress disorder, and anxiety disorders. She has a longstanding interest in embodiment, positive body image, and eating disorders and strives to create an environment in which all bodies can feel accepted. Her training and clinical practice consist of a variety of approaches including dialectical behaviour therapy (DBT), emotion focused therapy (EFT), cognitive behaviour therapy (CBT), and psychodynamic psychotherapy. She loves working with emotions and believes that wellness is more than the absence of symptoms and works with clients in warm, non-judgmental space, to help them identify and work toward their goals for a life worth living.

Dr. Adam Iskrick, PhD*Clinical Psychologist / Supervisor*

Dr. Adam Iskrick is a clinical psychologist who completed his Ph.D. in clinical psychology at Hofstra University in New York. Adam provides ongoing therapy with older adolescents and adults. He specializes in mood disorders, anxiety, trauma, borderline personality disorder, suicide/self-harm, emotion dysregulation, work stress, life transitions, and relationship difficulties. He has extensive experience with Dialectical Behavior Therapy (DBT), Cognitive Behavior Therapy (CBT), Acceptance and Commitment Therapy (ACT) and trauma-focused therapies. His experience includes the provision of individual, parenting, and group therapies across various hospital, community center, and private practice settings. He has also conducted research on mood disorders, psychological pain, dialectical behavior therapy, and suicide/self-harm. Adam strives to foster a non-judgmental and compassionate environment through his emphasis on listening with the intent to understand the unique problems faced by his clients. He also prioritizes collaborative goal setting to help clients and their families build happy and meaningful lives. In his free time, Adam enjoys playing soccer, tennis, board games, reading, and spending time with friends and family.

Dr. Nikan Eghbali, PhD*Clinical Psychologist / Supervisor*

Dr. Nikan Eghbali is a Clinical and Counselling Psychologist who earned his PhD from the University of Toronto. He brings extensive experience from diverse hospital and private practice settings, including Sunnybrook and Homewood Health Centre. His practice includes individual and group therapy for a wide range of concerns such as anxiety, depression, OCD, ADHD, trauma, and relationship issues, alongside comprehensive assessment and diagnostic services. Dr. Eghbali's approach is rooted in authenticity, presence, and a commitment to the therapeutic relationship. He integrates evidence-based and neuroscientifically-informed modalities like CBT, DBT, CPT, and Emotion-Focused Therapy with academic interests in wisdom and meaning-

making to tailor care to each individual's unique lived experience. Dr. Eghbali is dedicated to helping clients navigate complex challenges while fostering psychological growth and resilience through a compassionate and grounded lens.

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