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PSYNOOPSIS

CANADA'S PSYCHOLOGY MAGAZINE

PEOPLE, CULTURE, AND PSYCHOLOGY

DIVERSE VOICES FROM THE FIELD

GUEST EDITORS:
Eleanor Giffens, Ph.D.
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C.Psych.

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EXPERIENCE IN PSYCHOLOGY:
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PSYNOPSIS

CANADA'S PSYCHOLOGY MAGAZINE

Psynopsis is the official magazine of the Canadian Psychological Association. Its purpose is to bring the practice, study and science of psychology to bear upon topics of concern and interest to the Canadian public. Each issue is themed and most often guest edited by a psychologist member of the CPA with expertise in the issue's theme. The magazine's goal isn't so much the transfer of knowledge from one psychologist to another, but the mobilization of psychological knowledge to partners, stakeholders, funders, decision-makers and the public at large, all of whom have interest in the topical focus of the issue. Psychology is the study, practice and science of how people think, feel and behave. Be it human rights, healthcare innovation, climate change, or medical assistance in dying, how people think, feel and behave is directly relevant to almost any issue, policy, funding decision, or regulation facing individuals, families, workplaces and society.

Through *Psynopsis*, our hope is to inform discussion, decisions and policies that affect the people of Canada. Each issue is shared openly with the public and specifically with government departments, funders, partners and decision-makers whose work and interests, in a particular issue's focus, might be informed by psychologists' work. The CPA's organizational vision is a society where understanding of diverse human needs, behaviours and aspirations drive legislation, policies and programs for individuals, organizations and communities. *Psynopsis* is one important way that the CPA endeavours to realize this vision.

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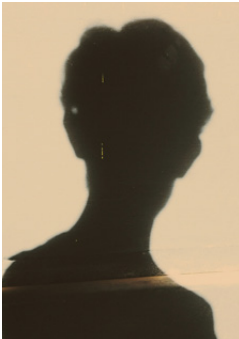
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STEPPING OUT OF AND TRANSCENDING BEYOND THE ECHO CHAMBER

First off, as editors of this volume, we would like to warmly welcome you to this special issue of *Psynopsis* that celebrates the plethora of voices and lived experiences within our rich psychology community in Canada! As Ben was co-writing this message, the image of the proverbial ‘echo chamber’ came to mind, in which sounds or voices of a similar kind are insulated yet continuously reverberating and propagated. In the contemporary climate of extreme polarization, through social media, political rhetoric, and misinformation, ironically, people, communities, and nation states can be even more insulated and near-sighted within their own epistemic bubbles than ever, being unwilling to hear and consider disparate stories, narratives, and perspectives. To break out of this mold and step out of the chamber, we as members of the Canadian psychology community must invite and listen tentatively to the diverse voices from the field.

As editors, we aim for this volume to be a part of the wider movements promoting equity, diversity, inclusion, and belonging (EDIB), truth and reconciliation, and cultural humility

within the discipline of psychology. These movements are declared in recent official documents such as the CPA’s response to the TRC report,¹ the newly updated CPA accreditation standards,² and the Social Responsiveness in Health Service Psychology Education and Training toolkit.³ Our goal with this special issue is to provide a platform for amplifying the voices and the lived experiences of our students, peers, and colleagues who are often unheard or underrepresented.

The initial vision for this special issue began with Eleanor’s inspiration, to provide an opportunity for our diverse community to lift their voices and share their experiences in the field of psychology. Eleanor surveyed her colleagues and decided to reach out to Ben, who was the recipient of the 2023 CPA Award for Distinguished Contributions to Public Community Service and Human Rights and Social Justice in Psychology. When Eleanor approached Ben to co-edit this issue, he accepted the invitation with delight and enthusiasm.

Our initial call for papers and invitations to potential authors sought thought-provoking articles that delve into the intricate connections between people, culture, and psychology. We wanted this volume to offer a critical platform for scholars, practitioners, and emerging voices to share

their insights, lived experiences, and/or research findings. We are grateful to the enthusiastic colleagues who responded to our calls and invitations! Their generous contributions have culminated in this nine-article volume of *Psynopsis*, featuring diverse authors from across the country – from BC to PEI!

As designed, this collection of articles touches on a wide spectrum of topics and narratives, ranging from experiences of and with racialized, minoritized, and immigrant backgrounds, to calls for cultural safety for rural, remote, and northern communities and immigrant and refugee newcomers, to psychologists’ involvement with social and political advocacy, and in the mentorship of culturally diverse students/trainees. Through this collaborative endeavour, we sought to bridge disciplinary boundaries, challenge conventional wisdom, and foster a deeper appreciation for the rich diversity of human experiences as well as our beloved discipline.

We invite you to immerse yourself in these narratives, engage critically with the contents shared, and join us in advancing our understanding of people, culture, and psychology – for us, individually and collectively, to leave behind and transcend far beyond the echo chamber of our past!



The **Canadian Psychological Association (CPA)** is the national association for the science, practice and education of psychology in Canada.

We are a member-driven organization that is dedicated to supporting and championing our 7,000 members, affiliates and associates and promoting the advancement and application of psychology in the communities we serve.

The science, practice, and education of psychology has broad and deep relevance to public policy and the public good. The CPA strives to show this relevance through all its principles, policies, and activities.

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A society where understanding of diverse human needs, behaviours and aspirations drive legislation, policies and programs for individuals, organizations and communities.

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Advancing research, knowledge and the application of psychology in the service of society through advocacy, support and collaboration.

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TO BE AN ASSOCIATION THAT –

- 1** Supports and promotes psychological science to advance knowledge and to address the concerns of people and the society in which we live and work
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INTEGRATING LIVED EXPERIENCE IN PSYCHOLOGY: WHY IS THERE SO MUCH RESISTANCE?

Anusha Kassan (she/her), Ph.D., R.Psych., xwməθkwəyəm (Musqueam) People.
Associate Professor, University of British Columbia, Vancouver, BC

I feel fortunate that my upbringing has given me a unique, real life understanding of intersectionality. I grew up in a biracial, bilingual, bi-religious home, and I am a settler and second-generation newcomer to Canada. My paternal grandparents immigrated from India to South Africa, which is where my father and his siblings were born, before some of them transitioned to Canada in the late 1960s. He was the only one in his family to marry someone from a different culture: my mother, a French-Canadian white woman.

These histories and experiences have shaped the ways in which I view the world and the ways in which I understand the role of a helper. Today, I have come to understand that while I live in a world that promotes and rewards individualism, those are not my values. With that comes the recognition that the perspectives on well-being and healing that I developed early on were broad, inclusive, and wholistic.

At this point in my life, I consider myself fortunate to have grown up with multiple and intersecting cultural identities and social locations, and I feel privileged to have had the opportunity to merge my lived and scholarly experiences. I cannot imagine another way of approaching my scholarly work. Not only has my background informed who I have become as a person, but it has also propelled my program of research in the area of immigration. I see this as a way of honouring my family's sacrifices and also an important means of community engagement.

While my educational and occupational trajectories have been rich and rewarding, many of the opportunities I have been given or pursued have been extremely difficult to attain. Despite having accrued a lot of privilege in

my life, I feel like I continue to face socio-political barriers, particularly as I advocate for systemic change within psychology. It took me a few years into my studies to realize that what I was learning, particularly at the undergraduate level, did not fit for me or the people and communities in my life. As a young biracial woman who was the first in my immediate family to attend university, it was impossible for me to find the words to question the knowledge I was being taught. That was certainly not a good feeling. Luckily, there were very important mentors in my life, who opened my mind to an entirely new conceptualization of psychology.

Through my graduate studies, I was able to learn more about feminism, multiculturalism, and social justice, and eventually anti-racism and decolonization. This new knowledge was like a hidden well, giving me fresh perspectives that not only resonated with me but rehydrated me in fundamental ways. As exciting as this period was, I was often one of the very few people in any given training space (if not the only one) to put out ideas that were different, that tried to push people out of hierarchical ways of thinking. Again, this did not feel good at all.

One of the most perplexing experiences that I continue to encounter in the field of psychology is the reality that there is very little room for lived experience. Over the past 20 years, I have felt a lot of push back when sharing my own personal perspective and I have encountered even more resistance when suggesting that lived experiences should be elicited, valued, and considered within psychology practice, training, research, and policy. This resistance continues to occur on a regular basis within several contexts, including academia, and it is quite shocking to me, particularly as con-

versations centred on equity, diversity, and inclusion (EDI) as well as social justice and decolonization have increased significantly in recent years.

The role of lived experience is a central component of Critical Race Theory,¹ and many scholars have asserted that it is necessary to legitimize experiential knowledge and lived experience.²⁻⁴ However, 30 years after these ideas have been put forth, I am still told in faculty hiring committees or accreditation panel meetings that lived experience cannot be “measured” or is “lacking evidence”. Such ideologies are counter to the reality that people who have been racialized and/or minoritized have agency when it comes to their own experiences and often know exactly what would help improve their mental health and well-being.

In an effort toward true decolonization and as a movement away from performative acts of EDI, I believe it is critical for psychology as a discipline (along with the spaces and contexts in which it is practiced) to work on dismantling power structures. Such hierarchies often find themselves at the centre of governing bodies and institutional procedures, and they make their way into relationships. I think it is critical to reduce power as much as possible in several relationship structures, including the supervisor–student relationship and the psychologist–client relationship, to name but a few examples. It is incumbent on those who resist this idea to reflect on their reasoning; I suspect that they have a lot of power and privilege to lose.

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In a world where racialization often becomes synonymous with a constant state of vigilance, the necessity of donning armour is not merely metaphorical but a daily reality. Within the intricate tapestry of social dynamics, the experiences of racialized women unfold at the intersection of race and gender, shaping a unique narrative of hypervigilance, trauma, and resilience. They face a myriad of challenges, from subtle microaggressions to overt discrimination, shaping their interactions, experiences, and lives. This article explores the particulars of armour (emotional, mental, and social) that become indispensable for navigating the complexities of the journey of racialized women. Sometimes, the armour holds as in the case of Dr. Sherri Ann Charleston, Chief Diversity and Inclusion Officer at Harvard University, and sometimes, it fails as in the case of the late Dr. Antoinette Bonnie Candia-Bailey, Vice President for Student Affairs at Lincoln University.

PUT ON YOUR ARMOUR: NAVIGATING CANADIAN PSYCHOLOGY AS RACIALIZED WOMEN

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By exploring the nuances of these challenges, this discussion seeks to illuminate the path of racialized women who must fortify themselves against the pervasive effects of systemic bias and prejudice.

Traditionally, when we think of armour, we think of a fortified suit that is donned to aid in the protection of our bodies when going to battle. This armour is not unlike the armour worn by racialized women to protect. Racialized women's armour is not tangible like metal plates; it has a multifaceted nature and is engaged from the moment of rising in the morning to retiring at night. It manifests in emotional fortitude, mental resilience, and strategic social adaptation. It serves as a shield against the onslaught of daily microaggressions, misogyny, hypersexualization, stereotyping, and systemic injustices which often feel like battles. Emotional armour shields against the erosion of self-worth, mental armour fortifies against internalized biases, and social armour enables adept navigation of social landscapes. Together, these layers of defense form a complex yet indispensable mechanism for survival in a world where racialized women must continually negotiate their identities amidst intersecting forms of discrimination and oppression.

Racialized women confront a myriad of challenges from the intersectionality of race and gender. They endure compounded discrimination, facing stereotypes that hypersexualize and diminish their worth. Navigating systemic barriers, they encounter limited access to opportunities and face institutionalized racism and sexism.

These women must contend with societal expectations that often confine them to narrow roles, perpetuating harmful narratives and

eroding their agency. The struggle against entrenched biases and intersecting forms of oppression is constant, impacting their self-esteem, aspirations, and overall well-being. This was ever present in the case of Dr. Candia-Bailey. She was a Black female leader and administrator who died by suicide as a result of continued racial discrimination, harassment, and bullying in the workplace. Her story is like many others, where she was likely seen as affable and moldable when initially hired but viewed with suspicion and contempt after some time in doing the job for which she was hired. While this is an extreme case, it happens much too often.

Despite these obstacles, many racialized women persist, drawing strength from their resilience and determination to carve space for their authentic selves. Notwithstanding their inherent strength, racialized women encounter barriers to building resilience. Systemic inequalities limit access to resources and support networks tailored to their unique experiences. Intersectional discrimination erodes confidence and self-worth, making it challenging to cultivate a positive sense of identity. This assault on self-confidence and self-worth was apparent in the case of Dr. Charleston. She recently faced 40 allegations of plagiarism in an anonymous complaint. In this case, she appears to have been targeted and held to a standard that few others have been required to achieve. Additionally, the burden of representation weighs heavily, as racialized women often feel pressured to embody unattainable standards of success and perfection. These barriers compound the challenges they face, creating obstacles to developing the resilience to navigate the complexities of their intersecting identities.

Moving towards a more inclusive future requires concerted efforts to dismantle systemic barriers and amplify the voices of racialized women. This entails implementing policies that address intersecting forms of discrimination, promoting diversity and representation in leadership positions, and fostering inclusive spaces where all individuals feel seen, valued, and respected. Education and awareness campaigns can challenge stereotypes and biases, fostering empathy and understanding across communities. By centering the experiences and perspectives of racialized women, society can work towards creating a more equitable world where every individual, regardless of race or gender, can thrive authentically and contribute to a more just and inclusive society.

In conclusion, the journey of racialized women is characterized by resilience in the face of intersecting forms of discrimination and adversity. Their armour, comprised of emotional fortitude, mental resilience, and social adaptation, serves as a shield against systemic biases and societal pressures. Despite the barriers to building resilience, racialized women persist, drawing strength from their communities and collective empowerment. Moving towards a more inclusive future requires dismantling systemic inequalities, amplifying marginalized voices, and fostering empathy and understanding.

Empower change by prioritizing the voices of racialized women, forging a path to an equitable world where every person thrives authentically and is truly valued. Take action now!

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Dr. Raquel Carvalho Hoersting "Peregrination". Acrylic on paper, 82 cm x 82 cm

NAVIGATING CULTURAL IDENTITY IN CANADA: A PERSONAL JOURNEY

Raquel Carvalho Hoersting (she/her), Ph.D., Assistant Professor, Department of Psychology,
University of Prince Edward Island, Charlottetown, PE

The question of who I am in terms of my cultural background has always been a complex one for me. Despite being from Brazil and having lived in various Latin American countries, as well as obtaining degrees in Ecuador and the United States, I have never felt like I neatly fit into any specific cultural category. Even though my passport identifies me as Brazilian, my sense of belonging does not neatly align with any one culture.

My early academic research has focused on understanding how individuals who grow up in different countries navigate their cultural identities into adulthood. This research focused on the concept of “cultural homelessness” – very appropriately me. My career and research have frequently reflected the questions that arise from my personal experiences and surroundings. I have studied individualism and collectivism variables between Brazil and the United States, the return migration of Brazilians, and most recently, I have been studying Latin Americans’ experience of immigration to Prince Edward Island, where I have lived for the past five years.

As someone who often feels like an outsider in various contexts, defining myself in a singular has been a life-long challenge. In Canada, I have felt more pressure to define myself culturally and ethnically, which I found to be exhausting and a surprise. Despite never having identified as a “person of colour”, there was an expectation that I would conform to this label, which to me was foreign; being labelled as “white” felt like a betrayal to my Jewish identity.

The pressure to assign labels, both for myself and others, reflects the rigid ideological positions prevalent in our times, despite psychology’s best efforts

to refrain from judging other cultures, beliefs, and norms through the lens of our own. For me, it felt particularly painful to encounter this pressure to conform from groups that were focused on social justice advocacy, which I had expected to possess greater intercultural sensitivity, cultural humility, and less dogmatism in their application of knowledge of mental health and culture. These were the groups I so easily navigated and participated in meaningful work in for my local communities in Brazil, Texas, and Ecuador. The Canadian counterparts of these groups felt foreign. How had I become an outsider to them?

These early experiences in Canada left me feeling isolated and burnt-out. I contemplated if I should distance myself from the field of culture and mental health. Turning to creative arts as a coping mechanism, I immersed myself in painting, drawing, and collage-making, finding solace in creative expression and in reconnecting with friends worldwide.

Recounting an experience where I had been told I was “too Brazilian” to a colleague in Brazil provoked laughter for both of us.

“You are too Brazilian? Raquel, that is ironic,” he said. “Here, you are too ‘gringa’ to be Brazilian!”

This soul-searching journey culminated with a small art exhibition in 2020, eventually leading me to focus on studying and embracing creative and expressive therapies within my scholarship, teaching, and practice.

Acknowledging and embracing my immigrant identity has become an important piece of my personal narrative. The researcher has assumed the role of the participant. The knowledge and experiences gained from studying immigration and

intercultural psychology validate my personal experiences. These experiences, as painful and transformative as they might be, have served me as a reminder of a shared humanity.

I have chosen to stay in Prince Edward Island for now. I feel a sense of meaning that comes from my work. I teach students at a small university to think critically and offer them unique perspectives that prepare them to work; I train our Psy.D. students to approach psychological interventions and clinical training in ways that are culturally congruent and effective. I am driven by knowing that there is still significant work to be done in the field of mental health on our island, and that I am still able to connect with my colleagues across the world. This evolving sense of community and the opportunity to make a meaningful impact keeps me rooted.

Today I represent, in part, the perspective of foreign-born and foreign-educated psychologists in Canada. I take pride in the various growing communities we represent in academia. Each of us has a unique journey, shaped by our educational backgrounds, experiences in our home countries, our own process of immigration, and the individual reasons that attracted us to psychology. Providing opportunities for us to share our stories and contribute to discussions on mental health, identity, and belonging will contribute to shaping Canadian psychology to be more nuanced and human-centred.

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I have been asked to share my experiences as a psychologist with diverse identities and what I think needs to change for the discipline of psychology to grow and advance. That's a tall order for 900 words! I'll approach this question holistically in the same manner that I approach my work as a psychologist.

First, I should share my diverse identities. In no particular order, I am a Franco-Ontarian, Métis, neurodivergent, queer, agnostic, disabled, middle-class person who works virtually as a clinical rehabilitation neuropsychologist in Ontario.

ALL HANDS ON DECK!

Mich Monette, Ph.D., C.Psych., Clinical Rehabilitation Neuropsychologist, Hamilton, ON

Given these identities, you can imagine I have experienced more than my fair share of discrimination during my training and as an early career psychologist. I will summarize my experience by providing the end result of the years of minority stress and microaggressions I have had to endure due to supervisors and professors refusing to understand my unique needs. I was rushed through my graduate training and repeatedly told I would be kicked out for taking two extra years to finish my doctoral degree. Because I have several chronic illnesses, I needed those extra two years to complete our rigorous training program in a manner that did not exacerbate my health conditions and lead to lifelong complications.

I achieved my professional goals only to be publicly traumatized by colleagues who believe trans people do not deserve autonomy and dignity over their own bodies and lives (despite our ethics code and best practices giving clear directives in this respect^{1,2}). During my licensing year in 2019, I developed insomnia due to the public trauma I endured, experienced a concussion, and landed myself in hospital, unable to function and work as a psychologist. I spent eight months recovering from this experience, deciding if I wanted to be part of a profession whose members were permitted to harm me like this. Ultimately, I decided my voice was needed in this profession and I completed licensing.

During my eight months of recovery, I volunteered on a political campaign, which resulted in me spending the next four years in leadership positions within Canada's most progressive political party. In these roles, I participated in campaigns to push for universal mental health care and pharmacare, affordable housing, climate action, and better pay for healthcare and education

workers, to name a few. The lessons I learned doing this work are the ones I will share with you now.

The foremost debility of our discipline is that treatment by a licensed psychologist is not accessible to the majority of the general public. Our presence in the public sector continues to be reduced, leaving the vast majority of us to work in the private sector. There are many reasons this has occurred that I cannot cover here,³ the end result being the inaccessibility of our services to the vast majority of individuals and those who need them most. I belong to these underserved communities. I see on a daily basis the continuation of cycles of intergenerational trauma that the lack of accessible, culturally informed, specialized mental health services brings to these communities.

Issues around access to psychological treatment are largely systemic and this is where I think our profession is failing. The World Health Organization report on the Social Determinants of Mental Health⁴ makes clear the impacts of food and housing insecurity, lack of political stability, and lack of access to robust public healthcare and education systems on brain development and mental health outcomes.

I was taught in my training that psychology is an apolitical institution; I hope, post-pandemic, that none of my colleagues still believe this. The personal is political and psychologists as a whole continue to believe that influencing systemic forces that impact our most vulnerable clients' daily lives is outside of our scope. We will continue to take the backseat to the mental healthcare providers who receive training on the impacts of these systemic forces and learn how to work within them to advocate for change in order to better serve their

clients. Future-minded psychologists must take a political stance on securing general public access to our services.

The fourth principle of our ethics code is Responsibility to Society.¹ Many colleagues do not engage actively with our responsibility to society due to this belief that psychology is apolitical. Failure to recognize how systemic factors have shaped the experiences of the person sitting across from you, for whom it is your duty to care for with a respect for the dignity and autonomy of their lived experience, is a failure from the start to provide ethically competent care.

To best serve our most vulnerable clients, our members must have a good enough understanding of systemic causes of mental health disorders. Lack of awareness results in victim blaming, invalidation of our clients' lived experiences, and a loss of trust from the public. I often hear colleagues lament that social workers are replacing us. There is a reason for this: social workers work within systems and advocate for change in much greater numbers than members of our profession.

The greatest lesson I've learned was not to internalize the oppressive actions of my supervisors, professors, and colleagues, but to use my voice to fight for a more inclusive and just world, both for myself and for my clients. One thing we can all do today is to never vote for a politician or political party that seeks to remove human rights, dignity, and autonomy for vulnerable groups rather than expand them for all. To do otherwise is to violate our responsibility to society.

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As a second-generation South Asian Canadian, who currently practices clinical psychology in Quebec, my academic journey was challenging.

During my younger years, my parents were not overjoyed that I wanted to pursue my university degree in the field of psychology. They advocated for a career in medicine, law, or engineering because these were reputable careers in their country.

In the 1990s, the fields of psychology and psychiatry were foreign subjects to the South Asian individuals I encountered in Canada and Pakistan.

Most South Asians had a negative preconceived idea of psychology.

MY EXPERIENCE OF STUDYING PSYCHOLOGY AS A CANADIAN SOUTH ASIAN

Iram Ahmad (she/her), Ph.D., Clinical Psychologist, Pointe-Claire, Quebec

According to them, psychology was a subjective field of study that anyone could practice. Psychology wasn't defined by them as scientific study of human behaviours or personality, but rather as a subjective and superficial reading of someone's personality traits. Often, psychology was compared to esoterism, and it was not considered a reputable subject to study.

Furthermore, a career in psychology was misunderstood because of the fear of developing mental illness. South Asian individuals suffering from mental illness were and still are stigmatized by their own family and communities. They are frequently labelled "crazy", and left without psychiatric and psychological care. Hence, an individual studying psychology was perceived as "wasting their time treating untreatable people". This stigmatized cultural view of psychology and mental health hindered most South Asians from pursuing their studies in this field. An occasional few, like myself, decided to discard the cultural norms and follow our passion.

When I started my undergraduate studies in psychology at Concordia University in the 2000s, there were two South Asian students among 60 total. In my close circle of friends, only three South Asian women were working towards obtaining a psychology degree (and only two eventually practiced as a psychologist). Few entered the program and even fewer attained a graduate degree. The program requirements and the cultural pressures to have a prestigious career led many South Asian students from my cohort to change fields.

As a student, I was fascinated by my undergraduate courses, especially the subjects pertaining to theories of personality, social psychology, self-psychology, and motivation. The course on child development was particularly interesting. The professor

explained the effects of parenting styles on a child's emotional, psychological, and cognitive development. Findings from Diana Baumrind's¹⁻⁴ research indicated that an authoritarian parenting style (high on parental control and low on parental empathy) affected a child's social skills, cognitive abilities, and psychological health. The research was conducted in different countries and the results concluded that an authoritative parenting style (high on parental control and high on parental warmth) facilitated child development.

When I examined this information from my cultural perspective, I noticed that an authoritarian parenting style was accepted in our society. High parental involvement and control were normalized. South Asian children were encouraged to obey their parents without questioning their decisions. Parents and family elders were respected for their knowledge and thus, their input or guidance was accepted unconditionally by the younger generation.

While completing my undergraduate and graduate degrees, I encountered various psychological topics that highlighted my cultural differences, such as collectivism versus individualism, authoritarian versus authoritative parenting style, effective communication (direct communication versus storytelling/metaphors to communicate cultural beliefs), and social behaviours (egalitarianism in relationships versus authoritarian/social hierarchy).

My awareness of these cultural differences paved the way for my doctoral thesis, "The effects of perceived parental authority on an individual's self-esteem, self-confidence, academic success, and their psychological health". The findings from the study supported earlier results that an authoritarian parenting style negatively affected a person's self-esteem, self-confidence, and aca-

ademic success. These individuals were more likely to experience psychological illnesses, such as depression and anxiety disorders.^{5,6} Although I only had North American participants, it would be interesting to redo the study with South Asian participants.

After completing my graduate studies in clinical psychology, I was confronted with challenging clinical cases where the client's cultural background was important to consider in the treatment plan. I researched information about my clients' culture, and I inquired about their norms and beliefs to improve my awareness of their social struggles. In doing so, I realized that my cultural experience was relevant.

My cultural background became my reference point; I used it to understand the psychological effects and the worries that my clients felt when they deviated from their cultural beliefs or norms. I was able to empathize with their situations, which led the clients to feel understood and encouraged in the therapeutic process.

I am grateful to have studied psychology during a time when many South Asian parents were unsupportive of this career path. Having the eventual approval of my parents and the unwavering support of my brother, I was motivated to continue my studies despite community pressures to change my field.

The field of psychology is expanding, and cultural sensitivity in the academic curriculum, in clinical supervision for interns, and as a clinical practitioner is fundamental. Further research and professional training programs to educate students and professionals on cultural mindfulness would be beneficial.

**FOR A COMPLETE LIST OF REFERENCES,
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I am honoured to be asked to reflect on ways in which psychology should change to better capture the diversity of Canadian society. However, I am acutely aware that psychology already represents my intersectional identities as a white, cis-gender, middle-class woman raised in the United States. Therefore, I reflected on the stories and lived experiences of the many individuals with immigrant and forced displacement backgrounds that I have been privileged to know through my work, as well as the lessons learned from working closely with community partners, colleagues, and students from diverse backgrounds. I offer the following recommendations for psychology to better serve individuals who are new to Canada, particularly those who are racialized and those who do not speak English or French as their first language.

WHO WE WORK WITH

1. Interpreters. Language barriers create inequitable access to culturally responsive health care, leading to less effective and timely support for individuals who are new to Canada. In addition to language interpretation, interpreters provide cultural brokering services as culture knowledge-holders who can help bridge the cultural world of the client and the practitioner.

GROWING OUR CAPACITY FOR CULTURALLY SAFE PSYCHOLOGICAL PRACTICE

Catherine L. Costigan (she/her), Ph.D., R.Psych., Professor of Psychology, Department of Psychology, BRANCH Lab, University of Victoria, Victoria, BC

The availability of interpreters is a human right for clients and leads to better care, yet these services are lacking in many psychology practice settings. Our field should provide training in how to work effectively with interpreters and how to advocate within healthcare and policy settings for greater access to these services. Training future psychologists who have the linguistic and cultural knowledge to work directly with one or more newcomer communities further addresses this gap.

2. Family and community members.

Providing mental health care to individuals with diverse cultural backgrounds often includes stepping outside the traditional one-on-one model of psychological practice. Often, it might be more culturally safe and effective to include key family members in the process, as the well-being of one individual is intimately linked to relationships within the family. Attunement to the diverse experiences of different generations is also essential (e.g., some members are more focused on survival; others are more critical of Canada and eager to make Canada a place where they can thrive). Working with culturally diverse families also requires developing skills to effectively incorporate other important community members, such as traditional healers or religious leaders, into the service or as cultural consultants. These expansions require additional ethical training related to boundaries, who the client is, and confidentiality.

3. Systems. The separation of mental health needs from other needs (physical health, education, legal, etc.) is artificial and limiting and exacerbates the stigma associated with mental health challenges. Many of the important determinants of mental health are social and economic, and we would better meet the mental health needs of newcomer communities by working in concert with settlement agencies, social services, educational systems, and em-

ployment sectors. Within health care, integrating psychology with primary care could reduce stigma and increase access. To this end, we need to cultivate new training partnerships and develop standards that enable trainees to receive supervised practice in settings where psychologists do not currently work, such as partnerships with the settlement sector or counselling centres that are dedicated to serving the newcomer community.

HOW WE DO OUR WORK

1. Post-migration trauma. As a field, we should enhance training related to the traumas, losses, and stressors that individuals and families experience before and after migrating to Canada. Post-migration stressors should be better understood, such as the challenges of navigating Canadian cultural norms while maintaining a strong heritage connection, the indignity of being racialized for the first time, threats to strong family connections as individual family members acculturate in distinct ways, and the pathways of intergenerational trauma transmission. More stories and exemplars that centre and highlight these subtleties will expand the attunement of psychologists to these key dynamics. Every newcomer to Canada has their own individual trajectory that requires us to approach each new client with an open mind and cultural humility.

2. Racism and structural competence.

Psychologists need competence to identify and address racism in Canada at all levels (e.g., structural racism, discrimination, and everyday micro-aggressions) and recognize systemic inequities. Our training is traditionally focused on helping people look within to understand the cognitions, behaviours, and emotions that are causing distress. This can inadvertently attribute the source of a person's mental health challenges to within themselves, when it should be more accurately attributed to inequitable structures and systems,

such as poverty, racial stereotypes (e.g., leading to excessive discipline, misdiagnosis, over-policing), and inequitable employment opportunities and access to services.

3. Expanding our therapeutic tools.

Psychologists need training in new approaches, such as racial healing that empowers clients to see symptoms such as anxiety, depression, and anger as reasonable responses to oppressive systems. Developing expertise in arts-based interventions and somatic interventions, which de-emphasize language-based forms of expression, will also help us work effectively with immigrant and refugee communities. As a profession, we value empirically supported treatments (EST), yet many treatments have not been validated with linguistically and culturally diverse populations. We should prioritize research that uses community-engaged approaches to adapting ESTs for different cultural groups, and research that evaluates arts-based interventions. Formal training in tools such as the DSM-5 Cultural Formulation Interview (CFI) are also needed. The CFI is a framework for collecting cultural information from clients to improve the cultural validity of diagnostic assessments and treatment planning. Thus, the CFI can help clinicians understand culturally relevant values and clinical presentations, reduce the likelihood of misdiagnosis, promote safety in the therapeutic relationship, and enhance the cultural acceptability of treatment plans.

These numerous directions for growth in the profession are inter-related. Many of these changes will follow from having leaders and practitioners in the field from diverse backgrounds. Therefore, most essential are efforts to increase the diversity of our trainees.

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Defining rural, remote, and northern (RRN) Canadian communities is complex.^{1,2}

RRN Canadian communities frequently are grouped as though they are a singular entity of “not-urban”³ despite the fact that RRN communities present with diverse geographies, economic conditions, and cultures. This diversity exemplifies the uniqueness of RRN communities and highlights the importance of not treating them as homogeneous communities or as smaller versions of an urban setting (e.g., Perkins, et al.⁴). Overgeneralizing RRN communities into homogenous, “not-urban” entities risks adoption of an implicit bias towards urban-based approaches, and urban-based conceptualizations of best psychological practices. Fors,⁵ a Norwegian psychologist, pointedly describes “geographical narcissism” wherein urban-based practitioners “project moral inferiority” towards RRN-based practitioners.

CULTURAL SAFETY CONSIDERATIONS FOR RURAL, REMOTE, AND NORTHERN (RRN) PSYCHOLOGICAL PRACTICE

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She further posits that this stance comes from an approach of urban-based “seldom-addressed privilege” (p.446). For example, geographical narcissism may exist when examining the navigation of overlapping relationships, and how RRN psychologists approach, conceptualize, and accept these situations compared to urban-based peers. Behnke⁶ suggested that psychologists stop viewing rural ethics (and by extension, RRN-based psychologists) from a deficit-oriented perspective and move toward an orientation based on the richness and complexity of life in a RRN setting. Canadian medical ethicists Simpson and McDonald⁷ suggest a similar view, noting the traditional urban-centric approach to viewing RRN health care includes implicit assumptions of RRN values and culture that often ignore RRN diversity, complexity, and richness, and necessitates a culturally safe approach to healthcare delivery.

Ethical navigation of overlapping relationships is one example of culturally safe psychological practice. Successful RRN psychological practice requires knowledge of the cultural norms of the communities, and true cultural competency is difficult for psychologists to achieve across all RRN communities. As a result, cultural safety (the goal of respectful engagement that recognizes and strives to address power imbalances that are inherent in the healthcare system), rather than cultural competency, is promoted,^{8,9} and is consistent with the Canadian Code of Ethics for Psychologists.¹⁰

This is particularly important within the realms of telepsychology: some Canadian psychologists offer telepsychology services to RRN areas without thorough knowledge of the setting where their clients are living, and without having visited the community in person.¹ For decades, RRN

mental health literature has highlighted the importance of understanding the diversity within RRN social-economic circumstances and encouraged us to recognize the inherent intersectionality within these areas.¹¹⁻¹³ Yet these cautions are not always heeded as telepsychology continues to become more available to individuals residing within RRN communities, particularly when psychologists are not aware of the RRN norms specific to the community that impact the individual receiving psychological services on a daily basis.

This surge in telepsychology practice since the COVID pandemic has heightened the importance of continuing to discuss methods of ensuring cultural safety for RRN patients. As RRN academics and practitioners, we aspire to bring this issue forward so that Canadian psychologists can continue to recognize the cultural diversity within RRN communities.

RECOMMENDATIONS

We applaud the progress made; however, more is needed to continue the momentum. We believe that psychologists providing psychological services, including telepsychology, to residents of a RRN community should be encouraged to create a sense of cultural safety for the individuals they are working with. There are many options to achieve this, including establishing mentorships with RRN colleagues, and becoming a member of and engaging with the Rural and Northern Section of CPA. Another excellent resource is the Social Responsiveness in Health Service Psychology Education and Training Toolkit.¹⁴ We suggest it may also be helpful to occasionally visit the RRN communities and to seek out cultural literacy training opportunities. These suggestions are in addition to the practical considerations that psychologists providing virtual

psychological care must consider for their RRN clients (e.g., stability of internet and broadband capabilities, and ensuring the client has a private space). We recommend that all North American clinical psychology training programs promote opportunities for trainees to gain experience within RRN contexts, either in-person or virtually, with supervisors who have embodied cultural humility and encourage cultural safety. RRN-based practitioners need to be willing to provide students with the opportunity to engage in RRN to encourage learners to strengthen their skills within RRN settings.

We believe psychological regulatory bodies can also play a role, by recognizing the cultural diversity within RRN communities in their jurisdictions (e.g., encouraging cross-jurisdictional practitioners to include RRN cultural safety components within annual continuing competency credits). Slowly, yet notably, professional health-related organizations, including the College of Family Physicians of Canada (CFPC), the North American Observatory on Health Systems and Policies (NAO), the Society of Rural Physicians of Canada (SRPC), and the World Health Organization¹⁵⁻¹⁹ are recognizing the uniqueness of RRN practice. There is a need for the Canadian psychology profession to do the same. We believe it is time for Canadian psychology to step away from its urban-centric view of RRN practice and recognize this practice as the rich, vibrant, and culturally diverse experience that it is.

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THREE VOICES IN PSYCHOLOGY: WHY MENTORSHIP MATTERS TO THE FUTURE OF OUR PROFESSION

L. Alejandra Botia^a (she/her), M.A.; Farena Pinnock^b (she/her), Ph.D., C.Psych.; Komal T. Shaikh^c (she/her), Ph.D., C.Psych.

Acknowledgement to Kerri Ritchie^d (she/her), Ph.D., C.Psych. for her mentorship.

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KOMAL SHAIKH:

Describing my cultural background is a fraught task for me. Even before I entered the field of psychology, where such self-reflexivity is commonplace, as a person of colour, and an immigrant, I was often asked to describe my culture. I say describe, but what I truly mean is explain – explain yourself to us. As such, this exercise has never felt wholly comfortable for me (of course, many will say this is, in fact, the point of the exercise, and that the discomfort and the sharing of these experiences helps us create more space for differences in our field).

I am a South Asian Canadian woman, and it is through this lens that I have experienced our discipline as both welcoming and dismissive of my identity. Welcoming in the sense that differences (or at least the appearance of them) are often viewed quite highly in our field, and I have certainly benefited from this. Despite this, there is also a tendency to develop simplistic, homogenous perceptions of other cultural groups (e.g., viewing South Asians as traditional/repressive) that fail to capture the dynamic nature of personal identity and exclude individuals from roles that are seen as contrary to these simplistic perceptions.

Mentorship that was responsive to the different facets of my identity, and that modelled how to work towards identity congruency (rather than asking me to perform this in an evaluative context) played an instrumental role in helping me recognize how my identity informs my clinical practice.

FARENA PINNOCK:

My history began before slavery. It began long before we were labelled such bywords as savages and incompetent morons in psychology. Look how far we have come!

To be a Black, immigrant woman practicing clinical and neuropsychology is a (collective) dream fulfilled. My ancestors, activists, and allies alike made this dream possible. So, we celebrate these (our) achievements collectively. I do not take for granted the freedom I have to realize my passion for our profession and to be gainfully employed. I carry a sense of obligation to those who came before me and a duty to those within the Black community to feel encouraged by seeing themselves reflected in the fabric of our discipline.

Racialized individuals are underrepresented in psychology. Look around the various psychology departments to which you belong, particularly at the level of leadership and around the broader institutions in which they are housed. Representation matters because it allows diverse voices and concerns to be heard and addressed. The lack of representation is harmful for both those represented and excluded. Consider when psychology lacked representation: our communities suffered and still suffer in the aftermath. We continue to face barriers, including being pushed out of institutions of higher learning and places of employment despite our level of education, achievements, and wealth of experience because “we cannot out excellence racism and discrimination” (Thema Bryant, Ph.D., past APA president).

With souls still under repair, our silence speaks volumes, and our disenfranchisement should have no place within a *healing profession*. We need to continue creating spaces where diverse perspectives are not censored, or met with discomfort, or a counter request for us to help remedy your pain and/or guilt as we story our experience. After all, we still must grapple with our own healing. To my mentors who not only fostered my learning and career trajectory, but also welcomed my perspective, acknowledged/addressed

your own biases, and invited me within spaces where we could collaboratively effect change: thank you!

ALEJANDRA BOTIA:

As a Latina woman of colour and immigrant to Canada, I have encountered positive and challenging experiences within psychology. Certain challenging experiences diminished my sense of belonging. On the contrary, positive experiences, such as pursuing leadership opportunities as a doctoral psychology student, helped enhance my sense of belonging. Through these opportunities, I connected with other people in the discipline who were committed to working through a socially responsive lens and contributing to initiatives grounded in social justice values. I also found the power of having mentors who have shared their knowledge, resources, and opportunities to support my professional and personal growth.

By modelling resilience, empathy, tenacity, courage, and compassion, my mentors have bolstered my ability to reconnect with my values and voice and reclaim my own narrative about leadership self-efficacy.

KOMAL, FARENA, AND ALEJANDRA:

How do we propose shifting the culture of psychology to consistently providing culturally responsive mentorship for students from marginalized cultural backgrounds? The Multicultural Orientation Framework, which includes cultural humility, cultural opportunities, and cultural comfort could support the mentorship process.¹ Cultural humility involves self-awareness and shifting the focus from a self-oriented to an other-oriented approach characterized by an absence of superiority.¹ Here, mentorship and allyship can overlap. That is, when

mentors use a socially responsive lens to channel their power (i.e., degree of control over material, human, intellectual, and financial resources),^{2,3} they help form inclusive and equitable spaces for mentees to be heard and for their voices to be elevated – especially for mentees whose voices are often underrepresented. This could shift the underrepresentation of these students in doctoral programs.⁴ It could plug existing holes in the leadership pipeline for doctoral students with marginalized intersecting identities⁵ due to exposure to negative stereotypes or lack of support for pursuing leadership opportunities.⁶

Here is our call to action: Be a mentor – go beyond solely focusing on imparting knowledge for specific content areas to the next generation. Be a mentor who can work within a culturally informed practice; support conversations that acknowledge the complexity, impact, and reality that many mentees from diverse and marginalized backgrounds face.⁷ Create spaces for mentees that might be unique in their academic experience, a space where they feel more comfortable sharing and exploring how their perspectives shape their work, research, and/or practice. Creating this comfort may help mentees feel more at home in psychology, increase access to opportunities, improve their quality of life, and ensure that future voices can be increasingly represented in the discipline of psychology and have an impact beyond.



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WHAT PSYCHOLOGISTS ARE FIGHTING FOR AND WHY IT IS SO HARD: FOUR PSYCHOLOGISTS' EXPERIENCES WITH SOCIAL ADVOCACY RESEARCH

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Canadian Council of Professional Psychology Programs Working Group Against Racism and Discrimination in Canadian Psychology Training and Practice

P sychologists' roles as advocates on behalf of our profession are well-established. Yet we are also well-situated to be advocates for social justice, to help relieve human suffering, and to promote values of justice and equity. Our code of ethics emphasizes that our greatest responsibility is to those who are most vulnerable. This includes those groups who have historical and ongoing experiences of structural, cultural, and individual racism, as well as other forms of marginalization.

Do our knowledge and training, our commitment to reducing suffering (assumed by virtue of our profession), and our relative privilege (implied by our education) not mean we have an obligation to engage in social advocacy?

Too often social advocacy is not part of our work. Why? Do we not care enough? Maybe we don't know how to 'do' social advocacy. Or perhaps we are too overloaded.

We wanted to know why. We are four practicing psychologists – one in private practice; the others in hospitals. We tell ourselves we care. And mostly our actions back our stated values. We have long histories of service and social advocacy. We take on volunteer roles that do nothing for our CVs. So we must care.

But do we care *enough*? This is what happened when we tried to answer the question "Why don't psychologists engage in more social advocacy?" We couldn't finish the task we set out for ourselves of answering this question and broadly communicating our findings. We realized there was a parallel process going on with our participants: They and we cared, yet neither could accomplish what they set out to do.

What we did. In Summer 2020, we helped form the Canadian Council of Professional Psychology Program's Working Group Against Racism and Discrimination. This was a chance to take action against racism in our profession. Our subgroup focused on practicing psychologists. Many students and academics were active in social justice. But where were the non-academic psychologists? We knew they cared. What was preventing them from engaging in this work?

We distributed a survey, mainly through psychology advocacy organizations, asking practicing psychologists to respond to questions about their values, the advocacy activities they engaged in, the barriers they experienced in doing so, and how psychology organizations might better support such work.

The respondents comprised 120 mostly doctoral-level practicing psychologists, across all career stages, from across the country.

Did social advocacy matter to them?

Yes! Three-quarters said social justice advocacy was very or extremely important. They identified the following as their most significant issues, with the most important listed first: racism; social determinants of health (e.g., poverty, housing); access to services; mental health and stigma; and human rights. Most said it mattered because they were personally affected, felt a sense of responsibility, and/or wanted to contribute.

Had they been prepared for this work?

No. Despite the importance of social justice to this sample, less than half had received graduate-level training in advocacy; less than 40% had received training in social justice. Of those who had received training, it typically consisted of lectures or workshops.

Were they doing social justice work?

On average, the sample was still engaged in social justice advocacy – for approximately 3.5 hours per month. Eighty-six percent responded they were promoting social justice in their local community; 36% were doing so in their town/city; 29% within their province/territory; 17% were doing so nationally; and 10% were doing so globally. Respondents' examples most often related to advocating for individual clients and equitable access to services as well as sitting on working groups within their programs. There were few examples of promoting social justice more broadly.

Did their input match their values?

Only 15% felt that their input (the time and resources they put into social advocacy work) matched their values.

Why this discrepancy? We asked respondents open-ended questions to understand what got in the way of aligning their input with their values. We identified the following themes in their responses: insufficient resources (they lacked knowledge about how to engage in social advocacy and felt isolated in their efforts); insufficient time (due to work and personal demands – only 13% said that social advocacy was part of their work role); and insufficient support (lack of organizational support and protected time).

We had answers! Time to get writing!

But wait. When? We had managed to fit in a meeting every two months. Surely we could make time to write. After all, we had weekends and vacation time.

Weeks, then months, passed. We scheduled and rescheduled meetings. We put together a presentation and a poster. Yet those only required a handful of hours. We could not protect enough time to write a manuscript.

So the data sat. (Reader, suspend your judgement! You know you have been there!)

We got frustrated. We wanted to deliver what we had promised our colleagues when they had disseminated the survey, and the participants when they took the time to respond. And we wanted to share the findings!

The results clearly indicate that while social advocacy is important to psychologists, they do not have the resources to engage in it. They feel ill-equipped in terms of their training, they feel unsupported by their workplaces, they feel isolated in the social advocacy work they do engage in, and they feel too stretched for time.

Hang on. Isn't that what the four of us were experiencing? We kept trying to cram this work between clients, reports, meetings, and advocating for our clients simply to get basic care.

And any work we did get done, we often felt guilty about because it meant less time with our families.

We epitomized the experiences of our survey participants. Parallel process seems to apply to research too.

This editorial is our compromise: our way to do something that fits with our value of promoting social advocacy work among psychologists, while acknowledging that, like our participants, our input does not reflect the value we place on it.

What else did we learn? We drew the following three conclusions:

1. Psychologists care: Social justice work fits with our values. Yet the demands we face and the advocacy we are called to do in our daily lives mean we have little left for broader-reaching social justice advocacy.

2. We do not enter this profession equipped to do social justice advocacy, either through training or in our workplaces. As such, we do not know where to start or how to sustain social justice work.

3. Psychologists need guidance and support for social justice work. Perhaps training programs, the CPA, and our provincial and territorial advocacy bodies can help us get started in social justice advocacy. Our profession stands for the alleviation of suffering, for social justice and equity. Let's not lose sight of these values because we don't know how to put them into practice.

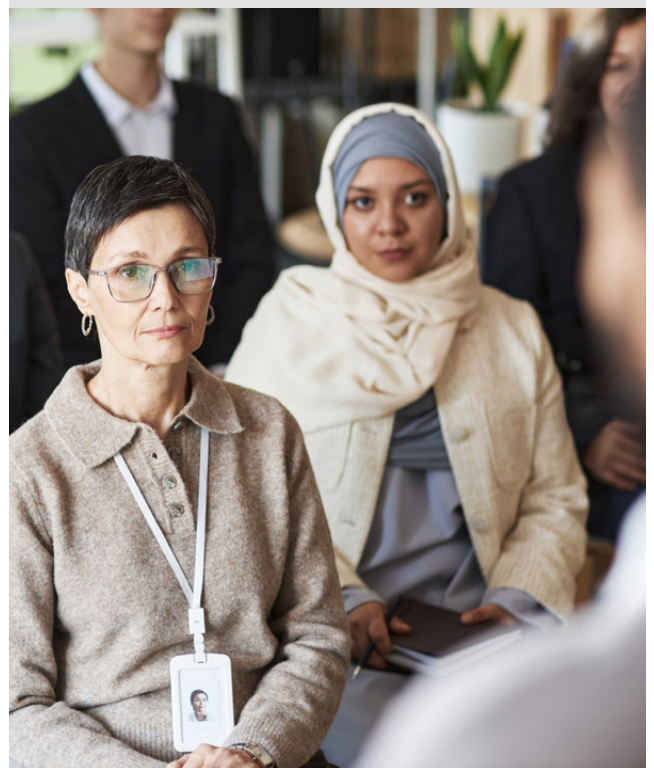
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CPA HIGHLIGHTS

A list of our top activities since the last issue of *Psynopsis*.

Be sure to contact membership@cpa.ca to sign up for our monthly *Psynature* e-newsletter to stay abreast of all the things we are doing for you!

CPA AND CAMIMH SUBMIT BRIEFS AS PART OF FEDERAL GOVERNMENT'S 2024 PRE-BUDGET CONSULTATION PROCESS (FEBRUARY 2024)

As part of the federal government's 2024 pre-budget consultation process, the CPA and Canadian Alliance on Mental Illness and Mental Health (CAMIMH) submitted Briefs that contain specific financial "asks" of the government. See the [CPA's](#) and [CAMIMH's](#) Briefs.

EVERY NUMBER TELLS A STORY: 2023 PUBLIC POLICY SURVEY RESULTS

The CPA asked members, associates, and affiliates, as well as non-members, for their views on a wide range of public policy issues (including access to care, MAiD, increasing the supply of psychologists, impact of COVID, psychological research, national licensure, title and scope of practice, and fitness-to-stand-trial and not criminally responsible assessments), the needs of students, and the economics of psychology. [See the results here.](#)

BRIEFING PAPER: ARTIFICIAL INTELLIGENCE AND PSYCHOLOGY

Artificial intelligence and its various uses have been the subject of much speculation in the media and in universities. This [Briefing Paper](#), prepared by Adam Sandford, Bryce Mulligan, Eleanor Gittens, Meghan Norris, and Myra Fernandes, provides a preliminary overview of the topic and makes recommendations for action by the CPA.

PSYCHOLOGY MONTH 2024: CLIMATE CRISIS AND COPING

February is Psychology Month, and this year the [theme was the climate crisis](#). The CPA's campaign included a series of articles, now archived on our website, and five episodes of our podcast *Mind Full*, available wherever you get your podcasts.

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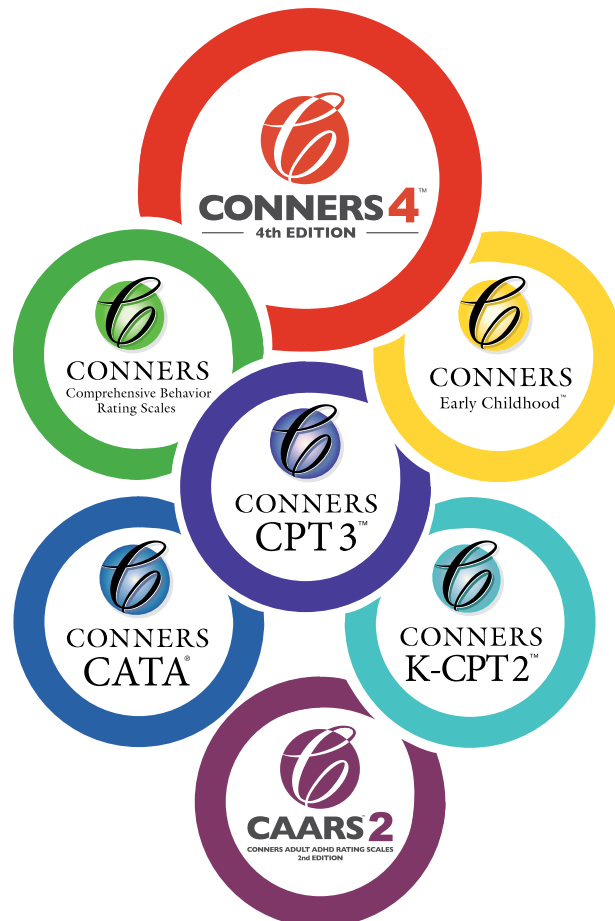
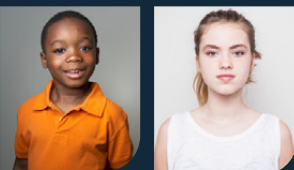
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#WEALLHAVEASTORY



#YOUARENOTALONE

We at **High Notes Avante** know music has healing powers.

High Notes Avante strives to make music learning accessible and to promote the accompanying mental health benefits.

The **High Notes Avante** community welcomes those whose lives have been touched by mental illness.

Consider prescribing music lessons to your mental health clients!

Music can
change the world
because it can
change people

#MUSICISMEDICINE

THE HIGH NOTES MUSIC PROGRAM

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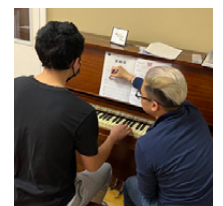
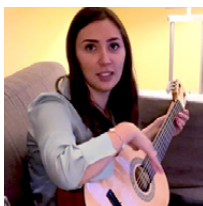
Apply via our webpage:

highnotesavante.ca/free-music-lessons/

INSTRUMENTS OFFERED:

PIANO • GUITAR • SAXOPHONE • CLARINET
HARP • GROUP MUSIC

& more!



High Notes Avante is a registered charitable association who is celebrating
10 years of using music to inspire and give hope to people who have been touched by mental illness.

To register or refer someone to our programs, learn more, support or donate visit:

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