PSYNOPSIS

CANADA'S PSYCHOLOGY MAGAZINE

EDUCATION AND TRAINING

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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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EDUCATION AND TRAINING

MESSAGE FROM THE GUEST EDITORS

Kerri Ritchie, Ph.D., C.Psych.
President, CPA, 2022-2023
Senior Psychologist, People, Health and
Wellness, The Ottawa Hospital, Ottawa, ON

Eleanor Gittens, Ph.D.
President, CPA, 2023-2024
Program Coordinator and Professor,
Georgian College, Orillia, ON

Shaping tomorrow's psychologists: Innovating science, practice, and education for the next decade

When we first developed the call for submissions for the Education & Training issue of *Psynopsis*, we didn't know what to expect. Using our present-day experiences to imagine what could fill the gaps, not just of today, but of tomorrow, is all about perspective.

We had more submissions than we had anticipated; in hindsight, perhaps this is not surprising. When provided with a canvass, we have many psychologists willing and ready to create. We were not able to select all the submissions; instead, we tried to focus on those with the broadest application for science, practice, education, and training. The articles, admittedly, that we felt would have the broadest impact on our diverse profession, students, and our communities.

Rethinking teaching methods in a digital era

One of the most significant changes shaping education is the rise of digital learning. Traditional classroom settings, where lectures dominate and textbooks serve as primary references, are being "disrupted" by interactive online platforms, virtual simulations, and artificial intelligence (AI)-driven, personalized learning tools. What if this technology could support both personalized feedback and training, as well as providing consistent experiences; perhaps supporting Dr. Nicholson's call for psychology's own Flexner report? The use of this technology could provide a safe space to develop skills that might otherwise be difficult to practice as we rely on what comes through the door.

Training for diversity and global competence

We also heard from experts on ways to unite our common experiences and more fully embrace equity, diversity, inclusion, and belonging. As the world becomes more interconnected, psychologists must be prepared to work in diverse cultural and global contexts. Today's training programs must emphasize cultural competence, going beyond simple tolerance of differences to fostering a deep understanding of various cultural, racial, and socioeconomic factors that impact people, systems, and communities. Future psychologists will need to be equipped to work effectively in multicultural settings, both locally, and perhaps at some point, globally.

The future of research

The future of research in psychology will play a critical role in shaping education and training across the diverse specialties within the field. As psychology continues to evolve, research must focus on evidence-based teaching and training methods. Additionally, research should explore the efficacy of interdisciplinary education, particularly for those who work in the field, to collaborate with professionals in medicine, law, and social work. Studies on the impact of cultural competency training and its effects on science, practice, and education will be vital in serving an increasingly diverse population.

Conclusion

The future of education and training in psychology lies in embracing change while preserving the core values that define our discipline: empathy, scientific rigor, and a commitment to improving mental health outcomes. By innovating our teaching and training methods, and prioritizing cultural competence, we can prepare the next generation of psychologists to meet the challenges of tomorrow with confidence, creativity, and compassion. The decisions we make now will shape not only the education of future psychologists but also the mental well-being of the society they will serve.

MESSAGE FROM THE CEO

Lisa Votta-Bleeker, Ph.D.
CEO, CPA, and Editor-in-Chief, *Psynopsis*

WELCOME TO THE EDUCATION AND TRAINING ISSUE OF PSYNOPSIS!

A special thanks to Dr. Kerri Ritchie, CPA President 2022–2023 and Dr. Eleanor Gittens, CPA President 2023–2024, for their leadership and care in putting together this issue. Of note, Drs. Ritchie and Gittens also served as the Directors representing Education on the CPA's Board so their commitment to this topic more broadly is both recognized and appreciated.

Education is one of the CPA's three pillars – a pillar significantly connected to our science and practice pillars, and for which our work spans accreditation of doctoral training programs, liaising with the Chairs of the Departments of Psychology, continuing professional development activity, continuing education sponsorship, hosting of webinars, career development initiatives, liaisons with other learned societies, and as appropriate, advocacy for education.

Perhaps unsurprisingly, this span of activity reflects the span of topics covered by the articles in this issue, some of which speak to different ways of teaching and learning, suggested changes to current training, the benefits of Two-Eyed Seeing into Western ways of knowing, supports needed for psychology-related careers, the need for a common core curriculum for our profession, the scientific principles of learning, and the role of technology in psychological education.

This issue sought articles that addressed innovative teaching methods, curriculum development, training models, and the challenges and opportunities in educating future psychologists.

In different and meaningful ways, each article highlights the critical role of education in how we currently train, teach, and learn, and the ways in which our field of education and training in psychology is evolving and/or can evolve. As you read these various articles, I'm confident that you will be inspired to reflect on how you have been trained or are training, how you have been taught or teach, and how you have learned or currently learn – and I hope you will be an agent of change on any or all of those fronts when considering the educational aspects of our profession and discipline.

FROM THE PRESIDENT'S DESK

Anita Gupta, Ph.D., R.Psych., C.Psych.
President, CPA

I felt a sense of excitement about the breadth and depth of the discipline of psychology while reading the articles of this issue of *Psynopsis*. I was excited to read about programs adapting and creating processes of training to take into account the CPA's 2023 updated accreditation standards, employing a spirit of cultural humility, and using innovation and technology.

I felt a sense of hope that we are considering our interpretive lenses, what wells of knowledge and wisdom may be missing in how we understand psychology, and how we consider global differences: North and South, East and West, Indigenous and Newcomer. I felt grateful that we are considering how to better support our students at the undergraduate and graduate levels to thrive and succeed in their choice of career path, whether they stay within academic and/or professional psychology, or they use their skills in other fields. Changing, adapting, growing are often not easy as an individual, and the same is true for a field. I believe we are well-equipped in psychology to do so and have strong foundations from which to draw.

I found myself reflecting on my own psychology education. As an undergraduate at the University of Toronto, my first cognitive psychology course was taught by Dr. Fergus Craik (Yes, that Craik!!). I was thinking about how the Levels of Processing Model of Memory by Craik & Lockhart[1] would have had relevance to everyone in the class, though we may not have realized it at the time, regardless of what we eventually chose to do professionally. Knowledge about how information can be processed deeply and remembered has direct relevance, whether someone becomes a teacher, actor, electrician, lawyer, physician, realtor, athletic coach, farmer, or even an academic or professional psychologist. When I taught exam preparation and learning workshops to medical residents and fellows, it was fairly common that someone would make the comment, "I wish I would have learned these things sooner". I am proud that those of us who have studied psychology can draw from our foundational, generalist knowledge even as we seek and gain more specialist knowledge.

It would be easy to use much more than my allotted 500 words to list all that is psychology, but I'll limit myself to 28 as a sampling – just world phenomenon, neuronal communication, attachment styles, figure-ground perception, classical versus operant conditioning, basic and complex emotions, bystander effect, management styles, in- and out-groups, quantitative and qualitative methodologies. This is all psychology and it is so relevant and useful. As we prepare and support our students, as we engage in life-long learning well after we earn our degrees, as we embrace innovation and recognize and address gaps that have existed and still exist, it behooves us to acknowledge the existing wealth of knowledge within psychology.

Likely, no one studied psychology in university because they had to. The beauty of engaging in psychology education is that we chose and so many continue to choose to do so. Psychology teaches us how to learn. So, let's keep learning.

I hope that you too will feel excited as you read this issue.

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DEVELOPING CAREER-READY PSYCHOLOGY GRADUATES WITH INTENTIONAL DESIGN OF CURRICULUM AND ASSESSMENTS FOR PSYCHOLOGY-RELATED CAREERS

Adam Sandford, Ph.D., OCT, Associate Head of Psychology, University of Guelph-Humber, Toronto, ON

The world needs psychology and more psychologists.[1] There is a greater need for evidence-based mental health services for diverse populations, combatting misinformation, and preparing for disruptive technologies such as those posed by generative artificial intelligence (AI) tools like ChatGPT, among many other societal issues. These call for graduates to be both the cause and effect of change, as they adapt to novel problems and create new solutions in their personal and professional lives. The purpose of this article is to consider two questions: (1) What are employers seeking in the 21st century graduate? and (2) Are psychology departments preparing students for a broad array of psychology-related and unrelated careers?

The Canadian Psychological Association (CPA)'s Psychology Graduate Survey[2] of 1785 terminal master's graduates and 2656 doctoral graduates revealed common areas of employment of respondents. These were: academia (27.5% of all respondents, mostly represented by doctoral graduates); independent practice (36.6% of all respondents between solo and group settings); hospital or healthcare setting (25.4% of all respondents); and school or educational setting (13.9% of all respondents, mostly represented by master's graduates). Despite their tremendous efforts to reach all psychology graduates in (or from) Canada, we can also expect many psychology graduates, including those who did not pursue further education and training beyond the bachelor's degree, do not pursue careers that are directly related to psychology. For one thing, to pursue psychology in academia or to practice as a psychologist or psychotherapist, students will need to at least complete a relevant master's degree and, for practice, to be licensed.

Furthermore, reports suggest that we are producing many more doctoral graduates than there are jobs,

making the job market increasingly competitive, which will exclude many graduates from traditional areas of employment for psychology master's and doctoral graduates.[3-5] Tellingly, over 2000 respondents in the CPA Psychology Graduate Survey[2] provided comments on what they would change about their graduate education when reflecting on their career trajectory to date. They variously suggested a greater emphasis on non-technical (e.g., leadership, advocacy, administration, business operations, and project management) and non-academic career paths should be included in education and training. Indeed, one goal of higher education in psychology is professional development[6] and employers are seeking the many technical and transferable skills directly or indirectly developed by psychology graduates.[7-9] Nonetheless, what does psychology curricula in Canada teach psychology students?

Unfortunately, there are no straightforward answers to the above question without a scoping review of all psychology curricula across Canada. We do know that there are no guidelines for psychology curricula in Canada across the different levels of psychology education after high school.

The American Psychological Association (APA)'s Center for Workforce Studies Careers in Psychology Data Tool,[10] based on National Science Foundation data, including 3.7 million US-based students who earned a bachelor's degree in psychology, suggests that approximately 14% of bachelor's degree holders pursue professions that require graduate degrees in psychology. While this may be an over- or underestimation of the numbers in Canada, it is likely that most individuals with a bachelor's degree in Canada also do not pursue careers that require graduate degrees in psychology. However, many universities will likely re-

port that their graduates from all levels of education are successful in securing full-time employment after graduating, but we know less about the extent to which graduates feel prepared for the workplace across an array of careers they may pursue. This was part of the work recently started by the Canadian Psychological Association's EduTrac Working Group that set out to explore the preparedness of psychology students and trainees for life after graduating with their most recently attained degree. While this work is ongoing, it is possible for administrators, faculty, academic advising, and the university's own career advising or services to work together to intentionally create structured opportunities for students to learn, practice, and reflect on personal and professional development experiences. For example, intentional design of the curriculum could integrate more professional development courses, including:

- Internships or externships for graduate students to work with psychology and psychology-related professionals in a variety of settings for project management, interpersonal communication, and business development learning.

- Community-engaged learning courses that allow students to work with community partners on meaningful projects that result in useful outputs for the community partner such as recommendations for further research and consideration for policy changes following scoping or systematic reviews of the literature. This could extend to community-engaged scholarship opportunities that connect faculty, students, and community partners together on establishing research questions, developing appropriate research design and analytic plans, and producing outputs that make sense for the project (e.g., peer-reviewed articles and community materials, including

infographics, podcasts, and resource documents).

- Expanding co-op education and placement opportunities in the undergraduate curriculum that allow students to explore different career options (with the encouragement of the university administration). For examples of placement opportunities, see the University of Guelph-Humber[11] and Carleton University's[12] placement courses for psychology students.

Educators and mentors should continue to support students who wish to pursue an education in psychology through to the doctorate and a career in academia or practice. However, we should also be prepared to guide students to the broad array of possible career paths that use capabilities (transferable skills) developed in the pursuit of psychology education and training at all levels of education from the bachelor's degree through to the doctorate. To do this, we should be more intentional as administrators, educators, and researchers in the design of curriculum and assessments that facilitate students' practice of and reflection on their professional development to be career-ready. This will almost certainly require top-down and bottom-up influences to increase the likelihood of successful implementation. Administrators, faculty, students, and employers (through co-op education, placements, community-engaged learning, and externships) can potentially work together in partnership to create opportunities for professional development, skill acquisition, and inquiry and reflection that prepare for disruption in society and the workplace so that they remain in meaningful careers and enjoy fulfilling lives well beyond their psychology education and training.

Psychological insights in education

Learning is incredibly complex, relying on interactions between external factors such as funding and available resources and internal factors such as cognition and motivation. Amidst the wide spectrum of disciplines that inform the science of learning, psychological research has been especially influential in revealing critical insights for facilitating successful classroom teaching and learning.[1,2] In fact, psychological insights hold tremendous promise for improving how students learn, how educators teach, and how we meet students' social and emotional needs.[2] In our own research, we investigate the most advantageous study strategies, and work to decipher the possible mechanisms by which their benefits are conferred.[3]

BRINGING THE SCIENCE OF LEARNING INTO THE CLASSROOM

Samantha Gauvreau, M.A., Doctoral Student; **Karl Szpunar,** Ph.D., Associate Professor, Director of Psychological Science Training, Toronto Metropolitan University, Toronto, ON

Among the most potent of these strategies is retrieval practice, whereby learners practice bringing information they have learned back to mind. This simple act of intentional retrieval not only exercises and strengthens our memory, but it also fosters skills that encourage a deeper, more flexible understanding of classroom materials.[4-6]

Unfortunately, information pertaining to effective strategies is not making its way into classrooms. When surveyed, most students (80%) report never being taught how to learn, resulting in their use of ineffective, time-consuming learning strategies.[7,8] So, why aren't educators incorporating psychological insights, such as the best learning strategies, in their classrooms and schools?

The gap between research and practice

Perhaps the most salient obstacle to the implementation of the science of learning in the classroom has been the lack of direct contact between researchers who aim to understand the mechanisms of learning and teachers who aim to bring out the best in their students. Although champions of the science of learning have made several concerted efforts to draw the attention of learners and educators,[4,9] direct collaborations between proponents of these related but distinct domains, especially in a Canadian context, remain few and far between.[10,11]

As both a teacher and psychologist in training, the first author of this article (SG) has been uniquely positioned to facilitate informal discussions over the past year with elementary public school teachers in Ontario around strategies that boost learning, but more importantly, barriers in applying these findings in their classrooms. In these discussions, teachers underscored two interconnected themes to account for the gap between research and their practice in education: (1) a lack of

access to and awareness of research; (2) a need for consultation and training – echoing similar challenges proposed in literature.

To begin, teachers, much like students, don't know what they don't know. Schools generally do not have access to the typical channels used to disseminate the latest psychology research, and these new findings are rarely embedded into existing curriculum or professional development trainings. Much like SG's teaching practice, teachers' tried-and-true classroom strategies were often inherited through mentorship or developed systematically through trial and error.

Remarkably, the best strategies were usually well-aligned with best practices, but teachers indicated an incomplete understanding of precisely how these strategies led to improved learning outcomes. For example, teachers saw tremendous value in implementing repeated practice, group discussions, and assessment in their classrooms, but they were never made aware that these activities could actually serve as effective forms of retrieval practice. Moreover, once a general appreciation for retrieval practice was established, they still struggled to adapt it to fit the real-life contexts and needs of their classrooms.

In these collaborative conversations, we noticed that teachers were missing opportunities to make small adjustments that could greatly enhance the effectiveness of their teaching, but they had an immense appetite for professional development trainings and individualized consultation with psychologists centered around embedding these strategies in their classrooms. Beyond practice, teachers were equally eager to participate in pedagogical reflection to inform future educational policies and programs that

will reflect the current advancements in educational psychology research.

What does this mean for education and training in psychology?

As psychologists, we have a duty to lead knowledge mobilization and research dissemination to increase accessibility and awareness of psychological principles. Importantly, these efforts need to emphasize cross-collaboration between psychology practitioners and knowledge users, not only to develop a shared understanding, but also to create products that are relevant and meaningful for guiding practical action.

Our discussions with teachers highlight that while these products may take many forms, research achieves its greatest impact through on-the-ground collaborations working hand-in-hand with educators to jointly cocreate a vision for practice. We have found the process of developing meaningful crosstalk between the domains of psychology and education to be highly informative and rewarding, and believe that serving our communities involves partnering with them to codesign a future that accounts not only for what works, but also how it translates across contexts to meet the needs of all.

FOR A COMPLETE LIST OF REFERENCES, PLEASE GO TO CPA.CA/PSYNOPSIS

As the future approaches, the field of psychology is rapidly changing, and so must the way we educate and train the next generation of psychologists. The use of technology in psychology education is not just a new option but a necessity to adapt to the digital transformations that are reshaping mental health care. From virtual reality (VR) simulations to artificial intelligence (AI)-based assessments and teletherapy models, innovative tools enhance learning and clinical skills, making future psychologists more flexible with resources in our tech-savvy world.

Virtual reality: A new training horizon

One of the most exciting advancements in psychology education is the use of VR for training.[1] Traditionally, exposure therapy, a technique used to help clients confront and overcome fears, has been conducted in controlled, real-world settings.[2]

EMBRACING THE FUTURE: HOW TECHNOLOGY IS TRANSFORMING PSYCHOLOGICAL EDUCATION

Larbi Benallal, B.A., M.A. Student, Research Assistant, Talwar Child Development Laboratory, McGill University, Montreal, QC; **Margaux Bouillard,** B.Sc. Student, Research Assistant, Cognition, Attention, and Achievement Research Laboratory, McGill University, Montreal, QC

However, VR allows for a more immersive, controlled, and safe environment where students can practice these techniques. For example, when working with a client with a fear of flying, students can use VR to simulate a flight, helping the client reduce anxiety through controlled, hands-on learning. By exposing students to a wide range of experiences, VR helps them build the skills they need to handle the complexities of real-world practice.

VR can simulate a variety of clinical scenarios,[3] offering students exposure to diverse client backgrounds that they may not typically encounter during their training. This allows them to develop a broader understanding of empathy and practice, applying it in a wider range of contexts, enhancing their readiness for real-world psychological practice.

AI-driven assessments

AI is a new option to integrate in psychology education. AI-based assessments can analyze vast amounts of data quickly, providing insights that were previously unattainable.[4] These tools are not only enhancing the way we diagnose and treat mental health issues but also transforming the way we train future psychologists. For example, AI can be used to create personalized learning experiences for students. By analyzing their progress, strengths, and weaknesses, AI can tailor educational content to meet their individual needs. This personalized approach ensures that each student receives the support and guidance necessary to master complex concepts and skills.

However, the role of teachers remains central in guiding this integration. Teachers not only facilitate the use of AI tools, but also ensure that students are able to engage with these technologies in meaningful ways that reflect

real-world scenarios.[5] AI may be able to assist with data-driven assessments, but the interpretation of these data and their applications to clinical scenarios require human expertise. Educators provide insights that help students understand the ethical, cultural, and practical implications of using AI. By bridging the gap between AI-driven insights and practical applications, educators are essential in preparing students for real-world psychological practice.

AI is also revolutionizing the assessment of psychological conditions. Through machine learning algorithms, AI can identify patterns and predict outcomes, offering more accurate diagnoses and treatment recommendations.[6] By training with these tools, students gain a deeper understanding of how AI can be integrated into clinical practice, preparing them to use technology effectively in their future careers.

Teletherapy: Preparing for a digital future

The COVID-19 pandemic has accelerated the adoption of teletherapy, and it's clear that this trend is here to stay. Training future psychologists to deliver therapy and counselling services online is crucial in a world where digital communication is becoming the societal norm. Teletherapy presents unique challenges and opportunities. On one hand, it offers greater accessibility, allowing psychologists to reach clients in remote or underserved areas. On the other hand, it requires a different set of skills, such as building rapport through a screen, managing confidentiality, and understanding the ethical implications of online therapy.[7]

Incorporating teletherapy into psychology education ensures that students are equipped to navigate these challenges. By practicing

online therapy sessions, students learn to adapt their communication styles, manage technical issues, and maintain professional boundaries in a digital space.[8] This training is essential for preparing psychologists who are flexible, adaptable, and ready to meet the needs of a digital-first world.

The future of psychology education: A blend of tradition and innovation

While technology offers exciting new possibilities, it's important to remember that the core principles of psychology, empathy, ethics, and evidence-based practice remain intact and are sacred. The challenge for educators in training the next generation of psychologists is to blend these timeless values with modern tools to create a comprehensive training experience. As we look toward the future, the integration of technology into psychology education will help provide new avenues of training that can broaden the skills of the trainees. By embracing innovations like VR, AI-based assessments, and teletherapy, we can prepare the next generation of psychologists to not only survive but thrive in a rapidly changing world.

In conclusion, the future of psychology lies at the intersection of tradition and technology. By incorporating innovative tools and platforms into education, we can ensure that future psychologists are well-equipped to navigate the digital transformations in mental health care. As educators, researchers, and practitioners, it's our responsibility to guide this evolution, preserving the best of what has come before while boldly embracing the new possibilities that technology offers.

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DEVELOPING CULTURAL HUMILITY USING LIVE ACTOR SIMULATION TRAINING

Fiona C. Thomas, Ph.D, C.Psych. Assistant Professor, Department of Psychology; **Michael K. Cheng,** Ph.D., C.Psych., M.Sc.C.P., Clinical and Rehabilitation Psychologist, Director, Psychology Training Clinic (St. Michael's Academic Family Health Team); **Stephanie E. Cassin,** Ph.D., C.Psych., Professor and Director of Clinical Training, Department of Psychology

Toronto Metropolitan University, Toronto, ON

In 2020, our Clinical Psychology Graduate Program at Toronto Metropolitan University (TMU) formed an Equity, Diversity, Inclusion, and Justice Committee that aims to increase cultural humility in clinical training through coursework, clinical practica, and professional development to better prepare our future psychologists to serve and support clients with diverse identities. We first examined the literature on cultural humility training, which generally shows that it increases knowledge, whereas findings for change in attitudes, awareness, and skills are mixed.[1] In response to the recommendation that training should include a graduate course in diversity, supervised clinical experience with diverse populations, and experiential activities,[2] we implemented several changes in our program.

Live Actor Simulation Training

We developed a proposal for a new course entitled Culturally-Informed Clinical Practice (CICP), and successfully advocated to hire a faculty member to develop and teach the course. While awaiting approval for this course, we piloted live actor simulation training as an experiential method to develop cultural humility.

In simulations, students take turns assuming the role of the clinician during an unscripted clinical scenario with a live actor portraying a client. During the simulation, students can call "time-outs" and seek guidance from their peers or the instructor. Following the simulation, the actor provides feedback on their experience, and the debriefing session focuses on teachable moments and ways of incorporating knowledge into practice.

Partnering with the TMU Live Actor Simulation Program, we held three workshops that focused on: 1) addressing anti-Black racism; 2) identifying and repairing microaggressions; and 3) conducting an intake interview[3] that integrates questions from the *DSM* Cultural Formulation Interview[4] (CFI). The feedback we collected following the simulation training was positive, with students commenting that it provides opportunities to practice in a supportive environment, prepares them well for real-life clinical encounters, and should be incorporated into the curriculum.

Culturally-Informed Clinical Practice

CICP is a required course that clinical psychology students take in their first year. It aims to equip students with the development of foundational skills in psychotherapy within a culturally-informed framework. Students learn about different forms of diversity and intersecting identities, and explore how beliefs, attitudes, behaviours, worldviews, and biases can impact therapeutic relationships. Course material emphasizes the exploration of the complexities of cultures, race, privilege, and oppression to increase self-awareness of clinicians in training in relation to those they will serve in psychotherapy.

The course includes guest lectures that are coupled with experiential activities, including role-play of counselling skills, and reflexive personal explorations of challenging topics. Such activities culminate with a live actor simulation exercise where students practice conducting an intake interview integrating questions from the *DSM-CFI* with a simulated client who presents with multiple identities, often historically marginalized in the mental healthcare system.

Over several weeks, students prepare for the final assignment of conducting an intake assessment with the simulated client and subsequently write a partial assessment report. Students are introduced to the intake interview early in the semester that they will eventually conduct with clients at our Psychology Training Clinic (PTC). Near the end of the course, students take turns administering the PTC intake interview with the simulated client. This simulation provides trainees with invaluable experience of integrating foundational counselling skills in ways that are flexible and meet the needs of diverse clients.

Following the simulation, students are asked to reflect on their experience. Time is carved out in class for debrief sessions, and students write individual personal reflections. These exercises give particular attention to making visible what is often invisible. For instance, such exercises are aimed at increasing awareness for students regarding their own communication style, cultural background, and intersectional identities (of self and others), and of the inherent biases and assumptions that come with those identities.

Ultimately, the goal of CICP is to equip trainees with the skills to examine the varying perspectives and practice the interpersonal skills necessary to develop as culturally responsive advocates and allies for the promotion of cultural humility and authentic relationships as clinical psychologists. These skills additionally set trainees up for their first practicum at the PTC.
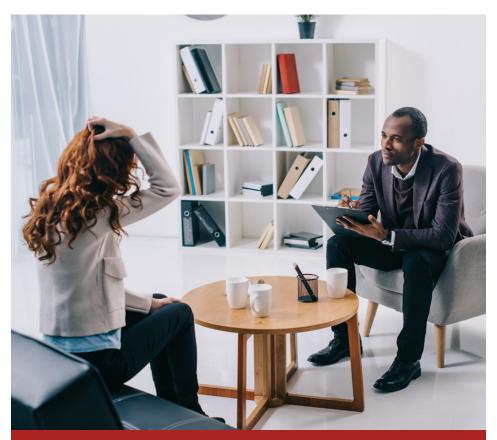
Psychology Training Clinic

Following the CICP course, students develop their clinical experience in assessment and intervention in their first practicum at the PTC, which is located within a Family Health Team. Patients are referred from primary care and often belong to at-risk, marginalized, and under-served populations. Practicum students complete a semi-structured interview that integrates questions from the *DSM-CFI* and provide time-limited individual psychological treatment integrating cognitive-behavioural therapy and culturally informed clinical practice.

Despite the challenges of early learners providing services to patients with complex psychosocial stressors and comorbidities, PTC outcomes have been consistently strong, including high treatment completion rates and statistically and clinically significant improvements on measures of stress, anxiety, and depression symptoms. Of patients who responded to an anonymous post-service questionnaire, 67% self-identified as belonging to an at-risk, marginalized, or under-served population. Of those respondents, 75% strongly agreed and 25% agreed that clinic services were inclusive and culturally appropriate.

The course evaluation, practicum evaluation, and patient outcome data collected to date suggest that this is a promising framework for developing cultural humility in psychology trainees. As professional psychology programs consider how to adapt in response to the new Canadian Psychological Association accreditation standards,[5] live actor simulation training is an innovative approach for developing foundational competencies in individual, social, and cultural diversity, bias evaluation, and reflective practice.

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DALHOUSIE CENTRE FOR PSYCHOLOGICAL HEALTH: BUILDING A TRAINING CLINIC THAT EMBRACES EQUITY AND SOCIAL RESPONSIBILITY

Debbie Emberly, Ph.D., Health Outcomes Scientist/Research Lead; **Julie Wershler**, Ph.D., Instructor and Clinical Supervisor; **Shannon Johnson**, Ph.D., Associate Professor, Director of Clinical Training for the Clinical Psychology Ph.D. Program, and Co-Director of Dalhousie Centre for Psychological Health; **Alissa Pencer**, Ph.D., Senior Instructor, Field Placement Coordinator for the Clinical Psychology Ph.D. Program and Co-Director of Dalhousie Centre for Psychological Health

Dalhousie University Centre for Psychological Health, Halifax, NS

The Dalhousie Centre for Psychological Health (CPH), a collaboration between the Nova Scotia Office of Addictions and Mental Health and Dalhousie University's Clinical Psychology Ph.D. Program, supports the provincial government's goal of providing mental health services for all Nova Scotians through universal mental health and addictions care.[1]

The mission of the CPH is to provide exceptional, culturally humble mental health and addictions care that embraces and celebrates the diversity and complexity of our unique Nova Scotian communities, and to provide students with experience, exposure, and competence in working with diversity. Our transformative care model emphasizes low barrier access and a commitment to creating an inclusive, supportive space where clients receive personalized, evidence-based, and culturally informed care, empowering them to achieve mental wellness and resilience. This provides opportunities for the students to develop a sense of civic responsibility and community engagement.

We serve those with low income and prioritize access to care for those who also identify as belonging to specific priority populations, i.e., African Nova Scotian, Indigenous, 2SLGBTQIA+, newcomers/refugees, and/or children and former children in care. Specifically focused on the 2023 Canadian Psychological Association (CPA) Accreditation Standards outlining foundational competencies of individual, social, and cultural diversity and Indigenous interculturalism,[2] we have embraced the opportunity and responsibility that is inherent to providing care that meets these standards.

In alignment with the CPH mission and values, we developed care

pathways, policies, procedures, and training to meet our dual mandate of excellence in clinical care and clinical training, focused on the following four areas:

1. Community partnerships: Valuing inclusivity, equity, and relationship, we developed a referral and care management pathway in partnership with community-based organizations who support the people, populations, and communities we serve, to build trust in the care provided at the CPH and increase awareness and access to psychological care.

2. Case management: To ensure equity and inclusiveness for our client population, we employ a case manager and access navigator to build relationships and respond to the needs of our clients and community partners, ensuring that the clients' unique circumstances and needs are met with compassion.

3. Training and research: We provide training for our staff and students that is grounded in cultural humility and relevant to the needs of the communities we serve. Workshops have included using interpreters in service delivery, mental health needs of immigrant and refugee populations, and cultural adaptations for assessment and intervention for Indigenous clients. We are innovating to create a stepped practicum for those in our African Nova Scotian community and developing a Mi'kmaw adapted cognitive behavioural intervention model.[3]

4. Quality improvement: With a focus on relationship building and excellence, we seek formal and informal feedback from our partner organizations, clients, students, and staff, related to our services and processes, adjusting in response to this feedback.

The CPH is central to Dalhousie University's Clinical Psychology Ph.D. Program's curriculum and training goals and is strongly aligned with the 2023 CPA Accreditation Standards:[2]

1. Core foundational skills in assessment and intervention: Three practical clinical skills courses (two assessment and one intervention) and initial practicum placements are conducted through the CPH, with students providing services to clients under the supervision of course instructors and clinical staff. Students apply their theoretical knowledge and gain experience working with diverse clients and integrating a broad variety of sociocultural factors into case formulations from the outset of their training. Students are prepared for external placements following these initial experiences.

2. Supervision: High quality clinical supervision is tailored to the developmental needs and skill level of trainees. Students have opportunities to work with multiple supervisors with different specializations and theoretical orientations, to provide supervision to junior students, and to work with clients across the lifespan and with a broad range of presenting concerns.

3. Opportunities for specialist training and competency: CPH staff represent a broad range of clinical specialty areas, some of which are difficult to obtain in training (e.g., couples and family therapy, sex therapy, adult neurodevelopmental assessment), building capacity within the psychology community by training future clinicians with a diverse range of expertise.

4. Residency program: The CPH, in partnership with Dalhousie Student Health and Wellness, established a residency program, with four funded positions and rotations across the two sites. Lifespan residency, a unique opportunity at the CPH, is difficult to obtain within the Atlantic provinces, facilitating the recruitment and retention of skilled psychologists in the region.

We opened our doors in September of 2023 and have since seen 339 clients, across the lifespan, for 1257 sessions of individual therapy, group, couples, and family therapy, and psychoeducational and psychodiagnostic assessment. We receive a high volume of referrals for adult attention deficit hyperactivity disorder (ADHD) and autism spectrum disorder (ASD) assessment, trauma treatment, and individual therapy for clients with multiple comorbidities. Approximately 30% of clients self-identified as belonging to a priority population.

Photo 1 is of our waiting room and photo 2 is of our therapy room.

We are listening to our community partners, students, and staff, and learning from and responding to their feedback. We are dedicated to modifying aspects of service and training based on evidence that supports the need for change (i.e., program and process evaluation, research evidence).

We are working toward a sustainable and integrated model of training and education to ensure that students across years have access to the same trainings. We are prioritizing training and learning in the integration of evidence-based practice and cultural adaptations in ways that best serve clients and best train our students. Research in evidence-based cultural adaptations is a primary focus for the research team at the CPH.

FOR A COMPLETE LIST OF REFERENCES, PLEASE GO TO CPA.CA/PSYNOPSIS

The next decade in psychology will be marked by a profound transformation in science, practice, and education as the field confronts its clandestine relationship with the enduring legacy of colonialism, the complexities of global mobility in health professions, and a world increasingly inflamed by issues of race, social justice and equity, and climate justice. Psychology, traditionally anchored in Western paradigms, is undergoing decolonization, challenging its foundational assumptions, and broadening its scope towards diversity in voice and vision. Talk therapy is set to move from Sigmund Freud's couch to Dixon Chibanda's Friendship Bench.

FROM THE "EXPERT" COUCH TO THE FRIENDSHIP BENCH*... GLOBAL PSYCHOLOGY NEEDS AN EAR TO THE GROUND

Thirusha Naidu, Ph.D., Canada Research Chair in Social Justice and Equity in Global Medical Education, Associate Professor, Department of Innovation in Medical Education, University of Ottawa, ON

Decolonizing the discipline

The scientific study of psychology will increasingly shift from a Eurocentric model to a truly global multimodality. We will recognize the value of Indigenous knowledge systems, non-Western healing practices, and the psychological impact of colonial and oppressive histories on our mental health and how we live within our sustaining environments. The future bodes an inexorable re-examination of the assumptions underpinning psychological research.

A promising plethora of questions hangs over the long-undisputed universality of psychological theories established in the Global North. The next decade will see a surge in research prioritizing the identities and experiences of marginalized communities, particularly those in and from the Global South. "Global South" generally refers to regions in Latin America, Asia, Africa, and Oceania. Terms like "Third World" and "periphery" describe areas outside of Europe and North America, primarily low-income and frequently politically or culturally marginalized countries. "Global South" signals a shift from focusing on development or cultural differences and toward highlighting power dynamics in global geopolitics.

This turn to Global South knowledge will include revisiting traditional methods in all global locations and a swing to decolonial methods in research, including poetry, intuition, premonition, visions, etc., all previously considered unscientific and therefore unsuitable for study. This shift will open up ways of understanding the human experience that are responsive, authentic, inclusive, and representative of human diversity.

Addressing global mobility and health inequities

In an increasingly interconnected world, the practice of psychology will need to address the challenges posed by global mobility, particularly the movement of health professionals across borders. The migration of psychologists and other mental health professionals from the Global South to the Global North often results in a loss of valuable knowledge and skills in the countries they leave behind, exacerbating global health disparities. At the same time, these professionals bring rich, culturally informed perspectives that can enhance psychological practice in their new contexts. The future of psychology will involve not just the adaptation of existing practices to new cultural contexts, but the creation of entirely new models of care that are responsive to the needs of diverse populations. This will necessitate a greater emphasis on cultural humility, anti-racist practice, and the integration of social justice into every aspect of psychological care.

Training psychologists for a complex world

The education and training of the next generation of psychologists must be radically reimagined to prepare them for the complexities of a world marked by persistent inequality and the urgent need for reparative social justice. Future psychologists must be trained not only in the traditional areas of psychological science but also in critical race theory, intersectionality, earth-based, spiritual, and decolonial approaches to mental health. An iterative, integrative, life-long learning approach rather than a linear, fractured, terminal approach to training will become crucial.

Imagine a world in which the geography of where you received your training is your starting off point. Imagine if education, training, and accreditation and licensure systems support and facilitate the mobility of professionals across borders and barriers. If the current model of education included the broader social, political, and historical contexts in which individuals live and how they move, if all programs provided training in advocacy, community engagement, and policy work, psychologists could be leaders in the fight for social justice and equity. Recent developments in telepsychology, avatar-based and virtual counselling, as well artificial (AI)-facilitated mental health interventions provide us the tools and mechanisms to reach these goals.

Imagine if we made these shifts… by 2034 psychology could assume a global mantle inspired by shared humanity, a striving for equity, and vision for social justice, science, practice, and training. We could become a profession enriched through diverse perspectives, leading innovative approaches to understanding and addressing the complexities of all human experience.

The Friendship Bench (FB) project is an evidence-based intervention developed in Zimbabwe to bridge the mental health treatment gap. The FB aims to enhance mental well-being and improve quality of life through the use of problem-solving therapy delivered by trained lay health workers, focusing on people who are suffering from common mental disorders.

FOR A COMPLETE LIST OF REFERENCES, PLEASE GO TO CPA.CA/PSYNOPSIS

Psychologists strive to facilitate healing and positive transformation for the clients with whom they work. However, the field of psychology is still in its infancy when it comes to providing culturally responsive psychological services to Indigenous clients.[1] Harms resulting from Canada's "coherent policy to eliminate Aboriginal people as distinct peoples and to assimilate them into the Canadian mainstream against their will"[2] (p. 3) have resulted in soul wounds[3] that are passed from one generation to the next.[4-6]

THE POTENTIAL OF TWO-EYED SEEING FOR DOING GOOD WORK WITH INDIGENOUS COMMUNITIES: CHANGING OUR PSYCHOLOGY TRAINING PROGRAMS

Anisa Nasseri, B.A., Doctoral Student; **Antonia Soldovieri**, B.Sc., Doctoral Student; **Melanie Nelson**, B.Sc., B.Ed., D.Ed., M.A., Ph.D., Assistant Professor (Tenure Track), Faculty of Education, University of British Columbia, Vancouver, BC

The harms caused by historical and ongoing colonization, including Indian Residential Schools, the Sixties Scoop, and racism have perpetuated abuse and poor well-being in many families and communities.[1,5,6,7] While Western forms of psychological treatment have their utility, they are often insufficient and, in some instances, can even be harmful to Indigenous clients.[6,8] Indigenous worldviews and paradigms of wellness must be incorporated into treatment if services are to be truly healing for this population.[9]

Mi'kmaw Elder Albert Marshall coined the term Two-Eyed Seeing to refer to using the strengths of Indigenous and Western ways of knowing for the benefit of all.[10] The principle of Two-Eyed Seeing is described as a "weaving back and forth" of knowledges[11] (p. 13), including collaboration and understanding of multiple and distinct world views to solve problems, learn, and leave a better world for future generations. Embedded in this concept is the recognition that some circumstances call upon Indigenous strengths and some call upon Western ones.[10] While the principle of Two-Eyed Seeing is beginning to be used in the context of research, it can also be applied to clinical practice.[12] However, this training is absent from current psychology programs, risking the delivery of services which do not align with Indigenous views of mental wellness, fail to address the complex interconnection of barriers faced by Indigenous clients, and can perpetuate further harms done by colonial systems.[1,13,14] To adequately provide services to Indigenous clients, training programs should encourage clinicians to approach their assessments and interventions using Two-Eyed Seeing, with the appropriate training and supervision, including continual consultation with the community. This approach should be incredibly flexible to best suit the needs of each person.

Two-Eyed Seeing may be applied directly in psychological practice to bring about positive outcomes and relationships for and with Indigenous clients. This requires training programs to reconceptualize the client/clinician relationship, as hierarchies of power central to Western healthcare provision may not benefit Indigenous clients.[9,15] Instead, Indigenous clients should be considered experts in their own wellness practices, which may vary significantly based on region, level of integration within Western culture, and the availability of local resources and knowledge keepers to maintain and access traditional practices. Psychology programs should teach their trainees to inspire clients to bring their skills, resources, and knowledge into the healing process. Indigenous clients should be integral collaborators in the development of treatment plans, which may include either or both Western or Indigenous wellness practices and perspectives, depending on their preferences and needs.

The development of reciprocal and non-hierarchical relationships between clinician and client should also be applied to consultation and work with the community that each client belongs to, where desired and appropriate. It is important to note that clinicians' ability to effectively employ a Two-Eyed Seeing lens depends on their knowledge of the community they are serving and collaborating with. Indigenous knowledge, consultation, and supervision are essential for the use of a Two-Eyed Seeing lens in psychological practice, whereby Indigenous and Western knowledges can be brought together to develop effective psychological services.

Relationship building is central to Indigenous ways of being and vital for reconciliation and partnership efforts.[16] To do this, trust between Western and Indigenous people must be built carefully over time, requiring effort and reciprocity. Training programs must prepare carefully and mindfully for this to occur: an understanding of the history of colonization and systemic victimization in their region as well as current efforts towards reconciliation must be developed and integrated into curricula. Programs should seek out respectful ways to learn about local nations' traditional wellness practices, barriers to wellness, and the nations' goals for their own communities. For example, programs may invite Elders and knowledge holders of local nations to share knowledge with graduate student trainees and the faculty. When facilitating these spaces for learning, relationship building, and collaboration with local nations, adhering to cultural protocols and hosting with respect and humility are imperative. Finding harmonies between Western approaches to psychological practice can begin only when these important foundations have been set.[17]

Using a Two-Eyed Seeing lens holds strong potential to allow psychologists to do good work with Indigenous communities in psychological practice. Critical to this effort, training programs must teach students ways to respectfully build relationships, collaborate in treatment and intervention, integrate (in consultation with Indigenous experts) Western and Indigenous wellness practices, and empower clients to contribute to and choose wellness practices which address their needs.

FOR A COMPLETE LIST OF REFERENCES, PLEASE GO TO CPA.CA/PSYNOPSIS

Understanding, strong commitment, and effort to meet the needs of neurodivergent clients, families, and communities are no longer only a specialist's role but inherent to the work of all psychologists. The Neurodiversity Paradigm acknowledges that there are different kinds of brains and is likened to biodiversity. Neurodivergence refers to an individual who processes, engages with, and experiences the world around them in a different way.

It includes autism, attention deficit hyperactivity disorder (ADHD), and other learning, sensory, and/or cognitive differences. Neurodivergent brains vary from typical brains (neurotypicality), resulting in differences in how these individuals behave and function in society.[1]

A growing number of children and adults are self-identifying or being diagnosed as neurodivergent as our understanding of neurodiversity and the tools available to identify it gradually improve.[2] In addition, there are calls from advocates and the neurodivergent community itself to adopt an approach to service provision for these individuals centred on the Neurodiversity Paradigm and Social Model of Disability. These lenses not only affirm neurodivergence as a legitimate way of being by celebrating difference and normalizing diversity but also take a strength-based approach to understanding and meeting the needs of this population. This movement, along with a push toward greater accessibility for learning, employment, and day-to-day supports, is continuing to gain momentum across disciplines, spearheaded by advocates from within the community itself.[3]

However, psychological practice and training programs that prepare future clinicians have not yet adopted a neurodiversity-affirming approach to service provision.[4,5] Training future psychologists to understand and apply principles of neurodiversity-affirming practice has the potential to improve all aspects of work with neurodivergent clients[4,5] and is essential in providing care in a way which meets clients' needs, is accessible, and promotes long-term benefits.[6,7] The following suggestions for psychology training programs are informed by interviews with autistic adults completed as part of doctoral research and are intended to provide practical paths forward for

INTEGRATING NEURODIVERSITY-AFFIRMING CARE INTO PSYCHOLOGIST TRAINING

Juliane Dmyterko, M.A., Doctoral Candidate; **Antonia Soldovieri**, B.Sc., Doctoral Student, University of British Columbia, Vancouver, BC

training programs and in guiding future psychologists on a path of neurodiversity-affirming care provision.

Gaining knowledge about neurodiversity

It is no longer sufficient to treat neurodiversity as a special topic. Neurodivergences are far too common, impact various aspects of clients' daily lives, and result in a greater need for support in areas related to mental and physical health. Considering this, psychology programs should integrate neurodiversity considerations into their assessment and intervention training:

- Develop foundational knowledge about neurodiversity-affirming care provision, including the Neurodiversity Paradigm and Social Model of Disability.

- Listen to, learn from, and validate lived experiences of neurodivergent people.

- Acknowledge intersectionalities and the differing needs of neurodivergent individuals with multiple minority intersectionalities (e.g., ethnicity, gender, and sexual orientation).

- Develop knowledge of efficacy, appropriateness, and accessibility in addition to limitations of supports, therapies, and tools for neurodivergent people to make necessary adaptations.

- Recognize sensory differences and co-occurring mental and physical health conditions and teach subsequent modifications to service provision.

- Foster respect for self-diagnosis and clients' lived experiences during service intake, when assessing treatment efficacy, and when developing recommendations.

Approaching service provision in an affirming way

Neurodivergent clients may require accommodations and individualized support to access and benefit from psychological services. A disparity in rates and satisfaction in mental health service access for neurodivergent populations[8] demonstrates the vital need for improvement in this area of psychology training. Training programs must teach psychology students how to individualize service provision and provide accommodations at every stage of their work:

- At intake, give multiple options for sharing information (e.g., allowing written responses to interview questions, sending questions ahead of time to "front load" information, etc.), as well as honouring and emphasizing self-report of lived experiences as a source of data.

- During treatment, introduce considerations for providing a safe environment, such as the sensory features of the space, encouraging stimming, taking breaks, and offering options for participation.

- To make reports more accessible, make formatting changes (e.g., larger font, more white space, and simplified language).

- Use neurodiversity-affirming language, seek to identify client strengths, and offer recommendations and referrals which are approved by the neurodivergent community where possible.

- Encourage self-reflection and a willingness to accept feedback. Adapt approach to match the client's and their family's needs.
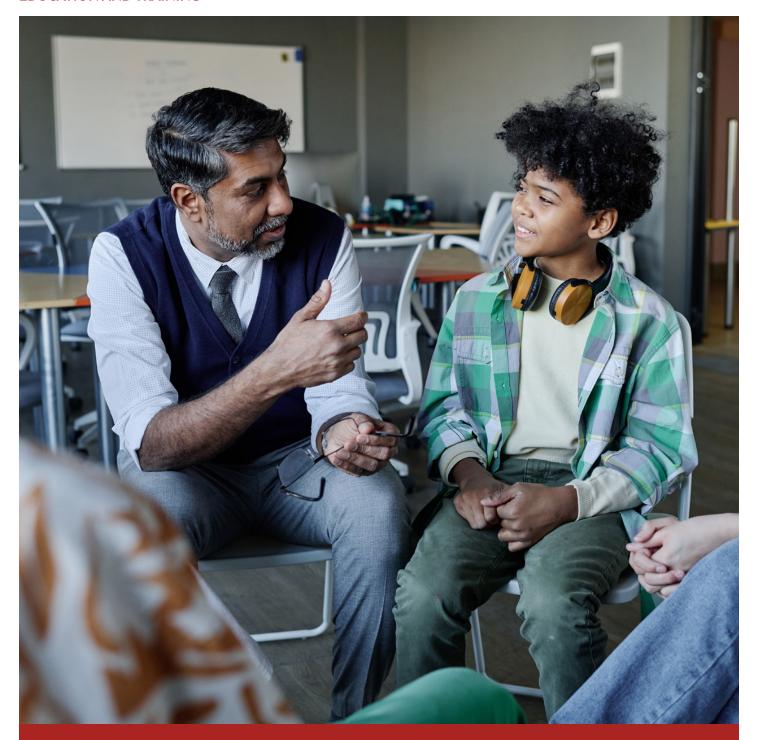
Empowering and supporting neurodivergent psychologists in training

Neurodivergent individuals continue to be underrepresented in science, technology, engineering, and mathematics (STEM) programs and occupations.[9] In addition to making psychology training programs better equipped to support neurodivergent clients' needs, neurodivergent individuals in our institutions, including academics, psychologists, psychologists in training, and faculty, need and deserve affirmation. Important first steps to help remove barriers to training highly skilled neurodivergent psychologists include:

- Advocate for more neurodivergent students in programs by promoting inclusive and equitable practices in your department/faculty, providing additional funding opportunities for neurodivergent students, and valuing the unique perspective of these students.

- Hire neurodivergent faculty to provide mentors for neurodivergent students.

- Use universal design for learning principles in courses to increase accessibility and offer accommodations to neurodivergent students and faculty.

- Include neurodiversity-related topics in the aforementioned areas of training and courses.

- Support students in conducting neurodiversity-related research at their institutions and encourage them to engage with the neurodivergent community authentically.

Given the increasing prevalence of neurodivergent individuals seeking psychological services and evolving scientific knowledge of neurodiversity, embracing a neurodiversity-affirming approach to psychology training programs is imperative. As such, in recognition of the communities psychologists serve and the practitioners we train, our discipline must evolve to understand neurodiversity as inherently related to our work and mission to support well-being.

MEETING THE GROWING NEED FOR CLINICAL TRAINING IN PARENT GUIDANCE

Alex Russell, Ph.D., C.Psych., Russell Psychology, Toronto, ON

As mental health challenges among children and young adults have increased in both frequency and complexity, the need for clinicians to be skilled in offering parent guidance has grown as well. Problems such as "school refusal" (where a student is unable to attend school due to issues with anxiety), or defiance/oppositionality (where, say, a very young child is struggling to accept the word "No") almost inevitably require intervention at both the child and parent levels. But in addition, the challenges of raising a child in the current landscape of intense academic pressure, growing lack of community support, and the myriad challenges posed by technology have made parenting an incredibly complicated and stressful task. It is not an exaggeration to say that many parents today are desperate for clear and effective ways to navigate this landscape.

The problem is that training in providing parent guidance is not taught in any coherent or organized manner in clinical graduate programs. So, clinicians are left to extrapolate and construct their interventions based on what they've been taught and understood about child development, and also, unless they are very scrupulous, the personal and cultural practices that they are familiar with and just believe "work". Historically, parent guidance has been largely left to the publishing industry and the book-buying public, likely because there is no one agreed-upon correct way to parent. The challenge here is that "the right way to raise children" is culturally specific; the validating, secure attachment building parenting style that works best for children in our "Canadian culture" would likely have been disastrous for a child raised in, say, ancient Greece. And even the idea of "Canadian culture" is an oversimplification of what is actually a range of different cultural milieux that exist within our country, each with its own nuanced "best practices". As a result, clinical training programs (not just in psychology, but in psychiatry and social work as well) have been largely silent and unhelpful by default.

In fact though, as the demand for parent guidance grows, without formal training, clinicians have no choice other than to offer guidance based on their own particular perspectives: personally-biased parent guidance is, currently, to some extent inevitable. But if offering some kind of training in parent guidance is increasingly necessary, what does one offer students when there can be no one-size-fits-all method for raising children, and no overall agreed-upon approach?

First, it is important to note that helpful training in parent guidance must cover two broad areas: *What* to advise and *How* to go about doing it. The importance of training in this second area (which is less encumbered by the cultural relativity problem) shouldn't be underestimated: changing how you parent is really, really, hard. Helping someone shift their parenting approach (or rather, two people as is often the case) requires both an understanding of parental stresses and fears as well as having techniques to help parents step outside of their familiar parenting patterns and try new unfamiliar things. Because this means finding ways to be both useful to parents and culturally attuned, training in this area actually helps mitigate some of the challenges posed by differences in cultural and personal preferences regarding child-rearing.

Secondly, when it comes to *What* to say – the actual content of parent guidance – there are basic parameters of parenting that allow clinicians to offer clear guidance that is at the same time-sensitive and adaptive to cultural and personal differences. Clinicians do not have to be concretely prescriptive – in the sense of, when *x* happens you must say or do *y* – but rather be able to offer parents a perspective on their child's challenges that allows them to make effective choices within their own parenting style and culture.

For example, a clinician's understanding of children's developmental competencies (what they are capable of, when) allows them to offer parents the information they need to decide when to reduce protection over and management of their child's activities, something that is essential for children to develop resilience and independent skills. Similarly, knowledge of family structure and dynamics allows clinicians to offer parents a way of understanding their children's behaviour in the home – behaviours such as defiance and aggression, sibling rivalry, parent-splitting, etc. – and assist them in making parenting decisions that address problems in a manner that is consistent with the parents' values and preferences.

Psychology is, in fact, rich in theory and practice that offer a range of these kinds of helpful developmental heuristics in both of the areas in which young clinicians require training: knowing what children need for their emotional health, and knowing how to work with parents so that they feel understood and can make use of what we teach them. We have what we need to start offering clinical trainees a coherent, overarching model to providing culturally sensitive parent guidance. Not to do so not only fails to meet contemporary parents' growing need for clear guidance, but leaves clinicians no other option but to invent their own form of parent guidance as best they can.

Psychology started as a university-based academic science – a research profession. However, in its earliest days, we saw that our science of psychology could lead to practical applications to help others.[1] Clinics at universities began to provide service to the public based on their research, developing "Clinical Psychology".[2]

WHERE IS OUR "FLEXNER REPORT"?

Ian R. Nicholson, Ph.D., C.Psych., CPA President, 2019-2020, London, ON

Since those early days, psychology has not supported a common prescriptive core to its training, instead working on a "let a thousand flowers bloom" model.[3] One of the reasons for this, aligning with our historical anomaly, is the argument for "academic freedom".[4] For example, Canadian Psychological Association (CPA) accreditation standards indicate that a program must demonstrate undergraduate or graduate competence in the "social-cultural bases of behaviour" but there is no requirement to ensure graduates know basic social psychology research. CPA accreditation standards direct programs to train students in "more than one type of assessment approach (e.g., intelligence testing, behavioural assessment, personality testing, psychoeducational assessment, diagnostic assessment, cognitive assessment, neuropsychological assessment)" but no single type of assessment approach or measure is required to be taught by program faculty or to be learned by our future colleagues. We focus on guidelines and recommendations for training, not prescriptions as some psychologists could see such expectations as curtailing the principle of academic freedom.

It can be argued that we are trained as specialists. Yet, even as specialists, there are no specific requirements. Many have raised concerns that, even within our specialities, there is no core curriculum. Some child psychologists believe every child psychologist should be able to diagnose a range of common learning disabilities, be able to use standard measures to assess for autism spectrum disorders (e.g., Autism Diagnostic Observation Schedule), or provide evidence-based family therapy for a range of common disorders. But, many of our new graduates have been focused in one area of work (and research) based on their program's specific model and their training is based on the specific experiences of their practicum placements. With this broad approach, it is possible for a psychologist to graduate without having assessed someone with an active psychotic disorder or a severe intellectual developmental disorder.

In contrast, other health professions focus on agreed-upon core competencies. For instance, while there are over 45 accredited Canadian doctoral programs in psychology, there are 14 recognized Canadian university programs in occupational therapy,[5] 15 in physiotherapy,[6] and 17 in medicine.[7] These programs have standardized curricula. Students cannot graduate from an occupational therapy program and only focus on mental health or go to a medical school and train exclusively with children.

Why have other professions done it differently? Early in the 20th century, the Council on Medical Education of the American Medical Association worked with the Carnegie Foundation to survey American medical schools. This review was undertaken by Abraham Flexner who, in 1910, published his review.[8] The detailed analysis, now known as "The Flexner Report", led to widespread reform after exposing low standards and inconsistencies in medical education. Flexner advocated for a scientific, research-based approach, emphasizing rigorous academic standards and integration of clinical practice in teaching hospitals. Its recommendations led to standardized medical education, aligning medical education with university-based programs and focusing on science and patient care. The legacy of the Flexner Report is evident in the emphasis on evidence-based medicine, the integration of research and practice, and standardized curricula in Canadian medical schools.

Other healthcare professions (e.g., nursing, occupational therapy) have followed this model.[9] They initially developed outside of universities, often in vocational or hospital-based settings. As these fields professionalized and sought higher status and evidence-based practice, they moved into universities to align with scientific standards and gain institutional legitimacy. This shift allowed them to integrate theoretical knowledge with clinical skills, with standardized curricula.

What is the cost of psychology training programs continuing to do what they have been doing?

Many have been arguing for core curricula in our training.[10] A variety of topics have been suggested as being part of this potential mandatory training, such as suicide prevention,[11] consultation skills,[12] anti-racism,[13] religious diversity,[14] or practice with serious mental illness.[15] Yet, without a common, core curriculum for our profession, we cannot require any psychologist to have any specific knowledge or training.

As Hartman, Fergus, and Reid[16] described it, this approach to psychology training has resulted in a "Gordian Knot" that is diminishing the image of our profession. The public, including those who could hire psychologists, don't know what psychologists do because there is no common core to our knowledge or skills. Until we can clearly determine what any psychologist can know or do, then we will not be able to clearly advocate for our profession.

We need our "Flexner report" to determine what is a psychologist.

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 Psygnature e-newsletter to stay abreast of all the things we are doing for you!

NEW "PSYCHOLOGY WORKS" FACT SHEET: VASCULAR COGNITIVE IMPAIRMENT

Vascular cognitive impairment (VCI) is a condition that involves problems with thinking abilities caused by the effects of blood vessel disease (also called vascular disease) on brain function. Changes in thinking and behaviour caused by VCI can affect both the person diagnosed with VCI and their loved ones. This new fact sheet was prepared by Dr. Sherri Carter and Dr. Gail Eskes of Dalhousie University.

85TH ANNUAL CPA NATIONAL CONVENTION

The CPA's 85th Annual National Convention took place in June at the Westin Ottawa. Over the course of the three-day event, we heard Plenary Addresses from Dr. Leroy Littlebear, CPA President Dr. Eleanor Gittens, the Honourable Jean Augustine, and Dr. Jiaying Zhao. The convention continued its strong focus on human rights and social justice, featuring speakers with extensive firsthand expertise in these critical areas. The event attracted more than 1,700 participants and 30 exhibitors. We're looking forward to the 86th Annual Convention in St. John's in 2025!

STATEMENT ON GENDER-BASED VIOLENCE (SEPTEMBER 2024)

It is the CPA's position that all levels of government, and all people in Canada, must work concertedly and collaboratively to eliminate gender-based violence in Canada. The CPA stands ready to help, and based on the state of research on gender-based violence, makes the following recommendation:

That the federal, provincial, and territorial governments create or support policies that seek to prevent and/or mitigate gender-based violence. Specifically:

- Ministries of Labour and Ministries of Education contribute funds to create gender-based violence educational resources for workplaces and schools, respectively.
- Ministries of Education work with schools to implement ongoing education on gender-based violence.
- Require workplaces of all sizes to have a gender-based violence policy that is communicated to all staff upon orientation and at regular intervals thereafter.
- Ministries of Health prioritize funds for mental health services and resources for survivors of gender-based violence.
- Support research programs that seek to understand and prevent gender-based violence.

NEW MIND FULL PODCASTS

The CPA podcast *Mind Full* highlights psychological science and trends every two weeks on Thursdays. Listen to our recent episodes about boundaries, land acknowledgements, cisnormativity in healthcare, workplace conflicts, child language brokering, and more. Find *Mind Full* wherever you get your podcasts. From the Child Language Brokering episode with Dr. Anusha Kassan and Katerina Palova: "Parents sometimes tell us they struggle...their child is becoming Canadian while they are trying to hold on to their traditional values."

CPA HIGHLIGHTS

CPA APPEARS BEFORE SENATE STANDING COMMITTEE ON OFFICIAL LANGUAGES

CPA President Dr. Anita Gupta appeared before the Senate Standing Committee on Official Languages, who are studying measures to be taken by the federal government to ensure the delivery of health services in minority languages.

Dr. Gupta highlighted the importance of providing health services in languages patients are comfortable with, as well as ways that training and technology can help the health system meet the needs of minority language speakers across Canada. "Psychologists rely heavily on communication (verbal and non-verbal), consider issues of cultural sensitivity and validity when choosing assessment measures, even when there is language concordance, and work to build strong therapeutic relationships with patients."

CPA SUPPORTS SIGNIFICANT SALARY INCREASE FOR FEDERALLY-EMPLOYED PSYCHOLOGISTS

The CPA sent a letter to The Honourable Anita Anand, President of the Treasury Board of Canada in support of fair and reasonable compensation for federally-employed psychologists. "This increase in salary will not only ensure that federally-employed psychologists are more fairly compensated for the knowledge, skill and expertise they provide, but are more reflective of the salaries they could receive from other public sector employers (such as hospitals, regional health authorities and universities) for similar work. In short, a more competitive salary structure can play an integral role in not only retaining current talent, but attracting new psychologists to this sector."

LETTER TO FEDERAL MINISTER OF HEALTH REGARDING EXCLUSION OF MENTAL HEALTH FROM CANADA HEALTH ACT (JULY 2024)

The CPA, along with the Canadian Mental Health Association and 16 other concerned organizations wrote a letter to The Honourable Mark Holland, Federal Minister of Health concerning the exclusion of mental health and substance use health care services from the Canada Health Act and proposed a course moving forward. "The scope of the Act – particularly in its definitions of 'insured services' and 'comprehensiveness' – predominantly addresses physical health care needs and fails to effectively address mental health care and substance use health care needs."

WE ARE MOVING/NOUS DÉMÉNAGONS

Please note, as of November 25 th our new address will be/
Veuillez noter qu'à partir du 25 novembre, notre nouvelle adresse sera –

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