



# THE CANADIAN CLINICAL PSYCHOLOGIST

Fall 2019

Newsletter of The Clinical Section of the Canadian  
Psychological Association

## MESSAGE FROM THE CHAIR Kristin Reynolds, Ph.D.

Greetings!

Our Clinical Section Executive is in planning-mode and we are getting excited for the upcoming Canadian Psychological Association (CPA) Convention in Montréal, Québec from May 28<sup>th</sup>-30<sup>th</sup>, 2020, with pre-convention workshops on Wednesday May 27<sup>th</sup>. For more information, please visit: <https://convention.cpa.ca/>.

The theme for the 2020 CPA Convention is Psychology in Action and will highlight the multitude of ways that psychology impacts everyone on a daily basis. The theme for our clinical section is “Improving and Promoting Health”, and will focus on how psychology can help people to make healthy lifestyle choices, facilitate peak human performance, and improve the treatment of complex human problems. The submission system will close on December 2<sup>nd</sup>, 2019 (23:59 EST). CPA members, affiliates, and non-members and non-affiliates are encouraged to submit! Please visit <https://events.decorporate.ca/CPA2020/abstract/login.php> to access the submission portal.

Thank you for considering submission and attendance at the upcoming CPA Convention.

All the best,

Dr. Kristin Reynolds  
CPA Clinical Section Chair

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# CLINICAL SECTION EXECUTIVE COMMITTEE

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CANADIAN  
PSYCHOLOGICAL  
ASSOCIATION



SOCIÉTÉ  
CANADIENNE  
DE PSYCHOLOGIE

# CLINICAL SECTION EXECUTIVE OPPORTUNITY

We are in search for a Member-At-Large on our Executive for a two-year term. The primary responsibilities for the Member-At-Large include assisting with convention planning.

Please contact Dr. Kristin Reynolds at [Kristin.Reynolds@Umanitoba.ca](mailto:Kristin.Reynolds@Umanitoba.ca) if you are interested in this position!

# CLINICAL SECTION ABSTRACT REVIEWERS

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CPA  SCP



**MONTRÉAL**  
2020

We are looking for Psychologists in our section to participate in the abstract review process! Reviewing will begin on December 3<sup>rd</sup> and reviews will be due by January 6<sup>th</sup>, 2020. Benefits to participating in the review process include familiarizing oneself with the breath of clinical psychology research across our country, getting involved with our section activities, and receiving a thank-you certificate and refreshment (food, beverage) at our Annual Business Meeting at the CPA Convention in Montréal, Québec. Thank you for considering this opportunity! If you are interested, please contact Dr. Kristin Reynolds at [Kristin.Reynolds@Umanitoba.ca](mailto:Kristin.Reynolds@Umanitoba.ca).

## Message from the Newsletter Editors

Greetings fellow Clinical Section readers!

Welcome to the Fall edition of the Clinical Section Newsletter. We hope that everyone is having a productive Fall. The Clinical Section has been hard at work preparing for the 81<sup>st</sup> Annual Canadian Psychological Association Convention in Montreal. We hope that many of you will submit oral and poster presentations to the convention. In this issue, we reflect on the many successes of this past year's convention in Halifax, including highlighting research summaries for our many award recipients in 2019, including the Student Travel Awards, Best Student Conference Presentation Awards, Ken Bowers Research Award, and the Clinical Section Education Activity Grant.

As the colder weather and holiday season approaches, we hope that everyone has the opportunity to enjoy time with family and friends and prepare for a successful 2020. As always, the success of the Clinical Section newsletter relies on the invaluable contributions of its members and we're excited to hear about any ideas you may have for articles or for the direction for the newsletter.

**Matilda and Flint**

Readers, what would you like to see in our next Clinical Section newsletter?

We'd love to hear from you!

Matilda Nowakowski - [mnowakow@stjoes.ca](mailto:mnowakow@stjoes.ca)

Flint Schwartz - [fschwartz@dal.ca](mailto:fschwartz@dal.ca)

### Message from the Clinical Section Representative

Hi! I'm Matt Bernstein, and I am the outgoing Student Representative for the Clinical Section Executive Committee of the CPA.

The latest convention in Halifax was an unforgettable one, and I am very much looking forward to the upcoming convention in Montreal. In this newsletter, we highlight a number of our student research and travel award winners from the convention. Jeremiah Buhler of the University of Manitoba won the Ken Bowers Award for Student Research for his research on internet-based CBT for chronic pain. Congratulations, Jeremiah! I'd also like to congratulate the Student Travel Award winners: Jona Frohlich (University of Manitoba); Cecile Proctor (University of New Brunswick); Parky Lau (Ryerson University); and Amber Yaholkoski (University of Manitoba). In addition, I'd like to congratulate the winners of the Best Student Conference Presentation award: David Miller (University of New Brunswick) was the overall winner. Jenna Thomas (University of Calgary) and Julia Mason (University of Regina) were runners-up. Congratulations to all of you and thank you to all of the applicants for the Travel Awards and the Best Student Conference Presentation Awards.

In other student news, the Clinical Section Educational Activity Grant will continue for another year. This grant provides student members the opportunity to apply for funding to host an extracurricular educational activity. The deadline for applications is January 15th, so please see the ad in the newsletter or the website for more information. Congratulations to Jessie Lund (Lakehead University) who received the grant this year to fund a workshop titled "Cognitive Processing Therapy Workshop". You can read a summary of this event in this edition of the newsletter or in the Spring 2020 newsletter.

The Section has already hit the ground running to make the 2020 Montreal convention a memorable one, and we are already thrilled about the opportunities and events we have planned for students. I am looking forward to seeing many of the Clinical Section students in attendance. Please remember to submit your abstracts to the Clinical Section in early December, as students whose abstracts are accepted by the Section are eligible to apply for three awards: the Ken Bowers Research Award, the Best Student Conference Presentation Awards, and the Clinical Section Travel Awards. These awards are for Clinical Section members only, and are an exciting opportunity for students. I encourage all students that are eligible to apply!

**Message from the Clinical Section Representative (cont.)**

You can find more information about these awards on the Clinical Section website as they become available:

<http://www.cpa.ca/aboutcpa/cpasections/clinicalpsychology/>, and keep an eye out for reminders via the Clinical Section listserv.

As well, I am thrilled to announce that there will be another student symposium. Stay tuned for details! This year's SPECA winner, Dr. Anne Wagner, will act as discussant for the symposium. Please make sure to mark the student symposium on your convention itinerary!

Lastly, I am excited to announce that Jordana Sommer from the University of Manitoba has taken over as Clinical Section Student Rep! Feel free to contact her with any questions or comments about matters relating to the Clinical Section, the input of student members of the Clinical Section is invaluable.

Matt Bernstein

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## 2019 KEN BOWERS STUDENT RESEARCH AWARD RECIPIENT

**Jeremiah Buhler, University of Manitoba**

### **A Randomized Controlled Trial of an Online Chronic Pain Treatment for Military, Police, and Veterans**

Chronic pain is a serious health issue in Canada. Individuals who experience chronic pain often find it difficult to attend in-person treatment sessions for a variety of reasons including pain flare-ups, discomfort when travelling, pain-induced avoidant behaviours, and time constraints. These factors, if not addressed through appropriate treatment, serve as a detriment to the individual's functioning by maintaining the pain cycle and preventing the individual from engaging in previously enjoyed activities. Online treatments have the potential to assist individuals who would otherwise have difficulty attending in-person treatment sessions. This study evaluated the efficacy of an online acceptance-based behavioural treatment for chronic pain designed for military, police, and veteran populations. Participants ( $n = 29$ ) were randomized into either a treatment condition or wait-list control condition, and asked to complete a battery of measures which underscore the key facets of the fear-avoidance model of chronic pain. A series of 2 x 2 mixed model ANOVA's revealed statistically significant Time x Condition interactions for pain disability, kinesiophobia, and pain acceptance, as well as statistically significant pre- to post-treatment simple main effect contrasts for pain catastrophizing, kinesiophobia, and pain acceptance. For those in the treatment group, no significant changes in scores were found between post-treatment and three-month follow-up; however, the sample size was too small to draw conclusions regarding this finding. Baseline PTSD and depression scores were found to be significant predictors of change in pain acceptance levels over the course of treatment. Overall, the results support the efficacy of the ABBT treatment for chronic pain for military, police and veterans.

## 2019 TRAVEL AWARD WINNER

**Amber Yaholkoski, University of Manitoba**

### **Adherence to Evidence-Based Practices for Diagnosis of Autism Spectrum Disorder: A Survey of Canadian Clinicians**



Timely assessment for Autism Spectrum Disorder (ASD) is essential to provide a comprehensive understanding of child functioning, advise diagnosis, and inform individualized treatment. Early diagnosis is ideal, yet many children are not identified with ASD until they reach school age. Evidence-based and ‘best practice’ guidelines for ASD diagnosis have been developed; however, results from studies conducted outside Canada suggest disparities between practice guidelines and clinical procedures. To date, research about ASD diagnostic practices for school-aged children been published. To address this gap, this study compared clinicians’ reports of assessment practices to evidence-based and best practice guidelines. 86 clinicians (i.e., clinical and school psychologists, and pediatricians) participated in a web-based survey. Descriptive statistics were reported, and reports between regions in Canada and between professional groups were compared using chi-square, and Kruskal-Wallis and Mann-Whitney tests. Findings suggested a disparity between reported practices and practice guidelines. Specifically, only one-third of participants reported that they always consult with other professionals during the assessment process, and less than half of participants reported that they always use information from physical examinations and observations. Overall, 28 percent of participants did not adhere to practices outlined by best practice guidelines. The information obtained from this study may inform training opportunities and the development of additional practice guidelines targeted for ASD assessment and diagnosis for school-age children. This research also highlights funding and policy changes required to alleviate challenges in the diagnostic process for timely identification and intervention.

## 2019 TRAVEL AWARD WINNER

Cecile Proctor, University of New Brunswick

### Dealing with Traumatic Brain Injury: The Potential Role for Psychological Flexibility



#### Background/rationale

After traumatic brain injury (TBI), the severity and persistence of Post-Concussion Symptom (PCS) and Post Traumatic Stress Disorder (PTSD) are often attributed to biological factors. Lange et al. (2011) reported links between these symptoms and psychological factors, including depression. A cornerstone of Acceptance and Commitment Therapy (ACT) is Psychological Flexibility (PF), which is defined by the ability to accept one's current life situation and limitations. Although PF has been shown to improve outcomes in patients with chronic conditions, these effects have not been examined in TBI survivors (Soo et al., 2011).

#### Method

TBI survivors (N=305; Mage = 43.44 years) completed online questionnaires to provide information about their injury (time since, severity) and measures of PF, PTSD, and PCS. Two hierarchical regressions were used to predict reported PCS severity and number of PTSD symptoms (Step 1: demographic; Step 2: injury characteristics; Step 3: PF).

#### Result and Conclusions

Both models were statistically significant, with gender, injury severity and PF (PCS;  $\Delta R^2 = .097$ ; PTSD;  $\Delta R^2 = .110$ ) predicting PCS severity ( $R^2 = .188$ ) and PTSD symptoms ( $R^2 = .159$ ). These results highlight unique contribution of PF to reported PCS severity and PTSD symptoms beyond injury characteristics. Specifically, increasing PF through ACT may improve both psychological and physical well-being.

#### Action/Impact

Understanding the amenable psychological factors underlying PCS and PTSD symptoms after TBI lends insight into the experiences of survivors. Although these results are preliminary, they support the use of ACT during the recovery process in order to improve outcomes.

## 2019 TRAVEL AWARD WINNER

Jona Frohlich, University of Manitoba

### Patterns and Risk Factors of Depression and Alcohol Misuse Comorbidity in Emerging Adults During University: A Replication and Extension



Alcohol misuse and depression are highly comorbid. Self-medication theory proposes that depressed emerging adults use alcohol to reduce negative emotions. However, recent research suggests that the co-pattern of alcohol misuse and depression is not uniform. Specifically, Frohlich and colleagues (2018) showed that emerging adults *transitioning out of university* could be differentiated from one another based on their co-pattern of alcohol misuse and depression (with support for distinct high- and low-risk subgroups). Given that this is a new way of examining depression-alcohol comorbidity, we aimed to replicate this study with emerging adults *during university*. We then extended this study by examining whether baseline individual differences predicted membership in high- versus low-risk subgroups. Undergraduates ( $N=300$ ) completed four waves of self-reports at six-month intervals over an 18-month period. Parallel process latent class growth modeling supported three classes: *Class 1*, the “high-risk” group, had high stable depression and high stable alcohol misuse ( $n=28$ ). *Class 2* had high stable depression but low decreasing alcohol misuse ( $n=87$ ). *Class 3*, the “low-risk” group, had low decreasing depression and low decreasing alcohol misuse ( $n=185$ ). Multinomial regressions showed that male sex, enhancement and coping-with-depression drinking motives, and high impulsivity, hopelessness, and anxiety sensitivity, predicted membership in Class 1 (vs. Class 3). Consistent with our previous study, these results illustrate that emerging adults display differing co-patterns of alcohol misuse and depression over time during university, including both high- and low-risk subgroups. Our results also provide novel evidence that these subgroups can be distinguished based on sex, drinking motives, and personality.

## 2019 TRAVEL AWARD WINNER

Parky Lau, Ryerson University

### Dysfunctional Beliefs about Sleep and Treatment Efficacy in Cognitive Behavioural Therapy for Insomnia

Dysfunctional beliefs about sleep have been implicated as a potential factor in the etiology and maintenance of chronic insomnia. Cognitive Behavioural Therapy for Insomnia (CBT-I), which, in part, alters negative cognitions and beliefs about sleep is a compelling treatment option, especially for patients whose sleep disturbance is largely a result of unrealistic expectations about sleep and worry about the consequences of getting insufficient sleep. The present study investigated whether individuals with high dysfunctional beliefs, as indexed by the Dysfunctional Beliefs about Sleep scale (DBAS-16), are more amenable to CBT-I treatment, as measured by the Insomnia Severity Index (ISI), compared to those with low dysfunctional beliefs in a sample of 71 patients with comorbid insomnia and depression. A hierarchical regression determined that baseline dysfunctional beliefs predicted change in insomnia scores after four sessions of CBT-I above and beyond baseline insomnia scores,  $F(1, 38) = 6.46$ ,  $\Delta R^2 = .10$ ,  $p = .015$ . Moreover, an independent samples t-test found that individuals with high dysfunctional beliefs demonstrated greater change in insomnia severity post-treatment compared to individuals with low dysfunctional beliefs,  $t(39) = 2.904$ ,  $p < .01$ , 95% CI [1.59, 8.90]. The results suggest that individuals with more dysfunctional beliefs about sleep may be particularly amenable to CBT-I treatment while those with lower dysfunctional beliefs may benefit from a greater focus on the behavioural modifications and restrictions aspect of CBT-I. Recommendations regarding more personalized and flexible treatment planning are discussed.

## 2019 BEST STUDENT CONFERENCE PRESENTATION

David Miller, University of New Brunswick

### The Impact of Demographic, Clinical, and Provider-level Factors on Psychiatric Length-of-Stay in New Brunswick

**Background:** Recent health care policy has emphasized a need to reduce overall length-of-stay (LOS) in inpatient psychiatric care, which resulted in an overall decrease by as much as 63% across Canada and the US in the decade preceding 2010. However, LOS is a complex and multifaceted risk factor, often influencing individual treatment due to inadequate length (rather than shortened or extended length), potentially creating a concern for individuals with more severe disorders who may not be stabilized before discharge. As such, the goal of this study was to identify the predictors of LOS.

**Methods:** Study participants consisted of children, adolescents, and emerging adults 10 to 25 years of age admitted for psychiatric conditions to a New Brunswick hospital between April 1, 2003 and March 31, 2014 ( $N = 59,617$ ). Utilization of longitudinal administrative data allowed for an examination of LOS as potentially affected by policy shifts over time.

**Results:** The study used a retrospective cohort design examining secondary data from the New Brunswick Discharge Abstract Database (DAD), a provincial administrative dataset. Hierarchical regression analysis was used to determine the contributions of factors to psychiatric LOS. Results indicated hospital-level factors account for the greatest degree of variability in LOS. Additionally, receiving inpatient care in a preferred/ non-preferred language also predicted significant variability, along with various clinical and support factors.

**Conclusions:** Although hospital and clinical factors accounted for the greatest variability in LOS, a number of demographic and individual-level factors also notably influence treatment length.

**Impact:** Provincial policy implications are discussed.

## 2019 BEST STUDENT CONFERENCE PRESENTATION

Jenna C. Thomas, University of Calgary

### Intergenerational Transmission of Maternal Adverse Childhood Experiences: The Role of Cortisol Exposure During Pregnancy



**Background/Rationale:** The intergenerational transmission of adverse childhood experiences (ACEs) has been observed, however the prenatal biological pathways underlying these associations have yet to be elucidated. The overall objective of this research was to understand the role of the maternal hypothalamic-pituitary-adrenal (HPA) axis during pregnancy in transducing the effects of maternal ACEs to child developmental outcomes.

**Methods:** HPA axis function was assessed in 356 pregnant women via self-collected salivary cortisol samples collected in early (6-22 weeks) and late (27-37 weeks) pregnancy. Maternal ACEs and mental health were assessed via self-report measures. At 4 years, child behaviour problems were assessed via standardized maternal report.

**Results:** Maternal ACEs were associated with higher morning cortisol,  $B = .008$ ,  $p = .003$ , and a flatter diurnal slope,  $B = .002$ ,  $p = .050$ . Maternal ACEs moderated the association between prenatal cortisol exposure and child internalizing,  $B = 3.6$ ,  $p = .05$ , and externalizing problems,  $B = 4.1$ ,  $p = .03$ , such that the associations became significant when women reported 1 or more ACEs (Figure 1).

**Conclusions:** Maternal ACEs were associated with alterations in prenatal HPA axis function consistent with a pattern of cortisol hypersecretion. Furthermore, maternal ACEs potentiated the effect of prenatal cortisol exposure on child development to increase risk for internalizing and externalizing symptomatology at age 4.

**Action/Impact:** This research highlights the need to move towards integrative prenatal care that is trauma-informed and biopsychosocial in nature, to improve the identification and treatment of at-risk women and children to prevent the intergenerational transmission of trauma.

## 2019 BEST STUDENT CONFERENCE PRESENTATION

Julia Mason, University of Regina

### Exercise Anxiety: A Barrier to Exercise Engagement for People with Anxiety-Related Disorders



**Background:** A strong research body demonstrates the anxiolytic effects of exercise; however, translating these findings into an effective mental health promotion strategy for people with anxiety-related disorders (ARDs) may prove challenging as people with ARDs tend to report lower levels of participation in physical activity, including exercise. To overcome this barrier, research is needed to understand the psychological processes that fuel engagement and disengagement from exercise for people with ARDs.

**Method:** This qualitative study used grounded theory to describe the exercise experience for people with ARDs. Participants were recruited via an online eligibility screener and 16 eligible participants, who met diagnostic criteria for an ARD and reported being physically inactive, completed individual face-to-face interviews.

**Results:** The model resulting from our study shows that people with ARDs experience exercise anxiety or cognitive (i.e., worries about exercise), physical (i.e., negative reactions to the physical sensations associated with exercise), and behavioural (i.e., avoidance) symptoms of anxiety when thinking about and/or engaging in exercise. The model identifies several factors (e.g., social support, money, time) that can facilitate short-term exercise participation and explains how loss of these factors leads back to a cycle of exercise anxiety and long-term avoidance behaviour.

**Conclusions:** Exercise anxiety appears to be a major barrier preventing individuals with ARDs from engaging in a regular exercise regime.

**Recommendations:** Our findings suggest that researchers and clinicians should consider targeting exercise anxiety, perhaps through the use of cognitive behavioural interventions, to aid people with ARDs to achieve long-term adherence and exercise-related benefits.



## **Cognitive Processing Therapy for PTSD Workshop**

**Recipient:** Jessie Lund, Lakehead University

With the support of the CPA Clinical Section Student Educational Activity Grant, Lakehead University has partnered with the Northern Ontario Psychology Internship Consortium to bring a two-day training workshop on Cognitive Processing Therapy for PTSD with Dr. Phillippe Shnaider to clinical students and clinicians in Northwestern Ontario. Clinical students at Lakehead University often have to travel large distances to attend training opportunities. With the support of the Student Educational Activity Grant, these barriers have been minimized and have helped clinical students have access to an affordable and much needed training opportunity in their community.

### Clinical Section Educational Activity Student Grant

Established in 2008, the Clinical Section Educational Activity Student Grant was designed to help Clinical Section students extend their educational experience through organizing extracurricular educational activities (e.g., workshops, lectures, round tables). The Clinical Section Educational Activity Student Grant, a maximum value of up to \$1000, will provide further support for student members of the Clinical Section and will be awarded annually.

In the Fall of each year, the Student Grant will be awarded to one or multiple submissions, depending on the number of applications received and the amount requested.

To be eligible:

- Must be a student member of the Clinical Section of CPA and must, therefore, also be a student member of CPA.
- The proposed activity must be relevant to clinical psychology and must be consistent with the Clinical Section's commitment to evidence-based practice.
- When feasible, the activities supported by the Grant should encourage a broad and/or diverse audience in addition to the graduate students in the organizing department (e.g., graduate students from multiple universities; clinicians within the community).
- The proposed educational activity must have the support of both the Chair of the Psychology Department and the Director of Clinical Training of the student's program.
- The activities supported by this Clinical Section Educational Activity Student Grant are encouraged to also be financially supported by other sources, such as a university, hospital, or community organization.
- The activity must be held at a university or hospital.
- If the activity is a workshop, it must be a minimum of one half-day in length.

How to Apply:

- Complete and submit the application form, available at: <http://www.cpa.ca/aboutcpa/cpasections/clinicalpsychology/clinicalsectionnewsandevents/>
- Submit a description of the educational activity (e.g., the format and who will be presenting), its relation to clinical psychology and the logistics of the educational activity (e.g., when and where it will take place, how long it will be, who is invited, etc.) (max 1 page)
- Submit a detailed proposed budget, including delineating where additional money not covered by the grant will come from (max 1 page), whether there is potential for revenue for the event (and how much), and what outstanding costs will exist after taking into account other sources of funding and potential revenues
- **\*Please note:** Documents exceeding the maximum page limits will not be reviewed.
- Have both the Chair of the Department and the Director of Clinical Training submit a letter or email in support of the educational activity and to confirm where the additional funds will come from.
- Please submit via e-mail to the Student Representative of the Clinical Section by **January 15** (email Jordana Sommer: [sommerj@myumanitoba.ca](mailto:sommerj@myumanitoba.ca))

(continued on next page)

### Clinical Section Educational Activity Student Grant (continued)

#### Conditions of the Grant:

- Upon receiving notification of winning the Student Grant, direct confirmation should be provided from the speaker(s) or presenter(s) of the educational activity to the Treasurer of the Clinical Section regarding the planned date and format of the activity.
- Funds will be released to the Director of Clinical Training or the Chair of the Department after the event has taken place and receipts have been submitted in order to reimburse event coordinators for any costs incurred. Applicants may ask for the funds to be released in advance, in whole or in part, in order to cover certain expenses (e.g., down deposit to secure a venue).
- Awardees will submit receipts to the secretary-treasurer of the Clinical Section of the Canadian Psychological Association for reimbursement after the event is held. Awardees must also account for other sources of funding at this time, such as revenues and profits from attendance fees, and indicate the outstanding balance after these revenues are taken into the account. Educational Activity Grant funds will be awarded to cover outstanding balances after profits and revenues are taken into account. If there are no outstanding balances after taking revenues into account, the Educational Activity Grant funds will not be released.
- All money awarded must be used for the educational activity and any unused funds will not be released for reimbursement.
- The Clinical Section reserves the right to withhold the reimbursement of funds, or request return of funds, after the educational event has occurred, in the event that the activity is **substantially** altered from that originally proposed (e.g., change of speaker(s)), or revenue from the event has covered any costs incurred by putting on the event.
- Following notification regarding winning the Student Grant, changes to the originally submitted budget (i.e., reallocation of funds) that exceed 20% of the total budget must be submitted for approval to the Treasurer and Student Representative of the Clinical Section. Proposed changes may be reviewed by the original selection committee.
- After completion of the educational activity, have both the Department Chair and the Director of Clinical Training submit a letter or email to confirm the date of the activity and the number of attendees.
- Recipients of the Clinical Section Educational Activity Student Grant will be asked to provide a summary of the completed activity for the section newsletter.

## Intentional Therapist:

### Making self-care more convenient, intentional, creative and playful

By Karen Dyck and Melissa Tiessen

As two mid-career (ish) clinical psychologists we know first-hand the rewards and challenges that come with this career and the importance of engaging in a range of "...behaviors that maintain and promote physical and emotional well-being." (i.e., "self-care"; Myers et al., 2012, p. 56). Self-care has a positive impact on our own health and wellness and has also been shown to affect our professional functioning, including patient outcomes (Maranzan et al., 2018). As highlighted by Maranzan et al. (2018) the importance of self-care from a professional standpoint is further emphasized by its' inclusion in the Canadian Code of Ethics for Psychologists, under the principle of Responsible Caring where it explicitly indicates the importance of engaging in "...self-care activities that help to avoid conditions (e.g., burnout, addictions) that could result in impaired judgement and interfere with their ability to benefit and not harm others" (Canadian Psychological Association, 2017, p. 20). In fact, it has recently been suggested that self-care should be conceptualized as a competency and that psychologists should receive training in self-care across the spectrums of training and professional practice (Maranzan et al., 2018). We couldn't agree more!

And yet – we all know all of this and nonetheless struggle with self-care at different times and in different ways. In response, Intentional Therapist is a website we developed in an effort to create a community of like-minded female mental health professionals and resources to support self-care on an ongoing basis. Yes, we each can figure out self-care independently, but perhaps there can be even more effectiveness – and fun! – when self-care comes with a community of support. To this end, we have created a free monthly newsletter intended to inspire women to make themselves a priority and to help them find ways to make self-care more convenient, intentional, and most of all creative and playful. For more information about Intentional Therapist or to sign up for the free newsletter please visit us at: <http://www.intentionaltherapist.ca>.

#### References

- Canadian Psychological Association. (2017). *Canadian code of ethics for psychologists* (4<sup>th</sup> ed.). Ottawa, ON: Author.
- Maranzan, K.A., Kowatch, K.R., Mascioli, B.A., McGeown, L., Popwich, A.D., & Spiroiu, F. (2018). Self-care and the Canadian Code of Ethics: Implications for training in professional psychology. *Canadian Psychology, 59*(4), 361 – 368.
- Meyers, S.B., Sweeney, A.C., Popick, V., Wesley, K., Bordfield, A., & Fingerhut, R. (2010). Self-care practices and perceived stress levels among psychology graduate students. *Training and*