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Kaleidoscope

Newsletter of the Counselling Psychology Section

Canadian Psychological Association



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Kaleidoscope focuses on teaching, scholarship and practice for Counselling Psychologists and graduate students in training. We're proud to offer newsletters throughout the year and a listserve for our membership. We hope you will feel inspired to give us your feedback and become even more involved with our vibrant community.

CHAIR'S EDITORIAL

DANIKA OVERMARS



Autumn has a way of drawing me into the moment; I find myself increasingly grateful for the brisk, sunny days and the brilliant displays of color in the natural world around us as the trees shed their leaves.

So much has happened since our last edition of Kaleidoscope, most notably the 2026 Convention in Montreal. We had a fantastic turnout with members sharing posters, presenting talks, and engaging in important dialogue. Our section was honored to have Dr. Mikaela Gabriel as our featured speaker. Her talk, "Care & Reconciliation in Action: Indigenous Knowledges and Approaches to Safe, Effective Counselling for and with Indigenous Peoples," resonated deeply with those in attendance and provided practical knowledge applicable to our practice.

We were excited to present awards for Best Doctoral Dissertation, Best Masters Research, and the Counsel-

Chair Editorial, continued

ling Psychology Distinguished Member Award. We also evaluated a tremendous selection of posters and awarded best poster across all three categories. Additionally, this year we were very proud to introduce a student travel grant that supported six students to attend the convention in Montreal. These awards were made possible by the hard work of Dr. Sonya Flessati and Dr. Kirby Huminuik, who coordinated the awards and adjudication. Please see page 11 for the names of award winners and details about their research and contributions.

At the Annual General Meeting, we were delighted to welcome three new members to the Counselling Psychology Section Executive Team. Dr. Erika Horwitz joins us as Chair-Elect, Dr. CJ Park is our new Secretary/Treasurer, and Ronak Rai is our incoming Student Representative. I am thrilled that we have a full executive committee for the 2026-2027 year and am confident we will accomplish a great deal together.

While it feels as though we just finished the 2026 convention, plans are already underway for the 2027 Convention in Victoria, British Columbia, taking place from June 3-5, 2027. The CPA Abstract Submission system is open and the deadline for submissions is December 3, 2026. For more information on the submission process, please check out the abstract submission instructions here.

One of my goals as Chair of our section is to get a better understanding of how to meet the needs and address the desires of our membership. To that end, our student representative, Danielle Shinbine, has developed a needs assessment survey that takes 5-10 minutes to complete and you can find here. The survey will be open until December 15, 2026 and we will review the results early in 2027.

In the meantime, if you would have ideas for webinar topics, would like to get more involved in section activities, or a have a contribution for the next issue of Kaleidoscope, please reach out to me at Danika@DrOvermars.com.

Wishing you a bold and beautiful fall.

Warmly,
Danika

Danika Overmars, PhD
Chair, Counselling Psychology Section, CPA
Danika@drovermars.com

I respectfully acknowledge that I live, work, and play on the traditional, ancestral and unceded territories of the Coast Salish peoples, and in particular, the ḏʷɑ:ɬ̓ʌ̓əɬ̓ (Kwantlen), ḏiċəẏ̓ (Katzie), Máthxwi (Matsqui) and Se'mya'me (Semiahmoo) First Nations.

Executive Updates



ERIKA HORWITZ
CHAIR-ELECT

It is a pleasure to introduce myself as Chair-Elect of the Counselling Psychology Section of the Canadian Psychological Association. I am Dr. Erika Horwitz, a psychologist, educator, author, and advocate with more than 30 years of experience. Counselling psychology has been central to my professional life, and I am excited to work alongside colleagues who share a commitment to understanding people within the relationships, communities, and social conditions that shape their lives. My work has brought me into private practice, university counselling services, teaching, and professional leadership. As a former Director of Counselling Services at Simon Fraser University, I had the opportunity to support students through significant developmental transitions and complex personal challenges, while contributing to counselling programs that included group therapy, mindfulness, and dialectical behaviour therapy. I have also taught in counselling psychology at both Simon Fraser University and the University of British Columbia. Working with emerging practitioners has been particularly meaningful to me: their questions continually invite me to reflect on what we teach, how we practise, and the responsibilities we carry as psychologists.

In my clinical work, I am interested in how people develop greater awareness, move beyond patterns that have limited their lives, and discover possibilities they may have believed were beyond their reach. My training in mindfulness, including certification as a Mindfulness-Based Stress Reduction teacher, has deepened my appreciation for the relationship between awareness, compassion, and meaningful change. I value an approach that attends to suffering while also recognizing people's strengths, agency, and capacity for growth.

My commitment to counselling psychology extends beyond the therapy room. As President of the BC Psychological Association, I have worked to strengthen our profession's voice and advocate for greater access to psychological services, including the integration of psychologists into primary care. I am also deeply committed to reducing the stigma surrounding mental illness. I created the internationally recognized Hi F.I.V.E. initiative while working at Simon Fraser University to encourage connection, conversation, and recognition of the gifts each person brings. I wrote Through the Maze of Motherhood: Empowered Mothers Speak to support mothers to resist social pressures that make them feel anxious and deficient. Co-authoring Improbable and Extraordinary with my brother, Saúl, whose life has been profoundly affected by mental illness and addiction, further deepened my understanding of the importance of listening to lived experience and remaining open to unexpected paths of transformation.

As an immigrant from Mexico, I also bring a personal awareness of how culture, belonging, and identity influence our experiences. These concerns resonate with what I most value about counselling psychology: its attention to the whole person, its respect for diversity, and its commitment to social justice.

I look forward to listening to Section members, learning about your work, and helping create opportunities for meaningful exchange among students, researchers, educators, and practitioners. I hope we can strengthen connections across these roles, support emerging colleagues, and make the contributions of counselling psychology more visible within CPA and our wider communities. I am excited and grateful to contribute to this work as Chair-Elect.

Indigenization
ideas and resources

In the spirit of reconcilliation and life-long learning, we offer these resources for your consideration, and we welcome your suggestions of additional trainings, readings, websites, or resources to include in future editions of Kaleidoscope.

Books:

Braiding Sweetgrass: Indigenous Wisdom, Scientific Knowledge and the Teachings of Plants.
By Robin Wall Kimmerer

By Strength, We Are Still Here :
Indigenous Peoples and Indian Residential Schooling in Inuvik, Northwest Territories.
By Crystal Fraser

Dangling in the glimmer of hope :
Academic action on Truth and Reconciliation.
By Gary Gottfriedson & Victoria Handford

Resource Sites:

Thunderbird Resource Library - Thunderbird Resource Library

Indigenous Guardians Toolkit - Mental Health Supports and Resources

Truth And Reconciliation Commission Reports - Reports - NCTR

Psychology's Response to the Truth and Reconciliation Commission of Canada's Report - link

Restoring the Circle Restoring the Circle - https://restoringthecirclenwac.ca
Native Women's Association of Canada's e-learning program on providing trauma-informed, culturally safe, and intersectional services for, to, and with 2SLGBTQ+ Indigenous people with lived experience of gender-based violence. This e-learning program is intended for service providers and is divided into two self-led courses with multiple lessons that you can work through at your own pace.

San'yas Indigenous-specific Anti-Racism Training (BC, ON, MB):
Online courses available here

Executive Updates

KIRBY HUMINUIK

PAST-CHAIR



This is the start of the second year that I have served on the Counselling Psychology Section Executive as Past Chair, and on the CPA Board of Directors as liaison to Section Chairs. It is such a pleasure to serve the discipline of Counselling Psychology in this way, especially in the company of such a dedicated and delightful group of executive members.

With growing experience at the section and board levels, my appreciation only deepens for CPA's role as the national voice of psychology and a strong advocate for our unique role and contribution to the public good.

Last Spring I wrote that I believe this is a defining moment for Counselling Psychology. We continue to see pressures that risk narrowing the scope and impact of psychological practice through cost-containment approaches that undervalue relational care, through the dilution of professional standards, and through the persistent under-recognition of what psychologists uniquely contribute. Decades of leadership from within our discipline of Counselling Psychology has influenced the way care is being conceptualized and delivered, as person-centred care, cultural responsiveness, and cultural humility are now being taken up more broadly across health disciplines. And yet, I think there is tremendous need for our unique perspective to be heard more strongly both within Canadian psychology and our healthcare systems.

The Counselling Section at CPA is meant to be the home for Canadian Counselling Psychologists, and it can be a place for us to connect, share common concerns and strategies, build collaborative relationships and coalitions towards change. We invite you to reach out with ideas about how we as a section can support this kind of active participation.

I also encourage you to consider taking on a role within the Section Executive, at the Board level or on a committee. It is easy to feel like there is not enough time or to question whether you are ready, but my experience has been that there are strong structures in place, mentorship and support for new members, and the work itself is collegial and rewarding. For me, the opportunity to contribute meaningfully to the direction of our profession along with thoughtful, committed peers is well worth the investment. If you are curious about becoming more involved, please reach out.

Warmly,

Kirby Huminuik PhD, R.Psych
kirbyhuminuik@gmail.com

Executive Updates

JON WOODEND
Awards Coordinator



Fall greetings everyone,
After serving as the Counselling Psychology Section Secretary–Treasurer for the past four years, I'm stepping in to complete the remaining year of an unfilled term as the Awards Coordinator. I want to extend heartfelt thanks to Dr. Sonya Flessati, who generously supported the Awards Coordinator role over the past year while simultaneously serving as Convention Coordinator. Her collegiality, organization, and leadership made sharing the work of this unfilled role across the Section Executive both smooth and enjoyable. A formal call for a new two year Awards Coordinator will be announced leading up to the 2027 CPA Convention, so please keep an eye out if you're interested in being involved in the Section through this role!

This was one of our biggest awards years yet. In addition to our regular recognitions, we were also able to offer student travel awards to support students presenting within Counselling Psychology offerings at the 2026 convention. It was wonderful to be able to support the following students to engage in our section: Chelsea Hobbs; Henna Hans; Nathanael Siaoman; Ronak Rai; Morgan Begg; Noor Hadad.

I am also delighted to share this year's recipients for our main awards included:

- Distinguished Member Award — Dr Erika Horwitz
- Best Doctoral Dissertation — Dr Tiffany Anne Beks
- Best Master's Thesis — Sage DaSilva
- Best Doctoral Poster — Max Cooper
- Best Master's Poster — Mathew Vitale
- Best Undergraduate Poster — Hailey Russell

In this issue of Kaleidoscope, you will find brief write-ups about the winners of these awards, and their work that merited recognition. We will share details in the next Kaleidoscope issue about how to apply for student awards, or nominate a colleague for the Distinguished Member Award. All applications and nominations are due in the new year, ahead of the convention where recipients are announced. We are still determining whether student travel awards will be available again this cycle and will update members as soon as possible.

Looking forward to celebrating more of the outstanding work happening across our Counselling Psychology membership.

Jon Woodend, PhD, RPsych (AB)
Assistant Professor, University of Victoria

Territory Acknowledgement
I acknowledge and respect the lək̓ʷəŋən peoples on whose traditional and unceded territory I live and work, and the Songhees, Esquimalt and WSÁNEĆ peoples whose historical relationships with the land continue to this day.

Executive Updates

CJ PARK

Secretary Treasurer



Hi everyone!

I'm Chan Jeong "CJ" Park, an Assistant Professor in Counselling Psychology at the University of British Columbia. Born and raised in South Korea, I have lived and studied in Mainland China, Hong Kong, and the United States. I currently reside on the traditional and ancestral lands of the Musqueam people. My research interests primarily focus on the career development of historically underserved and marginalized populations. Through my research, I aim to help understand what is needed to better support their career development in the current world of work. I joined the Executive Board of the Counselling Psychology Section this past summer as the Secretary-Treasurer and am excited to see how I can support the Section initiatives.

CJ
cj.park@ubc.ca

Updates:

All payments have been made to the award recipients (congratulations again to everyone!). The budget for the upcoming year and the meeting minutes from the 2025 AGM were approved at the last AGM. Meeting minutes from the 2025 AGM and Executive Board meetings are available on the Section webpage (https://cpa.ca/sections/counsellingpsychology/businessandarchives/).

Executive Updates

DANIELLE SHINBINE & RONAK RAI

STUDENT REPRESENTATIVES



Hello all,
We hope you are all doing well and that your semester has been treating you well! As we reflect on the summer, we cannot believe how quickly time has passed. The time to rest and recharge was much needed, and we are both grateful to be back and excited to serve all of you as your student representatives.
For those who may not know, Ronak was elected as our second student representative during our annual general meeting in Montreal. We are thrilled to be working alongside each other as a team to continue advocating for student needs within the section. We have been working on a few things behind the scenes and look forward to sharing more with you all soon!
Speaking of upcoming opportunities, we would like to remind you all that the submission deadline for the CPA Convention is December 3rd. Last year, we had a wonderful turnout of student submissions for the convention in Montreal, and we hope to see that momentum continue. We strongly encourage students to consider submitting their work—especially as this year's convention will be held in Victoria, BC!
Lastly, we are excited to announce that the Needs Assessment survey, co-created by myself (Danielle) and the executive team, is now live! This survey has gone through multiple iterations to ensure we are asking the right questions to help inform future section programming. We would greatly appreciate your contributions, as your feedback directly helps us create events and initiatives that reflect students' true needs and interests. If there is any additional feedback you would like to share, please do not hesitate to reach out.
As always, we hope the rest of the semester treats you all well. If you would like to connect, please feel free to reach out to either of us via email.

Warmly,
Danielle Shinbine (Shinbin1@ualberta.ca)
& Ronak Rai (rkrai1@ualberta.ca)

The University of Alberta respectfully acknowledges that we are situated on Treaty 6 territory, traditional lands of First Nations and Métis people.



Students' Page on our CPA Section Website

Executive Updates

SONYA FLESSATI



Happy fall to everyone and welcome to this edition of Kaleidoscope! I am really honored to be serving as our section's executive as this year's Conference Coordinator. I stepped into the role last October and really enjoyed my first year's experience. Now in the second year of this position, I am more familiar with the role and looking forward to getting to know the new members of our executive and supporting the conference review process.

In getting to know me, I'd love to share a bit about myself. I'm a Registered Psychologist, raised in Calgary with stints living away to attend graduate schools in Clinical Psychology at Lakehead University and Counselling Psychology at the University of Alberta. I've been back in Calgary since 2002, the same time I began work in Student Counselling Services at Mount Royal University. Twenty four years later I am still there and love my work. This year was a special one in that I was promoted to Full Professor - a feat of which I feel really proud. My work with post-secondary students is energizing and I work with an amazing team of psychologists and social workers. When I am not working, I have a dog Casper who loves to walk and he keeps me busy!

As conference coordinator, part of my role is to promote involvement in our section. This involvement pertains to the sharing of ideas, research, practice and doing so through CPA's Annual Conference. I missed this past year's convention in Belle Montreal but plan to attend the next 2027 CPA Conference which will be held June 3-5 in Victoria. My last visit to Victoria was about 25 years ago. I had a late night arrival, a stay at the downtown hostel, and then an early morning departure. I didn't see much and so it is guaranteed that on this next visit I will be keen to see and experience more of Victoria.

Great conferences are filled with opportunities to learn and connect with colleagues near and far. My hope is that you will consider the option of submitting a proposal to present in Victoria. It is a wonderful way to contribute to our psychology community. Whether it is a poster, a 12-minute presentation, snapshot, panel presentation, symposium, workshop, or review session, the culmination of these options makes for a great conference. The abstract submission portal opened on October 5 and will close on December 3.

In addition to contributing through a submission, you can volunteer to review submitted abstracts for our section. Once the deadline for submissions passes in December, reviews begin shortly thereafter. There is a rubric with criteria that will guide your review. Last year, I had 28 amazing reviewers who contributed to this process. I'd like to thank the following individuals who contributed to last year's review process and hope that they and others will be a part of the review team. If you are interested in contributing to the review process, please email me at sflessati@mtroyal.ca. Thanks again to last year's review team!

Cala Annala
Ricardo Avelar
Anita Barzagan
Elyse Burchill
Jose Domene
Chelsea Hobbs
Denise Larson
Angel Leung
Janet Miller
Shadan Mosavat
Tricia Sandham
Krista Socholotiuk
Jessica Van Vliet
Jon Woodend
Javeria Atique
Birdie Bezanson
Rachel Bradley
Keana Chacon-James
Allison Foskett
Michael Huston
Mikhael L'Herureux
Teresa Maynes
Danika Overmars
Lynda Phillips
Danielle Shinbine
Kenya Thompson-Leonardelli
Hanna Valihora

Please stay tuned to additional posts in our listserv about volunteer recruitment for the abstract review process.

As a settler in Calgary on Treaty 7 territory, I wish to acknowledge the Nations of the Treaty - the peoples of the Siksika Nation, Piikani Nation, Kainai Nation of the Blackfoot Confederacy, as well as the Tsuut'ina Nation and the Chiniki, Bearspaw and Good Stoney Nations of the Iethka Stoney Nakota and the Métis. My own journey of reconciliation involves reflection, connection, and learning.

Announcements

TRAVEL AWARDS

2026 Recipients

The CPA Counselling Psychology Section was delighted to award six travel awards (of $500 each) in 2026 to student members who came to the CPA convention to present their work. Congratulations to:

Chelsea Hobbs
Nathanael Siaoman
Morgan Begg
Henna Hans
Ronak Rai
Noor Hadad

MEMBERS' SURVEY

CPA Counselling Psychology Section

The Counselling Psychology section needs input from our members! Please fill out this short survey to help us get to know what you want from the section. The survey takes approximately 5 minutes to complete. Please follow this link:
https://docs.google.com/forms/d/e/1FAIpQLScqrcEEd9j9rW6Y9k6_j2cwzy1wq63bq-BO6sBWtes-rJmz57w/viewform

Thank you to Danielle Shinbine for designing the survey and to the executive who collaborated to develop questions.

If you have questions or further input, please reach out to Danika (Danika@DrOvermars.com).

Counselling Psychology Section

CALL FOR PRESENTATION PROPOSALS and Volunteer Reviewers

CPA Convention - Victoria, BC June 3-5, 2027

The Call for Submissions for CPA2027 in Victoria is now open and will close on December 3, 2026. For more information, please go to: https://convention.cpa.ca/abstract/



Interested in supporting the Counselling Section and helping out as a volunteer reviewer of submissions to our section? For information, contact Sonya Flessati, Conference Coordinator at sflessati@mtroyal.ca. We welcome your support!

CONGRATULATIONS!

ERIKA HORWITZ



CPA Counselling Section
Distinguished Member Award, 2026

It was my distinct honor to present the Distinguished Member Award to Dr. Erika Horwitz on June 4, 2026 at the CPA Convention in Montreal. After a thorough evaluation of the nomination materials, our committee reached a unanimous conclusion: Dr. Horwitz' leadership, advocacy, and service exemplify an extraordinary and sustained contribution to counselling psychology both in British Columbia and across Canada.

There was an incredible outpouring of support and praise from the colleagues and peers who work with Dr. Horwitz. As Dylan LeRoy stated, Dr. Horwitz' "work exemplifies distinguished professional contribution through innovation, systems level change, and sustained impact on service access and mental health culture." Across the letters of support, Dr. Horwitz is described as a psychologist whose professional life is defined by integrity, attunement, and a deep commitment to the well-being of individuals, communities, and the profession as a whole. Dr. Horwitz is a leader who brings clarity and principled action to complex systems, and who works as an advocate to strengthen the voice of counselling psychology within the broader health landscape.

Dr. Horwitz' service to the profession has been exceptional in both scope and impact. From the BC Psychological Association and Simon Fraser University's Counselling Services, to the Council of Professional Associations of Psychology and the CPA's Status of Women Committee, her career reflects a sustained dedication to advocacy, equity, and the advancement of our field. This leadership has opened pathways for more inclusive and socially just professional practice, particularly for women and marginalized groups.

In the post-secondary sector, Dr. Horwitz has contributed to counselling services, training in counselling psychology, and instructing a variety of courses. Notably, as the Associate Director of Counselling Services at Simon Fraser University, she shaped high quality, accessible, and ethically grounded services for students while fostering strong practicum and internship environments. Whether she was collaborating with agencies across campus, implementing group based psychotherapy services, or supervising interns and practicum students, Dr. Horwitz brought enthusiasm, compassion, and relationality wherever she went. As Sarah Parkes described, "She cultivated an inclusive environment, promoted curiosity and consistently encouraged us to explore our positionality in order to foster cultural humility and anti-oppressive practices as therapists." Dr. Horwitz' contributions also extend to authorship and presentations, as she has authored 2 books; 3 book chapters, 4 articles/book reviews and presents extensively on counselling psychology related topics in International, National, provincial and local forums.

As President of the British Columbia Psychological Association, Dr. Horwitz guided the organization through one of the most significant periods of regulatory change in recent history. She did so by focusing on developing relationships, creating clear and timely communication pathways utilizing an approach that was both strategic and collaborative. Dr. Horwitz is a strong advocate for maintaining the scope of practice of psychologists to ensure the integrity of the profession and demonstrate a continued commitment to public protection. Dr. Horwitz leadership is characterized by integrity, warmth, and unwavering professionalism, offering stability and direction during a time of great uncertainty Across Dr. Horwitz' roles, the ability to build constructive relationships with government representatives, regulatory bodies, senior management, and other health associations has ensured that psychologists' and students' perspectives were not only heard but thoughtfully considered.

Taken together, Dr. Horwitz' contributions across leadership, advocacy, training, public education, and professional service represent a distinguished career. It is clear that Dr. Horwitz and her work has shaped not only organizations and systems, but also the lives and careers of colleagues and students. It is my great pleasure to recognize Dr. Horwitz' outstanding service to counselling psychology and to celebrate the profound impact of her contributions. Thank you, Dr. Horwitz, for your commitment to ethical practice, social justice, and the advancement of our profession.

CONGRATULATIONS!

SAGE DaSILVA

BEST MASTERS THESIS AWARD RECIPIENT, 2026

"I don't have an eating disorder until I look a certain way" Examining Experiences of Weight Stigma on Illness Perceptions of Individuals with Atypical Anorexia Nervosa



Anorexia Nervosa (AN) is a well-known eating disorder (ED) categorized by three main criteria: a significantly low body weight, caused by intentional caloric restriction; an intense, debilitating fear of weight gain; and a distorted perception of self, leading to a lack of recognition of the dangers of the condition (American Psychiatric Association [APA], 2022). Atypical Anorexia Nervosa (AAN) is a diagnosis given when "all of the criteria for anorexia nervosa are met, except that despite significant weight loss, the individual's weight is within or above the normal range" (APA, 2013, p. 354). Contrary to its "atypical" label, literature on AAN suggests that the disorder is equal to or more common than AN (Harrop et al., 2021). The diverse populations affected by this disorder experience severe mental and physical health complications, including risk for suicide, osteoporosis, and heart disease (Sawyer et al., 2016).

Existing literature on AAN reveals that weight stigma (i.e., the negative attitudes and beliefs directed toward individuals as a result of their body size) leads friends, family, and medical professionals to misperceive AAN as less severe than AN (Eiring et al., 2021). Exploring this phenomenon, Eiring et al. (2021) interviewed individuals with AAN who felt they were perceived by others as "not sick enough." During these interviews, participants who experienced a dismissal of their ED symptoms reported reductions in their motivation to pursue recovery, suggesting that the trivialization of AAN, resulting from weight stigma, altered their perceptions of the severity of

their disorder (Eiring et al., 2021). Accordingly, the purpose of this study is to further examine the extent to which experiences with weight stigma impact how individuals with AAN perceive the legitimacy and severity of their ED. Descriptive Phenomenological Analysis (Giorgi, 2009) was used to answer the research question: how do experiences with weight stigma influence the internal illness perceptions of individuals with atypical anorexia nervosa? This study analyzed a sample of seven participants, each of whom participated in a 30-90-minute online semi-structured interview to discuss their lived experience with weight stigma and their illness perceptions of AAN. Participant screening ensured each participant was over the age of 19, was living in Canada or the United States of America, had previously received a formal diagnosis of AAN, and had been in recovery for at least one year.

A total of seven core themes were identified: restriction and weight loss as normalized and encouraged practices, delayed self-recognition of illness, experiencing self-doubt about illness legitimacy, turning points in internal recognition and understanding of illness, questioning worthiness of recovery in relation to weight, systemic barriers interfering with external recognition and care, and navigating self-disclosure amid anticipated invalidation. Participant accounts highlight the role of weight stigma in normalizing disordered eating behaviours and describe how ED stereotypes contributed to their delayed recognition of their disorder.

The implications of this study contribute to the field of counselling psychology by emphasizing the clinical importance of fostering a weight-inclusive counselling environment and providing relevant psychoeducation on EDs (Himmelstein & Puhl, 2019; Walsh et al., 2023). Counsellors supporting individuals with EDs must work collaboratively with their clients to deconstruct internalized weight stigma and challenge self-doubt regarding the severity of their illness (Seacat et al., 2014). In addition, mental health professionals should monitor their clients' ED progression, provide appropriate encouragement when self-disclosure is required, and advocate for the needs of higher-weight clients facing weight-based policy discrimination (Eiring et al., 2021; Harrop et al., 2023; Johnson-Munguia et al., 2024). Subsequent research should utilize a larger sample size to enhance participant diversity and provide greater depth of analysis.

References

American Psychiatric Association. (2013). Feeding and eating disorders. In Diagnostic and Statistical Manual of Mental Disorders (5th ed.). https://doi.org/10.1176/appi.books.9780890425596

American Psychiatric Association. (2022). Feeding and eating disorders. In Diagnostic and Statistical Manual of Mental Disorders (5th ed., text rev.). https://doi.org/10.1176/appi.books.9780890425787.x10_Feeding_and_Eating_Disorders

Eiring, K., Wiig Hage, T., & Reas, D. L. (2021). Exploring the experience of being viewed as "not sick enough": A qualitative study of women recovered from anorexia nervosa or atypical anorexia nervosa. Journal of Eating Disorders, 9(1), 1–142. https://doi.org/10.1186/s40337-021-00495-5

Giorgi, A. (2009). The descriptive phenomenological method in psychology: A modified Husserlian approach. Duquesne University Press.

Harrop, E. N., Mensinger, J. L., Moore, M., & Lindhorst, T. (2021). Restrictive eating disorders in higher weight persons: A systematic review of atypical anorexia nervosa prevalence and consecutive admission literature. International Journal of Eating Disorders, 54(8), 1328–1357. https://doi.org/10.1002/eat.23519

Harrop, E. N., Hutcheson, R., Harner, V., Mensinger, J. L., & Lindhorst, T. (2023). "You don't look anorexic": Atypical anorexia patient experiences of weight stigma in medical care. Body Image, 46, 48-61. https://doi.org/10.1016/j.bodyim.2023.04.008

Himmelstein, M. S., & Puhl, R. M. (2019). Weight-based victimization from friends and family: implications for how adolescents cope with weight stigma. Pediatric Obesity, 14(1). https://doi.org/10.1111/ijpo.12453

Johnson-Munguia, S., Bottera, A. R., Vanzhula, I., Forbush, K. T., Gould, S. R., Negi, S., Thomeczek, M. L., L'Insalata, A. M., Like, E. E., Sharma, A. R., Morgan, R. W., & Rasheed, S. (2024). Understanding community provider practices in diagnosing and treating atypical anorexia nervosa: A mixed methods study. International Journal of Eating Disorders, 57(4), 892–902. https://doi.org/10.1002/eat.24125

Seacat, J. D., Dougal, S. C., & Roy, D. (2016). A daily diary assessment of female weight stigmatization. Journal of Health Psychology, 21(2), 228–240. https://doi.org/10.1177/1359105314525067

Sawyer, S. M., Whitelaw, M., Le Grange, D., Yeo, M., & Hughes, E. K. (2016). Physical and psychological morbidity in adolescents with Atypical Anorexia Nervosa. Pediatrics, 137(4). https://doi.org/10.1542/peds.2015-4080

Walsh, B. T., Hagan, K. E., & Lockwood, C. (2023). A systematic review comparing atypical anorexia nervosa and anorexia nervosa. International Journal of Eating Disorders, 56(4), 798–820. https://doi.org/10.1002/eat.23856

CONGRATULATIONS!

TIFFANY BEKS

DOCTORAL THESIS AWARD RECIPIENT, 2026

Living with Ghosts of Truth, Duty, and Valour: A Narrative Inquiry into Canadian Veterans' Stories of Institutional Betrayal



Background/Rationale. In the aftermath of service-related trauma, members often depend upon the military establishment to obtain adequate care and support. However, historical ombudsman investigations have revealed instances of institutional mistreatment of members affected by service-related trauma (Marin, 2001; Moss & Prince, 2017). The term institutional betrayal (IB) has emerged as a way of conceptualizing the failure of institutions to protect and support its members in the aftermath of traumatic events (Smith & Freyd, 2014). Research has found that military-related IB may exacerbate military members'/veterans' psychological distress in the aftermath of trauma, leading to more complex forms of post-traumatic stress disorder (Monteith et al., 2016). While the literature pertaining to military-related IB has focused on veterans in the United States, the experience of IB among Canadian veterans remains unstudied.

Research Questions. This research was guided by the following questions: What are Canadian veterans' experiences of IB? How do Canadian veterans compose their experiences alongside the broader social, historical, political, and cultural context in which they are embedded?

Methodology. Narrative inquiry (Clandinin, 2013) is a qualitative methodology that views stories as a natural means by which people make meaning of their experiences in context. I engaged in conversations and the co-composition of written narrative accounts with three participants over

two years, meeting with each individual 6 to 10 times. Data analysis involved co-composing narrative accounts for each participant, followed by composing narrative threads that reflected tensions and qualities resonating across participant stories (Clandinin, 2013).

Results. This inquiry illustrated the ways in which Canadian veterans carry their experiences of IB throughout their careers and into the veteran landscape. Participants held expectations about how they would carry out service careers and the meaning of their service. These expectations were violated when participants experienced various harms (i.e., discrimination, racism, sexism, ableism, classism, and other forms of violence) perpetrated by the military institution. Though participants took steps to seek justice, the military institution responded by dismissing, concealing, or denying the original harm. Eventually, participants came to realize that exiting service was the only avenue to self-preservation. In the veteran landscape, participants entered a web of legal, financial, and health institutions established to support them; however, this complex web often reproduced the harms of military service in new ways, leaving participants feeling as though they were being held in institutional captivity.

Implications and Contributions. This research is the first to explore Canadian veterans' experiences of IB, which is a unique contribution to the literature in and of itself. While a strength of this research lies in its focus on the in-depth, longitudinal experiences of three veterans, it is also limited in terms of its representativeness of all veterans' experiences. Hence, additional and diverse perspectives would have only further enriched the insights developed through this inquiry. Theoretically and practically, this research highlights the importance of expanding the conceptual framework of service trauma to include other forms of harm that occurs within the context of service, including racism, discrimination, harassment, sexism, and ableism. This research also offers insight into specific institutional responses that contribute to military-related IB, thereby providing a way for institutional leaders and decision-makers to consider how institutions that shape the lives of military members/veterans may respond to and potentially prevent IB. Notably, this research illustrated how entangled and layered experiences of IB are with issues of gender, race, rank, socioeconomic status, and ability. Hence, it is critical that the theory of IB consider how the everyday culture, power structure, and interpersonal practices of military service and veteran institutions contribute to varying degrees of violence, marginalization, and degradation.

References

Clandinin, J. (2013). Engaging in narrative inquiry. Left Coast Press.

Marin, A. (2001). Systemic treatment of CF members with PTSD. Office of the Ombudsman for the Department of National Defence and the Canadian Forces. http://www.ombudsman.forces.gc.ca/assets/OMBUDSMAN_Internet/docs/en/systemic-trtmnt.pdf

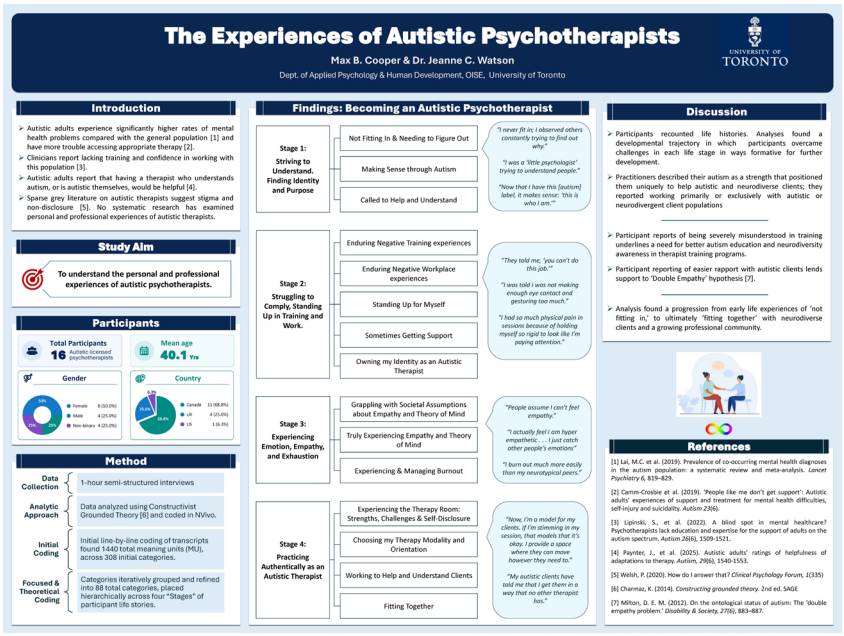
Monteith, L. L., Bahraini, N. H., Matarazzo, B. B., Soberay, K. A., & Smith, C. P. (2016). Perceptions of institutional betrayal predict suicidal self-directed violence among veterans exposed to military sexual trauma. Journal of Clinical Psychology, 72(7), 743– 755. https://doi.org/10.1002/jclp.22292

Moss, P., & Prince, M. J. (2017). Helping traumatized warriors: Mobilizing emotions, unsettling orders. Emotion, Space and Society, 24, 57-65. http://dx.doi.org/10.1016/j.emospa.2015.11.001

Smith, C. P., & Freyd, J. J. (2014). Institutional betrayal. American Psychologist, 69(6), 575– 587. https://doi.org/10.1037/a0037564

CONGRATULATIONS!

BEST DOCTORAL POSTER





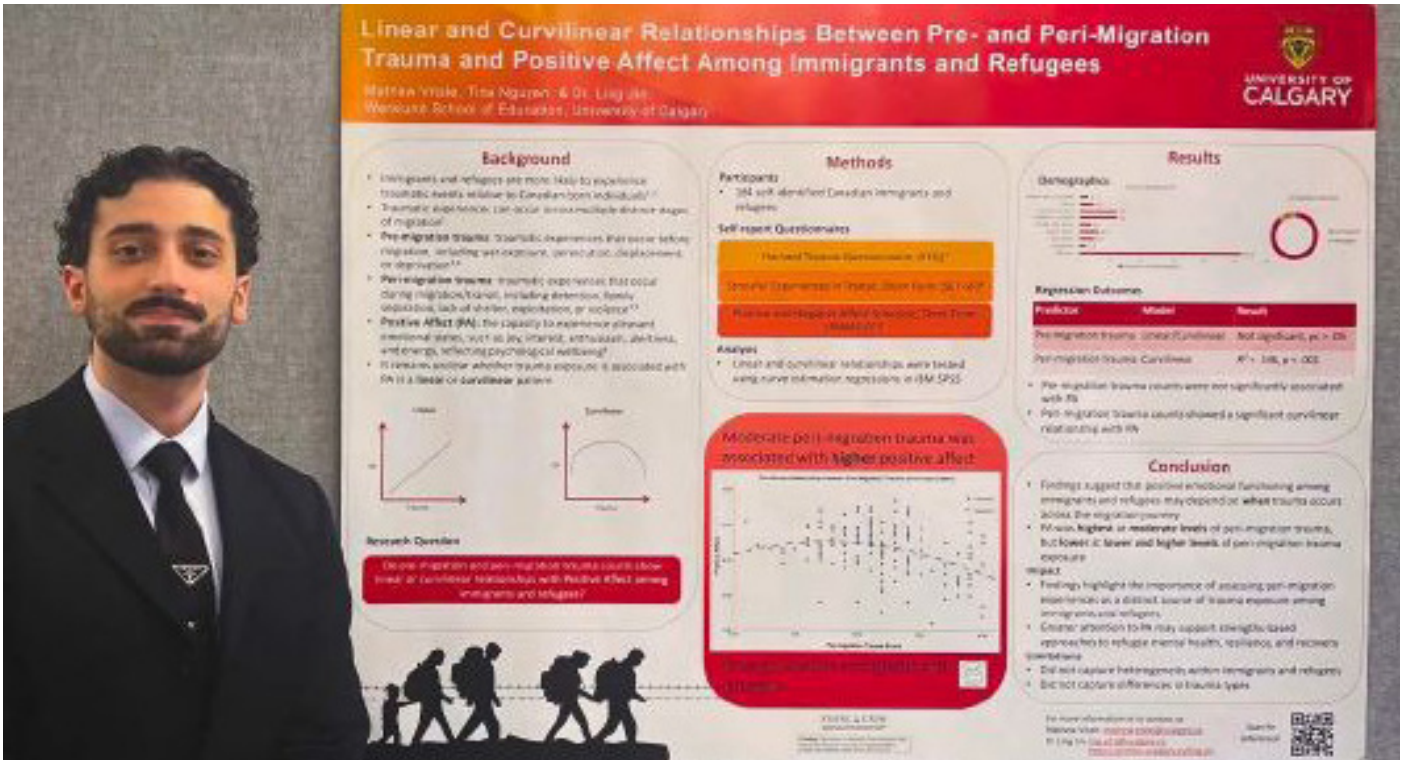
MAX COOPER
2026 Award Winner

The Experiences of Autistic Psychotherapists

ABSTRACT: Scattered grey literature reports from self-identified autistic psychotherapists speak to experiences of stigma and non-disclosure to workplaces or colleagues. However, no known empirical research has examined the experiences of individuals practicing as psychotherapists who are on the autism spectrum. To address this gap, 16 licensed practicing psychotherapists identifying as autistic completed one-hour semi-structured interviews reporting on their personal and professional experiences. Transcript data was analyzed using grounded theory; initial line-by-line coding produced 1400 meaning units; subsequent focused coding organized codes into a coherent model containing 89 hierarchically-sorted categories. The core category, Becoming an Autistic Psychotherapist, contained four stages: early life; training; empathy & burnout; and authentic therapy practice. Participants detailed overcoming challenges within each life stage. They reported neuro-normative feedback during training and a lack of understanding of their needs as an autistic student. Participants endorsed a preference for working with a neurodivergent client population, and drawing from their own lived experiences to support clients. Recommendations are provided for training programs and workplaces to better accommodate neurodivergent therapists and trainees.

CONGRATULATIONS!

BEST MASTERS POSTER



MATHEW VITALE
2026 Award Winner

Linear and curvilinear relationships between pre- and peri- migration trauma and positive affects among immigrants and refugees

Background: Immigrants/refugees experience trauma before and during migration, namely pre-migration trauma (e.g., political persecution, threats to life) and peri-migration trauma (e.g., trafficking, detention). Trauma exposure may influence positive affect (PA), emotions such as joy, energy, and interest. It remains unclear whether the association between trauma counts and PA follows a linear or curvilinear pattern. We examined both linear and nonlinear relationships between trauma counts and PA among immigrants/refugees. Methods: A total of 184 immigrants/refugees in Canada completed self-report questionnaires. Results: Curve estimation regression analyses showed that pre-migration trauma counts were not significantly associated with PA (ps > .05). In contrast, peri-migration trauma counts showed a significant curvilinear pattern with PA (R^2 = .146, p < .001). Conclusion: Numbers of pre-migration trauma were not associated with PA. However, immigrants/refugees with moderate numbers of peri-migration trauma experienced higher PA, whereas those with greater numbers of trauma reported diminished PA, including lower interest, joy, and energy. Impact: Trauma-informed intervention should be tailored to impacts of pre-migration vs. peri-migration trauma to understand how varying levels of trauma exposure may differentially shape emotional functioning.

CONGRATULATIONS!

BEST UNDERGRADUATE POSTER

HAILEY RUSSELL
2026 AWARD WINNER

Feed for thought: Understanding using social media as a mental health resource

This project maps how modern users utilize algorithmic social media content feeds as functional educational frameworks for managing personal psychological distress. The research examines the transition from community-driven discovery to definitive self-diagnosis, highlighting the need for digital literacy and clinician engagement in digital spaces.

Editor's Note:

Editor's Note:
We regret that we were not able to acquire a copy of the author's poster to include in this edition of Kaleidoscope.

Making Room to Flourish:

Classroom Engagement as a Mental Health Matter

by Janet Miller, PhD., R.Psych



I work in a university counselling setting, and I consider it a privilege to sit with students as they talk through what is weighing on their lives. Each new client who walks through our doors brings something we could not have predicted. And yet, semester after semester, the same themes surface: a need for security (financial, emotional, structural, physical) and a yearning for connection, with themselves and with others.

Much of my research and writing has focused on student success, particularly the first-year experience (Miller, 2021). I am curious about what students hope for in their classes, what makes learning engaging or enjoyable, and what helps this stage of life feel productive, satisfying, and fun. For those of us who teach, supervise, or practice in an educational setting (or hope to one day), this curiosity has practical stakes because the classroom, where students spend much of their time, has a major impact on student mental health.

What flourishing looks like in a classroom

Keyes (2002), through his dual-continuum model, described optimal mental health as "flourishing". He defined it as a combination of emotional, psychological, and social well-being that includes both subjective happiness and functional effectiveness. In an academic context, flourishing likely includes strong achievement, engagement in purposeful activity, satisfaction, the acquisition of knowledge and skills, persistence, goal attainment, and positive affect (Miller, 2025; Peter, Roberts & Dengate, 2011; VanderWeele & Case, 2025).

Student engagement is central to creating the conditions for flourishing, because it nourishes the dimensions of well-being that Keyes' model speaks to. Keyes work was inspired partly by Ryff's (1989) earlier model of psychological well-being which names six key dimensions, namely self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life, and personal growth. Engagement touches each of them.

Engaged students receive ongoing feedback from instructors and peers, and social acceptance supports self-acceptance. Putting yourself "out there" in class also builds self-awareness about your strengths and your areas for development because experience gives us more opportunity to know ourselves. Participation strengthens relationships and builds environmental mastery as students become more familiar with their classroom spaces and more at ease with how they operate. Confidence builds

through those experiences. Engagement enhances critical thinking and fosters personal accountability. Focused, alert participation deepens a student's connection with the curriculum and helps them link daily academic tasks to longer-term purpose. Well-designed experiential exercises help students move out of the comfort zone and into the learning, growth, and flourishing zones, treating setbacks as challenges rather than dead ends. Dweck (2006) described this as the foundation of a growth mindset.

Of the six dimensions, positive relationships may be the one that classroom design influences most directly. Decades of higher education research link student-faculty interaction with persistence, satisfaction, and learning (Pascarella & Terenzini, 2005). Tinto's (1975) classic work on student retention framed persistence as a product of social as well as academic integration. He emphasized the classroom as core (Tinto, 1997; Tinto, Russo, & Kadel, 1994), stressing that faculty and learning communities are central to student success and retention "because the classroom is, for many students, the one place, perhaps only place, where they meet each other and the faculty. If involvement does not occur there, it is unlikely to occur elsewhere" (Tinto, 2006, p. 4). I had the pleasure of seeing Tinto speak at a student services conference (NASPA'24) and he was still emphatic in his stance that universities need to create the environments where students want to persist. This wanting is fostered in the classroom. Relationships are not a pleasant extra layered on top of learning, they are part of how learning happens.



Why engagement matters

Loneliness

How many students feel lonely? The answer depends on the measure and the sample, but it is rarely small. A German cross-sectional study found that 28% of students experienced loneliness during their studies (Wenig et al., 2025). Among 1,408 UK students, most reported moderate to severe loneliness, and loneliness was significantly associated with depression, perceived stress, and suicidal ideation (Akram et al., 2025). Data from the National College Health Assessment found that 58% of their student sample (n=84,481) reported high levels of loneliness (Flesaker, et al., 2024). Whatever the number, any counsellor who has heard a student say "I don't know anyone here" knows it is a real concern. Being left out is painful (Flessati, 2023).

Despite the adverse effects of loneliness, we tend to stick with the familiar unless encouraged to break out of our boxes. In a classroom setting, instructors can use intentional strategies to get students talking with people who are not like themselves. Icebreakers serve a serious purpose here. Learning one another's names, having short conversations, laughing together, and creating shared experiences all change how learning happens, and they can soften a student's experience of loneliness.

In the above-mentioned German study, students with weak connectedness to their university were more likely to report loneliness, while those reporting high engagement were less likely to (Wenig et al., 2025). Classrooms remain the main gateway to that institutional connection.

Uncertainty

Not being sure of the answer often keeps students stuck in their seats, avoiding eye contact and sitting on their hands. Strategies that make risk-taking fun

and normalize being wrong help set a tone of exploration, curiosity, and innovation. Intentional engagement strategies like anonymous surveys, online challenges, open Q&A sessions, and collecting concerns on paper to be read aloud at the front of the room can all be validating. Hearing that other people share your fear is often the quickest way to loosen the grip of uncertainty. Studies show that even brief interventions that normalize worries about belonging have improved academic outcomes (Walton & Cohen, 2011). Further, as students gain experience sharing their ideas and opinions with others, confidence grows.

Groupthink

If we always work with the same people, we learn one way of approaching a problem. Learning to work with diverse others is a serious life benefit, because diversity opens the door to better solutions. But left to their own devices, students will work with who they know. Support students to mix up their working groups - keep groups small, and use these new pairings with tasks that have relatively low stakes. In larger groups we could use an online randomizer to create groups that then compete together on a review quiz. If size and space allow, you could break up cluster seating by counting people off to create groups. For example, if you want to have five groups, go along each row and ask students to say their number aloud sequentially going from 1 to 5. Then have all the number 1s form a group, all the 2s, etc. I've seen these mixers done at conferences using random dots on nametags and by the kind of potato chips we received in our welcome bag. Whatever the mechanism, having students work with those they don't usually work with paves the way for more connection, possible friendships, and often better outcomes.

Distraction

Engagement strategies are strong competition for phones and other distractions. It is hard to be engaged with social media when you are writing on the whiteboard, and hard to do online shopping when you're expected to hold up part of a paired-conversation. Being out of your seat usually means being off your phone. Instead of letting students sit back and get distracted, get them answering questions by moving around the room, do a think-pair-share activity, or ask students to shout out answers in unison (chorus responding). Scan the room often to see whether information is landing.

This is more fun for students, and it is more fun for us. These activities let instructors share the floor, build relationships, spot gaps in our teaching, and identify who needs more support. Flash questions with anonymous responses show us who is listening and may help us move faster through material that is easily acquired. They also build in a chance to drink water, catch our breath, and look around. Perhaps most importantly, they give students chances to feel a sense of belonging in our classroom and maybe the chance to make new friends. These are the combinations often associated with ideal learning conditions: challenge paired with safety, enjoyment paired with intensity.

More than Interaction

Engagement strategies also speak to the many ways students think and learn. Visual, auditory, and kinesthetic approaches can all draw in students who struggle with maintaining focus, need movement to anchor learning, or value the social side of class. Evidence does not advocate for matching instruction to a student's perfered learning style per se, (Pashler et al., 2008) but does support the idea of using a variety of modalities to foster attention.

Of course, for every four students who enjoy an icebreaker, there may be one who dreads it. Our own research listening to the lived experience of students with chronic pain (Balla & Miller, 2023) suggested that engagement strategies support diversity by offering variety and drawing in those who struggle with distraction, social anxiety, or low confidence. Connecting with new people might be anxiety-inducing, and research suggests the safer activities are those that limit self-disclosure, avoid physical interactions, and use relatively short time limits for initial collaborative activities (Miller, 2025). Ice breakers like silently lining up by height, or organizing the group by birthday are inclusive options. Lining up by geographical distance from campus can create natural affiliations. A few good carpools have come from that one. They do not require the sharing of sensitive information, sustaining a conversation, or holding someone's hand. As the semester moves on we can move to more in-depth discussions, structured debates, pair-and-share activi-

ties, demonstrations, and mini-presentations. Larger classes call for adaptation. If the lecture hall means it's difficult to have students move around, then ask them to raise their hands in response to questions, or to stand and then sit as statements apply to them (connecting statements to course content where possible). Hand out cue cards in different colours and have students choose their answers to possible test questions. You will be the only one to see their answers from the front of the room, so the social risk of "failure" is low, while focus, participation, and reflection stay high. This also gives the instructor quick feedback on areas that need further explanation. Some instructors use an online Q&A board where students post questions in real time anonymously, giving instructors additional opportunity to clarify in real time. Dividing a large class into rows or sections to co-create something in a shared document is another low-stress option. It gets people involved and can lead to strong collaborative projects. Create random teams and have your students compete in an online review quiz where team-scores are shown on screen. Have the group members wave at one another across your lecture hall to create affiliation. Teams can be sized to the task and these links broaden ways for students to bond and gain experience working with diverse groups.

For those of us teaching in graduate programs, engagement might be something we assume students have, given they are entering into a career-oriented program in an academic field of choice. Johnston (2013) reminds us that the transition into graduate school is fraught with complications and not every graduate student is equipped to handle that transition from undergraduate studies. Kalu (2016) has outlined specific strategies for engaging graduate students, and quality interactions with faculty members and opportunities for student interaction in graduate courses are emphasized on her list. She goes on to suggest specific ways to incorporate interactive learning into graduate-level teaching, including small group discussions, case studies, role play, debates, in-class peer review, critiques, and collaborative problem solving. These engagement strategies have been shown to strengthen graduate student learning in both online and in-person classroom settings and build cohesion in the classroom (Pontius & Harper, 2006), and build cohesion in a classroom.

Where connections between students are strong, attendance tends to be higher, teacher-student interactions are more frequent, and discussions are fuller. Students build social capital and have people to turn to for support and guidance. Belonging thickens commitment to the task and promotes follow-through, and when classmates are invested in one another's success, learning outcomes improve. Engagement also positions teachers to track learning as it happens, identify gaps, and apply strategies to help students excel.

Runa et al. (2024) put it plainly: "the importance of fostering a sense of belonging cannot be overstated, as it plays a pivotal role in developing and sustaining inclusive and equitable learning environments" (p. 2). Other research suggests the stage for academic flourishing is set by engaging students in ways that build social connections and community (Miller, 2025). The engaged classroom experience reduces attrition, promotes active learning, builds confidence, and supports mental health by fostering belonging and inclusion. For those of us who teach, I encourage you to weave experiential activities into your pedagogy, starting with low-risk micro-experiences and building toward richer discussions and presentations.

You will likely find that this makes teaching more enjoyable for you and learning more effective and memorable for your students - an up-stream mental health intervention for both teacher and students.

Janet Miller makes her home in Treaty 7 Territory in the place now known as Calgary, Alberta. She is a full professor at Mount Royal University and a Counselling Psychologist registered in Alberta, Ontario, and British Columbia. She can be reached at jbmiller@mtroyal.ca.

References

Akram, U., Drabble, J., Irvine, K., et al. (2025). Prevalence and psychiatric correlates of loneliness in UK university students. npj Mental Health Research, 4, 45.

Balla, H. & Miller, J. (2023, June 23). Lived Experience with Chronic Pain. Presented at the Canadian Psychology Association annual convention, Toronto, Ontario.

Dweck, C. S. (2006). Mindset: The new psychology of success. Random House.

Flessati, S. (2023). Loneliness: Understanding the experience and moving beyond to a place of connection and health. Kaleidoscope, 2023(2), 13-16.

Kalu, F. (2016). Six evidence-based practices to create engaging learning experiences in graduate programs. Taylor Institute for Teaching and Learning. https://taylorinstitute.ucalgary.ca/resources/six-evidence-based-practices-creating-engaging-learning-experiences

Keyes, C. L. M. (2002). The mental health continuum: From languishing to flourishing in life. Journal of Health and Social Behavior, 43(2), 207-222.

Miller, J. (2021). You @ the U: A Guided Tour through Your First Year of University. Vancouver, BC: UBC Press, On Campus Imprint. 262 pages.

Miller, J. (2025). InSights about Student Wellbeing – Stories from a Counselor's Office, ACM In Roads, 16(1), 11-13.

Peter, T., Roberts, L.W., & Dengate, J. (2011). Flourishing in life: An empirical test of the dual continua model of mental health and mental illness among Canadian university students. International Journal of Mental Health Promotion, 13(1), 13-22.

Runa, N.S., McCartan, A., Becker, B.A., & Mooney, C. (2024). Pathways to belonging: Understanding how university entry routes shape the sense of belonging of undergraduate computing students. ACM Transactions on Computing Education, 24(4), 1-19.

Pascarella, E. T., & Terenzini, P. T. (2005). How college affects students (Vol. 2). Jossey-Bass.

Pashler, H., McDaniel, M., Rohrer, D., & Bjork, R. (2008). Learning styles: Concepts and evidence. Psychological Science in the Public Interest, 9(3), 105-119.

Pontius, J.L., & Harper, S.R. (2006). Principles for good practice in graduate and professional student engagement. New Directions for Student Services, 115, 47-58.

Ryff, C. D. (1989). Happiness is everything, or is it? Explorations on the meaning of psychological well-being. Journal of Personality and Social Psychology, 57(6), 1069-1081.

Tinto, V. (1975). Dropout from higher education: A theoretical synthesis of recent research. Review of Educational Research, 45(1), 89-125.

Tinto, V. (1997). Colleges as communities: Exploring the educational character of student persistence. Journal of Higher Education, 21, 167-178.

Tinto, V. (2006). Research and practice of student retention: What next? J. of College Student Retention, 8(1), 1-19.

Tinto, V., Russo, P., & Kadel, S. (1994). Constructing educational communities: Increasing retention in challenging circumstances. Community College Journal, 64, 26-30.

Umbach, P. D., & Wawrzynski, M. R. (2005). Faculty do matter: The role of college faculty in student learning and engagement. Research in Higher Education, 46(2), 153-184.

VanderWeele, T. J., & Case, B. (2025). Academic flourishing and student formation. Intl J of Wellbeing, 15(2), 1-29.

Walton, G. M., & Cohen, G. L. (2011). A brief social-belonging intervention improves academic and health outcomes of minority students. Science, 331(6023), 1447-1451.

Wenig, V., et al. (2025). Social-ecological factors associated with loneliness in university students: Results from the German cross-sectional StudiBiFra study. Frontiers in Psychiatry, 16.

More Than My Diagnosis
The Importance of Integrating Psychosocial Supports Into Routine Healthcare



By Isa Penna

As a teenager, I experienced a significant medical diagnosis at a time when I was already navigating social, emotional, and developmental changes. This exposed me to the complexities of navigating a health condition in daily life and the importance of psychosocial support. There were many times I experienced uncertainty about how my diagnosis would shape my identity and relationships, unfamiliarity with various medical procedures and healthcare environments, and instances where I felt my concerns were not fully acknowledged. While I was fortunate to have the support of family, friends, and some healthcare professionals, this experience led me to think differently about what it means to support young people through health challenges. This prompted my interest in learning how communication, social support, and patient-oriented care can shape adolescents and young adults' (AYAs) identity development, psychological adjustment, and well-being.

A Diagnosis Does Not Occur in Isolation.

Adolescence and young adulthood are important developmental stages in which young people navigate physical, social, and psychological changes that shape identity (Olsson et al., 2005). A significant health diagnosis can disrupt these processes and introduce daily stressors associated with negative affect, social isolation, poorer well-being, and identity challenges, particularly when psychosocial needs are unmet or inadequately understood (Hughes et al., 2024; DeLongis et al., 1982; Zheng et al., 2023; Holtzman et al., 2004). During this time, support from peers, family, and healthcare providers may be particularly important. Research suggests that peer and social support may help buffer against some of these effects by fostering belonging, reducing stress, and promoting adaptive coping and well-being (DeLongis & Holtzman, 2005; Tutelman et al., 2024; Coady et al., 2024). However, social and peer support may not be experienced consistently throughout diagnosis and treatment, as AYAs' needs can change across different stages of their healthcare journey.

Although physical treatment is essential for addressing the physical aspects of a diagnosis, it may not fully acknowledge the psychosocial experiences of living with it. A diagnosis can introduce new stressors and lifestyle changes that could further contribute to issues around self-perception, identity, relationships, school or work, and well-being. In my personal experience, I had just moved provinces and was adjusting to a new city and university while also navigating a new healthcare system during the COVID-19 pandemic. Coming from a smaller town with one familiar hospital that was easy to navigate, I found the transition to multiple large healthcare institutions unfamiliar and overwhelming. On one occasion, I had to miss class to attend a medical appointment, only to arrive at the wrong hospital for that particular appointment. I then had to drive to the other side of the city, find parking, and navigate an unfamiliar hospital largely on my own, at a time when there were few people to ask for help. Although these challenges were not part of the procedure itself, they became a part of my experience of living with a diagnosis. Additional support during the early stages of my

diagnosis and treatment journey, especially from those with similar experiences, would have been beneficial in increasing my confidence in navigating these new life changes and helping me adjust to the social and emotional components of my experience. AYAs may experience procedural pain, emotional distress, inadequate communication, or insufficient access to forms of support and coping strategies that are meaningful to them, further affecting resilience and well-being (Birnie et al., 2018; Holtzman et al., 2004). Even if psychosocial needs are addressed on a given day, psychosocial adjustment can vary daily, highlighting the need for consistent, responsive, patient-oriented care. AYAs may also feel uncomfortable asking for help when navigating new healthcare environments, learning about unfamiliar procedures, or managing concerns related to identity and psychosocial adjustment.

Making Psychosocial Support Part of Routine Care

Rather than viewing psychosocial support as an additional service, reserved for those who seek it out or who are experiencing significant psychological distress, it should be understood and integrated into routine healthcare. This may include routinely asking about emotional well-being, social support, relationships, day-to-day challenges, concerns and preferences, and validating uncertainty around identity adjustment and procedures. To implement this effectively, healthcare professionals and families should be informed about available supports, and youth should be connected to counselling, peer-support programs, or other resources early in diagnosis and treatment to build awareness of what's available. Patient-oriented care also requires attention to the types of care needed by different individuals, acknowledging that appropriate care may look different for each person.

This individualization is particularly important because experiences of health, identity, social support, and psychological well-being may differ across cultural and social contexts; therefore, efforts to ensure patients receive care relevant to their needs are valuable (Boerner et al., 2025). Given this, the development of patient-oriented interventions that provide supportive and inclusive environments, affirming healthcare, and opportunities to express identity may be important for promoting resilience and psychosocial well-being among AYAs. A patient is not just navigating their diagnosis; they are also managing friendships, school, family relationships, independence, identity, changes in self-perception, and future goals.

The Importance of Peer Support

For AYAs in particular, peer support may provide a unique form of connection that complements support from family and healthcare providers. Being understood, accepted, and connected to other youth may provide a sense of belonging and validation that is particularly important during a developmental period when social relationships, identity, and perceptions of oneself and others are particularly important. These experiences may be particularly important for identity, coping, and psychosocial adjustment. However, the type and level of support may vary by person, reflecting AYAs' diverse needs. This highlights the importance of considering which types of support are meaningful to AYAs and when they are needed (Holtzman et al., 2004). Although treatment outcomes may be positive, age-specific strategies that address AYAs' needs across different stages of diagnosis, diagnosis types, and treatment settings are important (Tutleman et al., 2024). Existing research has identified team activities and group-based interventions as helpful for sharing experiences and feelings and improving well-being (Tutleman et al., 2024; Ames et al., 2024). Virtual delivery of psychosocial interventions may also increase access to social, emotional, and psychological care for AYAs experiencing significant health conditions, reducing barriers related to geography, illness, and treatment schedules (Tutleman et al., 2024).

However, many interventions focus on AYAs who have completed treatment (Tutleman et al., 2024), highlighting the need to develop and implement psychosocial supports early in their healthcare journey when AYAs are actively navigating their diagnosis and treatment.

Support during this stage could help address daily stress, procedural worries, and the well-being of AYAs as they are experiencing these challenges, rather than only after treatment has ended. The development, communication, and integration of these types of interventions during early treatment would therefore be important in providing AYAs with timely psychosocial care to support not only physical but also psychosocial well-being during and after treatment.

The Role of Counselling Psychologists

Counselling psychologists may have an important role in this process, as they can help connect physical healthcare with the psychosocial needs that accompany health challenges, supporting youth in adapting to social, emotional, and identity challenges they may face during significant physical and psychosocial change. They could contribute to AYA psychosocial adjustment by helping assess, develop, and disseminate patient-oriented psychosocial supports. During assessment, they could identify AYAs' psychosocial concerns, support systems, identity-related concerns, and barriers to accessing resources. This information could guide individualized interventions, including group, peer-based, coping and adjustment, or social support interventions. Counselling psychologists could also help connect AYAs with available resources and ensure they are aware of support during diagnosis and treatment. Importantly, AYAs should have opportunities to express their preferences regarding whether they want in-person or virtual, group or individual interventions, family involvement, and the types of topics they would like to focus on. This would allow for more responsive patient-oriented care, as it would address the individual needs of each person.

Supporting the Whole Person

Ultimately, integrating psychosocial support into routine healthcare means recognizing that AYAs experience diverse stressors beyond the physical conditions they are being treated for. For AYAs, providing space to discuss relationships, identity, belonging, emotional well-being, and everyday challenges alongside physical health may help create treatment that responds to the whole person. My own experience showed me that being physically treated for a health condition doesn't always mean feeling socially and psychologically supported. Integrating psychosocially responsive, patient-oriented care can help ensure that AYAs are not only physically treated, but are heard, understood, and supported throughout their healthcare journey.

References

Ames, M., et al. (2024). Adolescents' Daily Lives (ADL) project: an intensive longitudinal design study protocol examining the associations between physical literacy, movement behaviours, emotion regulation and mental health. BMJ Open, 14(11), Article e094225.

Birnie, K. A., et al. (2018). Psychological interventions for needle-related procedural pain and distress in children and adolescents. Cochrane Database of Systematic Reviews, (10).

Coady, A., Godard, R., & Holtzman, S. (2024). Understanding the link between pain invalidation and depressive symptoms. J. of Hlth Psy, 29(1), 52-64.

DeLongis, A., et al. (1982). Relationship of daily hassles, uplifts, and major life events to health status. Health Psychology, 1(2), 119-136.

DeLongis, A., & Holtzman, S. (2005). Coping in context: The role of stress, social support, and personality in coping. Journal of Personality, 73(6), 1633-1656.

Holtzman, S., Newth, S., & Delongis, A. (2004). The role of social support in coping with daily pain among patients with rheumatoid arthritis. Journal of Health Psychology, 9(5), 677-695.

Hughes, L., et al. (2024). The emotional impact of a cancer diagnosis: a qualitative study of adolescent and young adult experience. Cancers, 16(7), Article 1332.

Olsson, C. A., et al. (2005). The role of peer support in facilitating psychosocial adjustment to chronic illness in adolescence. Clinical Child Psychology and Psychiatry, 10(1), 78-87.

Tutelman, P. R., et al. (2024). Acceptability, feasibility and preliminary effects of an online group psychotherapy intervention for adolescents and young adults with cancer. Psycho-Oncology, 33(3), Article e6335.

Zheng, H., et al. (2023). Capturing hassles and uplifts in adolescents' daily lives: Links with physical and mental well-being. Journal of Youth and Adolescence, 52(1), 177-194.

Article

From Neurobiology to Meaning-Making

Understanding the Five Domains of Lasting Psychological Change

by Dr. Erika Horwitz, Psychologist



What makes a change survive beyond the counselling room? As counselling psychologists, we have all witnessed moments when something shifts—a painful memory loses its grip, a familiar pattern becomes visible, a client imagines a different future. But insight can fade, and old patterns can return. What allows a moment of possibility to become a lasting way of living? That question lies at the heart of our work: not simply how we help people feel better, but how change takes root and endures.

Consider a boy, Saúl, whose curiosity seemed inexhaustible. Intelligent, affectionate, and adventurous, he was always ready to play, explore, or lead his two younger siblings into some new escapade. There was so much life in him, so much possibility. Then, as he entered puberty, those who knew him began to notice changes they struggled to understand. He became anxious and aggressive. Schoolwork could no longer hold his attention. He stayed awake through the night and slept through much of the day. The boy who had eagerly sought out others began withdrawing from his friends.

By young adulthood, his life was increasingly marked by impulsivity, substance use, poor judgment, and strained relationships. His sexual behaviour became impulsive, his attitude expanded into grandiosity, and responsibilities went unmet. He struggled to sustain employment. There were crises in which he spoke of suicide, although he made no attempts. Over time, the distance between his early promise and his daily life became painfully difficult to comprehend.

He married and had two children, but his difficulties persisted. He spent months depressed, drank excessively, and sought sexual partners outside his marriage. At other times, he spoke so rapidly and relentlessly that others could scarcely get a word in. He seemed certain he knew everything; disagreement could draw a defensive or verbally aggressive response. Being close to him became difficult. For a counselling psychologist, his story raises a question that reaches beyond symptom relief: What would need to change for him to build a life he could sustain and relationships in which others could feel close to him again?

Saúl had undiagnosed bi-polar disorder. One day, in his early 40s, the pain and despair became unmanageable, he was ready to give up. He had a plan to kill himself. He was going to crash his car fatally. As he drove on his way to commit suicide and end it all, he remembered that a friend had offered him help in a group setting about year earlier. And for some reason, instead of killing himself, he drove to the group facility. Today, after years of hard work that led to profound personal transformation, Saúl has sustained approximately 20 years of very stable mental and emotional health without another suicidal crisis. In his case, medications didn't work out, so he transformed with hard work, learning to understand his mind and behaviours, and by trusting a mentor to guide him. This mentor acted as his counsellor who volunteered within the group program.

Drawing upon contemporary psychotherapy research and Saúl's lived experience, I propose that lasting psychological change can be understood through five interrelated domains:

- Relational and social factor
- Metacognitive and emotional awareness
- Identity reconstruction and meaning, Behavioural and biological regulation,
- Existential and spiritual integration.

Relational and Social Factors: Recovery Happens in Relationship

Human beings are fundamentally relational. Our capacity to regulate emotions, develop trust, and experience psychological safety is profoundly influenced by our relationships.
Research consistently identifies the therapeutic alliance as an important predictor of psychotherapy outcomes. Empathy, collaboration, and agreement on therapeutic goals contribute to meaningful change across treatment approaches (Del Re et al., 2018; Elliott et al., 2018; Tryon et al., 2018). Beyond psychotherapy, social connectedness and peer support can foster hope, empowerment, and improved functioning among individuals experiencing severe mental health difficulties (Puschner et al., 2025).

For Saúl, connection was transformative. When he first entered El Despertar, a community-based recovery group in Mexico, he felt like didn't belong anywhere. He felt alone. After a while, he began to feel a connection, a belonging. He encountered people who understood his suffering without reducing him to his illness or past behaviours. His mentor in the group became particularly influential, offering guidance, acceptance, and a different way of understanding himself. Through these relationships, Saúl experienced belonging, accountability, and the possibility of becoming someone different. His recovery reminds us that psychological change does not occur exclusively within the individual. It also emerges through meaningful relationships that provide opportunities to develop new ways of relating to ourselves and others.

Connection may help create the conditions in which change becomes possible. Neuroscience research shows that the presence of a trusted person can soften neural responses to threat, while psychotherapy research consistently links a strong therapeutic alliance with better outcomes. For counselling psychologists, these findings suggest that the relationship may help clients remain engaged with the difficult work of change. Feeling supported may make it more possible to approach painful experiences, experiment with unfamiliar responses, and persist when old patterns return. How these experiences become lasting change remains an important question (Coan, et al. 2006).

In a small laboratory study, women anticipating an electric shock showed reduced activity in neural systems supporting threat responses while holding their spouse's hand, with stronger effects associated with higher marital quality (Coan et al., 2006). This offers a possible biological perspective on relational safety: trusted support can influence how the brain responds to danger. In counselling, repeated experiences of reliable support may make difficult emotional learning more tolerable and help clients persist with new behaviours. That connection to lasting change is a clinical inference, however.

Metacognitive and Emotional Awareness: Learning to Relate Differently to the Mind

One of the most significant transformations I have witnessed in Saúl is his capacity to be aware of and observe his own thoughts, emotions, and impulses without automatically acting upon them. I consider this his new superpower. Previously, his emotional experiences frequently dictated his behaviour. Today, he demonstrates a remarkable ability to pause, recognize his internal experiences, and choose how to respond.

This capacity is central to several evidence-based psychotherapeutic approaches, including cognitive behavioural therapy, mindfulness-based interventions, acceptance and commitment therapy, and dialectical behaviour therapy. Research on mindfulness-based cognitive therapy supports its effectiveness in preventing depressive relapse, particularly among individuals with recurrent depression (Kuyken et al., 2016). The underlying clinical principle is that thoughts and emotions can be experienced as temporary mental events rather than absolute truths or instructions that must be followed. Saúl has developed the ability to recognize emotional activation without allowing it to determine his actions. For counselling psychologists, this highlights an essential therapeutic objective: helping clients develop not only insight into their difficulties but also the capacity to respond to their internal experiences with greater awareness, flexibility, and self-compassion.

Neuroscience offers a possible explanation for the value of learning to pause. In an experimental brain-imaging study, approaching difficult experiences with mindful acceptance was associated with less reported negative emotion and reduced amygdala responses to distressing images (Kober et al., 2019). These findings suggest that changing how we attend to an experience can alter both its emotional impact and associated brain activity. Repeated practice may help clients become more familiar with responding to distress without immediately acting upon it. However, an immediate laboratory effect does not establish lasting neural change, and the study did not examine recovery from bipolar disorder.

Identity Reconstruction and Meaning: Changing the Story of Who We Are

Psychological recovery involves more than symptom reduction. It can require a fundamental reconstruction of personal identity. Individuals who have experienced longstanding mental illness may come to define themselves primarily through their diagnosis, failures, or painful experiences. Recovery creates opportunities to develop a more integrated identity grounded in personal values, agency, relationships, and meaning.

Saúl's transformation involved precisely this process. He gradually moved beyond an identity shaped by addiction, emotional instability, and damaged relationships. He developed a renewed sense of responsibility, purpose, and compassion. Today, he works as a lay-counsellor supporting individuals struggling with addiction. His painful experiences have become a source of understanding and connection with others. He has not erased his past. Rather, he has integrated it into a different understanding of himself and his life. His high intelligence has supported him in becoming very knowledgeable about psychological principles and the roots of addiction, which have helped him in his own recovery and understanding of himself, but also in helping others.

Leamy et al.'s (2011) systematic review and narrative synthesis identified five central processes of personal recovery, captured in the CHIME framework: connectedness, hope and optimism about the future, identity, meaning in life, and empowerment. Together, these processes describe recovery as more than symptom reduction: it involves developing supportive relationships, imagining a hopeful future, rebuilding a sense of self beyond mental illness, finding purpose, and gaining greater agency in one's life.

For psychologists, this process underscores the importance of helping clients move beyond illness-cen-

tred narratives toward identities that recognize their strengths, values, and capacity for meaningful change. Research on autobiographical memory suggests that remembering our past and imagining our future engage overlapping brain systems, including the hippocampus (Addis et al., 2007). This provides a possible perspective on identity reconstruction: the experiences we draw upon to understand who we have been also contribute to imagining who we might become. In therapy, revisiting a life story while recognizing previously overlooked strengths may help clients envision new possibilities and pursue actions consistent with them. This application to recovery is an inference; the study investigated remembering and imagining, rather than therapeutic identity change or its durability.

Behavioural and Biological Regulation: Recovery Is Also Biological

Psychological recovery cannot be separated from the body. Sleep, physical activity, nutrition, and daily routines influence emotional regulation, cognitive functioning, and overall psychological well-being. Research supports the importance of physical health and exercise in mental health care (Firth et al., 2019; Schuch et al., 2021). For individuals with bipolar disorder, interventions such as Interpersonal and Social Rhythm Therapy emphasize the stabilization of daily routines and sleep–wake patterns (Steardo et al., 2020).

Saúl continues to experience challenges with his sleep cycles. Nevertheless, he has developed greater consistency in his daily routines and a substantially improved capacity for emotional and behavioural regulation. His experience illustrates that recovery need not mean the complete absence of vulnerability. Rather, it may involve developing the awareness, skills, and behavioural consistency necessary to manage vulnerabilities more effectively. Repeated experiences of emotional regulation, healthier relationships, and adaptive behaviour may also support neuroplastic changes that reinforce new patterns of responding. It is important to note that Saúl's individual experience should not be interpreted as evidence that psychosocial interventions can replace indicated medical treatment for bipolar disorder. Recovery pathways are individual, and comprehensive assessment and treatment remain essential.

The importance of biological regulation is illustrated by research on sleep. In a brain-imaging experiment, sleep deprivation was associated with heightened amygdala responses to negative images and reduced functional connectivity between the amygdala and medial prefrontal cortex (Yoo et al., 2007). These findings suggest that insufficient sleep can affect the coordination of systems involved in emotional responding and regulation. Protecting sleep may therefore help sustain the capacity to practise coping skills and respond more flexibly to difficulties. The experiment did not establish that regular routines produce lasting recovery, but it helps explain why the body's condition matters when people undertake the work of psychological change.

Existential and Spiritual Integration: Finding Meaning Beyond Suffering

The fifth domain addresses a dimension of psychological recovery that deserves greater attention: the human need for meaning, purpose, and connection to something larger than ourselves. Research suggests that incorporating clients' religious or spiritual beliefs into psychotherapy, when consistent with their preferences and worldview, can enhance psychological outcomes (Captari et al., 2018).

However, spirituality need not involve organized religion or belief in a higher power. Saúl identifies as agnostic. Nevertheless, his recovery has involved profound existential and spiritual growth. He has cultivated acceptance, compassion, gratitude, and a commitment to helping others. He has developed a sense of purpose that extends beyond his own suffering. His experiences have become meaningful not because his suffering was necessary, but because he has found ways to transform its impact into something that contributes positively to the lives of others. For counselling psychologists, this reminds us that recovery involves more than helping individuals feel better. It can also involve helping them discover what makes their lives worth living.

Neuroscience has begun to examine experiences relevant to this domain, including gratitude. In a brain-imaging study using imagined scenarios of receiving help, stronger feelings of gratitude were associated with activity in the medial prefrontal cortex and anterior cingulate cortex, regions implicated in valuation and social understanding (Fox et al., 2015). This suggests that gratitude involves processes through which we appreciate the significance of another person's care. A possible implication is that cultivating appreciation and a commitment to others may help make recovery personally meaningful and worth sustaining. The study did not demonstrate lasting brain changes, however, and its findings should not be treated as a neural explanation of spirituality or existential growth as a whole.

Bringing the Five Domains Together

Saúl's transformation cannot be attributed to any single intervention or mechanism. His recovery reflects the interaction of meaningful relationships, greater self-awareness, identity reconstruction, behavioural regulation, and existential integration. These domains reinforce one another. Connection creates opportunities for awareness; awareness supports behavioural change; behavioural change strengthens agency; and renewed identity and purpose can sustain continued recovery.

Saú is my brother. His life and transformation have touched me deeply. I have witnessed a transformation that I once could scarcely have imagined. As a psychologist, his experience has deepened my appreciation for the extraordinary capacity of human beings to transform.

My hope in sharing his story is not to suggest that every recovery follows the same path, but to remind us that psychological change is multidimensional, deeply human, and sometimes far more profound than symptom reduction alone can capture.

There was a time when I could hardly imagine a future for Saúl beyond the next crisis. Today, I watch him help others find their way through suffering he once knew intimately. The distance between those two lives still leaves me in awe. I wanted to understand how he had crossed it and I wanted others to hear what he had to say. So, I convinced him to write his story. Together, in a labor of love, we wrote Improbable and Extraordinary: A Transformation of Mental Illness and Addiction, weaving his memories with the lessons and changes he calls "miracles." What emerged was a rare and intimate account of a mind I could never fully know from the outside. Saúl had the courage to disclose thoughts and impulses he had once concealed, even those most distorted, troubling, and difficult to acknowledge, which offers readers a unique window into his experience of bipolar disorder and addiction. His candour allows us to follow the transformation from within: to understand what he struggled with, what he began to question, and what it took to choose differently. The life that followed was once scarcely imaginable. To read how he built it is to encounter the improbable becoming extraordinary.

Our work as counselling psychologists is to help create the conditions in which such change becomes possible. And perhaps one of the most important gifts we offer our clients is the opportunity to discover that their past, their suffering, and even their diagnosis need not define the entirety of who they are or who they may become.

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References

Addis, D. R., Wong, A. T., & Schacter, D. L. (2007). Remembering the past and imagining the future: Common and distinct neural substrates during event construction and elaboration. Neuropsychologia, 45(7), 1363–1377.

Captari, L. E., Hook, J. N., Hoyt, W., et al. (2018). Integrating clients' religion/spirituality within psychotherapy: Comprehensive meta-analysis. Journal of Clinical Psychology, 74(11), 1938–1951.

Coan, J. A., Schaefer, H. S., & Davidson, R. J. (2006). Lending a hand: Social regulation of the neural response to threat. Psychological Science, 17(12), 1032–1039.

Declerck, C. H., Boone, C., Pauwels, L., Vogt, B., & Fehr, E. (2020). A registered replication study on oxytocin and trust. Nature Human Behaviour, 4, 646–655.

Del Re, A. C., Flückiger, C., Horvath, A. O., & Wampold, B. E. (2018). The alliance in adult psychotherapy: A meta-analytic synthesis. Psychotherapy, 55(4), 316–340.

Elliott, R., Bohart, A. C., Watson, J. C., & Greenberg, L. S. (2018). Therapist empathy and client outcome: An updated meta-analysis. Psychotherapy, 55(4), 399–410.

Firth, J., et al. (2019). The Lancet Psychiatry Commission: Protecting physical health in people with mental illness. The Lancet Psychiatry, 6(8), 675–712.

Fox, G. R., Kaplan, J., Damasio, H., & Damasio, A. (2015). Neural correlates of gratitude. Frontiers in Psychology, 6, Article 1491.

Kober, H., Buhle, J., Weber, J., Ochsner, K. N., & Wager, T. D. (2019). Let it be: Mindful acceptance down-regulates pain and negative emotion. Social Cognitive and Affective Neuroscience, 14(11), 1147–1158.

Kuyken, W., et al. (2016). Efficacy of mindfulness-based cognitive therapy in prevention of depressive relapse: An individual patient data meta-analysis. JAMA Psychiatry, 73(6), 565–574.

Leamy, M., Bird, V., Le Boutillier, C., Williams, J., & Slade, M. (2011). Conceptual framework for personal recovery in mental health: Systematic review and narrative synthesis. The British Journal of Psychiatry, 199(6), 445–452.

Puschner, B., et al. (2026). Effectiveness of peer support for people with severe mental health conditions in high-, middle- and low-income countries: Multicentre randomised controlled trial. The British Journal of Psychiatry, 229(1), 60–68.

Schuch, F. B., et al. (2021). Exercise and mental disorders: Meta-analytic evidence and mechanisms. Translational Psychiatry, 11, 407.

Steardo, L., et al. (2020). Interpersonal and Social Rhythm Therapy effectiveness in real-world bipolar care: Controlled trial. Annals of General Psychiatry, 19, 15.

Tryon, G. S., Birch, S. E., & Verkuilen, J. (2018). Meta-analyses of the relation of goal consensus and collaboration to psychotherapy outcome. Psychotherapy, 55(4), 372–383.

Yoo, S.-S., Gujar, N., Hu, P., Jolesz, F. A., & Walker, M. P. (2007). The human emotional brain without sleep—a prefrontal amygdala disconnect. Current Biology, 17(20), R877–R878.

COUNSELLING PSYCHOLOGY
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THE SOCIETY FOR THE STUDY OF PEACE, CONFLICT & VIOLENCE

Webinar

Psychologists as Advocates:
Advancing Human Rights and Systems Change

Psychologists regularly encounter issues related to human dignity, equity, wellbeing, discrimination, access, and systemic barriers. Yet many psychologists receive little formal preparation for advocacy despite growing recognition that advocating for human rights is an essential component of professional psychology. This webinar positions advocacy as a core dimension of psychological practice grounded in human rights principles and professional responsibility and offers concrete tips and strategies to this end.

The session begins with an overview of the findings of the American Psychological Association (APA) Task Force on Human Rights, which identifies advocacy as a central way psychology contributes to the realization of human rights. The framework emphasizes that psychologists both possess rights themselves and must apply psychological knowledge to advance human rights, prevent harm, and promote equitable access to scientific and professional benefits. Building on this foundation, participants will explore how psychologists can identify human rights concerns within research, teaching, clinical practice, leadership, and organizational settings; navigate ethical and institutional complexities; and develop concrete strategies for advancing systems-level change. Drawing on examples from community partnerships, policy engagement, education, and professional leadership, the presenters will provide practical guidance for translating human rights commitments into meaningful action.

The Society for the Study of Peace, Conflict, & Violence (Peace Psychology) and the CPA Section on Counselling Psychology invite you to join this webinar on

Tuesday, December 1 at 12pm Eastern

Please register at

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Dr. Kirby Huminuik is a licensed psychologist (PhD, Counselling Psychology) working at the intersection of human rights and mental health. Her current practice focuses on refugee mental health and support for front-line humanitarian workers with individuals, professionals, and institutions navigating displacement, ethical complexity, and high-acuity environments. Over the past decade, she has held senior leadership roles in university mental health systems, overseeing large clinical services, interdisciplinary teams, governance, quality improvement, and institutional change within complex organizations. She currently serves on the Board of Directors of the Canadian Psychological Association and previously served on the American Psychological Association Task Force on Human Rights (2016–2021).



Dr. Gabriel Velez is Associate Professor in Educational Policy and Leadership in the College of Education, with a courtesy appointment in Psychology, at Marquette University. He is also the Editor of Qualitative Psychology. Dr. Velez studies identity development in adolescents, particularly in relation to citizenship, human rights, restorative justice, artificial intelligence, and peace. He authored Making Meaning of Justice and Peace: A Developmental Lens to Restorative Justice and Peace Education (2025) and Coming of Age Amid AI (forthcoming), both with Cambridge University Press. He received a BA in History and Literature from Harvard University, and an MA and PhD in Comparative Human Development from the University of Chicago.

Feature Article



LEFT, RIGHT, REPEAT.

What Trail Running Taught Me About the Healing Brain

A therapist's field notes on bilateral movement, attachment, and the outdoors.

by Kristy McConnell, R. Psych.

My GPS watch can tell me my pace, my heart rate, my cadence down to the step. What it cannot tell me is why a hard run sometimes leaves me calmer than an hour of talking ever could, or why a bad mood tends to dissolve somewhere around kilometre five without my noticing the exact moment it happened. That gap between what the metrics capture and what actually happens out there is where this piece lives. Running is not simply a body doing work while a brain looks on from the sidelines. It is a two way conversation between a nervous system and an environment, and I have come to believe the content of that conversation has something real to say about how we think about healing.

Psychiatrist Dan Siegel has spent a career arguing that the mind cannot be studied as something sealed inside the skull, that mental life is a flow of energy and information that includes the body and the relational world around it. Running is a strong example of exactly this. You cannot isolate a runner in a lab, control every variable, and reliably summon a runner's high on command, any more than you could predict a marathon finishing time without accounting for the wind. Something about the openness of the system, the fact that it refuses to be closed, is part of what makes the experience what it is.

What the Body Notices, the Brain Keeps

There is a quiet kind of attention that shows up partway through a run. You notice a hitch in your stride, a shoulder creeping toward your ear, a breath that needs to go somewhere specific. Much of that noticing is the work of the hippocampus, a structure that helps interpret bodily cues in the moment and also plays a central role in consolidating the memories that become part of a person's ongoing story of themselves. Running appears to strengthen activity nearby in the medial prefrontal cortex too, an area tied to cognitive flexibility, body regulation, and the kind of attuned communication that lets us track our own internal state and someone else's at the same time. None of this is incidental to the therapy room. The same capacity that lets a runner notice a tight shoulder and adjust for it is, functionally, the same capacity we are trying to build in clients who have lost the thread between body and awareness.

Turning Down the Inner Critic

David Raichlen's research group at the University of Arizona found something worth sitting with: sustained running dampens activity in the default mode network, the same network that quiets during meditation. This is the network largely responsible for the internal narration that runs when the mind is otherwise unoccupied, and for a lot of people that narration leans harsh. A long run seems to offer something close to what a good meditation practice offers, a window where the most critical version of the inner voice loses volume and a more compassionate one gets a turn to speak. Anyone who has stood near a marathon finish line has watched this play out at scale. Strangers cheer for strangers. The collective mood tilts generous, almost without exception.

Running as a Relational Act

"If you are losing faith in human nature, go out and watch a marathon." Kathrine Switzer

It is tempting to think of running as a solitary pursuit, something you do alone with your thoughts. But the brain structures involved in running overlap substantially with the structures involved in connecting to other people, and the sport keeps offering evidence of this. Nike's Breaking2 project is a useful illustration by contrast. Millions of dollars went into engineering the ideal physiological and environmental conditions for a two hour marathon. Eliud Kipchoge came within twenty five seconds of the mark, and by his own account, part of what held him back was missing the crowd. The relational and the physiological do not separate cleanly here. Running is a human experience carried out in the company of other humans, and the research increasingly suggests it is carried out in the company of the natural world as well.

Attachment, Oxytocin, and the Outdoors

The limbic system, which governs a great deal of motivation, exploration, and emotional intensity, is also the evolutionary seat of attachment to caregivers. Oxytocin, a neurotransmitter closely tied to bonding, has been measured at elevated levels during long distance running. Early writers on the therapeutic use of running described a fusion or flow state, a felt sense of oneness with the environment itself and not only with other people. That environment appears to be doing real work of its own. Time in nature is associated with measurably lower cortisol, and biologist Edward Wilson's idea that humans carry an innate pull toward the natural world, what he called biophilia, gets a fair amount of support from anyone who spends their days on trails rather than treadmills. In this framing, nature is not scenery. It behaves more like a co-regulating presence, one that shows up reliably if we let it.

The Runner's High Is Not One Thing

Runner's High: A euphoric sensation experienced during running, usually unexpected, in which the runner feels a heightened sense of well-being, enhanced appreciation of nature, and transcendence of barriers of time and space.

Michael Sachs

It helps to separate two kinds of change here. State change is the shift you feel in the moment, the thing most people mean when they mention a runner's high. Trait change is the slower accumulation of benefit over time, the reason a regular runner tends to report a better baseline mood even on the days they do not run. Abraham Maslow's idea of peak experience, performing with apparent ease, feeling fused with one's surroundings, being curious and spontaneous, maps closely onto the state long distance runners describe. For years researchers tried to manufacture that state by controlling shoes, cadence, physique, and duration, as though the right formula existed on paper. Vybarr Cregan-Reid's work suggests otherwise. The endocannabinoid response that appears central to a genuine runner's high seems to require a run that is immersive rather than instrumental, unhurried, longer than forty minutes, and outdoors in a green space. Treadmills, in other words, are not where this particular magic tends to happen, no matter how good the incline settings are.

The Bilateral Piece

Here is where the connection to clinical work becomes explicit rather than metaphorical. The repetitive left right pattern of running is a form of bilateral stimulation, and bilateral stimulation is also the engine behind EMDR (Eye Movement Desensitization and Reprocessing) therapy, whether delivered through eye movements, taps, or tones. The right hemisphere handles a great deal of preverbal, spatial, and holistic processing, while the left is better suited to language, analysis, and sequence. Alternating engagement between the two appears to support more integrated processing generally, not only inside a therapy room. Running has also been linked to a more robust insula, a structure tied to anticipating what comes next through a wider, more empathetic lens. Athletes gain a competitive edge from this. Clients gain something else: a nervous system with more room to metabolize what has happened to them, because the two hemispheres are working together instead of in isolation.

Taking This Outside, On Purpose

None of this argues for swapping the eight phase protocol for a jog. What it does suggest is that the outdoors is not a neutral backdrop to healing, it may be an active ingredient in it. For clinicians, that can mean something as small as noticing when a client's own movement practice is already doing quiet regulatory work worth naming out loud in session, or something as deliberate as building outdoor elements into parts of the therapeutic process where that fits the case. It is also, frankly, part of why a training grounded in the mountains and prairies of Alberta has reason to take nature seriously as more than a nice view out the window. The same left right rhythm that clears a mind on a trail is, in a different form, the rhythm doing the clearing in the room.

A Morning on the Trail

Left, right, left, right. The sun rises crisp and orange over the eastern prairie. To the west, the mountains hold their quiet, formidable presence.

Left, right, left, right. My mind fills with gratitude for what this body can still do. I breathe the cool morning air into my lungs, and it finds its way to my heart.

Left, right, left, right. Oxygenated blood moves out to my muscles. I send my breath there, thankful for the ground beneath me and the path stretching wide ahead.

Left, right, left, right. My mind wanders, and all at once I notice the connection within myself and the bond to everything outside myself. Nature is nurturing me. My heart and mind turn curious, creative, compassionate.

Left, right, left, right.

What This Means for Practice

If you take one thing from this into your own clinical thinking, let it be this: movement outdoors is not a lifestyle add-on you mention in passing during intake, it is a legitimate regulatory resource with a plausible neurobiological mechanism behind it. Ask clients what movement already exists in their lives. Ask where they do it. The answers may tell you more about their existing capacity for self-regulation than a symptom checklist will.

References

Altshul, V. A. (1978). The ego-integrative (and disintegrative) aspects of long distance running. Current Concepts in Psychiatry, 4(4), 6–11.

Brockett, A. T., Lamarca, E. A., & Gould, E. (2015). Physical exercise enhances cognitive flexibility as well as astrocytic and synaptic markers in the medial prefrontal cortex. PLoS ONE, 10(5). https://doi.org/10.1371/journal.pone.0124859

Cregan-Reid, V. (2017). Footnotes: How running makes us human. Ebury Publishing.

Hanson, N. J., Short, L. E., Flood, L. T., Cherup, N. P., & Miller, M. G. (2018). Cortical neural arousal is differentially affected by type of physical exercise performed. Experimental Brain Research, 236(6), 1643–1649. https://doi.org/10.1007/s00221-018-5247-x

Hew-Butler, T., Noakes, T. D., Soldin, S. J., & Verbalis, J. G. (2008). Acute changes in endocrine and fluid balance markers during high-intensity, steady-state, and prolonged endurance running: Unexpected increases in oxytocin and brain natriuretic peptide during exercise. European Journal of Endocrinology, 159(6), 729–737. https://doi.org/10.1530/EJE-08-0064

Hunter, M. R., Gillespie, B. W., & Chen, S. Y.-P. (2019). Urban nature experiences reduce stress in the context of daily life based on salivary biomarkers. Frontiers in Psychology. https://doi.org/10.3389/fpsyg.2019.00722

Sachs, M. L., & Buffone, G. W. (1997). Running as therapy: An integrated approach. Jason Aronson.

Siegel, D. J. (2012). Pocket guide to interpersonal neurobiology: An integrative handbook of the mind. W. W. Norton.



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Note: An associated version of this piece appeared in the Canadian Running Magazine's Summer 2019 issue. It has been substantially reworked here to reflect current thinking and its application to clinical training and practice.

APPS FOR THAT

Whether we see it as a supplement to therapy, or as a light form of entertainment, self-help apps are certainly being well used among today's clientelle. September was Suicide Prevention Awareness Month. To highlight the importance of this issue, Dr. Sonya Flessati has selected these three Canadian mobile applications designed to offer vital crisis support and wellness tools.

Embracing Life App

Developed by the Embracing Life Initiative in Saskatchewan, this suicide prevention and wellness tool is designed to help individuals who are struggling and to guide those supporting someone at risk. The app is built on four core pillars:

- Journey - a mood tracker one can use to monitor emotional well-being.
- Gratitude Box - log feelings of gratitude and store photos, videos, and voice notes that are reminders of gratitude.
- Safety Plan - focuses on the creation of a customized safety plan.
- Resources - contains emergency/crisis contact information, a guide for starting a conversation with someone at risk, and myths about suicide. It also covers topics related to confidentiality, vicarious trauma, and compassion fatigue.

Be Safe App

This is a free, evidence-based mobile app developed in partnership with Canadian youth, mindyourmind, the London Service Collaborative, and the Centre for Addiction and Mental Health. The app is meant to support individuals in reaching out during a crisis. Initial Yes/No questions match users to local resources:The core features of the app include:

- My Safety Plan - Spaces to store personal and medical information, and a "Be Safe" plan that can be filled out in advance. Individuals respond to prompts that help to map out coping strategies they can use in times of crisis.
- Reach out Safely -Sections in this feature outline tips to help a person feel safe when waiting for help, information on what to expect when calling a crisis line or going to an ER department, and information on personal rights when receiving treatment/services.
- Resources - Information on local supports.

Hope by CAMH

Hope by CAMH is a free smartphone application developed by the Centre for Addiction and Mental Health (CAMH). What I truly appreciate about this particular app is that the home page offers direct, immediate links to the suicide and crisis hotline (9-8-8) and emergency services (911). In addition to the comprehensive sections that address safety planning and resources, the app features "Wellness Activities" and "General Information" modules. Under "Wellness Activities", users can access interactive exercises such as boxed breathing, grounding, progressive muscle relaxation and a private space for journaling. The "General Information " section provides information on risk factors, warning signs, and actionable steps to support individuals at risk. According to information on the app, it does not collect or store personal information.

Sonya's Sound Corner



I've been busy listening to a variety of podcasts this past summer and fall in preparation for this issue of Kaleidoscope. Here are some gems that I would like to share with you.

Podcast: Unrooted - The Indigenous Foundation

Episode: Seven Generations Principle: Healing the Past and Shaping the Future
(11 minutes; Broadcast April 19, 2025)
https://podcasts.apple.com/lu/podcast/seven-generations-principle-healing-the-past-shaping/id1551682070?i=1000704148315

This podcast features the voices and stories of Indigenous peoples with the goal of uprooting systems of oppression and racism. Hosted by Breanne Smith, this episode explores the Seven Generations Principle. Breanne breaks down this Indigenous philosophy, an approach to living that is grounded in ancestral wisdom, intentional decision-making, long-term thinking, and our collective responsibility to the seven generations that follow us. The Indigenous philosophy has real-life impacts on the environment and sustainability, our relationships, and the preservation of culture (language, storytelling, and traditions). I really appreciated the discussion of 5 personal actions each of us can take to practice this principle daily. The quote at the end is a good summary of the principle - that it is "a profound way to honor the past, to live with purpose in the present, and to build a brighter future for those to come". If you are not familiar with the Seven Generations Principle, this is a short and sweet episode to take in.

Podcast - ADHD Her Way

Episode: Emotional Regulation for ADHD and Autistics at Work
(Episode 71; 47 minutes; Broadcast April 9, 2026)
https://podcasts.apple.com/ca/podcast/71-emotional-regulation-for-adhd-and-autistics-at/id1725707931?i=1000760549075

Host Johanna Badenhorst, a Registered Clinical Psychologist in Australia, is joined by Registered Psychologist Ewa Nowińska to discuss interoception and its critical role in emotional regulation, an area that can be challenging for individuals diagnosed with ADHD. Johanna and Ewa explore how low body awareness can feed into the ADHD push-crash cycle and eventual burnout. They offer strategies for building self-awareness, recognizing the early signs of stress, and establishing better boundaries to allow for nervous system recovery. The strategies can contribute to sustainable functioning in all areas of life. My third recommendation is in support of Grief and Bereavement Day, acknowledged on November 17th. Liz Gleeson, an Irish psychotherapist, hosts the award-winning Shapes of Grief Podcast. The episodes are a curation of stories from international guests who share their unique experiences of loss and grief. Liz aims to have meaningful conversations - conversations that normalize and decrease a sense of isolation that grief can bring. This podcast series might be helpful for clients who might benefit from hearing the stories of individuals who have similar experiences. I thought that the episode on sibling loss was interesting given that it is an area of grief that might not necessarily catch a lot of attention.

Podcast: Shaping Grief

Episode: Sibling Loss and Anticipatory Grief (Episode 111; 69 minutes; Broadcast November 6, 2023)
https://shapesofgrief.com/podcasts/ep-111-vicky-linnane-on-sibling-loss-and-anticipatory-grief/

Art Therapist Vicky Linnane is featured in this episode. She shares her experience of grief related to her brother who died in a house fire. She talked about the disenfranchised grief she experienced, the impact of the loss on her identity and relationships, and the varied responses from others that she experienced. As an art therapist, Vicky shared how art therapy can be a tool used in the journey of grieving.

If you've listened to any podcasts that you feel would be worthy of a recommendation to our members, please feel free to email me at sflessati@mtroyal.ca. I would love to hear about what is playing in your sound corner.

FROM THE EDITOR



This edition of Kaleidoscope embodies the theme of celebration. And there is much here to be proud of across our Section! From poster presentations, travel awards, thesis awards, practice examples and theoretical perspectives, it's clear that our members continue to thrive in interesting careers. Thank you for sharing here and congratulations to all those who won awards at the 2026 Convention.

As winter sets in, I invite you to please consider writing a reflection piece for our next edition. Let us celebrate your perspective, interests, and learning. Articles about professional practice in the field of Counselling Psychology are especially welcomed.

Sending warm wishes for all that lies ahead,

with thanks,
Janet Miller, PhD., RPsych. (ON, BC, AB)

COUNSELLING PSYCHOLOGY
SECTION OF THE CPA

CANADIAN PSYCHOLOGICAL ASSOCIATION

SOCIÉTÉ CANADIENNE DE PSYCHOLOGIE

PSYCHOLOGIE DU COUNSELING
SECTION DE LA SCP

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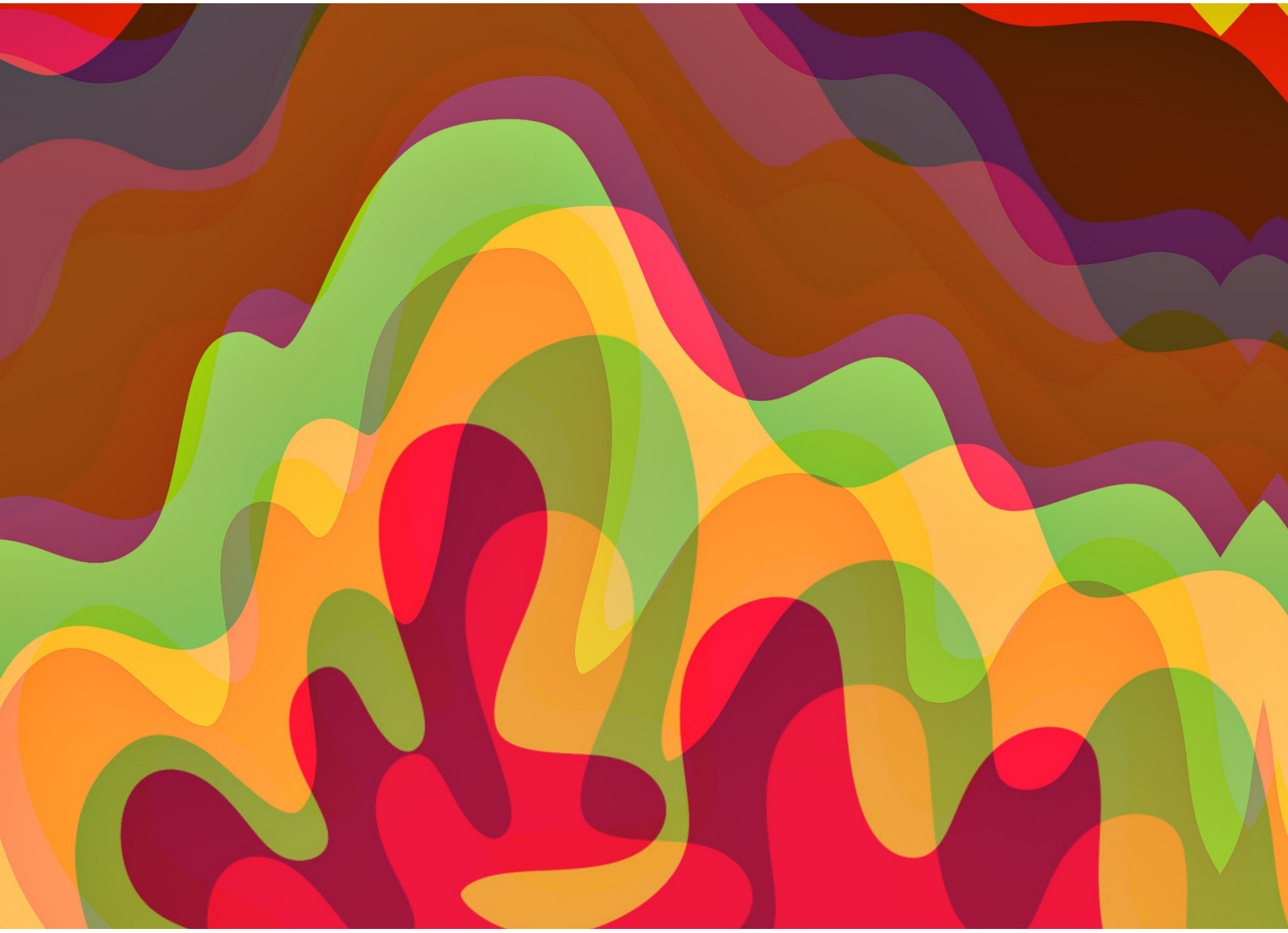
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Newsletter submissions: jbmiller@mtroyal.ca
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Canadian Psychological Association



Questions, Comments, Suggestions or Feedback?
Please contact us:
SECTION CHAIR - Danika Overmars - danika@drovermars.com
NEWSLETTER EDITOR - Janet Miller - jbmiller@mtroyal.ca

Job Opportunity

Research Assistant Position

The Counselling Psychology (CP) Section of the Canadian Psychological Association (CPA) is currently seeking a casual Research Assistant to support a special research project being conducted by a Working Group within the CP section.

Background on Research Project:

This research project is focused on reviewing and potentially updating CPA's (CP Section) definition of Counselling Psychology (see https://cpa.ca/sections/counsellingpsychology/counsellingdefinition/), in ways that align with the values of diversity and inclusion and that reflect the field's ongoing work to respond to the Truth and Reconciliation Commission's Report and Calls to Action (see https://cpa.ca/docs/File/Task_Forces/TRC%20Task%20Force%20Report_FINAL.pdf).

Position Details:

The position is paid at $25 CAD per hour, up to a maximum of 100 hours. The number of hours worked per week will vary depending upon the specific phase of the project, offering a dynamic workflow rather than a fixed routine.

Potential Duties and Responsibilities:

- Coordinate and assist with participant recruitment for online survey
- Set up survey on Qualtrics or other online survey platform
- Assist with data collection and related tasks (e.g., administering online survey and monitoring its completion; responding to participant queries/emails, etc.)
- Assist with basic data analysis, as required
- Provide administrative support (e.g., checking and responding to emails, etc)
- Other project tasks, based on emerging requirements

Qualifications:

- Currently enrolled in a Canadian counselling psychology graduate program (Masters or Doctoral)
- Experience with building and managing online surveys (ideally, through Qualtrics)
- Experience with quantitative data analysis; in addition, knowledge of SPSS and/or R would be an asset
- Some experience with qualitative data analysis would be helpful but is not required
- Excellent organizational skills to manage multiple tasks on time, as well as the flexibility to adapt to changing workloads
- Excellent written and verbal communication and interpersonal skills

Reporting to:

The candidate for this position will report to both Dr. Allison Foskett and Dr. Jessica Van Vliet (Working Group Co-Chairs).

Approximate Start and End Dates:

To be determined; approximate start date is mid-November, with the position expected to end in June 2027.

You can find more information about our Section at https://cpa.ca/sections/counsellingpsychology/
If you are interested, please send your CV and cover letter to Dr. Allison Foskett at foskett@ualberta.ca. While we will review all applications, we will reach out to schedule an interview with those applicants whose qualifications most align with this position. If you have any questions, feel free to send an email to Dr. Foskett as well.

The deadline for application is Friday, October 30, 2026.