In this Issue

- Message from the Editor............................................................................ 2
  Jennifer Gordon
- CPA 2022 Call for Abstracts ................................................................. 3
- Educational resources to increase personal awareness of Indigenous social and political issues .................................................. 4
- Health Section Poster Award Winners from CPA 2021......................... 6
- Early career section member spotlight: Dr. Katie Birnie......................... 10
- Introducing the University of Manitoba’s Clinical Health Psychology Residency Stream ................................................................. 12
- Funding News
  Projet financé par l’IRSC vise à améliorer l’adhérence aux medicaments de contrôle chez les enfants asthmatiques ................................................................. 17
- Funding News
  Researchers study the long-term effects on prenatal stress exposure amidst the COVID-19 pandemic................................................................. 18
- Call for Mid-Career Award Nominations .............................................. 20
Message from the Editor
and welcome to the Editorial Assistant

Jennifer Gordon, PhD, RD Psych
Associate Professor, University of Regina
Director, Women's Mental Health Research Unit
www.wmhresearch.ca
jennifer.gordon@uregina.ca

Dear Health Psychology and Behavioural Medicine Section Members,

I hope you're all enjoying the approaching holiday season, one that will hopefully look a little more traditional than last year’s! I’d like to take this opportunity to thank Ryan Hoggan, my fantastic new editorial assistant, for his help on this issue of Health Notes! Ryan is an alumnus of the University of Regina and originally from Weyburn, Saskatchewan but currently lives in Calgary where he works as a research assistant at Athabasca University under the supervision of Dr. Kharah Ross. His research interests center around maternal, paternal, and child mental health, particularly during the antepartum and postpartum periods. Welcome to the team, Ryan!

Thanks to Ryan's help, we've got a great issue for you to enjoy! Amongst its interesting pieces, it highlights the work of our most recent section Poster Award winners from CPA 2021 and an interview with an up-and-coming early career researcher and clinician from our section, Dr. Katie Birnie. It also highlights exciting research in the area of health psychology and behavioural medicine that was recently funded in the CIHR Project Grant competition. In honour of the National Day for Truth and Reconciliation, we’ve also included a list of resources providing education about Indigenous social and political issues – it’s got some great options for people of all knowledge levels. Finally, for those graduate students looking at residency options: be sure to check out the piece describing the brand new Clinical Health Psychology Residency Program at the University of Manitoba.

I’d like to also encourage you all to please consider nominating your mid-career colleagues (or applying yourself!) for our Section’s Mid-Career Award! and if you haven’t done so already, submit your abstracts for the 2022 CPA annual meeting, set to be held in Calgary! Check the newsletter for more details! Take care and stay healthy!
Join us for CPA’s 2022 Annual General Meeting and Convention!

www.convention.cpa.ca

It’s not too late to submit an abstract!!!

Deadline: December 3, 2022

www.tinyurl.com/CPA2022-abstracts

JUNE 17 TO 19, 2022
Hyatt Regency Calgary
Calgary, AB
In honour of September 30th, National Day for Truth and Reconciliation, it is crucial to keep the conversation going and continue to learn about the historical and contemporary social issues faced by Indigenous people in Canada. I would be remiss not to acknowledge that some of the most valuable information available on this topic comes from the Truth and Reconciliation Commission. The National Centre for Truth and Reconciliation website provides full digital copies of the Summary of Final Report of the Truth and Reconciliation Commission of Canada and the 94 Calls to Action.

**Books**
There are innumerable well-written books penned by Indigenous authors that provide information about the historical injustices and illustrate the resilience of Indigenous people in Canada and around the world.

*21 Things You May Not Know About the Indian Act* written by Bob Joseph is an award-winning work that provides readers with a solid foundation of understanding the impact this legal document has had and continues to have on Indigenous people across Canada.

*All Our Relations* by Tanya Talaga explores suicide in Indigenous communities across the world and its connections to colonization and the separation of Indigenous peoples from land, families, and culture. Both of these books can be found at most major bookstores (click book titles above).

**Online Tools**
Online resources such as Whose Land and Beyond 94: Truth and Reconciliation in Canada can be helpful, especially for use in education settings. Whose Land is an online map tool that illustrates the value of land acknowledgements and the relationship Indigenous people have with land. This tool allows users to search Territories across Turtle Island by City, Treaty, Residential Schools, and more. They also have comprehensive lesson plans created for grades K–12 that are available to the

**Formal Education**
More intensive formal education opportunities are available online from First Nations University of Canada (FNUniv) and The University of Alberta. FNUniv’s Reconciliation Education courses provide a multi-media anti-racist education that aligns with the 94 Calls to Action. These courses have been adapted for use in the private sector, for organizations, for educational settings, and for individual use. View Reconciliation Education courses here. Additionally, the highly rated Indigenous Canada course is available online, for free, through the University of Alberta. The 12-lesson course provides a thorough review of the historical and contemporary issues faced by Indigenous people as well as national and local Indigenous-settler relations. Deadlines are flexible and takes approximately 21-hours to complete. Access Indigenous Canada course registration here.

To sustain the current wave of support and allyship for Indigenous people, it is necessary to continue learning and finding ways to integrate decolonial thought into our day-to-day lives. Spreading awareness about and utilizing the educational resources listed above is one way to do just that. It can also be helpful to incorporate Indigenous artists, activists, and academics into your social media feed. Following Indigenous people on social media does not just highlight the social and political issues relevant to Indigenous people, but also showcases Indigenous joy, creativity, and excellence. For those who spend too much of their day on Twitter like me, some of my favourite accounts to follow are: @tagaq, @Koonoohan, @ArielleTwist, @BillyRayB, @jdutchermusic, @beccaleat, @MaxLiboiron, @chiefladybird, @JarisSwidrovich, and @ZoeSTodd. I hope that these resources have been helpful and I encourage us to all continue thinking about truth and reconciliation as the way forward.
public. Whose Land can be found at www.whose.land. Beyond 94: Truth and Reconciliation in Canada is an educational website that tracks the implementation of the Truth and Reconciliation Commission’s 94 Calls to Action. There are informational videos included on the webpage, in addition to the interactive tool measuring progress on the Calls to Action. This tool and associated resources can be found at www.CBC.ca/beyond94.

Podcasts
For those of us who spend our days doing a lot of reading, it can be nice to get information from sources such as podcasts. “Media Indigena” is a podcast hosted by Rick Harp that features weekly roundtable discussions about Indigenous current affairs and events. “CANADALAND: Return to Thunder Bay” is a captivating podcast narrated by Ryan McMahon, an Anishinaabe comedian and writer. It builds on an award-winning book, also written by Tanya Talaga (Seven Fallen Feathers), and further investigates the deaths of several Indigenous youth in Thunder Bay. Both podcasts can be found wherever you listen to podcasts and are linked to the podcast titles above.

Formal Education
More intensive formal education opportunities are available online from First Nations University of Canada (FNUniv) and The University of Alberta. FNUniv’s Reconciliation Education courses provide a multi-media anti-racist education that aligns with the 94 Calls to Action. These courses have been adapted for use in the private sector, for organizations, for educational settings, and for individual use. View Reconciliation Education courses here. Additionally, the highly rated Indigenous Canada course is available online, for free, through the University of Alberta. The 12-lesson course provides a thorough review of the historical and contemporary issues faced by Indigenous people as well as national and local Indigenous-settler relations. Deadlines are flexible and takes approximately 21-hours to complete. Access Indigenous Canada course registration here.

To sustain the current wave of support and allyship for Indigenous people, it is necessary to continue learning and finding ways to integrate decolonial thought into our day-to-day lives. Spreading awareness about and utilizing the educational resources listed above is one way to do just that. It can also be helpful to incorporate Indigenous artists, activists, and academics into your social media feed. Following Indigenous people on social media does not just highlight the social and political issues relevant to Indigenous people, but also showcases Indigenous joy, creativity, and excellence. For those who spend too much of their day on Twitter like me, some of my favourite accounts to follow are: @tagaq, @Koonoohan, @ArielleTwist, @BillyRayB, @jduchermusic, @beccaleat, @MaxLiboiron, @chiefladybird, @JarisSwidrovich, and @ZoeSTodd. I hope that these resources have been helpful and I encourage us to all continue thinking about truth and reconciliation as the way forward.

Emily Winters is an Inuk-Settler clinical psychology doctoral student at the University of Regina. Her land claims region is Nunatsiavut. She was raised in St. John’s, Newfoundland and Labrador.
As the submission deadline for the 83rd CPA convention is quickly approaching, I want to bring your attention to four students who received special recognition for their great work at this past CPA convention. Gabrielle, Ashley, Brigitte, and Esther all received an award for Best Poster Presentation. I caught up with them to hear more about their research and future plans!

**Gabrielle Gauthier-Gagné, BA**

**Presentation Title:** Adolescent Self-Reported Daytime Sleepiness is Associated with Objective Measures of School Night Sleep Duration

**About myself:**
I graduated with a B.A. in Psychology from McGill University in 2019 at which point I started working in Dr. Gruber’s Attention, Behaviour and Sleep Laboratory. I started as a research assistant and became fascinated with our lab’s work exploring adolescent sleep. Now, I am in my second semester as a MSc student in the Integrated Program in Neuroscience at McGill University.

**About my research:**
Our study examined the associations between adolescents’ self-reported daytime sleepiness and objectively measured sleep. We became interested in this topic because adolescents often report high levels of daytime sleepiness, but there was a lack of data on what adolescents’ daytime sleepiness tells us about their sleep. Further, we wanted to investigate whether the use of this sleepiness scale could be used as an accessible, inexpensive tool to identify adolescents who might benefit from sleep interventions.

**What’s next:**
Currently, I am working on my thesis project investigating the relationship between adolescents’ light exposure and sleep patterns.

Next: Ashley Balsom
Ashley Balsom, MA

**Presentation Title:** Distress and Coping Among Women with Infertility Attempting to Conceive Without Medical Assistance

**About myself:**
I am a second-year PhD student in Clinical Psychology at the University of Regina under the supervision of Dr. Jennifer Gordon of the Women's Mental Health Research Unit. I became interested in this area of research during my undergraduate training. I had the opportunity to work in the Family Resilience Laboratory at Memorial University of Newfoundland under the supervision of Dr. Julie Gosselin that helped spark my interest in reproductive health. During this time, I was also diagnosed with Endometriosis which can be impactful to infertility that helped guide my research interests.

**About my research:**
My CPA poster focused on the findings of my master's thesis. From previous research, we knew that individuals of marginalized genders who were attempting to conceive often experience a disproportionate amount of distress compared to their partners. Much of what we know about these individuals with infertility has come from research focusing on women undergoing medically assisted reproduction, which only represents a small proportion of individuals attempting to conceive. We wanted to learn more about how women cope during a cycle of attempting to conceive without medical assistance. We monitored women throughout one menstrual cycle of actively attempting to conceive and the participants completed mood ratings, a coping assessment, and reported their use of fertility monitoring techniques every second day. We found that engaging in behavioural activation (i.e., activities unrelated to conceiving), active coping (e.g., seeking information, problem-solving), and trying to be more optimistic predicted less distress. Surprisingly, social support seeking was associated with greater anxiety and lower emotional quality of life. Day-to-day fertility confirming techniques (e.g., basal body temperature checks, cervical mucus monitoring) were associated with greater anxiety. These findings have important implications for future clinical interventions targeting infertility-related distress.

**What’s next:**
I am currently working on my dissertation proposal hoping to defend it during the next few months. I’m interested in adapting Acceptance and Commitment Therapy as a treatment approach for individuals experiencing distress related to infertility. For my PhD project, we will work with a panel of women with lived experiences of infertility to help inform the intervention content. My dissertation will consist of two studies, first a pilot study to explore the intervention and make adjustments before starting study two which will be a randomized control trial exploring the efficacy of Acceptance and Commitment Therapy for individuals with infertility.

Next: Brigitte Voisard
Brigitte Voisard, BA

Presentation Title: Motivational Communication for Physicians: Preliminary Results of An Ongoing Integrated Knowledge Transfer Study

About myself:
I am a third-year PhD/DPsy student in clinical psychology at Université du Québec à Montréal. Before undergoing studies in psychology, I completed a bachelor's degree in creative writing. Psychology presented itself as the logical next step in the exploration of our inner lives!

About my research:
This poster describes the protocol and advances in the development of a training program in Motivational Communication (MC) for physicians. This communication style is used to engage the patient towards changes in health behaviours (e.g.: augmenting physical activity, adhering to medication, accepting vaccinations, etc.) by fostering motivation and self-efficacy towards change. Through its impact on patient behaviour, the use of MC can have a marked impact in the prevention and management of chronic diseases.

However, too often, the development of behavioural interventions is rushed, leading to disappointing or obscure results in efficacy trials. This poster describes the ways we address this, showcasing a practical application of the Obesity Related Behavioural Intervention Trials (ORBIT) model. This model emphasizes the impact of early phases of intervention development on the quality of the intervention package. We are using this model jointly with integrated knowledge translation (iKT) processes by engaging stakeholders in every phase of program development.

I was drawn to this project by its highly practical objectives, rigorous methodology and potential beneficial impact on both physicians and patients. On a personal note, experiences within the medical system have long made me sensitive to the need for improved communication between patients and physician, which has undoubtedly influenced my attraction to this project.

What's Next:
Using an iterative optimization qualitative model, we will finesse our training program using up to four waves of stakeholder feedback. This phase will result in a complete intervention package that will be ready to undergo a proof-of-concept study, followed by efficacy testing. The development of the MOTIVATOR program is at the centre of my PhD dissertation, and of my schedule! In parallel, I am also continuing course work as I prepare towards upcoming clinical internships.

Next: Esther Briner
Esther Briner, MA

**Presentation Title:** Mortality Trajectories by Non-Communicative Diseases Over Time: A First Step Towards Isolating Associated Psychological Risk Factors

**About myself:**
I am a graduate researcher and **PhD candidate in health psychology** under the supervision of Dr. Rachel Burns in the Health Psychology Lab at Carleton University.

**About my research:**
Given that mental health and well-being are central to reducing the global burden of non-communicative diseases (NCDs), identifying patterns of death by NCDs in the population is an important first step towards isolating the psychological factors that are associated with NCD-caused mortality. Using publicly available longitudinal data from the World Health Organization for 37 member countries of the Organization for Economic Cooperation and Development, I conducted latent class growth modeling to identify groups of countries that have similar outcome patterns of NCD-mortality. Consistent with expectations, distinct outcome patterns of NCD-caused mortality were identified over time.

**What’s Next:**
We know that an important way to control NCDs (or death by NCDs) is to focus on reducing the risk factors associated with these diseases. Although prior research has linked unfavourable biological, social, and behavioural factors with NCDs, less is known about the relation between psychological factors and NCDs. I wondered how psychological factors might be associated with, or predict, patterns of death by NCDs over time. Next steps will explore factors, such as emotions, attitudes, and life satisfaction, that might be associated with distinct patterns of NCD-caused mortality over time. I am currently working on a study that extends these ideas; exploring the relationship between life satisfaction and trajectories by NCD-caused mortality at three time points over ten years.
Dr. Katie Birnie is a Clinical Psychologist and Assistant Professor in the Department of Anesthesiology, Perioperative and Pain Medicine at the University of Calgary where she leads the Partnering For Pain program. She is the Assistant Scientific Director of Solutions for Kids in Pain (SKIP), a national knowledge mobilization network, and provides clinical care at Alberta Children's Hospital.

Dr. Birnie completed her PhD in Clinical Psychology at Dalhousie University in 2016, including a predoctoral residency in Pediatric Health Psychology at the IWK Health Centre. She completed a CIHR-funded postdoctoral fellowship at the University of Toronto and The Hospital for Sick Children. Dr. Birnie is a recognized leader in pain research and patient partnership, for which she has received a number of national and international accolades.

Dr. Birnie has more than [65 peer reviewed publications](https://scholar.google.ca/citations?user=bgk559sAAAAJ&hl=en). Her research integrates patient and family partnership and multi-stakeholder engagement to improve the prevention, assessment, and management of pain experienced by children and their families. Dr. Birnie’s work spans the knowledge-to-action continuum including creating new knowledge, synthesizing existing evidence, and mobilizing knowledge to inform health practice and policy. She holds research funds from the Canadian Institutes of Health Research, the Canadian Pain Society, the Ontario SPOR SUPPORT Unit, and the Chronic Pain Network. Dr. Birnie is a strong advocate for the partnership of patients and families in health research, health care delivery, and health systems design.

I recently had the pleasure of interviewing Dr. Birnie to learn more about her career path, experiences, research, and insights. Here's what she had to say!

**What elements of your background shaped your career path the most?**

This list would be long if I shared them all! One pivotal moment was a first-year undergraduate class called “Mind-Body Medicine” where I learned that stress makes you more likely to catch the common cold. This simple idea hooked me and started my unwavering passion for health psychology. A second powerful influence on my career path has been my mentors. Some are psychologists, some are other healthcare professionals and researchers, some are people with lived experience, and some lead provincial and national organizations. They have created opportunities, provided guidance and support, and changed how I think and understand the world.

**What is the current focus and scope of your research?**

I lead Partnering For Pain, a patient-oriented research program focused on improving the prevention, assessment, and management of pain experienced by children and their families.
Early Career Section Member Highlight: Dr. Katie Birnie

(www.partneringforpain.com). We partner with youth, families, healthcare professionals, decision-makers, and organizations in the community in new clinical research studies, knowledge synthesis, and mobilization of research evidence to inform health practice and policy. Many of our current research projects action the Top 10 priorities for pediatric chronic pain identified by youth, family members, and healthcare professionals in a national James Lind Alliance Priority Setting Partnership I led a few years ago. Current projects are focused on virtual care for chronic pain, co-designing new health services to prevent pediatric chronic postsurgical pain, pain assessment in youth with brain-based developmental disabilities, and psychological interventions to address the intergenerational transmission of chronic pain in families. I am also Associate Scientific Director of Solutions for Kids in Pain (SKIP), a national knowledge mobilization network on a mission to mobilize evidence-based solutions for children's pain management through coordination and collaboration (www.kidsinpain.ca), and a Medical Psychologist at Alberta Children's Hospital.

What are some of the most important lessons you’ve learned so far in your career?

Some lessons I’ve picked up from mentors and through my own experience so far:

(1) **Do good work** and continue to do good work. This is foundational.

(2) **Be opportunistic and strategic.** Say yes to new and different opportunities to broaden your skills, experiences, and network, but also learn when to say no to opportunities that don’t serve your goals or align with your values.

(3) **Put yourself out there** and be willing to fail. Some of my greatest successes and most meaningful experiences have happened when I’ve taken chances with something new and been willing to feel uncomfortable.

(4) **Diversify your mentorship.** Talk to other psychologists and non-psychologists for guidance.

(5) **Make sure the big decisions** (life and career) are **connected to your values.** This makes it easier to navigate life’s inevitable hardships. Others might have ideas about what you “should” do, but only you get to choose what matters most.

(6) Find **people who will fiercely support you** but who will also challenge you. Life and work will have setbacks and it helps to have those you can trust.

What advice would you have for those earlier in their career path who aspire to be much like you?

Throw out the myth that there are only two career paths for psychologists (research or clinical) and that you must choose.

What does the future have in store for you?

My honest answer is that I don’t know! I love what I’m doing right now with professional roles that include academia/research, clinical care, and leadership and advocacy. I feel very lucky and privileged to have such a dynamic career with the opportunity to interact with so many kinds of people and organizations working to improve the lives of people with pain in Canada. I am inspired by more senior psychologists who I have seen change roles and reinvent their careers over time. I’m working to stay present and not worry about what comes ahead, while also being open to all sorts of possibilities in the future.
We are pleased to announce the new Health Psychology Stream within the Clinical Health Psychology (CHP) Residency Program, in the Max Rady College of Medicine, University of Manitoba. Beginning in 2022-23, this new training track will start with 1 new residency position dedicated to health psychology clinical training, adding to the recent expansion of the CHP residency program from 8 to 11, and now totaling 12 positions. While all of our current residents have the opportunity to work with patients with primary medical issues, this new stream was developed for those who are interested in a clinical career in health psychology and would like to obtain more comprehensive training. Our CPA-accredited residency program is one of the earliest established in Canada, and has been continuously accredited, celebrating over 50 years of training excellence.

In this article, we describe how this new stream was established and what is offered in the residency training.

We all know (so lovely to be singing to the choir here!) that there is compelling evidence of improved patient outcomes related to morbidity, mortality, and overall wellbeing, when psychological care is provided over and above standard medical care. Health psychologists understand the shared pathways and bidirectional impacts of medical conditions and psychological factors. They are uniquely positioned to distinguish between primary mental health diagnoses, mental health diagnoses arising from health challenges, and psychological distress secondary to health challenges. They have the skills to address adherence, health behavior change, symptom management, disease distress and adjustment to illness or injury, as well as treating mental health conditions in the context of the medical illness, all of which can positively impact disease course. Health psychologists are increasingly becoming integrated in primary care teams in addition to the tertiary medical teams where they have historically worked.

(Cont’d)
Health psychologists:
• are involved in tertiary prevention (i.e., reducing disease symptoms and improving quality of life)
• are involved in secondary prevention (i.e., early detection and intervention to prevent worsening disease)
• can play a leading role in primary prevention
• provide targeted psychological treatments which are an essential component of the care plan for many medical conditions
• work with patients to address treatment adherence; nonadherence is the main reason for treatment failures in chronic disease and a significant contributor to aspects such as post-transplant rejection/failure
• address psychological distress directly associated with disease and injury.

Development of our new Health Psychology stream

Clinical Health Psychology is uniquely positioned in Canada as we are both an academic department in the Max Rady College of Medicine, University of Manitoba and a clinical program in the Winnipeg health region responsible for psychological services across the hospitals and health centres. Our residents are members of the Professional Association of Residents and Interns in Manitoba (PARIM), which means they have salary and benefits on par with other medical residents in the College of Medicine and have frequent opportunities for social and clinical interactions.

Funding for new residency positions is often challenging to obtain. Certainly, for us, there was tight competition for available residency positions in our College of Medicine from many other programs including internal medicine, surgical subspecialties, pediatrics, and family medicine. We developed the proposal strategically, linking it to clinical service needs and provincial workforce shortages, in the context of national training and supply challenges. In addition, we highlighted our strong track record of recruitment from our residency cohorts over the past several years.

As background, in the national picture, the majority of professional psychologists train as clinical psychologists, with a smaller proportion trained in specialty areas such as health and neuro-psychology, in part related to available opportunities. As we all know, there are few specialized health psychology training streams in accredited residency programs in Canada so the need to develop a new program was clear.
Health Psychology Stream
Clinical Health Psychology Residency Program at the University of Manitoba

Canadians have so little access to clinical psychologists in general, and to health psychologists in particular, along with high demand for psychological services, which fully supports the need to expand training and psychologist resource. The Canadian Occupational Projection System (COPS), for example, reported significant employment growth for psychologists, with an unemployment rate of only 0.7%. Additionally, COPS has projected persisting psychologist labour shortage conditions for the current decade, given expected expansions in health services, extensive clinical service demands, and anticipated retirements in the Canadian workforce. Health psychologists are increasingly in demand with the established need in tertiary services and the growing role in primary care, the latter related to the foundational expertise in mental health and the additional skills and knowledge with acute and chronic medical conditions.

In Manitoba, two large-scale provincial health reviews commissioned by the Manitoba government, the Peachey report (2017; province-wide health system review) and the Virgo report (2018; provincial mental health and addictions review) identified a clear need for more psychologists in the health workforce in Manitoba. These independent reports provided similar positive perspectives regarding the value-added of psychologists in the health system, the role and need for psychologist services, and the contribution to the sustainability of the health system through a marked increase of psychologists accessible to the public. Provincial clinical planning teams involved in translating the recommendations of these reports affirmed the need for expansion of health psychologists across many clinical areas including cardiac sciences, neurosciences, pain, cancer, and in primary care.

With these exciting developments in the province related to professional psychology, it was timely to advocate for this new training track and expansion of our training positions.

We look forward to our Health Psychology residents becoming our future colleagues, whether working with us or elsewhere across the country to build and deliver effective clinical services that improve the lives of medical patients. We are confident the residents will be beautifully positioned to provide high quality, evidence-based Heath Psychology care as they move forward in their professional careers.

**Adult Health Psychology Stream Overview:**

We have a strong base of health psychologist faculty in our department, who are also fully engaged in clinical work as medical staff in the hospitals and other health sites, supporting the breadth and depth needed for training opportunities.

The Adult Health stream resident has the opportunity to provide psychological services in a setting where psychologists have close, collaborative partnerships with their physician colleagues and provide leadership in clinical service development and delivery. Our overarching goals for the resident are to establish both competence and confidence in clinical practice with medical
The Clinical Health Psychology Residency Program is uniquely positioned in Canada as an academic department and a clinical program. Our residents are members of the Professional Association of Residents and Interns in Manitoba (PARIM) and enjoy salary and benefits on par with other medical residents in the College of Medicine and have frequent opportunities for social and clinical interactions.

patients, build a strong professional identity as a Clinical Health Psychologist, and work comfortably with medical specialists and interdisciplinary teams.

Upon completion of the Health Stream rotations, it is anticipated the resident will function as a clinician-scientist, able to evaluate the psychological needs of the medical patient, and provide evidence-based interventions, utilizing a variety of therapeutic approaches. The resident will have developed the ability to work effectively with patients utilizing (a) an understanding of the shared pathways and bidirectional impacts of medical conditions and psychological processes, (b) skills to identify and decrease disease-related distress and promote adjustment to illness or injury, and (c) enhanced skills to treat comorbid mental health conditions in the context of medical illness.

Core experiences in this 1-year Health Stream training will include all of the following:

• **Four 6-month major rotations** in Health Psychology (2 per term) working with diverse medical populations (e.g., chronic pain, bariatric surgery, medical trauma/adverse medical events, cardiac sciences, gastrointestinal disorders, geriatric health).

• **One 6-month general clinical psychology psychotherapy rotation.** This rotation will focus on mental health presentations in areas such as anxiety disorders, depression, geriatric psychology, perinatal mental health, and primary care.

(cont’d)
• One 6-month comprehensive assessment rotation. This rotation ensures opportunity to develop and refine skills in integrated psychodiagnostic assessments as well as cognitive and personality assessments.

• Two 6-month minor rotations to facilitate well rounded clinical training (e.g., anxiety disorders, depression, trauma, psychosis, forensic psychology, child psychology).

• Optional ½ day protected research time which can be used to advance dissertation progress or to conduct applied health psychology research with faculty.

• Weekly Academic Half Days (didactics and case presentations) with all 12 residents.

We are excited to start the APPIC application and match process for this new stream this year with our first Health Psychology resident joining us in September 2022.

For more detail about this new Health Psychology stream please visit us online

You are also welcome to contact Dr. Trish Furer, the Residency Training Director, with any comments or questions you may have: pfurer@sbgh.mb.ca

We look forward to hearing from you!
Comment aider le grand nombre d’enfants souffrants d’asthme à prévenir et mieux contrôler leurs symptômes?

Un chercheur de Montréal reçoit des fonds des IRSC pour étudier l'observance thérapeutique chez les enfants asthmatiques

Cette question est au cœur du projet de Dr Olivier Drouin du Centre hospitalier universitaire Sainte-Justine, récemment financé par une subvention projet des IRSC.

En effet, la faible adhésion à la médication est une cause importante et modifiable de symptômes et de crise d’asthme. L’adhésion à la médication pourrait en partie être expliquée par les inquiétudes et les préoccupations axées sur le présent au détriment du futur qui accapare l’enfant souffrant d’asthme. Les enfants vivant dans la pauvreté maîtrisent moins bien leur asthme ce qui est en partie expliqué par une plus faible adhésion à la médication.

Le stress et les préoccupations immédiates font partie intégrante de la réalité des familles vivant en situation de pauvreté et entraînent une lourde charge cognitive. Le rôle spécifique de ces facteurs cognitifs dans l’adhésion aux médicaments chez les enfants souffrant d’asthme est à ce jour inconnu.

Pour répondre à ces questions importantes, Dr Drouin et son équipe étudieront 200 enfants provenant de familles issues de différentes classes socio-économiques présentement suivis en clinique d’asthme. Le projet aura pour but de comprendre non seulement si les facteurs cognitifs affectent l’adhésion aux médicaments contre l’asthme, mais également si un statut socio-économique inférieur engendre une charge cognitive plus lourde et une concentration accrue sur le présent ce qui tendrait à démontrer son rôle sur l’adhésion aux médicaments contre l’asthme.

Cette recherche permettrait ainsi de déterminer si les facteurs cognitifs représentent des cibles potentielles d’interventions, en particulier pour les familles à faible revenu, dans le but ultime d’améliorer le contrôle de l’asthme chez les enfants vulnérables et réduire les disparités en matière de santé.
Associations between prenatal maternal psychological distress, brain growth, and behaviour in young children

Written by Melissa Daniel-Abdool (Toronto)

Principal Investigator: Dr. Catherine Lebel
Co-Investigators: Dr. Emma Duerden, Dr. Timothy Oberlander

A vast scientific literature links exposure to chronic stress in adulthood with increased risk for mental illness and chronic disease. However, considerably less research has examined the long-term impacts of prenatal stress exposure on neurodevelopment and early childhood behaviour. A recently funded study by Dr. Catherine Lebel and colleagues therefore seeks to advance our understanding of this issue, particularly as it relates to the COVID-19 pandemic.

Since March 2020, the pandemic has imposed global changes to socialization and physical activity. These lifestyle changes, in addition to others, have increased the likelihood of experiencing psychopathological symptoms that often accompany stress, anxiety, and depression. Due to the mass effect on many individuals, the pandemic has provided a natural environment for Drs. Lebel (University of Calgary), Emma Duerden (Western), and Timothy Oberlander (University of British Columbia) to study the effects of prenatal stress. For this project, participants will be recruited from the “Pregnancy during the COVID-19 Pandemic” study and pregnant individuals along with their infants will be followed over a four-year period. During this time, the investigators plan to utilize magnetic resonance imaging (MRI) to explore the following: 1) the associations between prenatal distress and child brain function and structure; 2) how prenatal distress influences early childhood brain development; and 3) the relationship between brain structure/function and childhood behaviour. They also plan to explore whether child sex or a child’s post-natal environment exerts any effect on associations between prenatal maternal distress and child brain structure and function at ages 2, 3, and 4.

The researchers hope that a systematic study of prenatal psychological stress on children’s development will clarify how these developmental changes...
A vast scientific literature links exposure to chronic stress in adulthood with increased risk for mental illness and chronic disease. However, considerably less research has examined the long-term impacts of prenatal stress exposure on neurodevelopment and early childhood behaviour. A recently funded study by Dr. Catherine Lebel and colleagues therefore seeks to advance our understanding of this issue, particularly as it relates to the COVID-19 pandemic. Since March 2020, the pandemic has imposed global changes to socialization and physical activity. These lifestyle changes, in addition to others, have increased the likelihood of experiencing psychopathological symptoms that often accompany stress, anxiety, and depression. Due to the mass effect on many individuals, the pandemic has provided a natural environment for Drs. Lebel (University of Calgary), Emma Duerden (Western), and Timothy Oberlander (University of British Columbia) to study the effects of prenatal stress. For this project, participants will be recruited from the “Pregnancy during the COVID-19 Pandemic” study and pregnant individuals along with their infants will be followed over a four-year period. During this time, the investigators plan to utilize magnetic resonance imaging (MRI) to explore the following: 1) the associations between prenatal distress and child brain function and structure; 2) how prenatal distress influences early childhood brain development; and 3) the relationship between brain structure/function and childhood behaviour. They also plan to explore whether child sex or a child’s post-natal environment exerts any effect on associations between prenatal maternal distress and child brain structure and function at ages 2, 3, and 4. The researchers hope that a systematic study of prenatal psychological stress on children’s development will clarify how these developmental changes occur and what type of resources could be provided to children to facilitate their growth, both anatomically and cognitively. Says Dr. Lebel: “Are there more kids at risk of behaviour problems and/or developmental delays due to the pandemic? This [study] could also help advocate for more resources. For example, if more kids are at risk, then schools, preschools, etc. need more funding and supports to help children and families.” The results of this study could also help physicians, child psychologists, and therapists to create a more thorough patient profile that is inclusive of prenatal and postnatal factors – aspects that are not commonly included due to a lack of data. Future projects aim to continue following the parents involved in this study, their mental health trajectories, and the role of their partners so that further support and intervention can be made available for future stressful events.

Study investigators plan to utilize magnetic resonance imaging to explore the associations between prenatal distress and child brain function and structure at two years of age, how prenatal distress influences early childhood brain development, and the relationship between brain structure/function and childhood behaviour.

Funding News

19

Emma Duerden, PhD

Tim Oberlander, MD, FRCPC

Says Dr. Lebel: “Are there more kids at risk of behaviour problems and/or developmental delays due to the pandemic? This [study] could also help advocate for more resources. For example, if more kids are at risk, then schools, preschools, etc. need more funding and supports to help children and families.” The results of this study could also help physicians, child psychologists, and therapists to create a more thorough patient profile that is inclusive of prenatal and postnatal factors – aspects that are not commonly included due to a lack of data. Future projects aim to continue following the parents involved in this study, their mental health trajectories, and the role of their partners so that further support and intervention can be made available for future stressful events.
Dear Colleagues,

We invite you to nominate an individual for the Mid-Career Award, which will be given at the 2022 CPA Annual Conference. We systematically rotate the level of seniority for the awards, and this next cycle is directed at the Mid-Career Award. Self-nominations are allowed.

The award committee seeks two separate letters of support from two people familiar with the candidate’s achievements; please limit these letters to 2 pages. Also, please submit a recent copy of the nominee’s CV.

Criteria are:

- Member in our section
- Be within 9 to 19 years of their highest academic degree.

The committee will judge the nominations on two main criteria: contributions to our field as a science but also to our profession within Canada.

The award winner will be asked to present a 30-minute talk about their work at our CPA convention.

Send all materials to:

Chair of the Awards Committee
Eric S. Kim
Assistant Professor
Michael Smith Foundation for Health (Research Scholar)
Department of Psychology
University of British Columbia
eric.kim@psych.ubc.ca

Deadline
January 4, 2022
11:59 pm EST