

Health Notes

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CPA Health Psychology and Behavioural
Medicine Section Newsletter

Edited by Vincent Gosselin Boucher, PhD



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Message from the Editor



Vincent Gosselin Boucher, PhD

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Dear Health Psychology and Behavioural Medicine Section Members,

I'm delighted to have edited this newsletter for you. 2024 is approaching its end, and it's a privilege to help share the accomplishments and research of our section members.

In this edition, you'll find several very interesting pieces. During the 2024 CPA Annual Convention, the Health Psychology and Behavioural Medicine section hosted a panel discussion. Some of our panellists share valuable insights on key issues surrounding career transitions and balancing personal and professional life.

Additionally, we highlight our 2024 presentation and abstract award winners. For those exploring new opportunities, we've also included job and trainee postings that might interest you, as well as information on the 2025 Health and Behavior International Collaborative Award competition.

Lastly, we warmly invite you to join us at the next CPA Annual Convention in St. John from June 12 to June 14, 2025. 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 Investigator Award!

Enjoy the newsletter and see you soon!

Vincent Gosselin Boucher



Join us for CPA 2025

86th Annual General Meeting and Convention!

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

Deadline for Abstract Submissions:
December 3rd, 2025

Conference Location:
Delta Hotels St. John's Conference Centre

Conference Dates:
June 12th-14th, 2025

Submit today!
<https://convention.cpa.ca/>

Panel Discussion

From CPA Meeting June 2024



Pathways for Success: Insights for Early Career Professional Development in Health Psychology and Behavioural Medicine

The panel, which took place on June 22nd, explored key professional development topics, short-term and long-term career development plans, navigating research funding, and fostering collaboration. We are fortunate to have Dr. Joshua Rash and Dr. Rachel Burns provide answers to the various questions explored by the panellists.

Joshua Rash

Dr. Joshua Rash is an Associate Professor in the Dept. of Psychology at Memorial University of Newfoundland, Director of the Memorial University of Newfoundland – Behavioural Medicine Centre (MUN-BMC), and Senior Research Fellow at the Duke University Center for Health Policy and Inequalities Research (CHPIR). He is a clinical, health and rehabilitation psychologist who completed his PhD in Clinical Psychology at the University of Calgary, and Clinical Residency at The Ottawa Hospital. Dr. Rash has expertise in behavioural medicine, health behaviour change, chronic disease management, and cardiovascular psychophysiology.



Rachel Burns

Dr. Rachel Burns is an Associate Professor of Psychology at Carleton University. After completing a Bachelor of Arts & Sciences degree at the University of Guelph, she earned a PhD in Social Psychology from the University of Minnesota-Twin Cities and completed a postdoctoral fellowship in mental health epidemiology at McGill University and the Douglas Mental Health University Institute. Her research focuses on psychological processes linked to health behaviour change and the comorbidity between mental and physical health conditions. She is an Associate Editor for the British Journal of Health Psychology.





Question:

How did you navigate the transitions between your degrees and/or professional positions (i.e., challenges related to supervision, tasks and other jobs, funding competition, etc.)?

Joshua:

I transitioned into an Assistant Professor position following completion of pre-doctoral residency in clinical psychology. Good or bad, transitions are inherently stressful periods of time. One way that I coped with the stress of this transition was to give myself permission to relax my standards and personal expectations as I moved provinces, changed institutions, and learned new systems, policies and procedures. Perhaps more importantly, I sought advice and guidance from the many fantastic supervisors and mentors who I had the privilege of collaborating with throughout my career. I sought targeted advice for specific obligations (e.g., lecture materials for courses similar to those that I would be teaching; how to balance research with teaching, supervision and service; identification of potential funding streams within the institution that I was transitioning to), and general advice (e.g., how to effectively foster cohesion within the lab; how to strike the right balance between responsibilities of my new position with extra-mural clinical activities).

Rachel:

My family and friends did not have experience with the academic scene, so a lot of my navigation involved trial and error (and was probably quite clumsy at some points). I was fortunate to have an amazing, terrific, and kind graduate supervisor mentor who shepherded me along. During all of my transition points, I tried to learn as much as I could, ask questions, and leverage my strengths.

Question:

What have been the most meaningful or rewarding aspects of your work thus far (i.e., what experiences would you like to see more of)?

Joshua:

While I love making data-driven discoveries that have clinically-relevant implications, the aspect of my work that I have found most meaningful has been supervising and mentoring bright young trainees. Their curiosity inspires me to approach difficult dilemmas with creativity. Their motivation drives me to persist during times of stagnation and frustration. Finally, it is through the collective efforts of everyone involved in the lab that clinically meaningful research is made possible and achieved to its full potential.

.../cont'd





Question:

How do you balance the many competing demands inherent in a career in Psychology?

Rachel:

I am so lucky and happy to be an Associate Professor of Psychology, but there are many competing demands on my time. To strike balance, I try to maximize my efficiency. I schedule my time during the week very carefully. I make a list of things that I want to complete. When I am working on tasks that require a lot of focus, I silence my phone. For me, it is amazing how much more efficient I am when my focus is not being interrupted by text messages and alerts. I'm still practicing saying no to some things.

Question:

Knowing what you know now, what advice would you give to a former version of yourself completing training?

Joshua:

I think that I would tell my former self not to sweat the small stuff. There are many aspects of training that feel incredibly important when you are in the moment, but that do not have a large impact in the grand scheme of things. I would remind myself to take advantage of opportunities presented, but to prioritize what precious time that I had. I would tell my former self to really revel in the training and just do the best that I can. No one can ask for more, and this should be all that is needed.

Question:

How have you imagined your short- and long-term career development plans? What was your process?

Joshua:

I would love to tell you that I took a methodical approach to my career development plans. An approach that involved careful consideration of my strengths and weaknesses, weighed against what I felt was most meaningful and the opportunities available. Unfortunately, life does not often allow for such thoughtful decision-making, and I have found that serendipitous circumstances have played a large role in my developmental plans. When I reflect on my trajectory, I feel as though I devoted substantial time during my training to hone a diverse array of skills (e.g., cardiovascular psychophysiology, systematic review, GRADEing of evidence, advanced statistical analysis, clinical trial design), and have opportunistically accepted collaborations that have allowed me to contribute my skillset to clinically meaningful projects.

.../cont'd



Question:

How was the job searching? Have you hesitated, or are you hesitating between academia, clinic or industry (or a combination of these three)?

Rachel:

Job searching can be quite the process! I did my PhD in the USA. Despite some job offers there, I decided that I wanted to return to Canada. Although academia was my first choice, I was happy to work for government or industry if the Canadian academic scene did not work out for me. I was fortunate to land a postdoc in Montreal that allowed me to expand my skillset, which helped me on the job market. I was also lucky that several Canadian universities were hiring health psychology faculty when I was on the job market.

I encourage graduate students to **enjoy and savour their training time**. Learn as much as you can! It is very rare to have such a long block of time during which your only job is to learn! — *Rachel*



Focus on work that you find personally and professionally rewarding; **Let your motivation drive you** to reach heights that you never thought possible. — *Joshua*



Health Section's Presentation Awards

From CPA Meeting June 2024



BEST ORAL PRESENTATION: Sophie Lebel

Authors:

Sophie Lebel, University of Ottawa; Sara Beattie, Tom Baker Cancer Center; Jennifer Jones, Princess Margaret Cancer Center; Cheryl Harris, The Ottawa Hospital; Sheila Garland, Memorial University; Andrea Feldstain, Tom Baker Cancer Center

Title:

The perspectives of clinicians and decisions makers on facilitators and barriers to adoption and initial implementation of the Fear of Recurrence Therapy (FORT) intervention in five Canadian cancer centers

Summary:

Rationale: Fear of cancer recurrence (FCR) is the number one unmet need of cancer survivors, with 59% reporting clinical levels of FCR. We need to accelerate the implementation of evidence-based interventions for FCR into clinical care. The goal of our study is to assess barriers and facilitators before implementing the Fear of Recurrence Therapy (FORT) intervention, an evidence-based group therapy, at 5 Canadian cancer centers.

Methodology: We interviewed psychosocial oncology clinicians and managers (n = 19) at each site. The interviews were based on the Consolidated Framework for Implementation Research (CFIR). The content of the interviews was summarized and presented back to the advisory board of each site.

Summary of analyses: Content analysis was conducted using the CFIR codebook and NVivo project template. Common facilitators across sites: 1) FCR is seen as an important issue, 2) FORT can reduce individual wait times, and 3) the site has a history of offering group interventions, a triage system, and a clear referral pathway. Common barriers were concerns about resources and identifying the right patients.

Conclusion: Using the CFIR allowed us to identify relevant factors before implementing FORT.

Overview of actions: This analysis will guide the tailoring of implementation strategies (e.g., getting buy-in) and implementation tools (e.g., training) for each site.



BEST POSTER PRESENTATION: Christina Beck

Authors:

Christina Beck, University of Victoria; The Youth Vaccine Confidence Study Team: Cian Dabrowski, University of Victoria; Maddie Gregory, University of Victoria; Megan Ames, University of Victoria; Theone Paterson, University of Victoria

Title:

The impact of mental and physical chronic illness on COVID-19 vaccine hesitancy in Canadian youth

Summary:

Background: Chronic illness is a risk factor for more severe COVID-19 infection. While up to 40% of Canadian youth have a chronic illness, this population remains understudied. This study examines impact of chronic illness on vaccine hesitancy in youth and how mental illness and chronic illness load affect vaccine attitudes in chronically ill youth.

Methods: Youth (n = 2012) aged 14-25 completed the Canadian Youth Vaccine Survey, which included items asking about vaccine hesitancy/intent, and physical and mental health conditions. Chi-square analyses examined impact of chronic illness on vaccine hesitancy. Binary logistic regression explored impacts of mental illness and number of chronic illnesses on hesitancy in those with chronic illness, controlling for age and sex.

Results: Those with chronic illness were no more likely to be vaccine hesitant ($p = .42$). There was no difference in hesitancy between chronically ill youth with and without a mental illness ($p = .13$), and neither mental illness, nor chronic illness load, predicted hesitancy ($p = .45$).

Conclusions: Chronic illness status was unrelated to vaccine hesitancy. Neither having a mental illness, nor having multiple chronic illnesses predicted vaccine hesitancy in youth.

Impact: Government health campaigns should continue to focus on general risk factors for hesitancy among youth to increase youth vaccination.



BEST POSTER PRESENTATION: Krista Greeley

Authors:

Krista Greeley, Memorial University of Newfoundland; Joshua Tulk, University of Calgary; Joshua Rash, Memorial University of Newfoundland; Rachel Lee, Memorial University of Newfoundland; Sheila Garland, Memorial University of Newfoundland

Title:

Who benefits most? Factors associated with improvements in cancer-related fatigue following Cognitive Behavioural Therapy for Insomnia

Summary:

Background: There is a bi-directional relationship between insomnia and cancer-related fatigue (CRF). This study examined which demographic and clinical factors were associated with significant improvement in CRF after completing Cognitive Behavioural Therapy for Insomnia (CBT-I).

Method: Atlantic Canadian cancer survivors completed CBT-I as part of a randomized controlled trial. A significant change in fatigue was defined as a decrease of > 10.79 pts on the Multidimensional Fatigue Symptom Inventory -Short Form. Binary logistic regressions were used to examine demographic and symptom-related predictors of a significant change in CRF.

Results: 75% of participants (N=132, 77% female, Mage= 60yrs, 45% breast cancer) reported significant improvements in CRF. At the univariable level, identifying as female (OR=2.71, $p=.030$), high levels of pre-treatment depression (OR=1.15, $p=.030$) and anxiety (OR=1.18, $p=.005$) were associated with greater odds of improvement in CRF. Older age (OR=-0.95, $p=.022$) was associated with no significant improvement of CRF. At the multivariable level, only identifying as female remained significantly associated with improved CRF (AOR=2.86, $p=.038$).

Conclusion: Gender appears to influence the likelihood of secondary fatigue benefits from an insomnia intervention.

Action/Impact: CBT-I effectively improves sleep and may also reduce CRF, particularly for women.



BEST ABSTRACT BY AN EARLY CAREER SCIENTIST: Dr. Jenny Olson

Authors:

Jenny Olson, Ottawa Hospital Research Institute; Amelia Palumbo, Ottawa Hospital Research Institute; Alain Stintzi, University of Ottawa; David Mack, Children's Hospital of Eastern Ontario Research Institute; Manoj Lalu, Ottawa Hospital Research Institute; Justin Presseau, Ottawa Hospital Research Institute

Title:

Barriers and Enablers of the Receipt and Enactment of a Novel Intervention for Children and Youth with Inflammatory Bowel Disease: a multiple goals perspective

Summary:

Background/rationale: Clinical trials often require integrating trial activities into daily life. Conflicts between activities performed in pursuit of trial alongside life goals may impact treatment fidelity; clarifying how trial participants navigate multiple goal pursuit could support treatment fidelity. **Methods:** We conducted semi-structured interviews with youth=15 and children=7 (and their caregivers=20) of 2 pilot clinical trials testing a new therapy for pediatric Inflammatory Bowel Disease (IBD). Barriers/enablers of trial activities were examined from a multiple-goals perspective.

Results: Data were coded inductively via content analysis. Codes were then mapped to Personal Projects Analysis units. Three themes were developed: 1) impact of living with IBD and its treatment, 2) features of trial activities that may impact their enactment; and 3) integration of trial/daily life activities.

Conclusions: Treatment fidelity may be affected by inherent challenges associated with trial activities and by competing demands in life (school/work/household/extra-curricular). These challenges can be exacerbated as individuals adjust to living with IBD and its treatment.

Action/Impact: Goal conflict is negatively associated with goal attainment. Trialists should be aware that challenges integrating trial activities into daily life may impact treatment fidelity.

S'exposer pour apprendre

à surfer les vagues d'anxiété



Chloé Charest St-Onge

Étudiante au doctorat en psychologie

Daphné Blain

Étudiante au doctorat en psychologie



L'anxiété est une émotion qui peut créer de la détresse et nuire au fonctionnement d'un individu¹. L'exposition graduelle *in vivo* serait une stratégie efficace pour réduire et apprendre à gérer l'anxiété². Les principes sont simples : éviter d'éviter, et s'exposer de manière graduelle, répétée et prolongée à ce qui nous fait peur afin d'apprendre que la situation redoutée n'est finalement pas dangereuse.

Peu importe le niveau d'intensité du courant de l'eau, les algues savent s'ancrer fermement au sol et se laisser porter par les vagues. L'exposition graduelle *in vivo* est une stratégie thérapeutique qui consiste à faire l'algue face aux vagues d'anxiété³. Faire l'algue, c'est tolérer la vague pendant qu'elle passe plutôt que de l'éviter.

S'exposer progressivement et souvent à ce qui nous fait peur pourrait nous permettre de diminuer notre anxiété⁴. Les sensations inconfortables et désagréables qui peuvent être enclenchées par l'anxiété, telles que l'augmentation du rythme cardiaque et la transpiration, ne sont pas dangereuses et sont temporaires. Cette stratégie soutient ainsi l'acceptation de ces sensations plutôt que leur

Chloé (à gauche) et Daphné sont étudiantes au doctorat en psychologie à l'Université du Québec à Montréal, jumelant la formation en recherche et en intervention clinique. Chloé s'intéresse à l'évolution des relations mère-enfant et père-enfant durant l'émergence de l'âge adulte (18-30 ans) et aux liens entre ces relations et le bien-être des adultes émergents. De son côté, Daphné s'intéresse aux rôles de la participation à différentes catégories de sports organisés sur l'adaptation psychosociale des enfants et des adolescents. Elles sont toutes les deux des personnes actives, passionnées par la lecture, qui aiment se rassembler en bonne compagnie!





évitement. L'exposition graduelle *in vivo* repose sur le principe que l'évitement, bien qu'efficace à court terme pour réduire l'anxiété, la maintient à long terme⁵.

Vaut mieux graduellement que brusquement

Il est essentiel que l'exposition à ce qui nous fait peur se déroule de manière graduelle pour optimiser sa réussite⁶. Cela permet de commencer avec une situation qui suscite de l'anxiété, mais que la personne se sent capable d'affronter, et de terminer par une situation qui semblait insurmontable, mais qui devient accessible en cours de processus.

Prenons l'exemple de Juliette! Elle aimerait se débarrasser de sa phobie des chiens. Elle dressera d'abord une liste systématique des situations qu'elle évite et qu'elle aimerait pouvoir faire. Elle hiérarchisera ensuite ces situations selon le niveau d'anxiété subjectif* ressenti face à chacune d'elles, du moins anxiogène (plus facile) au plus anxiogène (plus difficile)⁴. Disons qu'une situation moins anxiogène pour Juliette est d'aller au parc et d'y croiser des chiens. Elle identifiera les facteurs influençant sa capacité à tolérer les chiens dans cet environnement, c'est-à-dire sa proximité avec les chiens, le fait qu'ils soient ou non en laisse et le fait d'être seule ou accompagnée. Elle créera un plan graduel d'environ dix étapes pour s'exposer en faisant varier les facteurs précédemment identifiés. Il est important qu'elle commence par une étape assez difficile pour apprendre que ce qui lui fait peur n'est pas dangereux, mais assez facile pour être capable de supporter la situation sans la fuir ou l'éviter⁴.

Juliette s'exposera à l'étape 1 jusqu'à ce que cette situation devienne confortable pour elle et qu'elle puisse la compléter sans préoccupations. Puis, elle passera au niveau de difficulté suivant, jusqu'à compléter la 10e étape. Elle pourra ensuite passer à une situation plus anxiogène de sa liste et créer un nouveau plan graduel pour ce contexte spécifique (p. ex. aller chez un-e ami-e qui a un chien).

Étape 1 : S'asseoir au parc avec une amie et son chien en laisse loin d'elle



Étape 10 : S'asseoir au parc seule et proche de personnes qui ont leur chien sans lais

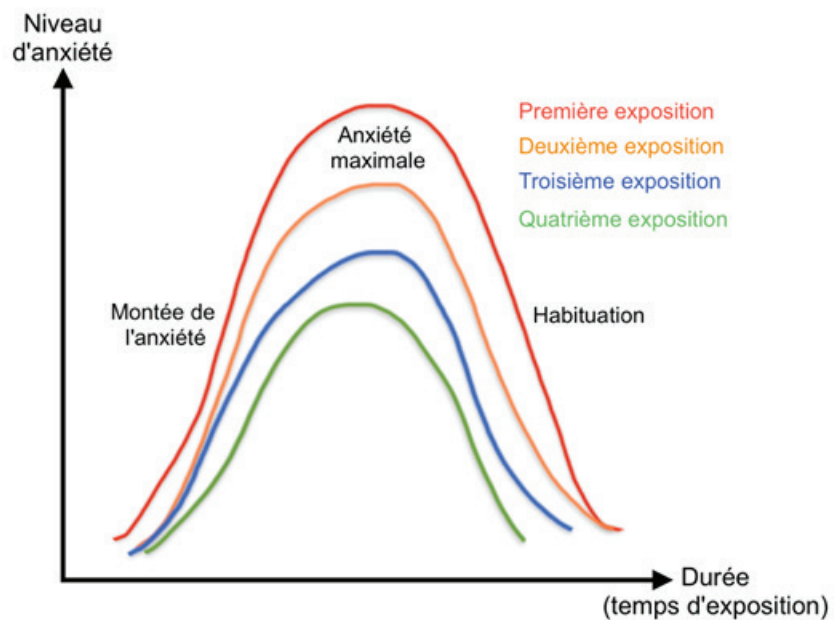




La pratique mène à l'apprentissage

Il est important que les séances d'exposition soient prolongées (au moins 45 minutes) et répétées afin de déclencher le processus d'habituation* (voir figure 1). L'objectif est de s'exposer assez longtemps pour que le niveau d'anxiété diminue de façon significative et devienne même confortable. L'anxiété doit diminuer **pendant** la situation d'exposition, et non grâce à la fuite ou l'évitement⁷. De cette manière, il est possible d'apprendre que la situation crainte n'est pas dangereuse et qu'elle est tolérable.. Prenons l'exemple de Juliette qui va s'asseoir au parc avec son amie et son chien. Si elle prend la fuite après 5 minutes, car l'anxiété est trop élevée, elle ressentira immédiatement un soulagement. Cela pourrait augmenter les chances qu'elle évite à nouveau de se rendre au parc et maintenir son anxiété à long terme. À l'inverse, si elle reste assise pendant 1 heure et qu'elle se rend compte qu'il n'y a pas de conséquences négatives, son anxiété diminuera et elle apprendra que cette situation n'est pas dangereuse. De plus, chaque étape de la hiérarchie d'exposition devrait être répétée plusieurs fois avant de passer à une étape plus difficile. Augmenter trop rapidement la difficulté pourrait susciter un niveau d'anxiété intolérable et nuire au processus d'habituation⁷.

Figure 1. Courbe d'habituation



Éviter d'éviter

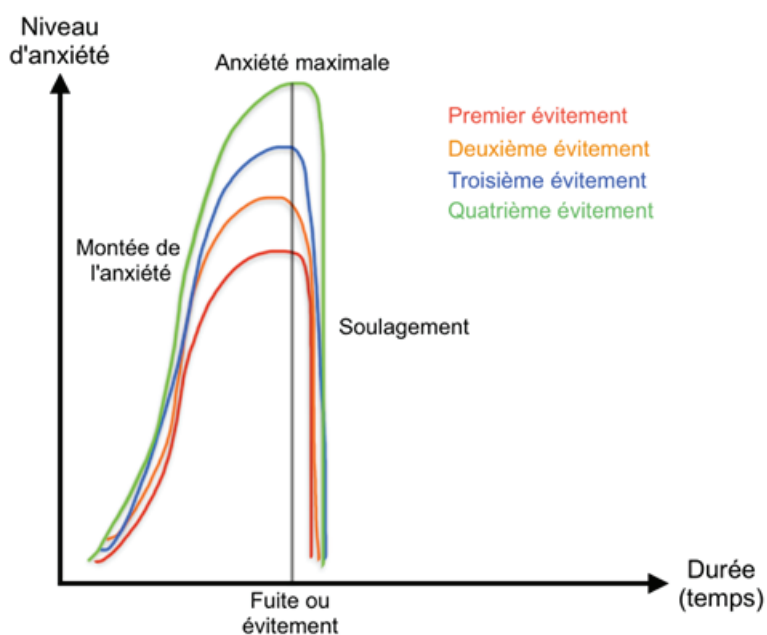
Bien que l'évitement d'une situation crainte puisse diminuer momentanément l'anxiété, il est probable que celle-ci s'empire à long terme⁷. Mais pourquoi? Tout d'abord, l'évitement **maintient l'impression qu'une situation est vraiment dangereuse**. Par exemple, Juliette pourrait se dire que la seule raison pour laquelle elle ne se fait pas attaquer par un chien est qu'elle évite de les rencontrer, ce qui confirme sa croyance qu'ils sont dangereux. Ensuite, l'évitement **empêche une confrontation avec la situation crainte**. Cela interfère avec le processus naturel d'apprentissage



qui se produirait si la personne rencontrait la situation crainte, sans qu'il y ait de conséquences négatives. Finalement, **l'évitement est la porte d'entrée du cycle de renforcement négatif***. Chaque fois que l'évitement est utilisé pour diminuer l'anxiété et que cela crée un soulagement, le comportement est renforcé (voir figure 2). Le cerveau apprend alors que l'évitement est une stratégie rapide et efficace pour contrer cette émotion.

Figure 2. Courbe d'évitement

Certaines personnes utilisent des stratégies d'évitement cognitif ou des comportements de réassurance afin de neutraliser l'anxiété, même durant l'exposition. Par exemple, lorsque Juliette s'expose, elle pourrait porter un porte-bonheur, consommer des substances ou retenir son souffle afin de neutraliser son anxiété. Ces comportements ont les mêmes effets que l'évitement et empêchent une exposition complète⁷. Elle pourrait se dire qu'elle a réussi à s'exposer spécifiquement grâce à ces éléments. Ceci est contre-productif, car un des objectifs est qu'elle comprenne que la situation n'est pas menaçante.



L'évitement maintient l'impression qu'une situation est vraiment dangereuse et empêche une confrontation avec la situation crainte. Elle est la porte d'entrée du cycle de renforcement négatif.





Une étape à la fois

S'exposer pour diminuer l'anxiété est donc une excellente idée! Cependant, il peut être difficile de se lancer sans aide thérapeutique. Si l'anxiété semble trop forte ou que l'exposition paraît impensable, consulter un·e professionnel·le pourrait être une bonne première étape. En effet, recevoir de l'aide pour maîtriser certaines stratégies de régulation peut être particulièrement aidant et nécessaire avant de commencer à s'exposer⁷.

Publié précédemment dans la revue *La Fibre* - <https://sciences101.ca/revue-la-fibre>

Lexique

Habituation : Apprentissage qui implique une diminution des réponses ou de l'attention portée à un stimulus lorsque celui-ci est présenté de façon répétée ou persistante⁸. C'est ce qui se produit lorsque l'anxiété face à un objet diminue à force que celui-ci soit présenté sans conséquences négatives.

Niveau d'anxiété subjectif : Évaluation individuelle d'à quel point une situation nous fait peur sur une échelle de 0 à 100⁹. La cote 0 indique le calme et l'aise, alors que la cote 100 indique une peur maximum.

Renforcement négatif : Apprentissage qui implique une augmentation de la fréquence d'un comportement, car celui-ci est associé au retrait d'un stimulus⁸. C'est ce qui se produit lorsque l'évitement est encouragé, car il est associé au retrait de l'anxiété.

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Call for Mid-Career Investigator Award



Dear Health Section members:

Are you an outstanding mid-career investigator or practitioner in the area of health psychology (or know someone who is). Apply for our CPA Health Psychology and Behavioural Medicine Section **Mid-Career Investigator Award!** The Mid-Career Investigator award recognizes individuals in the middle stages of their careers who have already made outstanding research, teaching, and/or service contributions to the field of health psychology and behavioural medicine in Canada.

Applicants must:

1. Be a Canadian resident who is within 9-19 years from the date of receipt of their highest degree (PhD, not post doc) at the time of application for this award (after taking any leaves of absence into account, e.g., parental leave)
2. Be a member of the CPA Health Psychology and Behavioural Medicine Section
3. Conduct research and/or practice in the field of health psychology or behavioral medicine (or a closely related field)
4. Attend the upcoming annual 2025 CPA conference in St. John's, NL and present a 30-minute talk if awarded

To be considered, please send the following application materials to Dr. Sheila Garland at sheila.garland@mun.ca:

- A 1- to 2-page nomination letter stating how they have made a significant contribution to health psychology and/or behavioral medicine in Canada. Note: you can apply as a nominee or on-behalf of a nominee, but the nomination letter must be written by someone other than the nominee;
- Recent CV (any format); and
- One page indicating leaves of absence (optional)

Deadline: January 10, 2025

The winner will receive a \$500 cash prize and certificate acknowledging the honour, as well as recognition of their contributions at the next CPA conference within our Section program.

We look forward to receiving your submissions!

Sheila Garland, PhD - Chair, Health Psychology and Behavioural Medicine Section
Canadian Psychological Association

Opportunities for Trainees



The MBMC aims to attract and train students and postdoctoral fellows in a dynamic, multidisciplinary, university/hospital setting. We offer multiple training opportunities for undergraduate, graduate and post-doctoral students/fellows. [Read more about training at the MBMC](#)



Current opportunities

Apply by November 29, 2024, 5pm ET

Postdoctoral fellowships

- Development of an AI-driven behavioural ehealth intervention
- Evidence Syntheses and Systematic Review Methodology
- Behaviour Change Communication Training for Healthcare Professionals (MOTIVATOR Program)

PhD positions

- Behaviour Change Communication Training for Healthcare Professionals (MOTIVATOR Program)
- Systematic Reviews/Evidence Syntheses, and Guideline Development/Implementation (META)
- iCARE Study (International Assessment of COVID-19-related Attitudes, Concerns, Responses and Impacts in Relation to Public Health Policies Study)
- Development of an AI-driven behavioural e-health intervention

MSc positions

- Behaviour Change Communication Training for Healthcare Professionals (MOTIVATOR Program)
- Longitudinal Health Consequences of Bariatric Surgery (REBORN)
- Development of an AI-driven behavioural e-health intervention

Internship/Volunteer Opportunities

We are always looking for students to participate in internships or to volunteer.

- [Submit your application](#)



Successful Aging Living Lab Coordinator

**Full time, 1-year contract
with possibility of renewal**



The **Montreal Behavioural Medicine Centre**

(MBMC) is an academic research and training centre focused on behavioural medicine, clinical trials, epidemiology, and psychophysiology. All our work is focused on promoting long-term health across a variety of patient populations.

The MBMC is based at Hôpital du Sacré-Cœur de Montréal (HSCM) in Montréal's Cartierville neighbourhood. It is part of the Centre intégré universitaire de santé et de services sociaux du Nord-de-l'Île-de-Montréal (CIUSSS-NIM) and uses a number of its facilities. The MBMC is an ideal environment for anyone looking to work with a friendly, diverse, and dynamic team that includes international expert collaborators. We offer plenty of networking and career building opportunities in the fields of behavioural medicine and health psychology.

Enabling Successful Aging Living Lab

Led by Drs. Simon Bacon and Kim Lavoie, the Enabling Successful Aging Living Lab brings together experts from healthcare, academia, and behavioural medicine (i.e., the study of how behaviours that impact disease development can be changed to improve people's lives). The Living Lab will work on adapting and implement an e-health behaviour change program for older adults. The program will first be implemented at the CIUSSS-NIM, then across Québec.

Position overview

The MBMC is seeking an experienced and highly motivated coordinator to help the Living Lab leads manage the planning and coordination of research activities and events. The Living Lab Coordinator will work with existing MBMC staff and leverage other staff expertise from Concordia University, Université du Québec à Montréal (UQAM), and the CIUSSS-NIM, and work with a wide range of project partners, including researchers, healthcare professionals and organisations, students, and patients

(.../cont'd)

Successful Aging Living Lab Coordinator position



Responsibilities

- Participate in the strategic and day-to-day planning and coordination of research activities and events
- Create, coordinate and manage project timelines, logistics plans, and task schedules
- Help organize and assist in the coordination of all project meetings including drafting agendas, preparing and sharing meeting materials, and taking minutes
- Coordinate stakeholder engagement activities
- Monitor and track project activities and project grant funding requirements
- Prepare and submit project reports and summaries
- Collaborate on the development and dissemination of promotional materials and strategies
- Perform associated tasks as needed

Required qualifications:

- Completed university diploma (BA/BSc or above)
- Experience in project planning and coordination, ideally in an academic or research setting

Required skills:

- Outstanding organizational and coordination skills
- Dynamic and autonomous, ready to take initiative
- Versatile skillset and ability to work with various teams
- Forward and strategic thinking
- Attention to detail and ability to meet deadlines
- Excellent interpersonal skills and judgment
- Excellent communication skills (verbal and written) in both French and English
- Ability to work with a variety of people, including patients and healthcare professionals
- Ability to use all MS Office Suite products as well as Teams, Zoom, and other organizational platforms

Status and benefits:

- Full-time position, 35 hours per week, daytime Monday to Friday, occasional evenings/weekends
- Location: Hôpital du Sacré-Cœur de Montréal, in person (remote work may be negotiated)
- Start date: as soon as possible
- One-year contract, with possibility of renewal
- 15 days of vacation per year, after one year
- 13 statutory days off (holidays)
- 10 non-convertible sick days
- Pension plan (RREGOP) from the first day of employment
- Salary range (in keeping with qualifications): 28\$ to 30\$/hour

To apply

Interested candidates should email their cover letter and CV to:

apply@mbmc-cmcm.ca

Only successful candidates will be contacted for an interview.

Deadline:
December 1, 2024

Postdoc Opportunity



The Cancer Prevention and Control Program at Fox Chase Cancer Center is seeking highly motivated candidates for an on-site post-doctoral research fellow position in psycho-oncology and cancer survivorship research in the lab of behavioral scientist and licensed psychologist Dr. Jennifer Reese.

The ideal candidate has research interests in cancer survivorship and/or dyadic research in the context of cancer. Work in other medical contexts will also be considered. Opportunities are available to work on innovative NCI-funded and other funded studies evaluating behavioral interventions to improve the care and health outcomes of cancer survivors in relation to sexual and reproductive health and improve overall well-being. Additional opportunities are available to analyze datasets from couples' intervention trials in oncology, patient-provider communication and dyadic communication data, cohort studies, and others. **Research tasks include** literature searches, data collection and management, quantitative and qualitative data analysis, presentation of data, and manuscript and grant review and preparation. The Reese lab provides strong training, with particular emphasis on helping fellows gain skills for writing competitive grant applications; the PI has a strong track record of supporting junior faculty to receive K awards.

Qualifications for this position include a doctoral degree in Psychology from an APA-accredited program although those who have a doctoral degree in related fields (e.g., PhD in Public Health) will be considered. A background in health psychology or behavioral medicine is also preferred. **See job posting for complete details (see "Open Positions" tab).**

Candidates should submit a cover letter, curriculum vitae, scholarly writing sample, and three references with contact information (name, title/affiliation, phone, email) to Dr. Jennifer Reese via email at Jennifer.Reese@fccc.edu. At least one and preferably two of the referees should be knowledgeable about the candidate's research skills and productivity. Qualified candidates will then be invited to complete a job application. Review of applications will continue until the position is filled. Salary is commensurate with qualifications and experience and will be in line with NIH postdoctoral fellow salaries; benefits will be provided.





HEALTH & BEHAVIOR INTERNATIONAL COLLABORATIVE AWARD

The purpose of the grant is to facilitate a mentorship collaboration with an international laboratory or research group under the guidance of an identified international mentor. In 2025, four awards will be competitively granted; each award is sponsored by one of the sponsoring organizations. Proposed mentorship collaborations must be based on aims to pursue a specific research project or a specific program development project in the areas of health research, clinical behavioral health, behavioral medicine, or health promotion. The research or program development project must be feasible within one year. HBIC Award funding can be used for international travel.

This grant is jointly sponsored by the [International Society of Behavioral Medicine \(ISBM\)](#), the [Society for Health Psychology](#) of the American Psychological Association (SfHP), the [Society of Behavioral Medicine, USA \(SBM\)](#), and the [International Behavioural Trials Network \(IBTN\)](#) in partnership with its Canadian sister association, the [Canadian Behavioural Interventions and Trials Network \(CBITN\)](#).

DEADLINE

March 19, 2025, 11:59 p.m. (applicant's local time)

[Learn more](#)

CALL FOR MENTORS

The HBIC is now calling for mentors interested in being contacted by potential early career researchers to develop a project application. The HBIC Award puts the onus on the early career applicant to lead the application process. [Learn more](#)