

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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Fellow - Canadian Institutes of Health Research
Fellow - Fonds de recherche du Québec - Santé
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Dear Health Psychology and Behavioural Medicine Section Members,

I'm thrilled to be the new newsletter editor. It's a privilege to help share the accomplishments and research of our section members. I look forward to seeing you in Ottawa for the CPA 85th Annual National Convention! I invite you to consult the Health Psychology & Behavioural Medicine section highlights in this newsletter.

In this edition of the newsletter, you'll find several very interesting pieces. These include an invited speaker interview with Dr. Nicole Alberts, who will be presenting at the Annual National Convention on Saturday, June 22nd, on "Leveraging Digital Health to Increase the Impact of Behavioural Health Interventions across the Lifespan."

You'll also find knowledge translation pieces on parasomnia and pain among childhood cancer survivorships. Also, you'll find some job postings that could be very interesting if you're on the job market.

I'd like to invite you to our section's Annual General Meeting and reception on Saturday, June 22nd, at 4 pm!

Enjoy reading and see you soon!



CPA Convention Highlights

Health Psychology & Behavioural Medicine Section Programming:

Friday, June 21st

Talk Session

British Columbia - 2nd Floor

11:30-11:45

12-Minute Talk: Canadian Health Care Centres Wellness Programs for Healthcare Professionals: A 2-step Environmental Scan and Survey Study by **Vincent Gosselin Boucher**

11:45-12:00

12-Minute Talk: Towards a Canadian Health Psychology Network: Preliminary Analyses from a National Survey of Faculty across Canada by **Kharah Ross**

12:00-12:15

12-Minute Talk: Navigating Uncertainty: Exploring Parents Knowledge of Concussion Management and Neuropsychological Baseline Testing by **Fergal O'Hagan**

12:15-12:30

12-Minute Talk: 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 5 Canadian cancer centers by **Sophie Lebel**

12:30-12:45

12-Minute Talk: Investigating the Impact of Pre-Treatment Beliefs on the Outcomes of Cognitive Behavioral Therapy for Insomnia among Cancer Survivors by **Sheila Garland**

Talk Session

Les Saisons - 3rd Floor

14:00-14:15

12-Minute Talk: A Randomized Controlled Trial of Investigating the Efficacy of Neuro-feedback Mindfulness in Migraine management by **Faly Golshan**

14:15-14:30

12-Minute Talk: Randomized Controlled Trial of a self-guided program for infertility-related distress based on Acceptance and Commitment Therapy by **Ashley Balsom**

15:00-15:55

Snapshot Session H

Newfoundland - 4th Floor

Does geospatial access to healthy foods exacerbate the association between diabetes and depression? by **Genevieve Forget**

A Scoping Review of Research Utilizing Wrist-Worn Wearables among Adolescent Samples by **Megan Ames**

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

Comparison and Validation of Sleep Actigraphy Algorithms Using a Large Community Dataset by **Darshan Panesar**

CPA Convention Highlights

Health Psychology & Behavioural Medicine Section Programming:

Saturday, June 22nd

9:00-10:25

Workshop: Effective Use of Social Media for Knowledge Mobilization by **Thomas Hadjistavropoulos**

British Columbia - 2nd Floor

11:00-11:55

Panel Discussion: Pathways for Success: Insights for Early Career Professional Development in Health Psychology and Behavioural Medicine by **Vincent Gosselin Boucher**

14:00-14:55

Poster Session E

Confederation III - 4th Floor

15:00-15:55

Featured Guest Speaker

Les Saisons - 3rd Floor

Dr. Nicole Alberts

Leveraging Digital Health to Increase the Impact of Behavioural Health Interventions across the Lifespan

16:00-16:55

Section Annual Meeting

Les Saisons - 3rd Floor

17:00-17:55

Award and reception

Les Saisons - 3rd Floor

18:00-18:55

Joint Reception

Governor General Ballroom II - 4th Floor

Sunday, June 25th

8:30-9:55

Workshop: Effective Sleep Solutions for Comorbid Insomnia Disorder: Beyond Sleep Hygiene by **Colleen Carney**

Manitoba 2nd Floor

9:30-9:45

12-Minute Talk: Pregnancy-specific Anxiety and Social Support: Protective Factors for Child Executive Functioning Through Epigenetic Age by **Catherine Lowe**

Province I - 4th Floor

9:45-10:00:

12-Minute Talk: Impact of Positive Childhood Experiences and Social Support on Emotion Regulation Abilities in Adults with ADHD by **Catherine Lowe**

Province I - 4th Floor

Invited Speaker Interview

Dr. Nicole Alberts



Dr. Nicole Alberts is an Associate Professor and Canada Research Chair (Tier 2) in Behavioural Health Intervention at Concordia University in Montreal. Following her graduate and post-graduate training at the University of Regina and the University of Washington School of Medicine respectively, she joined the Department of Psychology at St. Jude Children's Research Hospital in Memphis (Tennessee) as an Assistant Member and Attending Psychologist. In 2020, she joined the Department of Psychology at Concordia University.



Dr. Nicole Alberts
Associate Professor
Canada Research Chair (Tier 2) in
Behavioural Health Intervention
Concordia University

Dr. Alberts has established herself as an expert in pain and childhood cancer as well as in the use of digital health interventions among medical populations. She has been recognized through a variety of awards and honours including the Childhood Cancer Survivor Study Career Development Award, and the Canadian Association of Psychosocial Oncology Early Career Investigator Award. To date, her scholarly work has resulted in 50 publications, 3 book chapters, and 10 invited talks.

Dr. Alberts' research program aims to improve behavioural health and psychological outcomes among individuals across the lifespan – with an emphasis on those diagnosed with catastrophic and chronic diseases. She also leverages digital health approaches to answer key research questions and to develop and test innovative interventions targeting pain and psychological outcomes.

Interests Outside of Academia

I am a pretty big sports fan. I recently attended the World Figure Skating Championships in Montreal – which were amazing. I also love going to Major League Baseball games and try and make it to a game whenever I am in a city that has a team. I have been fortunate to take in games in Toronto, Seattle, Boston, Dallas, Atlanta, and Chicago.

What are you working on at the moment? What do you anticipate you'll be working on over the next five years?

At a high level, my program of research focuses on improving behavioural health and psychological outcomes across the lifespan, with a focus on youth and adults diagnosed with a catastrophic or chronic illness. Within that, I aim to better characterize pain among individuals impacted by childhood cancer and sickle cell disease as well as to leverage digital health to develop and test engaging and effective interventions that can target problems such as chronic pain and psychological outcomes (depression, anxiety).

...cont'd

Invited Speaker Interview: Dr. Nicole Alberts

I am currently working on a few different projects including examining the psychosocial impact of the COVID-19 pandemic on youth on cancer treatment, young survivors, and their caregivers in Canada, investigating neuropathic pain in adolescent survivors of childhood cancer, examining the prevalence and risk factors for fear of cancer recurrence in adult survivors of childhood cancer, and examining sickle cell disease related worry in youth with sickle cell disease.

In the next five years, I plan to expand upon this work including conducting multi-site trials to expand the impact and reach of our current studies, including conducting larger studies that will help us better characterize chronic pain in childhood cancer survivors, and intervention trials focused on developing and testing digital health interventions to help us better target specific pain conditions.

What do you love most and least about your job?

As a clinician scientist, I love being able to help people both on a more individual level via clinical work with patients and other health care providers, and on a larger scale and societal level via research and work with policy makers. I also love being involved in the training and mentoring of the next generation of clinician-scientists (e.g., undergrads and grad students in my lab) and being a part of their academic journeys. What I love least: administrative tasks and work that inevitably also come with the job and that can take time away from some of the bigger tasks (supervision, mentoring, grant and manuscript writing, etc.).

What project, output, or achievement are you most proud of?

I am most proud of our work bringing attention to the problem of chronic pain in childhood cancer survivorship. This has involved two main outputs: 1) Topical review published in *PAIN* in 2018 where we aimed to bring more attention to this problem and where we presented a developmental model

...cont'd

Invited Speaker Interview: Dr. Nicole Alberts

of pain across the childhood cancer trajectory. Here we also proposed that the prevalence of chronic pain has likely been severely underestimated. 2) In a recent manuscript, "Characterization of chronic pain, pain interference, and daily pain experiences in adult survivors of childhood cancer: A report from the Childhood Cancer Survivor Study," we found evidence to support exactly that. Specifically, results indicated 41% of adult survivors of childhood cancer experience chronic pain – which is significantly higher than previous estimates **and** estimates of the prevalence of chronic pain in the general population (20-30% range). Importantly, given these results, it is clear we need increased efforts focused on screening and intervention.

What do you ultimately hope to achieve in your career?

In general, I hope that my research will have a tangible impact on the lives of youth and adults living with a chronic or catastrophic illness. We know that pain and distress are common and often debilitating symptoms experienced by individuals living with these conditions. Despite this, our understanding of who is most at risk for experiencing these symptoms and associated disability is limited. In addition, we know there is widely varying access to psychological treatments used to target pain and distress. Through my work, I hope we can help fill these knowledge and treatment gaps for youth and adults living with medical conditions.

I hope that my research will have a tangible impact on the lives of youth and adults living with a chronic or catastrophic illness. I hope we can help fill knowledge and treatment gaps.



What advice would you give to someone starting a career in health psychology?

Stay open to different opportunities and challenges – Health psychology is a **huge** area with so many subspecialties and you never know which new area(s) may spark your interest and/or be a great fit for your skills and interests.



Knowledge Translation

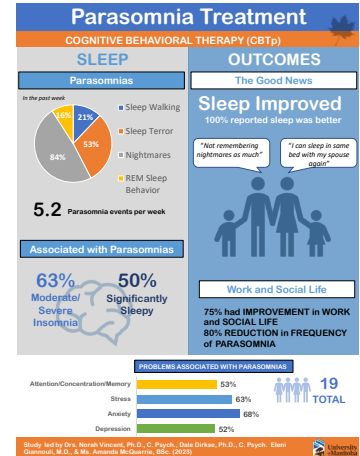
Parasomnia

Behavioral Sleep Medicine Clinic Health Sciences Center, Winnipeg (Manitoba)

Team members included clinical psychologists from the Department of Clinical Health Psychology at the University of Manitoba (Drs. Norah Vincent and Dale Dirkse), a respirologist from the Department of Internal Medicine at the University of Manitoba and Director of the Manitoba Provincial Sleep Laboratory (Dr. Eleni Giannouli), and a graduate student from the Department of Psychology at the University of Manitoba (Ms. Amanda McQuarrie).

Dr. Vincent, who led the research, is a Professor, psychologist, and Director of the Behavioral Sleep Medicine clinic operating out of the Health Sciences Center, the largest teaching hospital in Winnipeg, Manitoba. The Behavioral Sleep Medicine clinic is staffed by two psychologists, an online coordinator, and a psychological assistant.

Dr. Vincent offers consultation, group and individual treatment, and online interventions for adult outpatients with a variety of sleep disorders. She is an active researcher with more than 100 publications, conference presentations, and book chapters on the topic of sleep.



Parasomnia Treatment
Cognitive Behavioural Therapy
(full view on next page)

This innovative and rapidly expanding clinic is currently **recruiting a psychologist to join the team.**



Parasomnia Treatment

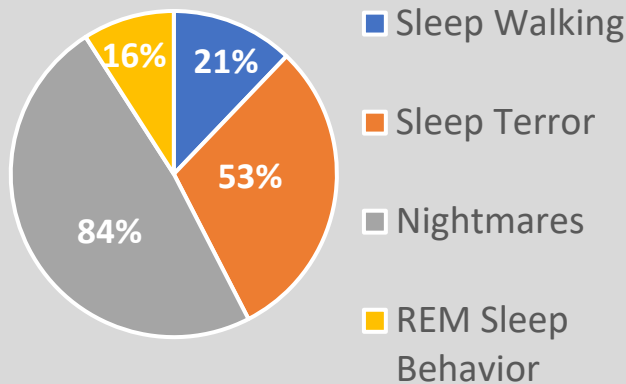


COGNITIVE BEHAVIORAL THERAPY (CBTp)

SLEEP

Parasomnias

In the past week



5.2 Parasomnia events per week

Associated with Parasomnias

63% Moderate/Severe Insomnia

50% Significantly Sleepy

OUTCOMES

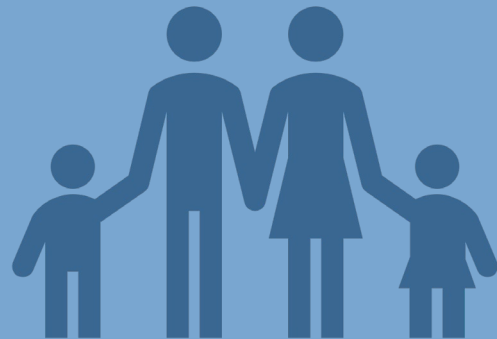
The Good News

Sleep Improved

100% reported sleep was better

"Not remembering nightmares as much"

"I can sleep in same bed with my spouse again"

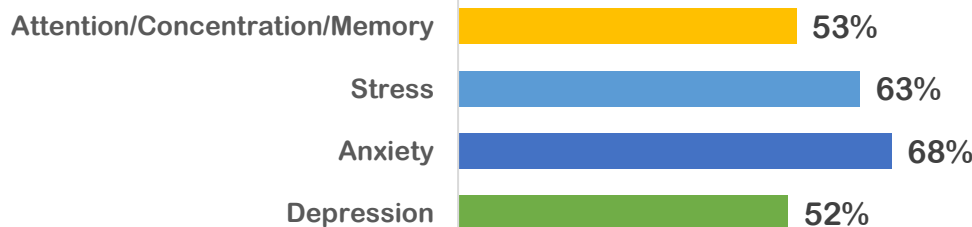


Work and Social Life

75% had **IMPROVEMENT** in **WORK** and **SOCIAL LIFE**

80% REDUCTION in **FREQUENCY** of **PARASOMNIA**

PROBLEMS ASSOCIATED WITH PARASOMNIAS



19
TOTAL

Study led by Drs. Norah Vincent, Ph.D., C. Psych., Dale Dirkse, Ph.D., C. Psych. Eleni Giannouli, M.D., & Ms. Amanda McQuarrie, BSc. (2023)



Article - Chirurgie bariatrique

Des kilos en moins, des polluants en plus



Mathilde Champagne-Hamel

Mathilde a entamé son doctorat en psychologie à l'UQAM en 2020. Son projet de thèse doctorale se concentre sur les effets de l'exposition aux polluants organiques persistants sur le fonctionnement cognitif des patients ayant subi une chirurgie bariatrique. Grâce à ses travaux de recherche, cette étudiante aspire à contribuer à l'amélioration des politiques de santé publique au Québec. Passionnée par la démocratisation des connaissances scientifiques, elle s'est engagée avec enthousiasme dans la rédaction de cet article.



Mathilde Champagne-Hamel
Candidate au doctorat en psychologie
Université du Québec à Montréal

Note : Publié précédemment dans la revue *La Fibre* :

<https://sciences101.ca/des-kilos-en-moins-des-polluants-en-plus/>

La chirurgie bariatrique* est une procédure médicale de plus en plus répandue pour traiter l'obésité sévère. Celle-ci montre des résultats significatifs en matière de perte de poids et d'amélioration de la santé des patient·e·s. Cependant, des études récentes révèlent un aspect méconnu de cette procédure : la libération de polluants organiques persistants* dans la circulation sanguine. Ces substances toxiques, qui s'accumulent au fil du temps dans les tissus adipeux*, pourraient compromettre le succès de la chirurgie et avoir des effets délétères sur la santé cognitive des patient·e·s. Une exploration plus approfondie de ce phénomène s'avère essentielle afin d'identifier les risques de cette intervention.

Dans les dernières années, **plusieurs études**¹ menées auprès de patient·e·s ayant subi une chirurgie bariatrique ont révélé que les niveaux de polluants organiques persistants enregistrés dans leur sang étaient jusqu'à quatre fois supérieurs à ceux de la population générale. Une fois dans la circulation sanguine, ces polluants peuvent atteindre le cerveau et **interférer avec différents processus neurologiques**² comme la capacité du cerveau à s'adapter à son environnement et à transmettre les signaux entre les cellules du cerveau, appelées neurones*. Considérant que plusieurs milliers de personnes ont recours à la chirurgie bariatrique au Québec chaque année, faut-il s'inquiéter des conséquences potentielles de ce phénomène sur la santé humaine ?

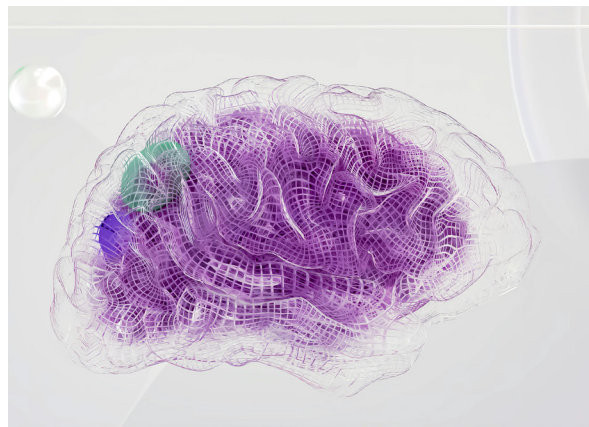
La chirurgie bariatrique est souvent considérée comme le traitement le plus efficace permettant d'obtenir rapidement une perte de poids significative et d'améliorer l'état de santé global des patient·e·s en situation d'obésité. Bien que la chirurgie bariatrique représente une bouée de sauvetage pour plusieurs, elle entraîne également le relargage de composés chimiques dont les

1. <https://pubmed.ncbi.nlm.nih.gov/28051929/>

2. <https://pubmed.ncbi.nlm.nih.gov/27911986/>



effets toxiques sur le cerveau ont été largement documentés. En effet, la perte de poids induite par cette intervention s'accompagne de la **libération considérable de polluants organiques persistants** qui étaient préalablement stockés dans les tissus adipeux³. Ces substances, émises par des activités humaines telles que l'agriculture et l'industrie, se dissolvent facilement dans les graisses et **s'accumulent ainsi dans les tissus adipeux des organismes vivants**⁴, y compris les humains.



Un relargage de composés chimiques dont les effets toxiques sur le cerveau ont été largement documentés.

Dans les semaines suivant l'intervention bariatrique, le processus de perte de poids rapide entraîne une diminution significative de la masse graisseuse, qui est utilisée comme source d'énergie pour le bon fonctionnement de l'organisme. Cependant, l'utilisation de cette énergie entraîne également la libération des polluants organiques persistants qui étaient piégés à l'intérieur des tissus adipeux. Une fois libérés, **ces polluants se retrouvent dans la circulation sanguine**⁵, se dispersant ainsi dans tout le corps. Étant donné les propriétés toxiques de ces polluants, ce phénomène soulève de nombreuses préoccupations quant aux risques pour la santé des patient·e·s.

Et le cerveau dans tout ça ?

Les polluants organiques persistants sont connus pour avoir des effets néfastes sur la santé humaine, particulièrement la santé cognitive. De nombreux travaux de recherche ont mis en évidence l'existence d'un lien entre une exposition accrue aux polluants et une altération du fonctionnement cognitif et comportemental. En effet, **plusieurs études**⁶ ont suggéré que des niveaux élevés d'exposition aux polluants organiques persistants peuvent entraîner des déficits sur les plans de la mémoire, l'attention et la vitesse de traitement de l'information.

Les mécanismes sous-tendant la relation entre les polluants organiques persistants et la cognition demeurent mal compris. Certain·e·s scientifiques ont proposé que cette relation puisse être expliquée par la capacité des polluants à traverser la barrière hématoencéphalique*, une barrière de protection naturelle qui sépare le sang du cerveau. Une fois dans le cerveau, **les polluants organiques persistants peuvent perturber la communication entre nos cellules nerveuses**⁷ et

3. <https://pubmed.ncbi.nlm.nih.gov/36470361/>

4. <https://link.springer.com/article/10.1007/s11356-015-5225-9>

5. <https://pubmed.ncbi.nlm.nih.gov/28051929/>

6. <https://pubmed.ncbi.nlm.nih.gov/21474148/>

7. <https://www.sciencedirect.com/science/article/abs/pii/S0167732218321135>



interférer avec les hormones impliquées dans le bon fonctionnement du cerveau.

D'autres études suggèrent aussi que l'exposition aux polluants organiques persistants peut déclencher une réaction inflammatoire, c'est-à-dire une réaction de défense de l'organisme contre le corps étranger, dans le cerveau. Cette réaction provoquerait, à long terme, des dommages cellulaires et une perturbation de l'équilibre chimique nécessaire au bon fonctionnement neuronal. En effet, des études sur des animaux et des humains ont montré qu'une telle exposition peut entraîner une augmentation de la réponse des cellules du système immunitaire. L'inflammation qui en résulte a par la suite été **associée à la perturbation du fonctionnement normal des neurones**⁸.

Quand prévention rime avec intervention

Considérant les conséquences potentielles de la libération des polluants organiques persistants après la chirurgie bariatrique, il importe de s'interroger sur les perspectives d'intervention et les mesures qui peuvent être mises en place afin de minimiser les risques pour la santé des patient·e·s. L'une des mesures clés est l'éducation et la sensibilisation des professionnel·le·s de la santé, des patient·e·s et du grand public aux risques associés à la libération des polluants organiques persistants. Il est essentiel de fournir des informations claires et fondées sur des preuves solides afin que les individus puissent prendre des décisions éclairées concernant leur santé.

Du point de vue préventif, des stratégies nutritionnelles spécifiques peuvent être envisagées. **Des études ont montré que certains nutriments peuvent influencer la façon dont le corps métabolise les polluants organiques persistants**⁹ et ainsi diminuer leur présence dans l'organisme. Par exemple, des régimes riches en fibres alimentaires, en antioxydants (comme les vitamines C et E) et en acides gras oméga-3 peuvent avoir des effets bénéfiques en réduisant l'absorption des polluants et en favorisant leur élimination.

Parallèlement, des études épidémiologiques et des recherches expérimentales sont nécessaires pour mieux comprendre les mécanismes sous-jacents à la libération des polluants organiques persistants après la chirurgie bariatrique. Cela permettrait de développer des protocoles de suivi appropriés pour les patient·e·s. Ainsi, on pourrait détecter d'éventuelles altérations de la santé et des fonctions biologiques, y compris la santé cognitive, et mettre en place des interventions précoces si nécessaire.

Double perspective

Il convient toutefois de souligner que l'obésité elle-même peut avoir des effets délétères sur la cognition. Des études ont montré que les personnes souffrant d'obésité sévère sont plus susceptibles de présenter des altérations cognitives telles que des problèmes de mémoire, d'attention et

8. <https://pubmed.ncbi.nlm.nih.gov/33113674/>

9. <https://pubmed.ncbi.nlm.nih.gov/24530186/>



de vitesse de traitement de l'information. Par conséquent, bien que la libération de polluants organiques persistants secondaire à une chirurgie bariatrique puisse représenter un risque pour la santé cognitive, il est également possible que cette procédure entraîne des améliorations dans le fonctionnement cognitif des patient·e·s. En perdant du poids et en améliorant leur santé globale, les patient·e·s peuvent potentiellement réduire le risque de difficultés cognitives associées à l'obésité.

Ainsi, il est impératif d'évaluer attentivement les bénéfices potentiels de la chirurgie bariatrique en matière d'amélioration cognitive, tout en prenant en considération les risques liés à la libération des polluants organiques persistants. Une approche équilibrée est nécessaire pour optimiser les résultats cliniques et le suivi des patient·e·s, en minimisant les risques pour la santé cognitive tout en maximisant les avantages de cette intervention.

Lexique

Barrière hématoencéphalique : La barrière hématoencéphalique est une interface protectrice située entre la circulation sanguine et le tissu cérébral dans le système nerveux central. Elle est formée par des cellules spécialisées qui limitent le passage sélectif de certaines substances du sang vers le cerveau, assurant ainsi la stabilité et la protection de l'environnement interne du cerveau contre les toxines, les agents pathogènes et les fluctuations chimiques.

Chirurgie bariatrique : La chirurgie bariatrique désigne les différentes procédures chirurgicales qui visent à réduire la taille de l'estomac ou à modifier le système digestif afin de favoriser la perte de poids chez les personnes souffrant d'obésité sévère.

Neurone : Un neurone est une cellule spécialisée du système nerveux qui assure la transmission des signaux électriques et chimiques entre les différentes parties du corps ou du cerveau.

Polluants organiques persistants : Les polluants organiques persistants sont des substances toxiques d'origine anthropique qui persistent dans l'environnement pendant de longues périodes, s'accumulent dans la chaîne alimentaire et ont des effets nocifs sur la santé humaine et l'écosystème.

Tissus adipeux : Le tissu adipeux est un type de tissu présent dans le corps humain, constitué d'un ensemble de cellules appelées adipocytes qui permettent le stockage des graisses sous forme de lipides.

Distinguished Scientist Award

Society of Behavioral Medicine



Dr. Kim L. Lavoie. PhD, FCPA, FABMR

Professor, Université du Québec à Montréal

Department of Psychology

Canada Research Chair (Tier 1) in Behavioural Medicine



The Society of Behavioral Medicine's Distinguished Scientist Award is awarded to recognize excellence in total career achievement. Nominees must have achieved scholarly distinction, i.e., made a series of distinguished empirical contributions or contributed substantially to the development of new theories or methods.

Dr. Lavoie was recognized for her outstanding work in the areas of stress and chronic disease, COVID-19 prevention, and behavioural intervention methods and trials. Her contributions to training were also noted, through her co-founding and co-leading the International Behavioural Trials Network (IBTN), and the Canadian Behavioural Interventions and Trials Network (CBITN), with Dr. Simon Bacon. Both networks strive to enhance training and capacity for conducting high quality behavioural intervention trials.

Dr. Lavoie is an internationally recognized expert in motivational communication. She currently holds multiple grants in the area of motivational communication training and efficacy for behaviour change in chronic disease.

Dr. Lavoie is also co-director of the Montreal Behavioural Medicine Centre and a researcher in the Chronic Disease Research Division at Hôpital du Sacré-Coeur de Montréal. She is a Full Professor in the Department of Psychology at Université du Québec à Montréal and an Adjunct Professor of Medicine at University of Montreal. She is also the Chair of the Canadian Network for Health Behaviour Change and Promotion (CAN-Change) and an active member of the CHEP recommendation panel (Adherence Subcommittee).



SOCIETY OF
BEHAVIORAL
MEDICINE

Slide presentation at the Society of Behavioral Medicine's 45th Annual Meeting and Scientific Sessions held on March 13-16, 2024, in Philadelphia, PA



Knowledge Translation

Let's Talk About Pain podcast - The Quebec Pain Research Network

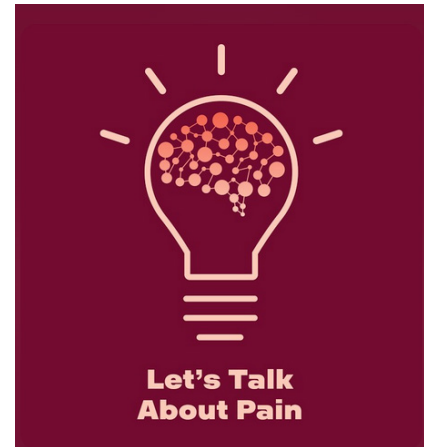


Quebec Pain Research Network Podcast Series

Funded by the Fonds de recherche du Québec
(8 in English and 12 in French)

<https://qprn.ca/en/2023/10/02/balado-parlons-douleur/>

Here's a selection of podcasts from the Let's Talk About Pain series related to pain and childhood cancer survivorship.



Behavior health and childhood cancer research

In this episode of Let's Talk About Pain, we meet Dr. Nicole Alberts, an Associate Professor in the Department of Psychology at Concordia University in Montreal, and a Canada Research Chair in Behavioural Health Intervention. We explore her background and experiences in research, as well as what led her to become interested in pain research, specifically pain during cancer survivorship.

The adult experience of childhood cancer

In this episode of Let's Talk About Pain, we meet with Rachael Bull, a childhood cancer survivor living with chronic pain. We explore Rachael's experiences with cancer, pain during survivorship, and the transition from pediatric to adult care.

Pain management and childhood cancer survivorship

In this episode of Let's Talk About Pain, we talk with Dr. Nicole Alberts and Rachael Bull. We explore some of the themes discussed in previous episodes and the various perspectives of patients, researchers, and clinicians.



Job Postings

Government of Manitoba

Clinical Health Psychology



Shared health
Soins communs
Manitoba



University
of Manitoba

The Manitoba government is making significant investments in improving psychological care for Manitobans, through funding for new and expanded positions in health psychology/ behavioural medicine, among other areas.

Clinical Health Psychology, Shared Health Manitoba is pleased to announce openings for the following **permanent, full time** positions in adult medical psychology services, based in Winnipeg, MB. The Psychologist in each of these roles works collaboratively with and in interprofessional teams which include physicians, nurses and allied health, to provide high quality, effective care for medical patients.

For more information about our psychologists in the health system:

<https://healthcareersmanitoba.ca/professions/clinical-psychologists/>

For more information about our academic department: Clinical Health Psychology

<https://umanitoba.ca/medicine/departement-clinical-health-psychology>

Opportunities

Behavioral Sleep Medicine Psychologist. The **Behavioral Sleep Medicine clinic**, a longstanding psychologist-led outpatient service, which works closely with respirologists, is dedicated to expert evaluation, diagnosis, treatment and innovation in the management of sleep disorders, and offers online, group, and individual therapies as part of a stepped care approach.

Cardiac Psychologist. **Cardiac Sciences Manitoba**, consistently in the top national CIHI ratings for quality of care, provides coordinated cardiology and surgery services, and links to cardiac rehabilitation in the community. The psychologist will provide outpatient assessment and treatment for patients with cardiac diagnoses or events through the cardiac specialty clinics, as well as inpatient consult, and opportunity for clinical program development.

Pain Psychologist. The **Manitoba Pain Care Program**, a multi-disciplinary, multi-site 'hub-and-spoke' provincial service is committed to evidence-based, integrated care for adults with chronic pain. Behavioural pain treatment, delivered through a stepped care approach, is at the centre of the newly expanded program's model of care, coordinated with medical interventions. The pain psychologists on the team have an essential role and provide assessment, class-based, group and individual therapies, as well as program development and evaluation.

Job Postings

Government of Manitoba

Transplant Psychologist. The **Transplant Manitoba** teams are dedicated to excellence and innovation in perioperative transplant services. The Psychologist, as part of the large organ transplant teams, will work with patients, and living donors to provide pre-operative evaluation and readiness preparation, as well as post-transplant follow up to optimize transplant outcomes, including assessment, intervention, and opportunity for clinical program development.

Bariatric Surgery Psychologist. The recently expanded **Centre for Metabolic and Bariatric Surgery** offers comprehensive pre-operative evaluation and post-operative follow up that aims to maximize patient long-term success following bariatric surgery. The psychologist will provide pre-surgical readiness assessments, pre and post-surgery psychological intervention, with opportunity for program development and evaluation.

For all of these career opportunities, we offer:

Competitive salary, comprehensive benefits, relocation support, clinical supervision until licensed as C.Psych. for independent practice, ongoing professional development, professional license reimbursement; and opportunity for supervision of psychology residents and clinical research through integrated clinical/academic roles.

Qualifications include:

A doctoral degree (PhD or PsyD) in Clinical Psychology from a CPA/APA-accredited program and completion of a CPA/APA-accredited internship/residency by job start date; registration or eligibility for registration as a Psychologist (C.Psych.) in Manitoba (<http://www.cpmb.ca>) knowledge and experience working with medical populations and training in health psychology/behavioural medicine.

Current residents/interns, beginning career and established psychologists are welcome to apply. Applications are currently being accepted and will continue to be accepted until positions are filled. Start date is flexible.

Contact us to learn more or send your CV and cover letter indicating your interest:

Dr. Lesley Graff, Provincial Specialty Lead, Shared Health & Department Head
University of Manitoba - rperinot@hsc.mb.ca 1-204-787-5163

Clinical Health Psychology (CHP) is unique in Canada, being both a provincially-led clinical service responsible for psychological services throughout the Manitoba health system under Shared Health MB, and an academic department in the Max Rady College of Medicine, University of Manitoba. Our CHP psychologists are based in hospitals, health centres and primary care clinics, providing clinical care across the lifespan from the very young to the elderly, for a wide range of mental health, developmental, and acute and chronic medical conditions. Psychologists in the Manitoba health system hold medical staff appointments along with our physician colleagues, and enjoy well-established collaborations with medical, nursing and allied health professionals to provide innovative and effective care. CHP psychologists connect regularly with each other, whether based in Winnipeg or in rural or northern health regions, and have a respectful and caring community of professional practice.

Job Postings

Montreal Behavioural Medicine Centre

POSTDOC OPPORTUNITY

mbmc-cmcm.ca/study

Enhancing an eHealth behaviour change program (ACCELERATION) using automatic expression recognition (AER)



Learn more: <https://mbmc-cmcm.ca/mbmc/study/>

POSTDOC OPPORTUNITY

mbmc-cmcm.ca/study

MOTIVATOR Program: Behaviour Change Communication Training for Healthcare Professionals

