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Message from the Editor



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Dear Health Psychology and Behavioural Medicine Section Members,

I hope this message finds you well as we welcome the summer season.

Recent events, whether political, human rights-related, economic, or environmental, have touched many of us deeply. These issues, combined with global challenges, can understandably evoke feelings of discomfort, powerlessness, or anxiety. Even as I write this, I feel the weight of it all. I invite you to take a brief pause as you read these lines—to notice what's around you and ground yourself in the present.

On a lighter note, I'm looking forward to seeing many of you in St. John's for the CPA's 86th Annual National Convention! In this newsletter, you'll find highlights from the Health Psychology and Behavioural Medicine Section. There are many presentations and posters worth attending!

This edition also includes a thoughtful interview with our invited speaker, Dr. Michael Vallis, who will be presenting on Friday, June 13, on the topic "Weight is Not a Behaviour." You'll also find engaging knowledge translation features on pain in children and fear among cancer survivors, as well as scholarship and conference opportunities for the coming year.

Finally, I warmly invite you to join us for the Section's Annual General Meeting and reception on Friday, June 13, at 4 p.m., we'd love to see you there.

Enjoy the newsletter and see you soon!

Vincent Gosselin Boucher



Join us for CPA 2025

86th Annual General Meeting and Convention!

Health Psychology & Behavioural Medicine Section Programming

Day 1: Thursday, June 12

- **Talk Session** (Room Victoria 1)

Day 2 – Friday, June 13

- **Round Table Conversation Session 3** (Room Bowring 1)
- **Poster Session “D”** (Bowling Ballroom 2)
- **Talk Session** (Room Pippy 1)
- **Health Psychology & Behavioural Medicine Section Annual Business Meeting**

Day 3 – Saturday, June 14

- **Snapshot Session** (Room Battery)

<https://convention.cpa.ca/>



Day 1 – Thursday, June 12

Talk Session (Room Victoria 1)

12-Minute Talks

- **12:00-12:15:** Qualitative analysis of a Virtual Mindfulness-based Stress Reduction Program in Older Canadian Immigrants - [Alexandra Fiocco & Lauren Hytman](#)
- **12:15-12:30:** Prevalence and factors associated with perceived executive functioning deficits in cancer survivors - [Krista Greeley](#)
- **12:30-12:45:** Application-based exercise for healthcare workers: Secondary analyses examining multidimensional well-being - [Vincent Gosselin Boucher](#)
- **12:45-13:00:** Long Term Results from a Multisite Randomized Controlled Trial Examining Telephone-Based Cognitive Behavioural Therapy (Tele-CBT) for Bariatric Surgery Patients - [Stephanie Cassin](#)

Day 2 – Friday, June 13

Round Table Conversation Session 3 (Bowring 1)

- **9:30-9:55:** Examining the sociocultural landscape of pediatric research: What are the gaps and where do we go from here? - [Sharon Hou](#)

Poster Session “D” (Bowling Ballroom 2)

- **14:30-15:25:** See list of authors and poster titles on [page 6](#)

Talk Session (Room Pippy 1)

12-Minute Talks

- **15:00-15:15:** iCANSleep App for Insomnia in Cancer Survivors: Preliminary Feasibility, Acceptability, and Efficacy Outcomes - [Katherine-Ann Piedalue](#)
- **15:15-15:30:** Evaluating the Impact of an ACT-Based Intervention on Sexual Distress and Relationship Satisfaction in Individuals Experiencing Infertility - [Ashley Balsom](#)
- **15:30-15:45:** Testing the efficacy of the ‘Coping with Infertility’ self-help program: A randomized controlled trial - [Megan Poulter](#)
- **15:45-16:00:** Motivational and Volitional Correlates of Diabetic Retinopathy Screening Attendance: A National Study - [Snimer Nagi](#)



Day 2 – Friday, June 13 (cont'd)

Health Psychology & Behavioural Medicine Section Annual Business Meeting

- **16:00-16:55:** Section Featured Speaker “Weight is Not a Behaviour” - **Michael Vallis**
- **17:00-17:55:** Section Annual Meeting

Day 3 – Saturday June 14

Snapshop Session (Room Battery)

- **8:30-9:25**
- Comparing networks of health behaviours before and after a diabetes diagnosis: Exploratory analyses from the English Longitudinal Study of Ageing - **Tristan Renaud**
- Understanding Perceived Risks and Benefits of Cannabis Use During Pregnancy and Lactation: Qualitative Insights from Canadian Parents - **Isobel McMahon**
- Implementing a Digitized Measurement-Based Care Platform in Newfoundland and Labrador: Insights from Providers and Patient-Partners - **Kati Whelan**
- App-Based Mindfulness Training for Individuals with Multiple Sclerosis: Feasibility and Impacts on Perceived Stress - **Jordan Pumphrey**
- Internalization of Body-Ideal Discrepancies and its Impact on Maladaptive Coping Behaviours - **Azra Idrish Patel**
- Combating Fraudulent Participation in Health Psychology Research - A Call to Action - **Alana Gyemi**
- A qualitative review and synthesis of the barriers and enablers to following evidence-based antibiotic guidelines for upper respiratory tract infections in primary care - **Krystal Bursey**
- “I control the pain:” A Parallel Mixed-Methods Analysis of Chronic Pain Coping and Traumatic Stress in Emerging Adults - **Melissa Miljanovski**



List of authors and poster titles (Day 2 – Friday June 13 – 14:30-15:25)

- **Kenzie Tapp** - Nurturing the Self: Positive Body Image and Self-Compassion in Women with Polycystic Ovary Syndrome
- **Niyati Mistry** - Examining Disordered Eating and Mental Health Characteristics in Youth: A Profile Analysis
- **Emily Marriott** - Assessing the acceptability and feasibility of oxytocin nasal spray for the management of chronic pain: a qualitative analysis of patient perceptions
- **Angela Feehan** - Examining strengths in adults with ADHD: A scoping review
- **Marcus Lopes & Gary Goldfield** - Prior Mental Distress and Problematic Use Predicts Mental Health Benefits from Reduced Social Media Use: A Moderation Analysis of a Randomized-Controlled Trial
- **Dare Fagbenro & Mathew Olasupso** - Moderated Mediation Model of Subjective Happiness and Gender Between Financial Strain and Mental Health of University Students
- **Emma Connell** - Anxiety sensitivity as a risk factor for posttraumatic stress disorder in first responders: A cross-lagged panel model
- **Erik Mostad** - Covariation between emotion regulation, symptoms of stress, and sleep quality across time during participation in stress management intervention
- **Cheryl Trask** - Challenges Faced by Health Psychology and Behavioural Medicine Faculty and Trainees in Canada
- **Laura Couturier** - Weight Stigma and Disordered Eating in Young Adults: The Roles of Shame and Self-Compassion
- **Maija Kiviharju** - Investigating the Effect of the 'Coping with Infertility' Self-Help Program on Non-Gestational Partners
- **Brianna George** - Orthorexia Nervosa and Disordered Eating Behaviors in Young Adult Females with Cancer
- **Lacey Dickson** - Innovative mental healthcare on campus: Student perceptions regarding integrated primary care and barriers to treatment
- **Payton Peach** - Preliminary Effect of Cognitive Behavioural Therapy for Insomnia on Psychological Outcomes in Breast Cancer Survivors
- **Genevieve Forget** - Is the transdiagnostic internalizing factor associated with cardiometabolic disease?
- **Khaled Taktek** - Le pouvoir de la répétition mentale dans la réadaptation des blessures sportives : utiliser l'esprit pour guérir le corps
- **Aaron Palachi** - Impacts of Early Dignity Therapy on Quality of Life in Patients with Brain Tumours: A Between-Groups Pilot Study
- **Jasmine Kobrosli & Marissa Rakus** - "I don't have the answers, but I can tell my story:": How women with polycystic ovary syndrome (PCOS) narrate their health care experiences, and strive for health equity in Canada



- **Julie Dwyer** - Virtual Care Delivery of an Intensive Chronic Pain Rehabilitation Program in Newfoundland and Labrador: A Quality Improvement Study
- **Mohammed Hammad Jaber Amin** - Burnout among medical students and physicians during time of war in Sudan: A cross-sectional study
- **Mohammed Hammad Jaber Amin** - Exploring the Impact of Quality of Life and Social Support on Depression, Anxiety, and Stress in Sudanese Medical Students: A Cross-Sectional Study across Multiple Universities in Sudan
- **Angela Feehan** - The experiences of mid-to-late life adults seeking self-improvement after a late ADHD diagnosis
- **Antonina Pavlanis** - Longitudinal Trends in Post-Traumatic Stress Disorder Among Recovered COVID-19 Patients
- **Myles Davidson** - The 2024 Youth and Young Adult Vaping Survey: Progress or Persisting Problems?
- **Marissa Rakus** - Personal Experiences of Medical Gaslighting in a Canadian Healthcare Context
- **Abdulqadir Isaak** - Predictors of Economic Hardship Among Canadian Adults During the COVID-19 Pandemic: An Empirical Study
- **Kathleen Gaudio** - Exploring Resilience and Its Impact on Mental Health in Patients with Kidney Diseases
- **Taylor Stone** - Co-Designing a Provincial Stepped Care Model Within Community Mental Health and Addictions Services in Prince Edward Island
- **Amreen Bhangu** - Exploring Student Perspectives on the Use of Artificial Intelligence in Mental Health Settings
- **Elizabeth Wallack** - Symptoms of Stress, Depression and Age are Associated with Sleep Disturbance Among United Methodist Clergy Residing in North Carolina
- **Joshua Flis** - Evaluation of the Alliance against Violence and Adversity (AVA) Online Training Program: Addressing Gender Violence and Adverse Childhood Experiences (ACEs) through Academic-Community Collaboration and Training
- **Rachel Lee** - Factors Associated with Fertility-Related Distress Among Young Adult Women Cancer Survivors
- **Emily White** - Preliminary Effect of Cognitive Behavioural Therapy for Insomnia on Objective Sleep Outcomes in Breast Cancer Survivors
- **Avaline Konkin** - Identifying factors predicting infant sleep across the first year of life
- **Chloe House** - Understanding Perceptions of Medical Assistance in Dying Among Cancer Survivors
- **Maria Baker** - Cannabis Literacy Among Canadian Cancer Survivors Who Use Cannabis for Sleep



- **Marcus Lopes** - The Effect of Social Media Reduction on Mental Health: A Protocol for a Systematic Review and Meta-Analysis of Randomized Controlled Trials
- **Reanna George** - Factors Associated with Resilience in Young Adults with Cancer
- **Ruth Vanstone** - Navigating the Perinatal Period After Primary Breast Cancer Treatment: A Scoping Review Identifying Understudied Areas of Interest and Concern
- **Nicole Ponto** - Psychosocial Factors and Recovery Outcomes in Acute Care Cardiac Inpatients: A Sex-Based Analysis
- **Kate Kelly** - Impact of Cognitive Behavioural Therapy for Insomnia on Perceived Executive Functioning in Cancer Survivors
- **Chhavvy Narendra** - Validation of Smartphone-Based Photoplethysmography Measures of Heart Rate as an Indicator of Acute Psychosocial Stress Reactivity
- **Florence Coulombe Raymond** - Motivation and self-efficacy across stages of change prior to participating in a 12-week lifestyle intervention

List of authors and poster titles (Virtual)

- **Zahra Waktif** - Understanding the Role of Perceived Health Risks and Perceived Benefits Related to Return to In-Person University Class
- **Bonnie van Kessel** - Cortisol Diurnal Index Trajectories from Mid-Pregnancy to a Year After Birth
- **Kharah Ross** - Childhood family structure and adult health: Social support as a mediator
- **Alisa Pitre** - The Hearing Health and Habits of Young Adults
- **Sean Locke** - Are cognitive errors associated with perceived walking impairment in people with multiple sclerosis? Yes.



Invited Speaker Interview

Dr. Michael Vallis



Tell us about yourself

I am not young, having obtained my PhD in 1983 from the University of Western Ontario (now Western). I initially started my career as a research scientist at the Clarke Institute of Psychiatry (now CAMH) in Toronto. My early career work was in the evaluation of the effectiveness of CBT on depression. I then became interested in personality disorders, when I moved to a community hospital in Mississauga (Credit Valley hospital). It was there that I started working with a Gastroenterologist and my interest in health psychology blossomed. In 1988 I returned to Halifax to focus on diabetes, obesity and gastroenterology. I have always bridged research and clinical care. Health psychology taught me about the value of understanding normal human behaviour. My path strayed off of the pillars of diagnosis and psychopathology toward understanding the psychological challenges of chronic disease as normal reactions to abnormal circumstances.



Health psychology is incredibly rich. Psychologists, in my opinion, have tremendous value to add to chronic disease management. This does require some humility, however. While we should be proud of our level of training and preparation, we need to accept that we are not the only helpers. In fact, when you move away from psychopathology you encounter behaviour that is guided by normal psychological processes. For instance, no one wants to be sick (have a chronic disease), so the emotional processing of a diagnosis is important and does not require psychotherapy. In fact, this emotional processing can be done by a wide range of providers providing they have adequate training and support. I have found myself reflecting, in fact, that sometimes the best provider to support disease acceptance (a psychological goal) is a physician, who is the most easily trusted in the discussion of diagnosis, treatment and outcomes of the disease state. This led to another deviation in my path. I switched from providing psychological services to persons with chronic disease directly, to developing a training program to empower other providers in behaviour change counselling. This is what I do now; I “retired” from the Nova Scotia Health Authority in 2018 to now work full time as a consultant to clinical programs, organizations and industry. I literally travel around the world educating providers on the psychology of chronic disease and behaviour change and they tell me they are grateful for this perspective.



What are your interests outside of academia?

During graduate school I took up distance running to help me manage my stress. Running and the running community formed the backbone of my nonprofessional life. I was part of a group that started the Halifax Running Club, which is now over 20 years old. In fact, I met my wife in 2004 at the club.

What aspects of your work do you find the most fulfilling, and which do you find the most challenging?

I can honestly say that being a professional psychologist in the health field is incredibly fulfilling. My experience has been that, as medical providers learn about the psychological impact of chronic disease and how behaviour change interventions promote enhanced disease outcomes, they are grateful to hear what we have to say. Normalizing that change is hard and reflecting that people need support to act on the motivation they have are easy wins for a medical provider. Medical providers are only socialized to psychopathology and when they understand disease-based distress they quickly see their role in helping people manage their conditions.

The challenges I have encountered reflect my profession and my personality. Psychologists are not given a free pass; we must demonstrate our worth and look for our opportunities. And I have struggled working within a large bureaucratic health system. I have a natural curiosity, and this has taken me many places. However, the following is close to a mantra for me; “it is better to beg for forgiveness than ask for permission” (embarrassed emoji here).

Is there a particular project, publication, or initiative that you’re especially proud of, and why?

I have had the opportunity to be involved in incredible projects. Working with Dr. Brian Shaw in the early 1980’s, we were involved in the first placebo-controlled psychotherapy RCT comparing CBT, Interpersonal Psychotherapy and Imipramine for Depression (The Treatment of Depression Collaborative Research Program; TDCRP). I then was the Canadian lead on the Global Diabetes Attitudes, Wishes and Needs (DAWN2) study, a 16-country, 16,000+ participant, survey study examining the psychological impact of living with diabetes. I am especially proud of a paper I wrote with a UK (Dr. Allan Jones) and a Dutch (Dr. Frans Pouwer) Psychologist on managing fear of hypoglycemia. Why this paper stands out is that patients found it helpful. It may be the only paper I have written that I know has been read by the public. I heard how people struggling with hypoglycemia were using the paper to educate their diabetes providers on the importance of managing fear before managing hypoglycemia.



Looking ahead, what impact do you hope your work will have—on the field, on practice, or on policy?

I am in the last lap of my career (some may say beyond my best before date in fact) and I have been able to stand together with physicians, nurses, dietitians, pharmacists, social workers and others. I think I am seen as representing an important aspect of care; managing the psychological impact of disease and promoting behaviour change. I think the model of behaviour change counselling I have developed is being recognized and adopted by my colleagues. I am also proud to have been involved in a group of Canadian health psychologists with a similar focus; we have organized ourselves under the umbrella CanChange (check it out: <https://can-change.ca>). What encourages me is when I hear feedback from learners to the effect of “I cannot unknow this” (when providers learn of the demotivating impact on people of “teaching and telling”).

What advice would you give to early career researchers or students who are hoping to make a meaningful contribution in your area of expertise?

I think I can make two comments here. First, don't be defensive. I see many of us trying to make sure everyone knows how skilled we are. I have witnessed sentiments like “you need to have a PhD to do that”, or “we are the most trained mental health provider”. I think that we should have more confidence in ourselves. Let's be humble and let our work do the talking for us. Second, don't expect doors to open for you. Within health systems I do not believe that nonpsychologists really understand our scope and potential contribution. So you will require some resilience. Your career path will mimic a research program. You must put in the preliminary work in order to achieve meaningful outcomes. So, I encourage you to reflect on how we encourage the people we serve; find what is important to you, use those values as your guiding star and learn from the challenges you face.

Health psychology is incredibly rich. Psychologists, in my opinion, have tremendous value to add to chronic disease management.





Rachael Bull has had low back pain since she was diagnosed with rhabdomyosarcoma more than 20 years ago, when she was just 6 years old. The pain started during her treatment.

Now 26, Bull is working on her PhD in biomedical science. She deals with back pain every day. “It’s so constant that it’s almost like background noise at this point,” Bull says. “It’s been so long that I’ve learned to live with it.” [Read more about Rachael](#)

Chronic pain, which is pain that lasts for 3 months or longer, is a problem for many childhood cancer survivors. Until now, researchers did not know how common chronic pain was in childhood cancer survivors.

A Long-Term Follow-Up (LTFU) Study, led by Nicole Alberts, PhD, of Concordia University in Montreal, Quebec, is the first to examine how many childhood cancer survivors deal with chronic pain. The journal *Pain* published study results in 2024.



Yoga and other forms of movement can help manage pain.



Nicole Alberts, PhD

- Researchers found that just over 4 out of 10 (41%) adult survivors of childhood cancer said they had chronic pain.
- The results suggest that childhood cancer survivors experience more pain than people who have not had cancer. About 2 in 10 (20%) of people in the general population report chronic pain.
- Researchers believe that cancer therapy, which can cause pain during treatment, may lead to chronic pain after treatment is done. Certain chemotherapy drugs, radiation, and procedures such as surgeries, bone marrow tests, and lumbar punctures may lead to chronic pain.

It is estimated that kids without cancer experience about 6 painful procedures or events per day when they are hospitalized, Alberts says. Given the nature of childhood cancer treatments, it is likely that kids in treatment for cancer have even more painful episodes each day.

Past studies of children without cancer have shown that pain that is not managed well can lead to chronic pain that persists long after a painful event.

“Good pain management is important for all kids, such as when kids go get their vaccinations,” Alberts says. “Kids on treatment are exposed to that type of pain and worse daily. It’s reasonable to suspect they’re not getting perfect pain management in all those instances — which can have major short and long-term consequences.”

Chronic pain may also be caused by treatment-related conditions that develop later. For example, chronic lung, digestive, and neurological problems in survivors were linked with a higher risk of developing chronic pain.

Pain management strategies

Physical, emotional, and social factors affect how much pain a person may feel. People experience pain differently, so pain management methods vary. It may involve more than one type of therapy. The overall goal of an individual management plan is to reduce pain and improve your day-to-day function.

Bull has had lower back pain since she was a child. She has tried [many different approaches to manage it](#). Some have helped, and some have not.



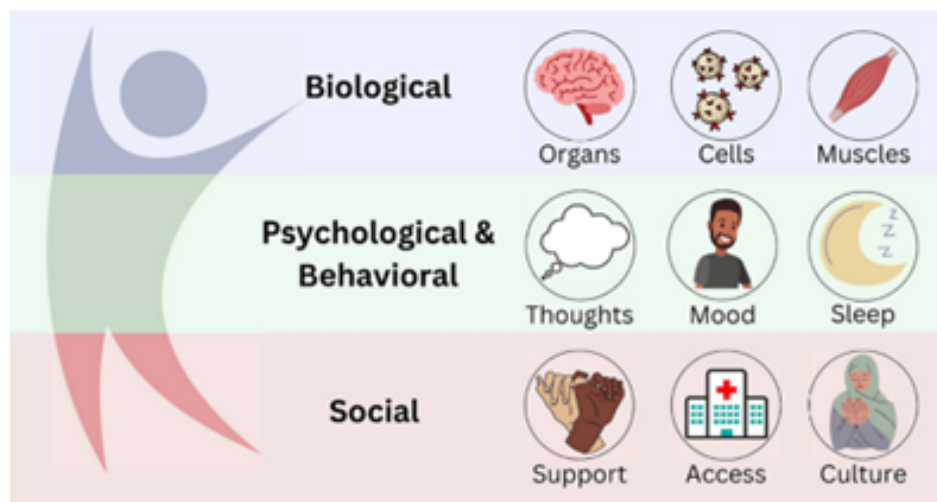
Biopsychosocial Model of Pain



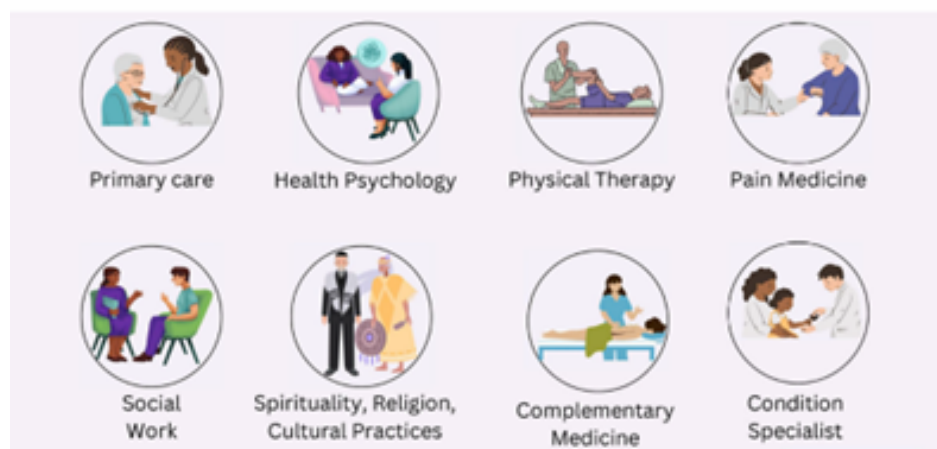
Pain is not just a physical experience.

Factors or changes in the body (*biological*), the mind (*psychological*), and a person's experiences with others and their environmental conditions (*social*), all contribute to one's experience of pain.

The biopsychosocial factors of pain are all linked, and can impact each other in a cycle. Some examples are:



Because pain is a biopsychosocial experience, pain treatment can address a person's biological, psychological, and social needs. For example:



Source:
NIH Pain Consortium



Because she sits at a computer several hours a day, Bull tries to get up at least once an hour to stretch her back. For her, pain management involves the right combination of movement and rest, she says.

"It's this balance of not sitting too long because your back is sore, but not walking for too long because then your back is sore," Bull says. "Somewhere in the middle, I can kind of make it work." Bull says that doing yoga regularly has been helpful for her. [Massage](#) can also relieve pain, but its effects are short-lived. Heat is another method that works sometimes. Bull also has migraines and peripheral neuropathy. For migraines, mindfulness exercises work in some situations.

"Mindfulness and deep breathing work mainly at night when I wake up and feel like I've been hit in the head," Bull says. "It can sometimes help me get back to sleep." Alberts highlights more strategies that can be effective. These methods include cognitive behavioral therapy ([see related article](#)), relaxation, and [self-hypnosis](#), which can allow your mind to achieve a state of deep relaxation.

Factors that affect pain

Pain is complex and unique to each person. Alberts' study found that many survivors with chronic pain also have raised levels of depression, anxiety, and fear of cancer recurrence. Alberts says more research is needed to find out why childhood cancer patients experience chronic pain.

How to find care for pain management

If you have chronic pain, talk to your primary care provider. Be clear about your symptoms and needs. Your provider may not always ask you about your pain.

"Pain sometimes gets pushed to the bottom of the list even when it impacts your life the most," Alberts says. "Chronic pain is sometimes an invisible problem that is not always obvious to a physician. If you have pain, bring it up."

Your primary care provider can help you put together a pain management plan and team of providers to help meet your specific goals.

"There is a huge focus on getting people back into their lives," Alberts says. "If you are experiencing anxiety or low mood, there are ways we can help. If you have sleep problems, there are ways to help with those. If fatigue is a problem, care providers can help with that. It often takes a multipronged approach where we see that improving one or a couple of areas such as sleep or anxiety, leads to big improvements in pain and functioning."

[LTFU Update newsletter](#)

Solutions for Kids in Pain (SKIP)

National Knowledge Mobilization Network



Solutions for Kids in Pain (SKIP) is a national knowledge mobilization network on a mission to improve children's pain management through coordination and collaboration with patients, caregivers, health professionals, and decisionmakers. On behalf of SKIP's Scientific Director (Dr. Christine Chambers, PhD RPsych), SKIP's Associate Scientific Director (Dr. Katie Birnie, PhD RPsych), and the national SKIP team, we wanted to share updates and celebrations marking the end of SKIP's first chapter as a Network of Centre of Excellence (2019-2024) and its beginning as a Dalhousie University Centre. Three recent highlights include:

- Receiving the Canadian Pain Society's 2024 Pain Awareness Award for our Health Canada funded project, "Youth in Pain: Solutions for effective opioid use". In total 36 new tools and resources were created, 38 learning opportunities occurred, and the project reached over 206,000 knowledge users to-date! [Learn more about the project](#) and [access all the tools and resources](#).
- The entire SKIP Network being honoured with Children's Healthcare Canada's inaugural Child Health Systems Impact Award for outstanding leadership, innovation, and impact within our industry, as well as a commitment to improving healthcare outcomes for young patients and their families. [Check out SKIP's award video](#)
- Convening approximately 60 individuals from across Canada in Halifax, Nova Scotia, for a multi-day strategy meeting to collaboratively "Shape the Future of SKIP". A key focus of the meeting was to build a roadmap for implementation of the world's first national Pediatric Pain Management health standard ([CAN/HSO 13200:2023](#)). This standard, released in April 2023 and downloaded >2,100 times to-date, provides critical guidance for organizational leaders and health professionals to ensure that children do not experience preventable pain and that they receive quality, equitable pain care. Be sure to download a copy of the standard for free from the Health Standards Organization's e-store (in [English](#) or [French](#)).

SKIP looks forward to continuing its momentum and impact in the months and years ahead. To stay 'In the Loop' about SKIP's upcoming activities and how you can be involved (e.g. would you like to help co-develop an implementation guide for the Pediatric Pain Management health standard?) you can [sign up for SKIP's newsletter](#), [visit their website](#), or follow them on social media ([@kidsinpain](#)).

The Child Health Systems Impact Award

Solutions for Kids in Pain



Knowledge Translation

Nothing to fear? Facing the challenge of fear of cancer recurrence



The fear of cancer returning (FCR) is a very common struggle for many survivors, often reducing their quality of life during their recovery. In Episode 1 of the new **Series of Supportive Care Matters**, a podcast hosted by Medical Oncologist and International Cancer Survivorship Expert, Professor Bogda Koczwara AM, Professor Sophie Lebel (University of Ottawa) and Associate Professor Ben Smith (the University of Sydney) explore this deep-seated anxiety and unpack the realities of recurrence fears — why they persist, who is most affected, and how they impact daily life. Research shows nearly every cancer survivor experiences some level of worry, but for 40%, it becomes a significant source of distress. Caregivers, too, often share in this burden.

Sophie and Ben highlight the need for better interventions, especially for underrepresented groups, and share practical strategies for managing fear in clinical settings. From open conversations to structured support pathways, they highlight ways to help survivors move forward with confidence. Other themes include the need for FCR Interventions, the need for guidelines to equip health professionals, the challenge of implementation, the role and development of a clinical pathway, the advantages of stepped care, how to empower patients to manage FCR. Sophie and Ben also discuss their research, how collaboration may give researchers more bang for their buck compared to competition, the prospects of global collaboration, and talk about why supportive care matters. [Listen to the podcast](#)

Dr. Sophie Lebel is a clinical psychologist and a professor at the School of Psychology at the University of Ottawa. Her research focuses on cancer survivorship and psychosocial interventions. Her expertise is on managing fear of cancer recurrence (FCR) and this year she won the Bernie Fox Memorial award from IPOS in recognition of her work in this area. Over the past 15 years, she has been working on an FCR intervention called FORT, a group intervention for survivors that has been tested through clinical trials and is currently being culturally adapted in several countries. She is currently developing and testing FORT adaptations for caregivers and parents of pediatric cancer survivors. With funding from the Canadian Cancer Society, she is implementing FORT in 5 different Canadian oncology centers. She has held several leadership positions, including Chair of the Research Advisory Committee of the Canadian Association of Psychosocial Oncology, Lead of the practice guidelines on the management of fear of cancer recurrence for Ontario Health, and co-director of the clinical psychology program at the University of Ottawa. Clinically, she works with cancer survivors and their loved ones across all phases of the disease trajectory.



This conversation is proudly produced by the Podcast Team at The Oncology Podcast, part of the [Oncology Media Group Australia](#).



CANADIAN BEHAVIOURAL INTERVENTIONS AND TRIALS NETWORK



FUNDING OPPORTUNITY!

BEHAVIOURAL MEDICINE INTERVENTIONS AND TRIALS TRAINING

For the next generation of leaders in behavioural medicine

Never before has the field of behavioural medicine been more relevant to public health and socioeconomic prosperity. Behavioural medicine is a domain where behavioural sciences are applied to health. The CBITN is a CIHR-funded training program providing core research and health intervention skills to the next generation of leaders in behavioural medicine working on variety of disease areas at individual, community, or public health levels.

Open to students registered in any Canadian institution of higher learning conducting research related to behavioural intervention development or testing.

- Fundee-developed individualized training program
- Approx. 100 hrs of training, mentorship, and activities
- Funding for one year, starting in September 2025

- Masters level: Up to \$17,500 in funding
- Doctoral level: Up to \$35,000 in funding
- Postdoctoral level: Up to \$45,000 in funding



REGISTER BY MAY 28, 2025

APPLY BY JUNE 2, 2025

Decisions announced in July 2025



Requirements and guidelines:
www.cbitn.ca/training-awards

20²⁵ 26

The International Behavioural Trials Network's Summer School

The IBTN'S Summer School is a week-long academic program exploring how to break through current obstacles in behavioural trial methodologies and expand the reach, capacity, and impact of trials in the field of behavioural medicine.

Working with internationally renowned experts in innovative clinical trials, behavioural intervention development, and patient-oriented research, participants will learn about developing effective behavioural interventions and conducting high-quality trials through interactive workshops and training activities.

The program is designed for graduate students and early career researchers who want to develop and extend their knowledge about behavioural trials. The program includes networking opportunities for its participants, and also features online activities held both before and after the on-site program. Participation in the IBTN Summer School is reserved for candidates having accepted an offer of admission.

Next edition (in English)
May 4 to 9, 2026

Application period
Starting in July 2025

Deadline for submissions
September 29, 2025



Top: The 2024 summer school cohort on site at the Université du Québec à Montréal. Bottom: IBTN Co-Lead, Dr. Kim Lavoie, during a lecture session at the Summer School in May 2024.



Learn more about IBTN
www.ibtnetwork.org

ibtn

CONFERENCE
MONTREAL 2026

SAVE THE DATE!

MAY 7-9, 2026

BEHAVIOURAL MEDICINE
TRAINING, LEARNING, NETWORKING



The IBTN cannot wait to welcome you in beautiful Montreal from May 7 to 9, 2026 to share insights about innovative intervention approaches and methodologies from the field of behavioural medicine. Join us alongside some of the world's leading experts from the field who will share their perspectives and expertise. Speakers will also include up-and-coming new investigators, including IBTN Summer School alumni and trainees from IBTN's Canadian sister organisation (CBITN) who will present their ongoing work.

A full day of plenary sessions, a full day of workshops, an opening cocktail with keynote speakers, a poster session, and a fun closing dinner. Learn more at www.ibtnetwork.org.

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WE ARE NOW RECRUITING A RESEARCH COORDINATOR



About the position



- You will work under the supervision of **Dr. Nicole Alberts** to coordinate the day-to-day management of the lab's studies and activities
- **21 hours per week**, with possibility of an increase to 35 hours
- **One year contract**, with possibility of extending contract
- Start date: **August 2025**

For the full description
of the position and
qualifications, please
scan the QR code:



Interested? Send your CV, cover
letter, and the contact information
of 3 references to
nicole.alberts@concordia.ca by
June 23rd 2025.



About the BHI Lab: The BHI Lab is an academic research laboratory focused on improving behavioural health and psychological outcomes across the lifespan, with a focus on those impacted by childhood cancer. The BHI Lab is led by Dr. Nicole Alberts, who is a Canada Research Chair (Tier 2) in Behavioural Health Intervention and Associate Professor in the Department of Psychology at Concordia University (Montréal, QC). Our work aims to better characterize pain among those completing childhood cancer treatment and surviving childhood cancer, and to identify biopsychosocial risk factors for the development of pain in childhood cancer and other health populations. We also use digital health approaches to answer key research questions and to develop and test innovative interventions targeting pain and psychological outcomes.

The BHI Lab is an ideal environment for anyone looking to work with a friendly, diverse, and dynamic team. We value each member of our team and welcome our differences, as we believe that embracing our diverse experiences and perspectives is crucial to advancing our mission and making a positive impact on the lives of those with a chronic and catastrophic illness.