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Message from the Editor



Jennifer Gordon, PhD, RD Psych

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Dear Health Psychology and Behavioural Medicine Section Members,

One year ago, I was putting together the spring 2020 edition of Health Notes amidst absolute chaos: my three young children were home from school/daycare and demanding constant attention, my husband was on a seemingly endless string of loud Zoom calls with clients in the next room, and along with many of my colleagues, I was struggling to stay productive in my research and to adequately supervise my students. Needless to say, I'm immensely grateful to have prepared this year's spring edition under very different circumstances! Though many still have kiddos at home or are otherwise struggling with the enormous challenges that the pandemic has brought – loss of loved ones, financial hardship, social isolation – there's at least a light at the end of the tunnel. Chances seem good that this time next year, we'll be getting ready to gather in Calgary, to catch up with old colleagues whom we haven't seen in ages, and to talk science! I, for one, can't wait!



In the meantime, this edition of Health Notes will bring you up to speed on all the wonderful research your colleagues are producing across the country. For example, we have a very interesting interview with Dr. Joel Katz, this year's Senior Investigator Award winner, as well as a piece highlighting health psychology research funded in the Fall 2020 CIHR Project Grant competition. You'll also find some very practical pieces addressing topics that are sure to be of interest to members at all career stages, including "How to be an anti-racist researcher" and "What does training in health psychology look like today? An example from Lakehead University". And be sure to check out the highlights of some of the fantastic presentations scheduled for the upcoming convention. So enjoy and I look forward to 'seeing' you all at the virtual convention in a few weeks!

Take care and stay healthy!

CPA Virtual Series

Canadian Psychological Association Annual Convention



Don't forget to register for CPA's 2021 virtual series!

convention.cpa.ca

Health Psychology & Behavioural Medicine Section Programming



Monday June 7

11:00-12:00 ET:

Live Health Section Poster Session A

15.45-16.30 ET:

Symposium "Is pain stressful or stress painful? Mechanisms and clinical relevance of pain-stress interactions"

Convenor: Gabrielle Pagé

Tuesday June 8th

11:00-12:00 ET:

Live Health Section Poster Session B

14.45-15.00 ET:

12-min talk by Loveness Dube:
"The efficacy of psychological interventions for mental health and pregnancy rates: a systematic review and meta-analysis"

Wednesday June 9th

11:00-12:00 ET:

Live Health Section Poster Session C

Thursday June 10th

11:00-12:00 ET:

Live Health Section Poster Session D

13.45-15.00 ET:

Invited Symposium: "The role of Canadian Health Psychology during the COVID-19 pandemic: Showcasing national and international studies"

Speakers: Steven Taylor, Anita DeLongis, and Kim Lavoie

15:15-16:15 ET:

Early Career and Senior Investigator Award Winners' Presentations

Speakers: Meghan McMurtry and Joel Katz

16:15-17:15 ET:

Section Members meeting

Friday June 11th

11:00-12:00 ET:

Live Health Section Poster Session E

14.45-15.00 ET:

12-min talk by Kassandra Burk
"Virtual Healthcare: Exploring patient perceptions, attitudes, and experiences"

Student Member Spotlight

Four students excited to share their work at the upcoming CPA convention!

Written by Ayesha Azam (Regina)

It's that time of year again: the CPA annual convention is quickly approaching! And with so many amazing presenters lined up, it's sure to be a great event! We caught up with four students who are scheduled to present – read on to hear a bit about who they are and their exciting work. And, of course, be sure to mark your calendars and check out their presentations!

Esther L. Briner, M.A.

Presentation Title: Mortality trajectories by non-communicative diseases over time: A first step towards isolating associated psychological risk factors

Presentation Format: Poster

Date/ Time: Friday June 11, 11 a.m. EST (Poster Session E)

Please tell me a little about yourself.

I am a graduate researcher specializing in health and developmental psychology and fourth year PhD Candidate under the supervision of Dr. Rachel Burns in the Health Psychology Lab at Carleton University (<https://carleton.ca/healthpsychlab>).

My research interests focus on individual, psychological, and social determinants of health and health behaviours. I am also interested in understanding health at the population-level and identifying factors that promote resilience and improve health and psychological wellbeing across the lifespan.

Without giving too much away, what's your conference presentation about?

This year at CPA 2021, I will present results from a study that identified distinct trajectories of non-communicative disease (NCD) caused mortality among 37 countries over time and discuss next steps in exploring the psychological risk factors associated with NCD-caused mortality.

What are your long-term career aspirations?

I am interested in pursuing a research-oriented career where I can apply what I've learned through my studies in psychology.



(cont'd)

Student Member Spotlight

How has the COVID-19 pandemic affected your life as a student? What's been the most challenging part? Have there been any unanticipated positives?

Aside from the disruptions to in-person activities, research, and training that are central to graduate student life, a major challenge for me has been finding alternative methods of data collection; specifically, ones that avoid in-person interactions by using mediated forms to achieve similar ends. Overall, a priority for me is to achieve my graduate program milestones in a timely manner despite these added barriers to navigate.

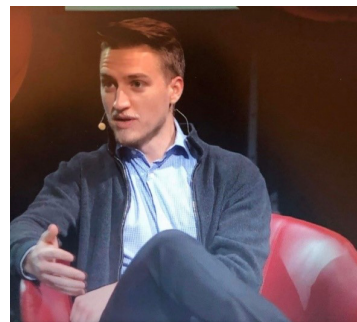
What are you most looking forward to doing once the pandemic is over?

I'm looking forward to attending the next CPA Convention in person!

Vincent Gosselin Boucher, MSc

Titre de présentation: The impact of COVID-19 on mental health around the world: results from the iCARE study

Format de présentation: Snapshot (présentation de 5 minutes)
Date/Heure: Publié lundi le 7 juin à 10:00 HNE



Vincent Gosselin Boucher

Parlez-moi un peu de vous.

Je m'appelle Vincent Gosselin Boucher, candidat au doctorat en psychologie à l'Université du Québec à Montréal (UQAM), supervisé par Dre Kim L. Lavoie, professeur à l'UQAM et codirectrice du Centre de médecine comportementale de Montréal (CMM) au CIUSSS du Nord de l'île de Montréal. Je suis titulaire d'un baccalauréat en psychologie (2014) et d'une maîtrise en kinanthropologie de l'UQAM. Mon projet doctoral porte sur le développement d'un nouvel outil d'évaluation en ligne pour évaluer les compétences en communication motivationnelle chez les médecins. En plus de mes implications en recherche, j'ai la chance de m'impliquer dans l'exécutif de la section Psychologie de la santé et médecine comportementale de la SCP en tant que représentante des étudiants et des communications (depuis 2017), ainsi que de m'impliquer comme représentant des communications de Sciences 101 - Vulgarisation UQAM (depuis 2019) et comme président du conseil d'administration de la Coop UQAM (depuis 2018). Sans mettre de côté mon implication, je compte commencer un stage post-doctoral à l'automne 2021.

Sans trop en dire, quel est le sujet de votre présentation à la conférence ?

Je suis fière de présenter certains des résultats de l'étude iCARE (International COVID-19 Awareness and Responses Evaluation Study). Pour cette présentation, nous voulions identifier l'impact de la COVID-19 sur la santé mentale dans le monde entre mai et décembre 2020 auprès de plus de 28 000 personnes. En résumé, à l'aide d'un échantillon de convenance mondial, les répondants de moins de 25 ans ont déclaré vivre plus de détresse psychologique (c'est-à-dire se sentir plus anxieux,

cont'd)

Student Member Spotlight

irritable, isolé, déprimé et méfiant) et avaient de moins bonnes habitudes de vie (c'est-à-dire qu'ils.elles étaient moins actifs.ves, avec une alimentation moins saine et utilisaient plus de drogues et d'alcool) par rapport à ceux de plus de 25 ans.

Comment cette recherche est-elle liée à d'autres recherches en cours ou à des recherches futures que vous envisagez de mener ?

Lorsque la pandémie de COVID-19 a frappé le monde en mars 2020, le laboratoire MBMC a lancé l'étude iCARE (<https://mbmc-cmcm.ca/covid19/>), une étude internationale en plusieurs vagues sur la sensibilisation du public, ses attitudes, ses préoccupations et ses réponses comportementales aux politiques de santé publique autour de la COVID-19. Elle implique la collaboration de plus de 200 chercheurs internationaux issus de 40 pays. J'ai joué un rôle actif dans ce projet en aidant à créer les enquêtes électroniques (en 36 langues) et à gérer la plateforme en ligne. En travaillant au sein d'une équipe de santé multidisciplinaire, l'impact de la COVID-19 s'est fait sentir, affectant la santé (physique et mentale) des patients, des professionnels et de la population générale dans le monde entier, et ce de plusieurs manières. Comme je travaille avec une équipe pour développer des interventions visant à modifier les comportements dans le cadre de la gestion des maladies chroniques, j'ai été fortement impliquée dans le projet iCARE. Nous découvrons de jour en jour les effets pervers de ce virus et ces effets de la COVID-19 peuvent durer dans le temps (soyons réalistes). Je trouve important de continuer à travailler avec les professionnels de la santé pour optimiser les soins et tenter d'intervenir sur leurs impacts (par exemple, la détresse psychologique) et leurs attitudes (par exemple, les comportements de santé, la vaccination). Ainsi, le cœur de notre système de soins de santé (c'est-à-dire les professionnels de la santé) doit être en bonne santé pour pouvoir aider et intervenir auprès des patients. C'est ce que nous souhaitons tous.



Quelles sont vos aspirations professionnelles à long terme ?

Après avoir terminé mes stages postdoctoraux, j'aimerais obtenir un poste de professeur dans une université. Mon objectif est de continuer à intégrer cette passion et ce leadership dans ma carrière de chercheur et de futur professeur. Je veux continuer à innover dans la recherche, en trouvant de nouveaux outils pour optimiser la communication, l'enseignement et la communication scientifique. Je veux découvrir et collaborer avec des réseaux de chercheurs, en créant des écosystèmes de recherche stimulants pour moi-même et les futurs étudiants que j'aurai la chance d'encadrer.

Comment la pandémie de COVID-19 a-t-elle affecté votre vie d'étudiant ? Quel a été l'aspect le plus difficile ? Y a-t-il eu des points positifs inattendus ?

Ce qui m'a le plus affecté, ce sont les liens sociaux, avec ma famille, mes amis, les autres étudiants et les chercheurs que je côtoyais au quotidien. Étant à la fin de mon parcours de doctorat, je n'avais plus besoin d'aller à l'université, mais avant la pandémie, j'y allais pour voir d'autres étudiants et continuer à m'impliquer dans la communauté étudiante et universitaire.

cont'd

Student Member Spotlight

Mon plus grand défi pendant la pandémie est de garder un sens à ce que je fais en tant qu'étudiant tout en me sentant impuissant pour ma famille et mes amis. Lorsque vous voyez le monde s'arrêter pendant plusieurs mois, se mobiliser et collaborer, des questions existentialistes se posent. Il faut s'adapter et apprendre à travailler et à socialiser avec de nouvelles règles, dans ce nouveau monde.

Je crois que ce sont précisément ces moments de questionnement, avec moi-même, qui ont été pour moi les points positifs inattendus de la pandémie du COVID-19. Vivant seule, j'ai eu l'occasion de lire, d'écrire pour exprimer ce que je vivais et l'impact de la situation sur mon quotidien et celui de mon entourage. Ce n'est pas toujours facile, mais c'est clairement une période importante dont il faut se souvenir et dont il faut tirer des leçons.

Qu'avez-vous le plus hâte de faire une fois la pandémie terminée ?

Je suis optimiste quant à l'existence d'une post-pandémie, mais je suis réaliste quant au fait que ce ne sera pas un retour à la normale. Je pense que ce sont les choses simples (pour moi) qui me manquent le plus, comme revoir ma famille et mes amis sans inquiétude ni crainte. Également, il y a cette vie de quartier, ces moments de lecture et d'écriture dans les cafés que j'ai bien hâte de redécouvrir. Bien sûr, il y a la possibilité de voyager, que j'espère retrouver. Néanmoins, je crois (et j'espère) que nous devons tirer des leçons de cette situation extraordinaire.

Ashley Balsom, M.A.

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

Date/Time: Friday June 11, 11:00 a.m. EST (Poster session E)

Presentation Format: Poster

Please tell me a little about yourself.

My name is Ashley Balsom. I am a first year PhD student in Clinical Psychology at the University of Regina under the supervision of Dr. Jennifer Gordon of the Women's Mental Health Research Unit.



Ashley Balsom

Without giving too much away, what's your conference presentation about?

My CPA poster will be outlining the findings from master's thesis. We know from previous research that infertility is disproportionately associated with distress in women yet there has been little resource focusing on the relationships between coping strategies and fertility-monitoring techniques and how they may be associated with distress in women attempting to conceive without medical assistance. We monitored women throughout one menstrual cycle of actively attempting to conceive and the participants completed mood ratings, a coping assessment, and reported their use of fertility monitoring techniques every second day. We had both expected and unexpected findings for this project that I will describe in more detail during my poster presentation.

cont'd

Student Member Spotlight

How does this research relate to future research you plan to do?

My research experience thus far has largely focused on infertility and the experience of individuals experiencing infertility. I had the opportunity to help an honours student in my lab (the Women's Mental Health Research Unit) collect data that served as their honours thesis and became a pilot study for my master's thesis. This pilot study was published in 2020 and directly informed the methodology used for my master's thesis for which my CPA poster describes. Since submitting my abstract for CPA my master's thesis has also been published. Both of these projects have been influential in directing my doctoral dissertation. My master's thesis explored coping in women attempting to conceive and recent research has highlighted a lack of efficacious evidence-based interventions for individuals experiencing infertility, I have thus decided to explore Acceptance and Commitment Therapy for individuals actively attempting to conceive which has yet to be systematically explored in North America.

What are your long-term career aspirations?

When I originally entered into the clinical program at the University of Regina, I was certain I wanted to be a clinician, but the more time I spent engaged in clinically meaningful research that I was passionate about, the more I fell in love with research. I have focused much of my research thus far in the field of infertility and am hoping to expand this area in the future to have three identified areas of research (i.e., infertility, relationships, reproductive events). My current career plan is to apply for a post-doctorate position following the completion of residency and then begin my journey into academia.

How has the COVID-19 pandemic affected your life as a student? What's been the most challenging part? Have there been any unanticipated positives?

As I was in California for a conference when the international pandemic was first declared, I found that transition to working from home a little jarring. When I arrived back in Canada, I immediately went into quarantine and had to adjust to life without being able to leave my house. I can remember my first day being allowed to go for a walk outside and how grateful I felt in that moment for fresh air. Although I am now able to leave my house more regularly, I still find some days working from home and being a grad student in a pandemic continues to be difficult. I think one of the best skills I have learned over the past year is self-compassion and that it is okay to take some time for yourself. One of the unanticipated positives I have found from COVID has been the accessibility of conferences. Being a grad student and someone who lives with a chronic pain condition attending conferences has always been relatively difficult. With conferences moving remote I have been able to attend more conferences with less financial burden and since I have been presenting from my own home, I have been able to "attend" conferences even when experiencing a flare-up. I will admit I do miss some of the personal aspects of making connections at in-person conferences the accessibility of virtual conferences has been a personal unanticipated positive.

What are you most looking forward to doing once the pandemic is over?

The best part of grad school is the bonds you make with your fellow students, and with the presence of variants and many of my friends being on clinical practica, it has been a long time since we have been able to be in the same room. I most look forward to drinking a glass of wine and loudly singing Taylor Swift or One Direction Karaoke with my pals.

Student Member Spotlight

Odessa Grimard, B.Sc.

Presentation Title: Factors predicting engagement of veterans and non-veterans with an online weight loss intervention

Date/Time: Available as of June 7th at 10:00 a.m. EST

Presentation Format: Snapshot (5-minute presentation)



Odessa Grimard

Please tell me a little about yourself.

I am a recent graduate with a B.Sc First Class Honours in Psychology from McGill University. Over the past year, I have been a part of Dr. Bärbel Knäuper's Health Psychology Lab, as well as a volunteer for the McGill Comprehensive Health Improvement Program's veteran health intervention project, MissionVAV. This summer, I am continuing to volunteer for both groups, and I hope to keep working with them as I start my medical degree in September.

Without giving too much away, what's your conference presentation about?

My title says it all, so I have no worries about giving it away! I examined veterans' and non-veterans' engagement in a weight loss intervention provided by MissionVAV. I found little difference between the two groups, and also a few interesting trends with implications for future online weight loss interventions. These findings are important to the weight loss intervention itself, as it has implications for its next iterations. They are also important for other wellness interventions which are being developed at MissionVAV.

What are your long-term career aspirations?

I'll be starting my studies in Medicine in September. I don't quite know what kind of doctor I want to become, but I do know that many of health psychology's findings will be useful in my practice of medicine no matter what path I choose. I hope to work clinically for a time, and later go into health policy.

How has the COVID-19 pandemic affected your life as a student? What's been the most challenging part? Have there been any unanticipated positives?

To me, one of the biggest challenges was the loss of community. So much of my love of academics and Psychology has to do with the communities that form from it: study groups, lab teams, small cohorts, etc. COVID-19 made it much harder to find, create and sustain those groups, though I was lucky to find myself in teams where people tried their best, with a fair degree of success. One unanticipated positive, however, was that being online allowed me to do so much more than being in-person would. I am chronically ill, and being able to reallocate the energy I'd normally spend running from class to event to class on campus to my research and wellbeing really allowed me to flourish.

What are you most looking forward to doing once the pandemic is over?

I'm looking forward to sharing a meal with my grandmother, hosting gatherings with friends (in person! with hugs & cookies!), and lab meetings with less 'unstable internet' notifications.

Senior Investigator Award Winner

Dr. Joel Katz



Written by Bethany Sander, BSc (Regina)

Dr. Joel Katz is a Tier 1 Canada Research Chair in Health Psychology and a Distinguished Research Professor of Psychology at York University. As the director of the Pain Research Unit at the Toronto General Hospital Department of Anesthesia and Pain Management and the Human Pain Mechanisms Lab at York University, Dr. Katz broadly investigates pain, including the psychological factors affecting pain, the transition from acute to chronic pain, and phantom limb pain. His list of accomplishments is long: he has accumulated over \$9.5 million in research funding as a principal investigator, has over 300 publications accumulating nearly 30,000 citations, and has supervised a total of 87 postdoctoral fellows and students at the undergraduate and graduate level. He has also served on the editorial board of several respected journals and is the current Editor-in-Chief of the Canadian Journal of Pain. As a clinician, Katz is the former Psychologist-in-Chief of the University Health Network in Toronto, and has been integral to the creation of the world's first Transitional Pain Service. We are pleased to announce one more accomplishment to this lengthy list: Dr. Katz is the most recent recipient of the CPA Health Section Senior Investigator Award. Here, we share his reflections on his impressive career.



What inspired you to pursue a career in health psychology and specialize in your area of interest?

After I finished my master's degree at Dalhousie University studying infant speech perception, I took some time off school and worked as a research assistant at the Montreal General Hospital Pain Centre under the supervision of Professor Ronald Melzack. It was at the Pain Centre that I first developed an interest in the mind-body problem after meeting patients who had undergone limb amputation and who suffered from phantom limb pain. The idea that someone without a limb could still feel its presence and all sorts of pain referred to it was a revelation to me that meant that the brain was actively involved in creating the experience. That's really when I got interested in health psychology. As a result of my experience at the Pain Centre, I developed all sorts of ideas about what I wanted to pursue and went on to do my PhD in clinical psychology at McGill University studying phantom limbs and phantom limb pain under Ron Melzack's supervision.

What aspects of your career do you enjoy the most?

By far the most enjoyable part of what I do involves supervising students. Being able to help them develop their own ideas, test them, and discover whether and to what extent they were borne out through experimentation is immensely rewarding to me. It's also gratifying to know that I'm contributing to the next generation of Canadian health psychologists, pain clinicians, and pain scientists. I also very much enjoy the process of developing and testing my own ideas and collaborating with colleagues to produce new knowledge.



(cont'd)



What is the ultimate goal of your research? Can you tell us about a project that you are particularly excited about?

My somewhat lofty goal is to abolish pain after surgery! I know it sounds grandiose, but that's not the way I mean it. What I'm imagining is a future when patients undergo painless surgery and a painless recovery. I suppose a more realistic goal of mine is to reduce the intensity and incidence of chronic postsurgical pain, a highly prevalent and intractable problem that affects millions of people worldwide each year. In fact, of the approximate 230 million people who undergo surgery each year 23 million will develop moderate-to-severe chronic postsurgical pain one year after surgery!

We've got tons of ongoing projects and they're all exciting --- to me at least! I'm really excited about a project that we've just gotten underway examining a fascinating phenomenon called 'telescoping' that approximately 30% of people report after undergoing an amputation of an arm or a leg. Telescoping is described as the perception that the phantom extremity is gradually shortening as it moves upward toward the residual limb. So, for example, a person with an above-the-knee amputation might feel that the phantom foot and ankle are attached to the residual limb at thigh level. Others may report that the phantom hand and fingers are actually felt to be inside the residual limb. Many people who experience telescoping don't spontaneously talk about it or report it to their health care providers because it sounds so bizarre. We have reason to believe that telescoping is a perceptual marker of a use-dependent process of re-mapping that takes place in somatosensory cortex after amputation. The perceived distance between the phantom extremity and the residual limb is progressively reduced as regions of cortex that once received inputs from the amputated parts are gradually re-occupied by inputs from the residual limb. Telescoping is an understudied aspect of phantom limbs largely because until recently it's been very challenging to measure the telescoping process. We've just finished developing an app to help measure the telescoping process and hope to begin a large-scale study to better understand the factors associated with it.

What accomplishments are you most proud of?

That's a 'no-brainer'. I have three boys – well they're young men now, in their 20s – and there's no question in my mind that they are what I am most proud of! From an academic perspective, I feel that one of my most significant contributions is to have been involved in the development and implementation of the world's first Transitional Pain Service – a multidisciplinary clinical program designed to proactively identify patients at high risk of developing chronic postsurgical pain and to intervene as early as possible – even before surgery to reduce the risk. The service was launched in 2014 by Dr. Hance Clarke and me, along with our colleagues in anesthesia, surgery, physical therapy, kinesiology, mobile e-health, and psychology. The Transitional Pain Service has since helped hundreds of patients and received a lot of interest from our colleagues at other institutions around the world, and it has even been replicated at other centers. I'm also proud of having contributed to training the next generation of Canadian pain scientists and clinicians. Seeing my former students moving on with their lives, building families, getting jobs, and generally succeeding in their careers is also very gratifying to me.

Senior Investigator Award Winner - Dr. Joel Katz

What advice would you give to those early in their health psychology careers?

The best piece of advice I can give is not to give advice! It rarely has its intended effect and can even backfire. What I tell my students is what worked for me, which was to figure out what was important and meaningful to me and to do my best to follow through with it. That way, when things fail – which happens pretty often – it doesn't hurt as much, and when they succeed, it feels like a true accomplishment. So, for example, if you can, pick a thesis or dissertation topic that really interests you and work to make the project yours. One advantage to doing this is that several years in, when the slogging gets tough – which inevitably happens – and you really hate what you're doing, you can console yourself by imagining how much more you'd be hating it if the ideas you were working on weren't yours or if the topic had been handed to you! My PhD dissertation was on phantom limbs and phantom limb pain and now, some 30 years later, I'm still as fascinated by phantom limbs as I was way back then!

I'm proud of having contributed to training the next generation of Canadian pain scientists and clinicians.

Seeing students translate their clinical experiences into their research is the best part of the job.

Dr. Joel Katz



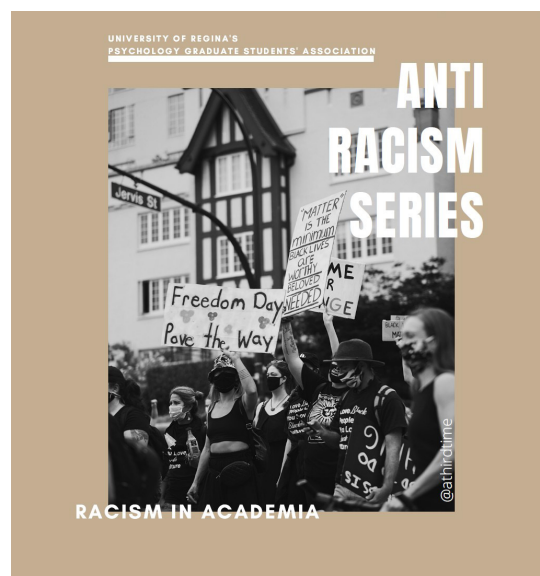
How to be an Anti-Racist Researcher

Notes from the “Anti-Racism in Research and Academia” event



Written by Emily Winters, MSc (Regina)

Over the past year, students from the University of Regina Psychology Graduate Students' Association (PGSA) have facilitated several virtual events aimed at amplifying Black, Indigenous, and People of Colour's voices, as well as name and contextualize systemic racism across several fields. Moreover, these events are intended to outline actionable items that attendees can walk away with and put to use. In December of 2020, the PGSA organized an event titled: “Anti-Racism in Research and Academia”, which showcased the knowledge and perspectives of three Indigenous researchers located in Saskatchewan: Dr. Verna St. Denis, a Professor in Educational Foundations at the University of Regina; Dr. Carrie Bourassa, the Scientific Director of the (CIHR) Institute of Indigenous Peoples' Health (IIPH) and a Professor of Community Health and Epidemiology at the University of Saskatchewan; and Anthony Elsom, the research coordinator for the Depression, Cognition, and Culture Lab (DCC) at the University of Regina. I had the pleasure of meeting with two of the speakers from this event to further discuss how racism presents in academia from both the student and faculty point of view. From these talks, four recurring themes emerged on how health researchers can work to be more anti-racist in both their professional and personal lives.



PGSA's Anti-Racism Series Event Poster

1. Check your biases

One of the most meaningful things health researchers can do to be better allies to their Indigenous colleagues is to be conscious of their biases. Dr. Bourassa emphasized that we all have biases, but it is important to take the time to work with people and not be afraid to ask questions. Being honest with ourselves to critically examine the biases we hold is paramount in working to be an anti-racist researcher. For example, when recruiting graduate students, faculty are often told to consider how well the prospective student “fits” into their lab. However, we have to ask ourselves, what does “good fit” really mean? It is possible that emphasizing “fit” subconsciously translates into recruiting students who look like you and have had similar life experiences to you. Prioritizing whether potential students have diverse perspectives and experiences over “fit” is one way to promote a more anti-racist space in your lab.

(cont'd)



2. Create meaningful relationships and avoid “tokenizing”

Another way to incorporate anti-racism into your research program is to avoid tokenizing. Tokenizing is the practice of symbolically including a member of a marginalized group in an effort to appear inclusive. In academia, this may look like a researcher including one member of a First Nations community on their panel to say they “included Indigenous perspectives.” It has become common practice to use the overarching term “Indigenous” to collectively describe First Nations, Inuit, and Métis peoples across the land we now call Canada. Although many Indigenous peoples in Canada have shared experiences of historical and ongoing colonization, and it may often be appropriate to reference Indigenous peoples as a collective group, it is very important to be mindful that there is tremendous diversity within and across Indigenous communities. Anthony Elsom emphasized how he hopes audience members left his talk with an understanding of how “everyone has different experiences.” Ultimately, it is crucial for researchers to be aware of the unique experiences of those who identify as “Indigenous.” This means that researchers cannot just include a seat at the table and expect one person to represent the “Indigenous perspective” on any issue — anti-racism means going well beyond “checking a box.”

There is a well-established pattern of Indigenous peoples being “researched to death” while the Indigenous peoples themselves have not benefited from the research projects centered around their own communities. In an effort to avoid perpetuating this harmful practice of extractive research, many researchers may be weary of conducting research with Indigenous communities. When asked if there is a way for non-Indigenous researchers to conduct research with Indigenous communities in a good way, Dr. Bourassa was very clear: “We have to work together, and the elders have really brought that [idea] home, that we are all here on Turtle Island, we all come from all Four Directions. [...] There is space for non-Indigenous allies. What I think is really important, is that we are talking about cultural safety.” Cultural safety goes beyond recognizing cultural differences (awareness), that these differences impact Indigenous peoples’ health and wellbeing (sensitivity), and adapting services/practices to better serve Indigenous peoples (competence). Practicing cultural safety means that **researchers take the time to establish lasting and meaningful relationships that promote the self-determination of Indigenous communities.** Research conducted with Indigenous communities must be driven by that community and serve their interests. They should not just be consulted at the end of the project, but embedded throughout the entire research process.



Mr. Anthony Elsom, B.A. (Hons),
Research Coordinator for the
Depression, Cognition, and
Culture Lab (DCC)

(cont'd)



3. Create a space that promotes justice, equity, diversity, and inclusion

Academia has a long-standing history of being an exclusionary and unwelcoming environment for many marginalized groups. There are several things that health researchers can do to promote justice, equity, diversity, and inclusion in academia. As researchers, it is important that we take steps to make sure people from historically excluded populations feel that they belong in academia. A simple way to do this is making sure advertisements, promotional materials, and lab websites feature diverse individuals — if people see themselves represented in these contexts, it makes it a more welcoming environment for them. Furthermore, while promoting diversity and inclusion of marginalized populations in academia is important, it is even more important to ensure that academia is a safe for them to work, free from discrimination and harassment. One way to do this is to believe and advocate for marginalized people if/when they report an injustice. When asked how white/settler faculty can be better allies to their Indigenous colleagues, Dr. Bourassa said: “If you see something, do something. There is still a lot of straight-up racism [...] There is a lot of fear that if you say something, people might come after you, but we have to speak up if you see someone being slandered [...] The racism is still so blatantly rampant.” If a student or colleague discloses that they have been subjected to racism or discrimination, you can validate their experience and ask them what is the best way that you can help (e.g., reporting the incident to a Human Resources department on their behalf). If you see or hear a student or colleague say or do something racist, hold space to have a conversation with them about how that is harmful. White/settler faculty have the power to use their privilege to advocate for BIPOC faculty and make it a safer space for all.



Dr. Carrie Bourassa, Scientific
Director of CIHR Institute of
Indigenous Peoples' Health (IIPH)
and Professor at the University
of Saskatchewan

4. Take initiative

Anthony indicated that he sees many “great strides being made, but there is still a lot of work to do” to make academia a more anti-racist field. The work of many anti-racist academics has resulted in widespread emphasis on highlighting the perspectives of Indigenous people. This emphasis often results in the limited number of Indigenous academics in Canada being asked to be on several boards, panels, or speak on anti-racism quite often, despite the fact that anti-racism may not directly pertain to their primary program of research. It seems the responsibility is often placed on Indigenous academics to do anti-racist work. Dr. Bourassa indicated that this burden of anti-racist work

(cont'd)



“cannot fall only on Indigenous people.” Non-Indigenous allies have an important role to play in creating and implementing ways to decolonize academic spaces. When I queried how non-Indigenous academics can navigate the balance of uplifting and listening to Indigenous peoples whilst not burdening Indigenous academics, Dr. Bourassa indicated that this is a difficult situation. She believes that “just because you’re Indigenous, that doesn’t mean that you have to be a part of decolonization. While we need Indigenous people to do this work, there needs to be a balance of both [allies and Indigenous people].” Dr. Bourassa emphasized that working together is the only way forward: “we have to come together. Not only in terms of Indigenous peoples and allies, but in terms of marginalized populations, BIPOC, we have a thread running through that. I feel like we are still in these silos, and we cannot address anything when we’re in silos.”

Academics can take initiative to be anti-racist researchers by implementing the suggestions included in this article, but this is by no means an exhaustive list. There is no substitute for taking the time to do your own reading, reflection, and having difficult conversations with those around you. Although our ignorance may make us uncomfortable, we must be aware that our discomfort is not more important than making academia a space where everyone can thrive. Everyone is at a different place in their anti-racist journey, and you can honour where you are today, while committing to continuing to learn.

It is important to take the time to work with people and not be afraid to ask questions. Being honest with ourselves to critically examine the biases we hold is paramount.

Dr. Carrie Bourassa



Emily Winters is an Inuk-Settler clinical psychology doctoral student at the University of Regina. Her land claims region is Nunatsiavut and she was raised in St. John’s, Newfoundland and Labrador.

Le coin des cliniciens

La communication au service de la santé

Par Vincent Gosselin Boucher et Brigitte Voisard,
étudiants au doctorat en psychologie à l'Université du
Québec à Montréal

Quand un médecin doit amener un patient à changer des comportements liés à la santé, la manière de communiquer s'avère d'une grande importance. Cela peut faire la différence entre un patient motivé et un patient désengagé, entre une prévention réussie et une maladie chronique. Quoi dire, comment le faire, et surtout, qu'est-ce que ça change ? La science comportementale montre comment l'approche centrée sur le patient, bien connue des médecins, fournit un élément de la réponse.



Contrairement aux siècles passés, et malgré la situation exceptionnelle de la COVID-19, les maladies infectieuses ne représentent plus la principale menace pour la santé. Ce sont maintenant les **maladies chroniques**¹ telles que les maladies cardiovasculaires, pulmonaires, le diabète et le cancer qui causent 71 % des décès dans le monde. La gestion de ces maladies demande généralement au patient de modifier certains éléments de son style de vie, ici nommés les comportements liés à la santé. Il revient souvent aux médecins, omnipraticiens et spécialistes, d'aborder la question avec leurs **patients**². Toutefois, les **stratégies**³ couramment utilisées par les professionnels de la santé mènent seulement à des changements de **comportements**⁴ chez leurs patients de 5 à 10 % du temps. Plusieurs études et **méta-analyses**⁵ ont maintenant fait la démonstration que la **manière**⁶ d'aborder le changement de comportement à apporter aura un impact non négligeable sur son succès.

L'approche centrée sur le patient et le rôle de l'expert

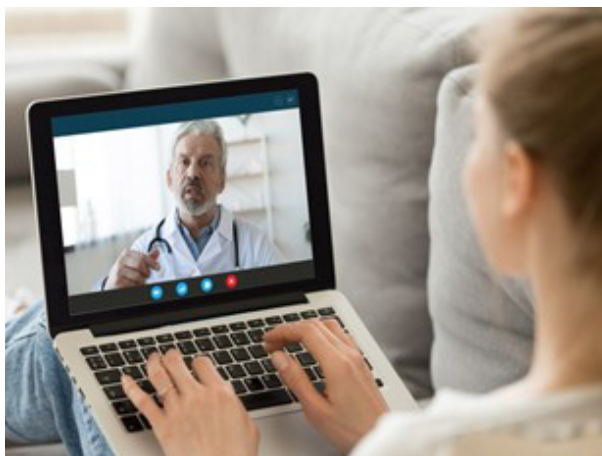
La tradition médicale incite les professionnels de la santé à agir en tant qu'**experts**⁷ auprès du patient, incluant au moment de faire des recommandations sur les comportements liés à la santé. Ainsi, le principal outil utilisé par les médecins à cet effet reste l'éducation. Par exemple, on usera de statistiques sur les risques du tabagisme, on décrira les recommandations en matière d'activité physique, ou encore on prescrira un régime riche en fruits et en légumes. Toutefois, ces conseils sont souvent donnés de manière unilatérale. En effet, alors que 96 % des patients souhaiteraient **participer**⁸ aux décisions thérapeutiques, seulement 9 % y prennent réellement part. De plus, près de la moitié des patients quittent une consultation médicale **confus**⁸ par les informations reçues et la marche à suivre. En considérant ce statu quo, il est possible d'identifier certains facteurs expliquant la difficulté de voir des changements sur le plan des comportements liés à la santé.

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Le coin des cliniciens

Pourtant, depuis maintenant **plusieurs années**⁹, l'**approche centrée sur le patient**¹¹ est entérinée par le **Collège**¹⁰ royal des médecins et chirurgiens du Canada. Cette approche se définit par un respect des besoins, des valeurs et des préférences du patient dans la planification et l'octroi d'un traitement. Cela passe entre autres par une attention particulière à la relation entre le traitant et le patient et par une **dynamique de collaboration**¹¹ entre eux. Si cette approche est officiellement mise de l'avant, les médecins restent souvent **mal outillés**¹² pour l'appliquer concrètement dans le contexte des changements comportementaux, entre autres parce qu'elle peut être perçue comme étant moins efficace que l'approche par les conseils. Toutefois, les principes guidant l'approche centrée sur le client ne sont pas contraires aux notions d'efficacité et d'efficacités. La science comportementale nous informe à ce sujet.



Comblant le fossé à l'aide de la science comportementale

Pour changer un comportement, **trois ingrédients**¹³ sont essentiels : 1) la *capacité*, incluant les compétences et les connaissances requises pour s'engager dans une activité; 2) l'*opportunité*, faisant référence à tous les facteurs externes à la personne ayant un impact sur le comportement (p.ex., contraintes de temps et de moyens, environnement, etc.); et 3) la *motivation*, incluant tous les processus cognitifs et émotionnels influençant

et dirigeant nos comportements. Seul le patient sait où il se situe par rapport à chacun de ces éléments. S'il ne conçoit pas qu'il puisse augmenter son niveau d'activité physique, quelle en est la raison ? Est-ce en raison de sa méconnaissance des dangers liés à la sédentarité ou en raison de son horaire trop chargé ? Est-ce que c'est parce qu'il ne sait pas par où commencer, ou plutôt puisqu'il est découragé par le chemin à parcourir ?

Il est nécessaire de connaître la situation du patient pour s'assurer que le changement ne représente pas seulement pour lui une *prescription à suivre*, mais une solution bien accordée à ses besoins. Voilà pourquoi la collaboration est de mise. Elle permet au patient d'illustrer lui-même sa réalité, et au médecin de faire des recommandations ajustées aux besoins du patient. Dès lors, il devient beaucoup plus simple d'élaborer un plan d'action empreint de sens pour le patient favorisant ainsi le maintien d'un changement comportemental dans le temps.

La communication motivationnelle

Il existe des stratégies de communication pouvant aider le professionnel de la santé à instaurer, au sein de ses consultations, des conditions propices aux changements comportementaux. Pour en offrir un cadre de référence, un groupe d'experts en sciences comportementales a récemment défini la notion de **communication motivationnelle**¹⁴. Ce style de communication est



Le coin des cliniciens

spécialement adapté au contexte médical et regroupe 11 composantes clés (voir la figure 1) réparties en trois catégories. Premièrement, on retrouve des *manières d'agir*, comme l'écoute active, la sélection d'objectifs clairs et réalisables, la réponse envers la résistance, l'évocation du discours de changement et la présentation neutre de l'information. Deuxièmement, on y présente des *manières d'être*, comprenant la manifestation de respect, de collaboration et d'empathie. Finalement, on y trouve des *contre-indications concernant* certaines attitudes pouvant *miner* le processus de changement telles que de juger ou de blâmer le patient, d'être hostile ou impatient à son égard, ou encore de glisser vers l'argumentation ou la conflictualité. Chacune de ces composantes est ancrée dans la littérature de la science comportementale et, avec les bons **outils**¹⁵, peut être **enseignée**¹², peu importe le niveau d'expérience du professionnel de la santé.

Le défi à venir

L'adoption d'un style de communication intégrant les acquis de la science comportementale représente le morceau manquant au casse-tête des pratiques de changement comportemental efficaces et centrées sur le patient. Le prochain grand défi sera de disséminer ces connaissances, en plus de réellement changer les pratiques cliniques forgées par une formation d'expert et un système de santé aux ressources limitées. Si la communication motivationnelle permet d'adresser ces réalités, les formations auront le défi de convaincre et d'outiller les professionnels de la santé. Pour ceux-ci, le comportement le plus difficile et le plus important à modifier pourrait bien être le leur.

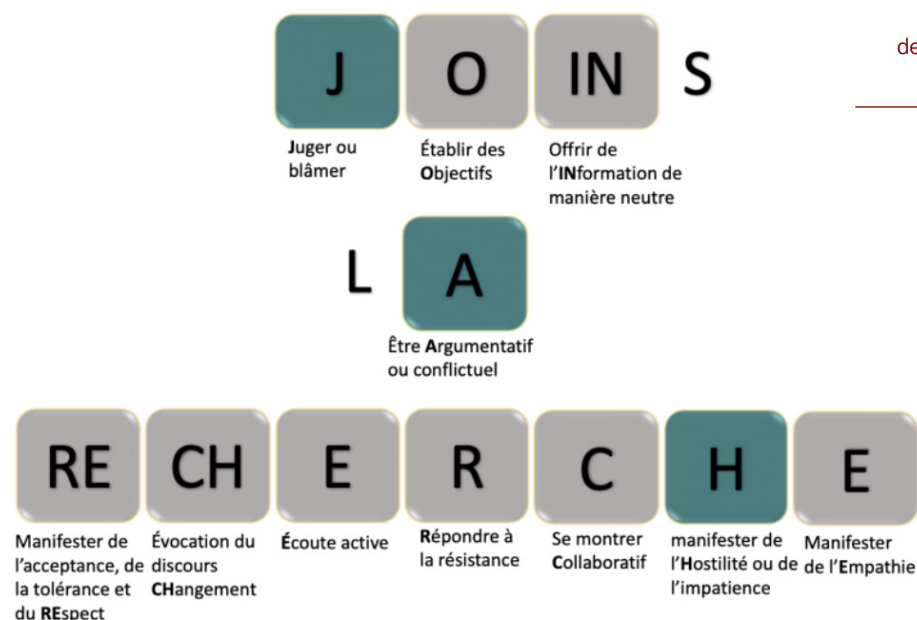


Figure 1. Les 11 composantes de la communication motivationnelle sous forme de mnémotechnique¹⁴

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<https://sciences101.ca/la-communication-au-service-de-la-sante/>



Health Psychology Research Funded by CIHR's Fall 2020 Project Grant Competition



Written by Minhaj Mussawar (Regina)

The COVID-19 pandemic may still be negatively impacting research productivity across the country but it didn't stop these four health psychology research teams from bringing home the bacon in the latest CIHR competition! Here's a sneak peek at their exciting work.

Developing and evaluating an online intervention to improve the uptake and maintenance of protective behaviours against COVID-19 among young adults in Canada

Principal Investigator: Dr. Tavis Campbell

Institution: University of Calgary

As COVID-19 continues to affect millions of lives across the globe, public health measures such as face masks and social distancing have continuously been reinforced. Yet while these measures are effective, they can be difficult to adhere to for a long time, eliciting fatigue and even frustration in people. As part of this study, Dr. Tavis Campbell from the University of Calgary is aiming to create a program designed to motivate people to physically distance and wear masks. Using a single-session, interactive online platform, the program will use participants' responses to certain questions to provide feedback that focuses on tying achievable protective behaviours to greater societal goals while also guiding them to consider other potential sources of motivation using thought-provoking questions. Given that fear-based approaches alone have poor outcomes and are even counter-productive for promoting sustained behaviour changes, Dr. Campbell hopes that this program will be more effective at increasing motivation for physical distancing and mask-wearing. Although the targeted population is young people who are less likely to adhere to public health recommendations, once fully developed, the program can be used to target other segments of the population and focus on other COVID-19-related issues as they emerge, such as vaccine hesitancy and treatment decision-making.



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Dr. Tavis Campbell



A Mindfulness-Based Intervention to Improve CPAP Adherence in Adolescents with Obstructive Sleep Apnea - A Randomized Controlled Trial

Principal Investigators: Drs. Indra Narang and Sara Ahola Kohut

Institutions: University of Toronto, Hospital for Sick Kids

Obstructive sleep apnea (OSA) occurs when a person stops breathing involuntarily for periods of time during their sleep and is more common in people with co-existing medical conditions and obesity. The primary method of treatment for OSA beyond surgery is continuous positive airway pressure (CPAP). CPAP is highly efficacious yet adherence rates are as low as 50% in adolescents due to discomfort with the equipment and the need to wear CPAP every night during sleep. Consequently, teenagers may enter adulthood with untreated OSA, which can have negative impacts on their mental and physical health. In

an effort to improve CPAP adherence rates in adolescence, Drs. Indra Narang and Sara Kohut have developed and implemented a mindfulness program for adolescents with OSA consisting of eight online sessions over 4 weeks that adolescents can participate in while they use their CPAP. It is anticipated that mindfulness will improve CPAP adherence and the results from this study will be used to develop an app version of the intervention. The hope is that mindfulness will not only improve adherence rates, but will also have positive effects on the mental health of adolescents and young adults suffering from obstructive sleep apnea.



Drs. Indra Narang (left) and Sara Ahola Kohut (right)

From the Heart: Canadian Women's Lived Experiences of Heart Failure

Principal Investigators: Drs. Susan Law, Jillianne Code and Mark Smilovitch

Institutions: University of British Columbia, Trillium



Drs. Susan Law (left), Mark Smilovitch (centre) and Jillianne Code (right)

Heart failure research has largely been conducted in men, resulting in a poor understanding of women's unique experiences with the condition. Consequently, the outcomes for heart failure are less positive for women compared to men. A research team including Drs. Susan Law (qualitative researcher), Jillianne Code (researcher, heart failure patient and President of Heartlife Canada) and Mark Smilovitch (cardiologist) aims to improve the experiences of women with heart failure by gathering personal stories from women across Canada and creating an online resource that will feature these stories. Women primarily from Ontario, Quebec, British Columbia and Nova Scotia will be recruited from national patient groups, social



media advertisements and caregiver organisations, with the goal of providing support to other women and to healthcare teams in making better decisions regarding their care. The approach adopted by Dr. Law and team was initially developed at the University of Oxford. This project is part of a novel Canadian version for health experiences research (see: www.healthexperiences.ca) and will centre on the different roles in women's lives and how they may affect their lived experiences and outcomes of heart failure. In a follow-up to the development of the online resource, the researchers will evaluate the usefulness of the website and share findings amongst other women, healthcare teams and at conferences. The researchers hope that these study findings can be used to expose knowledge gaps where better evidence is needed, as we all as inform clinicians and healthcare teams on how to improve care for women living with heart failure.

The Association between COVID-19-related Attitudes, Concerns and Behaviours in Relation to Public Health Policies: A behavioural science approach to optimising policy strategies to improve health, economic and quality of life outcomes (the iCARE Study)

Principal Investigators: Drs. Kim Lavoie and Simon Bacon

Institutions: The Centre intégré universitaire de santé et de services sociaux du Nord-de-l'Île-de-Montréal (CIUSSS-NIM), Université du Québec à Montréal (UQAM), and Concordia University

Over the course of the last year, the COVID-19 pandemic has affected some countries more than others. Numerous reasons can account for this, such as a country's population and access to healthcare resources. However, one key factor is the implementation of prevention measures such as social distancing and mask wearing, alongside the general public's awareness, attitudes and adherence to those measures. This can have major impacts on the healthcare system and on the ability to both reduce and sustain a low number of cases in the population. Hence, as some countries make the transition out of lockdown into an adapted way of life, understanding the extent to which public attitudes impact adherence to current and new COVID-19 policies is paramount, and is exactly what Dr. Kim Lavoie and Dr. Simon Bacon from the Université du Québec à Montréal and Concordia University (respectively) are exploring in the iCARE study (www.iCAREstudy.com). Connecting the iCARE survey with open source data such as Google Mobility data, Oxford Government Policy data as well as the John Hopkins case/death/recovery data, the iCARE study will assess the impacts of government policies on public adherence, as well as their impacts on different aspects of life, such as on their health, finances and access to care. The survey assesses the quality of life and health behaviours of individuals as a result of the pandemic, such as how physical activity levels and eating habits have changed, as well as the mental health impacts of social isolation on loneliness and anxiety. The hope is that these measures will be used to provide key information to governments on the efficacy of policy measures on people's behaviour and quality of life.



Drs. Kim Lavoie (left) and Simon Bacon (right)

What Does Training in Health Psychology Look Like Today?

An Example from Lakehead University

Written by Deborah Scharf, PhD CPsych, Amanda Maranzan, PhD CPsych, Kirsten Oinonen, PhD CPsych, and Mirella Stroink, PhD

Most Canadian regulatory bodies include Health Psychology as a specialty practice area with associated knowledge, skills and training required for registration. As licensure/registration requirements become increasingly stringent, there is a need for Canadian psychology programs to fortify their health psychology training to support both student registration in the area and sustainability and growth in the field. To stimulate discussion and advancement of health psychology training among Canadian colleagues, we present a brief description of health psychology as taught at Lakehead University in Thunder Bay, Ontario.



Lakehead University provides a generalist training experience at the undergraduate and graduate levels. Within this model, students can elect to train in health psychology at both levels in a variety of ways:

Students at both the undergraduate and graduate levels can take **specialized courses** in health psychology and several sub-specializations of health psychology. Undergraduate courses include Health Psychology, Principles of Psychopharmacology, Drugs and Behaviour, Human Sexuality, and Addiction Processes. Graduate courses include an advanced Health Psychology course, Clinical Psychopharmacology, Addiction Interventions, CBT for Eating Disorders, and Behavioural Endocrinology, among others.

Students can also gain **research experiences** in health psychology through research placements for academic credit, thesis and dissertation work, the doctoral level clinical practice and research examination, volunteering in laboratories, and by serving as participants in research themselves. Examples of current undergraduate health psychology-focused thesis projects include a scoping review of research examining links between an estrogen receptor polymorphism and psychological variables (A. Dela Cruz); an analysis of provincial health administrative data examining links between surgery wait times and new mental health diagnoses among people with colorectal cancer (N. Maenpaa); and a study of attitudes and intentions towards organ donation (A. Tshilombo). Examples of current health psychology theses and dissertations included (but are not limited to) a cross-sectional examination of aging, alcohol use, and cognitive health using data from Canadian Longitudinal Study of Aging (CLSA) (K. Chafe); a psychometric analysis to improve quality of life measures for people with cancer and other chronic health conditions (J. Hawkins); and a study of heart rate variability as a predictor and mitigator of disinhibited eating among restrained eaters (L. McGeown).



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What Does Training in Health Psychology Look Like Today?

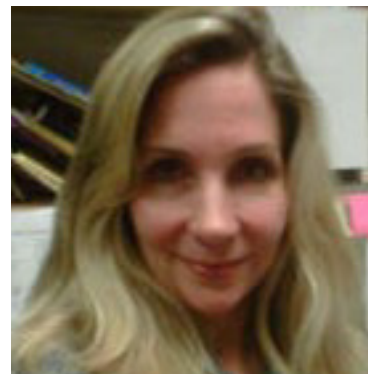
Students in our clinical psychology graduate program also gain **applied health psychology practicum experiences** in a variety of clinical settings including adult and childhood bariatric and eating disorders settings, an interdisciplinary pain management program, diabetes management program, adult and adolescent addictions services, and Indigenous specialty addiction services, although space and supervisor capacity sometimes limit placements at some sites.

Of course, our strength in health psychology is made possible by our **core and adjunct faculty** whose research and clinical service includes (but are not limited to) addiction, hormones and behaviour, integrated primary and behavioural (mental health and addiction) services, chronic disease management, eating disorders treatment, and human sexuality. Notably, Dr. Chris Mushquash holds a Canada Research Chair in Indigenous Mental Health and Addiction. Although we are a somewhat small faculty, through close collaborative relationships with community partners, we are able to offer students both breadth and depth in health psychology training.

A complete review of all that we do in health psychology is beyond the scope of what we can report here. To give you a more detailed understanding of how we approach health psychology training, instead, what follows is a detailed description of one of our newer yet fundamental components of health psychology training: our graduate course in the named field. We hope this whets your appetite to learn more and engage with us as we continue to develop health psychology training at Lakehead U.

Graduate Course in Health Psychology

In our graduate level health psychology course, clinical and psychological science students, as well as interested students in other disciplines (e.g., Nursing, Social Work, Health Sciences) can take a course in health psychology. In this course, students learn about the major theories driving current health psychology research, starting with foundational chapters from *The Handbook*



(Top to bottom) Drs. Deborah Scharf, Amanda Maranzan, Kirsten Oinonen and Mirella Stroink

What Does Training in Health Psychology Look Like Today?

of *Health Behavior Change* (Hilliard et al., 2018). They then discuss academic papers from journals such as *Social Science in Medicine*, *Annals of Behavioural Medicine*, and *Health Psychology*, in several areas:

1. **Applications of health psychology theories to health and health care issues** in areas such as exercise, diet and weight, tobacco smoking, pain, sleep, and chronic disease management (e.g., Motta et al., 2018; Stevens, 2015).
2. **Advances in health psychology methods** such as ecological momentary assessment, ecologically valid laboratory settings (e.g., Shadel et al's 2016 Storelab) with the express purpose of expanding students' ideas not just about what they can study but about how health psychology questions can be addressed.
3. **Health psychology policy and finance** issues are also a major part of the course (e.g., Jacobsen et al., 2019).
4. **Conceptualizations of the future of the field** (e.g., Rothman & Sheeran, 2020; Klein et al., 2015), and
5. Given Lakehead's location in Northwestern Ontario, the course also includes papers that apply health psychology concepts and theories to **pertinent community issues** (e.g., Goettke & Reynolds, 2019).

A most-loved part of the course is the written assignment in which students craft a research paper, commentary, book review, or grant proposal in the area of health psychology. Within purposefully flexible parameters, students are given the opportunity to do something that's meaningful to them in the realm of health psychology, so long as it includes direct application of health psychology theory to the topic of their choosing. Why application of theory? Students in the course often have experience writing about health and healthcare issues but writing on these topics through a health psychology lens separates these products from others that address similar issues but from the perspective of another field (i.e., medicine, epidemiology, public health).

A strength of the written assignment is that students submit their written products to PeerScholar, an on-line software that facilitates an anonymous peer-review process that we run exactly like that of a peer-review journal. Students receive anonymous reviews from two peer reviewers and from the editor (the course instructor). They then respond to reviews, including the usual letter and point-by-point response and submit a revised document for a second round review. The result is that by the end of the course, many students have created a health psychology written product that is suitable for publication or funding. To date, three of the eighteen students in the two course cohorts have had their course papers published in peer-reviewed journals (Mascioli & Davis, 2019; McGeowan, 2019; Maunder, in press) or grant proposal funded by the TriCouncil (J. Hawkins). Several other papers are either under review or in preparation for submission to academic journals.



What Does Training in Health Psychology Look Like Today?

Student papers focus on topics such as strategies to promote breastfeeding in Indigenous populations, the role of competitiveness in successful personal fitness routines, using self-efficacy theory to improve adherence to CBT for insomnia, and applying health psychology theory to improve paid sick leave policies to reduce the spread of COVID-19.



These include papers on strategies to promote breastfeeding in Indigenous populations (J. Kao), the role of competitiveness in successful personal fitness routines (A. Craig), using self-efficacy theory to improve adherence to CBT for insomnia (K. Fretz), and an application of health psychology theory to improve paid sick leave policies to reduce the spread of COVID-19. Although it is not a course requirement to submit the evaluative piece to these outlets, students' follow-through on this suggestion demonstrates the relevance of the exercise to students' interests (i.e., submitting a paper or grant), the quality of the products, and of course is an opportunity for students to contribute to the field.

This year, we eagerly welcomed two Queens University students to our course through the Ontario Visiting Graduate Student program, which allows them to complete a graduate course at another Ontario university, while remaining registered at their own institution (thereby bypassing the usual application and transfer of credit process). The student pays fees to their home university and is classified as a "visiting graduate student" at the host university where they pay no fees. With COVID-19 forcing most classes on-line this year, it was particularly easy to accommodate students from other institutions. The diversity of students' training experiences made for wonderful class discussion. Importantly, the participation of non-Lakehead students in our course suggests the need for more health psychology courses across Ontario universities. We look forward to hearing from any interested students who might like to join us in the future (next offered tentatively in fall, 2023) and collaborators who want to advance the training, research, and practice of Health Psychology together.

We conclude here with a few quotes from the anonymous student evaluation of teaching surveys that illustrate students' interest and investment in health psychology at the graduate level, and their desire for more opportunities in the area in the future:

What Does Training in Health Psychology Look Like Today?

"I really enjoyed the diversity of readings for the course, which I found stimulating and relevant to the field of health psychology. They also gave me ideas of how to improve my research/broaden my research in other areas."

"Although my main interest is in evolutionary and moral psychology, I have a larger interest in health psychology now and it's definitely something I want to keep up with and possibly contribute to. [...] I plan on submitting my paper for peer review!"

"This course has really sparked my interest in health psychology and I feel that I have learned a great deal from it. [...] It is one of the best courses I have taken in my post-secondary and grad school degrees."

We look forward to hearing from all colleagues, students and others stakeholders about how we can collaboratively advance Canadian research, teaching and practice in health psychology!

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Managing My First CIHR Grant:

Reflections of an Early Career Researcher



By Natasha Gallant, PhD (Regina)

Last September, I started as an Assistant Professor in the Department of Psychology at the University of Regina. The transition from trainee to faculty member was not an easy one and, in the midst of a pandemic, it was even more challenging. Given the circumstances, I was extremely fortunate to be working as a new faculty member at the same institution where I completed my graduate studies. I already knew most of the faculty members in my department quite well and I was familiar with many of the campus policies and procedures. Even so, I feel that I missed out on a lot of casual conversations that would have taken place while attending department and faculty meetings, waiting in line at a campus coffee shop, or simply walking down university hallways. I was not able to pop into a colleague's office for a quick question or to brainstorm ideas for a new project. Grabbing coffee or lunch with a colleague was not an option.



Natasha Gallant, PhD

Then again, our new virtual reality laid the groundwork for me to establish collaborations across Canada. With support from the Institute of Health Services & Policy Research (IHSPR), I started co-leading a recurring virtual learning collaborative with a dozen or so early career researchers interested in aging, older adults, and long-term care. This virtual learning collaborative began around the same time that reports of rising COVID-19 infections and deaths in long-term care homes were brought to light and, together, these early career researchers and I sought out ways of supporting long-term care homes during the COVID-19 pandemic. In September of last year, such an opportunity presented itself to us when CIHR announced the Implementation Science Teams: Strengthening Pandemic Preparedness in long-term care funding opportunity. With support from mid- and late-career researchers across the country, we prepared an application for this funding opportunity and, to my genuine surprise, our team's application was one of the successful ones. We were chosen to carry out a project aimed at successfully reintegrating essential care partners into long-term care homes during the COVID-19 pandemic.

As excited as I was to have landed my first CIHR grant in my first year out of grad school, I felt that I had so much to learn about managing a grant. And consider that this wasn't a small project: As the Nominated Principal Applicant, I was leading a team of 20+ interdisciplinary researchers and knowledge users from Saskatchewan to Nova Scotia! So, for anyone else who is an early career researcher with their first grant, I wanted to share my thoughts on the lessons that were most valuable to me.

1. Don't get trapped in a cycle of endless planning.

In the early days of managing the grant, I spent a lot of time planning the logistics of the project. I created guidance documents and budgets and timelines and Gantt charts and whatever else you



can think of... until I realized that I was trapped in a cycle of endless planning. Planning is an important part of project management, so it is an essential part of doing research, but it's also important to limit the time you spend planning so that you don't wait too long to get started on ethics applications, data collection and analysis, and so on.



2. Delegate, delegate, delegate!

Many trainees learn to manage all aspects of a project—from ethics application to data collection and analysis to write up—with the help of their supervisor. Managing all aspects of a project is a valuable experience as a trainee but as a faculty member, it is not a feasible approach to managing grants. During the first few months of the grant, I think I was still in the trainee mindset as I was trying to run many aspects of the project on my own. Once I hired a couple of Research Assistants (RAs) using funding from the grant, I started delegating some of these tasks. I was able to step back from the details of the project so that I could see the bigger picture of the program of research that was developing.

3. Enjoy your mentorship role.

Learning to delegate was one of the most challenging lessons for me but, to my surprise, it was also a really rewarding experience because it provided more opportunities for mentorship. Instead of trying to do everything on my own, I was able to provide guidance to the RAs on the grant as they were developing their research skills. Watching someone at an earlier stage in their career grow as they learn about implementation science methodologies, qualitative approaches to data collection, or ways to write up a literature review have been rewarding experiences.

4. But don't be shy to seek mentorship yourself!

Another side to the theme of mentorship was the fact that I also needed to reach out to my own mentors. I reached out to some of the more experienced researchers that I knew in the field. I also reached out to my fellow early career researchers on the team since they provided me with guidance based on their own experiences conducting research. As early career researchers, we move into a space where we are no longer considered trainees but, in all honesty, early career researchers still need guidance from their mentors as they learn the nuts and bolts of being an independent researcher.

5. Let others play to their strengths.

Make sure that you understand everyone's strengths (and areas of growth) so that they can make valuable contributions to the team's efforts. If I need to create a strategy for engaging policymakers around in the discussion on essential care partners in long-term care, for example, I set up a

Managing My First CIHR Grant

meeting with those with expertise in public health and policymaking so that we can brainstorm together. If I need to decide which self-report questionnaires to include so that we can measure changes in perceptions of loneliness, social support, burnout, and so on... Well, I think psychology can handle that one. If anything, I need to call on others on the team to help me limit how many questionnaires I include.

Despite the challenges of starting a position as a faculty member during the COVID-19 pandemic, I think that the rise of the virtual format allowed for opportunities that might not have been made available had I started as a faculty member in a non-pandemic year. Managing a grant as an early career researcher has meant that I have learned so much in such a short period of time. That is, I have learned to plan just enough so that I can get started on the project, delegate so that I can be a mentor for trainees, reach out to mentors myself because I still have a lot to learn, and enable meaningful contributions from everyone on the team.

Instead of trying to do everything on my own, I was able to provide guidance to the RAs as they were developing their research skills.

Early career researchers still need guidance from their mentors as they learn the nuts and bolts of being an independent researcher.

Natasha Gallant, PhD



Opportunity for Career Development

Psychologist II (Psychology Consultant) - Special Care Services

Edmonton or Calgary, Alberta (Permanent, Full-Time or Part-Time)



At WCB-Alberta, we make a meaningful impact on the lives of working Albertans. We are a not-for-profit organization legislated to administer the workers' compensation system for the province. When any Alberta worker is hurt on the job, we are here to help. We provide compensation and benefits for workplace injuries and occupational diseases to over 1.7 million workers.



We are seeking an individual with a clinical, counseling or rehabilitation psychology background for the position of Psychologist II (Psychology Consultant). Our workers experience a variety of work-related psychological injuries and symptoms which occur as a direct result of a workplace incidents (e.g. trauma, chronic stress, etc.) or result from the emotional impact of a physical injury or treatment (e.g. chronic pain, mood disorders, etc.). Reporting to a Team Lead and Manager, the successful candidate will be responsible for clinical review and consultation to WCB personnel and other stakeholders on the psychological management of claims.

Your Psychology Consultant responsibilities:

- Psychological consultation to other WCB departments and personnel to assist in the management of claims, including providing verbal and written opinions regarding diagnosis, relationship between symptoms/diagnosis and the work-related injury, fitness for work, and recommendations for assessment, treatment, and return to work.
- Review of longer-term treatment plans to provide recommendations to claim owners and community service providers.
- Critical Incident Intervention.
- Collaboration with WCB contract managers to inform of performance issues with contracted psychological service providers including provision of feedback to providers on clinical and contractual issues.
- May have some involvement in WCB committee work related to management of psychological injuries to assist in the development of best practice guidelines including input into policy/procedure. Provide in-services to the WCB as required.
- Works as a member of team of psychological consultants, psychological assistants and referral expeditors, providing support and guidance to all team members. Provides occasional supervision to graduate/undergraduate students.

Your experience and skills:

The successful candidate will have a Ph.D. in Psychology, registration in good standing with the College of Alberta Psychologists and completion of an internship from a Canadian Psychological Association accredited facility or equivalent. As well, significant experience in assessment and treatment of a variety of disorders is required. Preference will be given to candidates with significant experience with interdisciplinary rehabilitation, relevant research and psychological consultant experience.

Over 96% of our staff agrees that WCB is a great place to work. We offer competitive salaries, a comprehensive benefits package, work-life balance, supportive leadership and a caring and collaborative work environment. We have talented employees who work hard and we want to make sure they're happy.

Salary: **Grade H8**
Start Rate: \$100,008.24 to Job Rate \$130,173.60 per annum
In accordance with the Collective Agreement with HSAA
Posted: March 9, 2021
Closes: **Open until a suitable candidate is selected**

Note: A flexible part-time work arrangement may be considered. Final candidates for this position will be asked to undergo a security clearance.

To be considered for this position, please apply online quoting competition #J1120-0849 by submitting a cover letter and resume to www.wcb.ab.ca/careers. **External candidates will also be considered.**

We thank all applicants for their interest; however, only candidates under consideration will be contacted.

Employment Opportunity

HIV Prevention Lab Manager



The HIV Prevention Lab, directed by Dr. Trevor Hart, is a Clinical Health Psychology and Public Health research unit housed at Ryerson University. The mission of the HIV Prevention Lab is to conduct rigorous basic and applied research that can be used to prevent HIV transmission and promote positive sexual and mental health among gay, bisexual, and other men who have sex with men living with or affected by HIV.

The HIV Prevention Lab is staffed by Dr. Hart's research team, consisting of two post-doctoral research fellow, two graduate students, a full-time lab manager, a full-time study coordinator, one fulltime and one parttime research associates, one fulltime and one parttime research nurse, and several volunteer undergraduate research assistants. For more information, feel free to visit our website at www.hivprevlab.ca

The Lab Manager's major roles are to manage the submissions and administrative aspects of a busy and highly productive research unit. This position is well-suited to people looking to build their research skills and experience, and who enjoy working in a dynamic and team-oriented work environment.

TITLE:	HIV Prevention Lab Manager
SITE:	HIV Prevention Lab, Ryerson University
SUPERVISOR:	Dr. Trevor Hart
HOURS:	36.25/week (full-time)
TERM:	2 years
CATEGORY:	MAC
SALARY:	\$48,000



**Ryerson
University**

Lab Manager responsibilities include:

- Managing studies
 - o Coordinating multiple research studies in compliance with study protocols
 - o Assisting with the preparation of grant and award applications and submitting applications to funders
 - o Completing and updating Research Ethics Board applications and reports
 - o Completing annual study progress reports for funders and for Dr. Hart's academic appointments
 - o Overseeing budgeting and management of grant fund expenses
 - o Assisting with the preparation and submission of academic manuscripts and presentations
 - o Managing research data and statistical databases
 - o Assisting graduate students with research tasks, such as literature searches
 - o Working with research participants and completing data collection for specific studies, as needed
- Coordination of Lab and work with Lab Director, Dr. Hart
 - o Purchasing and ensuring availability of the lab's office supplies
 - o Updating Dr. Hart's CV, Canadian Common CV, ResearchGate account, and schedule
 - o Processing receipts for reimbursement of research and related expenses
 - o Managing contract creation and renewals for lab research staff
 - o Other tasks delegated by Dr. Hart

(cont'd)

Employment Opportunity

HIV Prevention Lab Manager



- Managing lab communication
 - o Organizing biweekly lab meetings
 - o Organizing community advisory board meetings and other knowledge translation activities
 - o Supporting effective communication between lab members
 - o Hiring, training, supervising, and delegating tasks to volunteer research assistants and research staff
 - o Serving as the lab liaison with research collaborators, investigators, and university administrators
 - o Maintaining and creating content for the lab website, study websites, and social media

Qualifications/Skills:

- At minimum, a completed Bachelor's degree in Psychology or recognized equivalent in Health or Science related discipline
- Ability to work effectively and efficiently under pressure
- Excellent time management and organization skills
- Ability to multitask and prioritize multiple competing tasks (consultation with Dr. Hart is welcomed)
- Demonstrated ability to effectively handle confidential matters and materials
- Well-developed interpersonal skills
- Very strong verbal and written communication skills
- Strong leadership skills and experience managing a team
- Experience working in a research environment focusing on cognition, emotion, and/or behaviour
- Office administration experience
- Word processing, database, and spreadsheet software proficiency (e.g., MS Office, Google)
- Experience working with social media (e.g., Facebook)

Additional assets that would be desirable, but that are not required:

- Ability to commit to a minimum 2-year contract
- Experience with gay and bisexual men's communities
- Experience with other marginalized communities (e.g., racialized communities, trans communities)
- Experience working with persons living with HIV
- Experience working in sexual health
- Experience working in partnership with community-based organizations

This is a full-time paid position (36.25 hours/week) with benefits after 4 months. The position will begin July 2021.

Please email your **cover letter and CV** to Samer Lazkani at samer.lazkani@ryerson.ca by **June 10, 2021**.

We thank all applicants; however, only shortlisted candidates will be contacted. This job posting will remain available until a successful candidate has been found for the position.

Ryerson University is strongly committed to fostering diversity within our community. We welcome those who would contribute to the further diversification of our faculty, staff and its scholarship including, but not limited to, women, visible minorities, Aboriginal people, persons with disabilities, and persons of any sexual orientation or gender identity. All qualified candidates are encouraged to apply but applications from Canadians and permanent residents will be given priority.