

2020 - Volume 42 Issue 3 - Numéro 3

PSYNOPSIS

CANADA'S PSYCHOLOGY MAGAZINE | LE MAGAZINE DES PSYCHOLOGUES DU CANADA



COVID-19 ISSUE

NUMÉRO COVID-19

Karen Cohen, PhD, CPsych
Editor-in-Chief/Rédactrice en chef

Calian hires Psychologists

*Nationwide Opportunities, Specialized
Populations, Attractive Compensation*

For position and compensation details,
please contact:

Amy Robillard
a.robillard@calian.com
1-877-225-4264 x2244



Have an idea for our upcoming issues?



Send your theme suggestions, guest editor
recommendations, and articles to
[psynopsis@cpa.ca!](mailto:psynopsis@cpa.ca)

Learn more at cpa.ca/psynopsis

The Official Magazine of the Canadian Psychological Association
Le magazine officiel de la Société canadienne de psychologie

The Canadian Psychological Association (CPA) retains copyright of Psynopsis. The contents of any article published therein, by other than an officer, director or employee of the CPA, are strictly those of the author and do not necessarily reflect the opinions of the Canadian Psychological Association, its officers, directors, or employees.

La Société canadienne de psychologie (SCP) conserve le droit d'auteur de Psynopsis. Tout article qui y est publié, autre que par un représentant, un directeur ou un employé de la SCP, reflète strictement les opinions de l'auteur et non pas nécessairement celles de la Société canadienne de psychologie, de ses représentants, de sa direction ou de ses employés.

Please send your articles to psynopsis@cpa.ca. Please visit cpa.ca/psynopsis for additional submission details and editorial guidelines.

Veuillez faire parvenir vos articles à psynopsis@cpa.ca.
Pour de plus amples renseignements sur les soumissions
et les directives rédactionnelles, veuillez voir cpa.ca/psynopsisfr

1-888-472-0657

Editor in Chief / Rédactrice en chef : Karen R. Cohen

Managing Editor/Directrice des services de rédaction :
Carly Brockington

Advertising / Publicité : Kathryn McLaren

Design / Production : Adam Ashby Gibbard

BOARD / CONSEIL 2020-2021

President / Président

Kimberly Corace, PhD, CPsych

Past President / Président sortant

Ian R. Nicholson, PhD, CPsych

President-elect / Président désigné

Vacant

Directors / Administrateurs

Jean Saint-Aubin, PhD

Shelley Goodwin, PhD, RPsych

Kerri Ritchie, PhD, CPsych

Elizabeth Church, PhD, RPsych

David Danto, PhD, CPsych

Ada Sinacore, PhD

Laurie Ford, PhD

Alejandra Botia, MA

Partners/Partenaires

CCDP - Sandra Byers, PhD

CCPPP - Kerri Ritchie, PhD, CPsych

CSBBS - Randall Jamieson, PhD

CPAP - Judi Malone, PhD, RPsych

Chief Executive Officer / Chef de la direction

Karen R. Cohen, PhD, CPsych

Deputy Chief Executive Officer / Directrice générale adjointe

Lisa Votta-Bleeker, PhD

CANADA POST PUBLICATION MAIL
POSTE CANADA POSTE PUBLICATION

AGREEMENT REGISTRATION NUMBER 40069496
NUMÉRO DE CONTRAT D'INSCRIPTION

ISSN 1187-11809

COVID-19 ISSUE NUMÉRO COVID-19

PAGE 4

Karen Cohen, PhD, CPsych
Editor-in-Chief/Rédactrice en chef

4-8 Message from the Editor-in-Chief | Message de la rédactrice en chef

- 9 COVID-19 and the Global Psychology Leadership Team
- 10 Mental health consequences and interventions for COVID-19: What we know and where we need to go
- 12 The psychological effects of COVID-19 on Canada's aging population
- 14 Wellness Together Canada: Psychologists leading Canada's COVID-19 mental health response
- 16 Impact of COVID-19 on a pre-existing digital mental health service
- 17 Social inequities highlighted in the crux of the COVID-19 pandemic: A wake up call to our profession
- 18 Substance use and COVID-19: What do psychologists need to know and how can they help?
- 20 Social distancing emotions: A new kind of (mal)adaptive shyness resulting from COVID-19
- 21 Meeting the workplace challenge of COVID-19
- 22 COVID-19, school closures, and students with exceptional needs
- 24 Supporting children, teens, and families with telehealth interventions
- 25 Bending the family violence curve
- 26 Supporting parent healthcare workers and their children during COVID-19

28 CPA Highlights

30 Faits saillants des activités de la SCP

32 Psychology In The Spotlight - At a loss for words: Responding to language barriers in mental health care

33 The New Normal

34 Award Winner Feature - Connected North

36 The global voice for science, including psychology: The International Science Council

38 Release of the Graduate Student Mental Health Report



Message from the Editor-in-Chief

*Karen Cohen, PhD, CPsych;
CEO of the Canadian
Psychological Association*

Message de la rédactrice en chef

*Karen Cohen, PhD, CPsych;
CEO of the Canadian
Psychological Association*

On March 13, 2020, as CEO of CPA, I convened a staff meeting to discuss our response as a workplace to COVID-19—a key component of which was that we would be working from home. That was over three months ago and what we, as well as many other workplaces discovered is that the transition to work from home was easier than we would have thought. In fact, a poll done by the Conference Board of Canada showed that whereas 9% of surveyed employers had a policy to support as many remote workers as possible pre-pandemic, 48% have one post-pandemic.¹

CPA staff had the option of working from home one day per week pre-pandemic so the means to work remotely was established when the pandemic broke. Shortly after the outbreak, we

Le 13 mars 2020, à titre de chef de la direction de la SCP, j'ai convoqué une réunion du personnel pour discuter des mesures que prendrait la SCP, en tant que milieu de travail, face à la COVID-19, et l'une de ces mesures importantes serait le télétravail. C'était il y a plus de trois mois, et nous avons constaté, tout comme plusieurs milieux de travail, que la transition vers le télétravail s'est passée beaucoup mieux que nous le prévoyions. En fait, un sondage effectué par le Conference Board du Canada révèle que, tandis que 9 % des employeurs interrogés avaient, avant le début de la pandémie, une politique visant à faciliter le travail à distance du plus grand nombre de travailleurs possible, 48 % se sont dotés d'une telle politique depuis le début de la pandémie.¹

Avant la pandémie, le personnel de la SCP avait déjà la possibilité de travailler à domicile une journée par semaine; des modalités de travail à distance étaient donc en place lorsque la pandémie a éclaté. Peu de temps après l'éclatement, nous avons demandé aux employés de nous faire part de leur expérience relativement à la pandémie, au télétravail

surveyed staff about their experience—with the pandemic, working from home, and managing work life balance. What we learned from the survey allowed us to address the specific issues and concerns our staff faced—improving upon telephone access offsite, arranging for equipment to support a prolonged work from home condition (e.g., keyboards, monitors, chairs) and making sure staff were aware of any extended health benefits they might need as they navigated our new health reality.

What the survey also allowed us to do was create a webinar on recognizing and coping with stress, building resilience, and how to work from home with and without kids. We incorporated the aggregate findings of our survey into the webinar so we could discuss and implement changes that responded

to staff's specific concerns. We then offered to deliver the survey and webinar to the staff of our association partners—sharing information on how to cope with the psychosocial impacts of the pandemic and enable their respective workplaces to also address staff specific concerns. This initiative was only one of the ways in which the CPA as an organization contributed to the pandemic response.

While flattening the curve of transmission, mitigating transmission risk, finding a vaccine or treatment became and remain the obvious priorities in pandemic response, increasingly Canadians began experiencing the psychosocial and economic impacts of the response itself. A survey conducted by Nanos Research for the Mental Health Commission of

Canada revealed that the number of respondents reporting stress has more than doubled since the onset of COVID-19 and 40% stated that their mental health is worse or somewhat worse post-pandemic outbreak.²

Our own surveys of a number of workplaces revealed that key worries for people include concern for their health and the health of their loved ones and feeling badly about opportunities and events cancelled. COVID-19 experiences, like working from home, come with both positive and negative effects. Working from home can bring work/life balance by enabling loads of laundry or dinner to be started while working rather than when returning home after work. But working from home also threatens work life balance in that it becomes more

et à la conciliation travail/vie personnelle dans le contexte du travail à domicile. Ce que notre sondage nous a révélé nous a permis de répondre aux problèmes et aux préoccupations auxquels était confronté notre personnel : améliorer l'accès téléphonique à distance, prévoir de l'équipement pour soutenir un travail prolongé à domicile (claviers, moniteurs, chaises, etc.) et nous assurer que le personnel est au courant des prestations d'assurance-maladie complémentaire dont il pourrait avoir besoin pour passer au travers la nouvelle situation sanitaire imposée par la pandémie.

Notre sondage nous a aussi permis de créer un webinaire sur la reconnaissance et la gestion du stress, le renforcement de la résilience et la façon de travailler à domicile avec et sans enfants. Nous avons intégré les résultats globaux de notre sondage dans le webinaire pour pouvoir examiner et mettre en œuvre des changements qui répondent aux préoccupations particulières du personnel. Nous avons ensuite proposé le sondage et le webinaire au personnel de nos associations partenaires dans le but de partager de l'information sur la façon de

faire face aux impacts psychosociaux de la pandémie et permettre à leur milieu de travail respectif de répondre également aux préoccupations du personnel. Cette initiative n'est qu'une des nombreuses façons dont la SCP a contribué, en tant qu'organisation, à la réponse à la pandémie.

Pendant que l'aplanissement de la courbe de la transmission, l'atténuation des risques de transmission et la recherche d'un vaccin ou d'un traitement sont et demeurent les objectifs prioritaires évidents de la réponse à la pandémie, un nombre croissant de Canadiens commencent à subir les répercussions psychosociales et économiques de la réponse elle-même. Un sondage réalisé par Nanos Research pour le compte de la Commission de la santé mentale du Canada révèle que le nombre de répondants qui disent vivre du stress a plus que doublé depuis le début de la COVID-19, tandis que 40 % des répondants déclarent que leur santé mentale a empiré ou a quelque peu empiré comparativement à ce qu'elle était avant le début de la pandémie.²

Selon les sondages que nous avons

effectués auprès de plusieurs milieux de travail, les principales préoccupations des gens sont liées à leur santé et à la santé de leurs proches et au fait que, en raison de la pandémie, plusieurs activités et événements aient été annulés. Les nouvelles façons de faire imposées par la COVID-19, comme le travail à domicile, ont des effets positifs et négatifs. Le télétravail peut apporter un certain équilibre entre le travail et la vie personnelle en permettant, par exemple, de faire la lessive ou de commencer le souper pendant la journée au lieu de le faire une fois à la maison, après la journée de travail. Mais le travail à domicile menace également l'équilibre travail/vie personnelle, car, dans ce contexte, il devient plus difficile de savoir quand la journée de travail s'arrête et la vie personnelle commence. Même si, d'une part, plusieurs personnes disent pouvoir mieux se concentrer et accomplir plus de travail lorsqu'elles travaillent seules et aiment ne pas avoir à se rendre au travail, d'autre part, leurs collègues leur manquent. Un message communiqué rapidement et facilement en personne peut, avant d'être compris et d'arriver à destination, prendre

difficult to know when the workday stops and life starts. While many people find they have more focus and can accomplish more working solo, and they enjoy not having to commute to work, they also miss their colleagues. A message delivered quickly and easily in person may take a few emails that can't quite nuance tone in the same way as a message delivered face to face.

The challenges working people experience feel like privileges as we came to learn how many people lost their jobs or incomes in the face of the pandemic, psychologists among them. An Angus Reid survey of the public done at the end of March showed that 44% of respondents reported a loss of work or job by someone in their household.³

It has become clear that societal

efforts to contain the spread of the virus and protect our health system have their own health and wellness consequences. The articles in this issue tackle some of those consequences, such as impacts on seniors, children and families, health care delivery, and the marginalization of vulnerable groups.

Psychological research and practice have great depth and breadth and it is difficult to imagine any public policy or program that couldn't be informed by the study and practice of how people think, feel, and behave. For decades, the CPA's first mandate as an association was the health and wellbeing of the Canadian public. Our goals are to support and promote the science, practice, and education of psychology in the service of the

profession and the public good.

It is this organizational context in which the CPA—its Board, staff and members—mounted a response to COVID-19 (available at cpa.ca/coronavirus/). This response included our members, our partners and partner organizations, and the public.

The discipline and profession.

We developed and supported the development of a number of fact sheets and webinars aimed at helping practitioners navigate practice disruption and continuity, practicing via telehealth and practicing in the context of COVID-19; these greatly assisted by our liability insurance program's insurance broker and its preferred legal service provider. We developed fact sheets to assist students and researchers as they navigated the

quelques courriels, lesquels sont peu efficaces pour nuancer le ton employé dans le message, contrairement aux messages communiqués face à face.

Lorsque l'on sait combien de personnes, y compris des psychologues, ont perdu leur emploi ou leur revenu à cause de la pandémie, les défis que doivent surmonter les travailleurs font penser à des privilèges. Un sondage Angus Reid auprès du public réalisé à la fin de mars révèle que 44 % des répondants déclarent qu'un membre de leur ménage a perdu son travail ou son emploi.³

Il est apparu clairement que les efforts de la société pour contenir la propagation du virus et protéger notre système de santé ont leurs propres conséquences sur la santé et le bien-être. Les articles du présent numéro abordent certaines de ces conséquences, comme les répercussions sur les aînés, les enfants et les familles, la prestation des soins de santé et la marginalisation des groupes vulnérables.

La recherche en psychologie et la pratique de la psychologie ont une vaste portée, et il est difficile d'imaginer des politiques ou des programmes publics qui ne seraient pas éclairés par l'étude de la façon dont les gens pensent, ressentent et

se comportent, et par l'application pratique des connaissances qui en résultent. Pendant des décennies, le mandat principal de la SCP était la santé et le bien-être de la population canadienne. Nos objectifs sont d'appuyer et de promouvoir la recherche en psychologie, la pratique et l'enseignement de la psychologie au service de la profession et du bien public.

C'est dans ce contexte organisationnel que la SCP - son conseil d'administration, son personnel et ses membres - a mis sur pied une riposte à la COVID-19 cpa.ca/fr/coronavirus/, qui englobait nos membres, nos partenaires et nos organisations partenaires, ainsi que le public.

La discipline et la profession. Nous avons rédigé et aidé à rédiger plusieurs fiches d'information et webinaires visant à aider les praticiens à surmonter les difficultés liées à l'interruption et au maintien de leurs activités, à fournir des services via la télésanté et à pratiquer dans le contexte de la COVID-19; le courtier d'assurance de notre programme d'assurance responsabilité et son fournisseur de services juridiques nous ont beaucoup aidés dans cette tâche. Nous avons élaboré des fiches d'information

pour aider les étudiants et les chercheurs, car la COVID-19 a des répercussions sur l'achèvement des programmes de formation ainsi que sur le financement de la recherche et les activités de recherche. Nous avons communiqué avec les trois organismes subventionnaires pour discuter des répercussions de la COVID-19 sur les chercheurs et les étudiants et pour souligner la nécessité de mener des recherches sur les pandémies afin d'étudier l'ensemble des impacts biopsychosociaux de la COVID-19 sur la population du Canada. Nous avons travaillé avec les associations de psychologues des provinces et des territoires et nous avons écrit au ministre des Finances pour discuter des lacunes des mesures fédérales d'allègement financier lorsqu'il s'agit de la pratique de la psychologie. Nous avons communiqué avec les grands assureurs du Canada pour les presser d'éliminer les obstacles à l'accès aux services psychologiques dans la nouvelle réalité de la COVID-19, principalement en cessant d'exiger la recommandation d'un médecin, le cas échéant, en déterminant des plafonds de prestation suffisants pour permettre un traitement optimal fondé sur des données

impact of COVID-19 on program completion and research funding and activity. We reached out to the tri-agencies to discuss the impacts of COVID-19 on researchers and students and to highlight the need for pandemic research to address the full biopsychosocial impacts of COVID-19 on the people of Canada. We worked with our provincial/territorial psychological association partners and wrote to the Minister of Finance about the coverage gaps in federal fiscal relief measures for psychological practice. We reached out to Canada's large insurers to urge them to break down barriers to accessing psychological services in the new reality of COVID-19; principally, removing the requirement for physician referral where these might exist, ensuring coverage limits that afforded

an evidence-based dose of treatment, and ensuring coverage for digitally delivered care. Under the leadership of CPA's Convention Committee, its Board of Directors, and its Deputy Chief Executive Officer, we rapidly moved from an in-person convention at the end of May to a virtual series of presentations in July and August. We launched a COVID-19 member communication updating the membership on resources and information relevant to psychological research, education and practice.

The public. We developed a series of fact sheets on a range of topics related to coping with the pandemic (cpa.ca/psychologyfactsheets/). Some of the most accessed titles include *Helping Teens Cope with the Impacts of and Restrictions Related to COVID-19* and

Working from Home During COVID-19, With and Without Children. We did a series of media interviews to speak to the mental health challenges and resources to support coping and resilience.

Our partners. As described earlier, we developed webinars for the staff of our partner associations on coping and resilience. The especial stresses faced by health providers, and their need for psychological support, has been noted by health professionals themselves.⁴ The CPA surveyed the membership to gauge their interest in mounting a psychological support response to health providers on the front line of COVID-19.

On March 23rd, we launched the offering and, at the time of this writing, over 400 psychologists across the country have volunteered. In so doing, they return the call of a health provider

probantes et en veillant à ce que les soins dispensés par voie numérique soient couverts. Sous la direction du Comité du congrès, du conseil d'administration et de la directrice générale associée de la SCP, nous avons réagi rapidement pour transformer le congrès en personne, prévu en mai, en une série d'événements virtuels, en juillet et en août. Nous avons lancé une opération de communications sur la COVID-19, qui tient les membres au courant des ressources et des développements touchant la recherche en psychologie, l'enseignement et la pratique de la psychologie.

Le public. Nous avons élaboré une série de fiches d'information sur une gamme de sujets liés à la pandémie et à la façon d'y faire face (cpa.ca/lapsychologiepeutvousaider/). La fiche qui porte sur les effets de la pandémie sur les enfants et les adolescents et la fiche qui traite du travail à domicile avec et sans enfants sont parmi les plus consultées. Nous avons donné une série d'entrevues avec les médias pour parler de l'impact de la pandémie sur la santé mentale et des ressources disponibles pour aider les gens à s'adapter et à affronter le stress lié à la pandémie.

Nos partenaires. Comme nous l'avons mentionné précédemment, nous avons mis au point des webinaires sur l'adaptation et la résistance au stress à l'intention du personnel de nos associations partenaires. Le stress particulier auquel sont confrontés les fournisseurs de soins de santé, et le soutien psychologique dont ils ont besoin ont été mentionnés par les professionnels de la santé eux-mêmes.⁴ La SCP a sondé les membres afin d'évaluer leur intérêt à mettre sur pied une initiative de soutien psychologique pour les fournisseurs de soins de santé qui travaillent sur la ligne de front de la lutte contre la COVID-19.

Le 23 mars, nous avons lancé l'initiative et, au moment de la rédaction du présent article, plus de 400 psychologues de tout le pays s'étaient portés volontaires. Les psychologues bénévoles rappellent alors dans les 24 heures le fournisseur de soins de santé qui communique avec eux et offrent une intervention ciblée et limitée dans le temps, sans frais, afin d'aider les fournisseurs de soins de santé de première ligne à faire face aux facteurs de stress engendrés par la pandémie. La

SCP a annoncé cette initiative par l'entremise d'un communiqué de presse et d'entrevues subséquentes dans les médias, de communications avec les chefs de la direction des associations nationales d'organismes de soins de santé et d'associations de professionnels de la santé du Canada.

Un sondage préliminaire sur l'utilisation des services a révélé qu'au cours des premières semaines de l'initiative, environ 30 % des psychologues inscrits sur la liste avaient été contactés - en tout, environ 100 fournisseurs de soins de santé ont bénéficié de cinq séances de soutien psychologique, et un peu moins de la moitié ont profité d'une seule séance. Divers types de professionnels de la santé ont communiqué avec les psychologues. Soixante-cinq pour cent des problèmes présentés étaient l'anxiété, suivis par la peur de tomber malade et que les membres de la famille tombent malades, les problèmes conjugaux ou familiaux, le stress et l'aggravation de problèmes préexistants.

En réponse à notre offre, les psychologues inscrits sur la liste étaient invités à répondre à une demande de

on the front lines of COVID within 24 hours and offer time-limited and focused intervention, at no charge, to assist front line health providers to cope with the stressors they face. The CPA announced this offering through a press release and subsequent media interviews, communication with the CEOs of Canada's national associations of health care organizations and health professional associations.

An early survey of utilization revealed that within the first few weeks of the launch, approximately 30% of psychologists on the roster had been contacted—collectively having seen about 100 health care providers for up to 5 sessions, with just under half for only one session. Psychologists were contacted by a range of different kinds of health professionals. 65% of the problems

presented were for anxiety, followed by fears about the health of self and family, partner or family problems, stress, and exacerbation of pre-existing problems.

In response to our offering, psychologists on the roster were invited to respond to a Canadian Medical Association (CMA) request to engage psychologists to assist in the development of a physician peer support program on a fee-for-service basis. Other recognition included amplification of our offering by Chief Medical Officers of Health and media outlets across the country.

It has been said that the successful management of the pandemic will require a team effort. The efforts we are asked to make as individuals to wash our hands, keep physical distance from others, and wear masks are necessary to modulating the demands on our

health care systems so that they in turn can meet the health needs of individuals. These efforts, while critical to a successful response, have mental health impacts to which psychology can and has responded. I would like to thank the CPA's Board, its staff, its members, its students and its psychological association partners for all the work and contributions so many have made in helping the people of Canada manage the crisis of COVID-19. The CPA's corona virus webpages are filled with their work—work that hopefully has brought some assistance and comfort to how Canada copes.

To all our members, students, affiliates and partners—be safe, be healthy and take time to enjoy the summer.

For a complete list of references, please go to www.cpa.ca/psynopsis

l'Association médicale canadienne (AMC), qui sollicitait le concours des psychologues pour participer à l'élaboration d'un programme de soutien par les pairs pour les médecins, moyennant des frais de service. Autre marque de reconnaissance, les médecins hygiénistes en chef et les médias de partout au pays ont beaucoup parlé de notre offre.

On a dit que, pour réussir à gérer la pandémie, il faudra un effort collectif. Les efforts qu'on nous demande de faire en tant qu'individus, comme se laver les

mains, se tenir à distance des autres et porter un masque, sont nécessaires pour empêcher de solliciter outre mesure nos systèmes de soins de santé afin que ceux-ci puissent à leur tour répondre aux besoins médicaux des individus. Bien qu'essentiels pour vaincre la pandémie, ces efforts ont des répercussions sur la santé mentale, auxquelles la psychologie peut répondre et a répondu. Je tiens à remercier le conseil d'administration, le personnel, les membres, les étudiants et les associations partenaires de

psychologues de la SCP, qui ont fait beaucoup pour aider les Canadiens à gérer la crise de COVID-19. Les pages Web de la SCP portant sur le coronavirus témoignent de leur travail – un travail qui, espérons-le, a apporté un peu d'aide et de réconfort aux Canadiens.

À tous nos membres, étudiants, affiliés et partenaires – faites attention à vous et à votre santé, et prenez le temps de profiter de l'été.

Pour la liste complète des références, consultez notre site Web www.cpa.ca/psynopsis

REFRESHING PSYNOPSIS

We are looking to refresh **Psynopsis** and we would like to hear from you, our Members – what would you like to see in the magazine – what topics, features, spotlights, articles etc. Send your suggestions, with the subject line **Psynopsis Refresh**, to membership@cpa.ca and you will be entered into a draw to win a \$25 Starbucks Card. We look forward to hearing from you!

COVID-19 and the Global Psychology Leadership Team

“Teamwork is the ability to work together toward a common vision. The ability to direct individual accomplishments toward organizational objectives. It is the fuel that allows common people to attain uncommon results.”

- Andrew Carnegie

Amanda Clinton, MEd, PhD, American Psychological Association, on behalf of the Global Psychology Leadership Team

Seventy leaders. One-hundred and forty countries. One team. This is the COVID-19 Global Psychology Leadership Team.

Listing the leaders, the psychological associations they represent, and the respective countries of the dedicated participants of our COVID-19 Global Psychology Leadership Team seemed like the best introduction to this article when I sat down to write it. The list was so long, however, that it consumed a significant portion of the space allotted for the entire piece and, as such, the better option seemed to be to summarize the total number of leaders and countries who have actively contributed to addressing mental health needs in our communities during the pandemic rather than name each one.

What an inspiring “problem” to have as we address a pandemic! So many leaders in psychology from across the world came together to work as a team during COVID-19 that we literally cover the globe. The Global Psychology Leadership Team includes decision-makers, innovators, clinicians, researchers, policymakers, and trainers—to name a few—from every continent, with the exception of Antarctica. If organized psychology existed in Antarctica, we would have invited them to join, as well!

The opportunity I have been granted to write about COVID-19 and international psychology issues, initiatives, and concerns demonstrates the power of global teamwork by psychologists who are dedicated to promoting health and well-being for all, as well as supporting needs of those facing serious mental illness. From an international perspective, COVID-19 serves as demonstration of power of “us”—the global “we” in psychology—and how we can join hands and passionately act, educate, and advocate for psychological science as it relates to the betterment of humanity.

The honour of convening biweekly conversations between our 75 leaders in psychology since March of 2020 has helped me

understand the initiatives and concerns of psychologist leaders regarding the COVID-19 pandemic across the world. Whether working as a psychologist in Nigeria, the United States, Colombia, South Korea, or Canada, the ability to provide telehealth services represents a key issue for psychology across the globe. In terms of regulation, many countries on the Team advocated for changes to laws that limited the provision of telepsychology and achieved that goal within days. Countries with limited web-based platforms found creative means of providing support to their clients and communities using telepsychology, even if that meant phone consultations. Several associations on the Global Psychology Leadership Team quickly put helplines in place for their cities and countries. These included services around the clock for groups as diverse as frontline workers like doctors and store clerks, to families under extraordinary stress due to quarantine, to those who lost a loved one. Additionally, some developed specific paths to safety and support for those who faced violence in their homes.

Psychological associations worldwide have been working to educate the public based on science, as well. For example, leadership in psychology in the Americas, Asia, Europe, Africa, and the Pacific provided evidence-based approaches to emphasizing behaviour change that could alleviate COVID-19 transmission (e.g., wear a mask, maintain physical distancing, etc.) as well as policies and practices of specific relevance to diverse communities addressing the pandemic. Psychologists worldwide agree that we must stand up and speak out to translate what we know from our research to better enhance lives.

Moments in history sometimes remind us about systems change in its broadest form. The COVID-19 pandemic has advanced organized psychology’s understanding of the contributions psychological science can make toward positive progress for all humanity. Psychology and psychologists are claiming their seat at the table by joining across borders and overcoming boundaries. Together, the Global Psychology Leadership Team will advance all of our organizations by supporting the world in reaching its greatest human potential.



Mental health consequences and interventions for COVID-19:

What we know and where we need to go

*Lesley D. Lutes, PhD, RPsych, Megumi M. Iyar, MA, and Joseph M. Rootman, BA, Department of Psychology, University of British Columbia;
and Noah D. Silverberg, PhD, RPsych, and Jacob H. Grand, MSc, Vancouver Coastal Health*

As the world continues to try to slow the ravaging spread of COVID-19, there is evidence of another health crisis emerging: the mental health of pandemic survivors. Quick, empirically-supported action is urgently warranted in order to mitigate any further suffering and loss. We conducted a rapid review to summarize: (1) the psychological consequences of a pandemic and (2) provide a synopsis of how these consequences can be mitigated. In addition, we lay out suggested next steps in terms of clinical care, research questions, and a call to action.

Psychological stressors associated with a pandemic can be significant¹ and varied,^{2,3} and their impact can last long after the disease has run its course.⁴⁻⁹ Psychology is essential to the epidemiological management of COVID-19, given that human behaviour dictates the spread and containment of the infectious disease.¹⁰ Despite this, psychology is often overlooked when considering resource allocation.^{11,12} Careful management of public concern is necessary. Low concern about COVID-19 is associated with poorer adherence to public health recommendations (e.g., physical distancing)^{10,13,14,15}, whereas excessive concern is associated with xenophobia¹ and problematic precautionary behaviours such as hoarding,¹⁰ seeking medical care unnecessarily,¹⁰ and greater psychological distress and mental health problems.¹⁶ The rates of mental health concerns in both the general public and affected individuals is notable, given that mental health professionals perceive that access to and quality of mental health services have been negatively impacted by COVID-19 with changes in practice and management (e.g., appointment cancellations, cross-coverage by different specialities).¹⁷

Health care workers providing direct care to patients with COVID-19 are shown to be at higher risk for psychiatric symptoms (e.g., depression, anxiety, insomnia, distress) than health care workers in other settings and non-medical hospital employees.¹⁸⁻²⁴ Interestingly, health care workers tend to be more concerned about their families and patients than themselves.²⁵ One heartbreaking example of this impact is Dr. Lorna Breen, a top emergency room doctor at a Manhattan hospital who died by suicide after contracting the virus and being turned away to return to work.²⁶ Despite reporting “an onslaught of patients who were dying before they could even be taken out of the ambulances” her only desire was to get back to help as soon as possible. She had no known history of mental illness.²⁶ Sadly, however, emerging data suggests that everyone is suffering as the pandemic continues and has no boundaries or limits.

How can the psychological consequences of a pandemic be mitigated?

A stepped care framework for disaster mental health is widely endorsed by a variety of health, government, and professional organizations. This framework highlights that immediately following a disaster, practical support (e.g., Psychological First Aid [PFA]) should be provided. As time progresses, however, the focus shifts to cultivating feelings of

resiliency and formal treatment for people with new or worsened mental health disorders.²⁷⁻²⁹

In China, during the peak of the outbreak (February 2020) health and medical agencies, as well as universities, developed and disseminated psychoeducation materials, implemented online mental health screening, established a psychological assistance hotline, and made online counseling available to affected communities.³⁰⁻³⁶ Implementation problems included (1) a lack of coordination of between agencies deploying psychological services, (2) insufficient cooperation between community and hospital-based specialty mental health services, and (3) over-reliance on mental health professionals vs. training and mobilization of a much larger population of non-mental health professionals who can provide support and care with proper oversight and supervision.²⁸

Psychological support during a pandemic

Despite its common use, Critical Incident Stress Debriefing is not effective for reducing psychological distress or preventing the onset of post-traumatic stress.³⁷ PFA is an alternative approach that is widely endorsed by expert groups and organizations.^{28,38-40} Following the COVID-19 outbreak, the World Health Organization recommended that first responders be trained in PFA.⁴¹ PFA is comprised of eight core helping activities: contact and engagement, safety and comfort, stabilization, information gathering, practical assistance, links to social supports, information on coping, and links to services.^{41,42} While intuitively effective (or at least not harmful), randomized or retrospective trials examining the efficacy of PFA or other psychological interventions in the immediate post-disaster phase are incredibly important to inform empirically-supported recommendations moving forward.

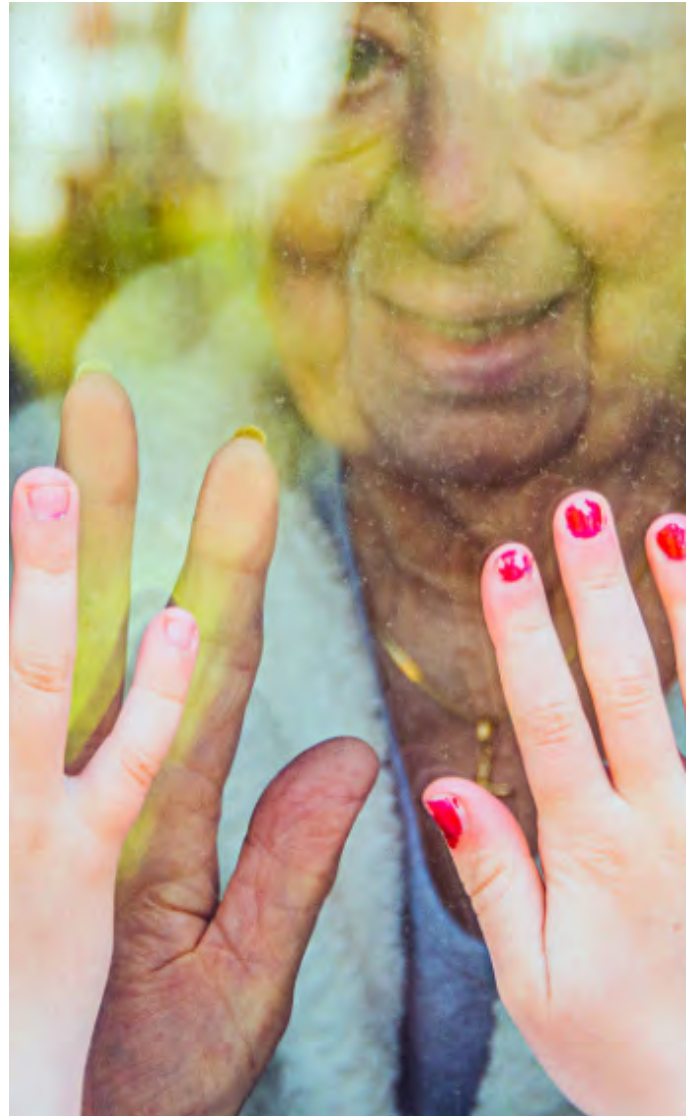
Researchers, clinicians, health organizations, and governments worldwide have begun to outline and implement approaches aimed at reducing psychological distress and long-term negative outcomes that are tailored to the challenges associated with COVID-19 (e.g., telehealth).^{29,36,43-56} Some people will require a higher intensity of care such as brief, trauma-focused cognitive-behavioural therapy^{28,38} to lower the risk of PTSD in individuals with Acute Stress Disorder.⁵⁷ Emerging evidence from Wuhan suggests that brief daily mindfulness practice may help to reduce anxiety and improve sleep quantity.⁵⁸ Moreover, treatment programs that promote well-being⁵⁹ may also be considered as a part of a comprehensive response.

Psychological support following the peak of a pandemic

Skills for Psychological Recovery (SPR) was originally developed as a specialized intervention for post-disaster recovery.⁶⁰ This approach, while understudied, is promoted by experts as a helpful treatment for survivors with persisting distress following a disaster. It is recommended that care be taken to identify people who require specialized mental health

Continued on page 13

The psychological effects of COVID-19 on Canada's aging population



Julie Erickson, PhD, CPsych, Forest Hill Centre for Cognitive Behavioural Therapy

The **COVID-19 pandemic** has brought unprecedented challenges and hardships to Canadians and nowhere is this more apparent than within our aging population. Adults over the age of 60 make up the majority of COVID-19 cases and associated deaths in Canada and around the world. Despite older adults being a resilient and resourceful segment of the population, the pandemic will have an undeniable impact on their mental health. The psychological challenges during this time may vary widely depending on age, resources, and vulnerabilities; however, there will likely be common difficulties within long-term care facilities and the community.

Older adults quarantined in long-term care facilities have been faced with the grim realities of prolonged social isolation, staffing shortages, and deaths of fellow residents, friends, or family members. Due to the magnitude of the COVID-19 outbreak in Canadian nursing homes, further social isolation and deaths will be the reality for the foreseeable future.

Residents are likely to experience fear, loneliness, grief, boredom, and physical deterioration. We could observe an increase in mood or anxiety disorders, trauma-related disorders, and cognitive decline. Residents with cognitive impairment may be particularly vulnerable given that a lack of cognitive and social stimulation is related to cognitive decline.^{1,2}

Community-dwelling older adults may also face a number of psychological and emotional challenges associated with social isolation. Social distancing guidelines have impacted contact with friends, family, and acquaintances. These interactions may be especially important for older adults who are not exposed to regular social opportunities through the workplace or school. Many Canadians have been using video applications through smart phones or computers to keep in touch with co-workers, friends and loved ones. The degree to which older adults can connect with other people in this way is highly dependent on their access to and comfort with this technology. Older adults who are less tech-savvy may have reduced contact with others and feel increasingly lonely. Loneliness is commonly associated

with a variety of mental disorders, such as major depressive disorder, substance use disorders, and sleep disorders.³ Loneliness also increases the risk of mortality by 26 percent, equivalent to smoking 15 cigarettes daily.⁴

Older adults who reside within the community may experience heightened stress due to managing physical or mental health conditions during the pandemic. Individuals may have reduced or modified access to medical treatment or other health care professionals such as dentists, physiotherapists, or optometrists. Those who need to visit hospitals or clinics for medical procedures or treatment may feel heightened anxiety in doing so or avoid going all together. The use of virtual health care services may vary depending on older adults' access to and ability to use online or smart phone applications. Finally, older adults who are primary caregivers for spouses or elderly parents may feel the additional burden of caregiving if they are left without respite care or other supportive services. Taken together, older adults who reside in the community may be at higher risk for mental disorders, worsening physical health, and poorer quality of life.

Broader society will also suffer as we lose older adults to COVID-19. We all benefit from the collective wisdom and experience that older adults possess. They may be among the best sources of advice on resiliency in the face of hardship. The cohort of older adults born between 1901 and 1927, referred to as 'the greatest generation', lived through World War II and the Great Depression. They are experts on making sacrifices and coping with economic and social turmoil. Their knowledge is needed now more than ever but is sadly, less available to us. The loss of many older adults may also prompt a larger recognition of the many roles that older adults inhabit—mentor, volunteer, parent, grandparent, caregiver, leader, and teacher—that are often underappreciated despite their significance.

There are number of ways Canada's psychological community can and should help. Widespread efforts to screen older adults for mental health difficulties is a critical first step. Mental health care providers in long-term care facilities and the community should be regularly screening for symptoms of depression, anxiety, and stress and prioritizing these individuals for treatment. Older adults need better access to evidence-based psychological treatment, such as cognitive behavioural therapy (CBT). CBT delivered online shows promising results with older adults and is equally as effective as in-person treatment.^{5,6} Ensuring older adults have access to this technology is imperative. Increasing the availability of geriatric mental health care inevitably highlights the shortage of geropsychologists in Canada. Training programs can encourage trainees to enter this important area of practice by providing more courses, clinical placements, and internship rotations in geropsychology.

The coronavirus pandemic's tragic toll on older adults requires Canada's psychological community to prioritize geriatric mental health. By ensuring older adults have the mental health supports they need, we can help turn an otherwise tragic time into a leap forward for geriatric mental health care in Canada.

Mental health consequences and interventions for COVID-19

Continued from page 11

care in the post-disaster phase via outreach and active screening.^{28,39} Screening should target at-risk groups,^{27,61} such as hospitalized patients with COVID-19 and health care workers.^{62,63} However, similar to PFA, studies examining the efficacy of SPR in reducing the incidence and prevalence of mental health disorders and other impacts are desperately needed.

Other evidence-based psychotherapies and additional support, including cognitive-behavioural, and mindfulness-based, approaches and support groups may be beneficial in treating mental health concerns (e.g., depression, PTSD, feelings of isolation) following a pandemic.⁶⁴⁻⁶⁶ Further research is needed to examine the application of established psychological interventions, to offset future unnecessary harm, morbidity, and mortality.

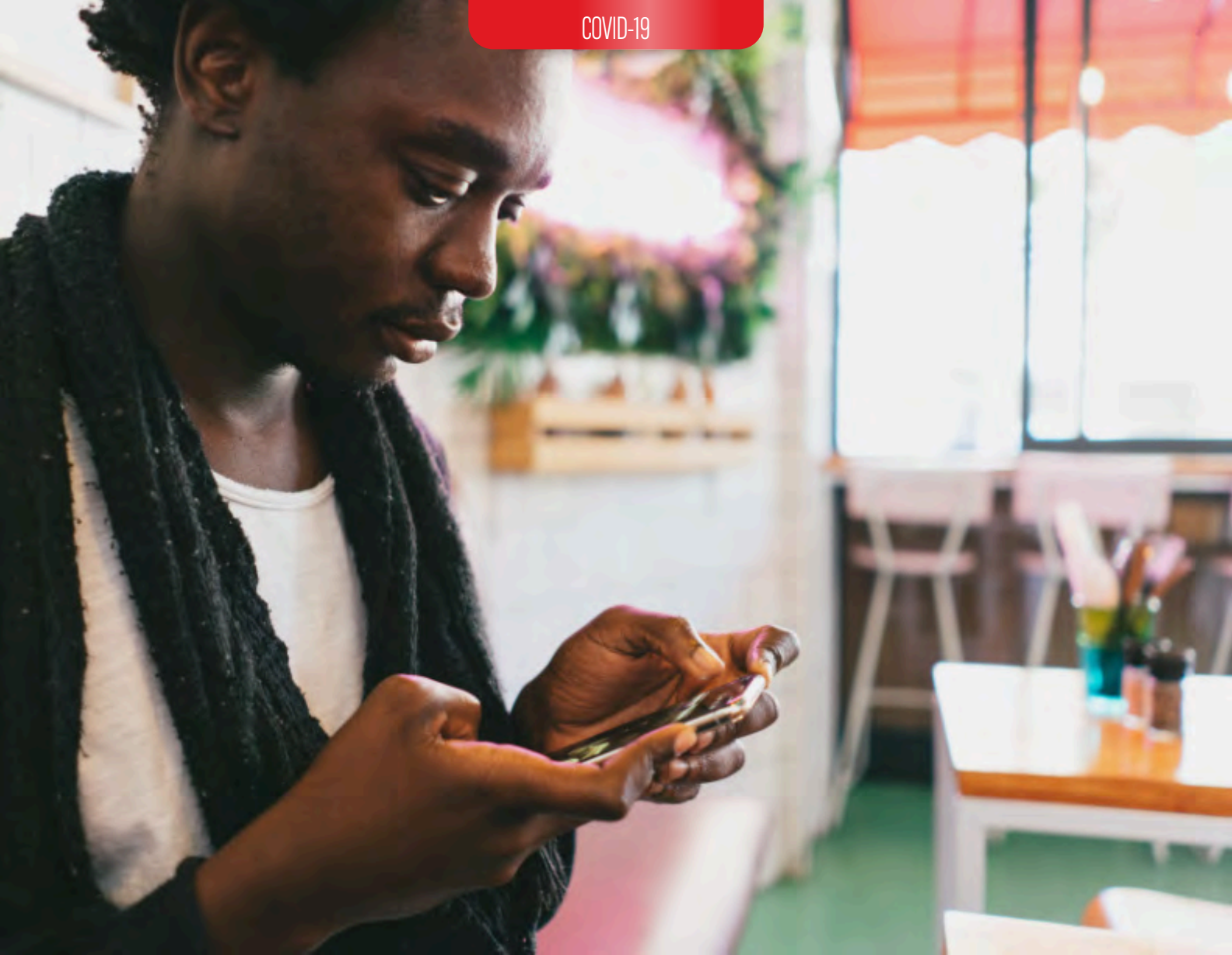
Moving forward

The devastating global, health, economic and well-being impacts associated with COVID-19 are unprecedented and are likely to be experienced for decades to come. We recommend that the government continue to expand their partnerships⁶⁷ with academic, health service provider associations and other public and private sectors wanting to provide relief, support, guidance, and innovation. This would enable both the development and implementation of thoughtful, integrated, and effective approaches to providing clinical service while also answering important questions through research. Given the complex and known bi-directional interaction between physical and psychological health, one model of care that should be considered is integrating psychology into the existing primary care system. Similar to a primary care physician "visit", primary care psychology allows for rapid assessment of risk and symptoms, deployment of immediate secondary prevention-focused interventions, and/or judicious referrals to additional high-intensity clinical services only when warranted. Over two decades of research has shown that integrated primary care results in not only improved patients' psychological and physical health,⁶⁸ but also physician improved well-being and cost-savings: setting the stage for potential monumental innovation and impact.

In times of great challenge can come great opportunity. The field of psychology has the skills and expertise to help make significant contributions and meaningful partners provincially, nationally, and globally. Let's work together and develop the best evidence-based prevention and intervention initiatives in Canada's history to care for the health and well-being of our citizens both today and in the future.

Acknowledgements

The authors would like to acknowledge Dr. Brandy McGee for her contributions and ongoing support to this work.



Wellness Together Canada:

Psychologists leading Canada's COVID-19 mental health response

Peter A Cornish, Student Wellness & Counselling Centre, Memorial University of Newfoundland and Counseling and Psychological Services, University of California Berkeley; AnnMarie Churchill, Student Wellness & Counselling Centre, Memorial University of Newfoundland; Terri-Lynn MacKay, Stepped Care Solutions; and Alexia Jaouich, Centre for Addiction and Mental Health

Late on a Friday afternoon, in the third week of March 2020, we received a call from Health Canada. “Just want to give you a heads up; we will be asking you to bid on a contract to provide mental health support to all Canadians during the COVID-19 pandemic.” We received the RFP on Monday. The deadline for submission was Wednesday, and the e-mental health programming would have to be live early the next week.

Our interdisciplinary psychological consulting group, [Stepped Care Solutions](#), had been working together for about a year. We had no website. And we had not been promoting ourselves in any way. The first calls to assist with mental

health system transformation came late in 2014 after one of us (Peter) gave a 15-minute presentation on something he called Stepped Care 2.0 at a conference in Chicago.¹ Since then, our group, with expertise in psychology, social work, peer support/lived experience, business, and technology, have been invited to advise on new ways of delivering mental health care by more than 150 institutions across North America. This growing interest for doing mental health differently prompted Health Canada to solicit a bid from our group.

Three groups partnered together to win the bid: [Stepped Care Solutions](#), [Kids Help Phone](#), and [Homewood Health Greenspace Mental Health](#), a Toronto-based therapeutic measurement company, hosts the portal page. On April 14, 2020, the [Wellness Together Canada](#) portal went live, offering psychoeducation, online self-help programming, and access to basic counselling by text, phone, or videoconference. Our role as psychological and mental health system consultants was not to provide the care itself, but to advise on the design of the care system, ensuring that people have access to the right type of programming as their needs evolve.

Before the onset of COVID-19, encouraging psychologists and other care providers to use e-mental health programs or deliver care by text, phone, or video was challenging. While research has long indicated benefits² of using various therapeutic media, uptake has been limited.^{3,4} This has, of course, all changed. Not only is the concept now proven; online care has quickly become the norm. But as with any rapid change, the devil is in the details. And a significant detail that concerns psychologists is quality of care.

While implementation science typically guides our work at Stepped Care Solutions,⁵ the urgency of the call from Health Canada meant that we built the program first and are now working backward to ensure quality. This is not entirely without reason. Feedback-informed treatment, a term coined by psychologist Scott Miller, applies this “fail forward” approach through regular therapeutic measurement.⁶ A clinician applies evidence-based or evidence-informed tools, and then relies on the ongoing measurement to adjust treatment plans based on emerging outcome results.

Feedback-informed treatment is foundational to Wellness Together Canada. Visitors to the site are encouraged to create an account. After doing so, they are prompted regularly to complete brief strengths-based assessments and can view the trending results on their well-being dashboard. They are encouraged to choose programs from the site based on the trends in their results. For example, if well-being is deteriorating, users are encouraged to try another program available on the portal. If they are doing well, they receive a message to keep on with what is working.

Aggregate data from the portal is used by Stepped Care Solutions to drive adjustments to the portal design and programming. Our team monitors de-identified data and makes recommendations for changes in content and website flow. This is a care system design function. System design, such as this, is a largely untapped specialist role for psychologists. Our work in this area could have tremendous societal impact. We, as a profession, can do more here.

Our Wellness Together Canada experience raises some questions about the role of psychologists in the new digital normal. There are few, if any, psychologists providing direct care through the portal currently. Why not? Except for Atlantic Canada, psychologists must hold separate provincial and territorial licenses to practice across jurisdictions. As such, it is difficult to scale a national psychological workforce. Homewood Health and Kids Help Phone are successful national organizations. They employ mostly counsellors, social workers, and/or trained volunteers, but hardly any psychologists for direct service delivery. Both organizations fill an important gap in our provincial/territorial health systems—namely, population-level access to immediate support.

Primary and tertiary care are the responsibility of provinces and territories. Psychology is firmly rooted in either hospital-based tertiary care systems or independent private practices. In both cases, psychologists claim specialty roles distinguishing our more costly services from those of other providers.

A common question we are asked by our psychology colleagues is what happens if someone who uses the Wellness Together Canada portal needs more than basic e-mental health? How will they get more intensive supports? There is no easy answer here. Search the internet for a private practice psychologist? Go to a licensing board website to identify a qualified practitioner? Ask your physician to put you on a wait list for a publicly funded psychologist? These options do not signify accessible care.

We are hoping that the Wellness Together Canada program will be a starting point for opening access and connecting broad-based basic mental health care more seamlessly with tertiary mental health care. What can psychologists do to facilitate this? We need to organize on a systems level for more open and equitable access to our services. A web portal provides a platform for designing more efficient pathways to care. We need regulatory board collaboration aimed at facilitating national access to psychologists. We need to have our programming fully funded on par with physician care. But even with full funding for psychotherapy, psychologists will not be out of the woods. To maximize the impact and position of psychology, psychologists will need to practice to their full scope.

This is a call for us to step up our game, to work harder for equity, social justice, and system change. Currently, people wait months for psychological care if they cannot afford the private system. We do not have a mental health crisis. We have a crisis of access. Mental health programming is uncoordinated, and crisis driven. We can do better. Our extensive training in psychometrics, assessment, program evaluation, case conceptualization, team dynamics, social / community psychology, treatment planning and complex clinical care are unique qualifications for system transformation and redesign. There is a lack of understanding about our scope of practice. Psychologists could and should be doing more, especially in leadership and policy development roles. CPA champions sound policy development through government lobbying. We encourage more members to help lead in this crucial work.

Impact of COVID-19 on a pre-existing digital mental health service

Vanessa Peynenburg, MA, Doctoral Student, Department of Psychology, University of Regina; and Heather Hadjistavropoulos, PhD, R.D.Psych, Executive Director, Online Therapy Unit, Professor, Department of Psychology, University of Regina

With the temporary closure of in-person services due to COVID-19, there are numerous accounts of clinicians transitioning to distance delivery methods (e.g., telephone, email, video therapy sessions). More than ever before, the need for more accessible, evidenced-based delivery methods, such as internet-delivered cognitive behavioural therapy (ICBT) is readily apparent.

The Online Therapy Unit, located at the University of Regina and funded by the Saskatchewan government, provides digital mental health services to approximately 2,200 clients a year, most of which enroll in a transdiagnostic ICBT program targeting symptoms of depression, anxiety, stress, and trauma. As part of ongoing service delivery, the Online Therapy Unit routinely collects detailed information about clients and service utilization and, as such, is in a unique position to provide a case example of the impact of COVID-19 on those seeking digital mental health therapy. Below we describe the observed changes in client profiles and care patterns related to ICBT in the 6 weeks prior to a public health emergency (PHE) being declared in Saskatchewan (i.e., February 3, 2020 to March 16, 2020) compared to the 6 weeks after the PHE was declared (i.e., March 17, 2020 to April 27, 2020).

Client utilization and characteristics

There was a 24.0% increase in the number of assessments between the PHE being declared and the 6 weeks after the PHE was declared. It is not unusual for the Unit to observe changes in utilization from month to month although this appears somewhat greater than the average monthly increase. Clients post-PHE were somewhat younger on average than clients pre-

PHE and they were less likely to have paid work. No differences in gender or size of community were found between the time periods.

Effects of COVID-19

In terms of clinical symptoms, the primary difference that emerged was that post-PHE, more clients reported an onset of depressive symptoms within the previous month. Pre- and post-PHE, there were no significant changes in symptom severity at intake for depression, anxiety, or alcohol use. As of March 30th, the Online Therapy Unit included an additional online measure of the impact of COVID-19 on clients at the time of screening. Among 262 clients who completed the measure since this time, 53.1% reported difficulties with social isolation; 40.0% of clients reported that COVID-19 had a major or moderate impact on their ability to meet their financial obligations or essential needs; 26.3% reported losing their job or income; 21.7% were unable to social distance because of their jobs; and 11.8% experienced significant childcare issues. Furthermore, 35.9% reported that COVID-19 had gotten in the way of them enjoying their lives in the previous week, and 37.6% reported that they were experienced strong emotions because they were afraid of COVID-19.

COVID-19 online therapy adaptations

To respond to the unique challenges of COVID-19, resources on coping with COVID-19-related distress were added to the homepage of the Online Therapy Unit and three case stories were developed drawing on experiences of clients' concerns during the pandemic. The stories highlighted how clients can use the principles of CBT to manage emotions related to COVID-19. Furthermore, daily team meetings were held to allow team members to discuss any challenges they faced assisting clients with COVID-19-related concerns. In terms of ICBT delivery, therapists reported increased time allocated to assisting clients with managing stressors and the need to make more phone calls to clients as compared to providing email support alone, either to check-in on clients who were delayed in completing modules or because of a significant increase in symptoms.

As a pre-existing digital mental health service, the Online Therapy Unit was able to monitor changes in client profiles and service delivery in response to the COVID-19 pandemic. In the time since a PHE was declared, the Online Therapy Unit has had an increase in client intakes; however, the clinical profiles of these clients does not appear to be remarkably different from clients prior to the PHE. Assisting clients in efforts to manage stressors outside their control has been the most notable impact on therapist support. One of the advantages of being an existing online service is that the Online Therapy Unit was able to rapidly adapt to clients' concerns surrounding COVID-19. We will continue to monitor utilization of ICBT and examine the impact of COVID-19 on ICBT completion rates and client outcomes in the weeks and months to come. It is anticipated that systematic collection of client concerns and ICBT outcomes following the pandemic will provide valuable information that could inform future efforts to implement ICBT in Canada.



Social inequities highlighted in the crux of the COVID-19 pandemic:

A wake up call to our profession

Ada L. Sinacore, PhD, McGill University, Quebec, and Anusha Kassan, PhD, RPsych, The University of British Columbia

COVID-19 has resulted in unprecedented changes in how we interact with each other, conduct our personal lives, go to work, and provide services. The common message from the popular media and a plethora of commercials reminds us to stay home, wash our hands, and practice physical distancing - "We are all in this Together". Though this message is attempting to create a sense of unity, it ignores the many disparities resulting from or exacerbated by COVID-19. There is a critical situation facing many vulnerable communities at this time, and measures taken to contain the virus have aggravated already unacceptable conditions for certain groups.

Though a number of articles have tried to highlight the positive shifts within families, communities, and the environment as it relates to the measures taken to contain COVID-19,¹⁻³ there is a growing body of information expressing concerns about the negative social, financial, physical, and psychological impacts of these policies.⁴⁻⁶ Reminiscent of the

AIDS epidemic in the late 80s and early 90s, victim blaming has been used to further marginalize vulnerable populations, putting individuals at imminent risk for psychological and physical harm.^{7,8} A preliminary review of various news outlets indicates that blaming immigrant, East Asian, LGBTQ2+, Jewish, and Indigenous communities for the spread of COVID-19 proliferates on and offline.^{9,10} This form of discrimination is harmful in any situation but becomes life-threatening during a pandemic when it can rapidly evolve into violence against these communities.^{11,12} Historically and currently, marginalized individuals and groups have been blamed for society's hardships and dehumanized in order to falsely justify violence¹¹ and other social and economic disparities.¹³ Canadian governments are beginning to fund programs to support victims of such violence and social inequities; however, the longer the pandemic lasts, the greater the risk of physical, emotional, social and psychological aggression and marginalization.

Emerging publications warn about the potential for an increase in vulnerabilities due to diminished rights to protection, safety, and education.^{14,15} Many populations who have been

Continued on page 19

Substance use and COVID-19:

What do psychologists need to know and how can they help?

Louise Overington, PhD, CPsych, Psychologist, The Royal Ottawa Mental Health Centre, Institute of Mental Health Research; Suzanne Bell, PhD, CPsych, Psychologist, The Royal Ottawa Mental Health Centre; Isabelle Arès, PhD, CPsych, Psychologist, The Royal Ottawa Mental Health Centre; and Kim Corace, PhD, CPsych, The Royal Ottawa Mental Health Centre, University of Ottawa, Institute of Mental Health Research

Substance use in Canada is a growing problem with a huge cost to our society.^{1,2,3} The COVID-19 global pandemic and the sequelae of consequences has the potential to escalate substance use issues in our country. According to a survey by the Canadian Centre on Substance Use and Addiction (CCSA) in April 2020, 25% of Canadians aged 35-54 were consuming more alcohol and overall 6% were using more cannabis than previously.⁴ These increases may suggest a momentary change in substance use patterns; however, they may also represent the beginning of problematic substance use, a worsening of existing substance use problems, or a return to use by individuals who were previously abstaining from substances. As psychologists, we must be informed about the potential changing patterns of substance use during the COVID-19 crisis and be prepared to take actions to help with prevention, assessment, and treatment.

Substance use can be viewed on a spectrum, from occasional use to a substance use disorder (SUD). Using substances is common practice in Canadian society; however, as psychologists

we must be aware of the signs and symptoms of increasingly problematic use. We expect a surge of substance related issues during this global pandemic. The required measures to help protect the health and safety of Canadians, including physical distancing, work, school, and business closures⁵ may impact finances, systems of support, and routines. Data indicate that Canadians who are drinking more attribute this change to a lack of regular schedule, boredom, stress, and loneliness.⁴ As our ability to engage in previously used coping strategies is restricted, people may turn to substances as an alternative way to manage.

Although using substances may provide emotional relief in the short-term, if used in excess, substance use can cause a host of difficulties including a worsening of mental and physical health, family stress and conflict, problems at work and school, and financial strain. Substance use can also impede the development of more adaptive coping strategies, which can further perpetuate use. For individuals already struggling with a SUD, COVID-19 may amplify pre-existing issues such as increasing barriers to accessing care, financial and housing instability, and deteriorating mental health, which may, in turn, worsen their SUD. COVID-19 has created challenges to accessing service providers and changed the structures individuals with substance use difficulties have put in place to help prevent them from using. This may create an environment where substances seem like the only viable option for coping.

All of this means that, as psychologists, we must seek to connect with and increase support for individuals we know have existing problematic substance use and to closely watch for newly

developing substance difficulties within our clients that may escalate further over time. Below are strategies you can implement into your own practice to better support your clients with previous, new, and/or developing substance use concerns.

Become informed: Information overload is quite likely at this time. Understanding the overall information landscape is helpful, but it is perhaps more important to identify and track consistently reliable sources for your professional practice. Key resources include the Canadian Centre on Substance Use and Addiction (www.ccsa.ca), the Mental Health Commission of Canada (www.mentalhealthcommission.ca), and the Canadian Psychological Association (www.cpa.ca). Furthermore, familiarize yourself with Canada's Low-Risk Alcohol Drinking Guidelines⁶ and Canada's Lower-Risk Cannabis Use Guidelines.⁷ Credible sources on the broader situation with COVID-19 are your local, provincial, and federal public health authorities. As research expands, there is also a growing number of resources specific to COVID-19 and substance use, such as harm reduction guidelines,⁸ information on coping with stress, anxiety and substance use during COVID-19,⁹ as well as virtual resources.¹⁰

Review your practice: How do you need to adapt your services to better support your clients with established or developing substance use difficulties? Cast a wide net—quick screening measures such as the AUDIT¹¹ or DUDIT¹² are useful to check in about substance use. An awareness of the signs and symptoms of intoxication, overdose, and withdrawal is important.¹³ For example, while difficulties due to COVID-19 can heighten anxiety, increased nervousness is also a symptom of cannabis withdrawal.¹⁴ We know that individuals with mental health disorders are more likely than the general population to develop a SUD.¹⁵ The “four C’s” can be a useful way to help understand when substance use becomes more problematic when the client experiences cravings, a loss of control of amount or frequency, compulsivity to use, and use despite consequences.¹⁶ Other aspects of your practice to review include checking in with yourself—such as, what language are you using to talk about substance use? Substance use is associated with high levels of stigma;¹⁷ there are resources to help guide us (e.g., *Overcoming language through stigma*¹⁸). Finally, we know that change is hard. Using motivational interviewing strategies to explore areas of ambivalence, elicit change talk, and help move clients closer to their goals.¹⁹

Reach out to others: This is a time of unprecedented collaboration on a global scale. Consult with colleagues who have experience working with people with substance use problems, email psychologists in the field, or create a consultation discussion group. Furthermore, as psychologists we are not immune to the current stressors of the world; be aware of your own needs, practice self-compassion, and seek support from others.

Psychologists are on the frontlines playing an important role in helping people with mental health and substance use problems. Now, more than ever, our clients and communities need our services to get and stay well.

Social inequities highlighted in the crux of the COVID-19 pandemic

Continued from page 17

perpetually underserved and mistreated in society (e.g., people with disabilities, seniors, LGBTQ+) are being identified as having an increased risk for psychological challenges resulting from restricted access to community, medical, or other services.¹⁶ Moreover, the measures taken to contain COVID-19 highlight systemic disparities—such as those in education systems and services for seniors—that have existed long before this pandemic. Systemic inequities based on social location are not a new subject in Canada;¹⁷ however, the inequities are currently manifesting in a mental health crisis in certain communities and extremely high rates of death in others.

The various provincial governments' mandates to close primary and secondary schools has resulted in children being at home with parents who may or may not be working. In many places, private schools are able to offer continued online instruction to their students whereas schools in the public sector, especially in lower socio-economic areas, are unable to offer comparable services due to limited resources, lack of access to electronic devices, and inadequate internet connections.¹⁸ For many students in the public system there is limited or no access to education during this time. In Canada, primary and secondary school education is considered a human right, protected under the education acts in different provinces.¹⁹ Restrictions on education without appropriate accommodations have increased the already large disparities that exist in education based on various social locations such as social economic status.

A second systemic disparity is how seniors are cared for in our society. In Quebec and other provinces, seniors have been disproportionately negatively impacted by the pandemic. Some will argue that this impact may be due to seniors already being vulnerable to disease and illness. However, when one carefully examines the fact that the predominant cases among seniors have been in seniors residences and long-term care facilities, and that these facilities were inadequately staffed prior to COVID, it becomes clear that the pandemic only highlights the disparity of treatment and conditions for seniors that already existed.²⁰ Had these facilities provided adequate care, perhaps the death rates would have been mitigated. Further, prohibiting family members and caregivers from providing care in these centers not only highlights how we underestimate the importance of their labour for senior care centers to survive, but resulted in the inhumane treatment of seniors who died alone without proper palliative support.

These two examples are the “tip of the iceberg” in the ongoing social disparities that are highlighted due to the pandemic. We could expand this discussion to other groups; nonetheless, the disparities and inequities raise critical questions about our societal values and the communities we care about when making vital policy decisions. As the restrictions are being lifted in different areas of the country, it is imperative that we prioritize the social, financial, physical, and psychological needs of those who have been mistreated, forgotten, or ignored as highlighted by this pandemic.

For a complete list of references, please go to www.cpa.ca/psynopsis

For a complete list of references, please go to www.cpa.ca/psynopsis

Social distancing emotions:

A new kind of (mal)adaptive shyness resulting from COVID-19



Louis A. Schmidt PhD, Department of Psychology, Neuroscience & Behaviour, McMaster University

The recent and continuing COVID-19 pandemic has taken an enormous toll on life, physical health, emotional well-being, and economic and occupational livelihoods across the globe. The pandemic will perhaps forever change the landscape of how we live and interact with each other, particularly interactions in social groups. Given the virus is highly contagious and easily spread person-to-person—social distancing, now a ubiquitous term and behaviour arising from the pandemic—has been strongly recommended as a strategy to manage the spread of the virus. Social distancing may arouse unpleasant emotions and also raises some interesting questions for social and clinical psychologists because social interaction and social connection are so fundamental to the human condition.

Are social distancing emotions a new kind of (mal)adaptive shyness?

Shyness reflects inhibition and anxiousness in social situations and avoidance of social interaction and has been viewed as adaptive in some contexts.¹ Anecdotally, the behaviours and feelings arising from social distancing appear to mirror those observed in everyday shyness, including social avoidance, gaze aversion, and anxiety due to actual and/or impending close social proximity, which may be adaptive in the current social context, but may also have costs to mental health.

How do the emotions of everyday shyness differ from the emotions of social distancing in the mind-brain?

There are at least two interesting differences between the emotions of everyday shyness and the emotions of social

distancing shyness. One difference is that everyday shyness often emerges from irrational fears of negative self-evaluation in social situations, leading to social inhibition and avoidance of social situations. Social distancing shyness presumably manifests from rational beliefs of contamination and infection, leading to social inhibition and avoidance. Another difference between the two types of shyness may be linked to how they are instantiated in the mind-brain: everyday shyness is likely maintained by automatic (emotional) neural processes, whereas social distancing shyness is likely maintained by controlled (deliberate) neural processes.

What are the potential long-term costs of social distancing emotions on mental health?

Some forms of shyness are known predictors of mental health problems.² It will be interesting to examine how long it takes for us to reduce our social inhibitions and avoidance of others when the pandemic ends, and whether this new kind of shyness is associated with similar mental health problems observed in other forms of shyness. For example, will one's, or others', failure to maintain social distance contribute to stress and anxiety as restrictions loosen and social gatherings resume? How long will these feelings persist after the pandemic ends? Will concerns about social distancing predict long-term mental health problems?

It is fascinating how the stress around the COVID-19 pandemic crisis and the conscious commitment to social distancing have influenced our social beliefs, values, and everyday emotions and behaviours. For example, how today watching pre-recorded sporting events, movies and concerts with large social gatherings now evoke a certain visceral reaction and anxious response, “Did we actually live like that before?” Will social distancing emotions wane when the pandemic resolves? Only time will tell.

For a complete list of references, please go to www.cpa.ca/psynopsis

Meeting the workplace challenge of COVID-19



Shelley Delano Parker, PhD, NB Power Corporate Health and Safety

Behind every frontline essential worker, every stay at home worker, every parent struggling to entertain or home school their children while working themselves and, even behind the movie night or birthday cake baking session, there is a group of special, essential workers in the background. Unseen and very quiet, these workers are the power system employees working tirelessly to keep your lights on. During storms, fires, and now pandemics, they are there—keeping you safe, warm, and productive. These highly trained men and women are far from the public eye and the news reports but, their work enables the entire energy infrastructure to remain transparent and functional, ensuring that necessary, consistent power source for everyone.

On March 16th, NB Power announced all non-essential employees were to work from home. As the applied and industrial/organizational (I/O) psychologist of NB Power working with 2,400 employees, mitigating the employee concerns during the current COVID-19 pandemic required understanding the challenges that were common to all workers but also unique to energy sector workers. The common challenges related to working from home and setting up a workspace, maintaining a full-time job at home while also being a full-time parent, and keeping in touch with each other to maintain that critical sense of community. Other challenges experienced by employees were the guilt expressed over feeling

less than able to complete a full eight-hour day while looking after children, fear of illness/death from COVID-19, the sense of need to protect one's family, anxiety over loss of control over one's daily schedule and one's safety once outside the home, intrusiveness of social media, and the changing work dynamic—children and pets were now the new co-workers.

The unique challenges of NB Power related to public health requirements and their integration into work procedures; the psychological challenges of working in an environment where employees were needed to keep the lights on (but also needed to stay home); and the requirement to work as a team when social distancing was mandatory, but the work was a two- or three-person job. Another challenge that emerged later in the pandemic timeline was that restoration work was now being viewed by a bored public as a source of entertainment. Flashing lights, electrical sparks and aerial work from buckets created a public display that at times required crowd control for safety.

To meet all these needs, programs were quickly created and implemented to support both employee physical and psychological safety. While physical safety is built into every procedure utility employees use, psychological safety is also front and center for NB Power. Without it, physical safety is compromised. The total health of an employee is priority. The starting point was reliance on an existing mindfulness program, which quickly became a go-to activity for employees, families, and children. Originally implemented when Hurricane Arthur

Continued on page 23

COVID-19, school closures, and students with exceptional needs

Kelly Dean Schwartz, PhD, RPsych, Associate Professor, School and Applied Child Psychology, University of Calgary; Erica Makarenko, PsyD, RPsych, Director, Integrated Services in Education, University of Calgary; and Carly McMorris, PhD, RPsych, Assistant Professor, School and Applied Child Psychology, University of Calgary

Active engagement in school promotes the skills, knowledge, values, and social capital needed for students to make a successful transition into adulthood. Behavioural and psychological engagement creates a motivational context that shapes how children and youth cope with academic and social successes and difficulties. When opportunities for learning are disrupted, however, youth have greater difficulty coping with school and life challenges, leading to a devaluation of their academic success, while also increasing their susceptibility to developing social-emotional and behavioural problems that further interfere with their development. As developmental research indicates, major shifts in contextual factors can undermine vital prevention and intervention efforts targeting academic achievement, school engagement, and the full effects of a rich learning experience for students.

The COVID-19 pandemic is one of those major shifts and has created both challenges and opportunities for all facets of education delivery. Entire school districts, teachers, educational support staff, families, and, of course, students have all been required to make significant adjustments to the delivery and receipt of learning opportunities, and this change is likely to have

a measurable impact on student learning, especially for students who have identified social-emotional, learning, cognitive, and neurodevelopmental needs. In addition to the provision of a stimulating classroom and school environment, for those students with social-emotional problems, the daily routine of school attendance can deliver a welcomed respite from home and neighborhood challenges, including parent-child relationships tensions, sibling rivalries, marital discord, economic hardships, and even family violence. The absence of school attendance means that these students now have no opportunities to escape the harsh realities of ecologies that might be the instigators of their maladaptive social-emotional development. For others, however, school closures have meant that they are no longer faced with the social and academic pressures representative of daily school attendance. For example, bullying and harassment, academic performance pressure, separation anxieties, social comparisons, and self-regulation demands are mostly truncated because the student no longer has to—in person-to-person, real-time form—face these situations at school.

While the social experience of school attendance can be difficult for some children, and a welcome respite for others, students with identified specific learning disorders (SLDs) are a group that may be more significantly impacted by lack of physical school participation. Children with SLDs often require explicit, direct instruction from teachers and other educational professionals to address areas of knowledge or skill deficit that impact their ability to acquire or apply new knowledge. Approximately 80% of children with SLDs have an identified deficit in reading, and children with difficulties benefit most

from teacher-led instruction that addresses their unique reading skill deficit in order to make growth. In addition, research points to repetition and guided skill practice as a means to remediate learning disabilities, and this repetition and modeling of specific skills may have been lost in the transition to remote learning for kids with SLD. This type of instruction is difficult to deliver in an online setting, and parents may feel ill-equipped to support and continue the direct instruction on their own.

The consequences of the COVID-19 pandemic and the social distancing measures put in place may also disproportionately affect children with neurodevelopmental disorders (NDDs; autism, ADHD, FASD) and their families. Prior to COVID-19, it was well-established that many children with NDDs experience debilitating mental health issues. Now, during times of physical isolation, these mental health symptoms may be exacerbated. For example, children with autism may be particularly vulnerable to difficulties surrounding prolonged isolation and adapting to this new normal—especially due to inherent difficulties in inflexibility, insistence on sameness, and a disruption in services to support their unique needs.

Due to a disruption in all supports and services, caregivers of children with NDDs are taking on multiple new responsibilities at home, including teacher, care coordinator, behavioural aide, etc. This is problematic as we know that caregivers already experience significant stress, with a higher incidence of caregiver depression and anxiety, and less overall caregiver well-being than caregivers of children without NDDs. Now, caregivers may experience even more stress due to a disruption in routine, increased caregiver responsibilities, financial difficulties, and a loss of supports and services that families would have otherwise been accessing.

Students with all identified learning, neurodevelopmental, and social-emotional-behavioural needs typically have an Individualized Program Plan (IPP) with specific goals and strategies included to address their unique learning, social/emotional, and behavioural needs. IPPs often include personalized instructional plans designed by teachers and other school personnel that can be very difficult to replicate remotely, making progress towards achieving those goals essentially unachievable. The reliance on technology alone for interaction and instruction has likely not been sufficient for children and youth with more substantial challenges and needs, and the break in structure and routine, which is critical for skill retention, is likely to negatively impact some students with regards to their personal and academic growth. While this is clearly not intentional, meeting these complex needs has proven to be an ongoing challenge for educators and critical support staff (including school psychologists) given the resources and time needed to individually address these needs.

It will be important to devote resources and data gathering efforts in the coming months and years to assess the impact of COVID-19 and school closures on Canadian students. Students and teachers are capable of demonstrating extraordinary resiliency, but advocating for students' access to psychologists and other support professionals will need to be a priority as schools reopen and students readjust to the altered educational context that may become the new normal.

Meeting the workplace challenge of COVID-19

Continued from page 21

hit the province, the program—consisting of breathing exercises, ‘focused attention’ grounding exercises, training, and a supportive Executive—has become a mainstay of our psychological safety.

Communication is priority. Daily (now twice weekly) communication updates are sent by the Vice President of Human Resources to all employees, informing them of the latest COVID-19 updates, Government of New Brunswick Public Health updates and requirements, mental health support articles, and tools covering a wide range of topics. Daily and weekly scheduled video meetings keep employee work groups engaged, up-to-date and, importantly, provide leadership with that critical window into how their employees are managing. Often these meetings have mental health and stress management as key topics, enabling more focus on mindfulness exercises. Employees are encouraged to express their concerns and have their questions directly addressed.

Other programs include:

- A call-in support line established to provide employees, contractors, and their families with a resource for when they need to talk, answered by myself or the Occupational Health nurse.
- Yammer interest groups including an employee-created COVID-19 playlist. Music is well known as a stress management tool and employees utilized popular songs such as *Inner Ninja*, *I Will Survive* and *Stronger* to provide relief, hope, stress management and fun.

A COVID-19 employee perception survey was developed and implemented six weeks after employees started working from home. Designed to assess the perception of employees' sense of anxiety, resilience, loneliness, and safety, 1,200 employees responded, providing vital information now being used to create programs in support of a slow, safe return to the ‘new’ work environment.

Using demographics such as years of service, age, division worked in, gender, working from home or at an NB Power location and whether one lived alone, results provided insight into how the pandemic impacted employees. For example, those employees who worked at an NB Power location felt the least safe compared to employees who worked from home. This is understandable, since employees working from home can protect their ‘workspace’ from outsiders while those working shifts at a plant are more vulnerable and unable to control others entering the workspace, even though health hygiene is closely monitored.

The survey results will continue to be analyzed to identify how to best meet the psychological and physical needs of all NB Power employees. Employee comments are encouraging and, as one employee stated, “I am very honoured to work for NBP. This survey alone speaks volumes on how NBP does care about their employees. Thank you to all!”

Supporting children, teens, and families with telehealth interventions

Maria A. Rogers, PhD, CPsych, University of Ottawa; Lojain Hamwi, BSc, Carleton University; Natasha McBrearty, MA; Crossroads Children's Mental Health Centre



The distancing measures currently in place in Canada due to COVID-19, including educational disruptions, confinement at home, and social isolation, have created dramatic changes in the lives of our children and youth. A recent survey by Children's Mental Health Ontario and Addictions and Mental Health Ontario assessed the impact of the pandemic on families and found that nearly 75% of Ontarians are experiencing increased mental health and addictions challenges as a result of the pandemic.¹ More than half of parents surveyed noted behavioural changes in their children, including mood changes, sleeping problems, and irritability, and more than a quarter of families reported increased tension in the household.¹ Many experts agree that such marked changes in children's lives put them at an increased risk of serious mental health problems. While current technologies allow for therapeutic interventions to be offered through a variety of electronic methods, the question remains: are these a suitable replacement for in-person psychological support, particularly for children, adolescents, and their families?

What is psychological telehealth?

Psychological telehealth, also known as telepsychology or telemental health, is the delivery of psychological services through non-face-to-face methods, such as videoconferencing and psychoeducational websites. One advantage of these technologies is that they can provide therapeutic care to a much broader population. In fact, technology-assisted interventions have been shown to alleviate financial constraints and geographical

inaccessibility, as well as stigma-related concerns.² Non-face-to-face services are notably effective in the form of synchronous communication, which allows for the relaying of information in real time (e.g., videoconferencing). While telepsychology holds promise as a valid therapeutic intervention for a wide range of psychological disorders in adults,² far less research has been conducted with children, teens, and their parents.

Advantages and Disadvantages of Synchronous Telepsychology²

Advantages	Disadvantages
<ul style="list-style-type: none"> • Easy access • Approximates in-person therapy • Treatment in a natural setting • Reduced interpersonal anxiety • Fewer cancellations 	<ul style="list-style-type: none"> • Scheduling conflicts • Digital literacy requirements • Technical difficulties • Environmental disruptions • Inequities in technology availability

What does the evidence say?

While limited, some pre-pandemic research has examined the effectiveness of telehealth interventions for children, adolescents, and their families. Most recently, in April of 2020, a multinational research team reviewed key findings of their telepsychotherapy interventions over the past two decades. The systemic review outlines evidence concerning problem-solving psychotherapy and parenting skills training delivered to hundreds of families and children with a range of neurological diagnoses across the United States, Canada, United Kingdom, and Italy.³ Data regarding therapeutic alliance, patient engagement and satisfaction show that telepsychotherapy holds promise to be a feasible, acceptable, and efficient alternative. The positive outcome is further highlighted by a remarkable reduction in children and adolescents' emotional and behavioral difficulties.³ Interestingly, the findings were consistent regardless of variations in culture, geographic region, and socioeconomic status among the tested families and patients.

Other randomized controlled trials have evaluated the use of videoconferencing as a tool to deliver: (i) family-based cognitive-behavioural therapy for early onset obsessive-compulsive disorders in children and (ii) parent-child-interaction therapy for children with disruptive behaviour disorders.^{4,5} Both studies compared treatment satisfaction, diagnoses, symptoms, and functioning to a control group receiving traditional clinic-based therapies. Results support the promising role of videoconferencing to deliver behavioural parent training: it was well received by the families, produced positive outcomes, and had high treatment retention in both cases. Most interestingly, 6-month follow-up assessments have shown that roughly half of the children treated with parent-child interaction therapy no longer met the criteria for a disruptive behaviour disorder.⁵

Continued on page 27



Bending the family violence curve

Kerry Mothersill, PhD, RPsych, Psychology Professional Practice Lead, Alberta Health Services and John Pearce, PhD, RPsych, Independent Clinical Consultant, Alberta Children's Services, Calgary Region

According to the most recent data available, almost a third of all violent crimes reported to police occur between intimate partners.¹ It is most likely that the incidence of family violence (FV), including coercive control, is much greater than the number of cases reported to police. While studies have shown that women and men tend to self-report equal rates of minor physical aggression, police reports indicate that women account for 79% of intimate partner violence (IPV) victims. Between 2008 and 2018, a large majority (79%) of the 945 intimate partner homicide victims were female.

In 2018, 84% of IPV occurred in private residences, with 50% of the locations being home to both victim and accused, and 30% being the home of the victim. In addition, approximately 90% of child/youth female and male victims of police-reported FV occurred at a residence. Women and children in more isolated rural areas experienced the highest overall rates of FV. Predictive factors for IPV include younger age, unemployment

or underemployment, low economic status, poor mental health, marital conflict, and substance abuse.

Children's exposure to intimate partner violence (CE-IPV) is a significant public health problem. CE-IPV is linked to a broad array of behavioural, emotional, social, and academic problems as well as threats to children's health and safety and that of their non-violent caregivers.² Furthermore, CE-IPV is not an infrequent occurrence in Canada. According to the 2008 Canadian Incidence Study of Reported Child Abuse and Neglect, of the 85,440 substantiated child maltreatment investigations in Canada in 2008, CE-IPV accounted for the most frequently occurring category (29,259 cases or 34%).³

Given these statistics and research, it is not surprising that police and other agencies have reported an increase in FV since the onset of COVID-19-induced social isolation, business closures, unprecedented job loss and financial distress. Lockdown at home, expectations to homeschool children, significant financial losses, and employment insecurity combined with fear about health and declining mental health due to quarantine have escalated the probability of FV.

Typical modes of coping such as personal and private contact with friends, family, co-workers, and health care

Continued on page 27



Supporting parent healthcare workers and their children during COVID-19

Michelle Stephanie Zepeda, MSc, Doctoral Candidate, Department of Psychology, University of Calgary; Stephanie Deighton, MSc, Doctoral Candidate, Department of Psychology, University of Calgary; Joshua Madsen, PhD, RPsych, Clinic Director, University of Calgary Psychology Clinic, University of Calgary; and Nicole Racine, PhD, RPsych, Clinical Supervisor, Department of Psychology, University of Calgary

Frontline healthcare workers, and their children, are experiencing unique challenges during the COVID-19 pandemic, such as worries about transmission of the virus within their family,¹ variable and demanding work schedules, and uncertainty about what the future brings. While the need for mental health support has increased generally, this may be even more true for healthcare workers and their families facing unprecedented stress and mental exhaustion.^{2,3} However, the upswing in need for psychological support has coincided with many psychologists and mental-health clinicians no longer being able to provide in-person care to members of our community. To help address this community-based need, as well as the clinical training needs of clinical psychology students, the University of Calgary Psychology Clinic pivoted in two main ways. First, we were able to rapidly move to providing telepsychology services. Second, we developed an evidence-informed, three-session transdiagnostic intervention to be delivered via teletherapy called iCOPE with COVID-19 for children and youth.

The overarching aim of the three-session iCOPE with COVID-19 protocol is to provide support for children of frontline healthcare workers in coping with significant distress precipitated by the pandemic. The intervention consists of psychoeducation about COVID-19, skill building in identifying and coping with emotions, learning relaxation strategies, learning to challenge unhelpful thoughts, as well as behavioural strategies for managing anxiety and stress. The intervention supports children and youth to develop a set of coping tools to better manage emotional discomfort during the pandemic. We have now begun to offer services with the iCOPE with COVID-19

protocol at no cost to families to support children and youth between the ages of 7 and 17 years of age. For children younger than 7, parent consultations have been provided that have addressed concerns related to sleep disruptions, behaviour difficulties, increased anxiety, and sadness. We have implemented a research protocol where we are evaluating client symptoms both prior to, and after the completion of, the intervention. This information is actively being collected to inform client response to the intervention.

While we are supporting the children and adolescents of frontline healthcare workers through the iCOPE with COVID-19 protocol, we have also recently sought to develop partnerships with organizations to provide support directly to physician parents. As such, we have partnered with Well Doc Alberta, an organization that supports the wellness of physicians across the province, to provide webinars to their membership. These webinars are tailored for physician parents who, due to the COVID-19 pandemic, may be experiencing an excess of demands in all aspects of their life, including their family, with few resources available to support them. We are providing parent physicians with evidence-based strategies to identify common symptoms of distress in children, and to facilitate the development of coping strategies for themselves as parents, and for their children.

Overall, our goal is to support families in coping with the stress and uncertainty that has come with the upheaval brought on by the COVID-19 pandemic. The stress of COVID-19 is being felt by most, especially healthcare workers and their families, who have unique challenges and needs. This initiative has also provided a unique training opportunity for clinical psychology students to maintain their clinical training at a time when many community and tertiary mental health services are not able to provide services in person. Through the development of the iCOPE with COVID-19 protocol to provide support to frontline health worker's children, and community partnerships to deliver webinars to parent physicians, we hope to support our community during this time—even when we can't see them in person.

For a complete list of references, please go to www.cpa.ca/psynopsis

Supporting children, teens, and families with telehealth interventions

Continued from page 24

In another study, a small sample of adolescents with Attention-Deficit/Hyperactivity Disorder and their parents were offered real-time internet-delivered therapy sessions via videoconferencing.⁶ Client engagement, adherence, and alliance were among the variables measured after ten 60-minute sessions. Parents and teachers reported increasing reductions of behavioural symptoms throughout the sessions, all while noticing visible improvements in the teenagers' planning, organization, and time management. Despite minor disruptions during the sessions due to technology or interference from non-participating family members, clients reported high satisfaction with the interface and also cancelled fewer sessions compared to in-person therapy sessions.⁶

Telehealth has also been used as a tool to deliver group psychotherapy with adolescents. While studies have been limited, no significant differences between delivery modalities (i.e., online vs. in-person) have been reported thus far. Research investigating the feasibility of online cognitive behavioral-based group intervention for adolescents has in fact found that attrition rates are low and satisfaction is high for both psychologists and patients.⁷ For example, in the Australian program for adolescent girls, My Body, My Life: Body Image Program, an intervention group received weekly internet-delivered group therapy for body dissatisfaction and disordered eating behaviours. Compared to a control group, the participants showed significant improvements in clinical. The majority of participants also stated that group therapy is easier to access than in-person sessions, and many reported to have felt "very" or "extremely" comfortable sharing information with group members.⁷

Recommendations for Practitioners

Studies conducted to date indicate that telepsychology holds promise for delivering effective psychological support with children, adolescents, and parents. Dr. Caroline Sullivan, a Child Clinical Psychologist and co-founder and co-director of the Child, Adolescent, and Family Centre of Ottawa, notes that there are many new concerns being expressed by parents as a result of the pandemic: "I would say the two biggest challenges are 1) balancing the children's need for social connection with peers with the rules around physical distancing, and 2) making sure children's days are structured enough not to get too bored or depressed from lack of stimulation. With teenagers, we are seeing many having disengaged from school completely and living a more nocturnal lifestyle, which parents are finding very challenging."

In terms of telehealth delivery of services with children and teens, Dr. Sullivan advises that "there are many ethical and technological challenges that you want to be aware of and equipped to tackle." She adds that simple techniques can go a long way in building therapeutic alliances with children and teens via virtual services, such as asking clients to show you around their room or to share their favourite stuffed animal. "[A]lthough it can seem intimidating and foreign at first," says Dr. Sullivan, "it's incredible how many skills are easily transferable to this medium and the feedback from clients has been very positive."

For a complete list of references, please go to www.cpa.ca/psynopsis

Bending the family violence curve

Continued from page 25

providers disappeared in a matter of days. Grandparents were no longer available as an option for parents who needed a break after juggling the demands of working from home and a long list of other responsibilities. Teachers, music instructors and childcare providers were no longer able to see and listen to children and observe any changes in behaviour that may reflect exposure to IPV or the co-occurrence of actual physical or sexual assaults. Teachers are often the people who detect child maltreatment and make reports to child protection agencies.

Calls to domestic violence hotlines and children's helplines increased substantially in some areas but eerily decreased in others, likely due to disappearing paths to escape or lack of privacy to make the call. Text lines were set up since they are more discrete and safer to access. In many cities, domestic violence agencies arranged for near empty hotels to provide emergency shelters to women and children due to increased need and escalating fear of COVID-19 spread through overcrowded centres. Cyber dating violence and online sexual predatory stalking increased. As societal lockdown lessens, signs and symptoms of FV will likely become even more apparent.

Women and children who were able to leave their homes and secure an apartment in a shelter were subject to the recommended restrictions and guidelines to stop the spread of COVID-19. Linda McLean, the Executive Director of a second stage shelter in Calgary, wrote an article for the *Calgary Herald* (May 16, 2020, p. A5) where she identified unintended consequences for the women and children who reside in the shelter.⁴

"For many of the women and children we serve, 'flattening the curve' is terrifyingly reminiscent of the domestic abuse they have tried so hard to escape. Isolation, loss of control, financial hardship, anxiety, toxic stress and an unpredictable enemy have all been part of the journey through the COVID-19 crisis. They're also the hallmarks of the experience of domestic violence. Surviving the public health crisis has threatened the new freedom our families have found at the centre. Apartments that represented safety and hope are now sites of tension and forced confinement."

What can psychologists do? We strongly urge all psychologists and health care providers to go to the VEGA (Violence, Evidence, Guidance, and Action) education resources website, <https://vegaproject.mcmaster.ca/>, that provides free multimodality methods for learning to identify and safely respond to signs of FV. Funded by the Public Health Agency of Canada, created by frontline professionals across disciplines, informed by literature reviews, and honed and streamlined by media designers and pedagogists, the relatively brief time spent gaining knowledge, practical skills, and confidence will be empowering. We are in a position to do something. It will help to bend the family violence curve.

For a complete list of references, please go to www.cpa.ca/psynopsis

CPA HIGHLIGHTS

Below is a list of our top activities since the last issue of Psynopsis. Be sure to contact membership@cpa.ca to sign up for our monthly CPA News e-newsletter to stay abreast of all the things we are doing for you!

1 COVID-19 Psychology Works Fact Sheets

Twelve Psychology Works fact sheets have now been prepared for COVID-19. Newly added are three fact sheets created by CPA Deputy CEO Dr. Lisa Votta-Bleeker: Guidance for Psychology Faculty and Researchers as Relates to COVID-19, Guidance for Psychology Students as Relates to COVID-19, and Research Funding Information as relates to COVID-19. Dr. Katy Kamkar, Chair of the CPA's Traumatic Stress Section, along with Dr. Votta-Bleeker and Eva Shepherd-Perkins prepared the fact sheet Grief, Bereavement and COVID-19. And the fact sheet Why Does Culture Matter to COVID-19? was prepared by Andrew G. Ryder, Associate Professor, Concordia University, Jewish General Hospital; John Berry, Professor Emeritus, Queen's University; Saba Safdar, Professor, University of Guelph; and Maya Yampolsky, Assistant Professor, Université Laval.

2 Pro-bono Assistance for Front-Line Health Care Providers

The CPA's call for psychologists to provide pro-bono assistance to front-line health care workers has resulted in more than 400 psychologists volunteering their services. Hundreds of mentions in traditional media and a reach of hundreds of thousands on social media have resulted in the initiative becoming widely known among front-line workers. Thank you to all those who have stepped up to offer their services!

3 Therapy Live is the Official Practice Management Platform of the CPA

After an extensive multi-year process, Therapy Live has been designated as the official Practice Management Platform of the CPA. The multi-faceted platform allows for scheduling and invoicing patients, electronically maintaining records, and providing a means of securely communicating with patients digitally through a telehealth platform. Therapy Live joins our other member benefit partners who provide a discount to all CPA members in good standing.

4 The Canadian Psychological Association Podcast

The CPA has launched a podcast, which can be accessed through iTunes, Stitcher, and other standard podcast platforms by searching for 'Canadian Psychological Association'. Guests have included Dr. Helen Ofosu discussing racism in the workplace, Waukomaun Pawis of Connected North talking about their programs connecting remote northern communities with resources and indigenous role models, Dr. Heather Prime speaking about Family Well Being during COVID-19, Dr. Anusha Kassin explaining ways psychologists can help people dealing with racial trauma, Dr. Lindsay McCunn advising on the work environments of the present and future, and many more.

5 The CPA's 2020 Virtual Series

The CPA's annual convention has been moved online for 2020. Recognizing these unprecedented times and the challenges facing our members/affiliates this year, registration for, and presentation in, the CPA's 2020 virtual event is complimentary for current CPA members and affiliates whose membership is in good standing. Running from July 6th through August 28th, the CPA's 2020 Virtual Series features more than 500 presentations, including opportunities for live chats and discussions with select speakers. New content is being released each week in July, culminating with the release of content specific to COVID-19 the week of August 4th. Registration for the event allows participants unlimited access to the content throughout the summer.

6 Tri-Council Forum on the Impact of Research in the Context of COVID-19

Dr. Lisa Votta-Bleeker, the CPA's Deputy CEO and Glenn Brimacombe, the CPA's Director, Policy and Public Affairs, participated in an online forum discussion with representatives from the tri-councils on funding measures to address the impact on research in the context of COVID-19. The online forum was organized by the Canadian Association of University Teachers (CAUT).

7 The CPA's Annual General Meeting and Award Presentations

The CPA's 2020 Annual General Meeting was held virtually this year, where the 2020 awards were presented in a virtual format. Congratulations to: Dr. Debbie Moskowitz, winner of the CPA Gold Medal Award For Distinguished Lifetime Contributions to Canadian Psychology. The CPA's Environmental Psychology Section who won the John C. Service Member the Year Award. Dr. Michael Seto, winner of the Donald O. Hebb Award for Distinguished Contributions to Psychology as a Science. Dr. Adam McCrimmon, who earned the CPA Award for Distinguished Contributions to Education and Training in Psychology. Dr. David Dozois, recipient of the CPA Award for Distinguished Contributions to Psychology as a Profession. Dr. Nicholas Carleton, who was presented with the CPA Award for Distinguished Contributions to Public or Community Service. And to Connected North, who won the CPA's Humanitarian Award.

8 Letter to the Calgary Board of Education

The CPA and the Psychologists Association of Alberta co-signed a letter that was sent to the Provincial Minister of Education outlining our mutual concerns about the Calgary Board of Education's decision to lay off psychologists. The letter is available for the public to read at the CPA website.

9 Two New Continuing Professional Development Courses

The CPA has added two new Continuing Professional Development courses. "The Emerging and Changing Practice of Police Psychology in a Canadian Context" is presented by Dr. Sandra Jackson, Dr. Catherine Martin-Doto, Dr. Jeffrey Karp, and Dr. Kyle Handley. "Putting the LEARNING back in Learning Disabilities" is presented by Dr. Maria Kokai, Dr. Esther Geva, Dr. Todd Cunningham, Dr. Carolyn Lennox, Dr. Judith Weiner, and Dr. Debra Lean. We have also updated the course "Being an Ethical Psychologist" by Dr. Carole Sinclair. Even if you have already completed it, credits will be earned for completing the updated version. We have also posted "CPA Student Workshop: Graduate School in Psychology – Navigating the Application Components with Confidence", an informative non-credit guide to Graduate School applications, grants, and interviews. The student workshop is free and available on our YouTube channel.

10 Campaign to Make Tele-Mental Health Services More Accessible

The CPA has partnered with the Mental Health Commission of Canada (MHCC), the Canadian Centre on Substance Use (CCSA), the Canadian Society of Addiction Medicine (CSAM), and the Royal Ottawa Mental Health Centre (ROMHC) for a campaign to make tele-mental health services more accessible for all Canadians. The campaign is tackling the stigmas associated with mental health, the concerns many people have about accessing help remotely, and the difficulty people have finding those services.

FAITS SAILLANTS

Voici la liste des principales activités menées depuis la publication du dernier numéro de *Psynopsis*. Écrivez à membership@cpa.ca pour vous abonner à notre bulletin électronique mensuel, *Les Nouvelles de la SCP*. Vous serez ainsi au courant de tout ce que nous accomplissons pour vous!

1 Fiches d'information sur la COVID-19

Vous trouverez dans la section « *La psychologie peut vous aider* », sous la rubrique portant sur la COVID-19, douze documents d'information. Nous avons récemment ajouté plusieurs feuillets d'information, dont les versions en français devraient paraître prochainement. Trois des feuillets ont été préparés par la Dre Lisa Votta-Bleeker, directrice générale associée de la SCP. Ses deux premiers feuillets abordent les sujets de l'orientation que devraient prendre les professeurs et les chercheurs en psychologie ainsi que les étudiants en psychologie sous le rapport de la COVID-19. Ces feuillets sont respectivement intitulés « *Guidance for Psychology Faculty and Researchers as Relates to COVID-19* » et « *Guidance for Psychology Students as Relates to COVID-19* ». Le troisième, intitulé « *Research Funding Information as relates to COVID-19* », porte sur les renseignements sur le financement en recherche en ce qui concerne la COVID-19. La Dre Katy Kamkar, présidente de la section du stress traumatique de la SCP, la Dre Lisa Votta-Bleeker et Éva Shepherd-Perkins ont préparé en collaboration un feuillet d'information sur le deuil et la COVID-19. À ces feuillets s'ajoute « *Does Culture Matter to COVID-19?* » portant sur l'importance de la culture en ce qui concerne la COVID-19 préparé par Andrew G. Ryder, professeur agrégé, Université Concordia, Hôpital général juif; John Berry, professeur émérite, Université Queen's; Saba Safdar, professeur, University of Guelph et Maya Yampolsky, professeure adjointe, Université Laval.

2 Aide psychologique gratuite aux travailleurs de la santé de première ligne

L'appel que la SCP a lancé à tous les psychologues visant à donner de leur temps pour fournir des services psychologiques aux fournisseurs de soins de santé de première ligne a porté ses fruits. Plus de 400 psychologues ont bénévolement offert leurs services. Cette initiative a amassé des centaines de mentions dans les journaux traditionnels et a joint des centaines de milliers de personnes sur les réseaux sociaux ce qui a largement contribué à faire connaître l'initiative auprès des travailleurs de première ligne. Merci à tous ceux et à toutes celles qui ont répondu à l'appel.

3 Therapy Live est la plateforme officielle de gestion de cabinet de la SC

Suivant un processus pour choisir une plate-forme de gestion officielle pour les champs de pratique qu'encadre la SCP (un processus qui s'est déroulé sur plusieurs années, mentionnons-le), la SCP a arrêté son choix sur *Therapy Live*. Cette plate-forme aux applications multiples permet de fixer les rendez-vous et de procéder à la facturation des patients, de conserver une version électronique des dossiers et propose un outil qui offre la possibilité de communiquer de manière sécuritaire par voie numérique avec les patients par l'entremise d'une plate-forme de télésanté. Ce service s'ajoute à ceux proposés par nos autres partenaires de services qui offrent un rabais aux membres en règle de la SCP.

4 Balado de la Société canadienne de psychologie

La SCP a créé des balados (en anglais), lesquels sont accessibles par l'entremise d'iTunes, de Stitcher et d'autres plates-formes de baladodiffusion standards en faisant une recherche pour le terme « *Canadian Psychological Association* ». Parmi les invités et les sujets qu'ils abordent mentionnons entre autres la D^{re} Helen Ofosu sur le racisme en milieu de travail, M. Waukomaun Pawis sur comment les programmes de Connexions Nord permettent aux communautés isolées du Nord d'avoir accès à différentes ressources et mettent en lumière les modèles autochtones à suivre, la D^{re} Heather Prime sur le bien-être des familles pendant la COVID-19, la D^{re} Anusha Kassin sur la façon dont les psychologues peuvent aider les personnes qui doivent surmonter un traumatisme racial et la Dre Lindsay McCunn sur des recommandations quant aux environnements de travail d'aujourd'hui et de demain.

5 Série d'événements virtuels 2020 de la SCP

L'édition 2020 du congrès annuel de la SCP se déroulera de façon virtuelle. Nous sommes conscients que cette année est sans précédent et que nos membres titulaires et affiliés doivent surmonter plusieurs défis. C'est pour cette raison que l'inscription aux événements et aux présentations organisés dans le cadre du congrès de cette année est gratuite pour les membres titulaires et les affiliés étudiants dont l'adhésion à la SCP est en règle. L'édition virtuelle du congrès 2020 de la SCP se déroulera du 6 juillet au 28 août. Elle compte plus de 500 présentations, y compris des occasions de discussions en direct avec des conférenciers experts. Chaque semaine, nous enrichissons le contenu offert en ligne et nous culminerons avec la publication d'un contenu spécifique à la COVID-19 la semaine du 4 août. L'inscription au Congrès 2020 donne aux participants un accès illimité à l'ensemble du contenu pour la durée de l'été.

6 Forum de discussion des trois conseils subventionnaires sur l'impact de la COVID-19 sur la recherche

La D^{re} Lisa Votta-Bleeker, directrice générale associée de la SCP, et Glenn Brimacombe, directeur des politiques et des affaires publiques de la SCP, ont participé à un forum de discussion en ligne avec des représentants des conseils subventionnaires portant sur des mesures de financement appropriées pour prendre en compte l'impact de la recherche dans le contexte de la COVID-19. Le forum était organisé par l'Association canadienne des professeurs et professeurs d'université (ACPPU).

7 Assemblée générale annuelle de la SCP et présentations des prix

L'assemblée générale annuelle 2020 de la SCP s'est déroulée de façon virtuelle cette année, y compris la remise annuelle des prix. Félicitations à la D^{re} Debbie Moskowitz, récipiendaire de la médaille d'or décernée par la SCP pour sa contribution remarquable à la psychologie canadienne au cours de l'ensemble de sa carrière, à la Section de la psychologie de l'environnement de la SCP qui a remporté le prix Membre de l'année John C. Service, au D^r Michael Seto, récipiendaire du prix Donald O. Hebb pour sa contribution remarquable à la psychologie en tant que science, au D^r Adam McCrimmon, récipiendaire du prix de l'éducation et de la formation pour sa contribution remarquable à l'enseignement de la psychologie et à la formation en psychologie au Canada, au D^r David Dozois, récipiendaire du prix professionnel pour sa contribution remarquable à la psychologie en tant que profession, au D^r Nicholas Carleton, qui a reçu le prix de la SCP pour sa contribution remarquable au service public ou communautaire et à Connexions Nord qui a remporté le prix de la SCP pour réalisation humanitaire pour sa contribution remarquable à l'amélioration de la santé psychologique et du bien-être de la collectivité canadienne.

8 Lettre au Conseil scolaire de Calgary

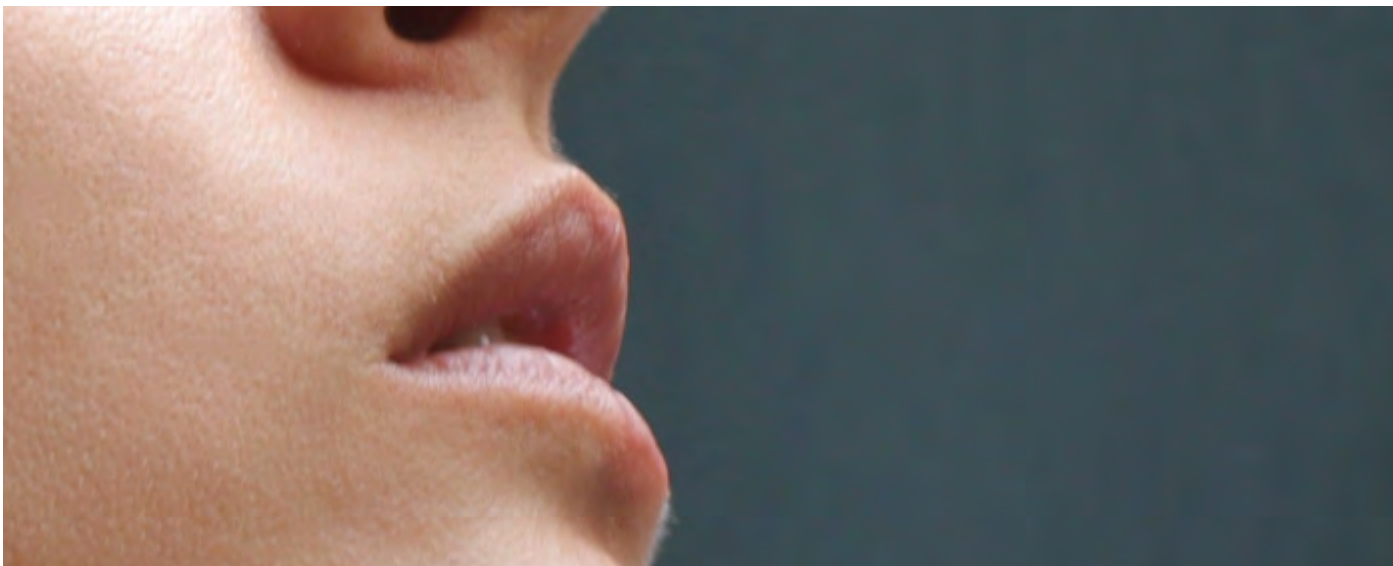
La SCP et la PAA (soit l'association des psychologues de l'Alberta) ont cosigné une lettre adressée au ministre provincial de l'Éducation de l'Alberta dans laquelle elles exprimaient leurs préoccupations mutuelles liées à la décision du CBE (soit le conseil scolaire de Calgary) de mettre à pied des psychologues. Le public peut consulter la copie de cette lettre sur le site Web de la SCP.

9 Deux nouveaux cours de perfectionnement professionnel continu

La SCP a ajouté deux cours en anglais à son offre de cours de formation continue : « *The Emerging and Changing Practice of Police Psychology in a Canadian Context* » sur les pratiques émergentes et changeantes de la psychologie au sein des services policiers au Canada, présenté par les D^{res} Sandra Jackson et Catherine Martin-Doto et les D^{rs} Jeffrey Karp et Kyle Handley, et « *Putting the LEARNING back in Learning Disabilities* » sur la réintroduction de la notion de l'apprentissage dans les troubles d'apprentissage présenté par les D^{res} Maria Kokai, Esther Geva, Carolyn Lennox, Judith Weiner et Debra Lean et le Dr Todd Cunningham. La SCP a également procédé à l'actualisation du cours de la Dre Carole Sinclair intitulé « *Being an Ethical Psychologist* » sur l'éthique du psychologue. Même si vous avez déjà suivi ce cours, vous obtiendrez des crédits si vous suivez cette mise à jour du cours. Pour les étudiants qui poursuivent des études supérieures en psychologie, nous avons mis en ligne, sur notre chaîne YouTube, un atelier gratuit, offert en anglais, intitulé « *SCP Student Workshop: Graduate School in Psychology - Navigating the Application Components with Confidence* » qui porte sur comment naviguer les différentes composantes des demandes de candidature et de bourses pour les écoles supérieures et sur comment se préparer aux entrevues.

10 Campagne visant à améliorer l'accès aux services de télésanté mentale

La SCP a uni ses forces à celles de la Commission de la santé mentale du Canada (CSMC), du Centre canadien sur les dépendances et l'usage de substances (CCDUS), de la Société médicale canadienne sur l'addiction (SMCA) et du Centre de santé mentale Royal Ottawa (CSMRO) pour mener une campagne afin d'améliorer l'accès de tous les Canadiens aux téléservices en santé mentale. La campagne s'attaque aux préjugés associés à la santé mentale, aux préoccupations que plusieurs personnes manifestent lorsqu'elles doivent obtenir de l'aide à distance et aux difficultés que les personnes éprouvent pour trouver ces services.



At a loss for words:

Responding to language barriers in mental health care

Cindy Quan, MSc, University of Victoria, and Catherine L. Costigan, PhD, RPsych, Director of Clinical Training, Professor of Psychology, University of Victoria

Consider the following scenarios. A private practice receives a referral for a Middle Eastern woman who speaks little English. Staff do not speak Arabic and do not know where to find, arrange, and pay for an interpreter. Or a community clinic in Quebec receives a referral to assess a teenager of Chinese heritage who exhibits behavioural difficulties. The teen, but not his parents, is fluent in French. Would it be appropriate to ask a family member or family friend to interpret? These kinds of cases are increasingly common as Canada's linguistic landscape diversifies.¹ In 2016, 649,000 Canadians reported not speaking English or French. Many of these people reside in Ontario (50.4%), British Columbia (23.7%), Quebec (11.6%), and Alberta (9.1%).² Many more Canadians, almost 8 million, reported a non-official language as their mother-tongue.

Health is a human right and access to health services is formalized in Canadian statutes;³ yet, language barriers create inequity in access to mental health care.⁴ “Unfortunately, patients often don’t receive interpretation services, leading to missed diagnoses and inadequate care,” says Jaswant Guzder, MD, Psychiatrist at McGill University. Interpreters provide accurate translations of clients’ concerns. Interpreters also serve as cultural brokers, helping health professionals understand nuances in nonverbal communication and the intersectional context of the client. Importantly, interpreters can also facilitate

discussion of sensitive issues, such as child abuse or intimate partner violence, making them essential to establishing cultural safety for linguistic minority clients.⁵

Inequities in mental health care are especially concerning during the COVID-19 pandemic, since COVID-19-related stressors compound the risk of psychological distress in some communities. For instance, racism directed towards those perceived to be Chinese or Asian has increased.^{6,7} Further, refugees with a history of confinement may experience trauma triggers during self-isolation.^{8,9} Newcomers may experience loneliness, since their opportunities to integrate into the community are curtailed by requirements to self-isolate, and videoconference technology with family elsewhere may be inaccessible.

Little data exists on the number of psychologists who serve linguistic minorities in their practice.¹⁰ As a profession, psychology has an ethical obligation to provide care for those in vulnerable positions to ensure equal access to the benefits of psychological services.^{11,12} Meeting this ethical obligation is challenging; most provinces and territories do not have binding provincial guidelines regarding health care language accessibility.

In many clinical settings, professional interpreters are not used because they are costly or unavailable. Many psychologists are unaware of the potential for serious negative consequences when using non-professional interpreters, which makes them unlikely to advocate for change. Using non-professionals interpreters can compromise client care and the well-being of the interpreter. The therapeutic alliance may be blurred through “role exchange” whereby a poorly trained interpreter asks their own

questions thereby disrupting therapy.¹² Use of family members—especially children—as interpreters poses a risk to family functioning. Parents' privacy is compromised, children may resent the role, and children may be exposed to developmentally inappropriate or traumatizing information.^{13,14} Furthermore, using a more powerful family member as an interpreter (e.g., spouse) may reduce a client's willingness to disclose their concerns.

Whenever possible, interpreters with documented language proficiency and formal training should be hired. Interpreters for mental health services must know the necessary terminology to communicate cultural concepts of distress.¹⁵ Additionally, professional interpreters commit to upholding key ethical elements including confidentiality, impartiality, respect, and accuracy.¹⁶ Some institutions have contracts with language-service companies, such as the BC Health Authorities and the Provincial Language Service. If there is no contract, psychologists should use interpreters through established interpretation organizations.

Healthcare today offers different interpretation options: on-site, over-the-phone, and video interpretation. Each option has pros and cons. In-person interpretation provides more non-verbal information, which can carry important meanings, but can be more difficult and expensive to arrange than telehealth options. Including interpreters via technology adds complexity and requires greater telehealth competencies.¹⁷ Telehealth can also lead to missed information if there is poor network connectivity. Nevertheless, current rapid adoption of telehealth provides increased access to interpretation services.¹⁸

Working with Interpreters

Before a session, it is important to emphasize to the interpreter the need to translate everything in a session. "When a client brings a family friend, that person may insert their own opinion or omit things the client said," says Vanessa Johnson, PhD, a child psychologist in British Columbia. After a session, debriefing with interpreters can improve care and decrease risks of vicarious trauma, since interpreting for clients who are survivors of trauma can lead to complex emotional reactions.^{19,20}

Adding a third person alters the therapeutic relationship. Trust must be developed among three people. Because relationships are foundational to clinical work, it is desirable to use the same interpreter over time. Moreover, similar to when working in rural communities, there is often a higher likelihood that minority clients and their interpreter are from the same community and may interact outside sessions.²¹ Therefore, working with fewer interpreters helps to avoid dual relationships. "Our in-house interpreters work with the same client throughout treatment to ensure role clarity and protection of the client's privacy," says Adrienne Carter, director of the Vancouver Island Counselling Centre for Immigrants and Refugees.

Finally, ask clients if they are comfortable working with their interpreter. It is important to provide an opportunity for clients to express concerns with the interpretation. Feedback can be solicited in session or as part of routine outcome monitoring written in their native language.²²

For a complete list of references, please go to www.cpa.ca/psynopsis

THE "NEW NORMAL"

For this issue of Psynopsis, CPA asked members to look six months or a year down the line, and tell us in 50 words or less how they think psychological practice, research and academics will have been changed, and will have to change, as a result of COVID-19.

"It is conceivable that the COVID-19 pandemic helps engender tendencies towards overly cautious thinking that outlast the pandemic itself and impact people's lives negatively; psychotherapists may thus need to utilize cognitive therapeutic and educational techniques aimed at re-calibrating individuals' risk-assessment approach and making it more consistent with facts and reality."

DANIAL ASADOLAHI, 5th Year PsyD Student, Adler University (Vancouver Campus), BC

"For graduate students, it will be survey on survey data to submit their e-theses on time!"

QUINTA SEON, Research Assistant, Douglas Mental Health University Institute, Montreal, QC

"In consideration of the 2019 Montreal Summit's call for training programs to develop delivery methods to serve northern, rural, and remote regions of Canada, we will realize distributed learning models both already exist and are feasible. Our concept of residency, professional socialization, and online learning will adjust accordingly."

FIONA CUNNINGHAM, MEd, C.C.C., Fielding Graduate University, Clinical Psychology PhD Student (Class of 2024)

"Evidence-based research shows that telepsychology can work very well for both clients and therapists. All the experienced psychologists I know do not want to continue renting offices when they can do a very good job from home and most clients are getting used to the new way of working."

SHARON ZIGMAN, MEd Psychologist

"I am pleased to hear how academia has embraced compassion and kindness when transitioning to remote learning. I hope that this mentality is carried forward post-pandemic. Academia is a tough and isolating journey—let's be kind to one another. May we treat each other with compassion and empathy moving forward."

KAREN TANG, BA (Hons), PhD Student, Clinical Psychology, Transdiagnostic Addiction Laboratory, Dalhousie University, Halifax, NS

"Psychology is well acquainted with 'newness.' Dating back to its historical roots, novelty is/was a virulent principle within psychology. I hope that psychology's attention to 'newness' is known with greater vigour and confidence. To do so, we will have to shine a light on its research and practice contributions on the COVID-19 pandemic to make psychology's value truly seen, known, and felt."

SHIRA YUFE, MA, PhD Candidate in Clinical Psychology, York University, Toronto, ON

AWARD WINNER FEATURE



CONNECTED NORTH

“One of my trips up to Nunavut was working in Cape Dorset, on Baffin Island. It was so foreign to me I almost felt like I had left planet Earth. There are no trees there. I grew up living in the bush just a couple of hours north of Toronto. To be in a landscape that has no trees, that is all rocks, I wondered how people have lived and survived up here? I certainly felt a disconnect when I arrived, and I felt like a complete outsider. When I started working with the youth, one of them said ‘hey, there’s some blackberries up there on the hill—wanna go check it out?’ I got up there and looked at them. They were very similar to the blueberries that we have here in the South, and when I tried one, it kind of tasted like a blueberry, but they called them blackberries. At that moment, I had this connection to the land. You know, even up here in the North, it’s completely foreign to me, and completely alien—but the land still provides. Obviously, these people have lived here for thousands and thousands of years, and they continue to thrive because of their connection to the land. At that moment I felt at home.”

Waukomaun Pawis is Ojibwe, from Wasauksing First Nation. He is Connected North’s Indigenous Education Coordinator with Taking IT Global in Toronto which means, among other things, that he spends a lot of time up North each year connecting with the youth in the various communities he and his company serve.

Connected North is the 2020 recipient of the CPA’s Humanitarian Award, thanks to their dedicated work to connect youth in remote northern communities to Indigenous role models, educational resources of all kinds, and virtual field trips. Originally created by Cisco, Connected North still uses the Cisco TelePresence two-way video technology to reach distant groups of youth. They now operate under the umbrella of Taking IT Global, an organization that empowers youth around the world to understand and act on both global and local challenges.

Waukomaun is not alone in taking the time to connect with the youth in these Northern communities. Anne-Marie Côté, who has a Master’s degree in Organizational Psychology from Carleton University, works in the Ottawa office. Anne-Marie takes a few of these trips a year herself. Waukomaun and Anne-

Marie are facilitators, which means they host the online interactions between the youth in the North and, for example, Xaxli’p First Nation Chef David Wolfman in Toronto.

The point of these trips is twofold. The facilitators get to know the community: their unique culture, their particular needs, and their outlook on their education. At the same time, the community gets to know the facilitator. That way, when Anne-Marie pops up on their video screen to connect them with a behind-the-scenes tour of the Vancouver Aquarium, they know her, and she knows them. They will chat and catch up and learn a little more about each other long before the tour begins. These are the moments Anne-Marie treasures.

“Children spend most of their time growing up at school and I think it’s so important for them to be surrounded by supportive adults and to be in an environment where they feel safe to be who they are and learn. It’s equally important that they have access to engaging and culturally relevant educational resources, regardless of where they are. Really, my main goal is to build empowering and innovative classrooms and be a positive role model so that children will feel like they can come to me easily.”

Waukomaun’s role is a little different, in that he is both a facilitator of these innovative programs, and an Indigenous role model himself. Sometimes he’s connecting students with Nyle Milgizi Johnston, an artist who demonstrates art interactively with students through geometric principles. At other times, it’s Waukomaun himself who is teaching Ojibwe-style drumming and storytelling to those same youth. It’s here that he most sees the difference he makes.

“I’m Ojibwe, I’m Anshinaabe. We always talk about looking ahead to the next seven generations. I think we all feel this natural instinct to support the youth and make sure they have the tools to succeed in life. And also to understand that they have a role in society and that they have a voice. By connecting, it fills our Indigenous role models’ sense of pride, but it’s also important for them to know that they’re helping to support education and the future of the communities they serve.”

This kind of attitude permeates all facets of Taking IT Global. Company CEO Jennifer Correia says that from the beginning, they have placed a singular focus on hiring policies. They now have ten Indigenous team members on staff, two Indigenous board members, and a partly-Indigenous board advisory group that works specifically with Connected North. She says, “Over the past five years, we have grown from zero Indigenous content providers to ninety. Every time organizations join on to help Connected North, we’re asking if they have Indigenous staff. We think it’s important and integral for our composition, but also for the students to see themselves reflected in their learning.”

Those students now do, indeed, see themselves reflected in the lessons they learn and the culture they absorb. They see familiar faces when they log on to the two-way video platform, and they interact with adults they respect and peers they admire. That is the impact of Connected North. North may be where they are but Connected is *what* they are.

2020 Undergraduate Student Research Award for Best Paper in Environmental Psychology

Congratulations to Sara Cochrane (who recently graduated with an honours degree in psychology from Dalhousie University) for winning the environmental psychology section's inaugural Undergraduate Student Research Award! Her paper, "**Attitudes and Beliefs Regarding Spending Time in Nature: An Exploration of the Disconnect with Nature in Undergraduates and Families,**" is outlined in a summary below (references available upon request).



"Nature experiences provide a wide range of health benefits, including improvements in mental and physical health, attention, cognition, and overall well-being. Despite these known benefits, people, and especially children, are interacting less and less with the natural world. Undergraduate students ($N = 82$) and families ($N = 10$), including children ($N = 15$) and parents ($N = 12$) recruited from Halifax, Nova Scotia completed a semi-structured interview based on the capability, opportunity, and motivation model of behaviour (COM-B). Qualitative analyses revealed participants described facilitators and barriers to spending time in nature primarily within three domains of the COM-B model: physical opportunity, automatic motivation, and reflective motivation. Importantly, students' and families' perceive that time constraints is a key barrier, despite expressing an interest and desire to spend time in nature. Accessibility of natural settings also plays a role and seems to interact with lack of time. These barriers contribute to motivational aspects of the behaviour including not prioritizing spending time in nature or creating a habitual behaviour. These findings will lay the groundwork for the development of targeted interventions to increase time spent in nature, ultimately providing more opportunities for the associated benefits of health, well-being, quality of life, and pro-environmental behaviour."

Prix 2020 du meilleur article en psychologie de l'environnement – catégorie étudiant ou étudiante de 1er cycle

Nous transmettons nos félicitations à Sara Cochrane pour avoir remporté le premier prix du meilleur article en psychologie de l'environnement - catégorie étudiant ou étudiante de 1^{er} cycle décerné par la section « Psychologie de l'environnement » de la SCP. Sara a récemment obtenu son baccalauréat spécialisé en psychologie de la Dalhousie University. Nous avons inclus ci-après un résumé de son article intitulé « *Attitudes and Beliefs Regarding Spending Time in Nature: An Exploration of the Disconnect with Nature in Undergraduates and Families* », lequel explore les attitudes et les croyances relativement au temps passé dans la nature et la déconnexion des étudiants de 1^{er} cycle et des familles avec cette nature. Les références bibliographiques sont disponibles sur demande.

Les expériences de la nature élargissent l'éventail des sources de bienfaits pour la santé, y compris l'amélioration de la santé mentale et physique, des capacités d'attention et de compréhension et du bien-être en général. Même si nous connaissons l'existence de ces bienfaits, les gens, particulièrement les enfants, interagissent de moins en moins avec le monde naturel. Les participants à la recherche, notamment des étudiants de 1er cycle ($N = 82$) et des familles ($N = 10$), dont des enfants ($N = 15$) et des parents ($N = 12$) provenaient de Halifax, en Nouvelle-Écosse. Les participants devaient passer une entrevue semi-structurée reposant sur le modèle de prédiction du comportement COM-B. Les analyses qualitatives ont révélé que les facteurs de facilitation et les obstacles au temps passé dans la nature que décrivaient les participants relevaient principalement de trois éléments constitutifs du modèle COM-B, soit l'occasion physique (ou l'opportunité), la motivation automatique et la motivation réflexive. De manière importante, les étudiants et les familles percevaient les contraintes de temps comme un obstacle-clé bien qu'ils aient exprimé un intérêt pour passer du temps dans la nature ou le désir de le faire. L'accessibilité des milieux naturels joue également un rôle et semble interagir avec le manque de temps. Ces obstacles touchent aux facteurs motivationnels du comportement, y compris de ne pas se fixer comme priorité le choix de passer du temps dans la nature ou de créer un comportement d'habitude. Ces constatations posent les bases pour l'élaboration d'interventions ciblées qui viseront à accroître le temps passé dans la nature et, ultimement, multiplieront les occasions de récolter les bienfaits pour la santé, le bien-être, la qualité de vie et les comportements pro-environnement.



The global voice for science, including psychology:

The International Science Council

*Jennifer A. Veitch, PhD,
for the CPA International Relations Committee*

The United Nations brings together all the peoples of the world, represented by their nations, to advance goals of global peace and security. Similarly, the International Science Council (ISC) brings together the scientists of the world to advance global science. These goals are described in three areas:

- Stimulating international science, and communicating that science, on topics relevant to international policy issues;
- Advancing the use of science in evidence-based policy;
- Advancing the free and responsible use of science.

Readers might have heard of a body called ICSU, the International Council for Science, which brought together the physical and natural sciences; or of the International Social Science Council (ISSC), which, as its name suggests, was the international body for the social sciences. In 2018, the two organizations formally merged to form one International Science Council. One implication of this merger is the end of an artificial division between the physical and social sciences,¹ and it brings with it the hope that science and policy alike will make greater contributions to solving the “wicked” problems that face the world by breaking down disciplinary barriers. The merger being only 18 months old, this remains a work in progress.

Unlike other organizations with which we are familiar, the members of the ISC are not individuals: members are international scientific unions, country representatives, and organizations and associations. Canada is represented nationally by the National Research Council of Canada (NRC) and the Social Sciences and Humanities Research Council of Canada. The voice of international psychological science at the ISC is the International Union for Psychological Science (IUPsyS). The CPA is the voice of Canadian psychology at IUPsyS through a partnership agreement with the

NRC. Thus, there are several ways in which Canadians can influence the voice of psychology at the ISC.

Free and responsible use of science

Acting as guardians for the free and responsible conduct of science is an ongoing effort. The ISC Committee for Freedom and Responsibility in Science upholds the Principle of Freedom and Responsibility in Science, which “requires freedom of movement, association, expression and communication for scientists, as well as equitable access to data, information, and other resources for research. It requires responsibility at all levels to carry out and communicate scientific work with integrity, respect, fairness, trustworthiness, and transparency, recognizing its benefits and possible harms.”² This is the principle that is invoked when, as sometimes happens, scientists are refused visas to attend international conferences; one of the tasks undertaken by the ISC in such cases may be to bring the cases to public attention. More generally, the ISC works to promote the importance of the free exchange of ideas in order to advance knowledge and to form the basis for effective public policy.

Advancing science

ISC has several ongoing research programs and promotes initiatives on topics of global importance. The ISC has partnered with national and non-governmental research funding bodies to initiate the “Decade of Global Sustainability Science Action” to speed science that will support the 17 UN Sustainable Development Goals in the UN’s 2030 Agenda. Canada is a partner in this program through the International Development Research Centre,³ through which the federal government funds research (including doctoral studies) that aims to find solutions to targeted global development challenges. International psychology and environmental psychology are among the sub-disciplines that might take on these challenges and could find congenial communities to foster advances on these critical topics.

Space science is a longstanding ISC interest, through the Committee on Space Research (COSPAR), which long predates the ICSU-ISSC merger. COSPAR, of which Canada is a national member, fosters international science through organizing biennial symposia, publishing two peer-reviewed journals, and recognizing excellence through an awards program. Although there are psychologists (including CPA Gold Medal recipient and Past-President Peter Suedfeld) who are very active in studying the social and behavioural aspects of space flight, COSPAR activities do not yet encompass the social sciences, including psychology. Fully integrating the disciplines will be an ongoing endeavour.

Advancing science in policy

Under the objective of science-for-policy, the ISC works with the United Nations, acting as an organizing partner for events in the Scientific and Technological Community Major Group. Presently these address the Sustainable Development Goals, disaster risk reduction, climate change, urbanisation, and biodiversity. Through these targeted activities, the ISC convenes scientists to participate

in official UN events, including (for example) the annual Council of Paris (COP) meetings. There are behavioural components to most of these activities, although the role of psychology in this aspect of ISC work remains limited.

Bringing together the international scientific community in one ISC offers the opportunity for psychology to raise its profile among the sciences by demonstrating the unique combination of perspectives, knowledge, and skills that it brings to the study of the most difficult problems facing the world. A short read of the ISC website displays many opportunities of this kind waiting to be realized. In order to realize the promise of this merger—and to make our proper contribution to solving these critical global problems—psychology needs to step up and be heard. A good starting place for CPA members wishing to take on this work is to contact members of the CPA International Relations committee.

2020 Robert Sommer Award for Best Graduate Student Paper in Environmental Psychology



Congratulations to Karine Lacroix (who recently earned her PhD from the University of Victoria) for winning the environmental psychology section's annual Robert Sommer Award! Her paper, "**Tailoring interventions to distinct meat-eating groups reduces meat consumption,**" is outlined in a summary below (references available upon request).

"When attempting to facilitate pro-environmental behaviour, we must consider the motivators and barriers specific to the targeted behaviour and how these vary between different groups of individuals. In this experiment, we designed three interventions targeting plant-based diets for three groups of Canadians: meat-reducers, moderately hindered meat eaters, and strongly hindered meat eaters. The intervention focused on implementation intentions for the meat-reducer group, on providing healthy recipes for the moderately hindered group, and on substituting red meat with white meat or plant-based proteins for the strongly hindered group. We hypothesized that participants that were randomly assigned to an intervention that was specifically designed for their group (i.e., group-matched) would show greater reductions in meat consumption compared to those randomly assigned to group-mismatched conditions. Following the intervention, we measured consumption of animal products for up to 28 days, which was then weighted according to each animal product's greenhouse gas emissions. Participants in the group-matched conditions reduced their animal product consumption by 40 grams of CO2 per day on average, which is approximately equivalent to replacing one chicken-based meal with a vegetarian meal per week. Participants in the group-mismatched conditions showed no reduction. Our findings point to the potential benefits of emphasizing meat substitution for strongly hindered meat eaters, which make-up most of the Canadian population."

Prix Robert Sommer 2020 du meilleur article en psychologie de l'environnement

Nous transmettons nos félicitations à Karine Lacroix qui a remporté le prix annuel Robert Sommer 2020 décerné par la section « Psychologie de l'environnement » de la SCP pour son article intitulé « **Tailoring interventions to distinct meat-eating groups reduces meat consumption** » portant sur la façon dont des interventions adaptées à des groupes distincts de mangeurs de viande contribuent à la réduction de la consommation de viande. Karine a récemment obtenu son doctorat de la University of Victoria. Nous avons inclus ci-après un résumé de son article primé rédigé à l'origine en anglais. Ses références bibliographiques sont disponibles sur demande.

Lorsque nous tentons de faciliter l'adoption de comportements pro-environnement, nous devons prendre en considération les facteurs de motivation et les obstacles spécifiques liés au comportement recherché et tenir compte de la façon dont ces éléments varient entre différents groupes de personnes. Dans le cadre de cette expérience, nous avons défini trois types d'interventions reposant sur des régimes alimentaires à base de plantes selon trois groupes de Canadiens consommateurs de viande : ceux qui visent à diminuer leur consommation de viande, ceux qui visent à baisser modérément leur consommation de viande et ceux qui ne visent aucunement à réduire leur consommation de viande. Les interventions visaient à inciter les consommateurs qui voulaient diminuer leur consommation de viande à le faire, à offrir des recettes santé aux consommateurs qui cherchaient à baisser modérément leur consommation de viande et à proposer aux consommateurs qui ne cherchaient aucunement à réduire leur consommation de viande des façons de remplacer la viande rouge par de la viande blanche ou par des produits à base de plantes.

Nous avons émis l'hypothèse que les participants qui avaient été assignés au hasard une intervention spécifiquement conçue pour leur groupe (c.-à-d. un appariement) montreraient une réduction de consommation de viande plus forte que chez les participants pour qui l'intervention ne correspondait pas à leur profil de consommateur (c.-à-d. disparité de situation). Suivant notre intervention, nous avons mesuré la tendance de la consommation de produits d'origine animale pour une durée allant jusqu'à 28 jours, une mesure qui a ensuite été pondérée en fonction des émissions de gaz à effet de serre de chaque produit animal. Les participants du groupe « appariement » ont réduit en moyenne leur consommation de produits d'origine animale de 40 grammes de CO2 par jour, ce qui correspond en moyenne à la substitution d'un repas à base de poulet par un repas végétarien par semaine. Par ailleurs, chez les participants du groupe « disparité », aucune baisse de consommation de viande n'a été constatée. Les conclusions de la recherche mettent en évidence les avantages potentiels de mettre l'accent sur l'incitation à favoriser les produits de substitution à la viande chez les consommateurs qui ne cherchent aucunement à réduire leur consommation de viande, soit la majorité de la population canadienne.



"Opening up a space to discuss the psychological well-being of psychology graduate students at the individual and systemic levels not only contributes to improving the current reality on campus, but also sets the stage for them to do the same in their future practice and workplace."

"Créer un espace pour discuter du bien-être psychologique des étudiantes aux cycles supérieurs en psychologie à l'échelle individuelle et systémique contribue non seulement à améliorer la réalité actuelle sur le campus, mais également à ouvrir la voie à ce qu'elles et ils fassent de même dans leur pratique et lieu de travail futur."

Release of the Graduate Student Mental Health Report

The Ad Hoc Mental Health Working Group, comprised of Marie-Pierre Daigle, Marie-Pier Vandette, Shawn Sanders, and Tim Aubry, PhD, is pleased to announce the release of its final report. The report presents the results and recommendations from the needs assessment of mental health services available to graduate students in psychology at the University of Ottawa.

In response to the findings in the report, the Mental Health Working Group announced the creation of an Implementation Committee in the School of Psychology tasked with implementing

the report's recommendations.

The Mental Health Working Group thanks the Centre for Research on Educational and Community Services, School of Psychology, Faculty of Social Sciences, and the Hudson's Bay Company for their valuable support of the project.

*Please note that the executive summary includes the recommendations made to the Faculty of Social Sciences only. An exhaustive list of recommendations, including those made to the School of Psychology, can be found in the report.

[Read the report's executive summary](#) or [read the assessment report](#).

Publication du rapport sur la santé mentale des étudiants aux cycles supérieurs

Le Groupe de travail ad hoc sur la santé mentale, formé de Marie-Pierre Daigle, Marie-Pier Vandette, Shawn Sanders et Tim Aubry, PhD, a le plaisir d'annoncer la publication de son rapport final. Le rapport présente les résultats et les recommandations provenant de l'évaluation des services en santé mentale offerts aux étudiantes et aux étudiants aux cycles supérieurs en psychologie de l'Université d'Ottawa.

En réponse aux résultats du rapport, le Groupe de travail a annoncé la création d'un Comité d'implémentation à l'École de psychologie chargé de mettre en œuvre les recommandations

découlant du rapport.

Le Groupe de travail remercie le Centre de recherche sur les services éducatifs et communautaire, l'École de psychologie, la Faculté des sciences sociales et la Baie d'Hudson pour son précieux soutien envers le projet.

*Veuillez prendre note que le sommaire exécutif ne comprend que les recommandations faites à la Faculté des sciences sociales. Une liste exhaustive des recommandations, incluant celles faites à l'École de psychologie, peuvent être trouvées dans le rapport.

[Lire le sommaire exécutif du rapport](#) ou [lire le rapport d'évaluation des besoins](#).

UPGRADE YOUR SKILLS AND FULFILL CPD REQUIREMENTS WITH THE CPA'S ONLINE COURSES

Lifelong learning opportunities at your own pace. Successful learners receive a Certificate of Completion with CPD credits that are recognized across Canada and by the American Psychological Association.

18 web-based courses available.

Topics Include – Ethics, Opening a Private Practice, Knowledge Mobilization, Psychopharmacology for Clinicians and CBT Techniques for Anxiety, Insomnia and Psychosis.

Just launched this year – two popular new courses: *The Emerging and Changing Practice of Police Psychology in a Canadian Context* (5.5 CE Credits) and *Putting the LEARNING Back in Learning Disabilities* (2.5 CE Credits).

More group licenses for institutional use are now available – one price provides unlimited learning opportunities for staff for a full year.

MORE COURSES COMING SOON!

CANADIAN
PSYCHOLOGICAL
ASSOCIATION



SOCIÉTÉ
CANADIENNE
DE PSYCHOLOGIE

Learn more at:
cpa.ca/professionaldevelopment/webcourses



VIRTUAL
VIRTUEL 2020

**CANADIAN PSYCHOLOGICAL
ASSOCIATION'S
2020 VIRTUAL SERIES**

JULY 6TH TO AUGUST 28TH, 2020

CONVENTION.CPA.CA

CANADIAN
PSYCHOLOGICAL
ASSOCIATION



SOCIÉTÉ
CANADIENNE
DE PSYCHOLOGIE