PSYNOPSIS

CANADA'S PSYCHOLOGY MAGAZINE

HEALTH PROVIDER WELLNESS

MÉLANIE JOANISSE, C.PSYCH
Guest Editor

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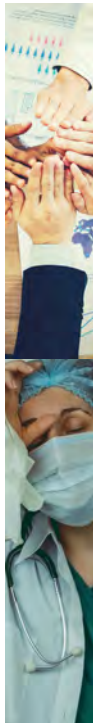
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HEALTH PROVIDER WELLNESS

MÉLANIE
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MESSAGE FROM THE GUEST EDITOR

How are you doing? Regardless of one's preferred psychological orientation, this question is part of all psychologists' repertoire. Having said that, over the past two years, another question has grown in importance: How am I?

When I was invited to be the guest editor of a special issue of Psynopsis on Health Provider Wellness, I thought long and hard about this subject and theme. After having experienced several months of the pandemic, I wanted to avoid this publication being perceived as a "self-care sermon". In my interactions with fellow psychologists and other health care professionals, I have noticed a certain amount of weariness when one is reminded of the importance of self-care. As psychologists, we are well aware of factors that contribute to resilience and well-being. We are aware of the importance of exercise, nutrition, sleep, personal care and coping strategies to effectively manage our stress and optimize our physical and mental health. However, implementing these strategies in everyday life can be quite a challenge when we are tired, overwhelmed by demands, and torn between our personal and professional responsibilities.

Instead, I wanted to bring to the forefront articles that address well-being from different perspectives. This special issue not only features initiatives launched by psychologists, and their colleagues, to help health care workers during the pandemic but also brings to light testimonies and perspectives that raise the notion of our common humanity in terms of suffering and the importance of peer support. In fact, I thought it was important to reframe wellness discourse as a collective, normalizing discourse rather than a discourse that triggers shame or a sense of failure. The work we do is crucial, but it can also become cumbersome. This heaviness can be exacerbated when we are in the middle of a pandemic and social upheaval. Coping with human suffering on a daily basis when we ourselves are burnt-out and worried about the future, can lead to a range of experiences and reactions, moving from the desire to respond to the call at the beginning of the pandemic to a sense of helplessness as the waves of COVID accumulate.

A recurring theme in discussions about the well-being of health care workers is the difficulty often faced with accepting one's own vulnerability and reaching out for support. I believe that psychologists are not immune to this, despite the fact we validate and normalize the experiences and challenges

of our patients on a daily basis. Psychology attracts those who are motivated to help others, the discipline also attracts high-performing individuals seeking excellence, who may be more inclined to experience a sense of failure in the face of the challenges of our profession (eg., when a patient dies by suicide), and anxiety about uncertainty. I remember very well being quite obsessive at the beginning of the pandemic with the choices of the platform to use; then about which health measures to implement in my private practice. We have a strong desire to "get it right", but what happens when there is no clear path forward when our plans become outdated as quickly as we put them into place? This can provoke many reactions. For myself I remember, at one point, feeling I was failing in all areas of my life. I couldn't be the psychologist I wanted, given increasing demands and challenges at home (i.e., being hypervigilant to my daughter's runny nose); I couldn't be the mother I was hoping for as demands at work were intensifying; I no longer had compassion for my poor spouse at the end of the day, and my body reminded me I was not the athlete of old because the simple fact of going up the stairs to the second floor of the hospital left me gasping for air. Then, when we dared to believe that things would stabilize with the arrival of vaccinations and decline of COVID-19 cases, life had other surprises. I write this a few days after the demonstrations of the «Freedom Convoy» in my city and a few hours after the invasion of Ukraine. This makes me realize the importance of not only focusing on individual well-being but also on our collective well-being.

In fact, from upheavals generally emerge movements and change. The authors of the various articles in this issue refer to them in their own way. They note how our profession can seize the opportunity to rethink how we define well-being. They suggest that we communicate openly, engage in more authentic conversations that are sensitive to the context from which individuals emerge, even if this takes us out of our individual and professional comfort zones. They encourage us to support ourselves in the pursuit of a "collective resilience". In fact, there seems to be a collective call to go back to basics, to what is important, to what makes sense and to be courageous in doing so. Daring to do things differently, daring to say no, daring to be imperfect, daring to prioritize our personal and collective well-being in the face of the demands for increased performance within the various systems in which we operate. Daring to make others accountable in the face of injustice, daring to make changes that are more in line with our values, daring as a professional to contribute publicly to help Canadians and the world.

With that, I hope this issue will be a kind of balm that will validate and normalize your experience over the past few months, but also one that will inspire, stimulate and remind you of your importance, not just as a professional, but as an individual.

Thank you to all of you, colleagues. Whatever the future holds, I hope we can deal with it in a way that is inclusive, compassionate, and kind, as well as evidence-based. ■

PSYNOPSIS
CANADA'S PSYCHOLOGY MAGAZINE

Psynopsis is the official magazine of the Canadian Psychological Association. Its purpose is to bring the practice, study and science of psychology to bear upon topics of concern and interest to the Canadian public. Each issue is themed and most often guest edited by a psychologist member of CPA with expertise in the issue's theme. The magazine's goal isn't so much the transfer of knowledge from one psychologist to another, but the mobilization of psychological knowledge to partners, stakeholders, funders, decision-makers and the public at large, all of whom have interest in the topical focus of the issue. Psychology is the study, practice and science of how people think, feel and behave. Be it human rights, health care innovation, climate change, or medical assistance in dying, how people think, feel and behave is directly relevant to almost any issue, policy, funding decision, or regulation facing individuals, families, workplaces and society. Through *Psynopsis*, our hope is to inform discussion, decisions and policies that affect the people of Canada. Each issue is shared openly with the public and specifically with government departments, funders, partners and decision-makers whose work and interests, in a particular issue's focus, might be informed by psychologists' work. CPA's organizational vision is a society where understanding of diverse human needs, behaviours and aspirations drive legislation, policies and programs for individuals, organizations and communities. *Psynopsis* is one important way that the CPA endeavours to realize this vision.

CANADIAN PSYCHOLOGICAL ASSOCIATION

SOCIÉTÉ CANADIENNE DE PSYCHOLOGIE

FROM THE PRESIDENT'S DESK

KERRI RITCHIE (CPA President 2022-2023), Ph.D., C.Psych.

I have had the privilege of being involved in the research and implementation of health care wellness for over a decade. Today, as I reflect on my experiences, it is the National Day of Mourning, for workers who have been killed, injured, or have suffered illness as a result of work-related incidents; the third one we have marked since the COVID pandemic began. Many of us can remember the early days of the pandemic, when we knew very little, and the first time we walked into a room with a patient who was hospitalized with COVID-19. Being equally concerned about the patient and family, and what we might bring home to our own families became part of the work life for so many.

One of the fundamental aspects of what has changed for me is my relationship with 'my PPE", for which I am attached in a way that I was attached to my first teddy bear. The difference of course, is that I imbued magical comfort and protection qualities to my teddy bear. The effectiveness of masks and other protective equipment is backed by science. Wellness is broad but starts with physical safety. It covers what

should be basic for us all, food and shelter. Health and wellness work in psychology includes Justin's Presseau's research on face touching, Kim Lavoie's work on understanding vaccine choices, and Meghan Norris' use of social media to encourage "masking up".

The wellness of those providing care during the pandemic has been a focus of attention because of the extraordinary working conditions that have emerged over the course of this pandemic, as the articles in this issue illustrate, there are some unique experiences for those working in the health care system. Many of these are shared by everyone who has provided front line services during the pandemic. Those who work in health care are not the only ones struggling to maintain their wellness.

We tend to use the terms wellness, mental health, and mental illness interchangeably, but they are distinct and require different levels of care and support. As Canadian continue to cope with what is happening in their lives;

grief, medical illnesses, relationship break ups, losses of changes in jobs, there is an increased demand for mental health services, without the commensurate increase in service providers, and with the same barriers to accessing funded care that existed pre-pandemic.

Further, mental illnesses, as with any group of illnesses, are diverse and require different approaches and treatments. Access to evidenced-based and qualified service providers for mental illness is a continued and growing need. Timely access to care by qualified service providers is as necessary for mental illnesses as it is for cardiac or obstetrical care. Web-based services alone cannot address all physical illnesses and the same is true for mental illnesses.

My hope is that as we highlight the impact of wellness, mental health, and mental illness for Canadians, we listen to the experiences of Canadians and use these experiences to guide our investments in making access to psychological services more equitable for those who need them.

LOOKING BEYOND SELF-CARE IN HEALTH CARE

The Ottawa Hospital's approach to organizational wellness

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In recent years, a global shift has led to a sharper focus on organizational responsibility to support staff and physician health and wellbeing, At The Ottawa Hospital (TOH), the wellness journey began in 2010. As part of this process, the hospital conducted needs assessments and provided wellness programming. In 2019, while planning a new electronic charting system, the hospital created a systematic wellness assessment process for its staff and physicians, which has continued through the pandemic. The aim was to support the longitudinal tracking of wellness over time within the organization and provide actionable data for targeting wellness programming, education and resources. However, there are few methods published that serve as guidance for the implementation of monitoring wellness to help quantify wellness changes at an organizational level over time, and to spotlight the professions, roles and departments most impacted.

TOH instituted a five-minute wellness pulse survey, initially conducted bi-monthly and now quarterly. The measures selected were developed by Canadian researchers, cost-free, bilingual, and allowed for one set of measures to be used across multiple roles in our organization.

- Optional demographics section to allow results to be seen by role/differentiate between staff and physicians.

- Stress Satisfaction Index (measured using roll-up of a six-question survey by Guarding Minds at Work[1]): this captures the extent to which people are more stressed than satisfied at work.

Questions that make up this score look at whether stressors, such as job demands and effort, outweigh satisfiers, such as recognitions and decision-making authority.

- Empowerment score (measured using a roll-up of a two-question empowerment tool by Heather Laschinger[2]): captures whether people feel enabled to make decisions in the areas they control and are responsible for, in their job.

- Overall health and wellbeing score (measured using a six-question mental health self-assessment by the Canadian Armed Forces[3]): captures how people are feeling over the last two weeks; scores on a continuum from good mental health functionality to common and revisable distress, to persistent and/or severe functional impairment.

- An open text question for people to provide any other feedback, and for which thematic analyses are conducted.

More recent additions include:

- Moral distress questions.

- Levels of awareness and satisfaction with in-house wellness resources.

To guard against survey fatigue, we use a stratified sampling process for the staff. Sample size is selected based on the targeted margin of error of less than 5 percent and an estimated 30 percent response rate from staff. These expected response rates were selected based on the response rates of previous surveys conducted at TOH. The physicians elected to survey their entire group at each interval

The findings from two of our measures can be seen in graphs below comparing nurses, physicians, other healthcare providers (HCP's), and all other staff.

Substantial differences in self-reported stress and overall health and wellbeing were identified for clinical compared to administrative roles at TOH. For front-line staff, the onboarding of a new medical technology was experienced as significantly more stressful than the initial phases of working in the pandemic. However, over time, the pandemic took a toll on nurses, followed by physicians, and other health care providers, experiencing the most significant impact on their wellness and their work stress to satisfaction ratio.

These findings led TOH to develop the People Engagement and Wellness Strategic Plan as a key high priority for the organization. Our multi-pronged approach to wellness programming included a stepped care model. The specific topics and intensity of the intervention were guided by the wellness survey data and staff requests.

1) Web-based support accessed through a desktop wellness icon, development of a TOH wellness app, wellness articles offered in a weekly hospital newsletter.

2) Virtual offerings of Self-care and relaxation moments and wellness webinars, staff appreciation and acknowledgement initiatives

3) Development of peer support and buddy-up program

4) Onsite mental health services offered

Wellness is often included as a competency or an ethical responsibility for health care providers. However, the organizations in which we work also have a role and responsibility to actively work on supporting wellness and reducing the culture of stigma by embedding wellness and mental health supports within the workplace. The initiatives we have outlined can be used to assess needs, as well as respond to common issues and challenges, that can be piloted and adapted for implementation within healthcare settings.

Stress Satisfaction Index

Feeling Injured or Ill
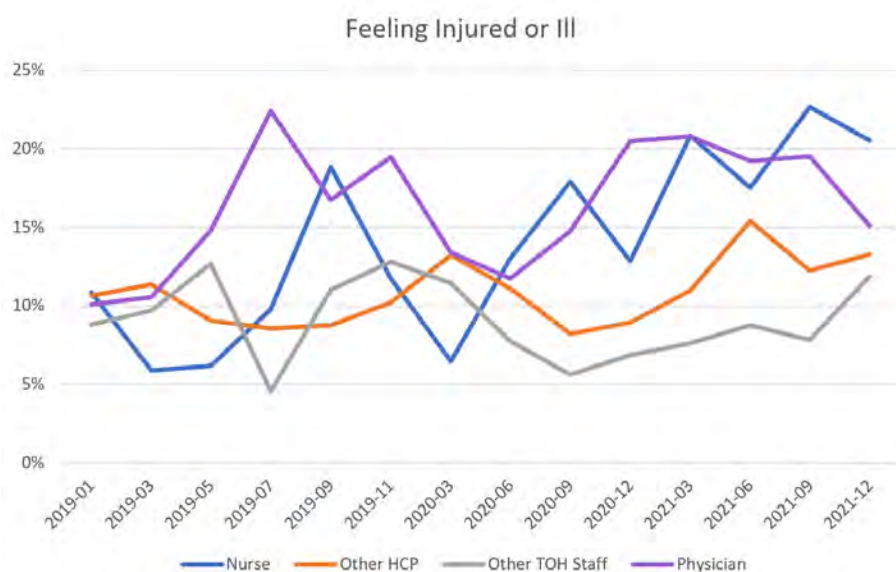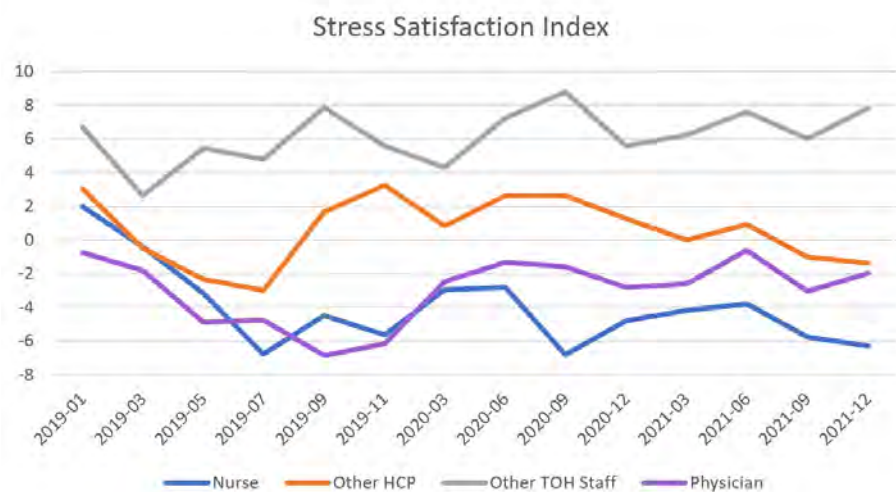
THE CONSULTATION GROUP

Self-Care and Strategies

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Death by suicide are words no mental health worker wants to hear. A client's suicide often induces stress levels that are equivalent to the death of a family member or loved one (Hendin et al., 2004). Death by suicide of a client is an emotional and, at times, traumatic event for therapists. (Ellis and Patel, 2012). How can we take care of ourselves when faced with such unsettling events?

Consultation Groups

Consultation groups are often a great means to discuss new advances in the field, clinical interventions, treatment planning, protocol adherence, and so on. Collaborating with a group of professionals and sharing ideas in order to best meet the needs of clients is necessary and exciting. It often gives therapists the energy and confidence needed to continue working with clients presenting complex needs. Therapists gain new tools and add innovative ways to continue to help clients therapeutically. Interacting with other mental health professionals through teaching and consultation remains an important source of my own ongoing learning and enjoyment. In my experience, consultation groups can also assist therapists in navigating their way to restored confidence following the aftermath of a client's death by suicide.

We have been providing consultation to groups of psychologists, social workers, and psychiatrists for many years now. In a recent small group consultation of senior clinicians, one of the therapists spoke of losing a client to suicide. As we began to talk, we realized each group member had a similar and recent experience. The group were all highly-trained trauma specialists accustomed to dealing with suicidality among their patients. We often discuss client safety and related protocols in our consultations. To have all shared a recent interaction with clients related to death by suicide or attempting suicide was unexpected. That all therapists in the group had similar and recent experiences provided a degree of comfort and helped alleviate the self doubt experienced by the therapists; this was not unique to one therapist nor was it reflective of their skills or strategies. Throughout the pandemic, in both individual and group consultation, I have noticed that more clinicians have had these experiences in therapy situations. There is strength and solidarity for therapists coming together in these robust discussions to process these difficult experiences. There is indeed a way forward.

Last year, at the CPA convention, we spoke about a new EMDR protocol, called STEP, that was being developed to assist mental health workers and physicians to deal with the challenges presented to them. The protocol can be delivered on an individual or group basis. Results of our randomized control study showed statistically significant decreases in stress and depression and statistically significant increases in self-efficacy following the self-care protocol (Moench, Billsten, 2021). We have continued to use the protocol with a number of groups with promising results. Time and financing have been a barrier to moving the protocol forward; however, we are hoping to continue to offer self-care groups for clinicians dealing with the upheaval in their practices along with the increased demands at home and at work.

Graduate school does not give us all that we need to know to be the most effective professional in a changing world. No one therapist knows it all nor possesses the words or solutions to all mental health situations in the therapy environment. Learning needs to continue. The consultation group is one of those opportunities to develop and grow as a clinician, as well as taking care of ourselves. The consultation group is a valuable source of accessing resources through sharing information and not going forward in isolation. It helps us process and cope with difficult situations, such as a client's death by suicide. The solidarity, shared experiences, and teachings provided by the group are invaluable and empowering. When faced with tragic situations, we often go into self-doubt, thinking we did something wrong or missed something. This may lead to shame and a tendency to retreat. We need not feel isolated. Let's continue to talk about it and act on it!

We emerge from our consultation groups even more convinced of their value and how they benefit the clinician to better meet the needs of clients. We recognize that we are not alone with the increasing demands on us. We are stronger together!
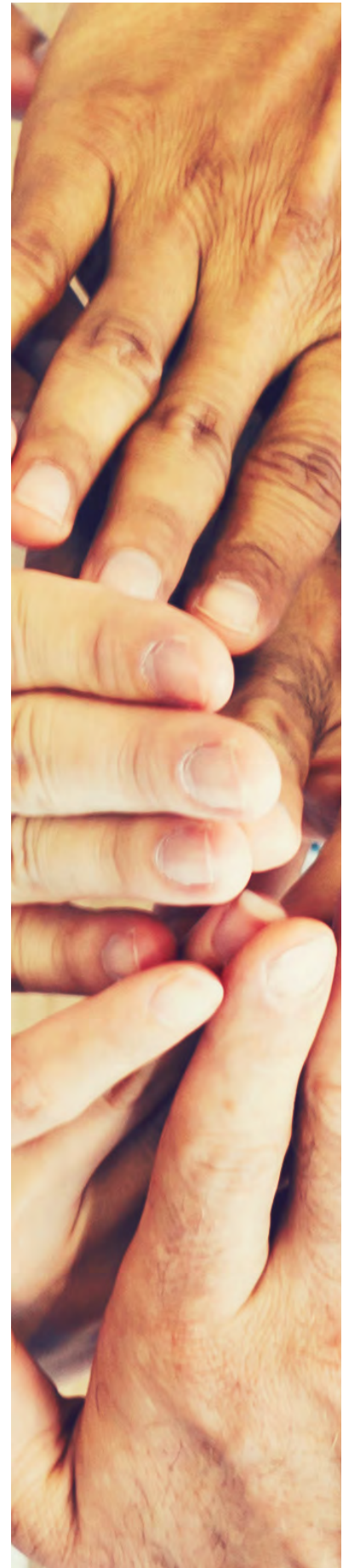
REDEFINING SELF-CARE FOR FEMALE MENTAL HEALTH CLINICIANS

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Any practicing mental health clinician is at least cognitively aware of the importance of self-care, and indeed the Canadian Code of Ethics for Psychologists[1] states under the principle of Responsible Caring, Ethical Code II.12, that psychologists "engage in self-care activities that help avoid conditions (e.g., burnout, addictions) that could result in impaired judgement and interfere with their ability to benefit and not harm others" (p.17). Self-care has been shown to have a positive impact on psychologists' health and wellness and has also been shown to affect professional functioning, including patient outcomes[2]. Although attempts to motivate psychologists towards self-care are often approached from the perspective of client or patient care, which is undeniably important, we argue there is another perspective that should be equally compelling to us as a profession; namely, wanting to create a professional culture that is congruent with the very goals of our theory, research, and practice, all of which are designed "to understand, predict, and alleviate maladjustment, disability, and discomfort as well as to promote human adaptation, adjustment and personal development."[3] As psychologists, do we not also deserve that which we seek for our patients/clients? Shouldn't our wish for ourselves and our colleagues be to thrive, not to simply avoid burnout?

Unfortunately, the reality is that psychologists receive minimal or no formal training in the area of self-care and, as a result, often enter the profession naïve to the inherent stressors or "hazards" of our work[4] and unaware of the strategies to proactively mitigate their impact. Adding to this is research suggesting many psychologists have histories and vulnerabilities that may place us at greater risk for distress and impairment and that we may be attracted to this profession, in part, because it enables us to continue in our earlier caregiving roles[5]. We would argue that self-care is further complicated for female psychologists due to the ongoing societal messages women receive regarding their primary role as "carers" and the expectation that others' needs be put ahead of their own and due to the discomfort that is experienced when we act in ways that go against these entrenched messages.

Not to negate the importance of self-care for male clinicians, we do believe women experience some unique factors that need to be explicitly addressed if we are to truly support a culture of wellness for female mental health clinicians. An important part of this effort is to promote a concept of self-care that counteracts the more commodified narrowly defined version of self-care that's often directed at women (e.g., bubble baths, massages, and chocolate) and, in its place, adopt a broader definition that addresses the unique aspects of our work and individual realities. Based on the literature specific to psychotherapist self-care[4] and research supporting the benefits of positive psychology, acceptance and commitment therapy, and self-compassion [6, 7, 8], we propose a model of self-care for female mental health clinicians that is based on four pillars: connection, compassion, courage, and creativity.

The pillar of connection includes thoughts and actions that promote a positive connection with others (including like-minded female mental health clinicians who will help us change the culture) as well as a strong connection to and understanding of ourselves (including, but not limited to things like our individual values and vulnerabilities). Compassion encompasses thoughts and actions that promote balance between self and other and also incorporates "fierce self-compassion" which appears particularly relevant for women[8]. We include gratitude as an important part of this pillar as well and believe these practices serve an important role in reminding us of the things that give us meaning and purpose, both in our personal and professional lives. Although perhaps not readily obvious, we view courage as an essential pillar of self-care for women.

Effective self-care often involves doing things that are difficult and cause discomfort; things that go against the unhelpful rules or messages we may have received through our socialization as women. Lastly, we include creativity as an important pillar for self-care. Creativity and play are foundational to our existence as humans and neuroscience shows multiple benefits, including contributing to the development of socially adept and flexible brains[9]. The ability to find humour in our daily lives can also be a powerful tool in combatting the heaviness that can come with our work and the realities of being an imperfect human in an imperfect world.

An equally important component to self-care is understanding which education and training methods are likely to be most effec-tive in promoting change. A recent sys-tematic review of studies involving samples of counselling and clinical psychology grad-uate students suggested that direct inter-ventions and experiential approaches may be more beneficial than didactic training and that "creating a culture of self-care" (i.e., graduate programs that emphasize self-care) may also have benefits in terms of self-care utilization[10]. These findings aren't particularly surprising and likely reflect many of our own experiences: we attend a workshop on self-care and leave with the best of intentions, only to feel quickly defeated when the longer standing messages and culture intrude upon and derail our best intentions.

As the COVID-19 pandemic has highlighted like never before, mental health professionals provide an invaluable service, and deserve to not only survive but truly thrive in our roles. We hope that our initiative will help to be a catalyst for lasting change around how our profession conceptualizes, models, and embraces self-care.

IMPROVING CARE AND SAFETY FOR ALL

Integrating Trauma-Informed, Culturally Safe Perinatal Practices for Both Patient and Provider Wellbeing

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The ongoing COVID-19 pandemic has had an unprecedented impact on health systems across the globe and on the wellbeing of healthcare workers. There is growing documentation of frontline healthcare workers reporting high rates of burnout, depression, anxiety, and moral distress[1]. Concurrently, the pandemic has also highlighted, and intensified, systemic inequalities in healthcare access and outcomes[2]. With this has come growing awareness of the role of healthcare providers in addressing prejudice and discrimination in healthcare on both an individual and organizational level[3]. Simultaneously, this call to action is occurring at a time when healthcare provider wellbeing is significantly impacted. All these challenges raise questions about how systemic inequalities and cultural safety interplay with healthcare provider wellness. Healthcare providers also experience racism and discrimination in the workplace (for example[4] TOH Healthy Conversations Series https://www.ottawahospital.on.ca/en/healthy-conversations-about-racism/), which is associated with greater risk of secondary traumatic stress[5]. It is proposed that training and interventions that foster a shift towards culturally safe, trauma-informed care and workplaces are a key step in facilitating both staff and patient wellbeing.

The identified goal of the Maternal and Newborn Care Unit (MNCU) Diversity and Inclusion Working Group at The

Ottawa Hospital is to promote the wellbeing of all patients and staff members through the provision of culturally safe care and fostering a culturally safe workplace. The working group includes members from a range of healthcare disciplines within The Ottawa Hospital, community partners, and people with lived experience. The working group identified two key deliverables: (1) language changes to promote gender inclusivity in birthing and newborn care and (2) developing curriculum for staff training in trauma-informed care that is embedded within a cultural safety lens.

Understanding Trauma Experiences, and Their Impact on Healthcare

Trauma experiences are common and intertwined with social determinants of health. Over 60% of Canadians report exposure to at least one adverse childhood event (or 'ACE'[6]), and 9.2% of Canadians experience post-traumatic stress disorder[7]. Additionally, healthcare providers are also at risk of traumatic experiences in the workplace (e.g., secondary trauma, workplace violence) which then accentuates past traumatic events[8].

Members of marginalized groups and identities are at increased risk of experiencing trauma in life. For example, women, individuals who are LGBTQ+, as well as those who have completed less education, and have a lower income report a significantly higher number of ACEs[6]. It has been argued that there is a need to expand the definition of ACEs to include racism and discrimination to better understand the associated burden on health outcomes[9]. Indeed, trauma can occur from a single event and/or series of events or circumstances that are experienced by an individual as physically or emotionally harmful, or life-threatening, including exposure to systemic racism, discrimination, and oppression[10]. These experiences of trauma activate a chronic stress-response, which is linked to physical and mental health consequences. For pregnant individuals, this chronic dysregulation of the stress-response systems can also have a negative impact on the developing fetus's stress response[11], as well as other health risks such as delivery outcomes[12]. Further com-plicating the picture is the considerable body of literature that highlights how inequities in perinatal outcomes are influenced by social determinants of health[13]. For example, exposure to racism is associated with more severe post-partum mental health concerns[14]; and many unmet perinatal healthcare needs have been identified for LGBTQ+ birthing parents and families as a result of cis-gender, heteronormative assumptions in healthcare provision[15].

Trauma-Informed, Culturally Safe Care

In light of these challenges, a broad, cultural shift toward understanding how to foster and facilitate safety through a diversity lens may contribute to greater stress reduction which is essential to both patient healing outcomes and staff wellbeing. Trauma-informed care provides an important framework for implementing these changes, as it "acknowledges the need to understand an individual's life experiences in order to deliver effective care and has the potential to improve patient engagement, treatment adherence, health outcomes, and provider and staff wellness"[16]. The principles of trauma-informed care on an organizational and clinical level include promoting empowerment, safety (as defined by the individual), choice, collaboration, and trustworthiness for staff and patients[10]. Given the link between trauma, health outcomes, inequity, and discrimination it is essential that trauma-informed care is responsive to cultural diversity.

Adopting a perspective of cultural safety and humility involves lifelong learning, self-reflection, and critique, recognizing the dynamics of power and privilege, and being comfortable with not knowing[17]. It is important to recognize that this is a shift away from a 'cultural competency approach', which implies homogeneity within cultural groups and that learning about culture has an 'end-point'[17]. Instead, cultural safety utilizes a person-centered approach that acknowledges that culture is dynamic and unique (for example, acknowledging intersectionality) which is critical given the complexity we see in individuals within our communities.

Table 1: Trauma Informed Care and Cultural Safety Resources

- CCTC Socially Responsive Tool Kit, Life-long Learning (Module 9) https://cpa.ca/education/socialresponsive-toolkit/

- SAMSHA Trauma Informed Care Framework https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf

- Centre for Healthcare Strategies, Trauma Informed Care Resources https://www.traumainformedcare.chcs.org/

- CulturallyConnected.ca https://culturallyconnected.ca

- Healthcare Provider Antibias Workshop[18]

Healthcare Provider Wellbeing

When making socially responsive changes to our practice and organization, we may encounter a range of thoughts and emotions in ourselves and others. We may feel hopeful, overwhelmed, and/or that these changes are long overdue. A lack of time, burnout, and fatigue have been reported as barriers to undergoing training and changes towards more socially responsive care[18]. However, knowledge of and responsiveness to trauma, including discrimination and oppression, also has the potential to improve healthcare provider wellbeing, and reduce the risk of secondary trauma experiences, compassion fatigue, and burnout. Additionally, greater perceptions of cultural humility in one's organization, which is associated with greater perceptions of hospital safety, as well as positive operational outcomes such as non-punitive response to staff errors, better patient handoffs, and interest in organizational learning have been identified as well in the literature[19].

As our MNCU Diversity and Inclusion Working Group implements its initiatives, it will be important to evaluate both the process and the impact on healthcare provider outcomes and wellbeing, which we look forward to sharing.

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RANDI MCCABE
Ph.D., C.Psych

"We're here for you" has been the tagline for the program providing mental health and psychosocial supports for healthcare workers (HCWs) at St. Joseph's Healthcare Hamilton, an academic health centre affiliated with McMaster University. At any one time, a team of about a half dozen hospital psychologists along with colleagues from social work are involved in providing supports for staff. Components of the program are described as follows:

We're here for You...
Coping & Resilience Support (CARS)
stjoes.ca/HCWMentalHealthSupport

Service	Objectives	Activities	Outputs
Mental Health Support Portal	• peer support • triage	• phone support	over 4500 phone encounters to over 600 HCWs
Online Group Support Sessions	• focussed support for the following groups: physicians, administrative leaders, staff units	• foster social support • adaptive coping • resilience practices returning from redeployment • returning from redeployment	over 35 group sessions
Coping & Resilience Support Team (CARS)	• in situ supports: COVID unit, ICU, medical-surgical units, acute mental health units	• foster social support • adaptive coping • resilience practices • promotion of support resources	over 150 visits
Hope, Healing, and Recovery Exchange	• virtual panel sessiones for health and community workers across the city • recorded on YouTube	• facilitated sessions • HCW stories of overcoming challenges and recovery • promotion of support resources	3 events

Lessons Learned: The development and implementation of HCW supports require a collaborative network of partners including our colleagues in employee wellness, spiritual care, ethics, charge nurses, nurse educators, professional practice leaders, public relations, managers, directors, and senior leaders. We have also seen the value in peer support for the supporters; for our group, this involves regular peer check-in among all staff providing these services. We have learned that "one size will not fit all"; we need to be very responsive and adaptable to the unique support needs of different professional groups and teams, as well as being reliably present and available. We have also gained insight into the importance of relying on a network of supports beyond the immediate service delivery and the value of low thresholds for referral to decrease barriers to mental health services.

Coping & Resilience supports for healthcare workers

Mental Health Support Portal: Confidential support from a mental health specialist

Returning from Redeployment Support Sessions

Employee Peer Support Program (available March 1st)

Coping & Resilience Support (CARS) Mobile Team for units/staff groups (available by manager request)

"In-Huddle" Supports from Spiritual Care (available by manager request)

St. Joe's Employee Wellness Program

Learn more on MyStJoes

pandemic

distress art
resistance
mental health
people
frontlines
realize
support
anger

practice session
clients
feel
wear
telehealth
humans
therapists
hospital

psychologist

HUMANS OF PSYCHOLOGY
CANADIAN PANDEMIC EDITION 2022

KIMBERLY SOGGE
C.Psych

CHRISTINE KOROL
RPsych

This is a distillation of a one hour zoom conversation between colleagues and friends, psychologists Dr. Kimberly Sogge, C.Psych (Ottawa) & Dr. Christine Korol RPsych (Vancouver) about their human experience of practicing psychology during a pandemic. The conversation of January 30, 2022 has been edited for clarity and length.

PSYCHOLOGY PRACTICE IN A PANDEMIC

Dr. Sogge: Let's have a conversation about being a psychologist in this time of a pandemic, massive societal upheaval, and a secondary pandemic of mental health outcomes.

Dr. Korol: Yeah, the lockdown(s), schools closing, and ERs being flooded. It wasn't good before the pandemic. Now the level of intensity…seems to be higher.

Dr. Sogge: I'm right there with you…I also think the last bastion of stigma is still naming our own struggles (as psychologists) and being real about what it's like to practice on the frontlines of health care in a pandemic.

Dr. Korol: It has been a roller coaster ride. Now, there is a lot of normalizing of suffering.

Dr. Sogge: 100% agree. The other day, I found myself working with another health care professional and we were going right back to basics: "What might it be like to wear something other than yoga pants?"

Dr. Korol: I have to say yoga pants get a little old after a while and you want to feel like a grown up who wears shoes.

Dr Sogge: I needed to make myself want to wear shoes (to work) again because I've been working for 24 months totally barefoot. (Laughing together).

Dr. Korol: I still go into my office. In fact, I got a new office in the middle of the pandemic. It was helpful to have someplace to go every day instead of working at home, and being able to decorate it with objects that bring comfort.

PANDEMIC PROFESSIONAL CHALLENGES

Dr. Sogge: One of the most difficult professional challenges for me during the pandemic was feeling a responsibility for the mental health of my colleagues. It was very hard to see my colleagues struggling.

Dr. Korol: My initial inclination (early in the pandemic) was to rise to the occasion and squeeze people in. And, you know, you can only squeeze so many into your schedule. So having to say no to people; it has been really hard. But if you're paying attention to how you're doing, then it's a professional responsibility.

Dr. Sogge: …learning to recognize when we are in distress is challenging and it is still a bit taboo to acknowledge if we are starting to stumble.

Dr. Korol: So (it is important to) create a community where it's safe to talk about all of that without fear of being reprimanded…

SILVER LININGS

Dr. Sogge: I would say that the pandemic has really helped me clarify what's important to me. As we refine and define and distill, we can find the best in us.

Dr. Korol: That is what I'm finding too. I am at the point of not needing to argue with anybody anymore, or not argue with myself anymore. There's not that internal struggle; I need fewer rationalizations.

Dr. Sogge: (As a result of the pandemic) I am getting more serious about space for things that are about regeneration. I don't think (play) is separate from creative action and making big contributions and taking a new direction in our profession. Play is rooted in self-care and common humanity and creativity. Sustaining ourselves through play can be the roots of a skillful professional response.

HOW WILL PSYCHOLOGY CHANGE POST-PANDEMIC?

Dr. Sogge: Witnessing the suffering of the upcoming generation, given the impact of the lockdowns on their development, it makes me more resolute on how our professional training can apply to situations in the world. A new context requires new thinking, a different understanding of who we are as psychologists in society. (For example) I have really gotten curious about how our profession can make a contribution around climate change. How can (psychology) rise to the occasion to address these issues?

Dr. Korol: That's one thing that will have to change with psychology. When we come out of grad school, we feel like we have to be the absolute number one expert on an issue before we get up and speak about an issue publicly. I think there are more psychologists willing to do that. It's really important that we as psychologists advocate for humanity and for our profession, and to make it clear that we have something to contribute. We need to take a seat at the table.

EMBRACING POSSIBLE FUTURES

Dr. Korol: I don't know when I'm going to open my office up to working in person. I think one thing that's been really good during the pandemic is that I can't really plan and that's not like me…I always have a project. (Right now) I don't have the energy to plan. I can't. That's actually kind of liberating in a way, not to be so focused.

Dr. Sogge: The ground of new possibilities is in letting go of old plans. I'm in the same space. I used to make up all these elaborate project management plans. Then of course, the context would change and they'd need to be completely thrown out. I don't do that anymore.

Dr. Korol: It's not only our clients thinking "Do I still want to be doing this?" I've read some of the stats on the Great Resignation. It is not as apparent in Canada…but people are shifting in terms of the kind of work-life balance they want. These are all good things; things don't change until people start quitting.

Dr. Sogge: …endings are also the beginnings of a lot of other things. There are some things that have needed to end (in our world) that are ending, and we don't yet know what the new things are, the things that are coming. Can we embrace this?
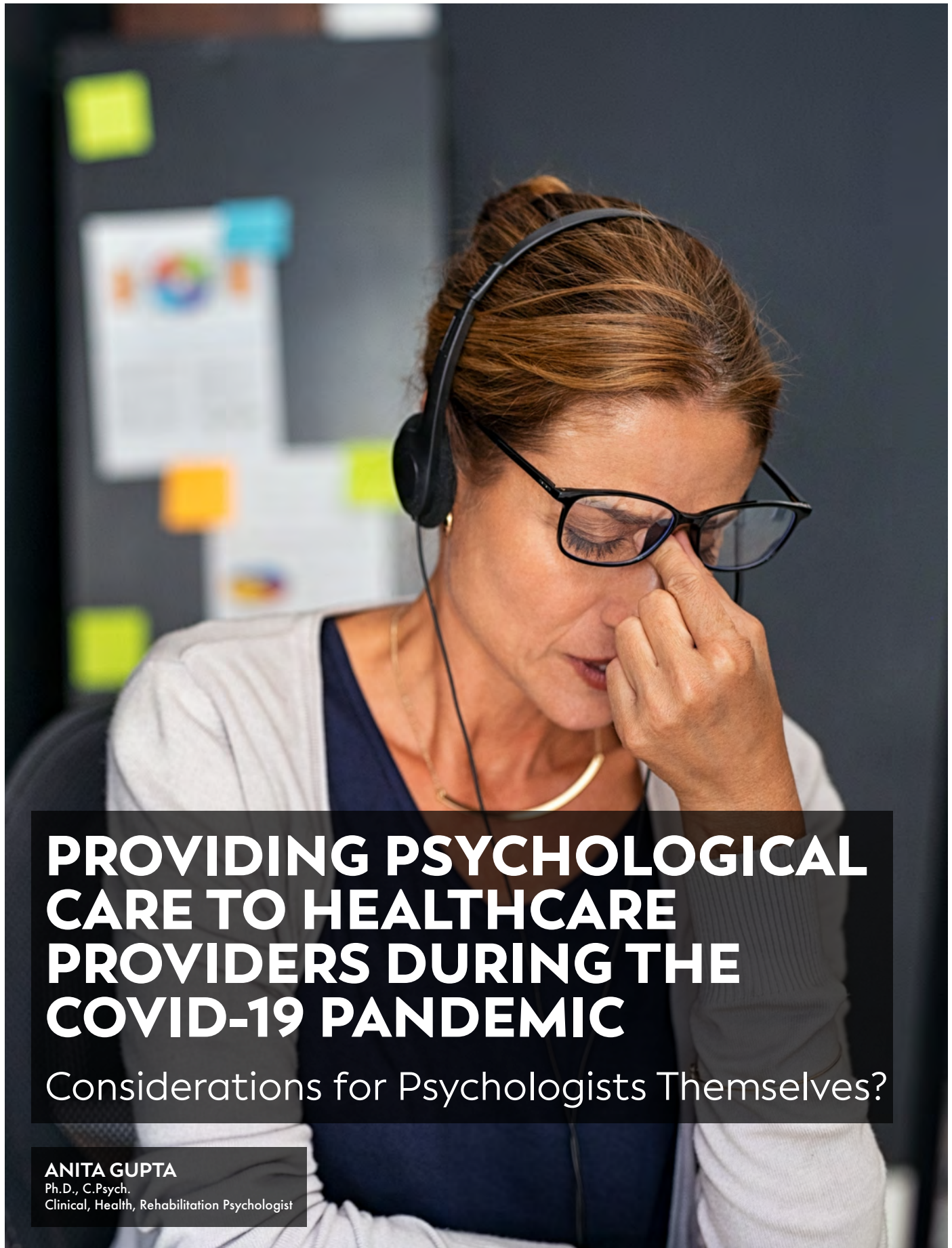
PROVIDING PSYCHOLOGICAL CARE TO HEALTHCARE PROVIDERS DURING THE COVID-19 PANDEMIC

Considerations for Psychologists Themselves?

ANITA GUPTA
Ph.D., C.Psych.
Clinical, Health, Rehabilitation Psychologist

The COVID-19 pandemic has added personal and/or occupational challenges for all. For healthcare providers (HCPs), including psychologists, a new complexity is that most, if not all, of our patients are coping with pandemic-related stressors that mirror our own. Caring for patients who are either similar or dissimilar to ourselves may trigger our own reactions. Addressing this requires a level of emotional energy and awareness that can be difficult to sustain in a time of chronic threat. When our clients are HCPs themselves, the parallels between their experiences and our own may be even more evident.

As we care for HCPs, it is impossible to be unaware of the wider context of occupational burden. The pandemic has exacerbated challenges of surge capacity in our already stretched health care systems. The pandemic has further elucidated the lack of parity between access to physical and mental healthcare. Inequities of burden that exist in society have been evident in every aspect of this pandemic. For many, the pandemic likely started during already challenging work conditions. Some HCPs may have delayed or feel guilty about enacting long-planned transitions such as job changes, retirement, or having a child during the pandemic. These factors, among others, can make it more difficult for a HCP to recognize their own needs or make them more likely to criticize themselves or feel shame or guilt for experiencing cynicism and detachment from work, exhaustion, and/or a sense of ineffectiveness, all hallmarks of burnout. Pivoting again and again as the pandemic has demanded, without time to pause, is not a benign option. And, trying to solve systemic issues through individual effort is self-defeating.

It is not uncommon for HCPs to minimize their own challenges by comparing themselves to others such as colleagues in other roles or in regions that have higher case counts or to their patients. While perspective is healthy, losing perspective of one's own needs and challenges is not. Taking care of and having compassion for others may come naturally to most HCPs. However, some individuals who are very compassionate toward others instead engage in self-criticism when faced with a challenge or threat themselves. Continuing to be compassionate without self-compassion is a recipe for burnout.

Psychologists are not immune to minimizing their own struggles. For those working with enhanced PPE or remotely from home, the risk of job-related infection may have been reduced or addressed. However, there was likely no reduction in risk of experiencing vicarious trauma or moral injury. Recognizing the demanding schedules of HCP clients, we may try to be even more flexible and accommodating. Those providing online sessions from home, without time demands of commutes, may schedule in more sessions and work longer days to try to meet the heavy needs of clients. They may also be driven by distress and guilt related to waitlists, their own, and others. Perhaps, many of us are not reaching out to peers for consultation due to fear of adding to their existing burdens and instead schedule in another patient. Perhaps we should consider the unintended consequences of these behaviours. By fitting in 1, 2 or 5 extra sessions, are we losing time and ability to attend to our own health care appointments, physical activity, family time, hobbies, having even a brief transition period after a long workday, benefiting from the wisdom of our professional peers, and/or time to just be? Deficits in any or all of these activities can not only impact personal wellbeing but can make it even harder to do the heavy lifting that good clinical practice requires.

As psychologists, we are trained in helping our patients to gain clarity and move towards greater wellbeing regardless of, or rather taking into account, differences in beliefs or values. This makes our skillset and experience particularly well suited during this pandemic when inflection points seem to be accompanied by heightened potential for conflict and polarization. HCPs may be caring for patients whose beliefs and choices may be in direct conflict with their own, choices that may feel personally threatening.

The word resilience is often used as a competency to achieve. Perhaps, we need to reconsider what we mean by this term. Resiliency does not have to resemble Teflon, becoming impervious to challenge and threat. Maybe we could think of resilience as the ability to recognize our needs and take steps to access resources, internal and/or external, that may help to meet our needs. To have needs is not a failing; to recognize our needs is a strength. For psychologists working with HCP clients, and all clients, checking in on our own needs and attending to them is something that we deserve to do.

We cannot necessarily predict exactly what the next waves of mental health need will look like but we know that they are coming. We will likely be better prepared to meet them if we remind ourselves to take moments to pause and try to create even a little bit more space for ourselves to practice self-compassion, move our bodies, eat and hydrate, be in nature, name our emotions, nurture our social connections, seek support and consultation from trusted peers, consider our own biases and impacts of our habitual thoughts, recognize countertransference, acknowledge our losses and grief, celebrate our joys, make choices as opposed to automatically saying yes to new asks, connect with our own HCPs, and/or create just a little bit of space for whatever it is that we may be missing. With compassion and empathy, we support our HCP clients to try these things and so much more. This may be just the right time to ask, what do I need?

CPA HIGH

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.NEW EDITORS FOR *CANADIAN PSYCHOLOGY* AND THE *CANADIAN JOURNAL OF EXPERIMENTAL* PSYCHOLOGY

The CPA's Board of Directors and Scientific Affairs Committee are pleased to announce that Dr. Debra Titone (McGill University) will be the next Editor of the *Canadian Journal of Experimental Psychology*. Dr. Donald Saklofske (University of Western Ontario) will be the next Editor of *Canadian Psychology*. Dr. Saklofske and Dr. Titone will serve as Editors-Elect in 2022. The CPA extends its sincerest of thanks to Dr. Vina Goghari for her service and dedication to CP, and to Dr. Randall Jamieson for his service and dedication to CJEP, as current Editors.

2. VIRTUAL JOB FAIR

On March 3rd, the CPA hosted its first-ever virtual job fair. More than 40 employers from across Canada, many of whom had multiple positions, participated in the fair. It was well-attended and well-received, and will hopefully be the first of many in the months and years to come.

3. PSYCHOLOGY MONTH

For Psychology Month this year (February 2022) the theme was Psychology Makes A Difference. The CPA spotlighted all 34 of our sections, describing the contributions of everything from Addiction Psychology to Quantitative Electrophysiology. To read about the contributions being made by psychologists in a wide variety of specialities, visit 'Psychology Month' on the CPA website.

4. BLACK HISTORY MONTH

For Black History Month the CPA put the spotlight on seven contemporary Black psychologists making important contributions in Canada. To read about Dr. Cranla Warren, Dr. Jude Mary Cénat, Dr. Donna Ferguson, Dr. Helen Ofosu, Dr. Kofi-Len Belfon, Dr. Monnica Williams, and Dr. Eleanor Gittens, visit 'Black History Month' on the CPA website.

HLIGHTS

5. NEW FACT SHEET: EMERGENCIES AND DISASTERS

The CPA has produced a new "Psychology Works" Fact Sheet: Coping with Emergencies, Disasters and Violent Events. Public health emergencies (e.g., pandemics), disasters (e.g., tsunamis, earthquakes, tornadoes), and violent events (e.g., mass shootings, terrorist acts, wars), challenge the way we cope. This fact sheet lays out strategies for taking care of yourself, your family, and your community in these difficult times.

6. NEW FEDERAL INVESTMENTS IN MENTAL HEALTH: ACCELERATING THE INTEGRATION OF PSYCHOLOGICAL SERVICES IN PRIMARY CARE

With the federal government's commitment to establish a Canada Mental Health Transfer initially valued at $4.5 billion over the next 5 years, the CPA and our provincial and territorial association partners CPAP (Council of Professional Associations of Psychologists) released a report entitled 'New Federal Investments in Mental Health: Accelerating the Integration of Psychological Services in Primary Care'.

7. CONSIDERATIONS FOR A NATIONAL PSYCHOTHERAPY PROGRAM

Chaired by CPA CEO Dr. Karen Cohen, the Psychotherapy Policy Implementation Network (PPIN) under the auspices of the Mental Health Commission of Canada recently released a report entitled *The Time is Now* on how to increase timely access to publicly-funded psychotherapy via targeted federal funding. The report identifies two options: a National Psychotherapy Fund, and a National Psychotherapy Program.

In Memoriam
DR. ROBERT D. MCILWRAITH
1951 -2021

It is with sadness we announce that our dear friend and colleague Dr. Robert McIlwraith passed away on December 29, 2021. Bob was Professor and Head, Department of Clinical Health Psychology (CHP), Max Rady College of Medicine, University of Manitoba, and Medical Director, Clinical Health Psychology Program, Winnipeg Regional Health Authority for over a decade, prior to his retirement in December, 2015.

Bob was born and raised in Marathon, Ontario. He completed an Honors BA in Psychology at the University of Winnipeg and a Master's degree in Clinical Psychology at Acadia University. Bob obtained his Ph.D. in Clinical Psychology at the University of Manitoba, following a clinical residency at Kitchener-Waterloo Hospital in Ontario. He subsequently had an opportunity, during a sabbatical year, to work as a research fellow at the Marshal McLuhan Institute for Culture and Technology, University of Toronto.

He started on medical staff at Health Sciences Centre in 1981, and worked primarily with patients with severe mental illness through much of his career. He was the go-to consultant for psychiatry and psychology colleagues alike around complex clinical presentations, and his clinical judgment was second to none. Bob was a passionate educator, teaching undergraduate medical students, supervising residents, and mentoring early career colleagues. His donut-fueled Rorschach training sessions, which he initiated to build capacity for this invaluable tool in inpatient assessment, are fondly remembered. He served as the Residency Program Director with the CHP Department for ten years. Bob was also a pioneer in the development and advancement of rural practice. He was the architect of CHP's rural and northern program, established in the mid-1990s, which challenged the status quo of fly-in, itinerant service with a new model supporting psychologist colleagues to live and work in the communities, and which gave residents an immersive training experience in the skills and knowledge required for practice in these settings. Bob spoke fondly of growing up in a small Ontario town and the influence this experience had on his commitment to the development and advancement of rural and northern psychology practice.

Nationally, Bob chaired the Canadian Psychological Association's (CPA) Accreditation Panel, and was site assessor for numerous doctoral training programs and residencies across the country, providing sage guidance to further strengthen standards for professional training. Bob played an integral role in establishing and developing the CPA Section for Psychologists in Hospitals and Health Centers, with the aim to advance advocacy, recruitment, and clinical services in the publicly-funded health sector for professional psychology. He was also an avid supporter of the Rural & Northern Section, integrally involved from inception as a positive presence and a consistent source of encouragement.

Among the many accolades for his work, Bob was the recipient of the Clifford Robson Award for Distinguished Contribution to Psychology in Manitoba, as well as the CPA Rural & Northern Section's Award for Distinguished Professional Contributions to Rural and Northern Practice. He was also a Fellow of the Canadian Psychological Association. Following his retirement, the Dr. Robert McIlwraith Excellence in Clinical Training Award was established by the Clinical Health Psychology Department in recognition of Bob's contributions to the professional development of a generation of clinical psychologists. A CHP faculty member is selected each year by the residents for this award.

Bob was a highly principled colleague. He was deeply committed to Clinical Health Psychology's clinical (program) and academic (department) missions. He had an unwavering vision of access to stellar psychological care for all Manitobans in all corners of the province as a model for the rest of Canada, a vision we continue to work towards today. The positive impact he had on residents, colleagues, and on the practice of clinical health psychology, both at a local and national level, will serve as a lasting tribute.

At a more personal level, Bob was an incredibly kind and generous man who was well known for his sense of humor, his loyalty to friends and family, and his love of travel, art, chocolate, and all things Disney. To the surprise of many of us, Bob's transition to retirement in 2015 came exceptionally easy to him as he shifted all of his passion and energy into more leisurely pursuits and immersed himself in activities that brought him the greatest joy - spending time with family. Bob and his wife Dr. Wendy Josephson (Senior Scholar, Department of Psychology, University of Winnipeg) were blessed with a son Chris, daughter-in-law Emma and two beautiful grandchildren. The joy and fulfillment he felt from his family was so evident.

Those who had the privilege and pleasure of working with Bob over his more than three decades as a clinical psychologist feel fortunate to have had that opportunity. Undoubtedly, Canadian psychology is lessened by the loss of one of its true leaders, and one of its best people.

You are welcome to visit the tribute page for Bob at www.ethicaldeathcare.com/mcilwraith-robert to view the photogallery and add your own message to the posted memories available there.

Dr Lesley Graff, Provincial Medical Specialty Lead – Clinical Health Psychology, Shared Health Manitoba; Head, Department of Clinical Health Psychology, University of Manitoba

Dr. Karen Dyck, former Director, Rural and Northern Psychology Programme, Department of Clinical Health Psychology, University of Manitoba

Dr. Lorne Sexton, Director Geropsychology Services & Site Lead, St. Boniface Hospital, Clinical Health Psychology Program; Associate Head, Department of Clinical Health Psychology, University of Manitoba.

SOCIAL JUSTICE AND THE *CANADIAN CODE OF ETHICS FOR PSYCHOLOGISTS*

CAROLE SINCLAIR
Ph.D

MEGHAN MCMURTRY
Ph.D

The concept of justice has a long history and is central to the study of ethics. In *Nichomachean Ethics* (3rd Century BCE), Aristotle included it as one of the four cardinal virtues underlying human relationships. In addition to the influence of the concept on ethical discourse throughout the centuries, it increasingly became a central topic in the codification of laws and the development of social policies. Although Aristotle's thinking included attention to what he called *distributive justice* and *corrective justice*, it was not until the late 18th century CE that the term *social justice* began to appear. Its use was in response to the exploitation of human labour during the industrial revolution and the resulting increase in socioeconomic disparities between the rich and the poor.

At the time, the meaning of social justice was connected primarily to the idea of a more egalitarian society with respect to the distribution of wealth and property. However, by the mid-20th century CE, the meaning of social justice had expanded to include connections to human dignity, social equality, rights, and the concept of vulnerability, and could be found as such in extant ethical and legal discourse, including international law. In the second half of the 20th century CE, the roles of discrimination, exclusion, exploitation, and oppression were added to the discourse. In addition, movements to raise consciousness about various social injustices and to help correct them became quite frequent. Such movements have increased in number and strength to the present time.

A question that the Committee on Ethics has been asked from time to time is what guidance the *Canadian Code of Ethics for Psychologists* (CPA, 2017) has to offer regarding social justice. Our answer is – a great deal.

Taking each of the sections of the *Code* in turn, a summary of content relevant to social justice is found below.

Preamble

The importance of attending to such contexts as the cultural, social, historical, economic, and political is emphasized in three of the steps of the ethical decision-making model in the Preamble. These

steps involve: (a) identifying of the ethically relevant circumstances in which the problem arose; (b) considering the influence of one's own background in developing a course of action; and (c) thinking through the risks and benefits of possible courses of action. Attention to context in these steps helps to sensitize us to relevant social justice issues at both the individual and system levels.

The Preamble also includes definitions of three terms relevant to social justice, namely moral rights, unjust discrimination, and vulnerability. The definition of "moral rights" includes, but is not limited to, human, legal, and civil rights. By using the word "unjust," the definition of "unjust discrimination" helps differentiate beneficial attention to difference (e.g., promoting respect for diversity and determining what will help or harm) from the type of discrimination that is prejudicial or promotes prejudice and unjust discrimination against individuals or groups with certain characteristics. The definition of "vulnerable" helps to identify those individuals or groups whose dignity and well-being are at greater risk of violation due to prejudice or lesser power, and who might need more protection against ethical violations, including social injustices.

Principle I (Respect for the Dignity of Persons and Peoples)

Of the four ethical principles of the *Canadian Code*, Principle I is probably the most integral principle related to social justice. The principle repeatedly mentions social justice as a form of justice to which persons and social groupings are entitled. Its meaning is built on the concept that all human beings are of equal inherent worth – a worth that is not dependent on such characteristics as culture, ethnicity, race, physical or mental abilities, age, religion, sex, gender, sexual orientation, or socio-economic status. Therefore, all persons are entitled to equal moral consideration, moral rights, and distributive, natural, and social justice. Furthermore, with the addition of "peoples" to Principle I in the 2017 edition of the *Code,* such consideration, rights, and entitlements to justice are extended to social and cultural groupings. For example, moral rights include cultural identity, cultural survival, and social participation, not just such rights as individual privacy and self-determination.

Other major concepts of relevance to social justice found in Principle I include: (a) non-discrimination; (b) acting to correct practices that are discriminatory; (c) avoiding exclusion (and, by corollary, promoting inclusion) in services and research; (d) acknowledging that our greatest responsibility when rights or justice entitlements of different parties conflict is to those in the most vulnerable position; and (e) the importance of considering an individual or group's "history of discrimination or oppression due to culture or other factors" (CPA, 2017, Principle I, Values Statement, para 8).

Principle II (Responsible Caring)

Consistent with Principle I, Principle II of the *Code* reiterates that our greatest responsibility is to those in the most vulnerable position, but this time as it relates to conflict with the best interests and well-being of other individuals or groups, especially those with more power. The principle reminds us that we need to ensure that we are sufficiently sensitive to and knowledgeable about culture, individual and group characteristics, and vulnerabilities (including those resulting from various forms of oppression) to assess appropriately the individuals and groups involved and to discern what will benefit and not harm them. Additionally, it advises us to: (a) be self-reflective about how our own experiences, culture, social context, and background might influence our efforts to benefit and not harm others; (b) exercise particular care when reporting the results of any work regarding vulnerable groups to ensure that results are not likely to be misinterpreted or misused in the development of social policies, attitudes, and practices; and (c) consult with groups being studied to increase the accuracy of interpretation of results, enhance benefit, and minimize the risk of misinterpretation or misuse.

Principle III (Integrity in Relationships)

Principle III again reminds us of the importance of self-reflection and critical analysis, including how they relate to social justice issues. The principle states that although it may be argued that science is value free, scientists are not. "Personal values and self-interest can affect the questions that psychologists ask, how they ask those questions, what assumptions they make,

their selection of methods, what they observe and what they fail to observe, and how they interpret their data" (CPA 2017, Principle III, Values Statement, para 2).

Another main message in Principle III relevant to social justice is the importance of recognizing and not participating in any form of exploitation of others due to the power imbalances inherent in our service, research, teaching and other activities.

## Principle IV (Responsibility to Society)

Principle IV is replete with messages regarding social justice. It states that we have responsibilities to the societies in which we work and to the welfare of all persons in those societies. It further states that we will do whatever we can (in a manner consistent with the *Code*) to ensure psychological knowledge is used for just and beneficial purposes, and to ensure that the collective discipline's own structures and policies support those purposes.

Action towards positive change is presented as both an individual and collective responsibility. It includes several ingredients: (a) speaking out when we possess expert knowledge bearing on important societal issues being studied or discussed; (b) speaking out if the policies, practices, laws, or regulations of the social structures in which we work seriously contradict or ignore the *Code*'s ethical principles (i.e., are unjust or harmful); (c) participating in the discipline's critical self-evaluation of its place in society and in the development and implementation of structures and procedures that help the discipline contribute to just and beneficial societal functioning and changes; and (d) acting to change those aspects of the discipline of psychology that detract from such changes.

Concluding Comment

Due to the limitations of space, the above provides only a summary of the *Code*'s main messages regarding social justice. However, we hope it provides a helpful foundation for understanding the guidance offered by the *Code* regarding social justice.

Invitation: Please feel free to send your comments about this article or any ideas you have regarding topics for future Ethics Corner articles to ethicscttee@cpa.ca.

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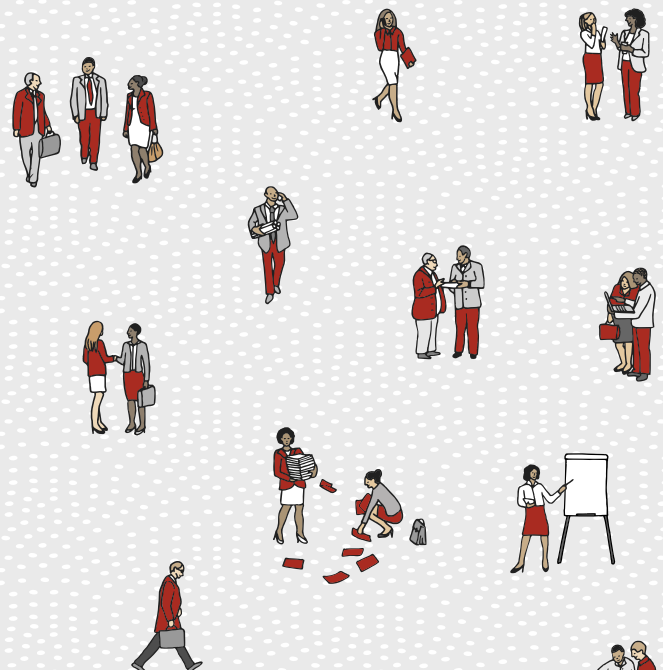
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From June 17th – 19th, the **Canadian Psychological Association's 2022 Annual National Convention** will provide many opportunities for personal and professional growth, and highlight the many ways in which the science, practice, and education of psychology can benefit society, improve lives, and advance the discipline. The Convention will be preceded by pre-convention professional development workshops on June 16th, as well as many other pre-convention events.

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