

The Nova Scotia PSYCHOLOGIST

A Journal Published by The Association of Psychologists of Nova Scotia

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Jacqueline Milner,
R.Psych., APNS President

Welcome Spring! I am looking forward to warmer and brighter days and shaking off the cobwebs of winter and getting outside more often.

Spring is often viewed as the time of renewal, offering a “fresh start” for engaging in restorative and rejuvenating routines that may have gone into hibernation over the winter. As psychologists, we understand the importance of engaging in restorative and rejuvenating behaviours for supporting physical, emotional, and mental well-being and for many of us, encourage this for the populations we serve.

This year, the APNS Executive decided to acknowledge that its members also need opportunities for restoration and rejuvenation and offered an opportunity for them to engage in a fun and friendly game of Jeopardy with prizes for Psychology Month. This was offered alongside self-care social media posts for both the members and the public. A small but meaningful gesture to remind us that our self-care matters too.

Another area that is foundational to all aspects of our well-being is getting enough good quality sleep. Considering this, we are delighted to welcome Dr. Penny Corkum* as

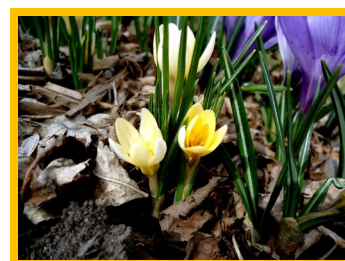
Guest Editor for this issue of *The Nova Scotia Psychologist*.

Dr. Corkum has a particular interest in developing digital interventions that are aimed at enhancing the sleep health of children. In this issue, she will be highlighting some digital interventions that she and her team have been researching and developing. Her work exemplifies how psychologists can offer meaningful, practical, and accessible interventions to promote overall health that is timely and relevant.

On a final note, nominations are still open for the APNS executive†. I have already espoused how much I am thankful for accepting the nomination to join the APNS Executive. If you have not already, I encourage you to consider nominating a fellow psychologist that you feel would offer a meaningful, representative voice to the many initiatives of the APNS Executive.

*Dr. Penny Corkum's Guest Editor Section can be found on pages 10-20.

†See page 2 for more on nominations for the Executive and the Awards.



Reports

NOMINATIONS for ANNUAL AWARDS

Do you know a psychologist who deserves to be nominated for our Awards? We hope you will take a few minutes to consider who among your colleagues should be honoured. **The deadline is April 10th. The nominations forms for all of the awards can be downloaded from the APNS website.**

[Download the nominations forms.](#)

- Fellow of APNS
- Dr. J.A. Charles Hayes Lifetime Contribution Award
- APNS Excellence in Psychology Award
- Outstanding APNS Early Career Psychologist Award
- Outstanding APNS Student Award
- APNS Community Service Award - Psychology
- APNS Community Service Award - Mental Health
- APNS Diversity in Psychology Bursary
- Gerald Gordon Memorial Prize for Psychology Undergrad Students
- Brian Dufton Memorial Prize for Psychology Grad Students

NOMINATIONS for the EXECUTIVE

This year we are looking to fill the following positions on the APNS Executive:

- President Elect
- Member-at-Large
- Secretary
- Student Representative

The person elected to the President-elect position will serve for a three-year term, as President-elect, President and Past-president. The other positions are for a two-year term. Only registered psychologists may be nominated for the President-elect position, however registered and candidate psychologists are eligible for all other positions, and graduate students for the Student Rep. If more than one person is nominated for the same position, APNS will hold an election.

The deadline is April 10th. The nominations form for all of the positions can be downloaded here:

[Download the Nomination Form](#)

APNS strives to foster a sense of community among all who identify with psychology by supporting inclusion, equality and celebrating diversity. We welcome nominees in all categories who indicate that they identify as Indigenous Peoples, African Nova Scotians, and other racially visible persons, persons of the 2SLGBTQIA+ community, persons with disabilities and genders who are in occupations or positions where they are under-represented.

PSYCHOLOGY MONTH: Congratulations to the Winners

Thank you all who participated in the Psychology “Jeopardy”! Here are the winners:

Week 1 - \$100 Gift Card for Bookmark:
Anne Baccardax

Week 2 - \$100 Gift Card to Kara’s Day Spa:
Robin Magee

Week 3 - \$100 Gift Card to Neptune Theatre:
Emily Cote

Week 4 - \$100 Gift Card to White Point Resort
Laura Lambe

In recognition of African Heritage Month, each of our winners will also receive a book which recognizes this diverse heritage.



Psychology Month winner Robin McGee enjoys some “spa time” with Tracy Whittaker-Taggart.

APA COUNCIL OF REPRESENTATIVES REPORT - FEBRUARY, 2023

Shelley Goodwin, Ph.D., APA Council Rep for APNS

The APNS has one seat on the APA Council of Representatives (COR). I am privileged to be your representative. Unfortunately, due to conflicts, I was not able to attend the full February COR meetings but offer these highlights supplied by COR staff. It was held February 24-25, with most Council members convening in person in Washington, DC.

Confidentiality and Reproductive Health

The Council passed a policy asserting that confidentiality is central to the practice of psychology, and that psychologists should follow the APA Ethics Code when it comes to patient confidentiality surrounding reproductive health. The policy reaffirms “that a psychologist’s allegiance to the Ethics Code, including ethical standards related to patient confidentiality, should be given the utmost attention and significance especially when psychologists are faced with ethical conflicts with a law requiring the disclosure of confidential information regarding sexual and reproductive health, including birth control; fertility treatment; contemplating, seeking, or having had an abortion; and related issues.”

The vote was 148-4, with one abstention. This measure follows on a resolution the Council passed in February 2022 reaffirming APA’s commitment to reproductive justice as a human right, including equal access to legal abortion, affordable contraception, comprehensive sex education and freedom from sexual violence, with a particular emphasis on individuals from marginalized communities.

Establishment of a Committee for the Advancement of General Applied Psychology

The Council voted 144-13, with one abstention, to amend the Association Rules to establish a Committee for the Advancement of General Applied Psychology. The committee’s purpose will be to promote, in settings outside the direct delivery of health care services, the utilization, application and advancement of science where psychologists work to enhance performance, learning, and well-being of individuals, groups, organizations, and society as a whole.

Adoption of Policies

The Council unanimously adopted revised APA Principles for Quality Undergraduate Education in Psychology and approved December 2032 as the expiration date. These principles offer best practices that faculty members, programs, and departments can adopt to facilitate student learning and development, in ways that fit their institutional needs and missions. This document is designed to complement, and to be used in conjunction with, the APA Guidelines for the Undergraduate Psychology Major.

The Council voted by 151-4, with one abstention, to adopt Educational Guidelines for Equitable and Respectful Treatment of Students in Graduate Psychology Training Programs. These guidelines encourage graduate psychology programs to promote the equitable and respectful treatment of graduate students throughout their education and training so that students may fully benefit from their graduate education and maximize their potential within and beyond their graduate programs.

The Council adopted a resolution on Equity, Diversity, Inclusion, and Accessibility in Quality Continuing Education and Professional Development by a vote of 139-8, with two abstentions. This resolution is aimed at providing CE sponsors and the broader public evidence-based recommendations to support the integration of equity, diversity, inclusion and accessibility in continuing education. The policy may be used as a foundation to develop additional resources that build on this document and provide tangible support to CE sponsors to infuse EDIA thoughtfully and intentionally in their offerings.

Amendments to Association Rules

The Council voted 147-2, with four abstentions, to amend the Association Rules to modify the review process for Board of Director member-at-large candidates and to apply that review process to all other members of the Board of Directors.

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APA COUNCIL OF REPRESENTATIVES REPORT - FEBRUARY, 2023

Shelley Goodwin, Ph.D., APA Council Rep for APNS

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Changes include asking prospective candidates, upon being slated, to disclose to the Election Committee claims made against them within the last 10 years for malpractice or unethical or unprofessional conduct, or if they are currently the subject of criminal indictment. The Election Committee will then evaluate the disclosures and determine whether the candidate can remain on the slate. The decision of the Election Committee can be appealed to the Board of Directors.

Guidelines

The Council voted unanimously to extend the effective date of the [APA Specialty Guidelines In Forensic Psychology](#) through December 2026.

The purpose of these guidelines is “to improve the quality of forensic psychological services; enhance the practice and facilitate the systematic development of forensic psychology; encourage a high level of quality in professional practice; and encourage forensic practitioners to acknowledge and respect the rights of those they serve.”

Recommendations from the Council Effectiveness Implementation Oversight Task Force

The Council voted to accept recommendations to publicize new business items in advance of Council meetings and give the movers and any opponents time to address the new business items at the Council plenary session. The motion passed by 104-40, with eleven abstentions. This was part of a series of recommendations aimed at making it easier to get new business items on the Council agenda. Several recommendations related to this effort were postponed until the Council’s August meeting.

The Council voted 103-52, with two abstentions, to create a liaison program of Council members who would be assigned to up to eight selected boards and committees. The program will be managed by the Council Leadership Team.

Report of An Offer of Apology, on behalf of APA, to First Peoples in the United States

The Council accepted a [Report of An Offer of Apology, on behalf of the American Psychological Association, to First Peoples in the United States](#). This report builds upon [APA’s Apology to People of Color for APA’s role in Promoting, Perpetuating, and Failing to Challenge Racism, Racial Discrimination, and Human Hierarchy in U.S.](#), which the Council adopted in October 2021. The offer of apology to First Peoples will be delivered by the APA president to the Society of Indian Psychologists at a time and place to be determined jointly with the SIP leadership. The report was received by a vote of 148-2, with three abstentions.

Reflecting on APA's Strategic Plan and Progress To-Date

Council began the process of reviewing and updating APA’s current strategic plan. Since the strategic plan was adopted in 2019, APA has been regularly gathering information to assess progress in advancing its short-and long-term goals. Rooted in APA’s organizational foundation of science and belief in data-driven decision making, APA governance and staff are asking questions that probe the effectiveness of APA’s transformation in accomplishing the association’s mission and achieving impact. Four years into the implementation and evaluation of the strategic vision, the data show APA is generating noticeable momentum as an association. A review of the strategic plan and accomplishments are available publicly, [IMPACT in Action: Reflecting on APA’s Strategic Plan and Progress To-Date](#).

Presidential Citations

APA President Thema Bryant, PhD, presented Presidential Citations to psychologists Gordon C. Nagayama Hall, PhD, and Wendi Sharee Williams, PhD, for their contributions to the field.

THE APA PRACTICE LEADERSHIP CONFERENCE 2023 ~ Chimène Jewer, M.Sc, R.Psych.

The following is a summary report of important highlights from the 2023 American Psychological Association (APA) Practice Leadership Conference (PLC) held in Washington, D.C. March 2nd to 5th, 2023. This annual conference brings together executive directors, committee members and other stakeholders from the state, provincial and territorial psychological associations (SPTAs) across North America with APA leadership to discuss advocacy and other issues important to the profession.

This was the 40th annual APA PLC and the first PLC since the COVID pandemic. There seemed to be a lot of energy and enthusiasm about getting back together in person for the PLC. In terms of attendance, the conference was well attended. I would estimate that there were approximately 150 delegates in attendance from the various SPTAs. In terms of Canadian delegates, we had representatives from Manitoba (Dr. Jo Ann Unger), Alberta (Dr. Judi Malone (ED), Carmen Bellows) and British Columbia (Alexina Picard (ED), Dr. Amir Sepehry) and myself from Nova Scotia. I believe we were nine Canadians in total.

This program this year was shorter and more condensed than it has been in past years. The program was two and a half days rather than four. Several people commented that it was a bit too rushed and packed and perhaps could be spread out to three days. I concur and gave this feedback also. The conference began on Thursday evening with an opening session, ran all day Friday, and all day Saturday. The event concluded with a dinner and dance to celebrate the 40th anniversary of the PLC. Highlights of the conference included the opening address about the state of the profession, several talks on “hot topics”, and affinity group meetings with other delegates by role in our SPTAs.

State of the Profession: Jared Skillings, PhD

One of the first talks was an opening address with Dr. Jared Skillings on Friday morning about the state of the profession. Dr. Skillings talked about some emerging trends and possible threats to the profession, how to recognize these, and how to adapt going forward into the future.

Trend #1: the mental health crisis and the shortage in our psychology workforce. Dr. Skillings talked about the fact that we are in a mental health crisis. There are high rates of reported stress across age groups, according to a stress in America study. Concomitantly, there is a shortage in our psychology workforce. Overall, our population growth is slowing down, our college age population is down, and at the same time, we have fewer psychologists coming up the pipeline to fill the need for mental health services. As he said, admittedly, we were never going to be able to fill the need for psychologists, but then the mental health crisis hit, and now we have an even greater gap between demand and supply. There is also a bottleneck in training; we have two few programs producing psychologists to come up the pipeline. And so, he says, we need to take steps to ensure that there are new young psychologists coming up the pipeline to meet workforce demands and ensure the future of our profession. He talked about how other mental health clinicians (e.g., “poorly trained counselors”) and some questionable, unethical online therapy businesses have come into the marketplace to fill this gap. He gave an example of “Care Dash”, an unethical online business that took registered psychologists’ information and funneled referrals it received to other people. This was eventually shutdown (see below under legal/regulatory issues). He talked about the fact that the APA is now looking to license masters level psychologists to help fill the need in the workforce. The rationale would be to bring the masters level psychologists into the fold and have them trained according to APA standards.

Trend #2: Integrated Health and the Social Determinants of Health. Dr. Skillings talked about how we should move away from strictly individual treatment and more toward working as part of an integrated health care team, doing work on behavioral health, social determinants of health, etc. And figuring out how we get paid for this versus our traditional model of compensation. He talked about the traditional model - patients enter a “black box” of individual psychological treatment

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and then come out - versus all the other activities would could be doing as part of integrated healthcare teams and advancing population health.

Trend #3: Deregulation. Fortunately, this is something that we have not seen here in Canada, but is happening in some of the southern states in the US and it is worrisome. Some of the southern states are fighting for deregulation. Apparently, this is a “libertarian” movement that believes that the marketplace should be free and open and mental health should not be regulated, that the market should simply dictate what people want. The argument or rationale here is that it would increase access to mental health services. The APA’s argument, of course, is that we need to ensure the safety of mental health services and protect the public.

Trend #4: Digital Therapeutics. This is the advent of digital therapeutics. As Dr. Skillings described, we are a “high touch” profession and most of our services are one-on-one, but this is not a scalable model. Digital therapeutics are apps that are approved by the FDA that we would recommend, like physicians write prescriptions. We would prescribe these apps for current patients as well as patients on our wait lists.

Other important points

Insurance Issues. He also talked about insurers and unreasonably low caps on insurance for mental health care, which of course, is an issue here in Canada, too. He talked about wanting insurers to think about our perspective when they are making their policies. We want to get in the minds of the insurers and have them think about our perspective. As he said, and we want them to think, “What would psychologists think about this policy?” The APA is working on “plug and play”, ready to go documents on best practice for various psychological services that can be made accessible to insurers, so that insurers know what our services entail, how many the hours these require, and what we should be paid, etc. We want their policies to be our policies.

Interjurisdictional licensure. He also talked about interstate licensing for psychologists. Psychologists and clients move around a lot now, so this is needed. PSYPACT is the organization working on interjurisdictional licensing across the US for psychologists. If you log on to their website, you can see how many states have gotten on board with interjurisdictional licensing. www.psypact.org Working together as a profession. Finally, he talked about how sometimes we as psychologist don't always get along. Sometimes there are rifts between our associations and our regulatory bodies or amongst ourselves. He talked about the fact that we need work together to overcome the challenges to the profession. The threats and the challenges to the profession are happening fast, so we need to work together to adapt and overcome these.

“Hot Topic” & Plenary Sessions

There were several talks entitled “hot topics” that pertained to legal and regulatory issues relevant to association management, digital therapeutics, healthcare finance, future of independent practice, etc. as well as a plenary session on engaging SPTAs in advancing a population health approach. I will highlight some of the important points from these hot topic talks and the plenary session.

Legal and Regulatory issues in Association

Management – APA Office of General Counsel – Deanne Ottaviano, JD & Nick Camillo, JD

Two highlights from this session were about “Ghost Networks” and the APA’s Amicus briefs. “Ghost networks” are fake healthcare provider websites that take, publish and advertise provider information (e.g., Care Dash). Care Dash took openly available psychology provider information off the Internet and used this to get clients. When clients would contact Care Dash, they were told that provider was full, but the client could see someone else and the referral was then funneled to some other “therapist”. They were sent a cease-and-desist letter and were shut down.

The APA’s Amicus brief program. Amicus curiae (“friend-of-the-court”) briefs bring psychological science in to inform legal issues and decisions.

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Amicus briefs are available on various issues – cases re. false confessions, diminished capacity, race and diversity issues, reproductive rights issues, etc. For more information, please see Amicus Curiae Brief program ([apa.org](https://www.apa.org/amicus)).

Digital Therapeutics – Vaile Wright, PhD

As noted above, we are in a mental health care crisis. This is a real public health crisis. We were never going to be able to meet the demand and psychologists are overwhelmed! We need to leverage technology. “Digital therapeutics” are essentially software as a medical device. They are online tools and apps that are regulated and approved by the FDA. These are not wellness apps (e.g., meditation apps), which are unregulated. Not a replacement for psychologists. Not a replacement for individual therapy, providers, but can help ease waitlists. Research has shown that these digital technologies and apps are more effective when a psychologist provider is involved. Not threats or replacements for us, but tools. At present, we don’t have a way to reimburse use of digital therapeutics and providers for their time in prescribing these. Medicaid in the US is currently looking to cover digital therapeutics like a prescription or medical device.

Healthcare Finance & Reimbursement – Stephen Gillaspay, PhD

There were two important parts to the discussion about compensation - codes and reimbursement rate. We need to create codes for the work we do. And he talked creating new codes to capture things like working with digital therapeutics, as part of an integrated team, and on population health. Traditional codes have been for individual assessment, therapy and consultation, etc. We can work on creating new codes to capture the work we do. And we need to talk about our reimbursement rate. As discussed above, often insurers do not pay our full rate or have low caps. SPTAs can submit letters to advocate to insurers (e.g. as APNS recently did with MVA insurers). He talked about how physicians come together to advocate for similar issues they face and the importance of advocacy to their profession. The AMA slogan is

“Membership moves medicine”. Maybe our slogan could be “Participation propels psychology”?

Again, the topic of PhD versus Master’s registration was raised. A gap between demand and supply has emerged that has opened the door for other “therapists” to come in and occupy the space.

Future of Independent Practice – Marnie Shanbhag, PhD

She talked about the need to adopt electronic records, which I think most folks have. We need to adopt electronic records, and we need to move toward interjurisdictional practice – provincial and federal boundaries are going to disappear. (See above point about PSYPACT).

Plenary – Advancing a Population Health Approach – Arthur C. Evans, Jr., PhD, Lynn Bufka, PhD, Alissa Fogg, PhD, John Ruiz, PhD

This session focus on psychology’s role in advancing population health. The US spends trillions of dollars on healthcare, when it only accounts for 10% of the variance in health status – lifestyle factors or social determinants of health account for much more of the variance (~50%) in health status. We ought to focus on a population health approach. A population health approach would mean people would engage in more self-care, would receive effective help at the earliest stage and we would live, work, and play in environments that support our mental health. In the traditional treatment model, people enter treatment “back box” and then are discharged. Treats MH conditions as binary – you either have it or you don’t. In reality, MH exists on a continuum and we go up and down on that continuum. The traditional model is not preventative, but passive, reactive. We are waiting for people to get sick. Most people who have behavioural health conditions don’t get care – don’t know how, the system lack collaboration and there is still stigma. The traditional model constrains how we think about helping people. An example of population health approach is routine screening of adolescents for anxiety and depression when they see a primary care practitioner, which has B grade evidence to support. We have been on

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the outside for a long time, but our skills are so useful, valuable to healthcare ecosystem in advancing population health approach.

Brainstorming Ideas

Getting into schools – teaching emotion regulation, basic CBT skills, social and emotional learning in school at elementary or jr high level. Reaching out to nurses who see new parents, teaming up with them to teach new parents about the importance of early attachment.

Integrating into primary care

Reaching out to community – bring psychology to the community, normalizing, humanizing us as psychologists living and working in the community.

Affinity Group – SPTA Presidents Elect

A good portion of our time at the conference was devoted to working in small working “affinity groups” that consisted of members assembled by role in the SPTA. Affinity groups talked about pressing issues for the profession and our SPTAs, including: member engagement; diversity; leadership; advocacy; etc. I participated in the presidents-elect affinity group. My president-elect affinity group had delegates from there in D.C., Kentucky, Louisiana, and New Mexico. We had some interesting conversations and shared ideas about how to engage more psychologists in our SPTAs.

The delegate from Kentucky shared their state association’s membership model which included different membership levels (i.e. Bronze, Silver, Gold levels) with more benefits for members at each successive level. They offer monthly payment of fees and auto renewal. Students, ECPs, researchers and academics all have lower fees. Free membership for retired, lifetime members. The delegate New Mexico talked about how they host a lunch for grad students. They visit local psychology departments and bring lunch for students. They also talked about a similar psychology gathering for students at a local pub called “Psychology On Tap”.

We are actually doing a pretty good job engaging psychologists here in Nova Scotia. Other SPTAs cited membership rates ranging between 20-50% of psychologists in their states or provinces. As Susan informed me, we have about 570 members out of about 700 psychologists in the province, which is above 80%. This may be due, at least in part, to the fact that our liability insurance requires us to have CPA or APNS members, which is not the case in the United States.

We talked about how to increase membership and retain members. There seems to be a trend toward older members (e.g., “Boomer” generation) aging out and not as many students and Early Career Psychologists (ECPs) coming in. How to get psychologists to see the benefits of membership? How do we recruit students and ECPs? And how do we do leadership succession planning? Need to provide information to members to demonstrate where their money/dues is going. Many SPTAs offer 4-6 CE events per year. Some offer free CE events. And some others offer an online library of resources. How to recruit ECPs? Some SPTAs are offering free memberships for students and lower fees for ECPs. They are using social media to reach students and ECPs. Offering institutional memberships to universities and hospitals with a group rate for the institution. Other SPTAs talked about hosting an annual convention, usually in the fall, lasting 1-3 days. And they have a convention committee that plans this. We have the annual one-day AGM, but might we consider a convention, maybe at a fun, interesting location (e.g., White Point Beach Lodge)? We could get students engaged to help out at the annual convention by helping with registration, etc. Some SPTAs talked about offering a “Leadership Academy”, (although I’m not entirely sure what this entails) We also talked about succession planning.

APA President and CEO Townhall – Thema Bryant, PhD & Arthur C. Evans, Jr., PhD

The president talked about the importance of being trauma-informed. “I am more than what has happened to me.” They talked about how we are “at an inflection point in the profession”. We have a

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mental health crisis and workforce shortage issues. We need more psychologists. Conservative groups in the US are pushing for deregulation, which erodes our professional identity. This is being framed as a way to increase access, but it doesn't and it does not protect the public. The gap between demands and supply has allowed for poorly trained counsellors to come in and occupy this space. APA is looking to license those prepared at the masters level to meet the need and so that these folks are trained to their standards as psychologists. They also talked about barriers to entry to the field of psychology, including financial barriers. They talked about educating the public about our unique value so that people are not going to counsellors, Care Dash, etc. We are led by science and have evidence-based practice. We need to be able to articulate our unique skills as psychologists. And to frame this in plain language for the public. We need to take the jargon out of our speech. Encouraged us to reach out to students and ECPs and encourage them to be involved. And noted that we aren't engaged enough or contributing enough to political groups. Finally, APA has a strategic plan.

Psych Rx

Prescribing authority for psychologists now available in six states in the US. Just recently passed into law in Colorado.

Mental Health Parity Act

This requires insurers in the US to provide equal coverage for mental health care relative to medical and surgical benefits. Prior to this legislation, insurers were not required to cover mental health care and so access to mental health care was limited. Apparently, it also means that patients can get direct access to psychologists without a physician referral.

Thank you for allowing me the honour of being our APNS delegate to the APA PLC 2023. I hope that this summary adequately captures the important highlights from this year's PLC. If you have any questions about the PLC, any of these topics or would like to discuss any of these points further, please do not hesitate to contact me.

Get involved in APNS



**Our committees
are always looking
for new members.**

**If you want to find out more
about volunteer opportunities
with APNS please contact
Susan at apns@apns.ca**

Research

GUEST EDITOR: Dr. Penny Corkum ~ Child LABS (Learning | Attention | Behaviour | Sleep)



Thank you to Dr. Penny Corkum for being our Guest Editor for this issue of the Nova Scotia Psychologist. Dr. Corkum is a Psychologist & Professor at the Dept of Psychology & Neuroscience, and Psychiatry at Dalhousie University.

She conducts clinical research in the areas of child psychopathology and pediatric sleep and leads Corkum LABS and is Principal Investigator for the Better Nights, Better Days program. In the following articles, Dr. Corkum and her four colleagues will be sharing the work being done at Child LABS.

What is the problem being addressed at Child LABS?

Over the past decade, one of the programs of research within my research lab has focused on solving a problem – the lack of evidence-based care for sleep problems in children. Most of this research is concentrated on insomnia/insomnia symptoms (i.e., chronic and frequent difficulties falling and staying asleep), which is the most common sleep disorder/problem in childhood and across the lifespan (Bos & Macedo, 2019). The rates of these problems are steadily increasing due to factors that predispose (e.g., anxiety/depression, stress), precipitate (e.g., lack of consistent routines and schedules at bedtime and waketime), and perpetuate (e.g., sleeping in on the weekend) these sleep challenges.

A study of ~6,000 children from 12 countries around the world found that ~60% of children are not meeting expected sleep duration based on age guidelines. Canadian children were doing the best – but still not very good with over 50% not meeting guidelines (Roman-Viñas et al., 2016). This is particularly concerning given that we know poor sleep is associated with a range of poor outcomes, including: poorer physical and mental health; lower academic achievement; more social and emotional challenges; and generally having a lower quality of life (Garbarino, 2020; Williamson et al., 2021). Also, sleep deprived children often have sleep deprived parents, who suffer from the same

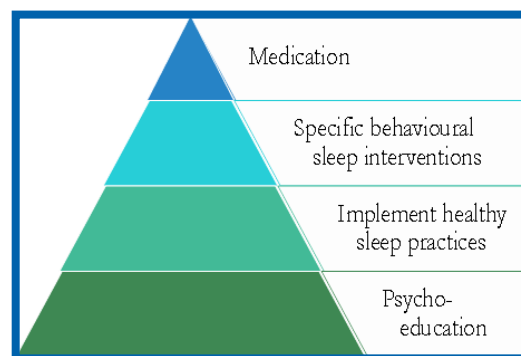
consequences on their daily functioning which also impacts the child-parent relationship. Living in a 24-hour society has its challenges!

How are these sleep problems treated?

The good news is that we generally know how to treat these insomnia/insomnia symptoms! A stepped approach to treatment is recommended (Vriend & Corkum, 2011).

The first two steps (psychoeducation and implementing healthy sleep practices) are often done in conjunction and can be delivered by individuals with some basic training in sleep. For example, these could be delivered by healthcare providers with fundamental knowledge of sleep.

The third step, specific behavioural sleep interventions, would be implemented if the problems were not resolved with the implementation of the first two steps. Typically, these behavioural interventions are delivered by a sleep trained healthcare provider – often psychologists. These interventions are based on psychological learning and behaviour theory (e.g., faded bedtime with response cost, graduated extinction). The vast majority of children respond to step 1-3 interventions, with estimates of ~80% of typically developing children's sleep problems being resolved with these interventions (Meltzer et al., 2021). While there is less research for children with neurodevelopmental disorders, the evidence is in support of these interventions (Meltzer & Mindell, 2014).



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Child LABS (Learning | Attention | Behaviour | Sleep) ~ Dr. Penny Corkum

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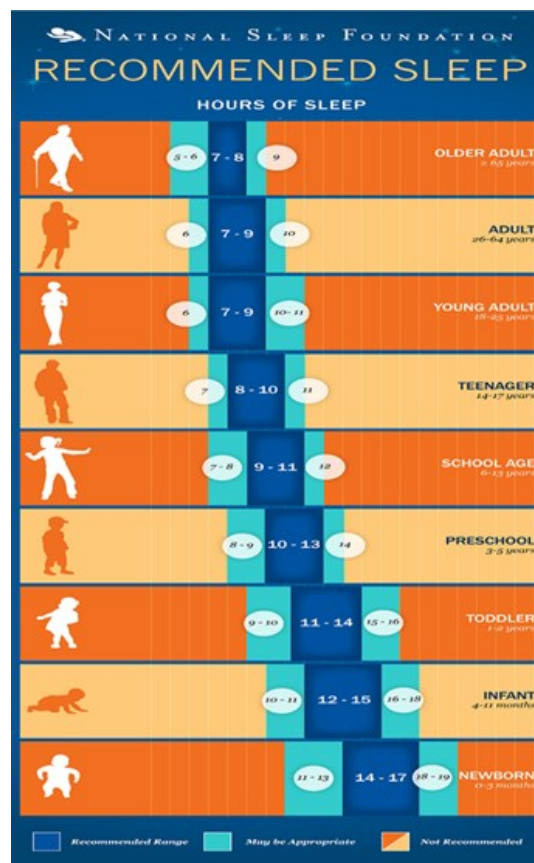
What are the barriers to treatment?

Given that we know that sleep problems like insomnia are highly prevalent and have a negative impact on the child and family, why do they not receive treatment? There are many barriers to treatment that have resulted in a treatment gap (i.e., limited availability of treatment programs and resources) and an evidence-to-practice gap (i.e., scientific knowledge about evidence-based treatment not being used in clinical practice). We have been working to address these two gaps.

What is a potential solution?

Over the past decade we have been developing and evaluating a suite of interventions to address the above-noted gaps so that all Canadian families can have access to evidence-based interventions to treat sleep problems in children. Using the Internet to deliver interventions increases accessibility in a cost-effective manner with good evidence of effectiveness (Tan-MacNeill et al., 2021). We are developing interventions on different platforms, including eHealth (e.g., online programs), mHealth (e.g., smartphone app), and eLearning (learning management systems delivered online). We have taken a systematic approach to the development and evaluation of these programs. All programs were developed using a user-centered design approach (engaging the end user in the development process), which is known to improve the user-experience, intervention effectiveness, and uptake (Weinheimer et al., 2020).

Once we have a usable program, we test the effectiveness of the program starting with pilot randomized controlled trials (RCTs) and then full-scale RCTs. We also are testing for implementation to ensure that the programs are used in a way that they are intended. Sustainability of the programs is always being considered and evaluated. We have conducted feasibility studies as well as barriers and facilitators studies to determine how best to support these programs so that they “live” beyond the life of the grant!



<http://sleepfoundation.org/how-sleep-works/how-much-sleep-do-we-really-need>

What has been accomplished so far?

We have developed and evaluated five digital intervention programs (see visual below). Each of these programs will be described in five short articles that describe the need for the program, how the program works, the evidence for the program, and the next steps in terms of development and evaluation.

The Better Nights, Better Days program is the furthest along in the development and evaluation process and the newest program is our Promoting Healthy Sleep program for healthcare providers. We have also been developing a virtual hub which we hope will become a community for sleep health in children, and where these programs can be accessed along with other resources to promote sleep health in children! (See image on page 13)

Research

BETTER NIGHTS, BETTER DAYS eHealth Programs for Parents & Youth ~ Katie Vaughan



Katie Vaughan, Research Manager, Corkum LABS, Department of Psychology & Neuroscience, Dalhousie University.

Katie oversees the research projects in Corkum LABS, and has been the project manager for Better Nights, Better Days for Children with Neurodevelopmental Disorders since 2021.



Why is this program needed?

Insomnia (i.e., chronic and frequent difficulties falling and/or staying asleep) is highly prevalent among children and youth (Mindell et al., 2006). As noted in the introduction article, insomnia affects many typically developing children and youth, and up to 90% of children and youth with neuro-developmental disorders (NDDs) (Tietze et al., 2021). Insomnia results in reduced quantity and/or quality of sleep that causes impairments in daytime functioning and deficits in behavioural and emotional functioning, as well as cognitive and learning abilities (Tomaso et al., 2021). Although evidence shows that psychological interventions are effective and should be first-line treatment, less than ~20% of children and youth receive evidence-based interventions to treat their insomnia (Corkum et al., 2019). Digital sleep interventions have been recommended by researchers as a solution to bridge the treatment and knowledge-to-practice gaps (Soh et al., 2020). Thus, Dr. Corkum, her colleagues, and her trainees have been developing and evaluating digital interventions to support sleep health and treat insomnia in children and youth.

What is the Better Nights, Better Days program?

The Better Nights, Better Days for Typically Developing Children (BNBD-TD) program is an Internet-based eHealth intervention that provides knowledge, healthy sleep practices, and behavioural intervention information to parents of children ages 1-12 years old. It is comprised of five sessions and is a self-guided and highly dynamic program, allowing parents to tailor an intervention to their child and family's needs (Corkum et al., 2016;

Corkum et al., 2018).

The BNBD-TD program was modified to meet the needs of children with neurodevelopmental disorders (NDDs) through a series of research studies engaging end-users and knowledge-users, including a systematic review, Delphi study, barriers and facilitators study, and usability study (Ali et al., 2018; Rigney et al., 2018; Tan-MacNeil et al., 2020a; Tan-MacNeil et al., 2020b).

The Better Nights, Better Days for Children with Neurodevelopmental Disorders (BNBD-NDD) program uses a modular transdiagnostic approach to intervention with core information consistent with the BNBD-TD version but addition of general NDD components (e.g., need for more time to complete the program) and diagnostic-specific components (e.g., information about the impact of stimulant medication on sleep).

The Better Nights, Better Days Youth (BNBD-Youth) program is a four-session micro-learning (i.e., information presented in short, interactive activities) eHealth intervention that shares information about sleep, healthy sleep practices, and cognitive and behavioural strategies. The program was developed with adolescents and young adults to ensure acceptability to this group (Tougas, 2021).

What is the research that supports this program?

BNBD-TD: Results of a Canada-wide RCT of 533 parents found the program improved sleep and daytime functioning outcomes (Corkum, 2019). More recently, the BNBD-TD program was modified to incorporate information on the importance of sleep during the COVID pandemic and to also include sleep tips for parents. The Canada-wide hybrid implementation-effectiveness study of 513 parents has recently completed and data analysis is underway.

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BETTER NIGHTS, BETTER DAYS eHealth Programs for Parents & Youth ~ Katie Vaughan

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BNBD-NDD: The Canada-wide RCT of 172 parents has been completed, and interim analysis at four months found the program to be effective in improving sleep and daytime functioning. A Canada-wide hybrid implementation-effectiveness study of 195 parents of the BNBD-NDD program is ongoing and aims to evaluate how parents' use the program, their satisfaction with the program, and opinions about ways to sustain this program in the future.

BNBD-Youth: To date, usability and pilot testing have been conducted with junior high and high school students as well as young adults in university. Usability and pilot testing found the program improved sleep and daytime functioning outcomes in adolescents (Tougas, 2021) and young adults (manuscript in preparation).

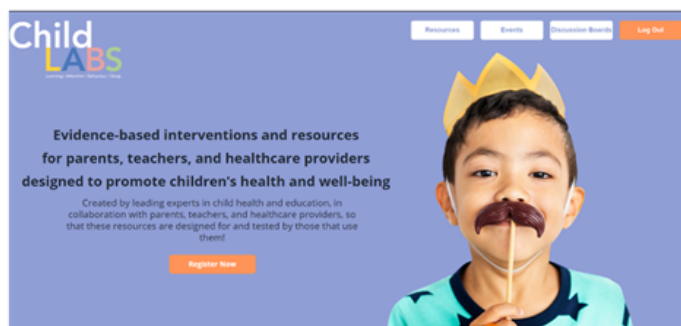
Next, we will be integrating modifications based on usability feedback and launching a larger scale implementation-effectiveness study.

What are the next steps?

The Better Nights, Better Days suite of digital interventions provides a solution to bridge the treatment and knowledge-to-practice gaps for insomnia treatment. Once implementation-effectiveness testing is complete, our goal is to make the suite of digital interventions accessible and available to all parents and youth, improving access to evidence-based treatment of insomnia across Canada.

Vision...

Wrap-Around Evidence-based *Virtual* Care for Behaviourally-based Sleep Problems in Children



Research

The ABCs of SLEEPING: A Smartphone App for Parents of School-Aged Children with Sleep Problems ~ Ana Jemcov



Ana Jemcov, Clinical Psychology
PhD Student, Dalhousie University.

Ana is in her 5th year of the Clinical
Psychology PhD program at
Dalhousie University and has been
with Corkum LABS since 2015.
She is currently working on her
dissertation which is focused on the
development and evaluation of a
smartphone application intervention
titled *The ABCs of SLEEPING*.



Why is this program needed?

Dr. Corkum's introduction article (p.10) noted that many school-aged children do not get the recommended amount of sleep. This is particularly concerning as we know that insufficient sleep is associated with poorer physical, mental, and emotional well-being (Matricciani et al., 2019; Dewald et al., 2010). Most children do not receive intervention for these sleep problems due to barriers that make it hard for parents to access intervention. An accessible way to deliver sleep health care is by utilizing smartphone applications "apps" (mHealth) as 85% of Canadians have access (Statistics Canada). Currently, there are no evidence-based sleep interventions apps available to parents of school-aged children.

To address this, our research team has developed an app titled the "ABCs of SLEEPING", which is based on the mnemonic developed by Dr. Corkum and trainees to represent the key components of healthy sleep practices: **A**ge-appropriate **B**edtimes and waketimes with **C**onsistency, **S**chedules, **L**ocation, **E**lectronics, **E**xercise & diet, **I**ndependence when falling asleep, **N**eeds met during the day, all equals **G**reat sleep.

What is the ABCs of SLEEPING program?

The content of the app is based on the ABCs of SLEEPING mnemonic. The app was designed to provide parents with evidenced-based assessment ("check-in" feature) and sleep recommendations ("sleep tips" feature) about healthy sleep practices. When using the intervention, parents first complete

a "check-in" to assess their child's sleep practices. Once completed, a "sleep report" is produced detailing what areas of healthy sleep practices are going well and which areas need work. To deliver this information, colour coding is used. Sleep areas that don't need work are colour coded as green, those areas that need some work are colour coded as yellow, and those areas that are high priority are colour coded red. This colour coding system lets parents know what sleep tips will be the most helpful to work on first. In addition to the "check-in", "sleep report", and "sleep tips" features, this intervention also has a "to do list" feature that allows the parents to decide what areas they would like to focus on first. This provides an organizing system for parents to use and helps them keep track of the progress that they have made.

What is the research that supports this program?

So far, we have conducted a systematic review, usability study, and feasibility study. The systematic review (Allen et al., 2016) established the evidence-base for the strategies included in this program (e.g., use of electronics, sleep location, etc.) The usability study (Howlett et al., 2020) established the intervention as highly user-friendly, but requiring some modification to increase usability (e.g., streamlining the sleep tips, improving navigation). Following modifications, a feasibility study (Jemcov et al., 2021) was conducted and found that parents rated the revised app to be highly acceptable; however, implementation (use) of the app and strategies was less than desirable (e.g., not daily). Building from participant feedback, the app was further modified

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HEALTHY SLEEP FOR HEALTHY SCHOOLS: A School-based Sleep Education Program ~ Lindsay Rosenberg



Lindsay Rosenberg, Clinical Psychology PhD Student, Dalhousie University.

Lindsay is in her 5th year of the Clinical Psychology PhD program at Dalhousie University and has been with the lab since 2020.

She is currently working on her dissertation titled Investigating the usability, implementation, and effectiveness of the Healthy Sleep for Healthy Schools school-based sleep intervention.



Healthy Sleep for
Healthy Schools

Why is this program needed?

As Dr. Corkum states in the introduction article, many children and youth are not meeting the sleep duration guidelines. In fact, adolescents and young adults have some of the highest rates of poor sleep with ~50% not getting enough sleep (Hirshkowitz et al., 2015). With negative consequences associated with inadequate sleep (e.g., mental and physical health disorders, lower academic achievement) (Short et al., 2020; Lisfeldt et al., 2020), it is critical for youth to have access to evidence-based sleep information and strategies. One way of making sleep health information more accessible is through schools. Of the existing school-based sleep education programs that focused on both psychoeducation and individual tailoring to enable students to understand their own sleep practices (e.g., goal setting, sleep diaries), none were designed to be used independently by teachers. To address this issue, Healthy Sleep for Healthy Schools (HS4HS) was developed by Dr. Corkum and her Australian colleagues, Dr. Sara Blunden and Dr. Gabby Rigney.

What is the Healthy Sleep for Healthy Schools program?

HS4HS is an eLearning program designed to be used by teachers, with the goal of providing teachers the resources they require to teach secondary school students about healthy sleep. The program is comprised of four components including background information for teachers, teaching resources, parent handouts, and the Better Nights,

Better Days-Youth student companion program. Teachers are first given access to the online HS4HS program that includes four sessions of background information that map onto lessons to be taught in the classroom. Upon passing a mastery quiz after each session, the teaching resources required to teach the class lesson are unlocked. The teaching resources include a step-by-step lesson plan and PowerPoint presentation to use in the classroom. The program also includes parent handouts that summarize key points from each of the four lessons, to facilitate parent engagement. The fourth component is the Better Nights, Better Days-Youth online student companion program (Corkum et al., 2018), which contains four sessions that map onto the four classroom lessons, individualized for students with videos, interactive quizzes and activities, goal setting, and sleep diaries.

What is the latest research on this program?

HS4HS has been pilot-tested in three high schools in Australia to evaluate students' sleep practices, sleepiness, time in bed, total sleep time, and sleep knowledge. Data analyzed from one school thus far demonstrate significant improvement in healthy sleep practices and sleep knowledge (Davis et al., 2022). Feasibility was assessed with teachers finding the program useful, comprehensive, and easy to incorporate into the curriculum (Davis et al., 2022).

Current research is being conducted evaluating the usability, effectiveness, and implementation potential of the HS4HS program in Nova Scotia. To assess the usability of HS4HS, secondary school teachers (n = 8) are implementing the program and completing questionnaires to evaluate the program's usefulness, usability, value, credibility, desirability, accessibility, and findability.

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Research

PROMOTING HEALTHY SLEEP: An eLearning Professional Development Program for Healthcare Providers ~ Alzena Ilie



Alzena Ilie, Clinical Psychology PhD Student, Dalhousie University. Alzena is in her 1st year of the Clinical Psychology PhD program at Dalhousie, and has been with the lab since 2021. She completed her Bachelor of Science in Psychology with Honours under the supervision of Dr. Penny Corkum in 2022. Her thesis focused on the Barriers and Facilitators to the Better Nights, Better Days for Children with Neurodevelopmental Disorders.

Why is this program needed?

Most healthcare providers (HCPs) in Canada do not receive formal training in the screening, assessment, or management of pediatric insomnia. While the first line of treatment for insomnia is behavioural interventions, approximately three-quarters of family physicians and pediatricians recommend sedating medication to treat insomnia in children, even though there are no approved medications for pediatric insomnia (Bock et al., 2016; Morin et al., 2011). Given the lack of training for HCPs in pediatric sleep and the lack of evidence-based interventions being recommended, there is a great need for professional development in this area.

What is the Promoting Healthy Sleep program?

The goal of the Promoting Healthy Sleep (PHS): An eLearning Program for Healthcare Providers program is to provide accessible, online sleep education to healthcare providers who will be screening, assessing, and treating pediatric insomnia. To ensure easy access, scalability, and cost-effectiveness, the PHS program was created as an online/eLearning program to address barriers. The PHS program includes four sessions delivered via video, which takes approximately two hours to complete. Once participants complete a session, they complete a short self-assessment quiz before they can move onto the next session. The PHS eLearning program was developed based on the current literature in combination with the developers' (Drs. Penny Corkum, Shelly Weiss, and Elizabeth Keys) clinical knowledge and experiences. Once all four sessions are completed, participants receive a certificate of completion that they can download for their professional development portfolio.



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The ABCs of SLEEPING: A Smartphone App for Parents of School-Aged Children with Sleep Problems ~ Ana Jemcov

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to improve implementation (e.g., a “to-do list” feature was added).

Currently, we are conducting a pilot randomized control trial (RCT) to evaluate the preliminary effectiveness of this program and to make important estimations to prepare for a full-scale RCT (e.g., examining recruitment potential, dropout rate, retainment, and sample size estimations). Concurrently, an implementation study is being conducted to understand how the app will operate in the “real world” by examining the demand for the app (i.e., who would use the app), integration (i.e.,

when and how users would search for the app), and practicality (i.e., barriers and facilitators to using/recommending the intervention).

What are the next steps?

Overall, the ABCs of SLEEPING app shows strong potential to provide effective and accessible sleep intervention for school-aged children. Our final research will involve full scale effectiveness testing. If the app is found to be effective, we plan to scale out this program so that it can be used by families across Canada. We are also planning to adapt the app for other populations such as parents of babies, as well as for adolescents and adults.

PROMOTING HEALTHY SLEEP: An eLearning Professional Development Program for Healthcare Providers~ Alzena Ilie

(Continued from page 16)

What is the research that supports this program?

This is a new program, and as such, the first step was to test whether HCPs find the program usable and implementable. The current usability study includes 22 healthcare providers working in Canada from four groups (i.e., physicians, psychologists, nurses, allied health professionals). Participants completed the PHS program and completed questionnaires after each of the four sessions and at the end of the program to collect feedback about the program's usability from the end-users' perspective. They also completed questionnaires about their sleep knowledge before and after the program.

The majority of participants (n=18) stated that the program was ready to be used by other healthcare providers. Furthermore, most participants (n=20) stated they were satisfied with the information and format of the PHS program. A paired t-test analysis indicated that sleep knowledge significantly

increased from pre- to post-intervention ($p < 0.01$). Overall, participants found the PHS program useful and ready to be implemented, with minimal modifications to the program required.

What are the next steps?

For the next study, we will invite people that have relevant lived experience (i.e., parents/caregivers of children with pediatric insomnia) to review the program and participate in qualitative interviews, where they will provide feedback about the content of the program. The feedback provided by those with lived experience and HCPs will be used to determine what modifications are needed to the PHS program before testing the effectiveness of this program. The PHS program has the potential to provide accessible training about pediatric insomnia and sleep health to HCPs across Canada that is evidence-informed and end-user supported.

HEALTHY SLEEP FOR HEALTHY SCHOOLS: A School-based Sleep Education Program ~ Lindsay Rosenberg

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To evaluate effectiveness, a pilot study is being conducted, with teachers implementing the program in Grade 7-10 classrooms and students (n = 220) completing questionnaires and sleep diaries to assess sleep knowledge, attitudes, quantity, quality, daytime sleepiness, and psychosocial functioning pre- and post-program. To evaluate the implementation potential of HS4HS, teachers (n = 6) and school stakeholders (e.g., principals, education consultants, n = 6) are participating in an interview focused on perceptions of the program's reach, effectiveness, adoption, implementation, and maintenance, in order to understand the best ways to implement HS4HS in schools and school systems in the future. These results should be available by the end of the summer.

What are the next steps?

Looking ahead, after modifications to HS4HS have been implemented based on educator feedback, a randomized controlled trial (RCT) will be conducted to evaluate the program's effectiveness using more rigorous research methodology. If effective, we plan collaborate with schools so that youth will receive the sleep knowledge and skills needed to help them sleep better and enhance their well-being. We also plan to create a version for elementary school teachers to use with their students.

Research

Child LABS (Learning | Attention | Behaviour | Sleep) ~ Dr. Penny Corkum



*Penny Corkum,
Psychologist & Professor,
Department of Psychology
& Neuroscience, and
Psychiatry, Dalhousie
University*

What are the next steps to address the treatment and evidence-to-practice gaps?

It has been a complex, challenging, and rewarding journey developing, evaluating, and trying to sustain this suite of digital interventions to close the treatment and evidence-to-practice gaps related to treatment of insomnia/insomnia symptoms in children! To accomplish these goals, we have had to work with software developers, branding experts, graphic designers, video producers, tech transfer offices to ratify agreements related to intellectual property, and industry partners, along with end-users of the programs (parents, youth, teachers, healthcare providers) and large research teams. I have been fortunate in receiving funding from a variety of sources (see below), to have a great industry partner – [Velsoft Inc.](#), and have access to the advice and support of Dalhousie's Office of Commercialization and Industry Engagement.

While commercializing these digital interventions solves the sustainability issue, it may result in some families not being able to access these programs due to financial considerations. We are working to try to resolve this problem. For example, we will have a proportion of revenue dedicated to supporting families in need to access these resources. We also continue to try to find other sources of long-term funding.

We recently were funded by CIHR for a Team grant in Sleep Across the Lifespan. This grant will allow us to further develop the existing programs as well as to create new programs. The goal is to have digital sleep health care for individuals across the lifespan – from babies to the elderly. We will also be addressing a third important gap - sometimes known as the digital divide and other times as the equity gap (i.e., interventions not reaching and/or

meeting the needs of people facing social disadvantage). There is a growing body of research that has found that the rates of sleep problems are higher in individuals facing socio-economic disadvantage and from racial and ethnic

minority groups, and that treatment is often impacted due to differential access to healthcare services (Guglielmo et al. 2018; Smith et al., 2019). Addressing this third gap is critical to ensure equitable access of resources for all Canadians. We have a wonderful research team that will be supporting this work over the next 5 years with our early childhood hub being led by Dr. Elizabeth Keys at UBC-Okanagan, our child and youth hub being led by myself and Dr. Gaberille Rigney at CQUniversity, Australia, and the adult hub being led by Dr. Sheila Gardner at MUN. Dr. Guido Simonelli at Université de Montreal is leading the EDI group and Dr. Paul Ralph at Dalhousie is the leading the technology group. We will continue our productive partnership with Velsoft, Inc., who leads the programming of the interventions and are our commercialization partner.



What is the long-term vision?

Our long-term vision is to support sleep health care across the lifespan by developing evidence-based interventions and resources, and ensuring these are accessible to all Canadians. We plan to work with the newly formed Canadian Sleep Research Consortium to increase the awareness of sleep problems and their impact, to ensure that healthcare providers are trained to deliver evidence-based sleep care, that sleep education is part of the health landscape like healthy eating and movement behaviours, and that all people facing sleep challenges themselves or in people they care for have access to the knowledge, resources, and interventions to support sleep health across the lifespan.

RESOURCES: Child LABS (Learning | Attention | Behaviour | Sleep)

Sleep On It Canada

- <https://sleeponitcanada.ca/>
- Sleep and sleep disorders from Canadian sleep experts

Canadian Sleep Society

- www.css-scs.ca
- Sleep resources, brochures, podcasts, map of health providers in Canada

Sleep Education

- www.SleepEducation.org
- Information and resources for all sleep disorders, by American Association Sleep Medicine

National Sleep Foundation

- <http://www.sleepfoundation.org>
- Sleep education for healthcare providers and researchers

My Sleep Well

- www.mysleepwell.ca
- Insomnia treatment resources regarding CBT-I and Sedative-Hypnotics

Sleep for Kids

- <http://www.sleepforkids.org/>
- Kid friendly information about sleep

Better Nights, Better Days

- <https://betternightsbetterdays.ca/>



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CE Events

APNS WORKSHOPS, WEBINARS AND EVENTS



When you dread your next session: Applying DBT principles to therapy with clients that leave you feeling helpless, demoralized, & resentful

Presenters: Dr. Jacquie Cohen & Dr. Marie-Eve Couture

Friday, June 9, 2023 - 9 am - 4:30 pm

**Kenneth C. Rowe Management Building,
Room 1009, 6100 University Ave., Halifax.**

[Download the registration brochure](#)

We all work with clients who test our capacity to connect with them, feel compassionate, and act competently. Clients may present as relentlessly hopeless, passive, and incapable. They may direct their anger toward us or accuse us of being ineffective. Or they may be especially high-risk, causing us to worry that they will harm themselves or someone else, and that we will face professional or legal consequences. These behaviours can leave us feeling anxious, ashamed, and resentful, resulting in us emotionally detaching and giving up. How do we manage this?

Dialectical behaviour therapy (DBT) provides a model. But doesn't DBT require multiple modes of treatment and intensive consultation? What do clinicians do when they don't have such a structure in place? This workshop will present principles and strategies from DBT that clinicians can integrate into their therapeutic work with so-called "demanding" clients.

Participants will learn to apply DBT's biosocial model to their own experience and use acceptance, change, and dialectical paradigms to treat their own burnout and strengthen their capacity to work with the clients that most challenge them.

Audience

This workshop is open to Psychologists, Psychology students as well as other mental health professionals with an interest in the topic.

For more information please contact

apns@apns.ca

APNS Sit and Chat Bench Event

Friday, June 2nd - 2 p.m., Kentville Visitor Information Centre, 125 Park St. Kentville

Since 2017, APNS has been donating park benches to NS communities to raise awareness of the value of personal interaction as a way to enhance mental and physical health. Parks in towns throughout Nova Scotia are the perfect setting to enjoy the natural environment and where it is easy to engage with other people, to chat with neighbours and get to know other members of the community.

APNS kicked off this initiative in Yarmouth in 2017, followed by Stewiacke in 2018 and Blockhouse in 2019. After taking a few years off due to the pandemic, we are reintroducing the event this summer in Kentville. We invite those of you in the Kentville area and beyond to take this opportunity to get outside and celebrate mental health and wellness.

APNS WORKSHOPS, WEBINARS AND EVENTS

WEBINAR: The Use of Attachment-based Family Therapy for Adolescents Struggling with Depression & Suicidal Thoughts

Presenter: Dr. Guy Diamond

Friday, April 28, 2023 – 3 pm - 6 pm Atlantic

[Download the registration brochure](#)

Using case studies, videos and discussion, this workshop will provide an overview of the theoretical principles, research support and clinical strategies of ABFT. We will review how attachment theory, emotional regulation, and trauma resolution inform the delivery of this experiential treatment approach. We will teach the five treatment tasks that provide a roadmap for delivering this interpersonally focused, depth psychotherapy, effectively and rapidly.

Participants will learn how this model helps families repair interpersonal ruptures that have damaged trust and rebuild emotionally protective, secure parent-child relationships.

Learning Objectives

- Explain the theoretical foundation of ABFT that guides therapists in therapy implementation.
- Discuss the purpose of the five treatment tasks.
- Design therapy to focus on interpersonal growth rather than behavioral control

Audience

This workshop is open to Psychologists and Psychology students and other health professionals with an interest in the topic. For more info or to register please contact apns@apns.ca

This webinar is presented by a coalition of State, Provincial, and Territorial Psychological Associations and sponsored by CESPPA and the Missouri Psychological Association.

The In-person APNS Annual General Meeting is Back!

Friday, June 9, 2023 - 12:00 noon - 1:15 p.m. (lunch provided)

Held in conjunction with ***When you dread your next session: Applying DBT principles to therapy***

Kenneth C. Rowe Management Building, Room 1007, 6100 University Ave, Halifax.

In addition to the annual business meeting we will be awarding the annual APNS awards.

To attend please rsvp to apns@apns.ca

Acknowledgements

In Memoriam: Dr. Allan Wilson ~ January 16, 1953 - February 10, 2023



Remembering Dr. Allan R. Wilson - Submitted by Dr. David Pilon

Psychology lost a friend and a great contributor with the passing of Dr. Allan R. Wilson. Allan was born and raised in Carleton Place, Ontario. He graduated from the University of Waterloo and Acadia University before receiving his PhD from the University of Saskatchewan in 1986. Allan completed his doctoral internship at Baylor College of Medicine in Texas.

While in Saskatoon, Allan worked at the University of Saskatchewan Counselling Service and at the Saskatoon City Hospital Department of Psychiatry where he was the only Psychologist. He was a sought-after clinical supervisor with graduate students from the University of Saskatchewan lining up for the opportunity to be supervised by him. Always dedicated to students, later in his career Allan served as coordinator of training at the Nova Scotia Hospital and as placement coordinator and Professor in the Dalhousie Clinical Psychology PhD Program. Allan was honoured by the Canadian Council of Professional Psychology Programs with their Award for Excellence and Professional Training in 1999.

Allan and his wife, Susan McDonald Wilson, came to Nova Scotia in 1990. Allan worked initially at the Camp Hill Medical Centre and then at the Nova Scotia Hospital in Dartmouth. Before retiring from the health authority, he had served as Manager of the Dartmouth City and of the Bedford-Sackville community mental health and addictions teams, leadership roles that few Psychologists have held in the public system.

Allan was committed to the profession of psychology and served in many governance roles over the years. He was Vice President of the Saskatchewan Psychological Association, President of the Association of Psychologists of Nova Scotia, a board member of the Canadian Council of Professional Associations of Psychologists and of the Canadian Register of Health Service Psychologists. He served as Secretary-Treasurer and Chair of the Canadian Psychological Association Clinical Psychology Section and served on the Board of the Nova Scotia Board of Examiners Psychologists. For nearly 10 years, Allan served with distinction as the NSBEP Registrar retiring in 2018. His leadership was instrumental in the creation of the memorandum of understanding between Nova Scotia, Prince Edward Island, New Brunswick, and Newfoundland and Labrador allowing for cross jurisdictional Telepsychology practice. Allan's tireless efforts on behalf of the profession were recognized when he was made a Fellow of the Association of Psychologists of Nova Scotia and of the Canadian Psychological Association Clinical Psychology Section.

He is remembered by his colleagues for his decency, humanity and caring. Allan had a kind and gentle soul with a quiet and unassuming manner but was steadfast and effective in the many leadership roles that he contributed.

For the past 33 years a group of Psychologist buddies convened monthly over dinner and drinks to support each other, to keep informed of goings-on within psychology and the healthcare system, and to share wisdom about the way things ought to be. Allan was a valued member and friend of that group, and he will be greatly missed.

Allan R. Wilson Obituary - J.A. Snow Funeral Home

<https://www.dignitymemorial.com/obituaries/halifax-nb/dr-allan-r-wilson-11150046>

In Memoriam: Gloria Rose Mauro - September 27, 1924 - February 10, 2023



Obituary - Huskilson's Funeral Home

MAURO, Gloria Rose - Age 98, died on February 10th, 2023 at the Harbourside Lodge Veterans Place. Born September 27th, 1924 in Port Arthur, ON, she was one of six children of the late Arthur and Mary (Fortezza) Mauro. She is predeceased by her siblings Anne, Angelo, Lucy, & Joseph. Gloria is survived by her dear brother Arthur and many nieces and nephews (regular, grand and great).

Gloria grew up in Port Arthur, Ontario where she developed her love of family, her love of learning, her love of God, and her desire to be of service. After working in Port Arthur to help support the family during the war years, Gloria joined the Royal Canadian Navy in the early 1950s as one of the first women officers-in-training. Her career in the RCN had her stationed throughout Canada, including a commission in Portsmouth, England in the early sixties. Her time based in England allowed her to travel in Europe and deepen her passion for the arts and culture. She retired as a Lieutenant/Captain (CD) in 1970, remaining a proud veteran and member of the legion throughout her whole life.

Gloria's love of learning became clear after leaving the Navy with continuing further education at university. Just before she turned 60 she received a PhD in Clinical Psychology from the University of Dalhousie. While in the Navy, Gloria had fallen in love with Nova Scotia and the sea. She chose to settle in Yarmouth and practised there as a child psychologist until her early 80's.

Gloria was a deeply spiritual person. Her religion provided guidance and support until the end. She was involved with the Catholic Women's League and the choir at St Ambrose Church in Yarmouth for decades.

She was granted the honor of being appointed a Lady Grand Officer of the Equestrian Order of the Holy Sepulchre of Jerusalem.

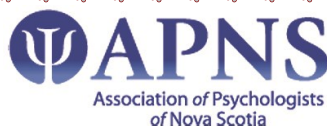
We will remember Gloria for her devotion to God, her love of reading, her keen interest in the world and local events, her love of conversation with a cup of tea in hand, and for her sense of humor and great laugh, all gifts to her family and community. She will be so missed.

The family would like to thank Peggy Boudreau for being there for Gloria, Jodi Bishara for her consistent support and Yarmouth Heights for the exceptional care they have provided Gloria throughout the last few years. Arrangements are under the care and direction of H. M. Huskilson's Funeral Homes & Crematorium, Yarmouth.

A visitation will take place on Thursday, February 16th, 2023, from 4 to 6 p.m., from Huskilson's Funeral Home, Yarmouth. A funeral Mass will take place on Friday, February 17th at 1 p.m. from St. Ambrose Co-Cathedral, Yarmouth, with interment to follow at Our Lady of Calvary Cemetery. In lieu of flowers, please make a donation to a charity that assists children. And please do an act of kindness for someone as Gloria tried to do every day.

<https://www.huskilson.net/obituary/gloria-mauro>

Acknowledgements



Welcomes its Latest Members as of March 30, 2023

Clair Barefoot, Ph.D.
Agnes Flanagan, M.Ed.
Sarah Goegan, Ph.D.
Olivia Innes, M.A.
Susan Jerrott, Ph.D.
Ainsley Lofstedt, M.A. Coun.

Conrad MacNeil, M.A.
Andrea Mahoney, M.A.S.P.
Ashton Parker, M.A.
Chelsea Quinlan, Ph.D.
Emily Wildeboer (student)

We would like to thank the membership for supporting APNS in its efforts to promote the interests of Nova Scotia psychologists through advocacy, continuing education and the support of special interests in the field.

Congratulations to the following who have recently become Registered Psychologists*

Nicole Ali, Ph.D.
Agnell, Anama, M.Psy.
Charity Barfoot, M.Psy.
Susan Battista, Ph.D.
Meghan Beaudin, Psy.D.
Christine Ferguson, M.A.
Kathryn Jenson, M.Sc.
Denise Kyte, Ph.D.
Jacinthe Lavoie, M.A.P.s.
Chantal LeBlanc, M.A.

Conrad MacNeil, M.A.
Krystle Martin, Ph.D.
Kathryn Miller, Ph.D.
Chelsea Quinlan, Ph.D.
Melissa Tawadros, M.Psy.
Michelle Tougas, Ph.D.
Barbara Virley, Ph.D.
Christiane Whitehouse, Ph.D.
Loriann Williams, Ph.D.

Congratulations to the following who have recently become Candidates*

Melissa Ferland, Ph.D.
Olivia Innes, M.A.
Andrea Mahoney, M.A.S.P.
Noelle Strickland, Ph.D.

**This information provided by NSBEP as of March 0, 2023*

PSYCHOLOGY POSITIONS AVAILABLE IN NOVA SCOTIA

You may also visit the full listings on the APNS website <https://apns.ca/Publications/career-opportunities/#main>

Office space available—Halifax

Office space is available in our lovely Hydrostone-area building, in Halifax's vibrant north end.

<https://apns.ca/publications/news/office-space-available-part-time-full-time-halifax/>

Annapolis Valley Psychological Services are seeking Registered Psychologists and a Psychologist (Candidate Register) to provide evidence-based psychotherapy and assessments to adult clientele, but also to further expand our services to include children, adolescents, couples, groups, and families. <https://www.annapolisvalleypsychologicalservices.ca>

Dr. Daniel Chorney & Associates is currently seeking a PhD or PsyD in Psychology (Clinical or Counselling Psychology). <http://www.chorneyandassociates.com>

Fenwick Psychology and Wellness Associates is growing and we are hoping to welcome a Psychologist with an interest in working part-time (with potential for full-time) with adults or children in our practice. <https://fenwickwellness.ca>

Dr. S Gerald Hann Psychological Services are seeking qualified applicants to work as contract psychologists at our practice. We have immediate opportunities for clinical, school and counselling psychologists to provide services across the lifespan. <https://hannpsychologicalservices.com>

Marsh-Knickle & Associates would like to invite a Registered Psychologist who works with Children and Adolescents to join our team of independent practitioners. <https://www.marshknickleandassociates.com>

Mindful Therapies Inc. is now recruiting Psychologists (Registered or Candidate Register) who wish to join our practice in the heart of Dartmouth, Nova Scotia. <http://www.mindfultherapies.org>

Power Psychological Services is now hiring Psychologists (Registered or Candidate Register) who wish to join our private practice team in Truro, Nova Scotia. We have openings for part-time and full-time employment. <https://powerpsychservices.ca>

Seagram and Associates / Landing Strong are currently looking for a part-time/full-time Registered Psychologists. We want someone who is interested in being a leader within this evolving organization. <http://seagramassociates.com> / <https://landingstrong.com>

True North Psychological Services is seeking both Masters or Doctoral level Psychologists and Masters Level Social Workers (MSW) with an interest and experience working with individuals and families impacted by trauma to join all three of our practices in Nova Scotia (e.g., New Minas, Halifax and Kingston). <https://truenorthpsychological.com>

Dr. Nina Woulff, Psychologist & Associates has an opening for a mature Associate Psychologist with well developed clinical skills, who can provide therapy for adult clients. The position entails at least 18-25 client therapy hrs/week with the possibility of additional hours. <https://drnina.ca>



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Please contact the chair or APNS office for further information or to communicate changes to the list of committees & representatives.

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GROUPS

Child & Adolescent Psychology Interest Group (CAP-I) is comprised of psychologists who work with children and adolescents and their families. Meetings are bi-monthly during the academic year to share information on topics of interest and to provide an opportunity to get to know our colleagues who work in a range of settings (schools, hospitals, universities, private practices, forensic settings, etc).
Penny Corkum, Chair

Early Career Psychologist Group

Ena Vukatana
Julie Wershler

Contact the APNS Office for more info on how to become involved in APNS committees.

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The acceptability of an ad for publication in APNS publications is based on legal, social, professional, and ethical considerations. Also, an ad must be in keeping with the generally scholarly and professional nature of the publication. All content submitted is subject to APNS approval, and may be withheld with refund for any reason.

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Job Postings	\$25.00 per 60 days

For more information contact apns@apns.ca

Publication Information

The Nova Scotia Psychologist is published three times each year by the Association of Psychologists of Nova Scotia. Its purpose is to foster communication within the psychology community. Submission of articles is encouraged, as well as letters to the Editor. The Editor reserves the right to select and edit manuscripts and letters submitted for publication. Publication does not necessarily imply endorsement by APNS or by the Editorial Board of The Nova Scotia Psychologist.

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