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Winter 2023-2024

PRESIDENT'S REPORT ~ Chimène Jewer, R. Psych.



Chimène Jewer, R.Psych.,
APNS President

Seasons Greetings! The fall has been a busy and productive time at APNS, particularly with our on-going government advocacy work. And suddenly, the holidays are now upon us. In this issue, we are highlighting our Continuing Education (CE) survey results and offerings, and upcoming nominations for Executive Committee members and Awards, among several other topics. Also included in this issue, more on our government advocacy work, a report from the Council of Professional Association of Psychology (CPAP), the job posting for the APNS Executive Director position, and plans for Psychology Month.

As you are aware, we are indeed in the midst of a mental health crisis. Over the past few years, psychologists have been reporting increased demand for services, and patients are presenting with more severe symptoms, needing more treatment. Many psychologists are reporting that they do not have availability to take new patients. Unfortunately, some psychologists report experiencing burnout. We need more government funding for psychological services, and we need to train more psychologists to meet the growing need.

To this end, we are continuing to work with the provincial government and the Office of Addiction and Mental Health (OAMH) on their plan for universal mental health care. We held two town halls this fall with our members and representatives from OAMH to address questions and concerns. I encourage you to attend our town halls, as they are announced. The summary for the most recent town hall can be found on pages 14-18. Our Executive Director, has compiled a timeline of recent government advocacy on page 19. We are listening to everyone's concerns and doing our best to advocate for everyone and for the profession.

Also featured in this issue are the results of the CE survey and offerings for next year. The topics planned for the next few years seem to have been well-received, with the highest endorsement of the need for regular full-day ethics workshops and a telepsychology panel. We also received a large number of suggestions for future sessions, with the most popular topics being trauma, assessment, and workshops on child/adolescent issues. As part of our Equity, Diversity and Inclusion (EDI) plan, the Cultural Diversity Committee is also working on developing diversity training, including a training opportunity specific to work with our local indigenous peoples.

Also included in this issue is a report from CPAP. There are a lot of interesting things happening at the

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Reports

NOMINATIONS FOR THE EXECUTIVE COMMITTEE

Coming in January, watch for the Call for Nominations for participation in the Executive Committee. This year the Nominations and Elections Committee of APNS is asking the membership for nominations for the following positions on the APNS Executive:

**PRESIDENT-ELECT
MEMBER-AT-LARGE
MEMBER-AT-LARGE - HR
TREASURER
CO-STUDENT REP**

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 positions. If more than one person is nominated for the same position, APNS will hold an election.

If you know anyone who would be a good addition to the Executive please consider nominating them. Contact apns@apns.ca for more information.

PRESIDENT'S REPORT ~ Chimène Jewer, R. Psych.

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national level, as well. There has been some discussion about harmonizing entry to practice across the country. There are plans to launch a short-term, nation-wide telepsychology, continuity of care agreement. There is also a task force working on a psychologist wellness initiative. Provincially, British Columbia has lost their own regulatory body, which will be replaced by an amalgamated college of allied health professionals. New Brunswick is working on integrating psychologists into primary care in their province. Ontario is exploring the possibility of prescription privileges. Several provinces are struggling with recruitment and retention issues.

We are also highlighting the upcoming call for nominations for the Executive Committee and our Awards. Please be sure to nominate colleagues that you think would be an asset to the Executive. Serving on the Executive Committee is a great opportunity to learn, network with colleagues and advocate for the profession. Similarly, please nominate colleagues and students you believe are deserving of recognition with an APNS Award.

As you know, sadly, Susan Marsh will be retiring next year after many years of dedicated service to

our association, and we are looking to fill her position. We have included the job posting for Executive Director. If you know any suitable candidates for the position, please forward the job posting and encourage them to contact APNS.

Finally, we have included information about our plan for Psychology Month, February 2024. We will continue with Psychology "Jeopardy" game for our members with prizes to be won every week. We will also continue with our social media education campaign for the public. The objective of the latter is to educate the public about psychologists and the unique value of psychology, which is especially important and timely in the context of our current government advocacy work and the plan for universal mental health care.

I would like to take this time now to wish everyone a safe and happy holiday. I hope that you take some time to slow down, rest and savour the joy of the season with family and friends. Best wishes for a healthy and happy new year!

Sincerely,



NOMINATIONS FOR THE 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 receive this honour. The official Call for Nominations from the APNS Nominations & Elections Committee will be sent in January, with the appropriate forms, but why not get ahead of the game and prepare your nomination now? The categories for nomination are as follows:

Fellow of the Association

Each year, the APNS Executive may designate one member a "Fellow" of the Association, in recognition of outstanding contributions to the Association.

Excellence in Psychology Award

This award recognizes those mid-career psychologists who have demonstrated excellence in their professional activities.

Community Service Award - Psychologists

This award recognizes the contributions of psychologists who do outstanding volunteer service in the community beyond their role as a psychologist. It acknowledges and raises awareness of the important contributions that psychologists make to the greater community.

Community Service Award in Mental Health

This award recognizes the contributions of non-psychologists who have made valuable contributions to the community in a health and wellness setting or through other activities that touch and benefit the greater community by raising awareness or advocating for mental health issues.

Outstanding Early Career Psychologist

This award recognizes the challenges of being an Early Career Psychologist in the first ten years of their career.

Brian Dufton Memorial Prize: Graduate

This award is given for outstanding graduate achievement in psychology in Nova Scotia.

Gerald Gordon Memorial Prize: Undergrad

This award is given for outstanding undergraduate achievement in psychology in Nova Scotia.

The Dr. Charles J.A. Hayes Lifetime Contribution Award

This award recognizes those who have spent a significant part of their professional lifetime supporting APNS, as well as the profession of psychology at the provincial, national and international level.

Outstanding APNS Student

This award recognizes the challenges of preparing for a career in psychology at the masters or doctoral level.

Diversity in Psychology Bursary

This bursary assists grad psychology students who identify as being from a diverse population and are in pursuit of post-secondary education in Psychology.

The role of APNS representative on the APA Council of Representatives is an important and fulfilling position. Dr. Shelley Goodwin has been the Council Rep for two 3-year terms. She will be stepping down at the end of 2024, but elections will be held in early 2024. If you are interested in hearing more about the position, please contact apns@apns.ca.

Reports

CPAP MEETING REPORT November 2023 ~ Jennifer Richards, Ph.D., CPAP Rep

The recent CPAP meeting was held in Vancouver on November 11-12. Jenn Richards attended as the APNS voting representative, and APNS President Chimène Jewer attended as observer. Chimène has replaced Jenn as voting representative as of December 1, 2023.

Administrative:

- There has been a change in CPAP staffing and more information will be forthcoming on the new role.
- There will be a CPAP membership fee increase effective immediately. Given that it has been 10+ years since CPAP has increased fees, this seemed reasonable.

Joint CPA-Association of Canadian Psychology Regulatory Organizations (ACPRO) Initiatives:

- Judi Malone CPAP's ACPRO rep noted that ACPRO will be introducing a telepsychology short-term, continuity of care nation-wide agreement to be rolled out in January 2024.
- MAiD: There is a lack of clarity re: role of psychology in MAiD, and a lack of national standards. Work is on-going.
- Psychologist Wellness Joint-Task Force has worked to identify psychologists incapacity/impairment and is currently working on ways to improve and promote wellness within the profession.

BMS Online Back-Ups:

BMS confirmed an online back-up such as with Jane/OWL is now an acceptable alternate form of back-up and qualifies according to BMS's Cyber Security policy. See more information on the Cyber Security and other information here:

<https://apns.ca/membership/bms-practitioner-insurance-program/>

Harmonizing Entry to Practice Across Country:

Agreement that we need generalists and specialists. However, we still need cross-jurisdictional agreement re: title and scope of practice, who can supervise, and who can do assessment. The longer-term goals according to CPA continue to be doctoral standards.

Leadership Academy: CPAP and CPA will be starting a leadership academy and partnering with

other agencies, and possibly linking this to other conventions (e.g., CPA) to focus on leadership.

CPAP Special Project: CPAP will begin work on developing a nation-wide survey re: health insurance for members. Planning to combine a survey used by massage therapists and information gathered in a recent Ontario survey.

CPAP Advocacy for the Profession on

Assessment Measures: CPAP is beginning to develop a position paper regarding assessment and diagnosis and the ability for non-psychologists to access and use Level C tests (e.g., WISC).

Updates from Provinces and Territories:

- NL: Losing public psychologists to private with increasing questions about psychologists' autonomy in the public sector. Difficult getting investment from NL for doctoral residency (residency was accredited in 2013). Recently had a psychology position reinstated, but, residency positions have decreased from 9 to 4 residents. Currently advocating to have APNL involved in a Psychology Working Group struck by government 4 months ago.
- NS: Provided updates re: change in NS CPAP representative, APNS CE Survey and ongoing government advocacy.
- PEI: Burnout and closed waitlists are an ongoing issue in the private sector. The first cohort is now through the PsyD program; are looking for in-province supervised practise
- NB: Integrating primary care including psychologists. Psychology Month 2024 public campaign focusing on a social media commercial. Working to reduce the burden on foreign-trained psychologist. Working with physicians to encourage government to address recruitment/retention issues.
- QC: Rates for assessment improved, but still low. Ongoing concern on government wanting to collapse allied mental health care providers in order to fill the shortage of psychologists.

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CPAP MEETING HIGHLIGHTS ~ November 2023 Jennifer Richards, Ph.D., CPAP Rep

- ON: Prescription rights: Expect to hear positive confirmation in a few months and believe that it will save money to have psychologists manage mental health prescriptions, in particular ADHD meds. Family Health Team pilot has begun to address gaps and backlogs identified in Family Health Teams for patients with mental health and/or neuro symptoms.
- MB: Has 22 new psychologist positions in public healthcare. They expanded their PhD and residency programs positions for students.
- SK: MoU between MB and SK to improve access to services for psychologists who had difficulty finding services in their home province. Working with Psychiatry for MH services in primary care.
- AB: Professional guidance podcasts to help psychologists learn about various areas of practice and how much training would be needed to practise in a given area. Began to use a referral service that includes a variety of questions to funnel clients the right direction. TRC support for Indigenous psychologists with a package to explore what works/doesn't work – pilot in exploration phase. AB College is no longer permitted to support members with professional guidance and so the Association is now offering professional guidance support members (popular).
- BC: Has lost their regulatory college for psychologists. A provincial review resulted in an amalgamated college of various "allied health providers". Psychologists are included in the same regulatory college with allied care providers. Psychologists not included with physicians, who have a similar code of ethics as psychologists, which has led to concern. Unclear how ethics and complaints will be addressed going forward or how psychologists will maintain a voice at the political table to advocate for the profession. Also unclear how incoming psychologists will be granted the title of "psychologist" and become registered. There are 10 seats around the table and 12 professions represented; 2 professions will not have a seat at the table. TBD if psychology will have a seat.
- YK: Formally regulated psychologists as of August 2023 Reported that the May CPAP advocacy supported this successful endeavour. Technical document finalized re: terms for regulation.
- NWT: Challenges in supporting members in getting 5 hours/years of continuing competency on culture.

CPA Highlights:

- CEO Lisa Votta-Bleeker is the new CPAP rep. Lisa noted she has been involved with CPA for 10 years and is eager to have a collaborative relationship.
- CPA Mental Illness Awareness Week Working on creating various policies re: MAID, a policy statement re: gender identity in children/youth; telehealth policy pending and expected soon. On-going work re: harmonizing the title "psychologist" and licensure.
- CPA Advocacy toolkit available in their members portal. Working to support psychologists who are working on contracts at universities (i.e., non-tenure track profs). Lisa offered to support any province/territory as needed.

The Council of Professional Associations of Psychologists (CPAP) is composed of 12 provincial and territorial psychology associations, and a CPA Representative.

CPAP has a seat on the CPA Board. CPAP is an important partner, allowing for sharing of resources, and collaboration on projects and advocacy initiatives among all its member organizations.

CPAP's primary activities centre around:

1. *Knowledge Exchange: Facilitate knowledge exchange amongst member associations.*
2. *Best Practices: Identify and share best practices amongst member associations.*
3. *Advocacy: Advocate for the needs of Canadian psychologists and the people that they support.*
4. *Leadership Development: Develop leadership potential and capacity in Canadian psychologists.*

Reports

BMS PRACTITIONER INSURANCE PROGRAM ~ UPDATED INFORMATION

The BMS Canada Risk Services Ltd. (BMS) is the broker for the exclusive and official liability insurance program endorsed by the CPA and CPAP, of which APNS is a member. BMS has recently provided us with new or updated documents to share:

- **BMS Program Orientation Presentation**
<https://apns.ca/wp-content/uploads/2023/12/BMS-Program-Orientation-2023.pdf>
- **What Coverage Do I Need? A Quick Guide to Deciding What Insurance is Recommended for Your Practice.** https://apns.ca/wp-content/uploads/2023/05/PSY_What-coverage-do-I-need_2023_EN.pdf
- **Cyber Risk Mitigation Strategies** This document outlines what you need to know about cyber risk.
https://apns.ca/wp-content/uploads/2023/12/Cyber-Risk-Mitigation-Strategies_2023.pdf
- **I was just served with a subpoena! What do I do?** https://apns.ca/wp-content/uploads/2023/06/PSY_Court-Proceedings-Article_EN.pdf
- **BMS Scholarship: Student Research and Leadership Development** Sponsored by BMS, the Canadian Psychological Association (CPA) and the Council of Professional Associations of Psychology (CPAP) wish to support student research and leadership/training/practice development in all areas of psychology.
<https://apns.ca/wp-content/uploads/2023/11/BMS-Scholarship-Program-CPA-CPAP-2023.pdf>

About the BMS Program, Exclusive to CPA and CPAP Provincial/Territorial Members

Participating members of the insurance program receive dedicated legal advice and practice risk resources based on liability trends in psychology. In this model, risk management and patient safety are a key priority, with a direct positive financial impact on future premiums and loss reserves.

<https://cpa.ca/insurance/business/practitionerprogram/>

To learn more about the insurance products available to APNS members or to purchase coverage Please visit:

www.psychology.bmsgroup.com or contact a BMS broker at 1-855-318-6038 or by email at psy.insurance@bmsgroup.com.

For more information about your Insurance Broker, BMS, and Insurance see **Regulatory Principles of Conduct**.

<https://www.bmsgroup.com/regulation>

All of the above information is available on the APNS website.

<https://apns.ca/membership/bms-practitioner-insurance-program/>



PSYCHOLOGY MONTH 2024

Psychology Month will be coming up in February. This year we are bringing back **Psychology "Jeopardy"**, where each week you answer questions under various psychology-related categories. Those who have the most correct answers each week, are eligible to win a gift card worth \$100 from a local business.

If you have some ideas for categories please send them to admin@apns.ca and please also include an example of a question under that category. For more information contact us admin@apns.ca.

We will also be doing a social media campaign with regular posts throughout February. The focus

will be helping the public understand the expertise of psychologists — what they do, and how it differs from other mental health professions. We will also add some posts from on self-care, as we did last year. Watch for more information coming in January.

If your workplace is planning its own Psychology Month activities we would love to hear about them and would be pleased to promote them. As an example, see the below information about a presentation that APNS member Brenda Durdle is giving in Sydney. Send information about your event to admin@apns.ca

Exploring Psychedelics in Palliative Care: Enhancing Well-being and Meaning in Terminal Illness

The diagnosis of a terminal illness can be devastating and destabilizing. The prospect of our life ending can leave us with anxiety, depression, and a crisis of meaning. Deep existential distress can interfere with the project of living our lives well.

In recent years, some remarkable results have emerged from research on the role of *psilocybin* in the care of people with end-of-life anxiety and depression. Researchers at John's Hopkins University, New York University, and UCLA found that after a single dose of *psilocybin*, patients with a terminal cancer diagnosis experienced an immediate drop in their anxiety and depression. They also reported enhanced spiritual well-being and these results endured for up to six months. Psychologist, Dr. Tony Bossis, said that the experience of meaning-making and of transcendence – of not solely identifying the experience of self with the dying body – can be a profound gift to a dying patient.

This talk will outline the recent research on *psilocybin* and end-of-life care, including protocols for the ethical and therapeutic use of psychedelics.
Everyone is welcome to attend.

Brenda Durdle is a semi retired psychologist with a small private practice in Sydney.

Save the date: February 8, 2024 - 6:30 pm to 8:00 pm - McConnell Library, Sydney

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MEMBERS' RESEARCH ~ OPENTHINK BLOG

OpenThink supports PhD students from across Dalhousie in their public scholarship and knowledge mobilization efforts. We provide an open platform for discussion, analysis and insight on topics related to their research through monthly articles that spark conversations. We train students to build the skills necessary to engage with communities beyond the university.

Psychology students such as Nicole MacKenzie, Christopher Holland, Colin McCormick, Lydia Muyingo, and Karen Tang have played a big role as Thinkers. You can read their articles and others here: <https://blogs.dal.ca/openthink/>

**Lynne Robinson, PhD, R.Psych,
Director of Dalhousie OpenThink**

NICOLE MACKENZIE ~ Collaboration is the Core of Better Knowledge Mobilization



First published on Nov. 6, 2023 in OpenThink. Thank you to Dalhousie University, OpenThink and Dr. Lynne Robinson, Director of OpenThink, for allowing us to reprint this article, by Nicole MacKenzie, Clinical Psychology PhD ('25)

Photo by [Hannah Busing](#) on [Unsplash](#)

Research and learning in the space of implementation science is well described in the academic literature – but so much of what I have learned about this field has been watching and learning from others. Particularly, how others come together to engage in knowledge sharing.

My latest opportunity to observe this was this October, when I had the exciting opportunity to attend the International Symposium on Pediatric Pain (ISPP) which was held in Halifax. ISPP is a dynamic multidisciplinary meeting with hundreds of experts from all over the world in basic and clinical sciences, hailing from a range of backgrounds (e.g., Psychologists, physiotherapists, nurses, physicians, people with lived experience). If you've been following along with my blogs, you know that I am excited by opportunities to change the way we think about moving evidence into action, especially in health spaces. Imagine my excitement, then, when the conference not only dedicated the education day to knowledge mobilization (hosted by Solutions for Kids in Pain), but as I listened to so many speakers thoughtfully

discussing how they moved evidence into practice to improve pain care for children. The imperative to actively make efforts to change clinical practice and think critically about how this was done was a strong theme throughout the meeting, and it was incredible to learn about how different clinical sites were approaching this.

What struck me even further was another observation. As I listened to different clinician-scientists describe how they successfully integrated a new pain management approach into practice, I began noticing a key (and promising) trend. In each of these implementation efforts, team leaders were collaborating with other health professionals and patient partners to develop and evaluate their approaches. For example, a psychologist named Dr. Susmita Kashikar-Zuck described implementing an evidence-based pain management program for youth with chronic musculoskeletal pain, and described the process of engaging other clinical team members, such as physiotherapists, to ensure the successful integration of the program in practice. Furthermore, insights from patients were sought to better tailor how the program was designed and put into practice. While this was a clinical trial, it clearly addressed many of the goals one would wish to meet in an implementation context.

Hearing examples of activities such as this truly illustrated the integral nature of having interdisciplinary partnerships at the core of any

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NOVA SCOTIA HEALTH GEOVIEW PROJECT

As mentioned in the last issue, APNS has accepted an invitation to participate and engage with the development and production of *Nova Scotia Health Geoview*. We have now forwarded the information to GeoView for those psychologists who have listed in our recent update of our on-line *Find A Psychologist* Directory. We have also received requests to be listed on GeoView from a few members who are not in our on-line Directory. To include them, we have created a special form to collect the appropriate information which we will be asking them to complete soon. And we have just heard from GeoView with the test data for us to review to ensure it meets the parameters that we initially discussed.

This project will increase the profile of psychology in Nova Scotia, and allow those listed in the APNS website private practice directory to be available in the Geoview database, although they may opt-out if they wish. Those members not currently listed in the directory, may also choose to list by contacting admin@apns.ca. As the project develops, we will be providing more information.

Nova Scotia Health Geoview will be a searchable Geographical Information System (GIS) database of health services in our province. It can inform doctors & other health care providers about community-based resources, locate services close to the patient and offer wait time information. It also shows the social and economic determinants of health in each county and alerts us to health inequity. The project is a collaboration with health and community-based stakeholders. The work has been supported by NSH, DHW and GeoNova, the provincial GIS resource; the platform is currently hosted on Dalhousie's server. Once finalized, GeoNova would take on the production of Geoview and make it available across the province.

This project offers value and utility to health care providers in Nova Scotia, whether they are in solo or group practices in the community, hospitals, or other health care institutions. Location intelligence, survey tools, data analysis by location and temporal trends are some of the capabilities that can guide policy and planning within membership organizations.

NICOLE MACKENZIE ~ Collaboration is the Core of Better Knowledge Mobilization

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clinical activity meant to move evidence into practice, with health professionals, researchers, and patients alike included in these processes. Thinking about what I learned, it was clear that engaging in these types of collaborative efforts can bring about 3 key changes in how evidence is used:

1. Improved coordination of efforts: When everyone is at the table discussing how evidence can be used in the clinical context, different professions and individuals with lived experience can better understand how to work together and support each other to meet the shared goal.
2. Comprehensive perspective: When all the relevant voices are at the table from a clinical perspective, approaches and strategies for managing barriers and leveraging facilitators are more comprehensive and relevant to the clinical environment.

1. Better outcomes: The effort put in to collaborate and coordinate more often than not results in smoother and more successful uptake. Inclusion of different perspectives in the clinical environment means more relevance to those who will carry out the plan.

Progressing conversations from the imperative to mobilize evidence, to *how* this is being done was an exciting development to experience as an attendee at ISPP. The field of pediatric pain has certainly made efforts to heed the call of the longstanding gap between evidence and practice with collaboration at the heart of these efforts.

Reports

CONTINUING EDUCATION SURVEY RESULTS

APNS recently surveyed our members on their continuing education needs. As part of our strategic planning process, we wanted to create a long-term plan for CE programming for the next few years. To do so, we needed to hear whether the workshops we have offered in the past served members' CE needs and how we could improve and increase our offerings to serve their future needs. In addition to content, we wanted input on how they would like to access the content, and what other options we could offer to better serve the membership, throughout the province.

About 25% of the membership responded. And although that is lower than we had hoped, those who responded offered lots of feedback and suggestion for future offerings. Thank you to those who provided such valuable information. We hope that the results provided here will be useful to all our members.

SECTION I. DEMOGRAPHICS

The survey was sent to 550 members.
The response rate was 25%.

Question 1.1 Where is your primary work location?

- Annapolis Valley 12%
- Cape Breton 4%
- HRM 70%
- Northern Nova Scotia 11%
- South West Nova 3%
- South & Eastern Shore 0%

Question 1.2 At what stage of career do you consider yourself?

- Early career 27%
- Mid-career 35%
- Late career 25%
- Retired or moving toward retirement 7%
- Student 6%

Question 1.3 What is your current work setting?

- Academic/Teaching 10%
- Hospitals 15%
- Private Practice, full or parttime 57%
- Schools 8%
- Students 4%
- Other (Corrections, Forces, Retired) 6%

SECTION II. ATTITUDES

Question 2.1 Have you ever attended an APNS workshop?

- Yes 76%
- No 11%
- No, but would consider it in future 14%

Question 2.2 If you answered yes to Question 2.1, which of the following best describes your opinion about APNS workshops?

- Generally good experience 64%
- I get my training elsewhere 22%
- It hasn't suited my needs, e.g., introductory 14%

Question 2.3 How important are training opportunities to your professional career?

- Very important 75%
- Moderately important 20%
- Slightly important 5%

Question 2.4 Which of the items listed below best describes your CE/PD needs at this point in your career? *Multiple choice.*

Responses in order of preference:

1. Learning and updating skills.
2. Current issues or hot topics.
3. Equity, Diversity, Inclusion (EDI) training.
4. Experiencing great guest speakers.
5. Discussing topics that affect the profession.
6. Earning Continuing Competency points.
7. New research or methodologies.
8. Ethics training.
9. Making connections or networking.
10. Tips for problem solving in practice.

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CONTINUING EDUCATION SURVEY RESULTS

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SECTION III. CONTENT

Question 3.1 Opinion on topics planned for 2024-25.

Multiple choice. Responses in order of preference:

1. Ethics workshops (full-day, in-person, every 2 years).
2. Current Issues in telepsychology (panel discussions).
3. Being an NSBEP Supervisor & other supervision.
4. Creating Culturally Safe Spaces (full-day, on-line).
5. Contingency Plans: Workshop on Professional Wills.
6. Advocating for Psychology (half-day webinar).
7. Pain Management (APA full-day webinar).
8. Advanced EDI training (webinar, multiple sessions).
9. Dealing with 3rd Party Payers (half-day webinar).
10. Dealing with WCB (half-day webinar).

Other comments:

- More advanced, less intro.
- More specific to child/adolescent therapy.
- More specific to school psychologists.
- More specific to clinical work.
- More specific to public sector.
- More on assessment and methodologies.

Question 3.2 What topics would you like APNS to present in future?

There were many responses, with multiple suggestions. They are loosely grouped as follows:

- Methodology-related, e.g., ACT, DBT, IFS, CBT
- Symptom-related, e.g., mood disorders, burnout, etc.
- School-related, child and adolescent issues
- EDI, e.g., culturally responsive, neurodivergent, etc.
- Trauma
- Assessment
- Private Practice management-related
- Other: health, complex, primary care, student-based training, supervision, advocacy

Question 3.3 What speakers would you be interested in seeing in future?

- Ana Gomez/Shapiro (EMDR)
- Alex Iantaffi (gender); Ericka Hart (sexuality)
- Barb Hamilton-Hinch, Robert Wright, (black health)
- Dan Siegel (mindfulness)
- Debbie Sookman (OCD)
- Devon Price (autism)
- Jennifer Mascolo, Jamie Metsala (school)
- John Pachankis (LGBTQ, stigma)
- Richard Schwartz (IFS)
- Sandra Paulsen, Janina Fisher, Peter Levine (trauma)

Question 3.4 In general, what level of offering would be most appropriate for you?

- Depends on the topic 49%
- Advanced 36%
- Intermediate 13%
- Introductory 2%

SECTION IV. ACCESSING CE

Question 4.1 There are several ways that APNS may be able to provide CE training.

Responses in order of preference:

1. Virtual webinars (live & option to view later).
2. Workshops (in-person, full or half day).
3. On-demand webinars (pre-recorded).
4. In-person & simultaneous on-line viewing.
5. Conferences: Annual or biennial.
6. Lunch & learns (in-person or on-line).

Question 4.2 Do you organize or participate in any of the above training beyond what is offered by APNS?

Option 4.2.1 Within your town or region?

- Yes 71%
- No 29%

Option 4.2.2 Within your workplace?

- Yes 68%
- No 32%

Option 4.2.3 Within your area of expertise?

- Yes 93%
- No 7%

Option 4.2.4 Within your area of expertise?

- Yes 46%
- No 54%

Question 4.3 APNS wants to offer more interactive CE opportunities.

Responses in order of preference:

1. Panel sessions
2. Current topic open discussions
3. On line interest groups
4. Mentoring
5. Networking opportunities (in-person)
6. Study groups
7. Fun events

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CONTINUING EDUCATION (CE) SURVEY RESULTS

(Continued from page 11)

Question 4.4 Do you organize or participate in any of the above training beyond what is offered by APNS?

Option 4.4.1 Within your town or region?

- Yes 68%
- No 32%

Option 4.4.2 Within your workplace?

- Yes 66%
- No 34%

Option 4.4.3 Within your area of expertise?

- Yes 71%
- No 29%

Option 4.4.4 Within your area of expertise?

- Yes 37%
- No 63%

Question 4.5 If APNS organized the above types of interactive offerings, either on-line or in-person would you...

Option 4.5.1 Be likely to participate?

- Yes 51%
- Maybe 44%
- No 5%

Option 4.5.2 Consider working with APNS to organize such events?

- Yes 18%
- Maybe 42%
- No 40%

Option 4.5.3 Consider hosting, moderating, or presenting at such events?

- Yes 19%
- Maybe 32%
- No 49%

4.6 Would you be interested in joining an APNS on-line Interest Group Listserv?

- Yes 51%
- Maybe 29%
- No 20%

Question 4.7. If you answered yes or maybe to question 4.6, for which of the following topics?

Responses in order of preference:

1. Trauma Issues
2. Assessment Issues
3. Child/Adolescents
4. Pain Issues
5. Early Career issues
6. Couples Issues

Other options were given, the most popular being:

- Older Adults' Issues
- Private Practice Issues
- EDI Issues
- Addictions Issues
- Health or Public Health Issues

Question 4.8 Do you have anything you would like to add?

- Consider doing offering on days other than Friday. How about week-ends?
- Please keep the fees at a reasonable rate.
- I would like to see hands-on workshops on various things, e.g., assessment tools and strategies.
- Good that you are developing new CE strategies.



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**

CONTINUING EDUCATION 2023 and 2024



continuingeducation
lifelong learning for wellness

APNS
Association of Psychologists of Nova Scotia

We had a very busy 2023 with 4 in-person workshops and a webinar.

Jan. 20th - ***Building Intercultural Competence*** presented by Colleen Belle of ISANS.

This full-day workshop presented from an immigrant lens, discussed concepts such as intersectionality, implicit bias, micro-aggressions, culture, cultural awareness, humility, and sensitivity, and EDI.

April 28th - In partnership with APA, APNS presented the webinar: ***The Use of Attachment-based Family Therapy for Adolescents Struggling with Depression & Suicidal Thoughts*** with speaker Dr. Guy Diamond. We hope to offer more APA-APNS webinars in future, but that will depend on the interest from other APA member states and provinces.

We presented two Ethics workshops, both by Dr. Natalie Stratton. On May 26th - ***Professional Ethics in Psychology: Examination Preparation and Refresher***, a half-day workshop for those planning to complete the oral licensing examination and for psychologists who want review and update their knowledge of the process. On Sept. 29th - ***Current Topics in Professional Ethics***, a full-day in-person workshop.

June 9th - ***When you dread your next session: Applying DBT principles to therapy with clients that leave you feeling helpless, demoralized, and resentful*** presented by Dr. Jacquie Cohen & Dr. Marie-Eve Couture. This was a full-day workshop.

Oct. 27th - ***Understanding Culture & the Impact of Trauma*** Facilitated by Dr. Dion Goodland, R.Psych with Katherine Houde, ACP, Carla Ball & Mark Heerema, Crown Attorneys in Kentville.

All of the above workshop were well-attended and received very positive evaluations. In the long term plan, given the popularity of these topics, we expect to do more in future.

Plans for 2024

Friday, April 12th: Professional Wills Workshop
Location: MSVU

What is a professional will or contingency plan for a psychologist or other mental health clinician? The purpose of a professional will for a psychologist is to ensure that their clients receive appropriate care and support even if the psychologist is unable to continue their practice due to unforeseen circumstances, such as illness, disability, or death. At the basic level, it is a document that gives instructions to a designated individual regarding your psychology practice as well as the authority to act on your behalf in the event of your death or incapacitation.

As part of our registration, NSBEP requires each psychologist to designate a colleague who is willing to assume immediate responsibility for the notification of clients and for the clinical records. We are to give that colleague a plan of action and provided documentation indicating they have been given the right to access all the information necessary for facilitating continuity of care and for taking clinical records into their possession. Bring your laptop – this is a workshop and designed to have participants start to create a draft document that day!

Spring 2024:

We are partnering with APA to present a full-day webinar consisting of 5 videos on ***Pain and Opiate Addiction*** We will be confirming a date by January.

Friday, May 31st: Telepsychology & Ethical Issues: Panel Discussion.

Location: McCain Building, Dalhousie

This is a half-day panel discussion, which will be followed by the Annual General Meeting

Nov 15th, 2024: Dr Ben Kuo webinar

In Oct. 2022, Dr Kuo gave an in-person workshop for APNS. Attendance was higher than usual for this workshop and the evaluation were very positive, so Dr. Kuo will make a similar on-line webinar available in late 2024.

Reports

GOVERNMENT ADVOCACY REPORT: APNS TOWN HALL - NOVEMBER 24, 2023

This summary has been edited to highlight key points.
The full transcript is available by request. - ED.

Introduction: Welcome Natalie Cochrane and Robert Graham, Project Executives with the Office of Addiction and Mental Health (OAMH), and Christine Ogaranko, Coordinator OAMH.

Natalie Cochrane: Thank you for offering this opportunity. We appreciate hearing from all Nova Scotians about this government's mandate, and the work that we are doing. We are looking forward to the conversation and commit to getting answers to questions if we are not able to answer at this meeting.

Christine Ogaranko: We acknowledge that we are in Mi'kma'ki the ancestral and unceded territory of the Mi'kmaq people.

Natalie Cochrane: This is the opportunity for the OAMH to share a bit about the work underway and delivering universal mental health and addictions care, and providing answers to your questions. It might be helpful to share a few pieces of our mandate and the direction we are going, so there is a common foundation of that understanding before we get into questions. [next slide]

This is actually the mandate that came from government when they formed in August 2021. They had a commitment to build a system that ensures universal access, and it's been reaffirmed in the development of the Action for Health Strategy to transform the health system. Building the universal system is in #6 around reducing gaps and access with strategic investment. When that mandate was brought to OAMH, we recognized that in order to be successful we really must work together to build the seamless system and recognize those important roles, community, public and private sectors, working together to meet the need across the continuum of severity. The other really important piece, is very focused on delivering initiatives to improve access and the importance to invest in the workforce, which is necessary to build that foundation for universal care. [next slide]

One of the challenges around this universal mandate is that it is not 1 specific policy or service model of funding. Rather a collection of approaches that come together universally, when designing the work plan, and the initiatives, ensuring that we work with partners on how we can invest in new and strengthened service delivery models. How we can introduce coverage? How we can identify provider groups that can help deliver on these service delivery models? How we can remove barriers that are faced when they need access to those supports; and bringing all those pieces on a solid policy foundation. All that to say, this is a huge initiative and we're making good progress, but there is still so much more work to do. [next slide]

The other piece is investing in the workforce, and understanding the needs of the population. We are developing an HR strategy that will help deliver on universal care and that strategy work is closely aligned with the strategy work that's underway for Action for Health. The 3 focus areas are: What are the solutions to improve retention; solutions to improve recruitment; and solutions to enable that redesign that will really help the workforce feel like they have that work/life balance that they need, and that they can

really work to their scope of practice. I understand most of your work in either NSH or the IWK, and we do have a Town Hall coming up on the November 30th, and we'll be talking more about the strategy and an opportunity for staff engagement and involvement in identification of solutions. [next slide]

The other important piece is evaluating what we are putting into place. We do have an evaluation and monitoring framework that's under development and it shows examples of areas of understanding, and collecting information around what extent our initiatives are addressing the needs of equity deserving groups: To what extent are the services that are being designed and put into place easily navigated? How effective is that system integration again between the cross of the private community and the public sectors? To what extent have we addressed the issues of significant wait times; and to what extent universal care has led to improved response to the needs of Nova Scotians. The framework that these evaluation questions are for is all of universal care, but each initiative underneath has its own evaluation framework, looking at more targeted metrics. It's a big list, the first of its kind in Nova Scotia and Canada. We're learning lots through the process and we have had to give ourselves and our partners permission to test and learn and grow and develop and improve.

Questions from the floor:

TS: Did an expression of interest to the NS Health Child Needs Psychologists go out at the beginning of the pilot to get any input from the people who are currently doing the assessments and bearing the weight of the wait list? I think we may have had some insight to offer to the process.

Christine Ogaranko: We've had a working group in place now for almost a year and it's comprised of people from IWK, PPAS (Provincial Preschool Autism Service), as well as NSH Mental Health and Addictions program (MHA). There are psychologists on the working group; also NS Health and IWK staff, because even just the planning around this was quite complex and needed a lot of input.

Natalie Cochrane: For further context, with any initiative under Actions for Health there is a governance structure. This is not just specific to MHA, but all the initiatives that Action for Health looks at across the health system. Government structure always includes NSH, often IWK too. With respect to Universal Mental Health and Addictions, all 3 partners are at the table and that governance structure has a couple of layers. Decisions are made through governance structure which reports up to the Deputy Minister for OAMH and then the two VPs, 1 for NSH and 1 for IWK; and they in turn ultimately report up to HLC and then to the Minister. As for the psychology voice? We thought we were doing a good job to make sure we were capturing that voice because the working group members would be bringing the voice. On hindsight, we recognize that we could have improved on how we capture that. And so, we are considering the importance of voice and I think you'll find that we'll have more opportunity for engagement and inclusion at different stages of the work.

JM: I just want to add, since I'm a psychologist who is on that work team, that a director asked me to cover for them because I

GOVERNMENT ADVOCACY REPORT: APNS TOWN HALL - NOVEMBER 24,

happened to be a psychologist, and I was asked to stay because I was a psychologist. I think the working group recognized then, there was information that I had, as a psychologist, that would be helpful.

Natalie Cochrane: We've learned a lot through every initiative we've done. But we definitely learned a lot about checking assumptions around governance and communication, and then making sure that we use that to help us improve the way in which we're working on upcoming initiatives.

Susan Marsh: Question from Chat: *How are school psychologists being included/considered/impacted by these efforts?*

Christine Ogaranko: I've been in contact and conversation with Annie Barrett, Executive Director, Department of Education, and Stacey McRae, the Schools' Plus Program. They have been great in ensuring that we're aware of the issues that school psychologists are experiencing, within the education system and their role in it. We have been in contact in terms of the impact this would be in connection with the pilot, but only if a private psychologist had expressed interest and is contracted to do the work that they would do in addition to their other work.

Natalie Cochrane: With the Health Human Resource (HHR) planning work, we have had several engagements with various departments who have a common workforce or workforce that might address mental health and addictions needs, and community groups. School psychologists are one of the groups, but conversations with Education are an ongoing piece related to thinking about the strengthening of the workforce and ensuring that we retain workforce to do the important jobs that they need to do.

Susan Marsh: From Chat: *The 2 people mentioned are not school psychologists.*

Christine Ogaranko: Yes. They are connected with the school psychologists, and they raised their concerns at the systems level for us, but they aren't school psychologists themselves.

MS: One of the things in the slides was about investment and supporting our workforce, and I'd like to hear concrete steps that the OAMH, NSH, and IWK are taking to mitigate the impact of this pilot project and the government's move towards universal mental healthcare. There are huge inequities in pay and other issues. My concern is that if there is not something significant done in the short term, psychologists will not continue to work in the public system. This needs to happen immediately. I'm looking for concrete answers and steps that they're taking to maintain psychologists. Also, I thought it was interesting under recruiting, it talked about financial incentives and supports, but interestingly that's not listed in retaining people.

Natalie Cochrane: With the respect to the pilot: What we did to ensure that we weren't undermining the public system was to make sure that it was very tightly bound. It's a 1-year pilot and we went through the procurement process; and targeting a small

number (6-8) of psychologists, to test integration systems, navigation, bringing kids off the waitlist to get the assessment that they need. So that is how we mitigate its risk with respect to the larger question around the HHR plan, which is still in the development phase. At the Nov. 30 Town Hall with NSH and IWK mental health you might see some familiar slides and a few additional ones on that. As well, circulating a survey to gather ideas or solutions related to recruitment and retention and we'll have gone through the sifting and sorting of that information and we will be coming back in the new year to validate with staff. The plan is to have the plan ready in the new fiscal year.

MS: I'm looking at psychologists specifically, not all of mental health. I understand this is a pilot, but won't stay as a pilot. Government has talked very openly about universal access to mental health care and it would be naive of us to think that. I don't feel that answers the question about concrete steps. We need things immediately.

Natalie Cochrane: I cannot repeat enough that the pilot is not the universal program - the intention around the amendments to the legislation that were passed in the fall session is to enable the development of the Health Services Insurance Act program, a key component of universal health care. The next step is pulling together working groups and advisory structures to support the development of the 1st program under universal care, and that's going to happen over the winter and spring. There will be opportunity to learn about that as it unfolds. But it is highly unlikely to be focused on psychologists as a sole provider group, because government actually asked us to look at more additional provider groups as well. So, I'll just flag that. And on your concerns around people leaving NSHA specifically, those conversations might be more appropriate to have within NSHA at the Town Hall next week. The HHR solutions we're talking about here are connected to a plan: they aren't solutions of tomorrow, they are solutions that would be put into place the next fiscal year, which aligns with the budget cycle. We need approved budget to implement the HHR plan. So, through the conversations that will happen in the survey work, and will happen in the next few weeks, if there is something pressing and something that we need to move on sooner, although I'm not the decision maker, I have committed myself, to bring such solutions forward and to highlight its importance to move quickly. I think that's where the government structure that I spoke about earlier is really helpful. Because that does assist with facilitating decisions and highlighting when changes have to happen faster than what maybe we've outlined as far as a milestone.

The Nov. 30 Town Hall is for NSH and IWK mental health and addiction staff, to talk about the HHR strategy. I understand many of you on this virtual meeting are NSH and IWK mental health and addiction staff and there is an opportunity to have further discussion about challenges and solutions related to retaining the workforce.

JC: It's important to realize when we're talking about "It's just a pilot", that we have history here of things being started, being told they're pilots, that don't solicit our input, and then they are

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ongoing. It's important to recognize that is a lot of our history in NS Health. Also, the piece around salary, we really need to keep in mind too that our leadership and our organization is constrained by their budgets. I repeatedly hear from leadership, we'd love to increase your salaries, we'd love to make it easier for you to recruit, but we can't. So, part of those discussions is just simply about those ones that we can have. Also, from the conversations I have, there is great support for the concept of Universal Mental Health and Addiction care. The concern is not the "What", it's the "How" and the feeling that it's often being done "to us" not with us. The issue around staffing, is especially bad here. There are only so many psychologists, and we're not addressing the pipeline issues. We've been waiting for PsyD programs for years, and we're not doing a good job on that. Also, we have to address recruitment and retention, and we're glad you're getting our feedback on that, but right now is just feels like shifting psychologists around. Why are we not also talking about investing in what we do want. Where is our input in terms of deciding what's included in assessments? How do we increase that sense of trust and faith?

Natalie Cochrane: I recognize that there's a history in Nova Scotia of starting a pilot and then it's never-ending. That's truly not the intention in this case, nor the goal. That's why the evaluation framework is incredibly important. Part of what we need to do is be really transparent about those evaluation results, because they're going to inform the decisions about what we're doing next. It's also hard to talk about these things and give a sense of comfort because we're learning as we go. What this government has asked us to do is move quickly, learn as we go, and let it go if it's not working.

The other piece, is that there is so much work going on at the same time. There are actually 22 initiatives on the work plan, and some of those have spin-off initiatives within them. Like the HSIA program piece, many initiatives will grow, slow and steady over time; and they are multifaceted. An example of multifaceted is the development of service codes: What do they look like? What's the payer of last resort look like? What's the pathway to access those services under HSIA? That needs to be designed in partnership with others.

There's also lots of work occurring to support community, for instance, a Community Wellness framework that, when approved and released, will set out a way of providing more sustainable funding for organizations that do that upstream prevention work that is so critical to help reduce harm, to help build resilient communities. So, we recognize how hard it is to understand what's going on. That's why we're here, to try to be more transparent, and to recognize the really critical role that each one of you play in this system. I can't stress that enough.

IS: I think part of what you're hearing is a crisis of trust. You've just spoken about the breadth of this initiative, for sure it sounds massive. But people are here because of the specifics of the pilot. I am a clinical psychologist, and we have been supporting public sector psychologists who do Autism diagnostic assessments for the past 25 years. This working

group that developed the pilot, I haven't heard any indication that anyone who actually works every day in Autism diagnostic assessment was ever consulted. The fact that this pilot project can go forth on a very specific topic, that requires very specific expertise, and nobody with that very specific expertise who actually does this work was consulted - that just seems wrong. It sounds like this working group had a lot of administrative people, managers and so forth; but again, to my knowledge, those people didn't consult the people who do the work. It's that experience, that's just in the public sector. And more and more they're hearing about disparities in remuneration available to them in the public versus private sector, remuneration in and outside Nova Scotia, remuneration in this job versus that job. There are layers, and layers, here for people who have been working really, really hard in a really difficult job for a long time. Now here is a new initiative which has the potential to be something important but is going about it in a way that people have found distressing. I would like to hear something specifically about who thought this was a good idea to do this work without input from people who do this specific work.

Natalie Cochrane: I'll start with: "Who thought this was a good idea?" The decision was the OAMH's decision, recognizing that there are over 1,000 children or more, on a wait list. Going back to the government's mandate, we need to address that gap. And, layered on that, was a desire to test the government's mandate around how to bring the private sector into the work, to deliver on universal care. Recognizing, for instance that service codes have been developed through lots of engagement with the regulatory bodies. APNS was present in the service code conversation. So, testing codes, pathways, billing, are important as to why this pilot happened. The other reason was the recognition that psychology is a licensed professional group, with clear parameters or guidelines as to how one would do assessment, confidence and the quality of knowledge with respect to autism. ADHD has found a less defined space, but yet there's an opportunity to test for those two different diagnose areas.

IS: Pardon me for interrupting. That's one of the things that's so extraordinary about this. These are not two completely different series of practice. It's being developed with two different funding models and without apparent acknowledgment that the fact that many referrals for autism turn out to be children who have ADHD and vice versa. Clinically, it doesn't make sense to separate these two things.

[Note: What was not included in the OAMH response is that the pilot is responding to children and adolescents who are on the waitlist for both ADHD and ASD diagnostic assessments. David Pilon raised this many months ago during the pilot planning process recognizing that children can present with a range of issues and the first meeting with the psychologist is to tease out what assessment is necessary. The pilot allows for this flexibility.]

Natalie Cochrane: That's a great point. Although we created this separation, the other piece was a recognition that we didn't want to be too prescriptive, recognizing we're working with a licensed professional body with ethical standards, that follows

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evidence-based practice. So, the psychologist who would be responding would have those clinical standards, qualities, skills to be able to determine, based upon the person they're meeting with, what is the right clinical pathway here for assessment. And within the pilot we're also recognizing that there is that scope of practice piece and wanting to honour that. We'll learn through the experience as to whether what's been done will be successful, and what really is a failure, and where could we improve. But it is an important pilot in the fact that it's a step into this very difficult space. This was our starting point and it's really at the core of it, it had to be looking at that waitlist and the fact that kids really are not getting what they need.

Christine Ogaranko: I want to reassure that we tried really hard to get the expertise needed. There are people in the working group who have immense knowledge, that has been critical in shaping everything that we've been doing. Also, this is not new, that is, the public/private integration -- has already been happening in some zones, and what this pilot has done is highlighted it. But in doing that, what we're finding is that it's exposing the systemic gaps. That to me, tells us more that's going to be a guiding light for universal care and in terms of what needs to be tackled next with people's input.

SC: Thank you so much for coming to talk to us today. We're not always an easy group, but that is because we really care what happens to our people. Psychologists are very experienced in design and evaluation, so we feel passionately about wanting to be involved in these decisions. I see that you're very open and receptive to that input. As was said earlier, on the history that some of us have with the public system, that we are historically excluded from decisions that directly us, and only find that out later. I represent a group of health and neuro-psychologists who work with people who have medical diseases and those have difficulty accessing service through MHA, because they're not eligible. What are plans for including that group of patients in universal care design? What are the next steps that you're envisioning beyond the pilot project?

Natalie Cochrane: I'll tackle the 2nd question first. Some initiatives have launched, some will be launched in the next fiscal year, many are still in progress.. One of the takeaways that we've been digesting is we need to also move a little slower to engage more deeply in more conversation. I'm can't say that we're going to do anything other than these 22 initiatives that have already been identified, because we really want to deliver them well. We don't want to feed mistrust, and not everyone's going to agree with decisions, but government does have the prerogative to make those decisions. As the Public Service, we have a responsibility to do our best to bring in the conversation, engage people, and to understand, so that we're giving good policy advice. Right now, on the workplan, there isn't one specifically focused on serving that population. I hope that our work to improve access more generally will open opportunity and space, but that said, it is an area that needs further conversation and further understanding.

Robert Graham: As we're listening to what everybody's saying, I've been taking extensive notes. We'll be able to flag a little bit more about what people are bringing up, and what things we might want to raise through the different government structure. And to confirm, we've heard comments about this area and are taking those back to our colleagues. It's going to take some time to figure out how more specific things make an impact, or what may grow in specific areas as we learn more over time.

Natalie Cochrane: It might be helpful for us to share the e-mail that we have connected to the Action for Health Transformation Hub. You can send your questions or thoughts and we collect those emails and try to answer them. Some of the work too, may be within the redesign bucket. So, we bring concerns forward through the governance structure, then there's the leadership available to make those decisions as to whether or not it's on a universal work plan or is it work that should happen within NSH to address internally.

Robert Graham: The healthcare bargaining unit is in negotiations now and there is an opportunity for all of you in NSH to bring forward some of your issues and concerns through that structure and some of this could actually get addressed at that bargaining table. So, I encourage you to get involved there as there is an opportunity for you to have a voice at that table through your union representation.

KS: I do appreciate Robert's suggestion of bringing the remuneration and retention issue to the negotiation table. If government is paying for the service, then there needs to be a different sort of standard of equity in the service that is being delivered. I know it's always a concern around the breadth and depth of assessment needed, to be equitable between public and private services. But if government is paying both of those fees, the discrepancy is massive, especially at the Master's level. So, there has to be some broader conversation around the way forward, if joining private and public, how do we create an equitable situation? It feels like the responsibility for protecting the workforce and retaining people gets bounced back between NS Health, IWK and OAMH. Whose job is it to protect the workforce when both of those organizations are under the provincial government? I think there has to be some more overarching oversight and conversation on what that looks like.

Natalie Cochrane: What I would say is that from a responsibility perspective, it's all 3 of the organizations' responsibility to protect the workforce. As mentioned before, the governance for universal care is a collective governance. Which organization is better positioned to pull what policy lever, is going to vary according to our mandate. With respect to the pilot, a great deal of work done on a compensation amount for the pilot and we've heard feedback on that from the private and public sectors. Our commitment is to continue to undertake further analysis before we are ready take another step around determining anything related to compensation. Again, as we develop the program for

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the HSIA, we're going to definitely have further discussions around that rate for the services that are going to be defined as being provided.

KS: My intention is not to say the rate should be lower for people practicing in the private sector. I don't know that's going to be the solution if the goal is to recruit people from private practice, but more so how can the public system psychologists' work be reflective of the values that they are bringing to the system as well.

Natalie Cochrane: Yes, it is within this work we have to always think comprehensively how they interconnect.

PC: I don't think any of us would argue the importance of universal care access and reduction of the wait list., both are really important. But I would put forth that not at the expense of evidence-based practice, which potentially could harm children and families. I ran an evidence-based ADHD clinic for 21 years, which was shut down to process more kids quickly to address the wait list concern. We didn't process 10 kids a week, but we did really high quality work. I have great concerns about that the pilot is not really following evidence-based practice. 1st, single-service provider is not evidence-based for most things, definitely for ADHD, you need a multidisciplinary, interdisciplinary team. We have some wonderful work happening in Nova Scotia on the assessment and treatment of ADHD and ASD and the differential diagnosis and looking at comorbidities. Did you reach out to these model clinics to see how we can maybe extend those to better meet the needs of our population?

Natalie Cochrane: What I would say again, there is expertise on the working group. No, we did not reach out to specific clinics. We were careful around engaging those because it would potentially give someone a leg up when we went to the procurement process.

PC: Can we have the names of the people on the working group? Is that public, because I'd love to know who the expertise was because I don't know any of them. Who were the experts? Can that be transparent?

Natalie Cochrane: I must be cautious; I certainly don't want to put people in a situation where they might feel personally attacked. I'm very cognizant of that. Also, the private providers were expected to provide a very clear demonstration of their skills and competency through the RFP process. Recognizing they are your colleagues, who are registered psychologists, that gives us confidence that the work that they're going to do will not harm children and families. If there is a need for treatment, there is a pathway back to NSH and IWK, based upon the results of the assessment. Government is paying for the

assessment, but the psychologists contracted will not be remunerated for treatment services, as the pilot is bounded around this assessment phase.

EB: Thank you for holding this Town Hall. I think that people know that my voice has been quite loud with respect to some of the things that have been happening with respect to this pilot and Bill 334. I'm impressed how when concerns have been raised, you actually do listen, and despite the concerns that I have with aspects, I think that this is a very difficult project and you are recognizing that there are people who will need to be continued to be consulted. My message to psychologists is that we do need to continue being involved in every bit and piece of this as we move forward, because our voices need to be heard and be strong together and not divisive.

Natalie Cochrane: That's why we're here today: Every time I have a meeting like this, I take away more; it does influence our thinking. I can't iterate enough that we want to do more of this. To create a universal care system is a heavy lift and it's only going to be successful if we're doing it together. It's not that we all have to agree, we all do need to bring our voices forward.

JC: You also do a very good job of being very non-defensive in your responses and really appreciate that because that is not an easy job, and you are also in a difficult place. So, thank you for hearing us.

Chat comments:

TS: *How is the CPS pilot "guaranteeing equitable access" to this initiative for families living in the remote areas?*

CJ: *Psychologists often leave the public system due to pay.*

LF: *Are all the initiatives "pilots"?*

KS: *For initiatives, working groups, and surveys, will school psychologists be included at some point?*

EV: *What outcomes are being monitored to determine if the pilot is deemed a success or not?*

LB: *Preschool ASD was lumped together with school age ASD when the training/expertise/skills are quite unique to each. DO NOT feel that some of the most important and knowledgeable voices were consulted.*

MD: *It is a huge leap to assume that because we are a licensed body that scope of practice and competencies are appropriately adhered to across the board.*

MS: *Are there psychologists participating in the pilot from across the province?*

AC: *Considering the importance of this work and as mentioned about how it impacts families, it does not build confidence and trust to hear "we are learning as we go".*



APNS GOVERNMENT ADVOCACY TIMELINE ~ September to November 2023

The following timeline lists APNS advocacy activities since the previous newsletter.

- Sept. 5 to 15th - Discussions by email among members of the APNS Joint Advocacy-Private Practice group, (including some who represented a council of private practice owners who had been invited to attend the joint meetings).
- A formal letter and a position statement was sent by the council of private practice owners to APNS requesting that APNS consider sending to government, expressing concerns over what was discussed at the August 31st Information Session on the pilot project. Some of the concerns had merit, but there was disagreement among the Joint Advocacy-PP group. Also, the subsequent IRFSQ (Request for Qualifications for those participating in the pilot project) seemed to respond to many of the concerns.
- The APNS Executive did agree to hold a Town Hall to address concerns. It was held on Oct. 6th. About 60 people attended the meeting. The meeting lasted almost 2 hours. For the first 20 minutes the Executive Director (ED) gave a summary of what APNS has been doing with government in the last few months and our plans for moving forward. For the remainder of the meeting, the ED responded to specific questions.
- Oct. 4th & Oct. 18th - Meetings with OAMH representatives, Christine Ogaranko, OAMH Co-ordinator and Natalie Cochrane, OAMH Project Executive who are the ones the ED have been connecting with most often in the last few months. They provided a FAQ summarizing of all of the questions and issues that came up from that info session and the changes to the IRFSQ.
- Oct. 13th - Post Town Hall Letter from the council of private practice owners asking APNS to organize an educational sessions on government advocacy for interested psychologists. The Executive agreed and the ED was directed to meet with the group to continue discussions.
- Oct. 15th – Meeting with OAMH to discuss changes to the Health Services & Insurance Act. (HSIA) The most important change that was brought up at that meeting, was that for the first time, mental health is named in the Act, along with giving the Minister of OAMH the ability to act on mental health issues. After that meeting OAMH sent a FAQ on the legislation.
- Oct. 17th to 20th – Letter from Western District public sector psychologists along with several emails and call from public sector psychologists.
- The council of private practice owners expressing concerns about the Act, and the ED responded to those concerns based on the OAMH meeting on Oct 15th.
- The Minister’s media release on the Act: <https://novascotia.ca/news/release/?id=20231013002>
- The draft Act with changes: https://nslegislature.ca/legc/bills/64th_1st/1st_read/b334.htm
- Nov. 1st - HSIA Amendments were brought forward by the council of private practice owners through the NDP and were defeated. This was to be expected as the PCs have a majority in the House. Very briefly, the amendments asked for more consultation with psychologists and a deadline of 6 months for the government to report back. These amendments were a legitimate “ask”, and expressed concerns in a fair and balanced way.
- On Nov. 9th it received Royal Assent without the changes requested by the above group.
- Nov. 2nd - Meeting with OAMH contacts, discussion on various outreach from public and private psychologists and the HSIA Bill 334. They agreed to attend the Town Hall for public sector psychologists and asked the ED to provide a list of key points they need to address.
- Nov. 6th: - Notice of public Sector Town Hall on Nov. 24th.
- Nov. 16th - Check-in meeting with OAMH to determine process for the meeting.
- Nov. 24th - Public Sector Town Hall
- Nov. 30th and Dec. 14th – Debriefing meetings on the Town Hall with OAMH.



MEMBERSHIP RENEWAL HAVE YOU RENEWED?

*The APNS Membership and Private Practice term runs from
September 1st to August 31st.*

Membership Renewal is a little different this year. Due to the development of a comprehensive database, we need to update all of the details that appear on the membership form. To do this we ask that you complete the on-line [JotForm](#) and submit it.

Kathleen will be in contact with you to clarify any changes or if further information is required. This year payments will be made as usual by e-transfer to admin@apns.ca or by credit card by calling or emailing us.

If you have an on-line Private Practice listing, those are also due. The renewal form can be downloaded from the APNS [website](#). Please make us aware of any revisions or additions to your listing.

If you are unsure about your membership status please contact admin@apns.ca.

Volunteering with APNS

Active committee members receive a volunteer credit that may be used for any APNS workshop or APNS membership fees.

Please also note that participation in an APNS committee can count towards your NSBEP Continuing Competence credits.

APNS has a Volunteer Credit Bank that will allow volunteers the option of donating them. These credits can be made available to students who have indicated that they are unable to pay the fees to attend APNS continuing education offerings.

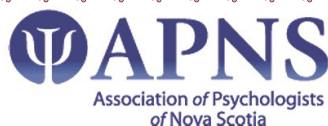
Voucher value:

- Executive Committee Members - \$175
- Chairs of Other APNS Committees - \$100
- Committee Members - \$50
- APNS Designated Representatives - \$100

Criteria:

- Volunteer must have served for a minimum of 1 year.
- Volunteers must take an active role in the committee.
- Volunteers accrue no more than \$250/year in benefits.
- Benefits must be used within 1 year of being awarded.

We have some interesting opportunities. For more information please contact apns@apns.ca



Welcomes its Latest Members as of December 8, 2023

Susan Battista, Ph.D.
Ashley Carter, student
Olivia Cleary, M.Sc.
Ellene Comeau, student
Shannon Dempsey, student
Pavitra Desai, M.A.
Katelyn Ford, student
Summer Fox, student
Casey Goodwin, student
Christina Hammam, student
Kaitlin Hiltz, student

Oluwadolapo Ifesanya, student
Ive-Lee Kehayes, Ph.D.
Bashar Masadeh, student
Payton McPhee, student
Molly Palmer, student
Jeff Pardy, M.Ed.
Dan Shanahan, student
Hannah Stewart, Ph.D.
Grace Wang, student
Yara Yazbek, student
Katelyn Young, 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*

Rodney Balsom, Ph.D.
Nicole Callan, Ph.D.
Toula Creighton, M.A.
Alyssa Durbin, M.Psy.
Melissa Epp, M.A.
Ingrid Friesen, Ph.D.
Monik Kalia, Ph.D.

Suzanne Melanson-Ouimet, Psy.D.
Cheryl Oxford, M.Sc.
Sarah Peverill, Ph.D.
John Pullyblank, Ph.D.
Andrew John Sereda, M.A.
Nikoo Shirazi, M.A.

Congratulations to the following who have recently become Candidates*

Olivia Cleary, M.Sc.
Kaytlin Constantin, Ph.D.
Pavitra Desai, M.A.
Christopher DeWolfe, Ph.D.
Agnes Flanagan, Ph.D.
Jennifer Gallant, M.A.
Hannah Hunter, M.A.

Elizabeth MacKay, Ph.D.
Sarah Martin, M.A.S.P.
Christopher Moule, M.A.
Breagh Newcombe, Ph.D.
Katie Niven, Ph.D.
Meghan Rossi, Ph.D.
Lahoota Salam, M.A.Psy.

**This information provided by NSBEP as of December 8, 2023*

Advertisements

PSYCHOLOGY POSITIONS AVAILABLE IN NOVA SCOTIA

See full listings here: <https://apns.ca/Publications/career-opportunities/#main>

Affinity Specialized Developmental Group Inc. is seeking collaborative, developmentally-focused, enthusiastic psychologists for our growing multidisciplinary private practice. www.asdgroupinc.ca

Anchored Psychological Services is recruiting Psychologists, (Registered or Candidate Register), who wish to join our private practice clinic in Truro, Nova Scotia. www.anchoredpsych.com

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

Breathe Mindfulness Centre is seeking qualified mental health practitioners to build our team. Part-time and full-time positions are currently available with flexible day, evening, and/or weekend hours. www.breathemindfulness.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 with adults/children to 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>

Natural Psychology Inc. is a small practice which specializes in integrated body and somatic psychotherapy. We are looking for a psychologist or school psychologist to join the team. www.naturalpsychology.ca

Sunnyside Psychological Services is seeking a Registered or Candidate Registered Psychologist to join our growing practice. www.sunnysidepsychological.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>

APNS EXECUTIVE DIRECTOR SEARCH

APNS is seeking an Executive Director. Do you know someone who might be a good fit?

This is a full-time, 35-hour/week position, located in Halifax.

The Executive Director oversees and manages APNS activities, programs, and services; facilitates communication; interacts with external organizations and individuals to develop relationships and discuss shared interests.

Experience Required

- Experience in not-for-profit and volunteer management.
 - Experience in financial management and budgeting.
- Experience in a related managerial occupation, e.g., healthcare, private practice
 - Knowledge of promotion and marketing.
- Knowledge of professional ethics; particularly in dealing with secure, confidential or sensitive information.

Skills Required

- Leadership, supervisory and interpersonal skills.
 - Organizational and prioritization skills.
 - Verbal and written communication skills.
 - Strategic thinking and problem-solving abilities.
- Ability to work independently and to coordinate with others in a team environment.

Relationship Management

- Reports to Executive Committee, on office activities, status of projects and services, and on-going issues.
- Acts as an agent of the Executive Committee to coordinate the management of member/volunteer services.
 - Develops, initiates or coordinates special projects, and implements policies and directives.
 - Acts as a resource to committees by providing guidance and management as needed.
 - Attends external events, activities and meetings as a representative of APNS.
- Oversees and authorizes how APNS responds to media requests, complaints, opportunities and collaboration.

Office Management

- Manages all administrative services, including website administration and development.
 - Manages and supervises staff orientation and training.

Financial Management

- Manages overall financial management including oversight of staff responsible for day-to-day financial duties.
 - Conducts transactions on behalf of the organization, in consultation with the Treasurer as needed.
- Works with the Treasurer to develop annual APNS Budget and develops committee and project budgets.
 - Develops appropriate initiatives to increase revenues while improving programs and services.

Membership and Volunteer Management

- Manages and consults on membership and volunteer development.
- Develops member initiatives to retain and engage members and improve member satisfaction.

Communication & Marketing

- Oversees communication initiatives that inform the membership and the public.
 - Managing Editor of the *Nova Scotia Psychologist*.

Event Management

- Supervises the development of workshops, presentations, events and other activities.
 - Negotiates presenter and service provider contracts.
- Works with the CE Committee to identify and implement on-going continuing education opportunities.

To apply for this position, please submit a cover letter referencing your skills as their pertain to the job description, along with your resume to Susan Marsh at: apns@apns.ca.

Only those candidates selected for an interview will be contacted.



Committees & Representatives

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

EXECUTIVE

President: Chimène Jewer
Past President: Jacqueline Milner
President Elect: Kim O'Connor
Secretary: Melissa McGonnell
Treasurer: Marcie Balch
Member at Large: Tammy Piers
Member at Large: Lindsay Victor
Member at Large HR: Frank Fedde
Student Representatives:
Grace Schwenck & Emily Wildeboer

EXECUTIVE DIRECTOR

Susan Marsh apns@apns.ca

REPRESENTATIVES

Council of Provincial Associations in Psychology/ Practice Directorate Rep:
Chimène Jewer
Observer: Executive Director

Public Education Campaign Coordinator:
vacant

APA Council of Representatives:
Shelley Goodwin

COMMITTEES & INTEREST GROUPS

Advocacy:

Bev Butler, Chair

Victor Day
Laura Scallion

David Pilon
Natalie Stratton

Cultural Diversity

Jason Chatman, Chair

Harpreet Aulakh
Hilary Green
Alissa Pencer
Natasha Yorke
Noémie Bergeron-Germain

Eileen Donahoe
Erica Lundberg
Harman Singh

Continuing Education:

T.B.A.

Nominations & Elections:

Shelley Goodwin (Chair)

Harpreet Aulakh
Jeannette Kennedy
Elaine Ply
(MaL-HR) ex-officio

Post Disaster Committee:

Janice Howes, Chair

Dean Perry (Disaster Response Co-ordinator)
Victor Day
Laura Scallion

Private Practice Committee

Dion Goodland, Chairs

Shelley Goodwin
Shauna Sutherland
Rhonda Wolkins

Mary McGrath
Heather Walker
Pamela Wambolt

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).

Lindsay Bates and Rachel Panton, Co-Chairs

Early Career Psychologist Group Leaders

Ena Vukatana
Julie Wershler

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

Advertising Rates

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.

Non-Member Print Advertising Rates

"Nova Scotia Psychologist:"

Businesses

Full Page \$500.00
3/4 Page \$400.00
1/2 Page \$300.00
1/4 Page \$250.00

Business Card \$200.00

Consecutive Editions: 1st ad - regular rate, 2nd & more - 10% discount per issue; i.e. \$500, \$450, \$400, \$350, to a minimum rate of \$300 for a full page ad)

Other Professionals: (physicians, lawyers, etc.)

Full Page \$400.00
3/4 Page \$300.00
1/2 Page \$250.00
1/4 Page \$150.00

Consecutive Editions: 1st ad - regular rate, 2nd & more - 10% discount per issue; i.e.. \$400, \$360, \$320, \$280, to a minimum rate of \$250 for a full page ad)

Businesses & Professionals – calendar or text-based

Event / Workshop \$100.00
Job Postings \$75.00
Mass Stand-alone E-Mail \$300.00
Monthly Member E-mail \$25

Not-for-profit (incl. schools / hospitals)

Full Page \$125.00
3/4 Page \$100.00
1/2 Page \$75.00
1/4 Page \$50.00

Business card \$35.00

Mass Stand-alone E-Mail \$200.00
Monthly Member E-mail \$15

Non-Member Website Ad Rates

Businesses & Professionals

Event / Workshop \$100.00 per 45 days
Job Postings \$75.00 per 30 days

Not-for-profit (incl. schools / hospitals)

Event / Workshop \$50.00 per 45 days
Job Postings \$50.00 per 30 days

APNS Member Print Ad Rates

"Nova Scotia Psychologist"

Full Page \$90.00
3/4 Page \$75.00
1/2 Page \$50.00
1/4 Page \$30.00
Business Card \$25.00
Event / Workshop \$25.00
Job Postings \$25.00

Mass E-Mail \$150.00

Monthly Member E-mail free

APNS Member Website Ad Rates

Event / Workshop \$25.00 per 30 days
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.

Subscriptions are free to all members and Affiliates of the Association. Others may subscribe for \$25 per year. The Nova Scotia Psychologist accepts advertising of direct interest to the psychology community. Advertisers should write to the address below. Non-profit organizations may be permitted free announcements, subject to space availability.



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