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PSYNOPSIS

CANADA'S PSYCHOLOGY MAGAZINE

SCHOOL PSYCHOLOGY



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PSYNOPSIS

CANADA'S PSYCHOLOGY MAGAZINE

Psynopsis is the official magazine of the Canadian Psychological Association. Its purpose is to bring the practice, study and science of psychology to bear upon topics of concern and interest to the Canadian public. Each issue is themed and most often guest edited by a psychologist member of the CPA with expertise in the issue's theme. The magazine's goal isn't so much the transfer of knowledge from one psychologist to another, but the mobilization of psychological knowledge to partners, stakeholders, funders, decision-makers and the public at large, all of whom have interest in the topical focus of the issue. Psychology is the study, practice and science of how people think, feel and behave. Be it human rights, healthcare innovation, climate change, or medical assistance in dying, how people think, feel and behave is directly relevant to almost any issue, policy, funding decision, or regulation facing individuals, families, workplaces and society.

Through *Psynopsis*, our hope is to inform discussion, decisions and policies that affect the people of Canada. Each issue is shared openly with the public and specifically with government departments, funders, partners and decision-makers whose work and interests, in a particular issue's focus, might be informed by psychologists' work. The CPA's organizational vision is a society where understanding of diverse human needs, behaviours and aspirations drive legislation, policies and programs for individuals, organizations and communities. *Psynopsis* is one important way that the CPA endeavours to realize this vision.

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PSYNOPSIS

CANADA'S PSYCHOLOGY MAGAZINE

THE OFFICIAL MAGAZINE OF THE CANADIAN PSYCHOLOGICAL ASSOCIATION

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SCHOOL PSYCHOLOGY



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MESSAGE FROM THE GUEST EDITORS



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Introduction to the Special Issue on the Role of School Psychologists in Canadian Mental Health Service Delivery

“Mental health is a basic human right for all people. Everyone, whoever and wherever they are, has a right to the highest attainable standard of mental health. This includes the right to be protected from mental health risks, the right to available, accessible, acceptable, and good quality care, and the right to liberty, independence, and inclusion in the community.”

(World Health Organization, 2023 <https://www.who.int/campaigns/world-mental-health-day/2023>.)

Mental health and academic outcomes for children and youth are among the most important societal issues in Canada. The future of our culture, economy, quality of life, and place in the world rely on a well-educated populace. Yet, stressors such as economic inequality, trauma, natural disasters, public health concerns, political unrest, healthcare service delivery, and other factors place the well-being of Canada's children and youth at risk. Psychologists are responding.

The profession of school psychology has long been associated with providing assessment and interventions for children and youth with neurodevelopmental disabilities and other specialized educational needs. Just as the lives of children and youth and their environments have become more complex, the roles and training for professional school psychology have expanded over the years. School psychologists are now well-prepared to provide services such as social skills training, school climate and classroom behavioural interventions, social emotional learning curriculum implementation, group and individual therapy, crisis

management and response, suicide and self-harm interventions, and preventative services to proactively address stressors. School psychologists are also well-equipped with specific lenses to help develop more effective interventions; this includes training in cultural humility, social justice, anti-racist practices, and Indigenous practices.

Professional school psychology has evolved well beyond administration of intelligence tests and determining eligibility for specialized education services. Although assessing and diagnosing are still important components of the role, professionals are now well-prepared to support the most vulnerable and the most important resource that Canada has: children and youth.

Professional preparation programs are growing. Although still a relatively small number of training programs, there are now six CPA-accredited doctoral programs in school psychology across Canada. Two of those have achieved CPA accreditation in the last four years. In addition, new training programs are being developed and expanded. In Canada, school psychology is a dynamic and growing profession. However, the number of professionals trained specifically in delivering school-based psychological and mental health services to children and youth remains far short of the demands.

The purpose of this special issue of *Psynopsis* is to highlight the diversity and complexity of mental health services, training, and needs in the field of school psychology across Canada. Scholars, policy makers, and clinicians from across Canada have been invited to contribute their ideas, initiatives, research, and strategies for the present and future of the profession. School psychology is at the cutting edge of ensuring the future and well-being of Canada remains strong.



FROM THE PRESIDENT'S DESK

ELEANOR GITTENS, Ph.D.
CPA President

Time and time again, the full potential of the science, practice, and education of psychology has not been achieved as it related to providing psychological service, empirical research, evidence-based intervention and prevention, and specialists' education. The field of school psychology is a prime example. Approximately 18 months ago, the CPA Board of Directors approved a Position Paper entitled *Mental Health Care for Canadian Children and Youth: The Role of School Psychologists*.

I would like to redirect our focus to an integral facet of our profession – school psychology. As the landscape of education continues to evolve, so must our commitment to the well-being and development of the young minds that shape the future of our nation.

School psychology plays a pivotal role in the wholistic development of students, bridging the realms of psychology and education. As we stand at the intersection of these two critical domains, it is incumbent upon us to champion initiatives that advance the dynamic and growing field of school psychology in Canada.

Firstly, our association must emphasize the significance of early intervention and prevention strategies. School psychologists are uniquely positioned to identify and address a range of academic, social, and emotional challenges that students may encounter. By investing in resources and training programs that equip professionals to recognize and mitigate these challenges early on, we contribute not only to the well-being of individual students but to the overall health of our educational system.

Furthermore, we must advocate for the integration of mental health services within schools. The psychological well-being of students is inseparable from their academic success. By

fostering environments that prioritize mental health, we create a foundation for optimal learning and personal growth. This requires collaborative efforts with educational institutions, school boards, policymakers, graduate training programs, psychologists, and organizations in psychology to ensure that schools are equipped with the resources and personnel necessary to support the diverse needs of students.

In addition to providing direct support to students, school psychologists are instrumental in promoting positive school climates. Our association must spearhead initiatives that foster inclusivity, equity, and diversity within educational institutions. By addressing issues such as bullying, discrimination, and systemic inequalities, we contribute to the creation of learning environments that empower every student to thrive.

Professional development is another key area of focus. We must ensure that school psychologists have access to ongoing training opportunities that align with the evolving needs of students and the educational landscape. This includes staying abreast of advancements in educational technology, understanding the unique challenges faced by diverse student populations, and integrating evidence-based practices into their work.

In conclusion, the field of school psychology is a cornerstone in the foundation of a thriving educational system. As we navigate the complexities of the modern and varied educational landscape, let us, as the Canadian Psychological Association, stand united in our commitment to elevate school psychology. Together, we can create learning environments that nurture the potential of every student and lay the groundwork for a brighter, more resilient future for Canada.



THE CONTEXT

Research findings, numerous survey results, and media articles point to the increasing need for mental health care in general, and specifically, they raise the alarm about the dire situation in child/youth mental health.¹⁻⁶ The Royal Society of Canada⁷ drew attention to the ever-increasing need for child/youth mental health services and the urgent need for action; the US surgeon general has declared a crisis in child/youth mental health.⁸ How do we intervene to stop the tide? Without timely intervention, there will be long-term consequences, both for our youth and the broader society counting on their contributions as productive citizens. This crisis needs every sector in the area of mental health care to collaboratively ramp up support and increase capacity.

POSITION PAPER: MENTAL HEALTH CARE FOR CANADIAN CHILDREN AND YOUTH – THE ROLE OF SCHOOL PSYCHOLOGISTS

MARIA KOKAI, Ph.D., C.Psych., Chair, Educational and School Psychology Section, CPA

THE CHALLENGE

School psychologists have the potential to contribute to addressing this crisis to a much greater degree than they are given the opportunity for currently, both in dealing with the present crisis, and in the long-term, by focusing on prevention. Why is our society not relying more on this already existing resource?

THE RESPONSE

Facilitating a positive response to this urgent need was the impetus for creating a Position Paper. The Advocacy Committee of the CPA's Educational and School Psychology Section (with representation from across Canada) drafted a document entitled "[Mental Health Care for Canadian Children and Youth: The Role of School Psychologists](#)", that was approved by the CPA Board in 2022. Since then, it has been posted⁹ and distributed widely using a variety of tools accessible on our Section website.¹⁰

THE PURPOSE

The paper aims to advocate for universal, equitable, accessible psychological/mental health services for children and youth in Canada. Since school-based psychological services are universally available to all students and have the potential for equitable access, the paper offers up these services as potential significant contributions to the short- and long-term solution to the current crisis. In close collaboration with educators, families, other school and community-based mental health professionals and community organizations, psychologists in schools are in an ideal position to address the full continuum of mental health care.

However, for this to happen, as the paper points out, the current systemic challenges have to be addressed: the shortage of positions and shortage of available qualified school psychologists.

THE CONTENT

In order to make the above points clear, the Position Paper has three objectives:

1. Describing the developmental and mental health needs of children/youth, and the role of school psychologists in addressing these needs.
2. Identifying the systemic challenges school psychologists face in meeting the developmental/mental health needs of children/youth in schools (limited understanding of their full scope of practice, high student-to-psychologist ratio, shortage of positions and of qualified school psychologists, recruitment and retention problems – see Figure 1 and Figure 2).

Figure 1



Figure 2



3. Providing recommendations for stakeholders about ways to address these challenges that would lead to the necessary changes. Below are just a few examples of the recommendations that focus on four groups:

a) Policymakers (school boards, governments): Increase equity of access to psychological services by addressing key shortages (number of positions and number of qualified school psychologists).

b) Graduate training programs in school psychology: Increase the numbers of trained school psychologists and the diversity and inclusiveness of the profession.

c) Psychologists: Increase own capacity to meet the needs of diverse populations; educate stakeholders about school psychologists' roles in mental health care.

d) Provincial/territorial professional organizations in psychology: "Make access to psychological care within schools an advocacy priority" (p.8); support recruitment to the field, including students from a range of minoritized backgrounds.

THE USE

The Position Paper is a tool for school psychologists, provincial/territorial psychological associations, academics, and students to advocate within their respective settings (e.g., school boards, training institutions, governments, professional communities, etc.). It can be used in full or in part, supported by the brief animation and/or the webinar recording¹¹ explaining the content. There are increasingly more voices in this advocacy effort, pointing to the significant return on investment. To quote the 2021 Royal Society of Canada Policy Briefing recommendation: "Create a national strategy that emphasizes children's mental health as important for life success and do so in the context in which they are most easily accessible – schools." (p.20).¹²

ACKNOWLEDGEMENTS

As chair of the Advocacy Committee, I am grateful for the hard work and dedication of the members of this committee, and for the support the paper has received from the ESP Section executive, CPA Board of Directors, as well as Dr. Karen Cohen, past CEO and Glenn Brimacombe, Director, Policy & Public Affairs.

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SCHOOL PSYCHOLOGY AS AN ESSENTIAL PUBLIC SECTOR SERVICE

GLENN BRIMACOMBE, M.A., Director, Policy & Public Affairs, CPA

MARIA KOKAI, Ph.D., C.Psych., Psychologist, Chair, Educational and School Psychology Section, CPA

For as long as we can remember, publicly funded schools have been a cornerstone of our communities and our lives. They play an indispensable role in providing children with the social, behavioural, and educational skills they need as they move toward living independent lives in adulthood. A critical element in getting there is the essential role that school psychology plays.

SCHOOL PSYCHOLOGY: CAN WE FULFILL THE PROMISE?

The establishment of school psychology as a public sector service is closely connected to the legislated requirements for schools to meet students' special needs.¹ The practice has evolved since then, recognizing the need, capacity, and expertise of school psychologists (SP) to support all students (see Professional Practice Guidelines²).

Recently, CPA released the Position Paper *Mental Health Care for Canadian Children and Youth – The Role of School Psychologists*³ which identified the challenges schools and psychologists are facing in meeting the needs in mental health and well-being of students. The paper re-affirmed the following.

1. The promise of public sector school psychology is universal, inclusive, equitable psychological services to all students in educational institutions.

Current data indicate a significant increase in mental health (MH) problems in children and youth, especially post-pandemic, therefore an increase in need for MH services.⁴ Appropriate and sustainable funding through the public sector would enable schools to provide psychological care to children and youth where they all are – in schools.

This idea has been promoted and recommended over many decades by reputable national and international organizations (World Health Organization,⁵ Mental Health Commission of Canada,⁶ Pan-Canadian Joint Consortium for

School Health,⁷ and the Royal Society of Canada,⁸ just to mention a few).

Regrettably, instead of increasing reliance on school psychology services (as part of school-based teams of mental health professionals), there is no systematic, purposefully planned strengthening of existing (currently underutilized) service provision. Sadly, the reality is, at present, we are far from fulfilling the promise.

2. How do we get from here to there? Roles, responsibilities, rewards

SPs' roles are well-articulated in CPA documents⁹ and in some of the articles in this issue. In this article, we will focus on the responsibilities and rewards of working as SPs in educational institutions: the two inter-related sides of the same coin.

In addition to the student and family, the institution (school/district) with its own structure, hierarchy, culture, etc., is also our client, along with its educators. Consequently:

- By providing expert input at the district/school level (through consultations and committee work), SPs can have an impact on system-wide issues (school climate, bullying, mental health promotion, etc.).¹⁰
- Through knowledge transfer, capacity building, partnership, and consultative support, SPs increase teacher engagement.
- As members of school-based multidisciplinary teams, SPs contribute to and benefit from resource-sharing, collaborative problem-solving, and joint planning, to meet the school's/students' unique needs.

SPs have the responsibility to understand, respond, and advocate for meeting the needs of diverse student populations (e.g., economic circumstances, culture, identities, marginalized and racialized communities).

Thus, with SPs practicing to their full scope of professional competencies and

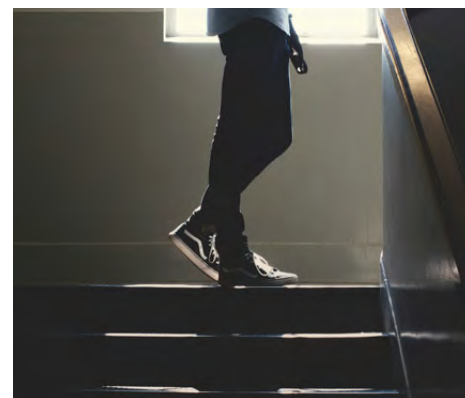
with appropriate caseloads,¹¹ SPs and institutions are rewarded with the capacity to reach many more students.

Challenges and recommended solutions

The challenges facing SPs are many and significant. The recommended solutions are not easy to achieve, at least not overnight; however, if each of the four sectors identified would focus on one or two steps as recommended by the CPA Position Paper³ (ideally in coordination/collaboration with each other), we would start to see progress. These steps could include:

- Educating important audiences about the value of SPs, including:
 - professional psychology community
 - public (parents, government, school board staff, etc.)
- Advocating to school boards and governments (Ministries of Education) to increase the:
 - number and capacity of training programs
 - number of SP positions
- Supporting
 - student recruitment to SP training programs
 - SPs in taking on students for practicum/residency placements

Each of us can and should contribute to getting there, with our own unique piece.



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PROMOTING SCHOOL PSYCHOLOGY IN CANADA: ADVOCACY BY THE EDUCATIONAL AND SCHOOL PSYCHOLOGY SECTION

TASMIA HAI, Ph.D., School and Clinical Psychologist

In the evolving landscape of child well-being, the mental health of Canadian children takes centre stage as a pressing concern. The 2023 *Raising Canada* annual report ranks poor mental health as the second most significant threat to the well-being of Canadian children.¹ In the wake of the COVID-19 pandemic, Canada confronts an escalating mental health crisis, with research studies reporting heightened concerns among its youth.^{2,3} This grim backdrop is compounded by a severe shortage of mental health professionals, including school psychologists, leaving many children unable to access timely support. The nationwide landscape is further marred by numerous vacant school psychology positions. At the same time, there are currently only six accredited school psychology doctoral-level graduate programs and two accredited school psychology residency programs. This limited availability of graduate training contributes to the shortage of school psychologists.

To tackle these challenges, it is important to raise awareness about the field of school psychology and the multifaceted roles psychologists can undertake within the educational system to support children's mental health care. Dr. Maria Kokai, current chair of the Educational and School Psychology (ESP) Section of the Canadian Psychological Association (CPA), spearheaded the creation of an Advocacy Committee. The committee includes a diverse team consisting of graduate trainees, practicing psychologists, and academic experts in the field of school psychology from across Canada. Some of the initial priorities established by the committee included highlighting the field of school psychology and its diverse role among various stakeholders (e.g., school boards, parent communities, and the general public). Additionally, the committee aimed to address the persistent shortage of qualified school psychologists throughout Canada and identify the current need for school psychology services nationwide.

Over the past 18 months, the Advocacy Committee, in collaboration with the CPA, published a Position Paper titled “*Mental Health Care for Canadian Children and Youth – The Role of School Psychologists*.” This paper, available in both English and French, serves as a tool for advocating equitable and universally accessible psychological and mental health services within the public education system for Canadian children and youth. The content of this paper is summarized in pages 6-7 of this publication.

The Advocacy Committee has been actively engaged in activities catered to improve the training and recruitment of school psychologists. One of the challenges the committee identified and targeted is the limited awareness of undergraduate students regarding school psychology as a potential career. In response, student outreach materials, including a two-minute animated video about school psychology entitled “*Who are School Psychologists?*” and Power-Point presentations were created. These materials can be used to share more information about:

- the many different roles of school psychologists in the education system,
- the school psychology programs available for graduate training, and
- general guidelines for application to school psychology programs.

The resources are freely available for anyone to use and can be accessed through the CPA website (<https://cpa.ca/sections/educational/advocacy-and-outreach-resources/>).

In addition, the Advocacy Committee has organized webinars showcasing the potential career trajectories within school psychology and the pathways to pursuing this profession. The recordings of these webinars are available on the CPA ESP Section website.

The above recruitment materials and webinars can be used to support raising awareness about the field of school psychology and the diverse roles that psychologists can undertake within the school-based system.

The next steps for the Advocacy Committee involve sharing the Position Paper with relevant stakeholders, including school board administrators, education ministries, training institutions, and other networks. Practicing school psychologists, academics, students, and provincial/territorial psychology associations are all encouraged to take part in this advocacy effort. The group is also discussing additional ways to improve diversity within school psychology training.

In summary, the Advocacy Committee of the ESP Section has dedicated significant efforts to raise awareness and address the mental health needs of children and youth in schools. There is an urgent need for action, and through collaboration with key stakeholders, positive changes can be brought about to tackle these challenges.



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ISSUES IN RECRUITING AND RETAINING SCHOOL PSYCHOLOGISTS IN SCHOOL-BASED SETTINGS: PERSPECTIVES OF GRADUATE STUDENTS AND EARLY CAREER PSYCHOLOGISTS IN CANADA

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From Grimley's "Identity Crisis in School Psychology" to Bardon's "A Specialty in Search of an Identity", school psychologists have an established history of difficulty finding their place within the school system.^{1,2} Almost 50 years later, school psychology continues to experience identity problems and shortages. It is clear that the field would like to prioritize prevention and intervention services in schools.³ School psychologists are trained to provide a wide range of services, including mental health services, behavioural support, consultation, and crisis intervention with particular training in delivering these services in school and community settings; yet school psychologists continue to spend the majority of their time providing assessment services, resulting in job dissatisfaction and shortages across Canada.⁴⁻⁶ While the recommended psychologist-to-student ratio in schools is 1:500 to 1:1000, most ratios in Canada far exceed this number, with the impact being significant in rural, remote, northern regions, and high-density urban areas across the country.^{4,7} Although many factors contribute to this shortage, we focus in this article on issues that are impacting training and retaining school psychologists in school-based settings.

A number of challenges have persisted in training and retaining school psychology students in school settings. One of the main aspects of clinical training for Ph.D. students in school psychology is the mandatory pre-doctoral residency. This process has become increasingly difficult for school psychology students due to the limited number of accredited internship positions available to school psychology students in comparison to clinical and counselling students.⁸ Numerous studies have indicated that school psychology students have significantly less sites to apply to in North America and are receiving the most rejections from internship sites in comparison to counselling and clinical students.⁹⁻¹¹ This is not an exception in Canada. Although there have been some improvements in the past years, school psychology

doctoral students in Canada still have the lowest number of residency opportunities to apply to. Although all 56 sites in the Association of Psychology Postdoctoral and Internship Centers (computer-based matching website) in Canada review applications from clinical psychology doctoral students, less than half of them (22 sites) review applications from school psychology doctoral students.¹² Out of the 22 sites, there are only three sites that offer part-time clinical experience in the schools, and only one program that offers full-time clinical experience in the school. As a result, school psychology students do not have the same opportunities as their peers in other specialties. Additionally, they do not have the numerous opportunities to complete their training in the setting that is uniquely designed for their skills: schools.

This signals another challenge faced by the field which is the retention of school psychologists in school-based settings. Many factors contribute to psychologists choosing to stay or leave the school system, including high caseloads, long waitlists for psychoeducational assessments, and salary.^{13,14} Job satisfaction in school psychologists is also significantly related to feeling like part of a team and developing interventions for students.¹³ Yet many school psychologists report that their scope of practice is limited by the education system to assessments, rather than capitalizing on the expertise that school psychologists have, including in planning and implementing interventions for behaviour and mental health concerns.⁶ It can also be challenging for school psychologists to work within a system that is designed for educators, not clinicians. One major issue facing school psychologists is the balance between their responsibilities to schools and the ethical obligations they must uphold. Many school psychologists indicate that they have been pressured by their school administrators to engage in unethical practices, including making inappropriate recommendations or practicing outside of their scope.¹⁵ This limited understanding of the role and identity of a school psychologist contributes to high levels of

job dissatisfaction and a desire to leave the field of school psychology completely. Working within the education system can result in competing interests between parties in a way that may not happen in systems designed for psychologists, such as a clinical healthcare setting.

Advocacy is a critical step in defining the role of school psychologists while emphasizing and respecting the varied expertise we bring to the table. To move forward, the field would benefit from prioritizing advocacy, starting at the graduate training level and residency programs. Additionally, a concentrated effort at engaging policy makers within school boards and ministries as well as national, provincial, and territorial organizations of psychology to better understand and reflect on the unique clinical skills that school psychologists bring to the field can shape the profession. Internally, stakeholders, graduate programs, and practitioners also gain from reflecting as a community about the identity of school psychology: where we have been, and where we want to go from here. It is through advocacy, reflection, and growth that we can push this important field forward and address the significant shortage of school psychologists and the consequences of that in school settings.



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THE SCHOOL PSYCHOLOGY SHORTAGE IN CANADA: THE ROLE OF UNIVERSITY TRAINING PROGRAMS

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There is strong evidence indicating a significant and increasing mental health and academic performance crisis for children and adolescents in Canada.¹ Various efforts have been made to address these issues, with a focus on involving teachers, clinical psychologists, pediatricians, psychiatrists, social workers, and counsellors. However, notably absent from these significant contributions in addressing this problem is the profession of school psychology.

The exclusion is not due to school psychologists being inadequately trained or unprepared to address this growing issue. In fact, school psychologists may be the most well-equipped professionals to address the crisis in both mental health and academic skills. The underlying problem lies in the insufficient number of school psychologists available to meet the substantial and escalating demand.

In the United States, there exists federal laws along with corresponding state regulations mandating that every school must have access to a school psychologist. However, there is a well-documented shortage of school psychologists in the US.² In contrast, school psychology in Canada is organized in a patchwork manner. Each province has its own set of laws and regulations governing the role of school psychologists, and there is no universal requirement for every school to have access to them. The situation varies widely, with some school boards in Canada placing a high value on and employing a significant number of school psychologists, while others do not employ any at all. For those school boards that do not currently have school psychologists on staff, many may express a desire to hire these professionals but encounter difficulties in finding available candidates.

The shortage of school psychologists in Canada stems from multiple reasons, including significant pay disparities between public and private sector psychologists, particularly among doctoral program graduates. Additionally, some training programs emphasize child clinical psychology over school-based

training, leaving school psychologists with limited understanding of educational regulations and the culture of schools. The scarcity of school psychologists also leads to excessive workloads and increased burnout risk, making school roles even less attractive.³ Despite their suitability for addressing mental health issues in schools, many school psychologists opt for different career paths due to these challenges.

In the United States, there are 240 non-doctoral training programs and 107 doctoral training programs in school psychology, all of which adhere to well-established standards for training. In Canada, there are six doctoral level school psychology programs that are approved by the Canadian Psychological Association (CPA). However, there is a notable lack of standardized definitions for what constitutes a non-doctoral program in school psychology. The graduates of these programs often go by various names, including psychological associates, maîtrise en psychopédagogie, master's in clinical psychology, and registered psychologist at the non-doctoral level. Furthermore, there are no national standards governing the curriculum or emphases of these programs.

Well-established school psychology training programs frequently accept less than 20% of the applicants to the program. Clearly, there is significant interest in training in school psychology from undergraduates.⁴ Yet there are simply not enough school psychologists being produced by Canadian universities. The danger is that school boards become accustomed to not being able to attract and retain school psychologists and choose to recruit other, more widely available, professions – such as social workers, guidance counsellors, master's level clinical psychologists, psychotherapists, and even special education teachers. The risk is that school psychologists will become irrelevant. Not irrelevant because their skills are not needed or appropriate, but irrelevant because there are not enough school psychologists available to provide effective services to the children and youth of Canada.

The shortage of school psychologists in Canada arises from various factors, but one controllable aspect lies in the structure of university training programs. The six school psychology programs accredited by the CPA are primarily associated with research-intensive universities. Doctoral programs, with their research demands, are time-intensive and all graduate less than 10 school psychologists annually in Canada. Addressing this issue, the University of Toronto-Ontario Institute for Studies in Education (OISE) offers an Ed.D. program with reduced research demands to produce more school psychologists, and McGill University is developing a similar program to train more clinicians. Doctoral programs span five to seven years, while non-doctoral programs typically require two to three years. However, these programs' training quality would benefit from standardized requirements. Currently, no professional association exists to shape, communicate, and influence program standards for consistent delivery of school psychology services. The demand for school psychologists is surging due to increasing recognition of child and youth mental health concerns and academic challenges. Without substantial changes in the training infrastructure to produce high-quality professionals, the shortage of school psychologists will persist, potentially diminishing their relevance despite their sought-after skills. Given the rising awareness of child and youth mental health and academic issues, Canada must urgently bolster its supply of school psychologists for effective support in school settings.



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Urban planners need to think about the state of affairs of their institutions. Old pipes leak, leading to low house water pressure and griping citizens. To rectify, the city could repair leaking pipes or install larger pumps to flood more water into the system, correcting water pressure.

In our education system, we are “leaking” school psychologists, which has led to a lack of trained mental health and psychoeducational support staff for students and administrators. According to the National Association of School Psychologists (NASP), the ideal ratio of psychologists to children and youth in schools is 1:500 to 1:700.¹ In 2020–2021, there were 2,028,685 students enrolled in Ontario public-funded education.² This would mean that the need gap is equal to 4057 to 2898 school psychologists. In a report from People for Education on Mental Health, 28% of participating principals indicated that their schools had no access to a school psychologist (virtually or in-person).³ This is nearly double the percentage as compared to 2011 data. This leak comes at a time when there is a documented decline in mental health across Canada. In 2019, 73% of youth ages 12–17 years described their mental health as very good or excellent. However, in 2022, that number declined to 61%.⁴

PATCHING LEAKS, PUMPING TALENT: ADDRESSING THE CRISIS OF SCHOOL PSYCHOLOGISTS IN CANADA’S EDUCATIONAL LANDSCAPE

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One of the causes is the scarcity of training programs for school psychologists. In Canada, the CPA lists six accredited schools or dual programs and six non-accredited programs.⁵ Less than a quarter of graduates of these programs go directly into working in schools as based on the 2019 CPA Self Study for the School and Clinical Child Psychology (SCCP) program at the Ontario Institute for Studies in Education (OISE), which found that only 23% of graduates in the last six years worked part-time or full-time in a school. In 2018, the Association of Psychology Leaders in Ontario Schools (APLOS) was consulted in order to develop a comprehensive list of participatory barriers for this profession nation-wide. Their findings can be summarized as follows:

- As there are a limited number of school psychologists, different school boards are actively competing for talent.
- Students must often go elsewhere, such as state side (i.e., University at Buffalo) or internationally (i.e., UK, Australia) for training, but this leads to issues with non-Ontario College of Psychologists of Ontario (CPO) credentialing.
- There is a disconnect between the stated talent gap and the lengthy processes for CPO registration and licensing.
- Psychology is an attractive field at the undergraduate level, yet competition for graduate placement remains a barrier (i.e., the OISE SCCP program has a 4% acceptance rate).
- The profession as a whole requires greater diversity in hiring; we are not representative of the populations we serve and must seek equity-driven solutions.

To address these issues, OISE of the University of Toronto has developed a Doctor of Education (Ed.D.) Program in School Psychology. The program provides students with the essential theoretical knowledge, research acumen, and hands-on professional experience that confer their eligibility for registration with the CPO. The Ed.D. offers an integrated curriculum focusing on comprehensive

psychological assessment, individualized therapy, and targeted psychosocial and instructional interventions. This includes specialized training in professional consultation, understanding of culturally and linguistically diverse learners, an in-depth grasp of educational laws and standards, and active participation in research and prevention programs.

Recognizing the ubiquitous need for specialized psychological services across both urban and rural areas, the proposed Ed.D. in School Psychology adopts a bifocal approach. It targets a range of educational landscapes and employs innovative instructional methods like Flex-Mode learning, allowing students to remain in their home communities for the majority of the program. By minimizing the number of required courses in Toronto, the program avoids uprooting individuals from their communities, thus reinforcing the importance of equitable psychological services across various geographical and socio-cultural settings.

The Ed.D. in School Psychology aligns with the prerequisites set by the CPO for doctoral-level registration. This ensures that graduates are not only academically equipped but also professionally prepared to meet the urgent mental health needs within the K–12 education system. Acknowledging that students bring a variety of prior training and experiences, each student will have a customized course map developed to guide them through the required courses alongside foundational sessions, all of which work in concert to support their registration with the CPO upon graduation.

Practicums and internships are coordinated with the local school boards where students reside. The evening class schedule permits students to work during daytime hours and study in the evenings, thus providing real-world experiences that complement academic learning. With regular supervision during these practicums and internships, Ed.D. students continually support the work of school psychology in publicly funded school boards throughout their training.

As a research-intensive institution ranked first in Canada and among the top five globally, the University of Toronto considers research a crucial component of graduate education. While research is not the program's main focus, a key feature is the Dissertation in Practice (DIP). This departs from traditional Ph.D. dissertations by centering on functional solutions to existing clinical problems, grounded in theory, research, and individual students' prior knowledge and experience. The DIP process is course-based to ensure completion within the program's four-year timeframe.

As the program evolves, plans include the strategic development of a Master of Education (M.Ed.) in School Psychology, designed as an extension and deepening of foundational training at the master's level. This program aims to create a streamlined path for undergraduate students to transition directly into school psychology training. The master's program will serve as an essential primer for the specialized skills imparted during the Ed.D. program, facilitating a seamless transition for students advancing from master's to doctoral-level studies.

However, training programs alone are not sufficient to address the shortage of school psychologists. The education system must ensure the retention of these professionals. The departure of qualified school psychologists from the field represents a loss of vital expertise. Therefore, it is imperative to address the root causes of this talent drain by enabling full utilization of their training and skills, offering competitive compensation, and increasing workforce diversity. As mental health challenges among youth continue to escalate, both training and retention strategies must be robust enough to equip the educational system with the human resources needed to meet the diverse psychological needs of its student population.

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School psychologists in Canada provide mental health support, early intervention, and services to underserved communities. However, the country faces a shortage of these professionals, with many regions not achieving recommended psychologist-to-student ratios. Addressing this shortfall requires examining the limited availability of training programs and understanding the roles of current practitioners. It is also crucial to consider historical perspectives that have shaped current perceptions. Notably, most school psychologists have master's or specialist level training, while fewer psychologists with doctoral training choose to work in schools. Currently, there is no formal process for master's or specialist programs in school psychology to obtain formal recognition for their training standards (e.g., accreditation or approval). Similarly, in some provinces, master's or specialist training is not recognized by regulatory bodies. This raises questions: are the contributions of specialist-trained school psychologists being fully recognized and used?

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THE TRAINING DEBATE: RECOGNIZING THE DIVERSITY OF SCHOOL PSYCHOLOGY PRACTICE IN CANADA

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TRAINING IN SCHOOL PSYCHOLOGY: SPECIALIST VS. DOCTORAL PROGRAMS

Specialist master's programs in school psychology, such as M.A. or M.Ed., span two to three years. They encompass coursework, a school-based internship, and, for M.A. students, a research thesis. The focus of these programs is on immediate school needs: assessment skills, academic support, behavioural interventions, mental health support, and consultation. Some Canadian provinces (e.g., Alberta, Saskatchewan, British Columbia, Ontario) recognize master's training for registration, licensing, or certification.

Doctoral programs, on the other hand, extend between four to six years and have greater emphasis on theory, research, and clinical skills. Besides a dissertation, students undergo practicums in diverse settings and a year-long internship. This comprehensive training prepares graduates for a wider range of opportunities, including the public sector, private practice, and academia. They can also register as psychologists across Canada, where available.

Yet, a significant portion of practicing school psychologists, despite their extensive training, primarily conduct psychoeducational assessments in schools, whether at a master's or doctoral level. With the evolving needs of students and schools, it is essential to tap into the full range of their expertise, ensuring a well-rounded application of their skills and knowledge.

HISTORICAL CONTEXT OF SCHOOL PSYCHOLOGY

To understand the current state of school psychology in Canada and guide advocacy efforts, it is important to understand the history of the profession, both locally and internationally, which is relatively nascent.

One measure of recognition of professional training standards is the accreditation by national organizations. In the US, the American Psychological Association (APA) first accredited clinical psychology in 1949, followed by counselling psychology in 1952.¹ The APA's School Psychology Division began accreditation efforts in 1963; members requested that doctoral and non-doctoral programs be considered due to the large numbers of practicing non-doctoral members.² In 1970, APA's Committee on Accreditation decided to only accredit doctoral programs in school psychology. It was noted that the decision was influenced by pressures from clinical and counselling psychology, conflicts between psychology and teacher accreditation boards, and financial and workforce constraints faced by APA.³ In contrast, the National Association of School Psychologists (NASP), founded in 1969, currently recognizes through their Approval and Accreditation program, both specialist and doctoral level training.

In Canada, the Canadian Association of School Psychologists was formed in the early 1980s but was later amalgamated with CPA's Educational and School Psychology Section. Only into the early 2000s did CPA begin to accredit school psychology programs. Currently, there are no accreditation standards for master's level specialist training programs. Recognition of training by regulatory bodies across Canada is not consistent. For example, in New Brunswick, as of 2021, training at the doctoral level is required to practice psychology, which some practitioners believe has posed challenges in recruiting school psychologists who typically hold master's degrees.⁴ Conversely, in British Columbia, starting in 2024, school psychologists trained at the master's level can register as Licensed School Psychologists.⁵

BEYOND THE DICHOTOMY

The debate around the ideal training level – master's, specialist, or doctoral – is longstanding in school psychology.⁶⁻⁸ Each offers unique strengths and expertise,

leading to discussions about their relative merits and impact on service delivery. While doctoral trained programs are seen as comprehensive, especially in research and clinical spheres, master's and specialist programs have a more tailored focus to school needs. The dialogue should not prioritize one over the other but should integrate the best of both, fostering a diverse, responsive workforce. There is a need for renewed advocacy. Continuing to advocate for national standards of recognition and accreditation of master's programs may bolster their priority in universities, as well as ensure recognition by regulatory bodies in Canada. In addition, strengthening ties with school boards and government, ensuring impactful student placements, and maintaining expertise in schools can foster a multi-tiered support system that capitalizes on the expertise of both master's and doctoral-trained professionals.

ADDRESSING THE CHALLENGES IN SCHOOL PSYCHOLOGY

School psychology in Canada faces growing challenges. The increasing mental health issues among youth, exacerbated by situations like the COVID-19 pandemic, highlight the importance of school psychologists. Yet, disparities like the psychologist-to-student ratio, which in places like Ontario stands at an average of 1:3448 compared to the recommended 1:500 to 1:1000, signal the pressing need for solutions. Considering the challenges with doctoral training programs, including extended training durations, limited doctoral student placements, and faculty shortages, relying on doctoral programs alone may not bridge this gap. Specialist programs, with their shorter training periods, offer a practical solution. Thus, it is crucial for educators, practitioners, and policymakers to collaboratively advance the field of school psychology. Emphasizing measures like master's program accreditation and recognition by regulatory bodies can ensure robust mental health support for Canadian children and youth.



Canadian school psychology programs have a duty to acknowledge the historical harms that have impacted Indigenous people and ensure they understand and take actions consistent with the spirit of the Truth and Reconciliation Report¹ and the CPA's response to the Truth and Reconciliation Calls to Action.² Not only is this morally imperative, but it is also critical given the growing Indigenous population in Canada. Manitoba has the largest percentile Indigenous citizens of any province (18.1%), yet only 9% of school instructional staff are Indigenous.³ Many Indigenous communities are in remote, rural, and/or northern settings and have difficulty recruiting clinicians. Thus, students in these areas have limited service options and are often served by professionals who may not understand the experiences of those they work with. This points to two immediate training needs: increased opportunities to develop multicultural competence for all clinicians, and the need for more Indigenous clinicians.

NORTHERN FRONTIERS: A SCHOOL PSYCHOLOGY PRACTICUM EXPERIENCE

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Recognizing the lack of Indigenous clinicians combined with sparse opportunities for non-Indigenous students to work with Indigenous people in our urban practicum settings, the School Psychology Program at University of Manitoba partnered with Frontier School Division for the Northern Frontiers Practicum project to provide increased service while also providing experience in First Nations communities. School division and training program goals provided a synergy that facilitated the development of a practicum trip aiming to:

- Develop competency working with diverse populations
- Respond to the CPA response to the Truth and Reconciliation report
- Enhance familiarity with northern communities, which may lead to increased willingness to seek employment in those rural or remote communities

WHAT DID WE DO?

With support from the University of Manitoba Teaching and Learning Enhancement Fund, The University of Manitoba Faculty of Arts Deans Fund, and Frontier School Division, we were able to offer four practicum opportunities (two in Norway House, two in Cranberry Portage; see Table 1) from Fall of 2021 to Spring of 2023. For each voluntary (non-credit) trip, the team consisted of students, at least two supervisors (one from the university and one from the division), and key student service staff, who worked together prior to each trip to ensure appropriate service for the community. Each trip was one week long. Students received pre-travel preparation and met with the team before the trip to review referral information and help identify assessment and consultation strategies and considerations. Students had opportunities to speak with community members, knowledge keepers, and elders and do a file review on Day 1. Days 2 through 4 involved individual assessment work with students or consultation with school teams. The final day was reserved for feedback sessions with parents and school staff. Each senior student was assigned supervision tasks for a junior student.

Finally, with the supervisors' support, students wrote reports or case notes for all students they worked with, as appropriate.

TABLE 1: PRACTICUM OPPORTUNITIES

Trip location	Number of graduate students	Students served
Cranberry Portage	4	14
Cranberry Portage	7	22*
Norway House	4	11*
Norway House	9	29*

*Some consultations included.

WHAT DID WE LEARN?

First, this was a non-credit experience, but despite that, student interest to participate was high. Students indicated they enjoyed their practicums, enhanced their technical skills, learned about the communities, and indicated a desire for further experience working with and learning more about Indigenous communities. Students also indicated that this was a challenging experience, as travel/immersion in the community combined with an intensely busy service schedule for a full week was different from their regular practicum, where they attended school only at times when they did not have classes. While challenging, students reported that they experienced substantial personal and professional growth through their involvement, indicating:

"I have noticed tremendous changes in my view of both my personal and professional competency.... I also feel as though I am able to bring valuable perspective to everyday conversations, based on my experience within this practicum."

"This practicum has increased my knowledge in many areas, including assessment, consultation, supervision, and intake interviews with families and school staff."

Students also indicated ongoing interest not only in future practicum trips, but also in learning more about Indigenous peoples and communities.

"I would like to continue to learn more about the implications involved for school psychology practice in northern communities and how to ensure that Indigenous students are accounted for in research and practice."

"I think that even more education on cultural sensitivity and differences to be aware of during assessment would be very valuable when working with these populations."

WHAT IS NEXT?

We plan to continue offering the Northern practicum and address student and community-identified needs. However, this commitment does not come without challenges. For example, taking students and staff to the North requires significant airfare, accommodation costs, and supervisor/staff time. We have been able to ensure division staff receive release time. However, university staff time has previously been more difficult to secure. To address some of these issues, we are in the process of developing a formal Memorandum of Understanding which will cover future trip costs. Additionally, while initial trips involved just Dr. Newton Montgomery as university supervisor, two additional supervisors from other psychology disciplines have indicated interest in accompanying students on future trips, which will help to ensure sustainability and expansion. Clinical psychology students have also shown interest, but to date, we have not had space to enable this.

Ultimately, a goal of any future trips will be to ensure we work with the community to sensitively and appropriately serve the needs they identify as they offer a valuable experience for student training. In this way, we aim to support school initiatives to enhance service for Indigenous and non-Indigenous students in northern Manitoba. Finally, as we continue our Truth and Reconciliation journey, our program seeks to work with communities to identify additional needs and training opportunities, particularly in increasing focus on Indigenous content in our programs.

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The profession of school psychology has a rich history in its efforts to address the educational and psychological needs of children, youth, and their families. In many ways, the field of school psychology has come a long way in its attention to diversity considerations and work in using an intersectional lens for training and practice. Yet we still have far to go.

As the world changes, our profession must also change and grow to meet the evolving needs of children, youth, and their families in a more diverse world with complex challenges facing the clients we serve. Incorporating more diversity in school psychology training is not just an aspiration or goal, it is essential.

ADDRESSING THE NEED FOR FOUNDATIONAL COMPETENCY IN INDIVIDUAL, SOCIAL, AND CULTURAL DIVERSITY AND INDIGENOUS INTERCULTURALISM IN SCHOOL PSYCHOLOGY TRAINING AND PRACTICE

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As highlighted in the CPA Position Paper, *Mental Health Care for Canadian Children and Youth: The Role of School Psychologists*,¹ school psychologists play an important role in supporting the mental health, learning, and well-being of children, youth, and their families in multiple settings. It, however, is critical that this support be provided in a manner that reflects the diverse backgrounds and needs of our clients, including their life contexts in these multiple settings. It is not enough to simply acquire functional competencies in core areas of training and practice such as assessment, consultation, intervention, supervision, teaching, and research. We must also, at minimum, demonstrate foundational competency in, as outlined in the 6th edition of the CPA Accreditation Standards (2023),² individual, social, and cultural diversity and Indigenous interculturalism. This is not just something we should aspire to in our training and practice, but it is essential to responsive and ethical practice in school psychology today.

Having diversity modules and chapters, guest speakers, and mandatory ethics trainings are no longer enough to call ourselves “culturally competent”, a term that has come under scrutiny by critical scholars. In 2023, diversity considerations and special attention to intersections of race, ethnicity, ability, culture, economic status, and gender must be interwoven into all aspects of training and skill-building in school psychology programs. Importantly, beyond the learning of these principles, school psychology training should incorporate, model, and require students to engage in advocacy efforts in their communities and the communities of populations they support. Our goals are no longer to be culturally competent but to practice humility and cultural responsiveness in our training and practice. This is an important first step. Putting it into action is more challenging. This will involve looking beyond training areas and models that have historically served us well to looking at our training and practice through a critical lens that focuses on diversity as well as social justice.

We must move from teaching and practicing skill areas in isolation (e.g., assessment, intervention, consultation) to adopting a systems approach to conceptualizing the clients and contexts where we provide services. It is not enough to learn how to administer and interpret measures of cognitive abilities, academic achievement, and social-emotional-behavioural abilities; to make DSM-IV TR diagnoses; and recommend effective intervention approaches. We must also engage in these practices through a critical lens and apply our knowledge with attention to the background and context of each child, youth, and family with whom we work.

Borrowing from Bronfenbrenner’s Bio-Ecological model,³ our clients are situated in a particular context at any given point in time. We must strive to understand them and the domains we are asked to address within their contexts, including their personal, family, community, cultural, spiritual, social, and political spaces that may also change through time. Context not only matters, but taking time to understand the contexts of our clients is imperative in ethically and culturally responsive training and practice.

Examining current cultural phenomena and historical events is also an important consideration. For example, students in school psychology and psychologists in practice need to be aware of the ongoing harms of colonialism and actively reflect on how they can decolonize their recommendations and practices.⁴ Recognize that while we hold knowledge and expertise from training and practice, our clients bring with them knowledge and expertise in their lived experience that is important for us to consider and incorporate throughout our practice of assessment, diagnosis, and treatment practice.

Providing opportunities for exposure to diverse clientele under supervision is another way graduate programs can prepare students for work with diverse populations. Further, we can no longer see advocacy as an extra endeavour separate from coursework and professional development, but it must instead be central to our training and professional development.

Moving our training and practice in these critical directions will be a challenge. School psychology training programs are already course heavy and often seem like too many hours to be completed while balancing coursework and research as we prepare our students. Likewise, practitioners are often overburdened with the time it takes to do their job and adding something new may seem overwhelming. Change takes time but we must begin now.

There will be missteps. Recognize that these ideas are not simply adding more courses or experiences with more diverse clients. This approach is not just a new course on diversity or a practicum with culturally and linguistically diverse clients. As the educator Marc Gold⁵ once taught in his revolutionary approach to teaching individuals with intellectual disabilities, we need to “try another way”. We must look at our current coursework differently and through a more critical lens, across all areas of training and practice. We need to teach our students not only the techniques of practice but also the implications of using the techniques we are teaching, why they may or may not be appropriate in a given context or with a given client – engaging in meaningful conversations with our clients about not only what we believe is important but also what they believe is important.

We must recognize that our professional development as psychologists is not just about learning new tests or therapeutic approaches but also about spending time in community, as well as reading, studying, and learning about the history, background, and the contexts in which we work.

We remain optimistic that while it may seem overwhelming at times, and progress in this new way may be slow, it will take hold and not only will we be better school psychologists, we will better support the needs of the children, youth, and families we serve.

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RACISM AND THE MENTAL HEALTH OF BLACK CHILDREN AND YOUTH: A CASE FOR IMPROVED SCHOOL-BASED MENTAL HEALTH SERVICES

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A growing body of evidence shows strong associations between experiences of racism and poor health outcomes among racialized populations of children and youth. For example, exposure to various forms of racism has been found to be associated with negative physical and mental health outcomes (e.g., depression, anxiety, low self-esteem, PTSD, chronic disease, psychological distress).¹ Recent data reveal an upward trend in documented suicide rates among Black youth,² prompting urgent calls for action to better understand, prevent, and mitigate the factors contributing to this phenomenon, such as anti-Black racism.

Anti-Black racism involves systemic imbalances in power, opportunities, and resources that discriminate against people of African descent;³ it acts as a key driver of health inequities for Black Canadians,⁴ and has been recognized as a public health crisis in recent years.⁵ Anti-Black racism permeates all aspects of Black young people's lives, and they are particularly vulnerable to its harmful effects on health due to their increased likelihood of exposure to known risk factors associated with poor mental health (e.g., inadequate education and housing, poverty, criminalization, unemployment).^{1,6} Caregiver risk factors, including caregiver experiences of anti-Black racism, are important additional considerations,⁷ along with differential cognitive and socioemotional developmental factors.

All too often, however, Black children and youth do not receive timely or effective mental health support for various reasons.⁸ First, mental health difficulties are largely stigmatized in Canada's Black population, which leads to reluctance to seek service and prevents effective awareness-building in the community. Second, in various communities where Black Canadians live across the country, there is a dearth of affordable and effective mental healthcare services that are culturally appropriate. Another major barrier to mental health care access for Black children and youth is the insufficient number of Black professionals at various organizational levels engaged in diverse roles proportionate to the diversity and

rate of growth of the Black population of youth in Canada. Relatedly, existing practitioners are not appropriately trained in applying anti-racist approaches to care (e.g., racialized youth in Canada identify lack of culturally competent care and direct experiences of racism when seeking service as persistent barriers).⁷

Many researchers argue that structural racism (i.e., racism embedded in social systems and institutions like schools) is the most important way that racism impacts health.⁶ The reality is that for Black youth in Canada, the pathway for mental health care is disproportionately through the criminal justice system and emergency care.^{8,9} Even within school systems, there is a major shortage of school psychologists across Canada in urban regions with high populations of children and youth at risk.¹⁰ This should be of concern to Canadians as schools represent a critical context for improving the mental health of young Black people; rather, they may serve as sites for the perpetuation of anti-Black racism and its manifestations – as evidenced by documented disproportionality in high school expulsion and dropout rates, in school-initiated child welfare agency referral rates, and in police intervention within schools, to name a few.^{11,12} School-based mental health services are critical for addressing these issues, offering the potential for equitable student access to prevention and early intervention services,¹⁰ and rendering unnecessary the often discriminatory and reactive approaches used to address perceived and actual student manifestations of mental health difficulties.

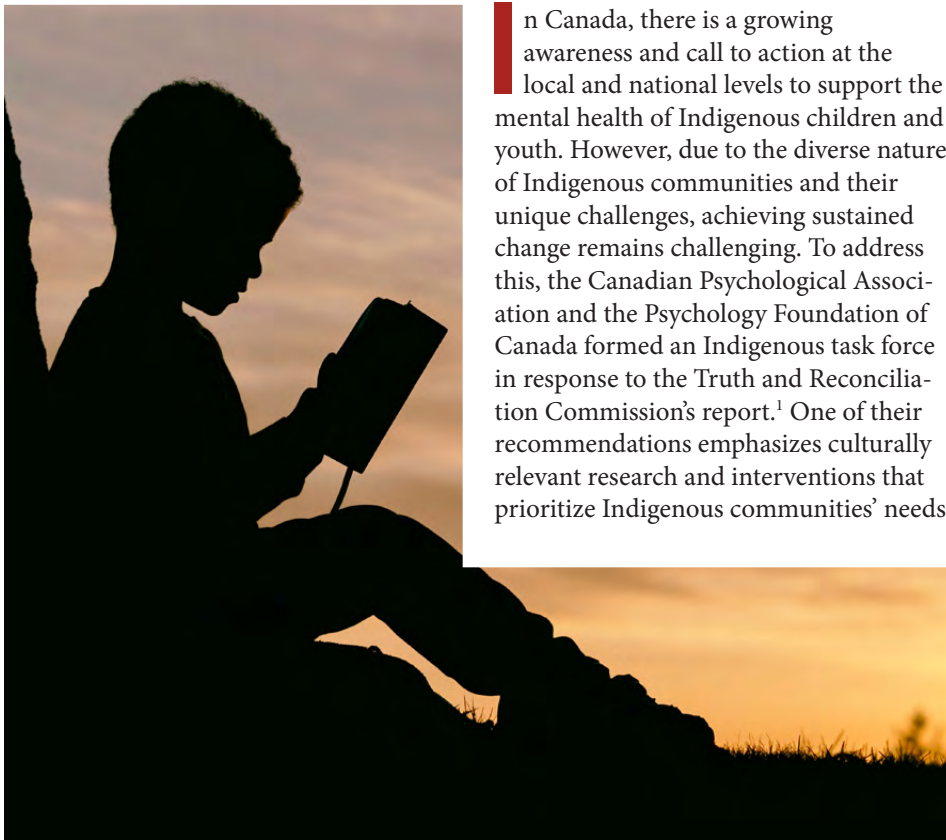
Educational systems need to facilitate the pipeline of highly qualified mental health providers to support Black students in schools. Current school-based practitioners require increased time and resources to deliver the fulsome range of services within schools; at present, persistent heavy workloads privilege a focus on activities such as assessment to the exclusion of other crucial activities like prevention, early intervention, and consultation.¹⁰ Also needed in schools are interventions directly tailored to Black children and youth, and that account for

the various intersecting factors determinative of their mental health (e.g., age, gender, religion, ethnicity). The collection of race-based data in schools as well as ongoing tracking of the numbers of Black mental health practitioners across the country¹³ will help identify opportunities for further change.

Regarding these aspirations for system-level change, many stakeholders across sectors and at multiple levels of influence need to be engaged in a coordinated fashion. As a Black clinical child psychologist and faculty member within a graduate clinical training program, I fervently believe that in addition to documented strategies to attract practitioners to work within schools,¹⁰ it is imperative at this time to: 1) increase the representation of racialized faculty and trainees in graduate training programs (e.g., changes in faculty hiring, student recruitment, and admissions processes) to build the pipeline of diverse professionals serving young people, and 2) perhaps even more urgently, prepare current school-based practitioners and those in training to use anti-racist approaches in their work with Black children, youth, and families. Within our training program in Toronto, for example, I developed a graduate level course that teaches both clinicians and educators anti-racist approaches for fostering Black children's mental health.

As professionals, we are united and committed to improving health outcomes for those we serve. I remain ever optimistic and excited to realize the steps each one of us will continue to engage, within our individual and collective realms of influence, to mobilize equitable and culturally appropriate mental health supports for Black young people in schools in the face of pervasive and ever-persistent systemic racism.

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In Canada, there is a growing awareness and call to action at the local and national levels to support the mental health of Indigenous children and youth. However, due to the diverse nature of Indigenous communities and their unique challenges, achieving sustained change remains challenging. To address this, the Canadian Psychological Association and the Psychology Foundation of Canada formed an Indigenous task force in response to the Truth and Reconciliation Commission's report.¹ One of their recommendations emphasizes culturally relevant research and interventions that prioritize Indigenous communities' needs.

BARRIERS AND FACILITATORS IN ACCESSING MENTAL HEALTH CARE FOR INDIGENOUS CHILDREN AND YOUTH IN CANADA

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This article summarizes the results from a rapid review synthesis of the published scholarly literature related to mental health care for Indigenous children and youth in Canada. Barriers and facilitators for Indigenous children and youth in accessing mental health services are the focus, organized around three central themes: (1) social determinants of mental health, (2) mental health services, and (3) mental health promotion.

The context of historical practices and policies, including colonialism, continues to affect Indigenous communities. Current issues like the Missing and Murdered Indigenous Women and Girls crisis further compound the challenges. Although there has been some progress, the path to reconciliation is ongoing, and many issues still require attention.

SOCIAL DETERMINANTS OF CHILD AND YOUTH MENTAL HEALTH

Over the past two decades, research on Indigenous youth mental health has shifted from a deficit-based approach to examining broader risk and protective factors.²⁻⁷ Social determinants of health, viewed as structural inequalities in institutional systems, are now recognized as crucial factors influencing mental health. These determinants encompass income, education, childhood experiences, physical environment, social support, access to health services, culture, and race.

Indigenous youth in Canada experience higher rates of some physical health conditions and a mortality rate three times higher than the national average, often linked to the high suicide rates among some Indigenous groups.⁸ However, these rates vary widely among communities, highlighting the need for community-specific approaches to addressing mental health challenges.^{9,10}

CHILD AND YOUTH MENTAL HEALTH SERVICES

Mental health services for Indigenous youth in Canada are undergoing transformation to incorporate the perspectives of youth and address barriers effectively. The Mental Health Commission of Canada emphasizes making services more accessible, removing income-related barriers, and respecting the distinct mental health needs and unique experiences of First Nations, Inuit, and Métis populations.¹¹

However, existing Western approaches to mental health services present challenges in Indigenous communities. For instance, a study evaluating anxiety-focused cognitive behavioural therapy in a First Nations community revealed limited effectiveness due to unique northern, rural, and remote issues, including limited resources and access to services.¹² Additionally, implementation of other Western mental health services, such as suicide intervention and prevention programs, have had detrimental or no significant effects.^{13,14}

The delivery of mental health services is increasingly being examined in the context of colonialism, highlighting the need to differentiate between Western mental health services and Indigenous healing methods. Many Indigenous youth find Western services culturally insensitive and lacking understanding of historical trauma, creating barriers to access.¹⁵

Most Indigenous cultures emphasize interconnectedness and a holistic understanding of individual well-being. Researchers and clinicians must collaborate with Indigenous communities to develop tools and services that empower community agency. The medicine wheel symbolizes these key concepts of wholeness, balance, connectedness, harmony, growth, and healing in Indigenous approaches to helping, ultimately aiming for “minopimatisiwin,” or “the good life,” as the ultimate goal in supporting Indigenous peoples in Canada.¹⁶

CHILD AND YOUTH MENTAL HEALTH PROMOTION

Promoting mental and physical wellness among Indigenous youth is increasingly becoming a topic of scholarly research, and there has been a recent shift away from a deficit model toward identifying strengths derived from culture and context. This research has identified several strengths that enhance wellness and resilience among children and youth, including Indigenous identity, positive family and peer relationships, community infrastructure, educational/vocational opportunities, and empowerment strategies.¹⁷

Community capacity building and culturally based practices are recognized as valuable for promoting well-being and mental health in Indigenous youth. Feeling connected to cultural roots is associated with better mental health. Strategies for promoting mental health encompass intervention service delivery, interdisciplinary perspectives, capacity building, engaging communities, empowering families, individual counselling, adaptation to sociocultural specificities, and fostering youth identification with their culture.^{18,19}

Stigma, racialized discrimination, and colonialism pose significant barriers to accessing mental health care for Indigenous youth. In the school context, educational programs, physical activities, youth-based initiatives, and culturally appropriate approaches are key factors in promoting health and wellness.⁷ Locally developed school-based programs show promise in enhancing mental health, cultural identity, and interpersonal skills.²⁰ For instance, traditional land-based activities and cultural practices empower Indigenous students by reducing high-risk behaviours and improving mental wellness.²¹

The *Feathers of Hope* report²² highlights the significance of schools in Indigenous communities, emphasizing their role as safe spaces for traditional cultural practices, community unification, and

addressing the legacy of residential schools through recommendations, such as First Nations History Month and a youth-developed curriculum.

MOVING FORWARD

This rapid review synthesis underscores the need to involve and empower Indigenous children, youth, and communities in the creation and sustainability of culturally sensitive mental health services. As illustrated in the figure below, it emphasizes the importance of recognizing historical challenges, engaging families and communities, addressing institutional practices and attitudes, and reforming systemic school policies and norms.

Making Positive Impacts on Indigenous Students



Figure 1. Summary of key messages from rapid review about empowering and engaging Indigenous youth in positive mental health and well-being.

Western-centric mental health approaches, misaligned with Indigenous perspectives and marred by historical trauma, may impede youth engagement. Integrating Indigenous knowledge and community involvement in education is key for the mental well-being of children and youth. Mental health professionals should address cultural and historical contexts without pathologizing cultural norms. Programs must account for colonization effects, discrimination, and socioeconomic challenges, with crucial collaboration between Indigenous communities and mental health services.

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PLEASE GO TO [CPA.CA/PSYNOPSIS](https://cpa.ca/psynopsis)**



IMPLEMENTATION SCIENCE AND SCHOOL PSYCHOLOGY: USING MULTI-TIERED SYSTEMS OF SUPPORT TO IMPROVE STUDENT OUTCOMES

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Shifting away from assessments and towards prevention services for student outcomes has been the focus of recent conversations in the field of school psychology. At the same time, the movement towards using evidence-based practices (EBP) to address students' academic, social, emotional, and behavioural needs has highlighted the implementation gap between evidence-based practices that work and interventions that are currently being used in schools. Although the majority of school psychology training programs teach courses on EBP, 89% of nationally certified school psychologists in the United States report that they rarely or never adopt behavioural EBP; when EBP are adopted, various barriers to implementation impede change for students.¹ A complementary field to school psychology that seeks to address these barriers is implementation science.

Implementation science is a multidisciplinary field that focuses on embedding quality research into practice. In implementation science as related to school psychology, there is a focus on evaluating and enhancing treatment fidelity, which involves ensuring that interventions are executed in the manner originally intended. Maintaining high treatment fidelity requires delivering an intervention correctly and consistently, and low treatment fidelity may stem from resource constraints or lack of supports – issues that school psychologists and educators in school settings are all too familiar with.

Because universal, equitable, and free access to mental health services can be achieved through service delivery in school settings, adequate implementation strategies are key to successful and effective EBP delivery. Evidence-based interventions alone do not guarantee positive outcomes; they are necessary, but not sufficient for effectiveness. There are many evidence-based interventions created for school settings, but a stronger focus on implementation is necessary to ensure the sustained uptake of effective practices and services for students. One approach to school-based interventions that applies these concepts is multi-tiered systems of support (MTSS).

MTSS allows school psychologists to extend their specialized training to reach larger populations of students through a preventative mental health model for student success rather than a “wait-to-fail” model. It is school-wide and implemented on multiple tiers: students are provided with various levels of support, or “tiers”, which may differ depending on a student's individual needs; and interventions and assessments are implemented and coordinated throughout the school to promote evidence-based and equitable practices for all students.²

Screening and interventions begin in Tier 1 where all students are exposed to universal interventions, also known as the general curriculum. Students with unmet needs in Tier 1 are provided with additional Tier 2 support, and students who need further support are identified and provided with individualized, small group support in Tier 3.³ Students' responses to preceding interventions determine if they will need increased intervention intensity or differentiation, which allows students with unmet needs to be identified and provided with services tailored for their specific needs. Frequent assessments of students' school-based functioning allow school psychologists and educators to collect student outcome and intervention fidelity data, which are then used in data-based decision-making to determine what supports should be delivered to each student.² By systematically evaluating these data to best improve outcomes for each individual student, school psychologists can engage in implementation science practices that prevent academic, social, emotional, and behavioural difficulties in a sustainable and efficient manner across all three tiers.

Adapting and accommodating service delivery to individual students' needs can result in a model that provides continuous, consistent, and context-sensitive support to students. This is particularly salient in a post-pandemic era, as prolonged exposure to stressors is typically associated with negative youth outcomes.⁴ However, implementation still poses the same challenge to MTSS as it does to the broader field of school psychology.

A barrier to incorporating implementation science practices is the lack of training and competence specifically related to carrying out EBP in an accurate and consistent manner. At the same time, there is an increasing need for mental health and academic supports based on EBP that prevent, promote, and identify areas of need in students so that negative outcomes can be reduced or avoided.² Prioritizing training on implementation fidelity in ecological models of service delivery can address students' academic, social, emotional, and behavioural needs on a school-wide level. School psychologists can then be better positioned to apply implementation science practices by supporting educators' treatment fidelity through performance feedback, direct training, or implementation planning in models such as MTSS.¹

Because school psychologists play a crucial role in translating EBP and interventions into the context of the schools, increasing their implementation literacy has the potential to improve preventive school-based services and learning environments through ecological models of intervention that encompass a broad range of student needs across various domains of functioning. To proactively address and treat students' mental health concerns and academic challenges, the field of school psychology should place a greater focus on implementing EBP with high fidelity to produce sustainable and effective results throughout schools that meet students' individual needs.



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Overall rates of child and youth mental health disorder have been concerning for several decades. Sadly, needs have only increased since the onset of the pandemic, with higher levels of distress and more acuity being reported.¹⁻³ Factors such as stigma, a shortage of qualified mental health professionals, and fragmented service delivery models have contributed to challenges. Young people disproportionately impacted by long-standing inequities related to the social determinants of health face additional barriers (e.g., systemic racism, uneven access to culturally responsive care).⁴ Supporting mental health for every child requires a focus on service delivery models that are not only evidence-informed, but also upstream, identity-affirming, collaborative, engaged, scalable, and sustainable. Drawing on the best that our field has to offer, psychologists are well-positioned to lead these efforts.

UPSTREAM, COLLABORATIVE, AND SUSTAINABLE: THE POWER AND CONTRIBUTION OF SCHOOL MENTAL HEALTH WITHIN THE BROADER SYSTEM OF CARE

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Upstream and identity-affirming.

Schools play a key role in supporting the mental health of every student. Daily in classrooms, there is opportunity for educators and student support staff to support mental health literacy and wellness promotion. In a Multi-Tiered System of Support, this is called Tier 1, or universal mental health promotion. Although universal in scope, this programming must be attentive to student cultures and identities so it can be flexible and differentiated, rather than strictly tied to a specific program. Similarly, when identity-affirming mental health prevention and early intervention services are offered in school settings (Tier 2), it can help reduce potential barriers to access. Moreover, students want mental health supports and services at school. Ontario students shared their priorities for school-based mental health learning and programming through [#HearNowON 2021](#)⁵ indicating that they want strong, equity-based mental health resources and support at school, as well as mental health literacy as part of their school day. At times, school mental health professionals are also needed to address more intensive service delivery needs, clinical assessment, intervention, and crisis response (Tier 3), but in a system of support closely connected with community partners, this should be a smaller part of the service spectrum. Upstream and identity-affirming support is the superpower of school mental health.

Collaborative and engaged. Although school mental health professionals strive for excellence in mental health promotion, prevention, and early intervention services, we count on our community and hospital partners for their expertise in intensive service delivery. Coordinating supports across the continuum of care, with role clarity, clear referral pathways, and strong consideration of the voice and preferences of young people and families, is a critical part of the collaborative approach required to meet the rising mental health needs in Canada. In Ontario, a cross-sectoral working table came together through the pandemic to create a shared aspirational vision for this system of care. *Right time, right care: Strengthening Ontario's mental health*

and addictions system of care for children and young people⁶ articulates the important roles played by each sector and organization that supports child and youth wellness, the central voice of young people and families in shaping the system, and the need for more diverse approaches and interventions across the continuum of care.

Scalable and sustainable. Effective practices in school mental health are only helpful if they are used routinely, broadly, and sustainably. School Mental Health Ontario (SMH-ON) was formed to help Ontario's 72 school districts build strong service delivery systems through research-informed implementation support. As part of this approach, school boards in Ontario have been encouraged to develop a comprehensive and systematic three-year School Mental Health and Addictions Strategy and annual Action Plan that follow scientific research and respond to student needs and service trends. SMH-ON implementation coaches work with school boards to contextualize provincial guidance for their communities, facilitating standardization and flexibility in service delivery. Evidence-informed and implementation-sensitive promotion and prevention protocols have been curated, adapted, and tested within the Ontario context. All programming considers scalability and sustainability from the outset, and includes a range of implementation supports (e.g., communities of practice, monitoring tools).

SMH-ON is a provincial implementation support team that helps school districts enhance student mental health. It provides:

- Leadership and guidance about effective practices in school mental health
- Implementation coaching
- Evidence-informed, identity-affirming programming, resources, professional learning, and training
- Mental health awareness for parents and caregivers
- A platform for student voice and leadership in school mental health

The work of SMH-ON would not be possible without the leadership and guidance of school psychologists and psychological associates. School psychologists are highly trained mental health professionals who adhere to a tiered model of service delivery.⁷ They are well-positioned to provide or enhance mental health promotion and prevention services to all students by:

- Supporting educator mental health literacy
- Planning and supporting mental health promotion initiatives
- Promoting evidence-informed resources
- Conducting comprehensive assessments and offering evidence-informed consultation and recommendations
- Assisting educational staff in understanding the connection between learning needs and mental health
- Providing brief, evidence-informed prevention and early intervention services
- Supporting students with significant, acute, or complex mental health needs with crisis response, ongoing clinical support, and/or facilitation of transitions to, from, and through intensive services
- Assisting with measurement and monitoring

The combination of training in clinical skills and research offers an opportunity for school psychologists to support school systems in a variety of areas, such as program evaluation, translation of research into practice, examination of current practices, clinical and research ethics, and clinical interventions. As we shift towards an upstream, collaborative, scalable, and sustainable approach to child and youth mental health, the psychology profession has a keen opportunity to make a valuable contribution and inspire system change.

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As the new school year was starting in September, several tragic events occurred within a school district. A storm caused a large part of the region to lose electricity. A major fire near a school destroyed homes. Students learned that a popular office staff member died during the summer.

It is likely that schools and school psychologists will be faced with similar scenarios with increased frequency in the future. How do we prepare for them?

In June 2023, I presented a Webinar entitled: *The Psychological Association of Alberta (PAA)'s Disaster Response Network (DRN) & Alberta's Wildfire Disaster*. During the discussion it was impressive to learn from psychology participants from a variety of service settings that they brought much needed flexibility, empathy, and supportive strategies to their mental health services. The negative impact of coping with natural and human-made disasters continues to document growing worrisome trends globally, and calls for sustained interventions.^{1,2}

Because schools are trusted settings at the heart of communities, regardless of their size, geographic location, and intersectional variables, coordination of effective crisis response DRN services is paramount. Well-planned operations, professional development, and easy-to-access tools should be embedded in guiding consultations. Those will likely enhance preparedness procedures ahead of unfolding disasters, and assist in culturally informed service provision to students, educators, and families in times of growing needs.³⁻⁸

CRISIS AND DISASTER RESPONSE NETWORK (DRN) IN SCHOOL SETTINGS

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School districts have their crisis response procedures and teams that may or may not include school psychologists. The need for broader school psychologist roles to address the continuum of prevention and intervention services, and the pressures of staff shortages and assessment waiting lists continually result in challenging workloads and underuse of accessible and equitable mental health services on a continuum.⁹⁻¹¹ Within this context, there is the added stress of the disaster response (DR) situation. In the post-pandemic era,¹² planning for DR on a system-wide level with reciprocal communications within and across departments and schools are first steps on a longer road to preparedness and recovery.

PREPAREDNESS: SETTING COMMON GOALS AND LEARNING OBJECTIVES¹³

1. Coordinating services to schools by centrally assigned teams in collaboration with local school psychologists and other mental health multidisciplinary team members assigned locally.
2. Distributing current practical DR logistics of communication, assignments, and access to community organizations, resources, and training modalities.
3. Strengthening of crisis response/DRN frameworks as part of the organizational Strategic Plan.
4. Contributing to school board websites with trusted resources in three sections: a) informing staff members and site visitors about DRN activities, and processes of becoming an assigned member or community volunteer; b) posting recent resources that can be organized by categories for access to information (i.e., preparedness, roles and timely responses, diverse cultural pre- and in-service training, social media/technology, self-care, integrity of relationships, benchmarks for emergency services, and volunteer short-term activities); c) providing general updates, including multilingual fact sheets concerning displaced people, expected emotional responses, local follow-up resources, PTSD, and other needed information.
5. Upholding of professional principles and ethical standards regarding disaster self-care.

CONSULTATION AND TRAINING

1. Planning professional development should include school and district leadership participation, collaborative problem-solving components, effective reviews, monitoring, and adjustments applicable to unfolding situations.
2. Consulting about equity of access to DR planning strategically within the organization/school/community: Who is left behind? Why? Who is not at the planning solutions table? Why not? Who is advocating for equity of outcomes? How? Who makes shared decisions about program plans? Who monitors transparent processes of operations? Who makes sure that lessons are learned? Who impacts future DRN goal setting?
3. Reviewing effective communications with NGOs in traumatized communities.
4. Brainstorming in small groups about working in multidisciplinary teams. What are the strengths and challenges?
5. Reviewing Type I- short-term, and Type II- sustained traumatic events symptoms with a view to planning referrals as necessary.
6. Discussing goals for school-based available mental health interventions and de-escalation techniques (i.e., normalizing and legitimizing experiences; supporting and tolerating post-traumatic reactions; recognizing stress reactions and processes of grief; enhancing responsiveness of social support networks; restoring a stable safety net within the school environment).
7. Consulting about equity, diversity, and inclusion (EDI) considerations in DRN. What knowledge translation communications resources are available?
8. Creating training scenarios followed by guiding questions for consideration:

What are your dilemmas in short-term decision-making? Have you provided human-made and natural disaster services before? Are you overwhelmed by the multiplicity of challenges? What are the multicultural and linguistically diverse considerations for you and your school community? Do you know how to consult with First Responders in local communities? Is electronic communication accessible? What are some dos and don'ts for you? Is your team debriefing about compassion stress/burnout/vicarious trauma? Who is your support network in the field? Is operational debriefing employed? Do you have interim summary debriefings? How can you set clear goals for aid given your competency? Is your training including proactive planning about coping with stress to promote resilience?

SELF-REFLECTION

1. Practicing ethically while capitalizing on your competence, knowledge, and growing skills: Are you trained in working with translation and interpretation services? How are risk factors and past experiences demonstrated in the situation? Are you self-monitoring your verbal and non-verbal reactions in times of heightened stress? How do you recognize your own compassion fatigue or provider burnout?^{14,15}

This non-exhaustive list of issues and questions will hopefully provide school psychologists and educational leadership with an adaptable framework for both crisis response/DRN planning and service delivery as emergencies rapidly unfold. Within this environment, multidisciplinary consultations and evidence-based monitoring of outcomes should be integrated as a priority.

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SCHOOL PSYCHOLOGY PRACTICE IN THE NWT AND NUNAVUT

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Provision of psychological supports and assessments in the Northwest Territories (NWT) and Nunavut (NU) is hard work that requires humility, persistence, and creativity. It is equally rewarding. Services are provided by independent practitioners contracted to provide assessments, consultation, and problem-solving strategies, because there are no employment positions for school psychologists with school districts or government. Services provided by local school psychologists tend to involve a hybrid of travelling in-person services with virtual follow-up. Creativity is a necessary skill here. Efforts are made to work collaboratively with schools in the identification of appropriate referrals as well as building capacity of on-the-ground staff and community members, moving beyond a refer-assess model. Additionally, auxiliary services such as speech-language pathology and occupational therapy are limited both in terms of access and availability. As such, school psychologists must often develop competency in areas that are left to the purview of other allied healthcare providers in other jurisdictions. In the North, clients do not usually walk into a clinic setting; rather, a psychologist flies into their community and has an immersive experience.

School psychologists interested in serving northern and remote students are encouraged to develop an understanding of the unique context of education in the two northern territories, including historical and current experiences as well as philosophies of education. It is equally important to be informed by *Psychology's Response to the Truth and Reconciliation Commission Report*.¹ Understanding the culture, languages, and history of the territories regarding colonization, settlements, and Indigenous groups is imperative to bring an understanding to learning in the North, and to working respectfully with families and schools.

LANGUAGES/ LANGUAGES OF INSTRUCTION

The NWT recognizes nine official Indigenous languages.² In smaller communities,

many adults speak their Indigenous language as their first language and students are introduced to English when they enter the school system. In many communities in Nunavut, English is not used as a language of instruction until Grade 3. It is therefore incumbent on the psychologist to consider language exposure and language learning when conducting assessments.

INCLUSIONARY SCHOOLING/ RESIDENTIAL SCHOOLS

Both the NWT and NU practice full inclusion in their schools – an educational decision based partially on a strong desire to educate children in their home community rather than being sent away for school.³ The history of residential schooling in these two territories is not a historical event from long ago, but one that is within living memory. Even today, students in some smaller communities are forced to move away from their families to larger centres to study beyond Grade 8, sometimes living with strangers.

INFRASTRUCTURE AND EXPERIENCES

Although recent advancement in telepsychology has the potential to increase accessibility for services, this is not without issues in remote and northern communities. In addition to emerging best practices for telepsychology assessments,⁴ the unique experiences of students in remote northern communities are a critical consideration. Low bandwidth and high costs mean that many northerners do not have the experience that southern students have with interactive computer media, which has implications for rapport and comfort in the assessment setting.

Research on culturally appropriate telepsychology practice recommends that psychologists make at least one visit to meet the client in the first five months in the community,⁵ ensuring understanding of community context. Travel to northern communities is a true highlight of the job, and an opportunity for a window into the

realities of everyday life for our clients – often an immensely humbling experience. Without this, meaningful insight into appropriate interventions and supports will be limited.

Psychologists need to assist clients in making decisions about risks and benefits of possible services. This can become complicated when third parties (e.g., educational districts) are making decisions regarding service. Except for some very specific cases, in-person services are possible and we as psychologists must push for what we believe to be the best case scenario for service provision for our direct clients.

STRIVING FOR EXCELLENCE

For far too long, rural and northern clients have been expected to have the mentality that “something is better than nothing.” With the high population of Indigenous clients in these communities, and the responsibility that the profession of psychology has with regards to reconciliation,¹ we should be working hard to break this cycle and strive for excellence in service for underserved Indigenous populations. This often includes a creative hybrid of telepsychology and travel for in-person services, making decisions based on what is best for the community and clients. There will be no ‘one-size fits all model’.

As northern school psychologists, we truly want more colleagues to join us in this work. What is important is that this work is done with a spirit of reconciliation. This work is highly rewarding; those of us who have the privilege to work in partnership with northern local communities and schools will never look back.

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SPECIALTY TEAMS: UTILIZING STAFF EXPERTISE TO BROADEN THE ROLE OF SCHOOL PSYCHOLOGY

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School psychology practice in Canada has experienced staffing shortages for decades and the situation is worsening. The reasons and suggested solutions for this situation are addressed elsewhere in this publication, as well as in a Canadian Psychological Association Position Paper.¹

One of the most common factors contributing to this shortage is that, often, school psychology practice is limited to assessing students for entry into special education placements. Psychologists are less likely to consider a school psychology career as this limited work does not involve the breadth of their training, including mental health assessment and intervention. This situation makes school psychology less appealing to new graduates, thus contributing further to the school psychology personnel shortage.

One way to address some of these issues is involving School Psychology Specialty Teams to provide expert consultation, assessment, and intervention for high-need student populations that many school psychologists in the department are unable to provide. Pulling school psychologists out of one or two of their regular school assignments may seem counterintuitive at first as a method to address staff vacancies. However, these teams show the school psychology role being expanded beyond testing for special education placement. Specialty Teams can also attract more applications for the department when there is an opportunity to work in an expanded and broader role.

This approach was successfully incorporated at a large urban/suburban school board in Ontario, where this author worked as Chief Psychologist. Ten school psychologists were pulled out of their school-based assignments for part of their work week to become members of School Psychology Specialty Teams. The 10 schools were provided with backfill psychology staff through the board's staffing procedure.

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The teams consisted of:

1. Autism consultation and partial assessment: Assessments for complex cases were provided where the diagnosis of autism was unclear. The team used the gold standard Autism Diagnostic Observation Schedule (ADOS and ADOS-2) and a modified version of the Autism Diagnostic Interview (ADI and ADI-Revised). Considering that administering the ADOS required not only specific training, but also consistent experience administering these tests to maintain assessment reliability, the small team approach was able to provide a reliable assessment service. Many students with autism arrived at the school board already diagnosed; therefore, the need for complex diagnostic assessments was not frequent enough within any one psychology staff member's set of referrals, and they would not be able to maintain administration and interpretative reliability. Student cases where diagnosis was questionable or complex would otherwise require community referrals, which had extremely long waiting lists. The Specialty Team was then developed

where a small number of interested staff with appropriate backgrounds underwent training to become reliable in the ADOS and ADI assessment protocols.

2. School neuropsychology consultation and assessment: The Psychology Department has two new staff members who are pediatric neuropsychologists. In an effort to capitalize on their expertise, along with an increase in psychology referrals for students with neuropsychological issues, these practitioners were asked to develop a Specialty Team. They were each given two days a week to provide a combination of consultation and assessment for students with complex neuropsychological backgrounds, for example, prematurity, chromosomal anomalies, or histories of traumatic brain injuries. This team was an excellent way to maintain the interest of two staff with specialized training. Such teams could offer incentives in the future to recruit pediatric neuropsychologists to work in school boards.

3. Mental health diagnostic and intervention consultation and assessment: This service provided the following

assistance for psychology staff addressing students with mental health issues: (a) consultation for pending or ongoing assessments or interventions, (b) consultation regarding diagnostic formulations for ongoing assessments, (c) complete assessments, and (d) co-assessments with the school-based psychologist. This service was able to attract more staff who wanted to apply their mental health training.

Data collection through surveys showed school board personnel consistently appreciated the Specialty Team services. As well, the Specialty Teams provided in-service training to the Psychology Department to build capacity in these specialty areas. The teams also provided in-services to school staff, including teachers, support services, administrators, and parent groups. Psychology Department members had the opportunity to apply to join the Specialty Teams at different points in time by meeting with the department lead to discuss possible pathways.

Table 1: Summary of School Psychology Specialty Team Structures and Services

	Autism	Neuropsychology	Mental health
Number of staff	4	2	4
Number of staff days worked/ week	4 (1 day a week each)	4 (2 days a week each)	4 (1 day a week each)
Case responsibility	School-based psychologist	Same	Same
Referral process	School-based psychology staff completed a specific referral form (consult beforehand)	Same	Same
School-based psychologist assessment areas completed before SPST sees student	Cognitive, academic, adaptive, ASRS, and BASC (consult beforehand)	Depending on consult beforehand; SPST may do all the testing	Depending on consult beforehand; team may request cognitive, academic, processing, and mental health questionnaires
SPST time at school	1 day where student and parent must be present for the full day	Depends on results of SPST consultation with school-based psychologist	Depends on results of SPST consultation with school-based psychologist
Feedback to family	Feedback of ADOS/ADI on day of assessment, usually with school-based psychologist	After full assessment complete	After full assessment complete
Report writing	Separate report if previous assessment complete; addendum if report completed after SPST involvement	Same	Same

ADI, Autism Diagnostic Interview; ADOS, Autism Diagnostic Observation Schedule; ASRS, Autism Spectrum Rating Scales; BASC, Behaviour Assessment System for Children; SPST, School Psychology Specialty Team.



School psychologists have used their leadership and collaborative skills in addressing important issues, as well as in advocating for school psychological services to meet the needs of students in the educational system. It is essential that psychologists continue to include these skills in their school psychology practice to build consensus among colleagues and to better communicate to the educational community how we can support the system in reaching educational goals. Because mental health and learning are intrinsically intertwined, both socioemotional and academic goals need to be considered as necessary areas to be addressed in the educational system, through establishing partnerships between psychology and educational decision-makers.

Two Ontario examples are provided concerning how leadership, advocacy, and collaboration are valuable tools. The first concerns consensus building around assessment and diagnosis of learning disabilities (LD), and the second addresses advocacy around school psychology's role in mental health care for children and youth.

LEADERSHIP AND COLLABORATION FROM SCHOOL PSYCHOLOGY: EXAMPLES FROM CONSENSUS BUILDING AND ADVOCACY

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CONSENSUS BUILDING AROUND ASSESSMENT AND DIAGNOSIS OF LD

Why was it needed? There has been confusion around criteria for diagnosis of LD, particularly with the publication of the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM5)* diagnosis of learning disorder. Learning disorder came, in some quarters, to be used synonymously with the diagnosis of learning disability. Consequently, there was inconsistency in how practitioners in various sectors assessed and diagnosed LD; it was in the best interest of individuals with LD to establish consensus for seamless transferability of diagnosis between institutions and sectors and for intervention.

What was the process? In order to build understanding of alternate positions and to reconsider the diagnostic issues, school psychologists Drs. Maria Kokai and Carolyn Lennox brought together a working group of psychologists from various sectors who regularly dealt with LD. Representation from academia, hospitals, schools, private practice, accessibility services, and assessment of adults and children were included. The expectation was that each of these individuals would consult with members of the groups they represented, to widen the consultation circles.

What was the goal? The group set out to develop guidelines for assessment and diagnosis, based on current evidence and research, considering the evolution of newer tests and the need to address diverse populations using an anti-oppressive stance. Guidelines were to include criteria for diagnosis, information on the process of assessment, and a Q&A section to outline current research on topics such as the outdated discrepancy model, assessment of bright students, the reconceptualization of IQ as thinking and reasoning, etc. In order to unify professional practice within the psychology community, the group required a dissemination plan.

What was the outcome? The [final](#)

[document](#)¹ encompassed criteria for diagnosis, as well as recommendations on the steps of the assessment process. Three of the diagnostic criteria included the areas covered in DSM5 learning disorder diagnosis, while two criteria reflected to some extent the previous Learning Disability Association of Ontario (LDAO)² and current Learning Disability Association of Canada (LDAC)³ definitions with some changes. Additionally, the Q&A section covered further topics in response to feedback, such as adaptations for culturally and linguistically diverse individuals and French immersion students.

The issue of cognitive testing with diverse populations was one of the burning issues discussed. This resulted in a better understanding of the two perspectives on the purposes of assessment and diagnosis: according to one, for providing intervention, and according to the other, for a broader understanding of the student and intervention.⁴

The guidelines were adopted by the Ontario Psychological Association (OPA) and the LDAO, replacing the older guidelines. The dissemination plan involved presentations throughout Ontario as well as a CE course⁵ provided through the Canadian Psychological Association (CPA).

CONSENSUS BUILDING AND ADVOCACY REGARDING SCHOOL PSYCHOLOGY'S ROLE IN MENTAL HEALTH CARE FOR CHILDREN AND YOUTH

Why was it needed? While the wait lists for psychological assessments and mental health services for children and youth have been skyrocketing, school psychology positions have been disappearing. It was important to advocate for students to receive equitable access to mental health and psychological services, including

strength-based assessments, mental health counselling, and preventive mental health programming at Tiers 1 and 2.

What was the process? A working group of representatives of Ontario school psychologists was formed from various professional associations: OPA; Section on Psychology in Education-OPA; Association of Chief Psychologists with Ontario School Boards; Ontario Association of Mental Health Professionals; Educational and School Psychology Section-CPA.

What was the goal? The group wanted to create a document “to describe how school psychologists and school psychology services can play an even more significant role in addressing the mental health needs of children and youth in Ontario.”⁶

What was the outcome? “[The Role of School Psychology in the Mental Health Care for Children and Youth in Ontario](#)”⁶ was adopted by all four Ontario organizations. It was distributed widely through OPA to relevant stakeholders/decision-makers with the purpose of educating about the value of psychological services in schools, including understanding of the student strengths and needs, translating these into prevention, early and targeted intervention, etc.

As psychologists, we need to embrace our leadership roles in advocacy and consensus building, uniting our profession wherever possible. The descriptions above are examples of these endeavours that allow us to provide the best service for students, educators, and families.

FOR A COMPLETE LIST OF REFERENCES, PLEASE GO TO CPA.CA/PSYNOPSIS



UNLOCKING POTENTIAL: TRANSFORMATIVE INTERACTIONS BETWEEN ADULTS AND YOUTH IN SCHOOLS

ALLISON H. CLOTH, Ph.D., Assistant Professor, School and Applied Child Psychology,
University of British Columbia, Vancouver, BC

One of the best ways to systematically impact school mental health promotion may be to simply focus on the way we interact with each other. These days, we ask a lot of ourselves and of each other, in an increasingly complex and challenging world. This is especially true in schools: there is a great deal of instructing, assigning, requiring, contracting, hurrying (timelines), and evaluating. This gets to be arduous and taxing for all involved. We often find ourselves focused on the negatives, and on reward or punishment. Recently, reading an article myself, I was reminded this is partially due to how we (our ancestors) survived. In times of complex challenges, we revert to primal ways of being, and stay alert and aware of threats around every turn. This makes us all more susceptible to anxiety and depression. Some of this alertness and anxiety, and accompanying feelings of hopelessness and helplessness, do not serve us well. We have to choose to be strengths-focused, and in schools, positively student-centred. I would like to share with you a positive, autonomy-supportive, effective, collaborative, and dare I say, mindful, communication approach that challenges the status quo, Motivational Interviewing (MI),¹⁻⁴ as an approach for our work in schools.⁵

MI is a humanistic and person-centred approach to communication (about behaviour change). Some people may question why I put the ‘behaviour change’ part in parentheses – that is because the main tenets of MI are about listening and understanding and conveying support – a holistic approach to communication. This is something we may lack these days because we are caught up in what’s going on in the (larger) world, and in our myopic stressed minds. We may need to be reminded that we carve our own path, and our choices decide where we are going. And this is also true for everyone around us. MI bolsters personal accountability and responsibility in an inspired way, by treating each other like we are people with our very own wants, needs, and abilities. MI training (re)teaches people how to treat each other (and especially how to treat youth, who are at the precipice of independence and adulthood) as auton-

mous individuals, experts on themselves, and in charge of their choices. One of the reasons this approach is beneficial is because it is truly equitable, treating all people differently overall, which means each and every person in each and every circumstance and subpopulation has the right to respect, autonomy, and self-determination.^{5,6} MI has been found effective for communication about various conditions like alcohol abuse,⁷ school engagement,^{5,8} and medication adherence,⁹ with numerous cultures^{10,11} and in different service contexts (i.e., hospitals, schools, and community clinics). MI may be considered innovative but has been around since the late 1980s in the field of substance abuse and recovery, and has since been applied in many fields (e.g., medicine, behavioural health, education, and criminal justice/corrections).

School psychologists have the unique opportunity (and responsibility) to learn about and train school-based professionals on MI. School professionals (i.e., youth and family workers, teachers, counsellors, and administrators) can be trained to use MI effectively with professional development and ongoing technical assistance, and the approach is effective with students in schools and with youth in detention centres.^{5,8,12-14} The focus of MI is language-based, aiming to evoke another’s story by asking Open-ended questions, Affirming their experiences and any steps taken in a positive direction, by almost overutilizing Reflective statements (so they feel heard, believed, and understood), and lastly, by Summarizing what has been said (OARS, MI).¹

One of the most important MI skills I see for use in schools is ‘Elicit-Provide-Elicit’.^{2,5} Just the idea of the need for this approach may bewilder some people working in schools, but I hope it beguiles more. The very idea that we should (yep, I’ll use the word should) ask permission (Elicit) before giving information or advice (i.e., “do you want to know other ways to do that?”; “do you want to hear what I think?”) goes against the nature of some teachers or other school professionals. But, for ‘natural helpers’ in schools I hear a resounding “YAAASS” – “and then

they may listen to me”. Yep, they really may. We tell kids what to do all the time in schools and we even add in our very own ‘Whys’ for good measure. But when we look around and see how much that has worked, we can’t count it on one hand. People (especially youth) must come up with their own ‘Whys’ for change, and we need to garner other humans’ investment in the information we hold, in order for it have any meaning or value beyond us. Then we can share the information or counsel that we hold (Provide) and then we need to see how it lands (again, Elicit; i.e., “what do you think about that idea?”), in order to be truly student-centred.

Just as therapeutic alliance is the vague and nuanced thing that can help clients improve in a therapeutic relationship, so too may school climate impact students and school professionals’ overall feelings of mental wellness. (Also proposed in Rollnick, Kaplan, and Rutschman’s MI in Schools, 2016).⁵ MI can assist in altering school climate through day-to-day communication and conversation. How we speak and listen to each other matters. How we take time to understand each other matters (and it may take less time than misunderstanding each other). Let’s make youth–adult interactions matter again in schools. There are other great ways to use MI on more specific behavioural change in schools, but we may want to start broadly at Tier 1 or the first level (of the Multi-Tier System of Support) and work our way up.



FOR A COMPLETE LIST OF REFERENCES,
PLEASE GO TO CPA.CA/PSYNOPSIS

CPA HIGHLIGHTS

A list of our top activities since the last issue of *Psynopsis*.

Be sure to contact membership@cpa.ca to sign up for our monthly *Psynature* e-newsletter to stay abreast of all the things we are doing for you!

CPA'S NEW ACCREDITATION COORDINATOR, HEBA KHALIL

The CPA welcomes our new Accreditation Coordinator! Heba has a Bachelor of Science majoring in Psychology and Biochemistry, and a Master of Education with a concentration in Leadership, Evaluation, Curriculum, and Policy Studies. Both her educational background in Psychology and Education and her professional background in teaching, research, and office administration will be invaluable to the head office team, and in particular the Accreditation department!

CPA RELEASES RECOMMENDATIONS FOR THE DECRIMINALIZATION OF ILLEGAL SUBSTANCES IN CANADA

Led by Co-Chairs Dr. Andrew Kim, Dr. Keira Stockdale, and the late Dr. Peter Hoaken, the CPA Board of Directors approved the Position Paper *The Decriminalization of Illegal Substances in Canada*, developed by the Working Group on Decriminalization. In addition to seven actionable recommendations for governments and relevant stakeholders, the report calls for criminal penalties associated with simple possession of illegal substances to be removed from the Controlled Drugs and Substances Act, and strongly recommends that the determination of the quantity of "personal use" should be made in consultation with all relevant stakeholders, including people with lived and living experience with substance use.

NEW POSITION STATEMENT: PROMOTION OF GENDER DIVERSITY AND EXPRESSION AND PREVENTION OF GENDER-RELATED HATE AND HARM

The CPA, through its Code of Ethics and policy statements, has long held a commitment to human rights, social justice, and the dignity of persons. Despite this commitment, echoed in amendments to Canada's Human Rights Act and the Criminal Code, and in the Universal Declaration of Human Rights, gender-based stereotypes, prejudice, and discrimination continue to persist across social systems and services (e.g., education, health, justice).

With the rise of gender minority hate and violence worldwide, this policy statement outlines the discrimination that people of gender minority face, as well as the changes that need to be made to redress it. The CPA commits to helping to bring about these changes and calls on legislators, policy makers, and agencies and individuals who deliver health and social services to assert their commitments to join us.

CPA HIGHLIGHTS

CPA'S NEW SCIENTIFIC AFFAIRS LEADER, DR. LAUREN THOMPSON

The CPA welcomes our new Scientific Affairs Leader! Dr. Thompson will be our new (and first!) Scientific Affairs Leader, where she will oversee CPA's Science activity. This includes the CPA's annual student research funding envelope, liaising with tri-council funders, supporting the work of the CPA's Scientific Affairs Committee, and representing the CPA on the Canadian Consortium for Research. Lauren will also be in charge of publications, including Psychology Works Fact Sheets, and serving as Managing Editor of the CPA's journals, and will be in charge of science programming at the annual convention.

NEW EPISODES OF THE CPA PODCAST MIND FULL

Listen to the latest episodes of the CPA podcast *Mind Full* wherever you get your podcasts. Some of the recent episodes include 'Psychedelic-assisted therapy for veterans: The Senate report' with Dr. Andrea Lee and Senator Hassan Yussuff discussing the new senate report and recommendations. Hear about the CPA's new paper on decriminalization with 'A health issue, not a criminal one: Decriminalizing illegal substances with Dr. Andrew Hyoun Soo Kim' or about Dr. Alex DiGiacomo's cross-Canada cycling trip in support of children's mental health with 'Break the Cycle: Dr. Alex DiGiacomo Completes her Cross-Canada Ride'.

DR. ANITA GUPTA ELECTED AS CPA PRESIDENT FOR 2024-25

We are thrilled to announce that Dr. Anita Gupta has been elected by the CPA Board of Directors to the position of CPA President for the 2024–2025 term. Dr. Gupta is a clinical, health, and rehabilitation psychologist who has worked in various hospitals and universities for most of her career, primarily seeing clients who have experienced medical illness or injury (cancer, diabetes, chronic pain, spinal cord injury), and those who work, learn, or perform in high-demand settings (students, physicians, healthcare professionals, athletes, artists). She is now in her own private practice supporting adult clients facing a wide range of issues. She completed her doctoral degree at Kent State University in Ohio. Having spent most of her career in the Toronto area, she is about to make an exciting move to Halifax, Nova Scotia where she completed her predoctoral internship many years ago. In 2022, she was elected as a Director-at-Large on the CPA Board; she is looking forward to her new role as President-Elect. When she is not working as a psychologist and connecting with and learning from her amazing psychology colleagues, she loves to travel and have adventures big and small with her young daughter and son, both of whom never fail to find the funny moments in life.

CPA APPEARS BEFORE SPECIAL COMMITTEE ON MEDICAL ASSISTANCE IN DYING

As the federal government gets closer to amending legislation that would permit those with a sole underlying medical condition to seek medical assistance in dying (MAiD), the CPA was invited to appear before the Special Committee (of Members of Parliament and Senators) on Medical Assistance in Dying. CPA President Dr. Eleanor Gittens and CPA Past-President Dr. Sam Mikhail presented on behalf of the CPA.

SAVE THE DATE

CPA's 85th Annual National Convention

June 21st – June 23rd, 2024

REGISTRATION OPENS SOON!

Check your inbox – **ACCEPTANCE LETTERS HAVE BEEN SENT**

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Dr. Eleanor Gittens, The Honourable Jean Augustine,
Dr. Jiyaing Zhao

BOOK YOUR ACCOMMODATIONS NOW to secure a room
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Pre-Convention Professional
Development Workshops – June 20th

convention.cpa.ca

Visit the convention website often for updates



Trauma Education:

Treating PTSD and Complex Trauma
presented by Dr Leah Giarratano ([click for biography](#))

Leah is a doctoral-level clinical psychologist and author with vast clinical and teaching expertise in CBT and traumatology since 1995

A highly regarded trauma focused program for all mental health professionals. Offered in Australia and New Zealand and internationally as a self-paced online (home-study) program, face-to-face learning, or via a 4-day livestream

Trauma Education: Day 1 – 4 overview ([click for detailed narrative](#))

Learn best-practice treatment for PTSD and Complex PTSD. This program synthesises practical approaches from several modalities that are publishing positive outcomes for these clients, and presents them using actual cases that will underpin your clinical practice in traumatology. The content is applicable to both adult and adolescent populations. The techniques will be immediately useful in your clinical practice. The program will explain when exposure-based interventions are indicated and appropriate, and when other therapeutic needs must be addressed first.

Day 1-2 is dedicated to treating PTSD clients utilising a cognitive behavioural approach. Day 3-4 is dedicated to the treatment of Complex PTSD (survivors of child abuse and neglect/ developmental trauma) incorporating current experiential techniques showing promising results with this population; drawn from Emotion Focused Therapy for trauma, Metacognitive Therapy, Schema Therapy, Attachment pathology treatment, Acceptance and Commitment Therapy, Cognitive Behaviour Therapy, and Dialectical Behaviour Therapy ([click for learning objectives](#))

Day 1-4 Online Fee \$1,390 Australian Dollars ([click for summary of inclusions](#))
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[Click for upcoming online offerings](#)

Self-paced online (home study) commencing on delivery of printed materials or on 1 February, 1 April, 1 July, 1 October, and 1 November annually when you pre-register.

14-15 + 21-22 March 2024 **Livestream** 9am-5pm AEDT for Oceania/Asia

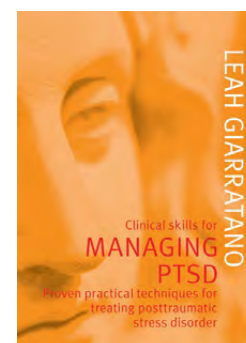
2-3 + 9-10 May 2024 **Livestream** 9am-5pm CDT for US/Canada

20-21 + 27-28 June 2024 **Livestream** 9am-5pm AWST for Perth, Hong Kong, Singapore

19-20 + 26-27 September 2024 **Livestream** 9am-5pm BST for UK/Europe

Self-paced online Engaging four months access. Not a recording of a past live event and includes access to the next livestream in your time zone. **Livestream:** The four days are split into two days one week apart (9am-5pm with three breaks 15-30 minutes). Livestream is highly interactive with breakout groups and includes four-months of complimentary access to self-paced online program to consolidate learning following the livestream. **Both online modes** include 4 optional trauma case studies after completing the program to apply the Day 1-4 skills to real cases and improve your trauma case formulations. This optional component ([click for details](#)) attracts 12 CPD/ CE Credits.

[Watch Leah present an overview of Day 1-4.](#)



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