THE CURRENT

APNL's Psychology Newsletter

ISSUE 1 | September 2026

In this issue

APNL
ASSOCIATION OF PSYCHOLOGY NEWFOUNDLAND LABRADOR

Welcome

We are excited to release the first issue of *The Current*, APNL's renewed newsletter. We look forward to sharing the latest updates and insights from psychologists in Newfoundland and Labrador. Our goals are to keep you informed about the latest developments in the field and showcase some our amazing members. We hope you find this newsletter informative and engaging.

If you are interested in contributing to future issues or have any questions, concerns, or suggestions, please don't hesitate to reach out to us at:

apnlnewsletter@gmail.com

Sincerely,

Your Newsletter Committee

- Alesha King
- Hilary Power
- Tyler Pritchard
- Alysha Renouf
- Jessica Spurrell

Message from APNL's President

Dr. Pam Button

Associate Professor/Interim Training Director (MUN)

I am delighted to contribute to The Current as the president of APNL. We psychologists are a small and mighty group; we care about our clients, our role(s) and profession. We also have concerns about de-professionalization, role and scope creep, assessment and diagnosis (differential diagnosis), and ethical practice.

With APNL, it is my hope that we can engage in meaningful collaborative action and advocacy and support our mandate of furthering the discipline and profession of psychology. As psychologists we are experts in mental health, trained in differential diagnosis and evidence-based practice, highly skilled in intervention, therapy, and support, and many engage in research to advance the field of psychology.

The Current is about creating a space for sharing of information, events, and celebrating our APNL members and colleagues. I would like to add that APNL Executive and Committees are run by volunteers. We provide our time, passion, and abilities amid our daily careers and busy lives. If you would like to join, please know that we strive to have people join in a sustainable way; as volunteers we accomplish a lot and can do more with more!

policy & practice updates

Jurisdictional Legislation for Psychology

Practice of psychology in Canada has historically been self-governed. There has been independent legislation for each healthcare discipline which has governed the practice of regulated health professionals across Canada. However, in the last couple of years there has been a push to move toward omnibus legislation governing the practice of a range of healthcare disciplines. Psychologists in a number of Canadian jurisdictions including Nova Scotia, Manitoba, British Columbia, and Northwest Territories are either currently or expected to be impacted by such legislation, and for those who have undergone changes in this way, it's been identified to impact board structure. In some jurisdictions, this has meant a change to the number of board seats held by the public, and in other jurisdictions, the psychology boards have shifted from being independent, to falling under broader healthcare regulatory boards where psychologists comprise a minority of the membership. **To the best of our knowledge this is not currently planned for Newfoundland and Labrador.**

Recommended Rate Update Process

At the 2026 APNL AGM, membership voted to update the process for how changes to the recommended rate are decided. This process was proposed by the APNL Rate Committee to determine if there was a better way to recommend changes to the recommended rate for psychologists' services to ensure there can be more informed decisions made for these changes. **The now accepted process involves updating the recommended rate on a bi-annual basis with consideration for the annual NL Consumer Price Index (CPI) - All Items over the two year period, inter-jurisdictional recommended rates for psychologists, and rate changes for other healthcare providers in NL.** In the "off" years where the recommended rate would not be expected to change, the rate committee will convene if the annual NL CPI - All Items is above 4%, and make a determination about recommending a change, after which the rate would not be expected to change until two years later. Rate changes will continue to increase to the nearest $5.00, and will be capped at $15.00 to minimize significant changes to the recommended rate where possible. This procedure will be reviewed every 5 years to ensure it remains an appropriate process. For more information about this new process, please review the APNL Rate Committee Report - 2026, which can be found in the 2026 APNL AGM materials.

MEMBER SPOTLIGHT

Sheila GARLAND

Ph.D.
R.Psych.
Professor (MUN)
CPA Fellow (2026)

St. John's, NL

Dr. Sheila Garland is a Clinical Psychologist and Professor of Psychology and Oncology at Memorial University of Newfoundland. Dr. Garland conducts psycho-oncology and behavioural sleep medicine research with an increasing emphasis on examining the mechanisms and effectiveness of interventions to improve sleep and other symptoms in cancer survivors.

She completed her PhD in Clinical Psychology at the University of Calgary. She was awarded a 3-year Bisby Post-Doctoral Fellowship, a prize given to the top-ranked application by the Canadian Institute for Health Research. She received post-doctoral training in Integrative Oncology and Behavioral Sleep Medicine at the Perelman School of Medicine at the University of Pennsylvania in Philadelphia.

In 2026, Dr. Garland was elected as a CPA Fellow–a prestigious national honour granted to members who have made sustained, distinguished contributions to the science, education, or practice of psychology in Canada, or who have provided exceptional service to the CPA. Congratulations, Dr. Garland!

We asked Dr. Garland a few questions related to her work.

psych Q&A

Dr. Garland asnwered a few questions related to her work and experience.

Q What does receiving the CPA Fellow Distinction mean to you?

A It's a meaningful marker of a career spent trying to bridge fields that don't always talk to each other: psychology, sleep medicine, and oncology. I've spent the last decade building a research program that treats cancer survivors' mental health problems as seriously as their physical ones, and this recognition tells me that work has mattered to the broader discipline, not just to the patients and trainees I work with directly.

Q What has been your most significant professional accomplishment to date, and why do you consider it the most rewarding?

A Building a research program from the ground up at Memorial University, in a region that had no dedicated behavioral sleep medicine or psychosocial oncology research capacity, is what I'm proudest of. It's rewarding because it wasn't just about my own studies; it created a pipeline. To date, nearly 40 trainees have gained research experience and 30 students have received training in delivering evidence-based sleep interventions. National collaborations and clinical trials have changed how clinicians think about treating insomnia in cancer survivors. Watching that infrastructure outlast any single study is the part I care about most.

Q Is there a specific research finding, paper, or award you are particularly proud of?

A The 2024 ACTION trial, published in the Journal of Clinical Oncology, is the one I'd point to. It showed that virtually delivered CBT-I improves perceived cognitive functioning in cancer survivors, addressing "chemobrain," one

of the most distressing and understudied late effects of cancer treatment. It's proof that treating sleep can move the needle on something patients had largely been told to just live with. My election to the Royal Society of Canada's College of New Scholars, Artists and Scientists in 2022 is the award I'd single out, since it recognized the body of work rather than any one study.

Q What inspired you to pursue a career in psychology?

A I was drawn to psychology as a way to make a positive meaningful difference in the lives of other people. I enjoy the mix of teaching, research, and clinical work. I am always doing something that brings me joy.

Q What brings you the most joy or fulfillment in your work?

A Mentorship, honestly. Seeing trainees go on to their own academic and clinical positions, carrying this work forward, is more satisfying than any single publication. A close second is hearing from patients that something like the iCANSleep app or a trial we ran actually changed their nights.

Q How do you practice self-care to maintain balance in a demanding field?

A I try to practice what I study; I protect my own sleep and treat it as non-negotiable, not an afterthought. I have not always been good at it but I also try to be deliberate about blocking time for physical activity.

Q What are some things you hope and plan to do more of in the next few years?

A I want to get the iCANSleep app into more patients' hands, moving it from development into real-world implementation. As President of the Canadian Association of Psychosocial Oncology and co-chair of an international guideline panel on cancer-related sleep disturbance, I also want to push harder on getting evidence-based insomnia treatment recognized as standard cancer care, not a nice-to-have. And I want to keep growing the mentorship side: training the next generation of psychologists, particularly in underserved regions like Atlantic Canada.

EVENT HIGHLIGHT

SCIENCE ATLANTIC PSYCHOLOGY 2026

From Drs. Cheryll Fitzpatrick and Tyler Pritchard:

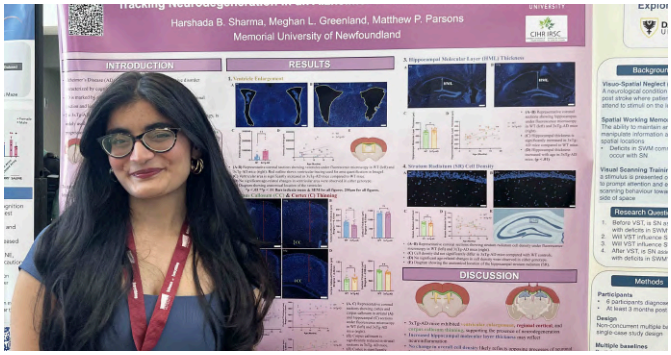
We would sincerely like to thank the Association of Psychology Newfoundland and Labrador for their generous support in making Science Atlantic Psychology 2026 possible. Approximately 150 of Atlantic Canada's leading psychology undergraduate students and their faculty representatives amalgamated to share their important research and ideas. The event provided many opportunities for networking and learning.

The APNL's support was instrumental in ensuring the visiting students had a positive experience at the conference, and we are grateful for their commitment to supporting the next generation of psychologists.

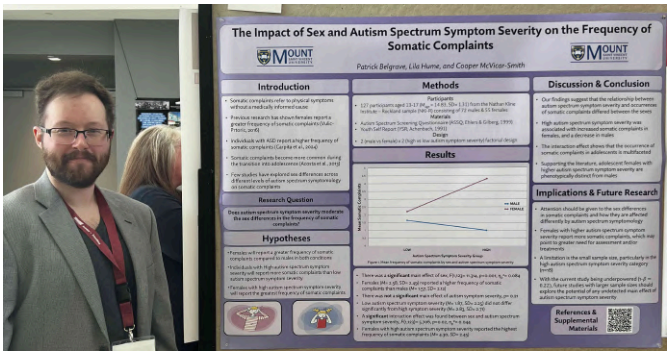
We hope you enjoy some of these photos from the conference!

Conference Banquet

Conference Award Winners



Harshada Sharma (MUN) presenting their work *Quantifying Structural Neurodegeneration Across the Lifespan in an Alzheimer's Disease Mouse Model*



Patrick Belgrave (MSVU) presenting their work *Impact of Sex and ASD Symptom Severity on Somatic Complaints in Adolescents*

Burdensomeness and Disconnect in Rural NL Health Care Providers: Pathways to Suicidal Thinking

Dr. Tyler Pritchard

People have been trying to find the **causes** of suicide for centuries. Although our efforts to identify the true mechanisms of suicide are abundant, it has become clearer that suicide is caused by many interacting things. For example, one recent meta-analysis that investigated over 5 decades of suicide research highlighted that there have been about 3,500 researched factors that are linked to suicide. Sadly, none–not even past suicide attempts–were able to strongly predict a future suicide attempt. One main implication of the meta-analysis is that researchers should ensure that their suicide research is grounded in theory, which can help organize and make sense of these predictors.

One popular suicide theory used in both research and practice is the Interpersonal Theory of Suicide (IPTS) (Joiner, 2005; Van Orden et al., 2010). The IPTS is one of the first theories to explain the factors that lead to suicidal thinking **and** behavior. Furthermore, it explains how a person can transition from thinking about suicide to engaging in suicidal behaviors. In short, if someone experiences either perceptions that they are a burden to others (i.e., *perceived burdensomeness; PB*) or a disconnect from people of the world (i.e., *thwarted belongingness; TB*), they will have thoughts of suicide. When both PB and TB occur, and the individual believes that both will not improve (i.e., hopelessness), the thoughts become more frequent, detailed, and, clinically, concerning. However, in order to attempt suicide, the individual must overcome their evolutionary instinct for self-preservation and develop an *acquired capability for suicide/ACS*, which is typicaly caused by painful and provocative experiences. For example, a teenager who self-injures may have an increased pain tolerance and be less fearful of death, both of which are considered an ACS.

Of particular interest to clinicians, this theory offers upstream prevention efforts. Specifically, individuals experiencing or at risk of experiencing PB and TB can be identified and supported. Intervention and prevention efforts can focus on increasing connections and reducing perceptions of burdensomeness–in addition to increasing hope that things can get better in the future.

Our research team was interested in whether health care providers in rural NL experienced this PB/TB and suicidal ideation link. We believed that the unique

challenges of providing health care in rural NL would potentially put HCPs at risk of social disconnection (e.g., fewer professionals to network and consult with; increased isolation due to ethical reasons/ avoiding dual relationships) and increased burdensomeness (e.g., having fewer resources may make providers feel less effective at their jobs). We believed that PB and TB would predict levels of suicidal ideations. Additionally, we explored whether an HCPs level of suicide-specific training (e.g., workshops, courses on suicide prevention) changed these relationships (i.e., moderation). It would make sense that people who have more training and expertise on suicide would be less susceptible to suicide themselves, but formal research on this area hasn't really been done.

To this end, we recruited 129 HCPs who primarily worked with in rural regions of NL. Most were female (about 75%) nurses (about 62%); the mean age of participants was approximately 40 years old. Participants completed online questionnaires asking about PB, TB, suicidal ideations, and their professional suicide training.

Photo by Patty Brito

Our results suggested that PB uniquely accounted for about 10% of the variance in suicidal ideations. Specifically, as participants' PB increased, so did the severity/ frequency of their suicidal ideations. Similarly, TB uniquely accounted for about 8% of the variance in suicidal ideations; as participants' TB increased, so did the severity/frequency of their suicidal ideations.

Importantly, the level of suicide training **did not** impact HCPs suicidal ideations directly or through a moderation effect. *That means that having training in suicide prevention, assessment, or intervention doesn't seem to protect HCPs who are experiencing a sense of burdensomeness or a lack of belongingess from thinking about suicide.*

There are several implications germane to practicing HCPs. First, it seems we are not immune to the association between both TB and PB and suicidal ideations. Both were significantly linked to thoughts of suicide. To protect from potential suicidal thoughts, providers and other stakeholders invested in their well-being should invest time, funding, and energy in fostering connections and engendering the belief that they are contributing members of society who provide vital services to the population. Additionally, researchers can help understand whether differences in the associations between TB/PB and suicidal thinking depend on the degree of rurality. For example, are those working in remote NL more likely to experience disconnect compared to those working in larger centers? This hasn't really been explored, but would have major implications.

Second, HCPs may need nuanced and tailored suicide prevention resources to help them limit the potential negative consequences of experiencing burdensomeness and lack of belongingness. These may be direct or indirect prevention efforts. For example, senior management may facilitate consultation or other types of peers groups, which may increase the connections with professionals who serve in other rural regions. This can, in turn, build a sense of community, which may be particularly helpful. Indeed, HCPs may feel an invisible barrier with the rural residents they provide services to, as they seek to navigate dual relationships. Connection with other HCPs with similar experiences may be beneficial. Furthermore, stakeholders can help by ensuring that HCPs have adequate training opportunities to help meet the needs of their patients, which may help engender a sense of competency and reduce burdensomeness (i.e., I'm ineffective at my job).

Overall, we hope that our study energizes researchers and clinicians to continue to investigate how people come to consider suicide and, thus, ways to intervene. There is accumulating evidence that both burdensomeness and disconnect are pathways to suicidal thinking; clinicians can assess and provide timely interventions aimed to instill hope that these constructs can improve, and provide direct means to do so.

Photo by Shane Rounce

This paper can be read in complete in the Journal of Rural Mental Health: Pritchard, T. R., Hutchings, M. M., & Lewis, S. P. (2026). Belongingness, burdensomeness, and suicide ideations in rural health care providers. **Journal of Rural Mental Health**. doi: https://dx.doi.org/10.1037/rmh0000342

Dr. Tyler Pritchard is the director of the SHORE lab. He studies suicide and other health-outcomes in rural environments. Additionally, he is a professor at Grenfell Campus (MUN), where he teaches courses related to development and clinical psychology, and research methods and statistics. He has a private practice in Corner Brook, NL.

student SPOTLIGHT

Rachel Lee Dauz

Psy.D. student in Memorial University's Clinical Psychology program.

We asked Rachel a few questions about her experiences.

Q Tell us a little about yourself and what drew you to clinical psychology.

A My name is **Rachel Lee Dauz**, and I'm a PsyD student at MUN about to start my third year. I'm passionate about building a life that is fulfilling and meaningful, challenging societal norms in favour of what feels right and important to me. I was drawn to clinical psychology because I want to support others in doing the same, in whatever way is right for them. My clinical interests include sleep and insomnia, anxiety and mood disorders, women's health, and providing inclusive, affirming care to folks in the 2SLGBTQIA+ community.

Q How has your understanding of what psychology is–and what it can do–shifted since beginning your doctoral training?

A Since starting my doctoral training, I've come to appreciate how diverse the field really is. There is tremendous flexibility in the types of careers and daily work available, from assessment and intervention to teaching and consultation. Clinically, I've learned that therapy is not always about "getting somewhere" in session. Often, it is about "being somewhere" with clients, building relationships, and meeting people where they are. That can be just as impactful as any specific technique or intervention.

Q Is there a moment from your training that has stayed with you, one that reminded you why you're doing this work?

A One moment stands out clearly. I had been gently encouraging flexibility with a client who held very rigid thinking patterns. After about three months, he came to his own realization that things did not need to be done in one exact way and that flexibility was possible as long as he was moving toward his values. Watching him reach that insight in his own time and seeing the positive impact it had on his life was incredibly rewarding. It reminded me of

the importance of allowing clients to move at their own pace and discover things for themselves.

Q What's one thing you wish you had known before starting your clinical psychology training, and what would you tell someone just beginning their journey in the field?

A Learning to do therapy well is hard. Many of us in this field are accustomed to excelling, and I wish I had been more prepared for the experience of being a beginner again. My advice is to be open to trying new things and making mistakes, because that is how growth happens. There will be days when you feel unsure of yourself, but that does not mean you do not belong. Showing up as a warm and supportive presence matters, and with time the rest will begin to fall into place.

Q How would you describe your theoretical orientation, and how has it evolved or solidified through your clinical experiences?

A I tend to integrate second- and third-wave CBT approaches, including ACT and DBT, with a strengths-based and values-driven lens. I aim to bring authenticity, gentleness, warmth, and creativity to build strong therapeutic relationships while empowering clients with skills they can use long after therapy ends. My orientation has developed naturally through training and experience, and while I expect it will continue to evolve, I hope to retain these core values throughout my career.

Q What has a meaningful supervisory relationship looked like for you, and what have you taken from it into your own developing clinical style?

A I have been fortunate to work with several excellent supervisors. One in particular used self-disclosure in a thoughtful way that helped me feel safe bringing my authentic self into the supervisory relationship. He also actively modelled self-care and checked in regularly to ensure I was prioritizing my wellbeing. The impact of that experience has influenced how I think about building trust, authenticity, and care within my own therapeutic relationships.

Q Is there a research question, gap in the literature, or clinical issue you find yourself wanting to dig deeper into?

A I would love to explore the experiences of 2SLGBTQIA+ individuals during pregnancy and the transition to parenthood. Areas of interest include access to fertility and perinatal care, the experiences of gender-diverse individuals during pregnancy, and healthcare provider knowledge and practices related to affirming care.

Q Where do you hope your career takes you? Is there a setting, role, or type of work you're working toward?

A I am open to wherever life takes me, whether that is public or private practice, and I expect those goals may evolve over time. What matters most to me is finding work that provides balance, flexibility, variety, and meaningful connection with others. I hope to work with clients across the lifespan and eventually supervise students myself. Wherever I end up, I want to continue acting in line with my values and bringing creativity, warmth, gentleness, and integrity to my work.

RECOGNITIONS

Major Award

Dr. Alysha Renouf received the *Bob McIlwraith Early Career Award* from CPA Psychologists in Hospitals and Health Centres, recognizing her outstanding leadership as an early career psychologist.

Within three years Dr. Renouf became Training Director of the NLHS Pre-Doctoral Residency Program and taken on national leadership roles representing APNL.

Nominated by the NLHS psychology trainee committee, she was praised for her exceptional mentorship, clinical expertise, and lasting impact on psychology training and practice within NLHS and across the province.

Congrats Residents

A major congrats to MUN's Psy.D students heading off for their residency. We are so excited for you as your continue to the next stage of your careers! We wish you all the best!

Pictured:

- **David Storey** - *MUN Student Wellness and Counselling Center (pictured top)*
- **Kaitlyn Lem** - *Calgary's Clinical Psychology, Generalist Track (pictured bottom)*

Sincerest

CONGRATULATIONS

Janice Burke

Retired in December 2025.

We asked Janice a few questions related to her life and career. We appreciate all she has done for psychology in NL!

Q Tell us a little about your professional journey (e.g., what led you to psychology, what paths did your career take?)

A Since high school, I wanted to work as a therapist, helping people with their problems, so I declared a Psychology major when I went to MUN in 1984 as part of the first Grade 12 graduate cohort. I had never met a psychologist before university and had no mentors. I briefly deviated to premed at other people's suggestion. After a struggle with the MCAT and Organic Chemistry, my calling to Psychology persevered. An invitation to join a GRE study group helped seal the deal and get me into grad school. I graduated from the University of Regina in 1992 with my Master of Arts.

I worked with Des Coombs in Grand Falls-Windsor from 1992-93. Dr. Linda Moxley-Haegert hired me to work with community/outpatients in the Psychology Department at the Janeway in 1993. Program management saw the Janeway Psychology department join Dr. Thomas Anderson Centre, Janeway Social Work department, and Adolescent House programmes to form the Community Mental Health Division, later the Janeway Family Centre. I stayed with children's mental health for 25 years working with various teams and programs. In 2018, I moved to adult rehabilitation and joined the Centre for Pain and Disability Management. I was part of an interdisciplinary team for 7 years. I retired from public service after 33 years of practice in December 2025.

Q What areas of psychology were you most passionate about during your career?

A I was trained in CBT at the University of Regina. However, working with kids and families, required an increase in my knowledge of child development, family systems, and approaches to challenging behaviours. Dr. Linda Moxley Haegert was working on her supervisor status as a Family Therapist with AAMFT, Ellen Oliver, MSW, offered a course on Family Therapy. I went to MUN for a course on Family Therapy. Dr. Bruce Perry came to St. John's to speak on Childhood Trauma. Dr. Sarah Pegrum started the ACT Interest Group in the 2010's and Dr. Russ Harris courses added to my knowledge. I began working with Linda offering Narrative-based Family Therapy in 1993, my trauma-informed work began in the 2000's as I worked with the passionate and talented social workers at JFC on various aspects of trauma for kids and families, while my ACT approach started in the 2010's and continues today. It's been a phenomenal evolution from CBT, and I relished all the training, the colleagues, clients and groups along the way.

Q What professional accomplishment or contribution are you most proud of?

A I have thoroughly enjoyed being a clinical supervisor over the years. Even before the PsyD program started, I supervised Newfoundland students who wanted a practicum in St. John's, a break from their mainland studies, and a chance to return home and practice. I supervised several provisionally registered psychologists and offered placements with children's mental health and adult rehab to local PsyD students. I guesstimate that I have supervised over 20 psychologists, many are still practicing in the province. I was proud to receive the MUN Award for Excellence in Clinical Supervision in 2024 for mentorship within the PsyD clinical psychology program. As a MUN undergraduate alumna, it was a powerful full circle moment for me, and I am delighted to see many of my former supervisees still practicing in the province.

Secondly, as part of the Janeway Family Centre Family Therapy team, our weekly Reflecting Team sessions that began in 1993, saw countless psychiatry, psychology and social work students and colleagues experience a Narrative-based single session family session, on both sides of the mirror, until I left in 2018. My experiences with inter-disciplinary work have helped strengthen my role as a psychologist and ability to work with other disciplines collaboratively.

Q How has the field of psychology changed since you began practicing?

A Technology has constantly changed since my undergrad days. I did hand write papers and edited them by cutting with scissors and pasting with tape "keeper" sentences to make drafts before rewriting my work. For a while there, I had assistance from our administrative assistant who typed my handwritten reports. From the days of a communal office computer to check our email, to the clunky telemedicine screens that quickly gave way to Zoom and laptops at the office, and iPads for testing and scoring, technology has become an ever-increasing element in my practice. I peaked as a techie when I could burn relaxation and mindfulness CDs. However, as we face new horizons with AI driven options, I do still prefer meeting clients face to face, handwriting my notes and jotting down a good genogram or choice point diagram.

Janice has worked with the Central Regional Health Center (1992-1993), the Janeway (1993-2018), Western Health Center for Pain and Disability Management (2018-2026), and Amal Wellness Centre (2018 - present).

Pictured: Janice receieved the Award for Excellence in Clinical Supervision within the PsyD Program at Memorial University.

Q What advice would you offer a student or early-career psychologist entering the profession today?

A Change happens. Not always because we want it, but systems change, colleagues change, and society has new challenges, issues and resources. Sadly, usually less resources. The last 30 plus years have seen the cod moratorium, the Mt. Cashel and clergy sexual abuse scandal, the opioid crisis, the COVID pandemic and rapid technology expansion. Who knows what the next 30 years will bring. Flexibility to grow and adapt despite those changes is important. I personally hate change, yet, overtime, I have become better at navigating change, by focusing on what's in my control and letting go of the stuff that is beyond my pay grade. To be fair, several wise colleagues and supervisors

have helped me with that. So, I would add that consulting with colleagues, friends and mentors during change is also important. Stay connected.

Q Were there mentors, colleagues, or experiences that had a significant impact on your career?

A Tough question, because there are really too many to mention and I'm afraid I'll miss someone. Please forgive me if you didn't make this list but know you touched my heart and career. In addition to Des Coombs and Dr. Linda Moxley-Haegert who both hired me in my early days, Dr. Christine Arlett was a wonderful mentor, colleague and friend, Dr. Olga Heath and Bev Cater as Professional Practice Co-ordinators were brilliant ethicists and leaders. John Mahar was a steadfast colleague and consultant; I miss him dearly. A big thanks all the folks I worked with on the APNL CE committee, in the 1990's, especially Jodi Spiegel and Denise Forbes, when we had David Burns, Flint Sparkes and many other speakers in town. It was a great learning experience. Thanks for your wisdom and expertise in wrangling printers for handouts, venues for refreshment breaks and speakers during supper conversations. Finally, to all the clinicians who worked with me on teams or groups: clinical social workers, especially my JFC CAT team members, physiotherapists, nurses, occupational therapists, recreation specialists, psychometrists and physicians. I have always worked best with an ensemble cast, and I think our concerted efforts brought out the best of all of us, I know it really helped me.

Q Do you have a favourite book, resource, or quote that had an impact on you that you would like to share?

A Probably because I grew up in Petty Harbour, this nautically themed quote has popped up over the years with many cases: anxious clients, parent's struggling to let go of their developing teens, or anyone reluctant to forge ahead during difficult times:

A ship in a harbour is safe, but that is not what a ship is for.

My career has been a great voyage, from Petty Harbour, to MUN, the University of Regina, the Janeway, Adult Rehab and many points in between and beyond. Now, I'm sailing into a lovely new chapter…

ON THE HORIZON

Supervision Networking and Training Event
St. John's

This workshop is designed for current and aspiring clinical supervisors, as well as supervisees, who wish to enrich the supervision experience through Acceptance and Commitment Therapy (ACT) principles. Participants will explore the fundamentals of clinical supervision, gain an introduction to ACT, and learn practical strategies for incorporating ACT processes into supervisory practice.

DATE: October 16th, 2026
TIME: 12-4pm
LOCATION: Capitol Hotel, 208 Kenmount Rd, St. John's, NL
COST: Free to all APNL full and student members

Lunch will be provided.
In-person only event.

Please RSVP to info@apnl.ca prior to October 1, 2026.

Wellness in Practice CE Event
Virtual/All Regions

Ethical Navigation of Dual and Multiple Relationships
hosted by
Amanda Lints-Martindal, PhD, C.Psych & Meadow Schroeder, PhD, R.Psych

DATE: October 2nd, 2026
TIME: 1-3pm (NLT)
LOCATION: Online/virtual
COST: Free to all APNL full and student members
REGISTRATION: Click **here**

Learning objectives:
- Describe the challenges associated with encountering dual relationships.
- Identify frameworks for decision making in managing dual relationships.
- Understand issues of confidentiality, privacy, and dual relationships.
- Discuss training needs of rural psychologists related to managing dual relationships.

Those interested in learning more about or participating in the associated research study can visit the study website here: https://wellnessinpractice.ca

Cover photo by Erik Mclean on Unsplash