

# PSYNOOPSIS



CANADA'S PSYCHOLOGY MAGAZINE | LE MAGAZINE DES PSYCHOLOGUES DU CANADA

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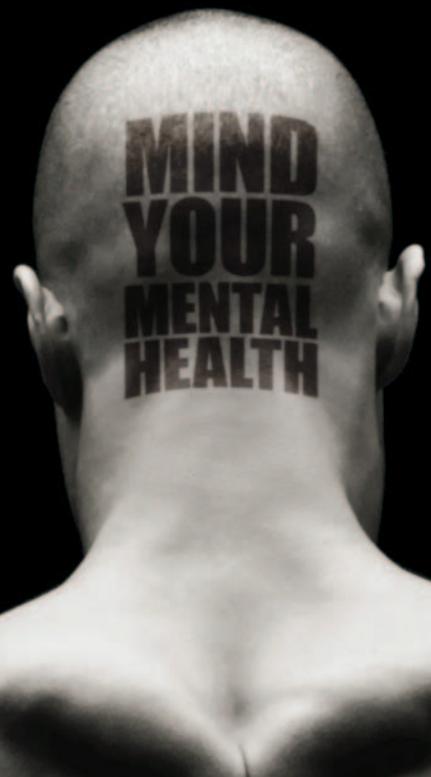
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# Some Reflections and a Checklist for an Accountable Advocate<sup>i</sup>

*Karen R. Cohen Ph.D., Chief Executive Officer of CPA*

This issue of Psynopsis is devoted to advocacy. It is not only the theme of this issue but the presidential theme of CPA's 2012/13 President, Dr. Jennifer Frain. Advocacy is her engagement, her passion and her success and I will leave it to Jennifer to inspire you with her call to advocacy action in this issue. I will limit my introduction to three reflections and a checklist.

Advocacy for psychology is the activity that best defines my days as CPA's CEO. Suffice it to say that I have had to think about psychology, not only as a science and profession, but as an issue to advocate for and about – why it is important, to whom and how.

My first reflection is that whenever we carry out a role or embrace an identity, we are advocates. The kind of job we do, no matter our profession, sends a message about us as individuals but also about the profession of which we are part.

A researcher, who speaks clearly and relevantly to a stakeholder about his or her area of expertise, not only informs about a particular topic but also sends the message that psychological science is important. A practitioner who helps a student overcome or manage a learning disability not only helps that learner but also sends a message to parents and teachers that psychological interventions make a positive difference. The collection of what may be seen as single research and practice activities leave an impression that gets passed along and may eventually impact an evaluation or funding decision. Doing the right job right is the best advocacy there is.

My second reflection, and I guess what I consider the nub of successful advocacy, is that it demands accountability. For both research and practice, it can be easier to know how to do the job right than how to do the right job. At the research tables I attend on behalf of CPA (See the Head Office Updates!), we hear often about the challenges of targeted research funding, the need to support curiosity driven research, and the disproportionate funding and perceived relevance of social science research. These are issues that drive discussion and advocacy when it comes to research.

How should a research agenda should be set and by whom? Do we have a responsibility to the funders and stakeholders in research when it comes to setting research agendas? Should we be trying to answer the questions to which funders, stakeholders and society at large need answers?

All would agree that we need to *do the research job right* but not all would agree on how to determine *what is the right research job*. Many would agree that curiosity-driven research can have important applications but that it should be curiosity, and not relevance or application, which drives decisions about what to study and what to fund.

As an advocate for the science of psychology, however, I have to think about relevance and application – even when considering curiosity-driven research. Funders and decision-makers need to be convinced that what we have to offer will help them solve the problems they face – be these problems in policy, programming or in the lives of citizens. We need to be able to show them how what we do is relevant, that it is effective, what it costs and what costs (economic or human) it offsets.

*Continued on page 6*

<sup>i</sup> Many thanks to Dr. John Conway for his insightful feedback and recommendations on an earlier version of this article.



# Des réflexions et une liste de vérification à l'intention d'un ambassadeur responsable<sup>i</sup>

Karen R. Cohen Ph.D., directrice générale de la SCP

Le présent numéro de Psynopsis est consacré à la représentation. Ce n'est pas seulement le thème de ce numéro, mais le thème de la présidente de la SCP en 2012-2013, D<sup>re</sup> Jennifer Frain. La représentation est son engagement, sa passion et sa réussite, et je m'en remets à elle pour vous inspirer par un appel à une action de représentation dans ce numéro. Je vais limiter mon introduction à trois réflexions et à une liste de vérification.

La représentation en psychologie est l'activité qui définit le mieux mes jours à titre de directrice générale de la SCP. Je me contenterai de dire que j'ai dû penser à la psychologie, non seulement en tant que science et profession, mais en tant que question de représentation – pourquoi elle est importante, pour qui et comment.

Ma première réflexion est que lorsque nous assumons un rôle ou une identité, nous sommes des ambassadeurs. Le genre de travail que nous faisons, peu importe notre profession, livre un message quant à qui nous sommes en tant que personnes, mais aussi au sujet de la profession dont nous faisons partie.

Un chercheur qui parle clairement et de façon pertinente à un intervenant au sujet de son domaine d'expertise, non seulement donne de l'information sur un sujet particulier, mais envoie aussi un message que la science de la psychologie est importante. Un praticien qui aide un étudiant à surmonter ou à gérer une difficulté d'apprentissage non seulement aide l'apprenant, mais envoie aussi un message aux parents et aux enseignants que les interventions psychologiques ont des retombées positives. La somme des activités qui sur le moment peuvent être perçus comme une seule activité de recherche et de pratique laisse une impression qui se généralise et qui peut éventuellement avoir une incidence sur l'évaluation ou une décision de financement. Bien faire le bon travail de la bonne façon demeure la meilleure activité de représentation possible.

Ma deuxième réflexion, et à mon sens, ce que je considère comme la clé d'une activité de représentation menée à bon terme, est la responsabilisation. Tant pour la recherche que pour la pratique, il peut être plus facile de savoir comment bien faire le travail que la façon de faire le travail qui convient. Aux réunions de recherche auxquelles j'assiste au nom de la SCP (voir

les Nouvelles du siècle social!), on entend souvent les défis que supposent le financement d'une recherche ciblée, la nécessité d'appuyer la recherche suscitée par la curiosité et le financement disproportionné et la pertinence perçue de la recherche en science sociale. Voilà des questions qui motivent les discussions et les représentations au chapitre de la recherche.

Comment un programme de recherche devrait-il être établi et par qui? Est-ce que nous avons des responsabilités à l'égard des bailleurs de fonds et des intervenants en recherche lorsqu'il est question d'établir un programme de recherche? Faut-il essayer de trouver une réponse aux questions que se posent les bailleurs de fonds, les intervenants et la société dans son ensemble?

Nous sommes tous d'accord que nous devons *bien faire le travail de recherche*, mais nous ne sommes pas toujours d'accord sur la façon de déterminer *ce qui est le bon travail de recherche*. Certains conviendront que la recherche suscitée par la curiosité peut avoir d'importantes applications, mais qu'il faut que ce soit la curiosité et non pas la pertinence ou l'application, qui motive les décisions quant à ce qu'il faut étudier et ce qu'il faut financer.

En tant qu'ambassadrice de la science de la psychologie, je dois toutefois penser à la pertinence et à l'application, même en m'arrêtant à la recherche suscitée par la curiosité. Les bailleurs de fonds et les décideurs doivent être convaincus que ce que nous avons à offrir peut aider à résoudre les problèmes auxquels ils font face – que ces problèmes soient sur le plan de la politique publique, des programmes ou de la vie des électeurs. Nous devons être en mesure de leur montrer comment ce que nous faisons est pertinent, que c'est efficace, ce qu'il en coûte et la façon dont les coûts (économiques ou humains) sont compensés.

Il en va de même pour les activités de représentation de la pratique. En tant que fournisseurs de soins de santé nous devons être en mesure d'offrir les services que nous demande la collectivité. Avec le vieillissement de la population, les praticiens doivent avoir une idée des besoins cliniques et cognitifs des adultes plus âgés. Dans la mesure où nous établissons que le rendement le plus élevé sur les investissements en santé sont produits

*Suite à la page 6*

<sup>i</sup> Je tiens à remercier sincèrement D<sup>r</sup> John Conway pour ses commentaires et ses recommandations judicieuses au sujet d'une première version du présent article.





## Checklist

Continued from page <None>

The same is true when it comes to advocacy for practice. We must be able to offer the services that communities demand of us as health care providers. As our population ages, practitioners need to know something about the clinical and cognitive needs of older adults. As we establish that the biggest return on health investments are when services and supports are directed to children and youth, practitioners need to know something about health promotion, illness prevention and early intervention. With the rise in disability claims related to mental health, practitioners need to know something about the interface of psychological disorders and the workplace...again, these just a few of the health issues that demand the attention of funders and decision-makers.

My third reflection is that when it comes to practice in particular, accountability rests not just with the practice community but equally with our educational communities. We need to be sure that we are training practitioners to *do the right job right and not just the job right*. We need to train practitioners to have an opinion, and to make a contribution, about the health problems and conditions that matter to Canadians.

When meeting with government or health service organizations our effective advocacy rests not on convincing them that we do a good job but that our good job meets their needs. An advocacy journey needs to start with what matters to government, health service organizations, and even more importantly, to the communities they serve. Then we need to demonstrate how what we do is of value – not just because it is of value to psychology or psychologists but because psychological work is of value to Canadians. To do this effectively, it is critical to take a broad perspective when it comes to practice and science. Our advocacy success will depend on how well we demonstrate the application of our expertise to the agendas set by those with whom we partner and from whom we are seeking change. Our success then gives us opportunity to shape agendas going forward.

In closing, and to underscore Dr. Frain’s presidential message that advocacy is a shared responsibility, I offer the checklist below. I hope that you might find it helpful when next you prepare to meet with a university or hospital administrator or a municipal or provincial/territorial government official. As always, feedback and queries welcomed at [kcohen@cpa.ca](mailto:kcohen@cpa.ca)

- Do you believe in what you are asking for?
- Do you understand what your decision-makers and funders believe in or are committed to?
- How does what you are asking for effectively answer the questions, or solve the problems, of your decision-makers and funders?
- Can you demonstrate the costs and cost offsets (human and economic) of what you are asking for?
- Is what you are asking for *doing the right thing right* and not just doing the thing right?

## Liste de vérification

Suite de la page 5

lorsque les services et le soutien sont axés sur les enfants et les jeunes, les praticiens doivent avoir une idée de la manière de promouvoir la santé, la prévention de la maladie et l’intervention hâtive. Avec la hausse des réclamations d’invalidité en raison de la santé mentale, les praticiens doivent avoir une idée de l’interface des troubles psychologiques et du milieu de travail... encore ici, voici seulement quelques-uns des problèmes de santé auxquels les bailleurs de fonds et des décideurs doivent prêter attention.

Ma troisième réflexion est que lorsqu’il est question de pratique en particulier, la responsabilité ne repose pas seulement sur la communauté de la pratique, mais également sur nos communautés de formation. Nous devons nous assurer que nous formons les praticiens à *effectuer le bon travail comme il convient et non pas seulement le bon travail*. Nous devons former les praticiens à avoir une opinion, et à faire une contribution, au sujet des problèmes et des conditions de santé qui importent pour la population canadienne.

Dans les réunions avec le gouvernement ou les organisations de service de santé, notre représentation efficace ne consiste pas à les convaincre que nous faisons un bon travail, mais que notre bon travail répond à leurs besoins. Un cheminement dans la représentation doit débiter par ce qui importe au gouvernement, aux organisations de service de santé et encore plus important, aux communautés qu’ils desservent. Nous devons ensuite démontrer la mesure dans laquelle notre travail est précieux – non seulement parce qu’il a une valeur en psychologie ou pour les psychologues, mais parce que le travail en psychologie a une valeur pour la population canadienne. Pour le faire efficacement, il est essentiel d’adopter une perspective large en ce qui concerne la pratique et la science. Le succès de nos représentations est tributaire de la manière dont nous démontrons l’application de notre expertise dans des programmes établis par ceux avec qui nous sommes partenaire et de qui nous espérons voir le changement. Notre succès nous donne ensuite la possibilité de façonner les programmes à l’avenir.

En conclusion, et pour souligner le message de notre présidente, D<sup>re</sup> Frain, que la représentation est une responsabilité partagée, je propose la liste de vérification ci-dessous. J’espère que vous la trouverez utile en vous préparant à rencontrer un administrateur d’université ou d’hôpital ou un représentant du gouvernement municipal ou provincial/territorial. Comme toujours, vos commentaires et vos demandes de renseignements seront bien accueillies à l’adresse [kcohen@cpa.ca](mailto:kcohen@cpa.ca)

- Croyez-vous dans ce que vous demandez?
- Comprenez-vous ce dont vos décideurs ou vos bailleurs de fonds croient et ce à quoi ils se consacrent?
- Comment est-ce que ce que vous demandez répond efficacement à des questions ou résout des problèmes de vos décideurs et de vos bailleurs de fonds?
- Pouvez-vous démontrer les coûts et la façon dont les coûts (humains et économiques) sont compensés dans ce que vous demandez?
- Pouvez-vous démontrer que ce que vous demandez est *de bien faire la chose qui convient* et non seulement de bien la faire?

# ADVOCACY

*Jennifer Frain Ph.D., CPA President*

I became a Psychology Advocate in 2002.

In 2001 I joined the Manitoba Psychological Society Board (MPS) so that I could meet my psychology colleagues in Winnipeg. The following year I became President of MPS and the Government of Manitoba chose that year to release a document for comment that clearly demonstrated their lack of understanding about the profession of psychology and its status across the rest of Canada and throughout the United States. I was transformed into an advocate overnight! Luckily I was quickly introduced to a number of fellow psychology advocates one of whom was John Service, who in his role as the Executive Director of the Canadian Psychological Association (CPA), was very supportive and helpful to me as I figured out the steps necessary to respond to the government document. Through this process not only did I get to know my psychology colleagues in Winnipeg but I began to know the national community of psychology advocates.

I am now fortunate to know several great psychology advocates in Canada and the work they are doing. In British Columbia, hiring is underway to expand the number of psychologists working throughout the Vancouver Coastal Health region after several years of downsizing. In Alberta the hard working team at the Psychologists' Association of Alberta is continuing their press on government to ensure the inclusion of psychologists into primary health care and most particularly the new Family Care Clinics. In my home province, the Manitoba Psychological Society has developed and is maintaining a highly energetic advocacy platform of activities and just recently launched the Mind Your Mental Health campaign to promote better access to psychologists. In Quebec, the Ordre des Psychologues, through years of effective lobbying, has achieved the most comprehensive licensing act in Canada. In New Brunswick efforts are well underway to raise the entry to practice level to a doctorate which will bring this province into line with the standard recognized by the CPA and the vast majority of North American jurisdictions. And these are just a few of the initiatives across the country!

At the national level, CPA has had tremendous success building and sustaining productive partnerships with other professional groups and consumer groups (see <http://www.cpa.ca/practitioners/partnerships>). On behalf of CPA, our CEO,



**CPA is working at full capacity; several of the jurisdictions are too. You can see the range of great advocates in this issue of Psynopsis as well.**

Karen Cohen, co-chairs the Health Action Lobby and represents the health provider community at federal/provincial/territorial tables of health system change. In addition, the CPA's Science Directorate is actively engaged in lobbying the granting councils to provide ongoing and improved support for psychological research. CPA's science advocacy is supported by our Deputy CEO and Director Science, Lisa Votta-Bleeker. CPA's CEO, Karen Cohen, is also the current Chair of the Canadian Consortium for Research and CPA has been the successful bidder for hosting the 2018 International Congress of Applied Psychology in Montreal.

Dr. Cohen and Dr. Votta-Bleeker are readily available to assist psychologists from across Canada when they need advocacy help just as Dr. Service did when I began. CPA headquarters is an incredible national treasure.

We know that psychologists value advocacy. The importance of professional advocacy was highlighted in the results of the recent Membership survey. Over 2200 respondents from across the country indicated that professional advocacy was, by far, the most important benefit derived from the CPA. In fact 81.0% of the current CPA members ranked Professional Advocacy as "important" (30.3) or "very important" (50.7).

CPA is working at full capacity; several of the jurisdictions are too. You can see the range of great advocates in this issue of Psynopsis as well.

And yet.... We do not have the resources to do all that is needed. We need your energies and your financial support. All of us must involve ourselves in advocacy. The risk of us doing less or not taking part at all are huge; as one of our American cousins stated,

"if we're not at the table; we're on the menu". No one will advocate for us better than we can. No one can translate our knowledge into useable public policy better than we can. We need to ensure we are on the radar; collaborating with others, working to support the important work of psychologists.

As I said in my last Psynopsis piece, we have a responsibility to do what we can to advocate for effective treatments for Canadians, for basic and applied research and for the training of future generations of psychologists

So, are you a Psychologist Advocate? If not take steps this year to become one! Engage yourself with the Science, Practice, and/or Education Directorates, get more involved in the CPA Sections, join or contribute more to your provincial or territorial associations. Just take those first behavioural steps towards becoming an advocate! Psychology needs you.



# Campagne de représentation

*Jennifer Frain, Ph.D., présidente de la SCP*

Je suis devenue une ambassadrice de la psychologie en 2002.

En 2001 je siégeais au conseil d'administration de la Manitoba Psychological Society (MPS) afin de pouvoir rencontrer mes collègues psychologues de Winnipeg. L'année suivante je suis devenue présidente de la MPS et le gouvernement du Manitoba a choisi cette même année de publier un document, pour fins de commentaires, qui démontrait clairement son manque de compréhension au sujet de la profession de la psychologie et son statut dans le reste du pays et partout aux États-Unis. J'ai été transformée en une ambassadrice sur-le-champ! Heureusement j'ai rapidement été présentée à un bon nombre d'ambassadeurs de la psychologie dont John Service, qui dans son rôle de directeur général de la Société canadienne de psychologie (SCP), m'a été d'un grand soutien et très utile quand j'essayais de déterminer les étapes nécessaires pour répondre à ce document provenant du gouvernement. Au cours de ce processus non seulement j'en suis venue à connaître mes collègues de la psychologie à Winnipeg, mais j'ai aussi commencé à me frotter à des ambassadeurs de la psychologie à l'échelle nationale.

J'ai maintenant la chance de connaître un grand nombre de ces ambassadeurs de la psychologie au Canada et de comprendre le travail qu'ils font. En Colombie-Britannique, après plusieurs années de compression dans les effectifs, les autorités ont recommencé à embaucher afin d'augmenter le nombre de psychologues travaillant dans la régie de santé de la région côtière de Vancouver. En Alberta l'équipe de la Psychologists' Association of Alberta exerce des pressions constantes sur leur gouvernement pour assurer l'inclusion des psychologues dans les soins de santé primaire et plus particulièrement dans les nouvelles cliniques de soins familiales. Dans ma province natale, la Manitoba Psychological Society a élaboré et maintient une plateforme d'activités de représentation très dynamiques et vient récemment de lancer la campagne Mind Your Mental Health (occupez-vous de votre santé mentale) afin de promouvoir un meilleur accès aux psychologues. Au Québec, l'Ordre des Psychologues, après de nombreuses années de lobbying efficace, a réussi à mettre en place la loi sur le droit d'exercer la plus exhaustive au Canada. Au Nouveau-Brunswick, tous les efforts sont déployés en vue d'hausser la norme pour l'exercice de la profession au niveau du doctorat, ce qui amènera cette province à s'harmoniser avec la norme reconnue par la SCP et la vaste majorité des administrations en Amérique du Nord. Et ce ne sont là que quelques-unes des initiatives partout au pays!

À l'échelle nationale, la SCP a connu un franc succès en forgeant et en étoffant des partenariats productifs avec d'autres groupes professionnels et de consommateurs (voir le lien <http://www.cpa.ca/practitioners/partnerships>). Au nom de la SCP, notre chef de la direction, Karen Cohen, copréside le groupe Action santé (HEAL) et représente la communauté des fournisseurs de santé dans les réunions visant le changement du système de santé fédéral/provincial/territorial. En outre, la



Direction générale de la science de la SCP est activement engagée dans le lobbying des conseils subventionnaires pour assurer un soutien continu et amélioré à la recherche en psychologie. La représentation en science de la SCP est appuyée par notre adjointe à la chef de la direction et directrice de la science, Lisa Votta-Bleeker. La chef de la direction de la SCP, Karen Cohen, est aussi la présidente actuelle du Consortium canadien pour la recherche et la proposition de la SCP d'être l'hôte du Congrès international de psychologie appliquée à Montréal en 2018 a été retenue.

D<sup>re</sup> Cohen et D<sup>re</sup> Votta-Bleeker sont toutes deux disposées à aider les psychologues de partout au Canada lorsqu'ils ont besoin d'aide dans leurs activités de représentation, tout comme D<sup>r</sup> Service l'a fait à mes débuts. Le siège social de la SCP est un trésor national incroyable.

Nous savons que les psychologues apprécient nos activités de représentation. L'importance de la représentation professionnelle a été mise en lumière dans les résultats d'une enquête récente menée auprès des membres. Plus de 2 200 répondants de partout au pays ont indiqué que la représentation professionnelle était, et de loin, l'avantage le plus important qu'ils tiraient de la SCP. En fait 81 % des membres de la SCP actuels ont classé la représentation professionnelle comme « importante » (30,3 %) ou « très importante » (50,7 %).

La SCP travaille à pleine vapeur, tout comme de nombreuses administrations. Vous pouvez aussi voir un grand éventail de nos ambassadeurs de la psychologie dans le présent numéro de Psynopsis.

Mais encore... Nous n'avons pas toutes les ressources pour faire tout ce qu'il faudrait. Nous avons besoin de vos énergies et de votre soutien financier. Nous devons tous nous engager dans des activités de représentation. Le risque que nous faisons moins ou que nous ne participions pas du tout est énorme; comme l'un de nos cousins américains le déclarait si bien « si nous ne sommes pas à la table, nous sommes au menu ». Personne n'est en mesure de faire de meilleures représentations que nous-mêmes. Personne d'autre que nous ne peut mieux traduire nos connaissances en gestes concrets de politique publique. Nous devons nous assurer que nous sommes vus comme faisant partie de l'équation, en collaborant avec les autres et en travaillant pour appuyer l'œuvre utile des psychologues.

Comme je l'ai mentionné dans mon dernier article dans Psynopsis, nous avons la responsabilité de faire tout ce que nous pouvons pour faire des représentations à l'égard de traitements efficaces pour la population canadienne, de la recherche fondamentale et appliquée ainsi que pour la formation des générations futures de psychologues.

Alors êtes-vous un ambassadeur de la psychologie? Si vous ne l'êtes pas faites les premiers pas cette année pour le devenir! Engagez-vous auprès des Directions générales de la science, de la pratique et/ou de l'éducation, participez davantage aux sections de la SCP, joignez-vous ou contribuez davantage à vos associations provinciales ou territoriales. Il vous suffit d'adopter ce comportement pour devenir un ambassadeur! La psychologie a besoin de vous.



# The Science Advocacy Landscape

*Aimée M. Surprenant, Ph.D., CPA Board Member  
Memorial University of Newfoundland*

In these times of fiscal restraint we are constantly reading about cuts in federal funding for scientific research; from a lobster science centre in PEI to a high arctic research station in Nunavut; from cuts to the National Research Council in Fredericton to an experimental lakes area in Ontario. In addition, the federal granting agencies are placing an increasing emphasis on targeted requests for proposals—particularly those linking industry and science. Although this is certainly an important step in translating research into application, purely curiosity-driven research is being squeezed into a smaller and smaller proportion of the federal research dollar. As basic scientists we need to make the case that support for curiosity-driven research is a critical investment in the future of Canada. We need to step out of the laboratory and show how allowing smart people to pursue the questions that interest them is the best way to advance our society. The question then becomes, how do we justify spending tax dollars to allow researchers to examine problems that have little or no immediate practical application?

Although a great deal of the research in psychology has no direct industrial application, we do have the advantage that almost every research program contains the possibility of improving the human condition. In my own department we have researchers looking at rat models of PTSD, children's memory for traumatic events, understanding of legal rights of a person accused of a crime, and how hearing loss affects memory and cognition in older adults, to name just a few. Hardly any of the scientists directing those research projects would argue that their research is “ready for prime time” nor would most of them intend to develop the research to its ultimate application. But, the work serves the greater purpose of forming the evidence base that can be used to build future applications. In addition, curiosity-driven research leaves open the possibility of making unexpected discoveries and fostering innovation. If a technique or instrument isn't available to a researcher she or he will often invent one. Methods developed to meet an individual researcher's goals can often be used elsewhere. You just don't know what might come of the research—that is the beauty of it. The challenge then is to somehow communicate the value of supporting such research to those making the decisions about what to fund.

**In addition, curiosity-driven research leaves open the possibility of making unexpected discoveries and fostering innovation. If a technique or instrument isn't available to a researcher she or he will often invent one.**

What are we already doing (note: these can be found on the CPA web site; <http://www.cpa.ca/researchers/advocacyfor-science/>)

- CPA is a registered lobbyist organization
- CPA staff meet with various Members of Parliament set up via CPA's Manager, Public Affairs and Communications or the Canadian Consortium for Research (CCR), of which the CPA is both co-Chair and a Steering Committee Member. In addition to making submissions to the House of Commons Finance Committee, these meetings involve MPs with an interest in research, as well as the federal Minister of Finance.
- CPA created liaisons with representatives of Canada's funding agencies, in the form of email correspondence, in-person meetings, sitting on advisory panels, responding to funding issues and/or requests by the funding councils, and arranging funding-related presentations at the CPA convention.
- The CPA has partnerships with various research-focused associations such as the Canadian Consortium for Research (CCR), the Canadian Federation for Humanities and Social Sciences (CFHSS), and the Science Media Centre of Canada.
- CPA staff work to compile resources of interest and regularly attend various science-specific conferences and events, where we advocate for the inclusion of psychology in conference programs and/or bring forth the perspective of psychological science.

## **What more can we do?**

First, as the saying goes, “think globally, act locally”. Contact your MP and let her or him know that funding for basic research is critical to the country being able to compete on a global level. Serendipity is, and always has been, the greatest contributor to fundamental paradigm shifts in science.

Second, talk to the media. For some very good reasons, many of us are hesitant to discuss our research with reporters and media liaisons. To us, research is always a work in progress and it is often difficult not to qualify our findings with caveats and cautions about generalizing. However, we have some very compelling stories to tell—ones that should be told. CPA is a charter member of the Science Media Centre of Canada and can send your sto-

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# CPA: Taking Psychology to Government in 2012/13

*Meagan Hatch, CPA Manager, Public Affairs and Communications*

It has been a very busy year of advocacy for the Canadian Psychological Association (CPA). As part of its objectives to promote the science, practice and education of psychology, CPA is involved in a number of advocacy and government relations activities on behalf of psychology as a discipline and its members. These activities include producing submissions to government, working closely with other stakeholder groups, as well as launching strategic communications and media campaigns. In addition, we have embarked on a series of meet and greets with federal members of Parliament to talk about issues that are relevant to the discipline and to share our unique perspective on current government activities such as committee work and bills under review.

Last summer, the CPA submitted a pre-budget brief to the Federal Standing Committee on Finance. This process allows individual Canadians, organizations, associations and other stakeholders to contribute their views on the priorities that should be reflected in the federal budget in 2013. This is one of the avenues used by our organization to get our members' views across to government and to play a role in the federal budget process. The results of the Committee's consultations and its recommendations will be tabled in the House of Commons. The suggestions will then be taken into consideration by the Minister of Finance in the development of the 2013 federal budget.

The submission process was slightly different this year than previous years because we had to answer specific questions related to the economy and had a limited word count to answer them. Despite this challenge our submission contained a number of recommendations that include both the practice and science of psychology that can be implemented by the Federal Government.

We were extremely pleased that out of over seven hundred submissions that the government received the CPA was among those chosen to present in person to the Standing Committee on Finance. Dr. Karen Cohen, CPA Chief Executive Officer, presented to the committee along with a diverse group of other stakeholders. The presentation was televised and provided us with the opportunity to inform the committee and the Canadian public about the work of the CPA, explain what psychologists do, and highlight the value of investing in psychological services and research.

One of our main messages is that Canada's federal government has a crucial role to play when it comes to funding health care, participating in innovation and collaborating with the provinces and territories. As the fifth largest provider of health care in the country the federal government can lead by example

by improving its capacity to deliver effective services in areas for which it has direct responsibility. Further, as a large employer itself, the government can do much to innovate when it comes to psychological health in the workplace and provide meaningful coverage for care when needed. And finally, the federal government is responsible for funding research through the granting councils and funding for students that recognizes the role of psychological factors in research, particularly in health and neurosciences.

Our pre-budget submission included a number of workable solutions for the Federal Government to improve access to psychological services and research. You can find our full submission by visiting CPA's Government Relations Page/Submissions to Government. These recommendations include:

- Setting up an innovation fund to assist provinces and territories in developing a sustainable mental health infrastructure across Canada that will help improve access to psychological services
- Creating federal internship placements for psychologists
- Forgiving Loans for new psychologists in under-served and/or rural and remote areas
- Create a Health Human Resources data collection system
- Facilitate knowledge translation by bringing researchers and policy makers together to discuss results, best practices and innovations when it comes to needs, services, and supports in response to an aging populations
- Ensure core research funding for Granting Councils and funding for students
- Remove the current requirement that an employee of the federal public service must get a referral from a medical doctor before qualifying for reimbursement for psychological services.
- Institute mandatory management training in Federal Departments whereby dealing with mental health issues in staff is part of the curriculum.
- Improve psychological safety in the workplace in Federal Departments
- Develop a mental health surveillance strategy
- Develop and resource a mental health research network that will help in the development of best practice guidelines in mental health and serve a knowledge transfer and translation function for service providers and the general public.
- Invest in research and services for children and youth

We will continue to be very active in 2013 as we work to spread the message of the vital importance of increased access to psychological services for all Canadians and the need to increase research funding.



# Service Gaps & Social Advocacy in Rural and Northern Practice

*Judi Malone, Ph.D. & Cindy Hardy, Ph.D.*

Reflecting on psychological needs in rural and northern Canada draws attention to both general and specific service gaps as a need for advocacy. We do this based on our experience as involved members of the Section for Rural and Northern Psychology of CPA and as psychologists practicing in rural and northern settings.

Approximately 20% of Canadians live in rural and northern communities. For psychologists, rural and northern Canada presents a specific practice context. There are challenges related to distance and travel, fewer colleagues and health professionals, and limited training, research, and professional infrastructure. Also, the social networks and values of small or remote communities position practising psychologists within cultural systems that may be vastly different from the typically urban settings in which they trained.

Canada's dispersed population and vast geography makes provision of equitable health care services expensive and difficult. There are shortages of psychologists and other health care providers and significant issues with recruitment and retention in rural and northern areas. Consequently, many rural and northern Canadians have difficulty accessing psychological services. As a profession we need to take some responsibility for this. Most Canadian psychology students receive no formal training or exposure to rural and northern practice considerations. There is limited literature or empirical basis to support rural and northern practice. This insufficient foundation hampers the ability of psychologists in rural and northern practice to provide empirically validated services, equitable treatment and services, or solutions to complex rural issues. The evolving shift to nation-wide PhD level accreditation may foster further shortages in some areas.

Consider this practice example. In northern BC, some children wait unreasonable amounts of time for psycho-educational and diagnostic assessments. Psychologists in private practice are scarce and most families cannot afford the cost of private assessments. There are no registered psychologists in the public school system and school psychologists' assessments are not comprehensive enough for diagnosis of disorders like FASD or autism. The public health care system provides assessments for complex childhood disorders using a combination of local and fly-in inter-professional diagnostic teams. In some communities so many children are waiting for assessments that it could take 10 years to serve them all. There is a need to find innovative ways to deliver high quality appropriate assessments while reducing wait times.

There are many more examples of underserved populations and communities, each underscoring the need for ongoing advocacy by and for psychology. Public awareness of the benefits of psychological services can be crucial in reducing the stigma associated with seeking services and can strengthen the profession by increasing its accountability and enhancing its reputation. From a social justice perspective we must work to improve access to psychological services in rural and northern communities, and to promote the health of northern and rural Canadians.

The Section for Rural and Northern Psychology exists to establish networking opportunities, distribute information, and recruit students and psychologists interested in rural and northern practice. The challenges of the rural and northern context are balanced with distinct rewards for this area of practice and great potential for social advocacy. Together we can advocate for the profession, our members, and the communities we serve.



# Advocating for a More Inclusive Licensing Framework

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Licensure has long been a controversial issue in industrial and organizational (I/O) psychology. As the 2011-12 Chair of the Canadian Society for Industrial and Organizational Psychology (CSIOP; CPA's I/O section), I observed this issue continues to contribute to tension among subdisciplines (specifically with clinical psychology). That is unfortunate. A survey of members of the U.S.-based Society for Industrial and Organizational Psychology (SIOP) provides a summary of some key information about I/O licensure. Specifically, the vast majority (79%) of full-time I/O practitioners were not licensed psychologists in their jurisdiction, but almost two-thirds of those respondents would seek licensure "if licensing requirements were more appropriate for I/O psychologists" (Silzer et al., 2009, *The Industrial and Organizational Psychologist*). The nature of I/O practitioners' work is different than that of psychologists working in the domain of individual mental health care. The I/O community has not traditionally organized to advocate for more I/O-relevant licensure laws or graduate program accreditation. A significant, vocal, and influential group opposes licensure for I/O psychologists (Silzer et al., 2009).

There are legitimate reasons to maintain a healthy skepticism about professional regulation. It is much easier to find evidence that regulated professions benefit regulated professionals (i.e., \$) than it is to find evidence that the public is better protected as a result of licensure or more stringent entry to practice standards. Demanding higher levels of professional qualifications does not necessarily serve the public interest if it means higher costs and lower access to service (Competition Bureau, 2007, *Self-Regulated Professions: Balancing Competition and Regulation*). Nevertheless, the public is often not in a position to judge professionals' qualifications (Competition Bureau) and arguments can be made about how incompetent practitioners in various professions could harm the public. Professions' desires to protect the public through licensure seem genuine. Alternative credentialing models such as voluntary certification could be considered to determine if less restrictive models could provide adequate information and protection, but licensure and the need to regulate certain restricted activities is unlikely to disappear.

The legislation and regulations should be designed to encourage the least restrictive standards "demonstrably predictive of competent practice" recognizing the diversity of roles psychologists may assume.

Within the CSIOP community I have noticed some desire for change on this front. For example, one senior colleague, a self-described "rather strong" critic (historically) of I/O-licensure, suggested that it may be time to re-examine credentialing in light of what other, related professions (e.g., human resource management) are doing. Coincidentally, SIOP's President used his most recent column in *The Industrial and Organizational Psychologist* to outline initiatives designed to promote understanding of I/O psychology with the ultimate goal of reducing unnecessary barriers to practice (Reynolds, 2012). The CSIOP Chair suggested to me that we could examine programs such as exist in Quebec that provide ready access to licensure (e.g., Université de Montréal's doctorat en psychologie – recherche et intervention, option du travail et des organisations). Other CSIOP members have provided information about licensure models used elsewhere (e.g., United Kingdom) as promising alternatives to consider. I think the American Psychological Association's (APA) *Model Act for State Licensure of Psychologists* (2010) includes carefully crafted language that could provide a point of departure for discussions on a better, more consistent, and inclusive psychology licensure model for Canada's provincial and territorial jurisdictions. Specifically, the APA model act differentiates health service providers from general applied psychologists and includes an exemption from licensure for

the latter category provided their "services are for the benefit of the organization, and does not involve direct service to individuals" (p. 10). Further work would need to be done to make licensure requirements more relevant and accessible to those I/O practitioners who may need to seek licensure, without proving an undue burden to other domains of practice. The legislation and regulations should be designed to encourage the least restrictive standards "demonstrably predictive of competent practice" (Cohen, 2009, Fall *Psynopsis*, p. 1), recognizing the diversity of roles psychologists may assume.

In Canada, we have a force to encourage more standardized, and hopefully more inclusive, licensure laws. The revised Labour Mobility chapter (2009) of Canada's *Agreement on Internal Trade* (AIT) specifies that a licensed professional or tradesperson in good standing in one Canadian jurisdiction will be accepted in another Canadian jurisdiction. "Mutual recognition is now the default position for all professions and trades, unless a government puts forward a specific exception to main-

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# Advocacy through Action: A Clinical Psychology Graduate Student Initiative

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Western University

Mahatma Gandhi once said “We must become the change we wish to create”. There is no doubt that Psychologists need this mantra more than ever as the profession stands on the precipice of change in the mental health arena. With public confusion over related terms such as therapist, Psychotherapist, counsellor, and Psychological Associate, amongst many others, the role of a Psychologist is in need of clear delineation. Advocacy through public awareness of what Psychologists and psychology in general can offer is needed to allow individuals seeking mental health services to make informed decisions. Further, emphasizing and disseminating knowledge of the unique skill set offered by Psychologists will be crucial in convincing employers that they offer invaluable services in a time when less expensive services are attractive.

Beyond advocating for the profession itself, is the need to advocate for Psychology in both policy development and the community. Advocacy in this way can serve to increase awareness of mental illness, decrease stigma, and push for treatment subsidies and preventative strategies that have the potential to lessen long-term economic burden and personal suffering. Thomas Huxley said that “Action is the catalyst that creates accomplishments... the path that takes us from uncrafted hopes to realized dreams”. Action in the name of professional advocacy was what a small group of clinical psychology students at Western University had in mind when they launched an initiative to bring psychology to their community in 2008. These students, saw their practice and research initiatives as harbouring valuable information that was largely inaccessible to the general public. Since 2008, the founding members of this group, aptly called *Advocacy through Action*, have moved on and are currently practicing Psychologists. Their advocacy torch has been carried through the years by fellow clinical psychology students who share their passion for this profession and all it can offer at both the individual and societal level.

One of the primary avenues through which Advocacy through Action disseminates knowledge about the profession of psychology, along with psychological issues relevant to the general public, is through the *Finding Your Way* series. This series, which takes place annually during the month of February (psychology month) at the London, Ontario public library, offers free lectures to the local community that are created and presented by clinical psychology graduate students. The purpose of the talks is to offer evidence-based information and not individual therapeutic advice. Talks are also reviewed by the Director of Clinical Training to ensure that students are presenting information within their scope of knowledge/practice.

The series is currently in its 6<sup>th</sup> year and has offered talks covering a wide variety of topics including, but not limited to: attachment and healthy relationships, parenting, bullying, healthy nutrition, emotion regulation, managing stress, gender issues, developmental disabilities and learning disorders, mindfulness meditation and access to mental health care. Along with providing talks, the library series also hosts a resource table including pamphlets, fact sheets, book lists, and community organizations in the mental health field that individuals attending the talks or visiting the library can access.

Each year individuals attending the talks have been asked to complete an evaluation from following each presentation. The evaluation form assessed such topics as the quality of individual presenters and their talk, expectations of presentation content and whether these expectations were met, interest in future talks on related or different topics and variables related to series implementation (e.g., source of advertisement or reason for attendance). Overall attendance for the series has grown by an average rate of 15% each year, with a mean of around 30 people attending each talk in 2011 and 2012. However, talks discussing areas that have been covered in the media and that are of particular interest to the public (e.g., mindfulness meditation or happiness) have attracted crowds of over 100 people. Individuals attending the lecture series have reported great overall satisfaction and 92% to 99% of attendees expressed interest in future lectures on related topics to the talk they had attended.

As a result of the success of the Finding Your Way Series, the students of Advocacy through Action have been asked to disseminate their knowledge beyond the library series and have delivered talks to local daycares, schools, community organizations and workplaces. Furthermore, some members of Advocacy through Action are involved in other initiatives including the recently developed Wait-List Clinic.

As more members of Advocacy through Action complete their doctorates and move into new clinical and academic roles, it is the group's hope that they will become leaders in advocacy in their new environments while encouraging others to follow suit. The group also hopes to spread its initiative and passion for professional advocacy to other students within psychology programs throughout Canada. Training programs can shape new generations of Psychologists who see themselves as the catalysts for change that they have the potential to be.

*“Never doubt that a small group of thoughtful committed citizens can change the world. Indeed, it's the only thing that ever has.” Margaret Mead*



# Linking research and practice through progress monitoring: Learning from clinicians

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As psychologists, we must heed the guiding principle “*First, do no harm*”. In the realm of psychotherapy, decades of research support the effectiveness of treatment (e.g., Smith & Glass, 1977; Wampold, 2007), however research suggests that 5-10 % of clients fail to improve or even deteriorate in therapy (Hansen, Lambert, & Forman, 2002; Lambert & Ogles, 2004). Unfortunately, studies indicate that therapists are not very accurate at identifying when clients are not progressing or when therapy is having harmful effects (Hannan et al., 2005; Hatfield, McCullough, Frantz, & Krieger, 2010). As a profession, we must be diligent in addressing the problem of deterioration and lack of client improvement. To do so, clinicians need methods to assess client’s failure to improve.

One reliable method to identify whether or not clients are making progress, is to use tools such as progress monitoring (PM) measures (Lambert & Shimokawa, 2011; Overington & Ionita, 2012). PM measures are standardized instruments that can be used on a session-by-session basis to track client change and to provide ongoing and systematic feedback to the therapist about three general client domains: symptoms, well-being and functioning (Overington & Ionita, 2012). Popular PM measures include: the Behavior and Symptom Identification Scale-24 (Eisen, Normand, Belanger, Spiro, & Esch, 2004), the Behavioral Health Measure-20 (Kopta & Lowry, 2002), the Clinical Outcome in Routine Evaluation System (Barkham et al., 1998), the Outcome Questionnaire-45 (Lambert et al., 1996), the Partners for Change Outcome Management System (Miller, Duncan, Sorrell, & Brown, 2005), the Polaris-Mental Health, (Grissom, Lyons, & Lutz, 2002), and the Treatment Outcome Package (Kraus, Seligman, & Jordan, 2005). PM measures are based on dosage curves, which represent the relationship between the number of treatment sessions (dose) and average client change (response; Howard, Kopta, Krause, & Orlinsky, 1986). When clients deviate from the expected response, clinicians are notified – providing an alert system to identify clients that are not making gains. The alerts create opportunities for clinicians to adjust their treatment to better suit their clients’ needs. There is mounting evidence to support the link between use of these measures and improved client outcome (Bohanske & Franczak, 2010; Lueger & Barkham, 2010; Shimokawa & Lambert, 2010).

PM measures are consistent with the evolving CPA definition of evidence-based practice in psychological treatment, which suggests that clinicians should engage in “monitoring and evaluation of services provided to clients throughout the treatment (from initial intake to termination and maintenance of gains)” (CPA, 2012, p. 1). Despite the evidence and the calls to engage in this practice, surveys suggest that there is limited use of the measures among experienced clinicians (e.g., Hatfield & Ogles, 2004; 2007; Jensen-Doss & Hawley, 2010). This raises the question of why so few clinicians use PM measures.

Research highlighting the common barriers reported by clinicians indicates that concerns of additional paperwork, constraints on time, and fears of burdening clients are the main barriers to PM implementation (e.g., Hatfield & Ogles, 2004, 2007; Jensen-Doss & Hawley, 2010). A recent large-scale Canada-wide survey of practitioners suggests that there is limited awareness and knowledge of the existence of PM measures (Ionita, 2012).

The McGill Psychotherapy Process Research Group (MPPRG) is working to address barriers and help clinicians find avenues to begin implementing PM. Recently, members of the MPPRG have published an article providing clinicians with information on different PM measures and a practical guide for selecting between measures (Overington & Ionita, 2012). We have also created a website for clinicians to gain further information on PM, with direct links to each measure and access to a list-serve with regular updates on PM. To provide a forum for discussion and knowledge development, we provided a workshop on PM at the 2012 annual CPA convention. Preliminary results from the Canada-wide survey indicate that age makes a significant difference in usage of PM measures (Ionita, 2012); it is likely that clinicians trained before the measures were developed use them less. Thus, it appears that clinicians need a user-friendly system to provide information, help them address barriers, and support their choice of a measure. The MPPRG is currently developing an online tool to educate and motivate therapists who may need information and who may experience barriers to PM use. Because clinicians are influenced by clinical material more than statistics (Stewart & Chambless, 2009), the tool will include testimonials and success stories as well as information and data.



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<sup>i</sup> This research was supported in part by a grant from Fonds Québécois de la Recherche sur la Société et la Culture.



# Using a professional values approach to build advocacy partnerships

James K. Hill, Ph.D., Psychologist Professional Practice Leader,  
Waypoint Centre for Mental Health Care

Among the challenges psychologists face when raising issues with management within their organization is deciding on the best message to build a productive advocacy partnership. Professional values interviews focus on those areas of our role that we see as unique and that increase job satisfaction. The reality is that many psychologists report to managers who do not have a full understanding of psychology's role and, because of this misunderstanding, can make decisions that conflict with our professional values. Through education, managers can increase their understanding of psychology's role and value in meeting organizational objectives. Sharing information about our values is one strategy that we can use in our first attempts to advocate for our role in service delivery.

Why do you stay in your job as a psychologist? What professional goals does the organization help you meet? In essence, professional values interviews focus on identifying what keeps psychologists engaged in their jobs. I used the principles of appreciative inquiry (Cooperrider, Whitney, & Stavros, 2003), a strengths-based organizational planning method, to guide the interview process. The interview seeks to identify parts of our work that are important to psychological practice. Explicitly sharing these values with managers is a positive step to increase understanding of who we are as a profession. To work as an advocacy effort, it is also essential to tie the values to the goals and mission of the organization. The benefit of a professional values interview is that it highlights areas of partnership through emphasizing positive factors and areas of agreement— a message that is likely to be welcome to organizational leadership. We help managers meet their goals as we educate them about our expertise, which makes our respective jobs easier. At its best, advocacy should build a win-win partnership that builds a relationship upon which more challenging conversation may rest.

## An example of a professional values interview process

In attempting a variation of this process, our organization was facing an issue around recruitment and retention of psychologists. Several other attempts were made to highlight core professional issues (face-to-face meetings with decision makers, written briefs/reports, emails, partnering with other disciplines), with varying levels of success. We then decided to focus not on what needed repair but, rather, on what needed to remain the same. Thus, we focused a professional values in-

terview on what kept people in their job, a variation on retention interviews. We decided to focus an off-site meeting on retention and used the following two questions to focus conversation:

- 1) What parts of your job keep you here?
- 2) Given the turnover among clinical psychologists, what have you noticed seems to increase the likelihood that psychologists will stay?

The rationale for only two questions is that the meeting was meant to be a free-flowing discussion of issues and not a back and forth series of answers. It was the discussion process that was important, not the specific content. Through this process several -themes emerged, some related to overall job issues (pay, autonomy, respect) while other issues focused on the culture and values of psychology. For example, a theme of management support of being scientist-practitioners and clinical leaders arose. We discussed being engaged in work that challenged our skills where we could use our expertise to the benefit of others. We also noted that there are often fewer psychologists than other disciplines so we appreciate any organizational efforts to support our links to psychologists outside the organization.

It is essential to identify the key positive themes in a report and share this with management. In targeting the message, I shared these themes first with those who had been at the meeting to ensure they agreed with the content. Then the resulting one-page briefing note went to key senior management who have a focus on clinical practice. The note focused solely on those positive elements we wanted to protect and nurture in our roles and in partnering with management. In less than 24-hours, we had received a positive response from management. This included a report that the note had been shared with other senior managers to a positive response. It is because this approach seemed to work well at building a collaborative relationship that it could be a useful first step in building an advocacy partnership with management; people prefer hearing good news. Catching management being good, identifying what is going well, and what needs to continue, helps to support us as professionals. Once this positive base is set, we can then discuss areas of divergence that may prove more challenging.

*For a complete list of references, please go to  
[www.cpa.ca/psynopsis](http://www.cpa.ca/psynopsis)*



# Resources for Mental Health Advocacy

*Fern Stockdale Winder, Ph.D.*  
 Psychologist, Saskatoon City Hospital  
 Vice-Chair, Board of Directors, MHCC

Advocacy is about change. The Mental Health Commission of Canada’s guiding principle is to be a catalyst for change that will improve the mental health system of Canada, reduce the stigma associated with mental health, better understand how to address the needs of the mentally ill who are homeless, and help to create better avenues for knowledge exchange. Part of being a catalyst is to provide information to those who are seeking to make changes in their systems, and to provide knowledge to those people who are advocating for change. As psychologists take on more advocacy roles, not just for the discipline of psychology but for mental health in general, there are numerous resources that are available on the Mental Health Commission website that may be helpful. These documents have involved extensive literature review, stakeholder consultation, and considered debate and review. As such, there is a lot of good stuff in them! I encourage you to take a moment to look at the website, and see for yourself. Examples include:

**Toward Recovery & Well-Being: A Framework for a Mental Health Strategy for Canada**

More than a framework for the mental health strategy – this document provides guiding value statements for designing an effective mental health system drawn from an international review, research, and the beautiful voices of lived experience.

**Changing Directions, Changing Lives: A Mental Health Strategy for Canada**

A blueprint for change comprising 109 recommendations covering the social determinants of mental health, service access, diversity, and the contributions and needs of First Nations, Inuit and Métis.

## The Facts

- A powerful single page filled with facts about incidence and cost of mental illness (<http://strategy.mentalhealth-commission.ca/the-facts/>).
- Evergreen: A Child and Youth Mental Health Framework for Canada
- Designed to inform the planning of mental health services and policies, it includes both values and strategies.
- Guidelines for Comprehensive Mental Health Services for Older Adults in Canada
- Clearly outlines the demographic changes associated with an aging population, and provides guidance for meeting needs for current and future mental health services.

These are just a few examples of the types of documents available on the website. In addition, the Mental Health Commission continues to develop a Knowledge Exchange Centre to create opportunities to connect people working in similar areas together. It is our hope that by connecting people and programs across Canada, and by making the empirical and economic arguments for mental health system improvement readily available, the MHCC will indeed help to catalyze needed change in our approach to mental health in Canada. *This article is part of a series on the work of the Mental Health Commission of Canada.*

## APA’s PsycNET® GOLD package

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# Increasing Access to Cognitive-Behavioural Treatment in Canada

*The Canadian Association of Cognitive and Behavioural Therapies / l'Association canadienne des thérapies cognitives et comportementales, 2012 Board of Directors, Heather Hadjistavropoulos, Ph.D., Adam S. Radomsky, Ph.D., Martin D. Provencher, Ph.D., Deborah Dobson, Ph.D., Gail Myhr MD, CM, MSc, FRCPC, Nichole Fairbrother, Ph.D., Nina Josefowitz, Ph.D. and Naomi Koerner, Ph.D.*

Although cognitive-behavioural treatment (CBT) is a recommended first-line psychological treatment in national and international research-informed practice guidelines<sup>1,2,3,4</sup>, the fact remains that there continues to be a gap between research and clinical practice<sup>1,2</sup>. Studies indicate that individuals who are likely to benefit from CBT are not receiving it<sup>1,2,5</sup>. The services of the main providers of CBT are not funded by public health insurance plans. Thus, there is a pressing need to advocate more vigorously for increased access by demonstrating that CBT's wide-scale provision within the universal healthcare system has the potential to reduce the economic burden of mental illness in Canada. In order to reduce the gap between the science and dissemination of CBT in Canada, key questions need to be addressed.

We need a better understanding of barriers to dissemination of CBT in Canada. Data are needed on contextual factors that contribute to problems with access<sup>5</sup>. For example, recent research in Québec indicates that individuals are more likely to receive an evidence-based psychotherapy in primary care practices in which routine care and psychological services are offered concurrently<sup>5</sup>. Clinicians' beliefs about CBT also appear to be a factor in its availability<sup>2</sup>. Specifically, clinicians' doubts about the generalizability of findings from clinical trials to real-world practice settings hinder dissemination of CBT<sup>2</sup>. A recent review indicates that discomfort with the delivery of exposure-based treatments prevents some clinicians from implementing CBT for anxiety disorders, even though the efficacy of exposure is widely-supported<sup>2,6</sup>. A lack of training opportunities in CBT has also been identified as a possible barrier to the provision of CBT<sup>6</sup>. In addition, there has not been any certification process in place to assess the competency of CBT providers in Canada<sup>1</sup>. Consequently, if CBT is being offered to clients, the treatment may vary considerably across clinicians and settings and may not always be consistent with the optimal, evidence-based approach. Another reason that Canadians may not be receiving CBT is that they may not be seeking it out. They may not be aware of what CBT is and how it compares to other interventions. Data are needed on the public's knowledge and beliefs about psychological therapies and their effectiveness.

It is also imperative that we collect more data on the cost savings associated with the provision of CBT in clinical trials and in naturalistic clinical settings. A recent review indicates that Canadian data on the cost-effectiveness of CBT are relatively scarce<sup>1</sup>. In the United Kingdom (UK), economic evidence was instrumental to the launch of the *Improving Access to Psychological Therapies* (IAPT) program, a nation-wide dissemination initiative funded by the UK government<sup>7</sup>. In 2006, a number of mental health foundations and professional organizations came together to lobby the Department of Health for increased access to publically-funded CBT. The coalition led to the commissioning of a report, "We Need to Talk: The Case for Psychological Therapy on the NHS"<sup>8</sup>, in which data were presented on the inadequate access to evidence-based psychological treatments in the UK, and on the cost effectiveness of CBT. The economic arguments were clearly compelling. As a starting point, the UK government allocated approximately £300 million over 3 years toward the implementation of CBT and other evidence-based psychological treatments for anxiety and depression, using a stepped care approach. In the first 3 years of the initiative, over 3,400 treatment providers were trained in the delivery of lower-intensity and higher-intensity CBT and other evidence-based treatments. These providers delivered treatment for anxiety or depression to over 1 million people at IAPT sites. The most recent report, published in November 2012<sup>7</sup>, indicates that approximately 66% of IAPT clients showed significant improvements in their symptoms, with 40% meeting criteria for recovery. More than 45,000 individuals terminated benefits and returned to work. The IAPT Board estimates that by 2017, direct savings to the healthcare system will total over £270 million. Impressed with the findings of the initial IAPT roll-out, the UK government has committed another £400 million to extend the program into 2015<sup>7</sup>.

The *Canadian Association of Cognitive and Behavioural Therapies/l'Association canadienne des thérapies cognitives et comportementales* (CACBT-ACTCC; [www.cacbt.ca](http://www.cacbt.ca) / [www.actcc.ca](http://www.actcc.ca)) was formed in 2010 to overcome the aforementioned obstacles to the implementation of CBT in Canada. It aims to promote the science and practice of CBT in Canada, in part by drawing together qualified CBT practitioners, providing CBT training to mental health professionals, educating the public in CBT, and establishing a formal process for the credentialing of CBT providers. Since its founding, over 500 professionals and trainees from various health disciplines have joined the CACBT-ACTCC, and over 90 CBT providers have

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## Cognitive-Behavioural Treatment

*Continued from page 17*

been credentialed through CACBT-ACTCC's formal evaluation process. To date, the CACBT-ACTCC has successfully organized dissemination events in Toronto (2011) and Regina (2012) for researchers, clinicians, and trainees. Our third meeting will be held in Montreal in May 2013, and will provide attendees with an opportunity to receive CBT training from international experts. Sessions will also be devoted to strategies for CBT advocacy and dissemination in Canada.

An official affiliate of the *European Association for Behavioural and Cognitive Therapies*, the world's largest umbrella CBT organization, the CACBT-ACTCC is the first organization to advocate specifically for CBT in Canada. It looks forward to continuing the work it has begun, and to joining with other Canadian mental health organizations in advocating for evidence-based treatment of mental disorders in Canada.

For a complete list of references, please go to [www.cpa.ca/psynopsis](http://www.cpa.ca/psynopsis)

## Science advocacy

*Continued from page 17*

ries to them. Although indirect, it is important that the public recognize the value of basic research in psychological science.

Third, become active in your national organization in order to take advantage of the impact of numbers. As mentioned above, CPA is partnering with other organizations with the goal of showing government a united block of constituents. In addition, sample letters to MPs and granting agencies targeted at specific issues are posted on the web site. The use of the two tools together (individual and group appeals) can be a powerful persuasive weapon.

Fourth, get on grant panels, put your name forward for membership on the governing councils of the agencies or otherwise contribute to the promotion of our profession.

Fifth, educate your students in the importance of advocacy and how we can use it to advance psychological science. Their future may very well depend on it.

In the end, we are stronger together than apart. We need to form as large a coalition of interested parties as possible.

*Please feel free to contact me ([asurpren@mun.ca](mailto:asurpren@mun.ca); 709-864-4786) or Lisa Votta-Bleeker, Deputy CEO and Director, Science Directorate ([LVottaBleeker@cpa.ca](mailto:LVottaBleeker@cpa.ca); 888-472-0657, ext. 322) to pass-along any ideas or thoughts you may have on CPA's science advocacy efforts. We would love to hear from you.*

## Learning from clinicians

*Continued from page 14*

Another initiative of the MPPRG is a survey of influential stakeholders. In speaking to representatives from colleges, associations, accrediting bodies and government stakeholders, we will develop a picture of the awareness and motivation to support progress monitoring in psychotherapeutic practice within Canada. The results of the survey will identify opportunities for advocacy to increase the development of progress monitoring as a necessary evidence-based practice for Canadian clinicians.

The goal of the MPPRG is to contribute to improving client care in Canada. We propose that one way to do this is to increase PM measure utilization among practitioners. Our team is actively working to find avenues through which to provide information and implement strategies for clinicians. Understanding how to disseminate information about evidence-based practices is an urgent priority for our discipline and profession. Our research will increase the understanding of how to disseminate information about evidence-based practices to clinicians, while our initiatives aim to bridge communication between researchers and clinicians.

A complete listing of references is available at [www.cpa.ca/psynopsis](http://www.cpa.ca/psynopsis)

## Licensing Framework

*Continued from page 12*

tain a barrier along with a justification of the need for that barrier" (Knox, 2010, *Who Can Work Where*, CD Howe Institute, pp. 7-8). Regulators of various occupations, not just psychology, are concerned about a "race to the bottom" whereby the standards in the least onerous jurisdiction will come to define the qualifications for professional practice. However, the adoption of the mutual recognition model came about because previous efforts to reconcile occupational standards across jurisdictions were unsuccessful (Knox, 2010). The pressure on regulators created by the AIT provides an opportunity to standardize and improve licensing laws. CPA has long advocated for common standards to enter professional practice in Canada, although it has concerns about the AIT (Cohen, 2009). I suggest the AIT be conceived as an opportunity. That is, while dealing with inter-provincial mobility issues we should also take the opportunity to make licensure laws more accepting of and relevant to non-clinical psychologists. We may even be able to get some financial support to do so. Human Resources and Skills Development Canada provides "limited funding" to regulated professions to facilitate labour mobility efforts. Is there enough interest in the I/O and broader psychology community to act? I hope so.



# What can we learn from IBM, Sony and Apple?



Douglas Murdoch, Ph.D.,  
Mount Royal University

“Beta” and “Micro Channel Architecture”: How many of you are familiar with these terms? For most people today Beta is a statistical term or a trial version of new software but at one time, Beta was the highest standard of videotape recording on the market. I am willing to bet that most of you have heard of VHS even though it has now been surpassed by CD-ROM, DVD and now digital media. In 1988 I was the proud owner of an IBM PS/2 computer with Micro Channel Architecture that had full “plug and play” capabilities. I would simply add a new hardware device, turn on the computer and it automatically configured the computer for the new device, something we take for granted now but was unheard of at the time. That computer lasted me almost 10 years and plug and play did not enter the mainstream of “open architecture” computers until the mid 1990’s and was not fully functional until after 2000 (“Plug and play,” 2012). So why did a computer design that was 10 years ahead of the competition not tower over the market? Why was BETA not the leading video format of the videotape era? Why did inferior products dominate over superior products? Therein lies the first lesson that we need to take forward in our advocacy efforts: ***It is not enough to be the best. Even a superior approach can disappear from the market.***

Some would say that Apple has learned these lessons well. Not only have they created a product line many consider superior (and more expensive) than the competition; they have been successful at standing out from the crowd and being seen as desirable, effective and reliable (three adjectives that most clinicians would love to have associated with their own practice). Apple has managed to claim a significant market share. They have done this through a very effective marketing campaign highlighting their strengths. Most of us remember the “Get a Mac” campaign from 2006 to 2009 (“Get a Mac,” 2012) where the cool “Mister Mac” always seemed to be one up on poor “Mr. PC.” Hence, lessons two and three: ***Know your strengths and Marketing counts.*** We need to clearly articulate where psychological services are superior to alternative approaches and then get the word out to those who make decisions about what services to purchase. We can learn a fourth lesson from Apple: ***We do not need to dominate the market to be successful, just maintain our niche.*** It is important that we know the strengths of our approaches and then we must find effective ways to get the message out. However, we must also recognize that we share the marketplace and will never have a monopoly.

Unless we dramatically change our educational and licensing models, we will never produce enough psychologists to meet all the market need for our services. Success can be measured by ensuring that there is an ongoing, valued role in the school systems, health care delivery, mental health service delivery, social services, I/O, sport and all the other applied fields.

There are many theories as to why Sony and IBM were bested. However, in both cases it seemed that the companies were convinced that the public would want their product because of technological superiority but did not read the market well. They were out marketed by the competition that focused on utility, accessibility and cost. Sony actually participated in the development of the VHS but abandoned it to JVC to focus on the “superior” Beta (Fately, 2006; Gomes, 2006). Sony and IBM tried to milk the superiority of their products by limiting the licensing. JVC turned around and made the VHS format widely available to other manufacturers so there were many more providers. IBM’s competitors got together and agreed on a common computer architecture that gave the public a wide range of inexpensive options. Lesson five then is: ***make your product accessible.*** It does not matter how good psychological services are if the consumer sees them as out of reach – either in cost or availability. Lesson six is: ***strategic alliances are important.*** Know when to stand alone but also know when to stand together. All providers of clinical services need to make the case for why someone should choose psychotherapy over the more accessible and easier to use pharmaceutical option (as well as the superior marketing clout) and the readily accessible but questionable services of the unregulated service providers (e.g. Life Coaches) and alternative medicine providers. The last lesson is: ***It is okay to give psychology away (like JVC “gave away” VHS) as long as one is seen as an invaluable innovator and industry leader.***

I have encountered an attitude amongst some psychologists that somehow we are above all this; that we are too “professional” to engage in marketing and branding. They see advocacy as nothing more than approaching decision makers and the public with the simple message of: “We are clearly better, give us more money” and strangely seem to think that will work. We are not above industry, we are an industry and unless we start studying the lessons of industry, we may become a marginalized one. As one Sony insider put it: “Sony’s loss at that time had everything to do with corporate ego, and a deliberate ignoring of the market demand” (Fately, 2006). We need to wake up, smell the market and start promoting our profession!



# Advocacy in the International Community: Mental Health for Conflict Survivors with Medecins Sans Frontieres

*Vivienne C. Rowan, Ph.D.*

Canadian psychologists are increasingly becoming involved in humanitarian activities. In July 2012, they represented over 20 per cent of the invited addresses at the 30th International Congress of Psychology - "Psychology serving humanity." As society changes toward globalization, more Canadian psychologists who have a special interest in trauma and international work are stepping up to the front lines to care for the well-being of others. Complex political emergencies and natural disasters around the world are brought to us through daily media reports of human suffering.

The humanitarian community is more sophisticated in delivering aid in crisis and prolonged conflicts. In Syria, civil war has raged for over 20 months. Approximately 40,000 people have died. MSF is providing mental health to thousands of Syrians who have taken refuge on the borders of Turkey, Lebanon, and Iraq. The international community is outraged at the brutality. Four million people will be in need this winter. They have stories to tell and MSF is bearing witness and documenting them.

MSF was created on the pillars of independence, neutrality, impartiality, and advocacy. Our presence in the field bearing witness to human suffering mandates that we speak out to advocate for change. Advocacy carries risks: it is a delicate balance. Publicly reporting on atrocities can result in expulsion from the country by the government or worse. Security risks can escalate quickly.

MSF is one of the few non-government organizations (NGOs) providing mental health to survivors of civil war and natural disasters. In making a commitment to a mission, one understands that s/he will be catapulted from the comforts of known Canadian life and clinical practice into the throes of conflict involving pillage, abduction, torture, rape, murder, and other abuses. The work is difficult, heart wrenching, and sometimes dangerous.

Mental health is critical to survivors processing trauma and rebuilding capacity to return civilians to their livelihoods and strengthen communities. Among many tasks is the training of community leaders and negotiating with Ministers of Medical Health to recognize the necessity for including mental health in their system.

In 2007, more than 125,000 mental health consultations were performed by psychologists, psychiatrists, social workers. In 2008, four Canadian psychologists acted as Mental Health Officers with MSF.

MSF entered Indonesia for a natural disaster thereby gaining access previously denied to hundreds of thousands of civilians who had suffered through 30 years of conflict. The tsunami

opened the doors for first providing mental health to flood victims. As they learned to trust us, we learned of atrocities they experienced during the long term conflict.

Can you imagine what it would be like to never know when you or your family members will be dragged from home, beaten, tortured, shot, and, if you are female, forced to subject yourself to unspeakable acts; family members suddenly disappear without a trace. Your body heals, but not your mind. You are plagued with worries about safety.

You haven't seen your relatives in months; some in years. People hide in their homes. Travelling even a few kilometres is dangerous. What is left of crops and livestock is either dead or slowly dying with no one to tend them. Beloved community activities; football, mother's cooking contests, and social gatherings are pleasures of the past. Land that has been in your family for decades has been confiscated. You wonder, "Do I have a future?"

Our therapeutic goals were to educate people about the tsunami as a natural disaster and not as punishment from a higher being, normalize psychological symptoms related to traumatic events, and to document stories of abuse. We designed psychosocial programs for all ages to activate and strengthen communities. Small groups of people with similar complaints were formed to develop a self-help support system once MSF left. Severe cases were seen individually. Some mental health problems are culturally viewed as "craziness" to be shunned - some chained and caged. We provided families and relatives with education on different forms of mental illness. For serious cases, (e.g., schizophrenia), we arranged for appropriate medications and advocated to the health system on behalf of families.

Equally important was the one day workshop we developed with the Ministers of Health to integrate mental health into the medical system which was the first of its kind in Indonesia. This is an ongoing fragile project that, as in most developing countries, requires political finesse, patience and perseverance.

Within six months, we saw complaints decrease and capacity increase, evident in our data collection procedure and the general changes in the community. People began returning to their fields, tending their crops, socializing, and holding community events. Smiles returned to faces that on the first few visits were clouded with sadness.

When I returned home, people wanted to know about my time in Indonesia, what the people were like and if I found them to be very different. My reply? The only difference between "us" and the people to whom we provide humanitarian aid is one of geography. We were born in one part of the globe and they in another. As a result, many of them live most of their lives in terror.



# School Psychology Advocacy Strategies in Alberta

Michael Lee Zwiers, Ph.D. and R. Coranne Johnson, Ph.D.

School psychology has a long history in Alberta; however, recent shifts in educational delivery may threaten the future of the profession. Over the past few years, Alberta has been making the transition to an Inclusive Education system where students with diverse learning needs have their educational needs met through a range of services. This new education delivery model is designed to allow students to receive appropriate programming based on their learning profile, which should reduce the need for formal assessment and diagnosis. This is a significant shift from the previous Special Education model in which school psychologists assumed the narrow role of gatekeepers who assessed and diagnosed students for identification and funding. These changes in Alberta's educational system have led psychologists to develop a strategic initiative to advocate for the provision of diversified school psychology services. In 2009, the Psychologists' Association of Alberta (PAA) struck a task force to develop a position paper that articulated the roles of school psychologists in an inclusive education system. The PAA then formed a School Psychology Standing Committee to continue the important advocacy work begun by the position paper. The committee's initial mandate was to disseminate the key points from the position paper, and has expanded to include education and advocacy initiatives targeted at decision makers, service users, and school psychologists.

The committee recognized that efforts needed to be strategically organized and targeted at government, educational decision makers (superintendents, principals and teachers), parents (including support groups), and practicing school psychologists. To increase effectiveness, advocacy efforts have focused on three primary strategies:

**Publications** – The committee understood that by articulating their positions in print their ability to reach a broad audience would be enhanced. The initial publication was a research-based position paper, *The Pivotal Role of Alberta School Psychology Services: A Response to Alberta Education's Setting the Direction* (PAA, 2010)<sup>1</sup>. Based on the core messages in the position paper, the committee created follow up articles. The first was published in the Alberta Teacher's Association Magazine under the title *Inclusive Education – How can School Psychologists Help Teachers?* This article targeted educators and was circulated to all teachers in the province. The second article, *Inclusive Education: the Role of School Psychologists* was printed in Perspectives Magazine, published by the Learning Disabilities Association of Alberta to be distributed to parents across the province.

The committee also identified a need to educate Alberta school psychologists regarding the evolution of school psychology practice, with the goal of empowering all school psychologists to advocate for an expansion of school psychology services. Committee members contribute articles to *Getting*

*Schooled*, a new feature dedicated to school psychology in the PAA's newsletter. Additionally, the committee developed a variety of marketing tools: a brochure titled *School Psychology Services*, display panels for use at conventions, and a web page on the PAA website.

**Presentations** – In order to engage various stakeholder groups, the committee determined the need to develop a set of PowerPoint presentations for four important audiences: teachers, parents, educational administrators, and school psychologists, and has subsequently made presentations to a variety of groups. In order to maintain current and meaningful materials, slide shows are regularly reviewed and updated. In addition, the committee's work was presented at the Canadian Psychological Association Conference in Halifax to help expand the committee's national and provincial networks.

**Strategic Communications** – The committee used various forms of strategic communication with key stakeholders, including both written and face-to-face formats. The committee has regularly responded to significant developments through letters to the Minister of Education and educational stakeholders. A critical strategy used by the committee in these letters has been to request follow-up meetings in order to pursue a specific action or outcome. The committee has had success in terms of meeting both formally and informally with Alberta Education officials, parent support groups, and other educational partners.

The committee has also made a conscious effort to develop a broad network of reciprocal support through connections with other Canadian bodies such as the CPA's School Psychology Task Force, the BC Association of School Psychologists, the Canadian Association of School Psychologists, and school psychologists from various provinces.

## Conclusion

The committee has been highly successful in terms of maintaining the engagement of members who represent a diverse range of school psychology practice, utilizing a targeted work plan, convening regular focused meetings, and using technology to communicate and share information. The committee's work could not have been accomplished without the ongoing support of the PAA as well as the dedicated efforts of volunteer committee members. Future efforts will be aimed at developing educational initiatives as well as expanding advocacy activities. To accomplish this, the committee will develop subcommittees to supplement the work of the core committee of eight. Given the challenges ahead, the committee will need to work diligently and purposefully toward its goal of embedding school psychology as a pivotal and valued service within Alberta's educational system. Earlier in the work of the committee, Dr. John Service advised the committee that it would not see the fruits of its labours for five to seven years. That long-term perspective has helped the committee to keep focussed and not become discouraged when faced with challenges and setbacks.



# Building Healthier Workplaces: National Standard on Psychological Health and Safety

*Louise Bradley, MS, RN, CHE; Joti Samra, Ph.D., R. Psych.; Sapna Mahajan, MPH, PMP, Mental Health Commission of Canada*

## Overview

Most adults spend more waking hours in the workplace than anywhere else. The workplace is an important contributor to one's overall sense of psychological health and well-being and plays an essential part in helping people to attain their full potential. However, workplaces can also present various stresses and can contribute to the development and/or the exacerbation of psychological health problems and disorders.

One out of five Canadians will experience a mental health problem or illness in any given year, with those in their early working years being most affected. By age 35, about 50% of the population will have or have had a mental illness.<sup>1</sup> The impact of these numbers is reflected in disability claims. In 2010, mental health conditions were responsible for 47 per cent of all approved disability claims in the federal civil service, almost double the percentage of twenty years earlier.<sup>2</sup>

The Mental Health Strategy for Canada, released in May 2012 by the Mental Health Commission of Canada (MHCC), recommended the development and implementation of a National Standard on Psychological Health and Safety in the workplace. MHCC championed its creation and the Bureau de Normalisation du Québec (BNQ) and CSA Group (CSA) collaboratively led the process.

The voluntary National Standard, which will be released January 2013<sup>3</sup>, is intended to provide systematic guidelines for Canadian employers that will enable them to develop and continuously improve psychologically safe and healthy work environments for their employees, with a focus on organizational risk factors (e.g., bullying/harassment, workload issues, psychological job fit) that have the potential to impact the psychological health and safety of all employees.

The purpose of the National Standard is to provide guidance to employers to prevent or mitigate the risks associated with mental injuries in the workplace, and assist them in creating psychologically healthy and safe workplaces. The National Standard guides employers in considering the exposure or hazards that may currently exist in workplace policies, processes, procedures or interactions.

The National Standard was developed through a consensus process, accredited by the Standards Council of Canada. This process included establishing a Technical Committee of volunteers with experience and interest in this subject matter including representations from organizations, employees,

governments, regulatory authorities, insurance companies, general interests, and service providers, including psychologists.

## Content of the National Standard

The National Standard provides a framework employers can utilize to ensure the creation and continuous improvement of a psychologically healthy and safe workplace. There is an emphasis on the shared responsibility between the workplace and the individual for maintaining and improving their well-being, given the diverse influences on an individual's psychological well-being. The National Standard focuses on prevention and promotion, but also highlights the importance of supporting individual workers to access services and seek assistance, internally and externally, when needed.

The National Standard is applicable to any organization though different organizations may find different sections more relevant to their needs. Specific annexes were developed to assist very small or very complex businesses to take advantage of the National Standard in a practical way.

The National Standard is of importance to all psychologists given the integral role the workplace plays in one's overall psychological health. It provides education and guidance on 13 key psychosocial factors in the workplace that may impact any working individual's psychological health. The National Standard will particularly be of relevance to any psychologist that is providing service in a clinical or consulting capacity to an individual who is working and/or on a current leave from work, and also to those psychologists that work with organizations or corporate clients in an industrial, organizational, or occupational consulting capacity.

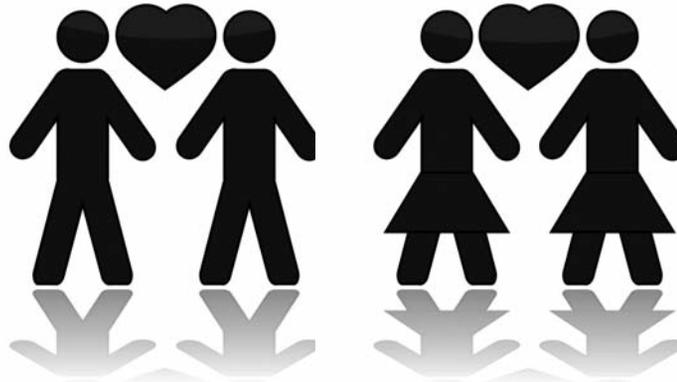
A significant amount of material was reviewed in the development of this National Standard. The National Standard of Canada for Psychological Health and Safety in the Workplace was developed specifically to align with existing occupational health and safety standards and guidelines, enabling psychological health and safety to be more easily integrated into an organization's structure.

The document is expected to be released in both French and English in mid January 2013, following a media launch. The Standard will be available free of charge from [www.ShopCSA.ca](http://www.ShopCSA.ca) or [www.bnq.qc.ca](http://www.bnq.qc.ca) after the release. Although the Standard will be offered at no cost, it is subject to copyright.

*For a complete list of references, please go to [www.cpa.ca/psynopsis](http://www.cpa.ca/psynopsis)*



# Mr. Gay Canada: Changing perceptions of mental health from within the LGBTQ community



*William Rylie Moore, MSc, University of Victoria*

Although Canadians are fortunate to grow up in a country that celebrates diversity, some Lesbian, Gay, Bisexual, Transgendered, and Queer (LGBTQ) individuals still experience great hardship, especially when they *come out* to their friends, family, and to the greater community. During this time, LGBTQ youth often endure significant stress from bullying, fear of losing friends and family, and hate-filled violence from strangers, peers, and family. Constant fear and experiences of discrimination are internalized, often resulting in that individuals feeling shame, guilt, and disgust about their own thoughts and behaviors, ultimately producing self-conflict, and subsequently, feelings of hopelessness, apprehension, and poor self-concept. For these reasons, LGBTQ individuals are at an increased risk of suffering from mental health problems, such as depression, anxiety disorders (e.g., generalized anxiety, obsessive-compulsive disorder, and phobias), suicide and self-harm, as well as substance abuse<sup>1-3</sup>. In fact, a Canadian study estimated that LGBTQ individuals' risk of suicide is 14 times greater than their heterosexual peers<sup>4</sup>, which are likely associated with the struggles of living in a heteronormative society. Furthermore, as a result of childhood maltreatment, interpersonal violence, and personal loss, LGBTQ individuals are twice as likely than heterosexuals to experience post-traumatic stress disorder (PTSD)<sup>5</sup>. Taken together, the accumulated stigma, discrimination, and prejudice experienced by LGBTQ individuals is referred to as *minority stress*, and has a variety of detrimental impacts throughout the lifespan<sup>6</sup>.

The vast array of negative experiences make LGBTQ individuals valuable candidates for the support of mental health services; however, the stigma of receiving mental health services and the fear of reaching out leads to its underutilization. Psychologists and other mental health professionals are able to offer support through difficult transitions and nurture valuable coping skills that will endure throughout that individual's life; further, they are able to ameliorate the pain and suffering by providing interventions that target the mental health problems. Effective psychotherapies exist for depression, anxiety, PTSD, coping skills, and substance abuse<sup>7</sup>. As a clinical psychologist in training, I understand that these services are essential for those who are struggling to cope with the pressures of societal and institutional discrimination so that they are given a fair and equal opportunity to live a confident and positive life. It is devastating knowing that services do exist and that those who would so greatly profit are not using them.

Although the potential benefit of mental health services is enormous, friends, families, and allies of LGBTQ individuals who are suffering from the pressures of discrimination can provide a protective mechanism by offering support through their struggles. In fact, social support networks are a powerful protective factor against mental health problems<sup>8</sup>. Therefore, if the reader is unaware of local resources or services and knows someone in need, simply offering support will foster acceptance and ultimately, personal well-being. Although this genre of social support may not be enough for those who are heavily distressed, it may be enough to abate the suffering while the

*Continued on page 25*



# Allied Health Professional: Not Appropriate for Psychology

John Service, Ph.D.

Psychologists are acutely aware of the importance of labels. One label sometimes ascribed to psychologists is Allied Health Professional (AHP). It is my contention that this label does significant damage to psychology.

Allied is defined by the Oxford Dictionary as *joined by or relating to members of an alliance* and by Webster's as *having or being in close association: connected*. There is a presumption of equivalence in both of these definitions.

The American Psychological Association's Dictionary of Psychology defines an AHP as a *licensed health care professional with specialized education and training who assists other professional staff in the prevention, treatment and rehabilitation process*. The key words are 'assists other professional staff'. Equivalency is replaced with a presumption of a hierarchy.

Many Canadian hospital administrative structures and labour union classifications have imbedded psychology within the AHP category with no discussion regarding the appropriateness of this decision with psychological associations. The term AHP including psychology is widely used in Australia but less so in the United Kingdom.

Many have commented that the term is so ill defined and variously used that it is close to meaningless as a useful definition. In *Coming together, moving apart: A history of the term allied*

*health in education, accreditation and practice*, author Fred Donini-Lenhoff of the American Medical Association (Journal of Allied Health, 2008) suggests that the most basic definition is any health profession other than nursing and medicine. He notes that psychology along with medicine, dentistry, optometry, podiatry, pharmacy, veterinary medicine, chiropractic, graduate level nursing, public health and health administration are excluded from the AMA's published directory of 71 accredited allied health education programs. However, as late as 1959, clinical and counselling psychology were listed under the AMA's list of paramedical areas. A search of the web site of the Canadian Medical Association did not produce a list of AHP's.

As we have seen from the dictionary definitions above, allied means related to or in alliance with. However, once one profession is removed, it being medicine, the most central and powerful health profession in Canada, allied now begins to mean subservient and less important. In this schema, one only gains one's true role and meaning in association with the other more powerful profession(s). As an example, the terms ancillary and paramedical were discontinued in favour of what was then considered the less odious term allied (Donini-Lenhoff, 2008). Donini-Lenhoff also notes that some professions including psychology have distanced themselves from the AHP category based on advanced education and training and under the presumption of equality with medicine.

Psychology is not a profession designed to support medical care. Rather psychology is an autonomous profession with the most extensive training in psychology and mental health than any other profession. Consequently psychology is best seen as a specialty in health care on an equivalent basis to other medical and non medical specialties (e.g. dentistry and dental specialties; medical specialties; optometry).

AHP has significant ramifications in terms of how others view and treat psychology which affects patient care, health care expenditures at the program, organization and societal levels, staffing, program development, leadership decisions, reporting structures, human resource planning, salaries etc.

It is clear that psychology as a profession is not going to singlehandedly stop the inclusion of psychology under the AHP umbrella any time soon. In the mean time, psychologists can refer to themselves as health professionals and advise others that the use of the term AHP for psychology is neither appropriate nor accurate. The first step in addressing this issue is to make this personal commitment. As learning theory demonstrates, it is a lot easier to change the behaviour over which one has most control (e.g. one's own behaviour) than the behaviour over which one has less or the least control (e.g. the behaviour of others).



## Psychology in the Spotlight...

Have you received a grant, fellowship or research chair, started an innovative practice, achieved an important research finding, or received an award? If so, we want to know about it. Send us an article of 400 to 900 words that describes the work that led to your achievement and we will consider it for a new Psynopsis column called Psychology in the Spotlight. Note that depending on space and numbers of submissions, submissions may be queued and/or limited to 400 words. For more information, contact Tyler Stacey-Holmes [publicrelations@cpa.ca](mailto:publicrelations@cpa.ca)

## La psychologie sur la sellette...

Vous avez reçu une subvention, une bourse ou une chaire de recherche? Vous avez instauré une pratique novatrice, obtenu des résultats de recherche importants, reçu un prix? Nous voulons le savoir! Faites-nous parvenir un article d'au plus 900 mots, dans lequel vous décrivez vos réalisations, et nous le publierons dans une nouvelle rubrique de Psynopsis, appelée La psychologie sur la sellette. Pour en savoir plus, communiquez avec Tyler Stacey-Holmes, à l'adresse [publicrelations@cpa.ca](mailto:publicrelations@cpa.ca).



## Mr. Gay Canada:

*Continued from page 23*

appropriate services are being sought out. Furthermore, providing encouragement to seek out those services will diffuse the shame and guilt often coupled with the use of mental health services.

Attempts have been made to advocate for the role of mental health services to the LGBTQ community; however, addressing a minority community through mainstream heteronormative prevention efforts, such as television, social media, and newsprint are not providing the desired outcome of increasing mental health usage and decreasing stigma. In order to better target this community, psychologists and other mental health professionals need to get creative in our attempts to advocate! Accordingly, I have begun to internalize a desire to advocate for my beliefs, my community, and my future profession, as I value the importance of diversity, education, equality, and positive mental health. An opportunity with uncharted potential to reach this un-served community from the inside exists in the Mr. Gay Canada competition, which is a national competition that endeavors to create a positive image for gay men and make a difference in the lives of LGBTQ individuals (see <http://www.mrgaycanada.ca> for more information about the competition). Through education, outreach, and public performances, Mr. Gay Canada will be able to raise awareness for issues that are pertinent to the LGBTQ community, such as bullying, discrimination and violence, among others. The competition requires that a candidate win at the regional level to be accepted at the national level and from there, candidates compete to be selected as the Canadian representative at the annual Mr. Gay World competition, an opportunity that has far reaching benefits (see <http://www.mrgayworld.org>). Accordingly, the competition is open to a vast number of LGBTQ individuals as well as their friends, families, and supporters on regional, national, and international stages. Ultimately, vital messages of hope and inspiration will be broadcasted with enough potency to affect change within those communities, thus providing an essential platform to advocate for human rights and, of particular interest to myself, issues surrounding mental health and the services that are available for LGBTQ individuals.

As a competitor in the competition, I am taking advantage of this unique opportunity to integrate education, inspiration, and ultimately, spread the message that no one should fear receiving help for mental health problems, that no one should feel ashamed of needing a little extra help through a turbulent time, and that no one should feel alone, because they are not. There is an entire community of friends, allies, and mental health professionals who can assist in supporting them through a difficult and turbulent transition.

A complete listing of references is available at [www.cpa.ca/psynopsis](http://www.cpa.ca/psynopsis)



### Report of CPA's Evidence-Based Task Force: Evidence-Based Practice of Psychological Treatments — A Canadian Perspective.

This work, led by psychology's most eminent psychotherapy researchers, operationalizes what constitutes evidence-based practice in psychology and makes recommendations about how psychologists can best integrate evidence into practice to better inform patient care. It includes guidance for clinicians as well as consumers of psychological services.

Click here to read the Task Force's Final Report.  
[http://www.cpa.ca/docs/file/Practice/Report\\_of\\_the\\_EBP\\_Task\\_Force\\_FINAL\\_Board\\_Approved\\_2012.pdf](http://www.cpa.ca/docs/file/Practice/Report_of_the_EBP_Task_Force_FINAL_Board_Approved_2012.pdf)

# QUÉBEC 2013

## PRE-CONVENTION WORKSHOP

**Date:** Wednesday, June 12, 2013

**Location:** Québec City Convention Centre  
1000 boul. René Lévesque E, Québec, Québec, G1R 2B5

Attend CPA Pre-Convention Workshops and earn continuing education credits upon successful completion

All workshops are presented in the language in which they are described.

Deadline for workshop registration: May 13, 2013.

**Please note: Pre-Convention Workshops can be cancelled due to low registration up until May 19<sup>th</sup>, 2013.**

Those who register for a pre-convention workshop are eligible for a reduced convention fee only until May 13, 2013.

## ATELIERS PRÉCONGRÈS

**Date :** mercredi 12 juin 2013

**Lieu :** Centre des congrès de Québec  
1000, boul. René-Lévesque Est Québec, (Québec) G1R 2B5

Assistez aux ateliers précongrès et obtenez des crédits d'éducation permanente si terminés avec succès.

Tous les ateliers sont décrits dans la langue de la communication.

La date limite pour les inscriptions aux ateliers : le 13 mai 2013.

**Veillez noter que les ateliers précongrès peuvent être annulés dû à un manque d'inscription et ce, jusqu'au 19 mai 2013**

Les personnes qui s'inscrivent à un atelier précongrès sont admissibles à des frais réduits pour assister au congrès et elles doivent s'inscrire au plus tard le 13 mai 2013.

**Please register online at [www.cpa.ca/convention/registration](http://www.cpa.ca/convention/registration)  
Veillez vous inscrire en ligne au [www.cpa.ca/congres/fraisdinscription](http://www.cpa.ca/congres/fraisdinscription)**

### WORKSHOP # 1 CE CREDITS - 6.0 - Crédits d'éducation permanente

#### Advocacy Workshop: How to Engage and Influence Decision Makers and the Public

**Presented by:** CPA / **Présenté par :** SCP

**Sponsored by:** CPA / **Commandité par :** SCP

**Note :** Morning and afternoon coffee provided

|                      |                             |           |
|----------------------|-----------------------------|-----------|
| <b>Cost / Coût :</b> | CPA/OPQ Members:            | \$100.00* |
|                      | Non-Members:                | \$150.00* |
|                      | CPA/OPQ Student Affiliates: | \$50.00*  |
|                      | Student Non-affiliates:     | \$50.00*  |

**Duration / Durée :** 9:00 am - 4:30 pm

**Workshop Description / Description de l'atelier :** Advocacy is one of the most important activities a psychologist can engage in. Advocacy affects whether patients and clients get services, the types of services available and the reimbursement options. This fourth annual Advocacy Workshop is designed to provide knowledge, teach skills and answer questions regarding the effective ways to advocate in our daily lives as psychologists or part of an organization or association.

\*listed price does not include GST/QST — prix n'incluent pas la TPS/TVQ.

### WORKSHOP # 2 CE CREDITS - 3.75 - Crédits d'éducation permanente

#### Quantitative TAT Interpersonal Scoring Systems: Application and Validity

**Presented by / Présenté par :** Dr. Sharon Rae Jenkins, University of North Texas; Dr. Antoinette Thomas, Society for Personality Assessment

**Authors biography / Biographie de l'auteur :** Sharon Rae Jenkins received her Ph.D. in Personality Psychology from Boston University and a postdoctoral certificate in Clinical Psychology from the California School of Professional Psychology, Berkeley/Alameda (CSPP B/A). She was an NIMH Postdoctoral Fellow and Assistant Research Psychologist at the University of California, Berkeley's Institute of Human Development. She has taught at the University of California, Santa Cruz and at CSPP-B/A. Currently she is a Professor at the University of North Texas teaching in the Clinical Psychology Doctoral Program and specializing in personality assessment in the context of culture. She has taught first-year and advanced graduate courses in clinical personality assessment for much of the past 20 years.

Antoinette Thomas received her PhD from Université de Montréal, has been a Canadian psychologist for 45 years. She is Past-President



of International Council of Psychologists. Her personal psychoanalysis was accomplished with Dr. Clifford Scott, followed by a three-year advanced theoretical and technical training in individual and group psychoanalytically oriented psychotherapy at Royal Victoria Hospital. She supervised doctoral candidates in clinical assessment and psychotherapy at RVH, held clinical and research positions at MCH. Her TAT scale is included in a textbook, was presented in 9 workshops (5 offered APA 16 credits). She is co-editor of a clinical book accepted by Routledge. Dr. Thomas lectured at Concordia University, was Assistant Professor at MSVU. She is Life Fellow of International Council of Integrative Medicine, Life Member of CPA and Society for Personality Assessment.

**Note:** Morning coffee provided

|                      |                          |           |
|----------------------|--------------------------|-----------|
| <b>Cost / Coût :</b> | CPA/OPQ Members:         | \$75.00*  |
|                      | CPA/OPQ Student Members: | \$50.00*  |
|                      | Non-Members:             | \$100.00* |
|                      | Student Non-Members:     | \$50.00*  |

**Duration / Durée :** 9:00 – 1:00 pm

**Workshop Description / Description de l'atelier :** Quantitative TAT scoring systems, using techniques of both psychoanalytic and Piagetian/object relations approaches, have been demonstrated to be reliable methods of assessing clients' interpersonal relationship problems. Such techniques can describe the affective quality and social-cognitive maturity of main projected relationships; for example, research has shown that scores based on the psychoanalytic technique, Thomas's TAT Affective Scale, distinguish happily married from less happy couples, and scores based on the Piagetian/object relations technique, Interpersonal Decentering, highlight individuals who are more psychologically minded, socially self-aware, and less defensive. To provide participants with the opportunity to acquire introductory-level scoring competence in both of these systems, this workshop will begin with an orientation to the theory and applications of interpersonal scoring, followed by a review of primary validation evidence. Finally, participants will have the opportunity to become familiar with the scoring manuals and to engage in actual scoring practice.

**WORKSHOP # 3 CE CREDITS - 3.0 - Crédits d'éducation permanente**

**CCPPP - Training Psychologists for Future Practice: the Role of Academic and Internship Programs in Creating a Vision for the Future Practice of Psychology**

**Presented by / Présenté par :** Leading Canadian Educators

**Sponsored by / Commandité par :** Canadian Council of Professional Psychology Programs (CCPPP)

**Note:** Light breakfast, lunch, afternoon snack provided

|                      |                          |           |
|----------------------|--------------------------|-----------|
| <b>Cost / Coût :</b> | CPA/OPQ Members:         | \$100.00* |
|                      | CPA/OPQ Student Members: | \$50.00*  |
|                      | Non-Members:             | \$125.00* |
|                      | Student Non-Members:     | \$50.00*  |

**Duration / Durée :** 9:00 – 12:30 pm

**Workshop Description / Description de l'atelier :** This workshop will be of interest to training directors of both university training programs and internship/residency sites. Most participants will likely be members of CCCPP and/or have active responsibility for training of clinical/counselling psychology students. The workshop may also be of interest to prospective interns/residents or those who are applying out for their pre-doctoral internships.

**WORKSHOP # 4 CE CREDITS - 5.5 - Crédits d'éducation permanente**

**Mindfulness-Based Cognitive Therapy: From Theory to Practice**

**Presented by / Présenté par :** Dr. Mark Lau, Vancouver CBT Centre & University of British Columbia

**Authors biography / Biographie de l'auteur :** Mark A. Lau Ph.D, R Psych., is a registered clinical psychologist in private practice at the Vancouver CBT Centre and a Clinical Associate Professor of Psychiatry at the University of British Columbia. He specializes in mindfulness-based cognitive therapy (MBCT) and cognitive behaviour therapy (CBT) for the treatment of depression and anxiety disorders. He also provides consultation and supervision in both these treatment modalities. Dr. Lau has over 17 years of experience teaching MBCT groups, conducting MBCT research, and leading MBCT single and multi-day professional trainings nationally and internationally. Dr. Lau's research interests include investigating the mechanisms underlying MBCT's effectiveness, the development and validation of the Toronto Mindfulness Scale, and evaluating effective methods of disseminating MBCT and CBT. He has published many articles and book chapters on MBCT and presented his research findings at numerous conferences. He is an Associate Editor of the journal Mindfulness. He has been awarded the Scientist-Practitioner Award from the British Columbia Psychological Association and the Excellence in Continuing Mental Health Education Award from the Department of Psychiatry, University of Toronto. [http://www.vancouvercbt.ca/dr\\_lau.html](http://www.vancouvercbt.ca/dr_lau.html)

**Sponsored by / Commandité par :** CPA Section on Clinical Psychology

**Note:** Morning and Afternoon coffee provided

|                      |                          |           |
|----------------------|--------------------------|-----------|
| <b>Cost / Coût :</b> | CPA/OPQ Members:         | \$200.00* |
|                      | CPA/OPQ Student Members: | \$85.00*  |
|                      | Non-Members:             | \$250.00* |
|                      | Student Non-Members:     | \$110.00* |

**Duration / Durée :** 9:00 – 4:00 pm

**Workshop Description / Description de l'atelier :** This one-day workshop will be an interactive learning experience combining didactic instruction with experiential exercises to teach key aspects of Mindfulness-Based Cognitive Therapy (MBCT). MBCT integrates techniques from mindfulness-based stress reduction with cognitive therapy for depression to teach individuals who have recovered from depression new skills to prevent relapses. MBCT familiarizes individuals with the thoughts and emotions that characterize depression. Key themes include experiential learning and the development of an open and acceptant mode of response, in which one intentionally faces behavioral difficulties and affective discomfort. Increased mindfulness allows early detection of relapse-related patterns of negative thinking, feelings, and body sensations, allowing them to be "nipped in the bud" at a stage when this may be much easier than if such warning signs are not noticed or are ignored. Formulation of specific relapse/recurrence prevention strategies are included in the later stages of treatment. MBCT is now included in the National Institute of Clinical Excellence (NICE) Guidelines in the UK for prevention of recurrent depression. More recently, MBCT has been shown to be effective in treating acute symptoms of depression and anxiety for a wide range of individuals.

**WORKSHOP # 5** CE CREDITS - 3.0 - Crédits d'éducation permanente**My Episte-What?: A Practical Guide to Navigating Feminist Research Methods and Analyses with Epistemology at the Center****Presented by / Présenté par :** Dr. Maria Gurevich, Ryerson University

**Authors biography / Biographie de l'auteur :** Maria Gurevich, PhD, is Associate Professor in Psychology at Ryerson University. Her research focuses on constructions of gender, sexuality and identity. Some of this work has been done in the context of health issues, such as: sexuality in HIV-positive women; gender and sexuality in men with testicular cancer; and lesbian and bisexual women's identities and health. She has also conducted research in: traumatic stress and cancer; and critical incident and occupational stress in emergency medical personnel. Current work centers on ways in which identity is implicated in sexuality, such as: decisions about labeling among bisexual women; the epistemological location of bisexuality within queer theory; shifting sexual norms and practices in the context of media and pornography influences and the medicalization of sexuality; and sexuality and disability. A critical psychology perspective and feminist poststructuralist epistemologies guide most of this research.

**Sponsored by / Commandité par :** CPA Section on Women and Psychology**Note:** Morning and Afternoon coffee provided

|                      |                          |           |
|----------------------|--------------------------|-----------|
| <b>Cost / Coût :</b> | CPA/OPQ Members:         | \$150.00* |
|                      | CPA/OPQ Student Members: | \$75.00*  |
|                      | Non- Members:            | \$200.00* |
|                      | Student Non-Members:     | \$75.00*  |

**Duration / Durée :** 9:00 – 5:00 pm

**Workshop Description / Description de l'atelier :** The workshop is designed to provide practical tools for working through the links among feminist epistemologies, methodologies and analytic techniques. Feminist researchers rely on a range of epistemological and methodological approaches. While these approaches are often cast in terms of qualitative versus quantitative work, a more accurate and useful distinction pertains to epistemological leanings. Many feminist researchers adopt qualitative methodologies, but often without sufficient attention to epistemological investments. Both methods (e.g., interviews, focus groups) and analytic techniques (e.g., thematic analysis, grounded theory analysis) can be used with a variety of epistemic lenses (e.g., positivist, critical realist, post-structuralist). Installing epistemology front and center permits more rigorous attention to questions about: how data are interpreted; what counts as knowledge or evidence; and what claims can be made about the implications of research findings. Specific attention will be paid to discourse analysis (DA) informed by post-structuralist epistemology. New adopters of qualitative approaches tend to turn to such analytic techniques as thematic analysis or grounded theory, due to their relative comprehensibility and familiarity. While these are very useful tools, the potency of DA, using a feminist post-structuralist lens, lies in its direct engagement with power, politics, and gender, which makes it a robust analytic tool for feminist research.

**WORKSHOP # 6** CE CREDITS - 3.0 - Crédits d'éducation permanente**Introduction to Integrating Emotion Regulation and Interpersonal Skills into PTSD Treatment****Presented by / Présenté par :** Dr. Marylene Cloitre, National Center for PTSD

**Authors biography / Biographie de l'auteur :** Marylene Cloitre, Ph.D., is the Associate Director of Research at the Dissemination and Training Division of the National Center for PTSD in Palo Alto, California. She is also an adjunct Professor of Psychiatry and Child and Adolescent Psychiatry at the New York University Langone Medical Center in New York City.

Dr. Cloitre is the immediate Past President of the International Society for Traumatic Stress Studies (ISTSS) and a member of the Stress and Trauma Workgroup for the World Health Organization (WHO) ICD-11 Diagnoses. She has received several grants focused on the development, testing and dissemination of effective treatments for adults who have experienced early life trauma and has published widely on the topic of childhood trauma and loss and their impact on relationships and social bonds.

Dr. Cloitre is the lead author of *Treating Survivors of Childhood Abuse: Psychotherapy for the Interrupted Life* with Lisa R. Cohen and Karestan C. Koenen (Guilford Press, 2006) and co-author of *Grief in Childhood: Fundamentals of Treatment in Clinical Practice* with Michelle Y. Pearlman and Karen D. Schwalbe (American Psychological Association Press, 2010)

**Sponsored by / Commandité par :** CPA Section on Traumatic Stress**Note:** Morning coffee provided

|                      |                          |           |
|----------------------|--------------------------|-----------|
| <b>Cost / Coût :</b> | CPA/OPQ Members:         | \$120.00* |
|                      | CPA/OPQ Student Members: | \$60.00*  |
|                      | Non- Members:            | \$150.00* |
|                      | Student Non-Members:     | \$60.00*  |

**Duration / Durée :** 9:00 – 12:15 pm

**Workshop Description / Description de l'atelier :** PTSD is frequently associated with difficulties in emotion management and in effective interpersonal functioning. In addition, many clients and therapists do not wish to begin with the processing of traumatic memories as the first task of therapy. This presentation describes a flexibly-applied, evidence-based treatment that takes a sequenced approach to recovery. The initial phase of treatment, Skills Training in Affective and Interpersonal Regulation (STAIR) focuses on the strengthening or rehabilitation of emotion regulation and interpersonal skills to enhance day-to-day life. These skills also prepare the client to more effectively engage in the processing of traumatic memories, the second component of the treatment. Narrative Story Telling (NST), focuses on the narration of traumatic memories with the purpose of identifying and reappraising trauma-based interpersonal schemas and associated emotions including fear, anger, shame and loss. The treatment has been found to be effective in individuals with PTSD related to childhood abuse, rape, mass violence (9/11) and combat trauma.

**WORKSHOP # 7 CE CREDITS - 6.0 - Crédits d'éducation permanente**
**Behavioural Activation Therapy:  
What You Need to Know – In One Day**

**Presented by / Présenté par :** Dr. Simon Sherry, Dalhousie University

**Authors biography / Biographie de l'auteur :** Dr. Simon Sherry was distinguished as one of Canada's best young researchers by winning the Canadian Psychological Association President's New Researcher Award in 2009. In 2011, he won the H. J. Eysenck Memorial Fund Award, an international award recognizing excellence in research on personality and mental health problems. His work examines the role of personality (e.g., perfectionism) in depression and eating disorders. For more on his research, see [www.personality.psychology.dal.ca](http://www.personality.psychology.dal.ca).

Dr. Sherry, Registered Clinical Psychologist, is an Associate Professor in the Departments of Psychology and Psychiatry at Dalhousie University. He trained with leading experts in behavioural activation therapy at the University of Washington. Understanding how to make actions speak louder than moods has greatly improved his therapeutic practice. Dr. Sherry is a specialist in treating depression, personality disorders, perfectionism, and eating disorders and he assesses and treats a variety of other mental health problems. He sees adults for assessment and treatment at Genest MacGillivray Psychologists. See [www.gmpsychoanalysts.com](http://www.gmpsychoanalysts.com).

**Note:** Morning and Afternoon coffee provided

|                      |                          |           |
|----------------------|--------------------------|-----------|
| <b>Cost / Coût :</b> | CPA/OPQ Members:         | \$200.00* |
|                      | CPA/OPQ Student Members: | \$125.00* |
|                      | Non-Members:             | \$210.00* |
|                      | Student Non-Members:     | \$125.00* |

**Duration / Durée :** 9:00 – 4:30 pm

**Workshop Description / Description de l'atelier :** Behavioural activation therapy is a cutting-edge, evidence-based intervention for depression (Dimidjian et al., 2006). Effective, pragmatic, and time-efficient, behavioural activation therapy is among the important advances in depression treatment in recent decades. Several meta-analyses support the efficacy of behavioural activation therapy for depression (e.g., Ekers et al., 2008). Behavioural activation therapy for depression results in large, clinically significant reductions in depression. These reductions are equivalent to the effects of antidepressants and existing "gold standard" psychotherapies for depression such as cognitive behavioural therapy. Behavioural activation therapy is often misunderstood as merely a "just do it" intervention, in which clinicians simply schedule pleasant activities. But skill in behavioural assessment (e.g., functional analysis) and behavioural intervention are crucial to identifying treatment targets and implementing effective treatment strategies. Change requires a planned, systematic method. This workshop will take a hands-on approach and show attendees how to do behavioural activation therapy either on its own or as an adjunct to other interventions. We will also review the theory and research supporting behavioural activation therapy. Very few helping professionals receive solid training in behavioural interventions; nearly all need it.

**WORKSHOP # 8 CE CREDITS - 5.5 - Crédits d'éducation permanente**
**Introduction to Data Analysis With "R"**

**Presented by / Présenté par :** Dr. Robert Cribbie, Dalhousie University; Carrie Smith, York University

**Authors biography / Biographie de l'auteur :** Robert Cribbie is a Professor in the Department of Psychology at York University and the Joint Coordinator with Professor David Flora of the Institute for Social Research Statistical Consulting Service. He received his PhD in Quantitative Psychology from the University of Manitoba. His research interests include multiple comparison procedures, robust ANOVA strategies, and equivalence testing.

Carrie Smith is a Psychology PhD candidate in Quantitative Methods at York University. She is the instructor for the Institute for Social Research 'A Gentle Introduction to R' short course, is an author for the R package OLScurve (2012), and is an avid userR in her research and statistical consulting.

**Sponsored by / Commandité par :** CPA Section on Quantitative Methods

**Note:** Morning and Afternoon coffee provided

|                      |                          |           |
|----------------------|--------------------------|-----------|
| <b>Cost / Coût :</b> | CPA/OPQ Members:         | \$125.00* |
|                      | CPA/OPQ Student Members: | \$75.00*  |
|                      | Non-Members:             | \$150.00* |
|                      | Student Non-Members:     | \$75.00*  |

**Duration / Durée :** 9:00 – 4:00 pm

**Workshop Description / Description de l'atelier :** "R" is a free software environment for statistical computing and graphics. This powerful software package has been steadily gaining in popularity among research psychologists due to its flexibility, its capacity for generating informative high-quality graphics, its wide-ranging pre-programmed statistical methods and large active online community. However, because "R" is syntax based, it has a steeper learning curve than some alternative software options. The purpose of this workshop is to introduce you to "R" by guiding you through a series of exercises that will help make this transition as gentle and easy as possible. During the morning session participants will be introduced to the "R" user environment, the fundamentals of "R" syntax, basic data structures, and how to import and export data. The afternoon session will focus on conducting basic statistical analyses (e.g. descriptive statistics and linear regression) and plotting data. The workshop assumes no prior familiarity with "R" or programming. It is recommended that participants bring a laptop pre-installed with "R" (<http://www.r-project.org/>) and RStudio (<http://rstudio.org/>) so they may follow along with workshop exercises.

**WORKSHOP # 9 CE CREDITS - 6.0 - Crédits d'éducation permanente**
**The Truth about Lies: Using Psychology to Detect Lies in High Stakes Situations and Every Day Life**

**Presented by / Présenté par :** Dr. Stephen Porter, UBC-Okanagan  
Dr. Michael Woodworth, UBC-Okanagan

**Authors biography / Biographie de l'auteur :** Dr. Stephen Porter currently is a researcher and consultant in the area of psychology and law. He also is a professor of psychology and the co-director of the Centre for the Advancement of Psychological Science & Law

(CAPSL) at UBC-Okanagan. Dr. Porter has published numerous scholarly articles on deceptive communication and investigative interviewing and psychopathy and violent/predatory behaviour. Dr. Porter is consulted by Canadian courts and has been qualified as an expert witness in various areas. He has been consulted by police in serious crime investigations and provides training to law enforcement, mental health professional groups, government agencies, and other adjudicators.

Dr. Michael Woodworth is an Associate Professor and researcher of forensic psychology at UBC-Okanagan. He received his Doctor of Philosophy in 2004 from Dalhousie University before moving to Kelowna to co-found a forensic psychology research program, the Centre for the Advancement of Psychological Science & Law (CAPSL). Dr. Woodworth has over twenty-five publications in top tier journals; his primary areas of research include psychopathy, criminal behaviour, and deception detection. Dr. Woodworth regularly consults with law enforcement agencies such as the RCMP and FBI, and serves as an expert witness for the courts.

**Note:** Morning and Afternoon coffee provided

|                      |                          |           |
|----------------------|--------------------------|-----------|
| <b>Cost / Coût :</b> | CPA/OPQ Members:         | \$275.00* |
|                      | CPA/OPQ Student Members: | \$175.00* |
|                      | Non-Members:             | \$375.00* |
|                      | Student Non-Members:     | \$175.00* |

**Duration / Durée :** 9:00 – 4:30 pm

**Workshop Description / Description de l'atelier :** Although deception is a common element of human social interaction, without training, most people (professionals and laypersons alike) “flip a coin” when attempting to catch liars. However, psychological science has revealed behavioural cues that are reliably associated with emotional deception - particularly, high-stakes lies - and can be observed by the trained eye. Research by the lead presenters has demonstrated that empirically-based training can lead to a substantial improvement in deception detection ability. This seminar will offer comprehensive, evidence-based training in detecting deception, through lecture, practice, feedback, and analyses of real-world videotaped examples of highly motivated deceivers. Part 1 of the workshop focuses on “myth-busting”, how to avoid common pitfalls, and the need for critical thinking. A theoretical model and the Stephen Truscott case will be used to demonstrate how such pitfalls occur. Part 2 of the workshop will address the assessment of deception by informed attention to: body language, facial expressions, and linguistic analysis/verbal statements, with reference to actual police investigations in which the presenters have been consulted. Further, active interviewing strategies aimed at enhancing deception detection ability will be explored. This training will serve as a practical guide to enhance participants' emotional intelligence and ability to detect lies in the workplace and everyday life.

**WORKSHOP # 10** CE CREDITS - 6.0 - Crédits d'éducation permanente

### L'évaluation, l'intervention et la prévention dans les cas de deuil

**Presented by / Présenté par :** Dr. Janel Gauthier, Université de Laval

**Authors biography / Biographie de l'auteur :** Dr Gauthier est psychologue clinicien de formation. Il exerce la profession de psychologue depuis 1975. Il a été professeur en psychologie clinique à l'Université Laval de 1978 à 2012.

Il est l'auteur de nombreuses publications dans le domaine de la psychologie de la santé et des thérapies cognitives et comportementales pour le deuil, l'anxiété, la dépression, la douleur et la faible estime de soi. Il a été l'un des premiers auteurs à développer et proposer des stratégies d'évaluation et de traitement basées sur un modèle biopsychosocial du deuil.

*Simultaneous translation — Traduction simultanée*

**Sponsored by / Commandité par :** L'Ordre des Psychologues du Québec

**Note:** Café offert le matin et l'après-midi

|                      |                          |           |
|----------------------|--------------------------|-----------|
| <b>Cost / Coût :</b> | CPA/OPQ Members:         | \$100.00* |
|                      | CPA/OPQ Student Members: | \$75.00*  |
|                      | Non-Members:             | \$150.00* |
|                      | Student Non-Members:     | \$100.00* |

**Duration / Durée :** 9:00 – 4:30 pm

**Workshop Description / Description de l'atelier :** Des études rapportent que de 15 à 20% des individus ayant perdu un être cher éprouvent une douleur émotionnelle intense ainsi qu'une altération profonde du fonctionnement nécessitant une intervention psychologique qualifiée. Offrir une thérapie efficace aux personnes endeuillées peut s'avérer complexe et exiger du psychologue un haut niveau de compétence et d'expertise en matière d'évaluation, de diagnostic et de planification de traitement. Dans cet atelier, nous ferons état des principales manifestations du deuil en soulignant les différences culturelles qui existent dans l'expression du deuil. Nous aborderons la question des déterminants contextuels et biopsychosociaux du deuil dans le but d'en arriver à mieux comprendre les variations qui existent dans la durée et l'intensité du deuil. Nous traiterons de la question des phases ou étapes du deuil et nous commenterons la littérature portant sur l'évolution du deuil. Nous ferons le point sur diverses questions liées à la définition du deuil «normal» et «pathologique» dans les systèmes de classifications des troubles mentaux (DSM et ICD). L'analyse fonctionnelle du deuil, les traitements psychologiques, les stratégies d'accompagnement et de prévention feront l'objet d'une attention particulière. Des exemples de cas seront présentés pour faire le lien entre les connaissances théoriques et l'application clinique.

**WORKSHOP # 11** CE CREDITS - 5.0 - Crédits d'éducation permanente

### Evidence-Based Assessment, Treatment, and Special Considerations for Military-Related Posttraumatic Stress Disorder

**Presented by / Présenté par :** Dr. Rakesh Jetly, Canadian Forces Health Services and Dr. Maya Roth Parkwood Hospital Operational Stress Injury Clinic

**Authors biography / Biographie de l'auteur :**

Col Jetly is the CF senior psychiatrist and Mental Health advisor to the Surgeon General. He began his CF career in 1989, first as a General Duty Medical Officer and Flight Surgeon at CFB Borden. In 1993 he deployed as Senior Medical Officer to the United Nations mission in the Golan Heights. In 1994 he deployed to RWANDA as part of the Canadian Forces humanitarian mission. Between 1996 and 2000 he returned to the University of Toronto for postgraduate training in psychiatry.

From 2000-2008 he was posted to Halifax where he held various positions including Regional Director of a psychological trauma clinic



(OTSSC) and Clinical Director of Mental Health Services. Operational involvement included leading the Mental Health Response in Faslane Scotland after the fatal fire on the submarine Chicoutimi. He has deployed to Kandahar twice (2006 and 2007) as the psychiatrist in the Canadian led Role three hospital based in Kandahar Airfield (KAF). Col Jetly is an associate professor of psychiatry at Dalhousie, Queens and Ottawa Universities. He has presented nationally and internationally on topics such as PTSD and Operational psychiatry. Col Jetly is an Officer in the Order Of Military Merit.

Dr. Maya Roth is a clinical psychologist at the Parkwood Hospital OSIC and is currently involved in developing and implementing clinical outreach services within the Greater Toronto Area. Dr. Roth is an Adjunct Member of the Yeates School of Graduate Studies at Ryerson University, and an Allied Scientist of the Lawson Health Research Institute in London, Ontario. She completed her undergraduate training at York University, and her graduate training at Queen's University and York University. Dr. Roth is certified as a Prolonged Exposure therapist and supervisor through the Centre for the Treatment and Study of Anxiety at the University of Pennsylvania, and is CACBT-ACTCC certified in Cognitive Behaviour Therapy. Dr. Roth is involved in research examining treatment outcome in posttraumatic stress disorder and mood disorders among military and veteran personnel, treatment outcome in chronic pain, as well as the examination of pain and psychological distress at end of life. Clinically, Dr. Roth's practice involves the assessment and treatment of posttraumatic stress disorder and other sequelae of military service, including depression, other anxiety disorders, and chronic pain.

*Simultaneous translation – Traduction simultanée*

**Sponsored by / Commandité par :** Department of National Defense, the Parkwood Hospital Operational Stress Injury Clinic, and the Canadian Institute for Military and Veteran Health Research

**Note:** Morning and Afternoon coffee provided

|                      |                          |           |
|----------------------|--------------------------|-----------|
| <b>Cost / Coût :</b> | CPA/OPQ Members:         | \$75.00*  |
|                      | CPA/OPQ Student Members: | \$50.00*  |
|                      | Non- Members:            | \$100.00* |
|                      | Student Non-Members:     | \$50.00*  |

**Duration / Durée :** 9:00 – 4:30 pm

**Workshop Description / Description de l'atelier :** This workshop focuses on the assessment and treatment of military-related post-traumatic stress disorder (PTSD) and special considerations for working with veterans and members of the Canadian Forces (CF) presented by experts in the field of military and veteran care. First, we provide an introduction to the diagnosis of PTSD with an overview of its origins and more recent formulation. This will be followed by a review of the structured clinical interview and empirically validated self-report instruments used in the assessment of PTSD. Special considerations in the assessment of veterans and CF members will be highlighted. The third portion of the workshop will focus on the use of evidence-based psychotherapeutic modalities for the treatment of military-related PTSD, including Prolonged Exposure Therapy (Foa, Hembree, & Rothbaum, 2007), Cognitive Processing Therapy (Monson et al., 2006), and Eye-Movement Desensitisation and Reprocessing Therapy (Shapiro, 1993), which have demonstrated effectiveness in reducing the re-experiencing, hyperarousal, and both cognitive and situational avoidance symptoms of PTSD. An overview of the psychiatric management of military-related PTSD and the importance of collaborative care will also be provided. We will then cover special considerations in the implementation of treatment for military-related PTSD, including the impact of comorbid conditions such as mild traumatic brain injury and addictions on treatment outcomes, and novel interventions for other common concerns among veterans and CF members receiving treatment for PTSD, such as pain and smoking cessation.



**CPA Presidential Address**  
**Allocution présidentielle**

**Supporting Canadian Psychology:  
 Advocacy Required!**

**Le soutien à la psychologie canadienne :  
 représentation requise!**

*Jennifer Frain, Ph.D.,  
 CPA President/présidente de la SCP*



**The Family of Psychology Keynote Address /**  
**Conférence « La famille de la psychologie »**

**Getting the Most for your Money: The Hedonic Return  
 on Experiential and Material Purchases**

**En obtenir réellement pour son argent : le retour  
 hédonique sur l'investissement expérientiel et matériel**

*Thomas Gilovich, Ph.D., Cornell University*



**Honorary President's Address /**  
**Allocution du président d'honneur**

**A Call to Arms: A Discussion of Why the  
 Timing is Right to Reclaim the Role of  
 Psychologists in Treating Mental Illness  
 and to Access Public Health Funding**

**Un appel aux armes : Une discussion sur les  
 raisons pour lesquelles le moment est opportun  
 pour réclamer le rôle des psychologues dans le  
 traitement de la maladie mentale et l'accès au  
 financement par les deniers publics**

*The Honourable Mr. Justice Edward F. Ormston /  
 L'honorable juge Edward Ormston*



**Science & Applications Keynote Address /**  
**Conférencière « Science & Application »**

**Computers and Psychosocial Treatments for  
 Anxiety Disorders in Youth**

**L'informatique et les traitements psychosociaux  
 des troubles de l'anxiété chez les jeunes**

*Philip C. Kendall, Ph.D., ABPP, Laura H. Carnell  
 Professor of Psychology, Temple University*

## CPA SECTIONS RELATED PROGRAM / PROGRAMME LIÉ AUX SECTIONS DE LA SCP

**Aboriginal Psychology / Psychologie autochtone**

Section Keynote Speaker / Conférencier invité par la section  
*"The Most Significant Legacy is Mental Health Issues: Search for Pathways to Holistic Health and Wellness"*  
 Bill Mussell, Native Mental Health Association of Canada  
 Reception / Réception  
 Annual Meeting / Réunion annuelle

**Addiction Psychology / Psychologie de la dépendance**

Annual Meeting / Réunion annuelle

**Adult Development and Aging / Développement adulte et vieillissement**

Section Keynote Speaker / Conférencière invitée par la section  
*"Cognitive Aging & Neuropsychological Markers of Dementia"*  
 Mary Tierney, Sunnybrook Health Sciences Centre  
 Annual Meeting / Réunion annuelle

**Brain and Cognitive Science / Cerveau et science cognitive**

CPA/Section Invited Speaker / Conférencier invité de la SCP/Section  
*"Rehabilitation of Brain Function in Late Adulthood"*  
 Donald Stuss, University of Toronto  
 Annual Meeting / Réunion annuelle

**Clinical Psychology / Psychologie clinique**

CPA Invited Speaker / Conférencière invitée de la SCP  
*"Psychothérapie et autres activités réservées par la loi Québécoise"*  
 Rose-Marie Charest, Présidente de l'Ordre des psychologues du Québec  
 CPA Invited Speaker / Conférencière invitée de la SCP  
*"Reconceptualizing PTSD and Enhancing Treatment : Harnessing the healing Power of Relationships"*  
 Candice M. Monson, Ryerson University  
 Annual Meeting / Réunion annuelle

**Clinical Neuropsychology / Neuropsychologie clinique**

CPA Invited Speaker / Conférencière invitée de la SCP  
*"Psychothérapie et autres activités réservées par la loi Québécoise"*  
 Rose-Marie Charest, Présidente de l'Ordre des psychologues du Québec  
 Reception / Réception  
 Annual Meeting / Réunion annuelle

**Community Psychology / Psychologie communautaire**

Annual Meeting / Réunion annuelle

**Counselling Psychology / Psychologie du counseling**

Section Keynote Speaker / Conférencière invitée par la section  
*"Scientists and Storytellers: Examining the Role of Qualitative Evidence for Practice"*  
 Beth Haverkam, University of British Columbia  
 CPA Invited Speaker / Conférencier invité de la SCP  
*"Developments in Absenteeism and Presenteeism Research"*  
 Gary Johns, Concordia University  
 Reception / Réception  
 Annual Meeting / Réunion annuelle

**Criminal Justice Psychology / Psychologie et justice pénale**

Section Keynote Speaker / Conférencier invité par la section  
*"Don Andrews Career Contribution Award Presentation"*  
 William Marshall, Emeritus Professor, Queen's University  
 Annual Meeting / Réunion annuelle

**Developmental Psychology / Psychologie du développement**

CPA Invited Speaker / Conférencière invitée de la SCP  
*\*"The « Desire Disorder » in Research on Female Sexual Orientation : Potential Contributions of Dynamical Systems Theory"*  
 Lisa M Diamond, University of Utah  
 Reception / Réception  
 Annual Meeting / Réunion annuelle

**Environmental Psychology / Psychologie de l'environnement**

Section Keynote Speaker / Conférencier invité par la section  
*"Planning with Smores – Transitioning to a Low Carbon Community"*  
 Kenneth Church, Natural Resources Canada  
 Reception / Réception  
 Annual Meeting / Réunion annuelle

**Extremism and Terrorism / Extrémisme et terrorisme**

Section Keynote Speaker / Conférencier invité par la section  
*"Significance Quest as the Driver of Radicalization Toward Terrorism"*  
 Arie W Kruglanski, University of Maryland  
 Reception / Réception  
 Annual Meeting / Réunion annuelle

**Family of Psychology / Psychologie de la famille**

CPA Invited Speaker / Conférencière invitée de la SCP  
*\*"Reconceptualizing PTSD and Enhancing Treatment : Harnessing the Healing Power of Relationships"*  
 Candice M. Monson, Ryerson University  
 Annual Meeting / Réunion annuelle

**Health Psychology / Psychologie de la santé**

CPA Invited Speaker / Conférencière invitée de la SCP  
*\*"Psychothérapie et autres activités réservées par la loi Québécoise"*  
 Rose-Marie Charest, Présidente de l'Ordre des psychologues du Québec

**CPA Invited Speaker / Conférencier invité de la SCP**

*\*"Developments in Absenteeism and Presenteeism Research"*  
 Gary Johns, Concordia University  
 Reception / Réception  
 Annual Meeting / Réunion annuelle

**History and Philosophy of Psychology / Histoire et philosophie de la psychologie**

Section Keynote Speaker / Conférencier invité par la section  
*"Reading Plato's Meno as the Beginning of Learning: The Drama of the Double Square"*  
 Dale Stout, Bishop's University  
 Reception / Réception  
 Annual Meeting / Réunion annuelle

**Industrial and Organizational Psychology / Psychologie industrielle et organisationnelle**

CPA Invited Speaker / Conférencier invité de la SCP  
*\*"Developments in Absenteeism and Presenteeism Research"*  
 Gary Johns, Concordia University  
 Annual Meeting / Réunion annuelle

\* Speaker nominated by multiple sections



**CPA SECTIONS RELATED PROGRAM / PROGRAMME LIÉ AUX SECTIONS DE LA SCP**

**International and Cross-Cultural Psychology /**

**Psychologie internationale et interculturelle**

Section Keynote Speaker / Conférencier invité par la section

*“Acculturation and Intergroup Relations between Immigrant and Host Majority Groups in Multiethnic Settings”*

Richard Y Bourhis, Université du Québec à Montréal

Annual Meeting / Réunion annuelle

**Psychoanalytic and Psychodynamic Psychology / Psychologie**

**psychoanalytique et psychodynamique**

Section Keynote Speaker / Conférencier invité par la section

*“Otto Weininger Award Presentation: Comparing Analytic Perspectives”*

Joshua Levy, Toronto Institute of Contemporary Psychoanalysis

Reception / Réception

Annual Meeting / Réunion annuelle

**Psychologists in Education / Psychologues en éducation**

Section Keynote Speaker / Conférencière invitée par la section

*“School Based Mental Health : Such a Great Idea, Why didn't I think of that!”*

Alan W Leschied, Western University

Reception / Réception

Annual Meeting / Réunion annuelle

**Psychologists in Hospitals and Health Centres / Psychologues en milieux hospitaliers et en centres de santé**

Annual Meeting / Réunion annuelle

**Psychology in the Military / Psychologie du milieu militaire**

Annual Meeting / Réunion annuelle

**Psychopharmacology / Psychopharmacologie**

CPA Invited Speaker / Conférencier invité de la SCP

*“Professional Psychology's Future: Risks and Opportunities”*

Patrick H DeLeon, Henry M. Jackson Foundation Distinguished Professor; Joint appointment to the F. Edward Hebert School

Annual Meeting / Réunion annuelle

**Psychology and Religion / Psychologie et religion**

Annual Meeting / Réunion annuelle

**Quantitative Methods / Méthodes quantitatives**

Annual Meeting / Réunion annuelle

**Rural and Northern Psychology / Psychologie des communautés rurales et nordiques**

Section Keynote Speaker / Conférencière invitée par la section

*“Une Psychoach dans le champ”*

Pierette Desrosiers, Pierette Desrosiers Psychoaching

Reception / Réception

Annual Meeting / Réunion annuelle

**Sexual Orientation and Gender Identity Issues / Orientation sexuelle et identité sexuelle**

CPA Invited Speaker / Conférencière invitée de la SCP

*\*“The « Desire Disorder » in Research on Female Sexual Orientation : Potential Contributions of Dynamical Systems Theory”*

Lisa M Diamond, University of Utah

Annual Meeting / Réunion annuelle

**Social and Personality Psychology / Psychologie sociale et de la personnalité**

CPA Invited Speaker / Conférencière invitée de la SCP

*\*“The « Desire Disorder » in Research on Female Sexual Orientation: Potential Contributions of Dynamical Systems Theory”*

Lisa M Diamond, University of Utah

CPA/Section Invited Speaker / Conférencière invitée (SCP / Section)

*“Hormones, Intimacy, and Aggression: The Steroid/Peptide Theory of Social Bonds”*

Sari M van Anders, University of Michigan

Section Keynote Speaker / Conférencière invitée par la section

*“Adjustment to Chronic Illness”*

Vicki S Helgeson, Carnegie Mellon University

Annual Meeting / Réunion annuelle

**Sport & Exercise Psychology / Psychologie du sport et de l'exercice**

CPA/Section Invited Speaker / Conférencière invitée (SCP / Section)

*\*“Reach, Acceptability and Impact of Population Health Interventions Aimed at Increasing Physical Activity and Reducing Excessive Preoccupation with Thinness: Conceptual and Methodological Issues”*

Lise Gauvin, Centre de recherche du CHUM

Annual Meeting / Réunion annuelle

**Students in Psychology / Étudiants en psychologie**

Section Keynote Speaker / Conférencière invitée par la section

*“What can I do to be Happy? Insights from Research on Well-Being”*

Veronika Huta, University of Ottawa

Reception / Réception

Annual Meeting / Réunion annuelle

**Teaching of Psychology / Enseignement de la psychologie**

Section Keynote Speaker / Conférencière invitée par la section

*“On the Synergy between Research and Teaching”*

Colin Macleod, University of Waterloo

Annual Meeting / Réunion annuelle

**Traumatic Stress / Stress traumatique**

CPA Invited Speaker / Conférencière invitée de la SCP

*\*“Reconceptualizing PTSD and Enhancing Treatment : Harnessing the Healing Power of Relationships”*

Candice M. Monson, Ryerson University

Section Keynote Speaker / Conférencière invitée par la section

*“Social Bonds, Emotion Regulation and Health through the Life Span”*

Marylene Cloitre, National Center for PTSD

Reception / Réception

Annual Meeting / Réunion annuelle

**Women and Psychology / Femmes et psychologie**

CPA Invited Speaker / Conférencière invitée de la SCP

*“Mind Games: Sports, Gender, and the “Competitive Instinct”*

Rebecca M. Jordan-Young, Barnard College, Columbia University

Reception / Réception

Annual Meeting / Réunion annuelle

**\* Speaker nominated by multiple sections**

CPA INVITED SPEAKERS /  
CONFÉRENCIERS INVITÉS PAR LA SCP



**Psychotherapy and the other reserved activities by Bill 21**

**Psychothérapie et autres activités réservés par la loi québécoise**  
Rose-Marie Charest, M.A.,  
présidente de l'Ordre des psychologues  
du Québec

**The "Desire Disorder" in Research on Female Sexual Orientation: Potential Contributions of Dynamical Systems Theory**

**Le « trouble du désir » dans la recherche sur l'orientation sexuelle féminine : contributions potentielles de la théorie des systèmes dynamiques**  
Lisa M. Diamond, Ph.D., University of Utah



**Developments in Absenteeism and Presenteeism Research**

**Progrès dans la recherche sur l'absentéisme et le présentéisme**  
Gary Johns, Ph.D.,  
Concordia University/Université Concordia

**Mind Games: Sports, Gender, and the "Competitive Instinct"**

**Jeux d'esprit : Sports, genre et « instinct de compétition »**  
Rebecca M. Jordan-Young, Ph.D.,  
Columbia University



**Reconceptualizing PTSD and Enhancing Treatment: Harnessing the Healing Power of Relationships**

**Reconceptualisation du Trouble de stress post-traumatique (TSPT) et amélioration du traitement : tirer parti du pouvoir de guérison des relations personnelles**  
Candice M. Monson, Ph.D.,  
Ryerson University/Université Ryerson

CPA/SECTION INVITED SPEAKERS  
CONFÉRENCIERS INVITÉS PAR  
LA SCP ET LES SECTIONS



**Professional Psychology's Future: Risks and Opportunities**

**Avenir de la psychologie professionnelle : risques et possibilités**

Patrick De Leon, Ph.D., Henry M. Jackson Foundation Distinguished Professor; joint appointment to the F. Edward Hebert School / professeur émérite de la Fondation Henry M. Jackson; nomination conjointe à la chaire F. Edward Hebert School

**Reach, Acceptability, and Impact of Population Health Interventions Aimed at Increasing Physical Activity and Reducing Excessive Preoccupation with Thinness: Conceptual and Methodological Issues**

**Portée, acceptabilité et incidence des interventions en santé de la population visant à accroître l'activité physique et à réduire la préoccupation excessive au sujet de la minceur : questions conceptuelles et méthodologiques**

Lise Gauvin, Ph.D.,  
Centre de recherche du CHUM



**Rehabilitation of Brain Function in Late Adulthood**

**Réhabilitation de la fonction cérébrale vers la fin de l'âge adulte**

Donald Stuss, Ph.D.,  
University of Toronto / Université de Toronto

**Hormones, Intimacy, and Aggression: The Steroid/Peptide Theory of Social Bonds**

**Hormones, intimité et agression : la théorie des stéroïdes/peptides des liens sociaux**

Sari M. van Anders, Ph.D.,  
University of Michigan





## ACCOMMODATION

### Hilton Québec

1100, boul. René-Lévesque Est  
Group Code (online): PSYA13 Group Code (Telephone) PSYA13  
Situé sur Parliament Hill, the Hilton Québec Hotel is ideally located for the Québec City Convention Centre while still being just a few minutes' walk from Old Québec

**Reservations:** Telephone: 1-888-447-2411  
Online: (<http://www.cpa.ca/convention/traveltips/accommodations>)  
**Group rate is available until June 17, 2013. Subject to availability.**

**Here is a little incentive... Book your hotel accommodation at the Hilton Québec before April 1st, 2013. Your name will be entered in a draw to win 1 free night accommodation during the convention dates at the Single/Double Guest Room rate.**

**Room Single / Double Occupancy:**  
Single/Double Guest Room: \$209.00 (Plus applicable taxes)  
1 King Bed Executive Floor: \$269.00 (Plus applicable taxes)

### Short-term accommodation at le service des résidences de l'Université Laval

**Service des résidences de l'Université Laval**  
2255, rue de l'Université, Université Laval  
Group Code **Event 211013**  
1-418-656-5632 or by email at [hebergement@sres.ulaval.ca](mailto:hebergement@sres.ulaval.ca)

**The conventions and conferences package offers a convenient and affordable alternative for participants** who wish to stay in Québec City. Only a few steps from the campus' conference buildings, our four residences buildings are also located only five kilometres from the Centre des Congrès de Québec (Québec City Convention Centre). The city bus (Metrobus service 800 or 801) will get you there in only fifteen minutes.

**Regular rooms - shared bathroom**  
**43\$ + taxes single occupancy - 60\$ + taxes double occupancy**  
Regular rooms are equipped with one or two single beds, a sink, a dresser, a closet, an armchair and a desk. A telephone is also included and local calls are free of charge. It is possible to make long-distance calls with a phone card. Bathrooms and showers are shared and always located nearby on each floor. Bedding, towels and parking are provided, as well as a room cleaning service twice a week. Breakfast is also included and served from 7:00 am to 9:00 am in a nearby building.

To reserve, use the following form and select the proper event in the scrolling list at the end:  
[https://www.residences.ulaval.ca/en/short\\_term\\_accommodation/packages/conventions\\_and\\_events/reservation/](https://www.residences.ulaval.ca/en/short_term_accommodation/packages/conventions_and_events/reservation/)

**Rooms with private bathroom - 90\$ + taxes**  
Our rooms with private bathroom are an alternative housing offering more comfort for both short and extended stays. Each of those rooms are equipped with a refrigerator, coffee machine, microwave oven, television, iron and ironing board, hair dryer, a telephone and a free Ethernet connection for Internet access. Bedding, towels and parking are provided, as well as a room cleaning service twice a week. Breakfast is also included and served from 7:00 am to 9:00 am in a nearby building.

To reserve, use the following form and select the proper event in the scrolling list at the end:  
[https://www.residences.ulaval.ca/en/short\\_term\\_accommodation/packages/conventions\\_and\\_events/reservation/](https://www.residences.ulaval.ca/en/short_term_accommodation/packages/conventions_and_events/reservation/)

## HÉBERGEMENT

### Hilton Québec

1100, boul. René-Lévesque Est  
Code de groupe (en ligne) : PSYA13 (téléphone) : PSYA13  
Situé juste à côté du Centre des congrès de Québec, l'hôtel Hilton Québec jouit d'un emplacement idéal sur la Colline parlementaire, à quelques minutes de marche du Vieux-Québec.

**Réservations:** Téléphone : 1-888-447-2411  
En ligne : (<http://www.cpa.ca/convention/traveltips/accommodations>)  
**Le tarif de groupe est offert jusqu'au 17 juin 2013. Sous réserve de disponibilité.**

**Voici un petit incitatif... Réservez votre chambre d'hôtel au Hilton Québec avant le 1<sup>er</sup> avril 2013. Vous serez alors admissible au tirage d'une nuitée à l'hôtel, pendant le congrès, équivalant au tarif d'une nuit en chambre simple ou double.**

**Chambre simple/double :**  
Chambre simple/double: 209 \$ (taxes applicables en sus)  
Très grand lit à l'étage exécutif: 269 \$ (taxes applicables en sus)

### Hébergement hôtelier court terme du service des résidences de l'Université Laval

**Service des résidences de l'Université Laval**  
2255, rue de l'Université, Université Laval  
Code de l'événement **211013**  
1-418-656-5632 ou par courriel [hebergement@sres.ulaval.ca](mailto:hebergement@sres.ulaval.ca)

Le forfait **Congrès et événement** est une formule pratique, très économique et parfaitement adaptée aux congressistes de passage à Québec. À quelques pas des pavillons où se tiennent les colloques sur le campus, nos quatre résidences sont également situées à seulement cinq kilomètres du Centre des Congrès de Québec et l'accès y est particulièrement rapide via le service d'autobus du RTC (Métrobus 800 ou 801). Vous y serez en moins de 15 minutes!

**Chambres régulières - salle de bain partagée - 43 \$ + taxes en occupation simple - 60 \$ + taxes en occupation double**  
Les chambres régulières comprennent un ou deux lits simples, un lavabo, une commode, une penderie, un fauteuil et une table de travail. Un téléphone se trouve également dans la chambre et permet d'effectuer des appels locaux gratuitement. Les toilettes et douches se trouvent toujours à proximité sur l'étage. Literie, serviettes et stationnement sont inclus, de même qu'un service à la chambre après 3 ou 4 nuits. Le déjeuner est aussi inclus et servi entre 7h et 9h dans un pavillon avoisinant.  
Pour réserver, 418-656-5632 ou par courriel [hebergement@sres.ulaval.ca](mailto:hebergement@sres.ulaval.ca) et mentionner le nom et le code de l'événement (**211013**)

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*Karen R. Cohen Ph.D., Chief Executive Officer*  
*Melissa Tiessen Ph.D., Registrar Accreditation and Director Education Directorate*

What follows is an update of science, practice and educational activity undertaken by Head Office staff and leadership since our last update in the Fall 2012 issue of *Psynopsis*. For any further information about any of the activities described please feel free to be in touch with us. We want to hear what you think. Unless otherwise indicated, please contact Karen Cohen ([kcohen@cpa.ca](mailto:kcohen@cpa.ca)) on national activities for practice. Lisa Votta-Bleeker leads our science activity ([lvottableeker@cpa.ca](mailto:lvottableeker@cpa.ca)) but is on maternity leave until April 2013 – during this time please contact Karen Cohen. John Service retired from his position as Director of CPA's Practice Directorate as of January 2013. John's work for CPA and Canadian psychology has been beyond measure and we wish him happiness, health and adventure in his retirement. Note that John continues in his role as Executive Director of the Ontario Psychological Association and, in that capacity, will continue to sit at the Practice Directorate table. Recruitment for that position is ongoing and we hope to announce an appointment early in the New Year. In the interim, inquiries about provincial/territorial practice can be directed to [executiveoffice@cpa.ca](mailto:executiveoffice@cpa.ca) For information on accreditation and continuing education, contact Melissa Tiessen at [mtiessen@cpa.ca](mailto:mtiessen@cpa.ca)

## **Canadian Consortium for Research (CCR)**

The CCR met at CPA's Head Office on November 21, 2013 at which time we hosted a breakfast for CCR member organizations with Canada's granting councils. The Presidents of SSHRC, NSERC, and CFI were in attendance in addition to a senior staff person from Mitacs. Each shared with us the views and positions on research funding in 2012/13 which was followed by a collegial roundtable discussion. Presidents gave an overview of their budgets and funding programs. Discussion points included the importance of partnerships in funding research in Canada – noting that industry partnerships include the funding of basic research:

- the need for breadth but also depth in funding through the NSERC discovery program
- developing students with “employer ready” talents
- recognition and support for the skills that drive innovation – the “widget” isn't enough; understanding of people and behaviour (social skills) are necessary to successfully take a “widget” to market
- research and higher education priorities need to include first nations, the environment, digital technologies, needs of the north, developing leaders
- the importance of operational as well as infrastructure funding
- need to convey the return on investment of research and improve upon Canada's contribution to innovation and this through industry/university partnerships

## **NSERC**

In December 2012, CPA's Scientific Affairs Committee responded to NSERC's request for feedback on the plan to establish a reliable methodology for allocating budgets among Evaluation Groups covered under the discovery grant program. CPA's response is available at [http://www.cpa.ca/docs/file/Science/NSERC\\_RTI\\_final\\_august102012.pdf](http://www.cpa.ca/docs/file/Science/NSERC_RTI_final_august102012.pdf).

## **Student Research Grants**

The Canadian Psychological Association Foundation (CPAF) issued two calls for Proposals in 2012. The first disbursement was made in summer 2012 and the second in December 2012. In total 10 grants were awarded, each for \$1,000. The names of recipients are posted at <http://www.cpa.ca/cpafoundation/news/>. Congratulations to all!

## **Canadian Primary Health Care and Research Innovation Network**

As reported last Update, CPA has become a member of the Canadian Primary Health Care and Research Innovation Network. CPHCRIN is a newly established pan-Canadian research, training and policy network, composed of researchers and stakeholders in community-based primary health care (CBPHC). CPHCRIN aims to facilitate the scale-up of innovative models of CBPHC in order to improve the quality, accessibility and cost-effectiveness of primary health care in Canada. In February 2013, CPHCRIN's Executive Committee is partnering with CHNET-Works! to deliver its First Annual General Meeting by webinar. CPA plans to attend the webinar.

## **Opportunities for Graduate Student Placements with the CPA**

CPA is pleased to report that it plans to host two doctoral interns in 2012-13 – one a doctoral intern in clinical psychology who will integrate her part-time work at CPA into her local hospital based internship. The other, a doctoral student from Carleton University, who will join us in the summer. These students will have opportunity to participate in CPA's ongoing survey development and research, development of position papers and other communications, as well as external representation and collaboration. CPA hopes to host a graduate student (one per term) on an ongoing basis. For more information, Dr. Karen Cohen at [kcohen@cpa.ca](mailto:kcohen@cpa.ca)

## **Canadian Institute for Military and Veteran Health (CIMVH) Research Forum 2012**

CPA was glad to host an exhibit booth at the CIMVH Research Forum held on November 26-28, 2012 in Kingston, Ontario. This gave us an opportunity to meet participants, let them know about CPA activities and programs as well as share psychological fact sheets. The Executive Director of the CIMVH has agreed to be the Guest Editor of our Fall 2013 issue of *Psynopsis* which will feature research and service related to military and veteran's mental health.

### Psychological Responding during Emergencies and Disasters

Following the tragedy in Newton Connecticut, CPA responded with a fact sheet on guidance to the public on violence, stress and coping [http://www.cpa.ca/docs/File/Emergencies/connecticut\\_shooting\\_December2012.pdf](http://www.cpa.ca/docs/File/Emergencies/connecticut_shooting_December2012.pdf) The American Psychological Association responded admirably with a number of materials for the media and public readily available on their website [www.apa.org](http://www.apa.org)

### Research Canada

CPA attended the November 2012 meeting of Research Canada – a national organization whose mission is to improve the health and prosperity of Canadians by championing Canada's global leadership in health research. The meeting's theme was the changing landscape of health research and innovation. Panel discussions focused on industry partnerships in the funding of research and the expectation of a return on investment by funders.

### Academic Health Sciences Network (AHSN)

CPA attended the AHSN symposium held in November 2012 in Ottawa. Panelists from Canada and around the world shared information about their organizations and activities and talked about issues and challenges facing academic health science centres. Mental health figured prominently in reports of challenges and innovations; chiefly, a recognition of the need to integrate physical and mental health and a suggestion that mental health issues provide a catalyst for health system change.<sup>1</sup>

### Additional Science-related Information on CPA's Website

Be sure to visit CPA's website ([www.cpa.ca/researchers](http://www.cpa.ca/researchers)) regularly for new information on upcoming conferences and funding opportunities. New postings are made almost daily and are designated a red *New* button.

### Health Action Lobby (HEAL)

HEAL continues to work of the Health Care Innovation Working Group (HCIWG) of the Council of the Federation <http://www.councilofthefederation.ca/keyinitiatives/Health-care.html>. As co-Chair of HEAL, Dr. Cohen helps represent the alliance on two of the HCIWG committees – team-based collaborative practice and scope of practice guidelines. The collaborative practice committee issued a second call for submissions of team based-models. HEAL member organizations had the opportunity to make submissions and two psychologists made submissions through CPA – one focused on rural and northern practice in Manitoba and the other a primary care practice in Ontario. The HCIWG is an important table of health care innovation among Canada's jurisdictions. One of the messages CPA has been able to underscore to the HCIWG is that true innovation will depend on the review and revisit of funding models. Traditional funding models, that pay designated providers for designated services, will not easily support or embrace innovation among the many groups of regulated health care

providers whose services are not funded by public health insurance plans.

### Canadian Alliance of Mental Illness and Mental Health (CAMIMH)

CAMIMH's 2012 activity was entirely successful, marked by the Champion's Awards in May and the Faces of Mental Illness Campaign in October. These events were reported on in the Fall 2012 issue of *Psynopsis*. Plans are already well underway for 2013 and a call for nominations for Champions will be issued in the coming days. Watch CPA's website and the CAMIMH website for details <http://camimh.ca/mental-illness-awareness-week-english/about-miaw/> Dr. Cohen will continue in her role as Chair of CAMIMH's mental illness awareness activities for 2013.

### Mental Health Commission of Canada (MHCC)

In October 2012, CPA attended an MHCC leadership forum at which the MHCC's national strategy, as well as its work on psychological safety in the workplace, were presented. Mr. Michael Decter, a former Deputy Minister of Health for Ontario, was the event's keynote speaker. In talking about health system issues and challenges, Mr. Decter said that it is a problem that our public system funds the services of psychiatrists and not psychologists. He further suggested that we need to make changes in primary care to ensure that the services of major mental health care providers are accessible. This message was echoed by Mr. Dave Gallson, the Associate National Executive Director of Mood Disorders Society of Canada who called on stakeholders to make the services of psychologists accessible to people who need them. CPA looks forward to working with the MHCC, among other partners, in its 2013 work on enhancing accessibility of psychological services for Canadians.

### Other Advocacy activity

CPA continues in work and conversation with the **Department of National Defence** proposing initiatives that will enhance recruitment and retention of psychologists. These include the establishment of a federal residency program, the appointment of a national chief psychologist and creating opportunity for clinician psychologists to be commissioned. CPA's recommendations have been well received thus far and we look forward to next steps. Plans are underway for a preconvention workshop in June that will focus on mental health needs and services with military populations.

As reported in the fall issue, CPA has commissioned a group of health economist consultants to develop a **business model for enhanced access to psychological services** in Canada. A draft of the report was submitted to senior staff in December 2012 and we expect its final form to be released in February 2013. The report includes a series of recommendations for next steps to enhanced access including the positioning of models and mechanisms. These recommendations follow from a series of surveys and stakeholder conversations about needs and opportunities for psychological services as well as a review of



models and mechanisms used internationally. Once the report is in its final form, CPA senior staff will develop a tool kit of briefs and advocacy materials which we will make available for CPA's leadership, and its provincial and territorial partner organizations, to use in their advocacy work with their respective governments and funders. Relatedly, John Hunsley's cost offset paper is also being revised and updated with a focus on costs offsets of psychological services for depression, anxiety and heart disease. We expect the revision to be completed in spring 2013.

As mentioned in earlier issues, CPA submitted a **2013 pre-budget brief to the federal government** in which we offered a number of solutions for the Federal Government to improve access to psychological services and research. The submission can be found at [http://cpa.ca/docs/file/CPA\\_Submission\\_2012\\_PreBudgetConsultation.pdf](http://cpa.ca/docs/file/CPA_Submission_2012_PreBudgetConsultation.pdf)

The suggestions will be taken into consideration by the Minister of Finance in the development of the next federal budget. In November, CPA was invited to present as a witness to the government's Finance Committee. The committee received over 700 pre-budget submissions so it was an honour to be chosen to present in person. At the committee hearing CPA received comments and questions from all parties focused on the importance and challenges of resourcing and supporting mental health initiatives.

In fall 2012, CPA attended a meeting with departments of health and education in New Brunswick at the invitation of the New Brunswick College of Psychologists. The meeting was focused on proposed legislative changes in New Brunswick to register psychologists at the doctoral level. This meeting and further consultation led CPA to develop a letter of intent (LOI) focussed on the need to align **entry to practice standards** across the country with training programmes and standards that govern quality assurance for training. The LOI is based on CPA's 2012 position supporting the doctoral degree as the entry to practice standard for psychology in Canada. CPA is in the process of consulting and soliciting the support of provincial/territorial and other national organizations of psychology as well as accredited internship and doctoral programs for the LOI. CPA plans to submit the LOI to provincial/territorial ministries of health in 2013.

### Miscellaneous consultations:

- Since our fall 2012 update, we have had several consultations at government's request. One was focused on a private members bill focused on the Disability Tax Credit (DTC). In 2004, Dr. Cohen was actively involved in the review of the DTC and headed a subcommittee which was successful in bringing about change to how disabilities related to mental functions are assessed. The current bill proposes a cap to what consultants can charge to help persons apply for the credit. Although CPA understands and supports such limits, we queried whether consultants have become necessary because the criteria and process of establishing eligibility for the credit need further revision.

Note that consultants are not the qualified practitioners (like psychologists and physicians) who provide evidence of the severe and prolonged health concern but rather are persons who help applicants apply for the credit in return for a fee. In addition to consultations otherwise noted above, CPA also met with the Honorable Bob Rae to discuss barriers and opportunities for promoting access to psychological services and supports.

- In December 2012, CPA met with the Canadian Life and Health Insurance Association (CLHIA) to talk about insurance coverage for psychological services through extended health insurance plans. Although funders are endeavouring to spend less more wisely on health, there is certainly appreciation of the unmet needs when it comes to mental health. We discussed potential opportunities for CPA to raise awareness among the insurance company members of CLHIA of the needs and cost offsets of expanded coverage for psychological services.

### Psynopsis

Psynopsis' theme for **Spring 2013 is aging, Summer 2013 is e-health and Fall 2013 is military and veteran health**. Submissions are enthusiastically invited. Send 900 words or less to Tyler Stacey-Holmes at [styler@cpa.ca](mailto:styler@cpa.ca) (Spring by March 1<sup>st</sup> and Summer by June 15<sup>th</sup>). If you have ideas for Psynopsis themes, please contact [kcohen@cpa.ca](mailto:kcohen@cpa.ca)

### Convention

Planning for convention 2013 is well underway and we anticipate an attendance of approximately 1800 delegates in Quebec City. We have received nearly 1,600 submissions and we expect acceptance letters to go out mid-February. This year a Convention Smartphone App will replace the USB keys. The App will provide delegates with electronic access to the convention schedule, enable them to develop their own schedules, access a map feature as well as social media properties among other functions. We will continue to print At-A-Glance and will make a print Abstract Book available for advance purchase for those who do not want to rely on the native or web-based App.

Although SSHRC cancelled its travel grant program which means CPA no longer receives funds to offset student travel, CPA decided it would subsidize student convention attendance in its stead. This means that instead of offering travel grants for a select number of student delegates (grants were typically in the amount of \$90 for approximately 100 students), we will reduce convention registration for all students by \$10 (500 to 1000 students).

### Education Directorate

CPA is pleased that its web-based course on psychopharmacology is nearing completion with an anticipated launch of spring 2013. Development is being overseen by Dr. Melissa Tiessen. The course will comprise approximately 15 hours and three modules – psychopharmacology, psychotropics and psychoactive substances. Additional modules on specialized topics

(e.g. psychotropic use in specialized populations like children, seniors) are planned as well. CPA is in the process of securing CE credit for the course as well as investigating possibilities of graduate course credit.

Also being planned for CPA's Education Directorate is the hire of an education specialist – with experience and expertise in adult education – to help CPA further its professional development offerings. The new hire will be at .6FTE and will be recruited in early 2013. Once he or she is hired, Dr. Tiessen will focus the entirety of her CPA work on accreditation.

## Practice Directorate (PD): Activity among Canada's jurisdictions

The fall issue gave an update of PD activity through fall 2012. The Council of the PD meets in January 2013 and an update of interim and planned activity will be reported in Psynopsis in Spring 2013. For more information on the Practice Directorate, please go to the CPA web site at <http://www.cpa.ca/practitioners/practicedirectorate/>. Of note, is that Dr. John Service has retired from his position as Director of the Practice Directorate at the end of December. The PD thanks him for his invaluable contributions to the PD since 2010. His leadership, particularly at the inception of the PD, have been appreciated across the country. A search is underway to staff the Directorate and a hiring decision is planned for January 2013. In the interim, please contact the Executive Office for information or assistance [executiveoffice@cpa.ca](mailto:executiveoffice@cpa.ca)

## Accreditation

The CPA Accreditation Panel held its Fall meeting in September 2012. The Panel was pleased to grant initial accreditation to the Psychology Internship Programme at Ontario Shores Centre for Mental Health Sciences. Eight existing programmes were also granted re-accreditation. There are currently 64 CPA accredited programmes, and an up-to-date listing is available on the CPA website at: <http://www.cpa.ca/education/accreditation/CPAaccreditedprograms/>

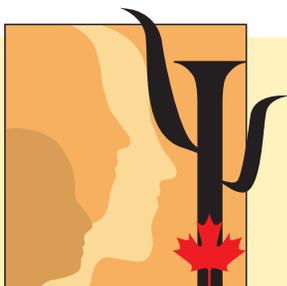
The CPA Accreditation website has recently been updated and re-organized! Please visit [www.cpa.ca/education/accreditation](http://www.cpa.ca/education/accreditation) to check out the changes, including a 'Frequently Asked Questions' page. For programmes, be sure to bookmark the 'Forms and Resources' page, where you can access all needed accreditation documents, as well as the recently updated annual report statistics: [www.cpa.ca/education/resources](http://www.cpa.ca/education/resources).

In December 2012, CPA Registrar, Dr. Melissa Tiessen, attended the bi-annual meeting of the Association of Accrediting Agencies of Canada (AAAC) in Ottawa. The theme of the winter 2012 meeting was best practices in training site visitors, and the CPA Accreditation Panel will be using information from the AAAC meeting to enhance its own training practices. For the spring 2013 AAAC meeting Dr. Tiessen has been invited to participate in a symposium on distance education.

At the end of December 2012, Ms. Ann Marie Plante, CPA Accreditation Assistant, retired after almost 20 years of working for CPA and supporting the activities of accreditation, convention, and most other departments within CPA! As everyone who has been involved with accreditation knows – whether as a Panel member, site visitor, or training director – Ann Marie truly has been the caretaker of the accreditation family. Her dedication to the job will be missed second only to her warm and welcoming personality.

As we say a fond farewell to Ann Marie, we are pleased to welcome Ms. Linda Rochefort, Administrative Assistant, Accreditation and Operations, to the CPA Head Office staff. Linda brings with her many years of administrative support experience, including experience working for Accreditation Canada. She will be a wonderful asset to both accreditation and the general operations of CPA.

<sup>i</sup> An interesting table top conversation highlighted for me that psychologist practitioners employed in Canada's teaching hospitals continue to be challenged in taking time away from clinical work and direct it to research. Whereas psychologists' salaries come out of hospital budgets, physician remuneration for clinical work comes from the province so the work of physicians does not nearly have the same impact on hospitals' bottom lines – no matter the physician's activity. This is an unfortunate irony, given that psychologists are unique among health care providers in that the entry to practice degree is an academic, rather than a professional one, leaving them eminently skilled to carry out research.



## February is Psychology Month!

We'd like to hear about your plans for Psychology Month. Whether you're planning a Community Education night or hosting an open house, email Tyler Stacey-Holmes ([styler@cpa.ca](mailto:styler@cpa.ca)) and let us know how you're participating in Psychology Month!

Get involved! Download Psychology Fact Sheets, share facts about Mental Health and Psychology in Canada, and turn-out for some of the various events happening across the country.

A National Calendar of Events can be found online, at [www.cpa.ca/psychologymonth](http://www.cpa.ca/psychologymonth).



*Karen R. Cohen, Ph.D., chef de la direction*  
*Melissa Tiessen, Ph.D., registraire de l'agrément et directrice,*  
*Direction générale de l'éducation*

Ce qui suit représente une mise à jour des activités en science, en pratique et en éducation mises de l'avant par le personnel du siège social et la direction depuis notre dernière mise à jour dans le numéro d'automne 2012 de *Psynopsis*. Pour tout autre renseignement au sujet des activités décrites n'hésitez pas à communiquer avec nous. Nous sommes toujours intéressés à entendre ce que vous pensez. À moins d'indication contraire, veuillez communiquer avec Karen Cohen ([kcohen@cpa.ca](mailto:kcohen@cpa.ca)) au sujet des activités à l'échelle nationale qui concernent la science et la pratique. Lisa Votta-Bleeker s'occupe normalement de nos activités scientifiques ([lvottableeker@cpa.ca](mailto:lvottableeker@cpa.ca)), mais elle est actuellement en congé de maternité jusqu'en avril 2013. Pendant son congé veuillez communiquer avec Karen Cohen. Quant à John Service, il a pris sa retraite de son poste de directeur de la Direction générale de la pratique de la SCP depuis janvier 2013. Le travail de John pour la SCP et la psychologie canadienne a été inestimable et nous lui souhaitons la joie, la santé et l'aventure dans sa retraite. Remarquez toutefois que John continue d'assumer ses fonctions de directeur général de l'Ontario Psychological Association et, à ce titre, il continuera de siéger à la table de la Direction générale de la pratique. Le recrutement pour combler son poste est en cours et nous espérons annoncer une nomination tôt au cours de la nouvelle année. En attendant, les demandes de renseignements au sujet de la pratique provinciale/territoriale peuvent être adressées à [executiveoffice@cpa.ca](mailto:executiveoffice@cpa.ca). Pour toute question relative à l'agrément et l'éducation permanente, nous vous prions de communiquer avec Melissa Tiessen ([mtiessen@cpa.ca](mailto:mtiessen@cpa.ca)).

## **Consortium canadien pour la recherche (CCR)**

Le CCR et ses organisations membres se sont réunis au siège social de la SCP le 21 novembre 2013 à l'occasion d'un petit-déjeuner avec la direction des conseils subventionnaires du Canada. Les présidents du CRSH, du CRSNG et de la FCI étaient présents ainsi qu'un cadre de la firme de consultants Mitacs. Ils ont tous partagés avec nous leurs points de vue et leurs positions sur le financement de la recherche en 2012-2013 puis nous avons poursuivi en une table ronde collégiale. Les présidents ont présenté un aperçu de leurs budgets et de leurs programmes de financement. Les points de discussion soulevés ont été notamment les suivants :

- l'importance des partenariats dans le financement de la recherche au Canada – sans oublier que certains partenariats avec l'industrie incluent le financement de la recherche fondamentale
- la nécessité d'un financement élargi mais aussi en profondeur dans le cadre du programme de la découverte du CRSNG
- la formation d'étudiants « prêts à exercer leurs talents pour un employeur »

- la reconnaissance et le soutien des compétences à l'origine de l'innovation – « le gadget » n'est pas suffisant; la compréhension des personnes et de leur comportement (attitudes sociales) est nécessaire pour réussir à mettre en marché un « gadget »
- les priorités en recherche et aux études supérieures doivent tenir compte des Premières nations, de l'environnement, des technologies numériques, des besoins du nord, de la création de leadership
- l'importance du financement opérationnel et des infrastructures
- le besoin de communiquer le rendement sur l'investissement en recherche et d'améliorer la contribution du Canada à l'innovation dans le cadre de partenariats industrie/université

## **CRSNG**

En décembre 2012, le Comité des affaires scientifiques de la SCP a répondu à la demande du CRSNG pour une rétroaction sur le plan visant à établir une méthode fiable d'affectation des budgets parmi les groupes d'évaluation admissibles au programme de subventions à la découverte. La réponse de la SCP se trouve à l'adresse [http://www.cpa.ca/docs/file/Science/NSERC\\_RTI\\_final\\_august102012.pdf](http://www.cpa.ca/docs/file/Science/NSERC_RTI_final_august102012.pdf).

## **Bourses de recherche pour étudiants**

La Fondation de la Société canadienne de psychologie (FSCP) a publié deux appels de propositions en 2012. Le premier déboursement a été fait à l'été 2012 et le deuxième en décembre 2012. En tout, 10 bourses de 1 000 \$ chacune ont été décernées. Les noms des récipiendaires sont publiés à l'adresse <http://www.cpa.ca/cpafoundation/news/>. Nous tenons à exprimer nos félicitations à tous les récipiendaires!

## **Réseau canadien de recherche et innovation en soins de santé primaires**

Comme on l'annonçait dans le dernier numéro, la SCP est devenue membre du Réseau canadien de recherche et innovation en soins de santé primaires. Le RCRISP est un réseau de recherche, de formation et de politiques pancanadien nouvellement mis sur pied, constitué de chercheurs et d'intervenants dans le domaine des soins de santé primaires communautaires (SSPC). Le RCRISP vise à faciliter l'accroissement de modèles innovateurs des SSPC afin d'améliorer la qualité, l'accessibilité et le coût-efficacité des soins de santé primaires au Canada. En février 2013, le Comité exécutif du RCRISP organisera conjointement avec CHNET-Works! la première assemblée générale annuelle par webinaire. La SCP entend participer au webinaire.



## Occasions de placements d'étudiants diplômés auprès de la SCP

La SCP a le plaisir d'annoncer qu'elle entend accueillir deux internes au doctorat en 2012-2013 – une interne au doctorat en psychologie clinique qui intégrera son travail à temps partiel à la SCP dans son internat dans un hôpital local. L'autre, un étudiant au doctorat de l'Université Carleton, se joindra à nous cet été. Ces étudiants auront la possibilité de participer à l'élaboration d'enquêtes et de faire de la recherche, tout en aidant à la préparation d'exposés de position et autres communications. Ils seront aussi amenés à faire des représentations et favoriser la collaboration à l'externe. La SCP espère pouvoir accueillir un étudiant aux études supérieures (un par semestre) sur une base continue. Pour de plus amples renseignements communiquez avec D<sup>re</sup> Karen Cohen à [kcohen@cpa.ca](mailto:kcohen@cpa.ca)

## Forum de recherche de l'Institut canadien de recherche sur la santé des militaires et des vétérans (ICRSMV) 2012

La SCP a eu le plaisir de tenir un kiosque d'exposition à l'occasion du forum de recherche de l'ICRSMV qui a eu lieu du 26 au 28 novembre 2012 à Kingston, en Ontario. Il a été ainsi possible de rencontrer les participants, de les informer au sujet des activités et programmes de la SCP ainsi que de leur remettre des feuillets d'information sur la psychologie. La directrice générale de l'ICRSMV a accepté d'assumer le rôle de rédactrice invitée pour notre numéro d'automne 2013 de *Psynopsis* qui portera sur la recherche et les services liés à la santé mentale des militaires et des anciens combattants.

## Intervention psychosociale dans les situations d'urgence et de désastres

Dans la foulée de la tragédie de Newton au Connecticut, la SCP a réagi par une feuille d'information sur l'orientation du public sur la violence, le stress et l'adaptation [http://www.cpa.ca/docs/File/Emergencies/connecticut\\_shooting\\_December2012.pdf](http://www.cpa.ca/docs/File/Emergencies/connecticut_shooting_December2012.pdf) L'American Psychological Association a réagi de façon admirable avec un bon nombre de documents à l'intention des médias et du public qui étaient facilement accessibles sur leur site Web [www.apa.org](http://www.apa.org)

## Recherche Canada

La SCP a assisté à la réunion de novembre 2012 de Recherche Canada – une organisation nationale dont la mission est d'améliorer la santé et la prospérité des Canadiens en se faisant le champion du leadership global du Canada dans le domaine de la recherche en santé. Le thème de la réunion était le paysage changeant de la recherche et l'innovation en santé. Les panels de discussions ont porté sur les partenariats avec l'industrie pour le financement de la recherche et les attentes quant au rendement de l'investissement par les bailleurs de fonds.

## Academic Health Sciences Network (AHSN)

La SCP a assisté au symposium de l'AHSN qui a eu lieu en novembre 2012 à Ottawa. Des panélistes du Canada et de partout dans le monde ont partagé de l'information au sujet de leurs organisations et de leurs activités et abordé les questions et les

défis auxquels font face les centres universitaires en sciences de la santé. La santé mentale a pris une place importante dans les rapports sur les défis et les innovations, principalement en tant que reconnaissance du besoin d'intégrer la santé physique et mentale et la suggestion que les problèmes de santé mentale jouent un rôle de catalyste pour le changement du système de santé<sup>1</sup>.

## Information additionnelle liée à la science sur le site Web de la SCP

Assurez-vous de visiter le site Web de la SCP (<http://www.cpa.ca/researchersfr/>) régulièrement pour obtenir de la nouvelle information sur les conférences à venir et les possibilités de financement. Les nouvelles publications, désignées par un bouton rouge *Nouveau*, nous arrivent à peu près quotidiennement.

## Groupe d'intervention Action santé (HEAL)

HEAL continue de travailler avec le Groupe de travail sur l'innovation en matière de santé (GTIMS) du Conseil de la fédération <http://www.conseildelafederation.ca/initiatives/francais/soinsdesanté.html>. À titre de coprésidente de HEAL, D<sup>re</sup> Cohen aide à représenter l'alliance en siégeant sur deux des comités du GTIMS – celui sur les lignes directrices pour les équipes de pratique collaborative et celui sur les champs d'activité de la pratique. Le comité sur la pratique collaborative a publié un deuxième appel de soumissions pour des modèles de pratique en équipe. Les organisations membres de HEAL ont eu l'occasion de faire des soumissions et deux psychologues ont aussi fait des soumissions par l'entremise de la SCP – l'une portant sur la pratique rurale et dans le nord du Manitoba et l'autre, sur une pratique de soins primaires en Ontario. Le GTIMS est un forum important pour l'innovation dans les soins de santé dans les administrations canadiennes. La SCP a réussi à faire passer le message au GTIMS que la vraie innovation dépend de l'examen et de la révision des modèles de financement. Les modèles de financement traditionnels, qui rémunèrent les fournisseurs désignés pour des services désignés, n'appuieront ou n'accepteront pas facilement l'innovation auprès de nombreux groupes de fournisseurs de soins de santé réglementés dont les services ne sont pas financés par les régimes d'assurance publics de santé.

## Alliance canadienne pour la maladie mentale et la santé mentale (ACMMSM)

Les activités en 2012 de l'ACMMSM ont connu un franc succès, marquées par le gala des champions en mai et la Semaine de sensibilisation aux maladies mentales en octobre. Ces événements ont été rapportés dans le numéro d'automne 2012 de *Psynopsis*. Les plans pour 2013 sont déjà bien amorcés et un appel de mise en candidature pour des champions sera publié dans les jours à venir. Rendez-vous sur le site Web de la SCP et celui de l'ACMMSM pour de plus amples détails <http://fr-ca.camimh.ca/> D<sup>re</sup> Cohen continuera d'assumer son rôle de présidente des activités de sensibilisation à la maladie mentale de l'ACMMSM en 2013.



## Commission de la santé mentale du Canada (CSMC)

En octobre 2012, la SCP a assisté au lancement du forum sur le leadership de la CSMC au cours duquel la stratégie nationale de l'organisme, ainsi que son travail sur la sécurité psychologique en milieu de travail, ont été présentés. M. Michael Decter, un ancien sous-ministre de la santé de l'Ontario était le conférencier invité pour l'événement. En parlant des questions et des défis du système de santé, M. Decter a déclaré que le fait que notre système public finance les services des psychiatres et non pas ceux des psychologues constitue un problème. Il a d'ailleurs suggéré que nous devons apporter des changements aux soins primaires afin d'assurer que les services des principaux fournisseurs de soins de santé mentale soient accessibles. Ce message a été repris par M. Dave Gallson, le directeur général adjoint national de la Société pour les troubles de l'humeur du Canada qui a fait appel aux intervenants pour que les services de psychologie soient accessibles aux personnes qui en ont besoin. La SCP entend travailler avec la CSMC, entre autres partenaires, dans son travail pour l'amélioration de l'accessibilité des services de psychologie à la population canadienne en 2013.

## Autres activités de représentation

La SCP poursuit son travail et ses discussions avec le **ministère de la Défense nationale** dans le but de mettre en œuvre des initiatives qui amélioreront le recrutement et le maintien en poste de psychologues. Il s'agit notamment d'établir un programme de résidence fédéral, la nomination d'un psychologue national en chef et la création de possibilités pour que des psychologues cliniciens soient mandatés. Les recommandations de la SCP ont été bien accueillies jusqu'à maintenant et nous attendons avec intérêt les prochaines étapes. Des plans sont en cours pour un atelier précongrès en juin qui portera sur les besoins et les services en santé mentale du milieu militaire.

Comme il a été annoncé dans le numéro d'automne, la SCP a retenu les services d'un groupe d'économistes consultants dans le domaine de la santé dans le but d'élaborer un **modèle d'affaires visant à améliorer l'accès aux services de psychologie** au Canada. Une ébauche de rapport a été soumise au personnel cadre en décembre 2012 et nous nous attendons à ce qu'il soit publié sous sa forme finale en février 2013. Le rapport formule une série de recommandations pour les prochaines étapes afin d'améliorer l'accès, y compris le positionnement des modèles et des mécanismes. Ces recommandations font suite à une série d'enquêtes et de conversations avec les intervenants quant aux besoins et aux possibilités pour les services de psychologie ainsi qu'un examen des modèles et des mécanismes utilisés internationalement. Lorsque le rapport sera terminé, la direction de la SCP créera une trousse de mémoires et de matériel de représentation qui sera mis à la disposition du leadership de la SCP, ainsi qu'à ses organisations partenaires provinciales et territoriales, qu'on pourra utiliser dans le travail de représentation auprès des gouvernements et des bailleurs de fonds dans les administrations. Dans un même ordre d'idées, l'étude de John Hunsley sur la compensation des coûts est également en cours de révision et mise à jour, l'accent étant placé

sur la compensation des coûts des services de psychologie pour la dépression, l'anxiété et la maladie du cœur. La dernière version devrait paraître au printemps de 2013.

Comme mentionné dans les numéros antérieurs, la SCP a fait une **présentation budgétaire de 2013 au gouvernement fédéral** dont l'objet était d'améliorer l'accès aux services psychologiques et la recherche. Cette présentation se trouve à l'adresse [http://cpa.ca/docs/file/CPA\\_Submission\\_2012\\_PreBudgetConsultation.pdf](http://cpa.ca/docs/file/CPA_Submission_2012_PreBudgetConsultation.pdf)

Ces suggestions seront prises en considération par le ministre des Finances dans l'élaboration du prochain budget fédéral. En novembre, la SCP a été invitée à faire une présentation à titre de témoin au Comité des finances du gouvernement. Le comité a reçu plus de 700 soumissions prébudgétaires de sorte que nous étions honorés d'être choisis pour faire une présentation en personne. À l'audience du comité, la SCP a reçu des commentaires et des questions de toutes les parties portant sur l'importance et les défis de ressourcer et d'appuyer les initiatives en santé mentale.

À l'automne de 2012, la SCP a assisté à une réunion avec les représentants des ministères de la santé et de l'éducation de la province, à l'invitation du Collège des psychologues du Nouveau-Brunswick. La réunion a porté sur les changements législatifs proposés au Nouveau-Brunswick pour l'enregistrement des psychologues au niveau doctoral. Cette réunion et d'autres consultations ont mené la SCP à rédiger une lettre d'intention (LI) portant sur le besoin d'harmoniser les **normes d'admission dans la pratique** partout au pays avec des programmes et des normes de formation qui régissent l'assurance de la qualité pour la formation. La lettre d'intention s'appuie sur la position de la SCP de 2012 préconisant un diplôme de doctorat comme norme d'admission à la pratique de la psychologie au Canada. La SCP tient actuellement des consultations et sollicite l'appui des organisations provinciales-territoriales et nationales de psychologie ainsi que des programmes d'internat et de doctorat agréés en ce qui concerne la lettre d'intention. La SCP entend faire parvenir la lettre d'intention aux ministères provinciaux-territoriaux de la santé en 2013.

## Consultations diverses :

- Depuis nos dernières nouvelles à l'automne de 2012, nous avons fait de nombreuses consultations à la demande du gouvernement. L'une portait sur un projet de loi d'initiative parlementaire concernant le Crédit d'impôt pour personnes handicapées (CIPH). En 2004, D<sup>r</sup> Cohen s'est investie activement dans l'examen du CIPH et a dirigé un sous-comité qui a réussi à apporter des changements sur la façon dont les invalidités liées aux fonctions mentales sont évaluées. Le projet de loi actuel propose un plafond à ce que les consultants peuvent demander pour aider les personnes qui demandent le crédit. Même si la SCP comprend et appuie de telles limites, elle a posé la question à savoir si les consultants sont devenus nécessaires parce que les critères et le processus de détermination de l'admissibilité au crédit doit être révisé de nouveau. Il est à remarquer que les consultants ne sont pas des praticiens qualifiés



(comme les psychologues et les médecins) qui fournissent des preuves des préoccupations de santé graves et prolongées, mais sont plutôt des personnes qui aident les demandeurs à préparer leur demande de crédit en contrepartie d'une rétribution. En plus des consultations décrites précédemment, la SCP a aussi rencontré l'honorable Bob Rae afin de discuter des obstacles et des possibilités de promotion de l'accès aux services et aux soutiens de psychologie.

- En décembre 2012, la SCP a rencontré l'Association canadienne des compagnies d'assurance de personnes (ACCAP) afin de discuter de la protection d'assurance pour les services psychologiques dans le cadre de régimes d'assurance-maladie complémentaires. Même si les bailleurs de fonds songent à dépenser moins, mais de façon plus sage sur la santé, ils comprennent très certainement les besoins à combler en ce qui concerne la santé mentale. Nous avons discuté des possibilités éventuelles pour la SCP de sensibiliser les compagnies d'assurance membres de l'ACCAP des besoins et de l'effet de compensation des coûts d'une couverture élargie des services de psychologie.

## Psynopsis

Le thème du **numéro de printemps 2013 est le vieillissement, celui du numéro d'été 2013 est la cybersanté et celui de l'automne 2013 est la santé des militaires et des anciens combattants**. Les articles seront fort bien accueillis. Faites parvenir des articles d'au plus 900 mots à Tyler Stacey-Holmes à l'adresse [styler@cpa.ca](mailto:styler@cpa.ca) (avant le 1<sup>er</sup> mars pour le numéro de printemps et avant le 15 juin pour le numéro d'été). Si vous avez des idées pour des thèmes à aborder dans Psynopsis, veuillez communiquer avec [kcohen@cpa.ca](mailto:kcohen@cpa.ca)

## Congrès

La planification du congrès 2013 suit son cours et nous prévoyons accueillir environ 1 800 délégués à Québec. Nous avons reçu près de 1 600 soumissions et nous prévoyons envoyer les lettres d'acceptation à la mi-février. Cette année une application Smartphone pour le congrès remplacera les clés USB. L'application donnera aux délégués un accès électronique à l'horaire du congrès tout en leur permettant de composer leurs propres horaires, l'accès à une carte ainsi qu'aux caractéristiques des médias sociaux entre autres fonctions. Nous allons continuer d'imprimer « Coup d'œil sur le congrès » et nous imprimerons un livre des résumés qui pourra être acheté d'avance pour les personnes qui ne veulent pas compter sur l'application d'origine ou sur le Web.

Même si le CRSH a annulé son programme de subvention des déplacements, ce qui signifie que la SCP ne reçoit plus de fonds pour compenser les frais des étudiants, il a été décidé de plutôt subventionner l'inscription des étudiants au prochain congrès. Cela signifie que plutôt que d'offrir des subventions de déplacement et d'hébergement d'un nombre déterminé de délégués étudiants (les subventions étaient habituellement de l'ordre de 90 \$ pour environ 100 étudiants), nous allons réduire les frais d'inscription au congrès pour tous les étudiants de 10 \$ (500 à 1 000 étudiants).

## Direction générale de l'éducation

La SCP a le plaisir d'annoncer que son cours en psychopharmacologie sur le Web est presque terminé et qu'il devrait être lancé au printemps de 2013. La conception du cours se fait sous la surveillance de D<sup>re</sup> Melissa Tiessen. Le cours dure environ 15 heures et compte trois modules – la psychopharmacologie, les psychotropes et les substances psychoactives. D'autres modules sur des sujets spécialisés (p. ex. l'utilisation des psychotropes pour des populations particulières comme les enfants et les personnes âgées) sont également prévus. La SCP cherche à obtenir des crédits d'EP pour le cours et étudie la possibilité qu'un crédit aux études supérieures puisse être obtenu.

La Direction générale de l'éducation de la SCP planifie aussi l'embauche d'un spécialiste en éducation, qui posséderait de l'expérience et de l'expertise dans l'éducation aux adultes afin d'aider la SCP à faire progresser ses offres de perfectionnement professionnel. La nouvelle embauche sera recrutée à 0,6 ETP tôt en 2013. Lorsque la personne aura été embauchée, D<sup>re</sup> Tiessen pourra porter entièrement son attention au travail de la SCP en agrément.

## Direction générale de la pratique (DGP) : activités dans les administrations canadiennes

Le numéro d'automne a fait le point sur les activités de la DGP jusqu'à l'automne 2012. Le Conseil de la DGP s'est réuni en janvier 2013 et il a fait le point sur les activités intérimaires et planifiées qui seront rapportées dans le numéro du printemps 2013 de Psynopsis. Pour plus d'information sur la Direction générale de la pratique, veuillez vous rendre au site Web de la SCP à l'adresse <http://www.cpa.ca/praticiens/generalepratique/>. Il convient ici de noter que D<sup>r</sup> John Service a pris sa retraite de son poste de directeur de la Direction générale de la pratique à la fin de décembre. Une recherche est en cours pour doter la direction générale et une décision d'embauche est prévue pour janvier 2013. En attendant, veuillez communiquer avec le bureau de la direction pour obtenir de l'information ou de l'aide à [executiveoffice@cpa.ca](mailto:executiveoffice@cpa.ca)

## Agrément

Le jury d'agrément de la SCP a tenu sa réunion d'automne en septembre 2012. Le jury a eu le plaisir d'accorder l'agrément initial au programme d'internat en psychologie au Ontario Shores Centre for Mental Health Sciences. Huit programmes existants ont également obtenu le réagrément. Il y a actuellement 64 programmes agréés par la SCP et une liste à jour se trouve sur le site Web de la SCP à l'adresse <http://www.cpa.ca/educationfr/agrement/programmesagrees/>

Le site Web de l'agrément de la SCP a récemment été mis à jour et réorganisé! Veuillez visiter le site à l'adresse <http://www.cpa.ca/educationfr/agrement/> pour vous rendre compte des changements, y compris une page « Foire aux questions ». Pour les programmes, assurez-vous de mettre un signet à la page « Formulaire et ressources », à partir d'où vous pouvez accéder à tous les documents d'agrément nécessaires, ainsi que les statistiques du rapport annuel récemment mises à jour : <http://www.cpa.ca/educationfr/ressources/>.



En décembre 2012, la registraire de la SCP, D<sup>re</sup> Melissa Tieszen, a assisté à la réunion bisannuelle de l'Association des agences d'agrément du Canada (AAAC) à Ottawa. La réunion d'hiver 2012 portait sur les pratiques exemplaires dans la formation des visiteurs d'installation, et le jury d'agrément de la SCP utilisera l'information de la réunion de l'AAAC pour améliorer ses propres pratiques de formation. Pour la réunion du printemps 2013 de l'AAAC D<sup>re</sup> Tiessen a été invitée à participer à un symposium sur la formation à distance.

À la fin de décembre 2012, M<sup>me</sup> Ann Marie Plante, l'adjointe à l'agrément de la SCP, a pris sa retraite après près de 20 ans de travail à la SCP et d'appui aux activités d'agrément, du congrès et de la plupart des autres services au sein de la SCP! Comme tous ceux et celles qui ont été mêlés à l'agrément le savent, un membre du jury, un visiteur d'installation ou un directeur de la formation, Ann Marie a vraiment été la gardienne de la famille de l'agrément. Son dévouement au travail nous manquera presque autant que sa personnalité chaleureuse et bienveillante.

En disant un au revoir avec toute notre affection à Ann Marie, il nous fait plaisir de souhaiter la bienvenue à

M<sup>me</sup> Linda Rochefort, adjointe administrative, Agrément et opérations, au personnel du siège social de la SCP. Linda compte de nombreuses années d'expérience en soutien administratif, y compris de l'expérience de travail à Agrément Canada. Elle sera un atout formidable pour l'agrément et les opérations générales de la SCP.

<sup>i</sup> Une conversation autour d'une table m'a fait comprendre que les praticiens de la psychologie employés dans les hôpitaux d'enseignement du Canada continuent de devoir prendre du temps de travail clinique et de le consacrer à la recherche. Alors que les salaires des psychologues proviennent des budgets d'hôpitaux, la rémunération des médecins pour le travail clinique vient de la province de sorte que le travail des médecins n'a pas du tout la même incidence sur les résultats des hôpitaux – peu importe l'activité du médecin. C'est là une ironie malencontreuse, compte tenu que les psychologues sont des fournisseurs de soins de santé uniques dans le sens où le diplôme d'admission à la pratique est universitaire, plutôt que professionnel, les laissant éminemment bien préparés à effectuer de la recherche.

## *Congratulations!*

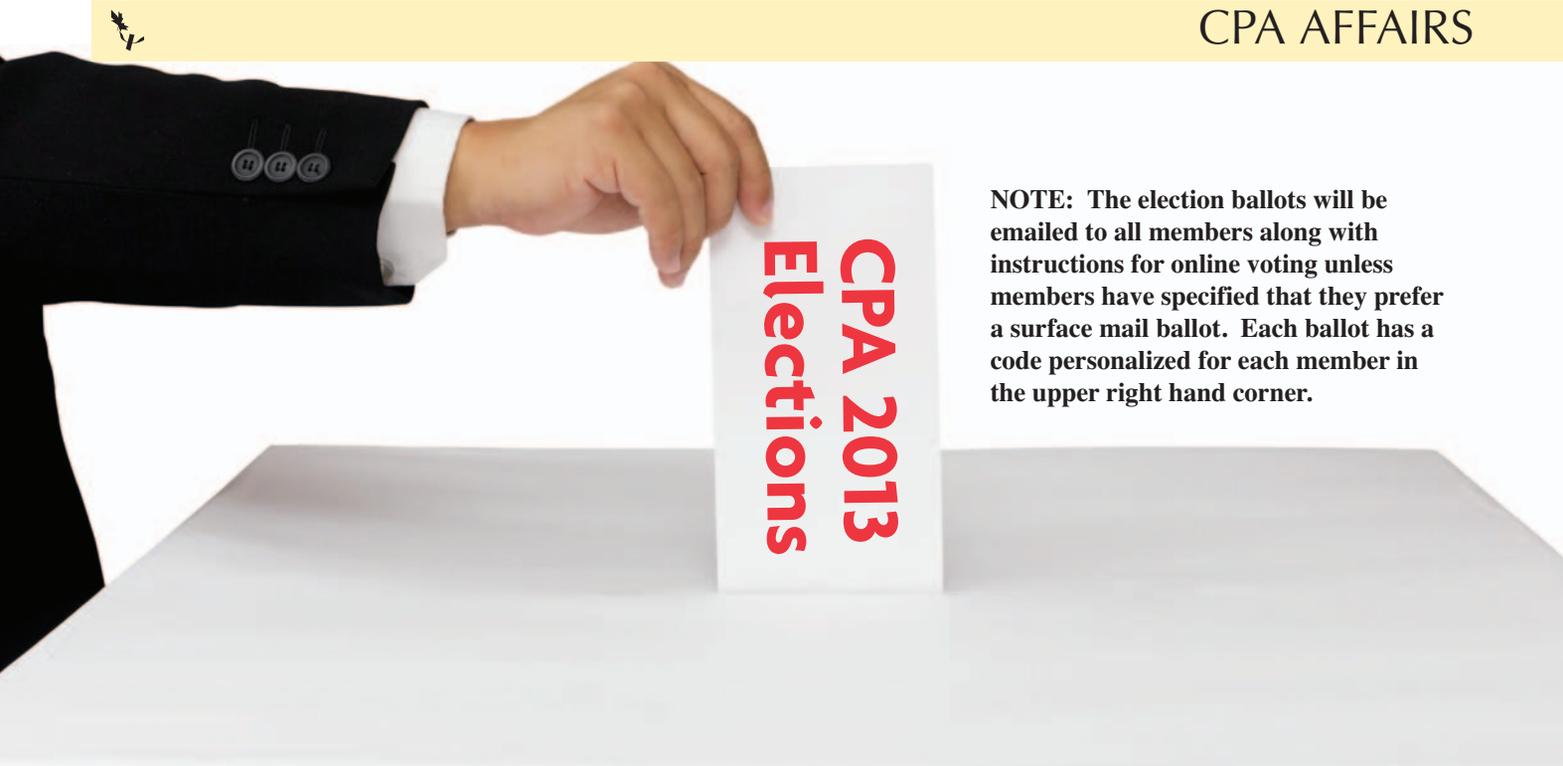
**James (Jamie) C. MacDougall, C.M.  
Westmount, Quebec  
Member of the Order of Canada**



His Excellency the Right Honourable David Johnston, Governor General of Canada, presided over an Order of Canada investiture ceremony at Rideau Hall, on Friday, May 27, 2011, at 10:30 a.m. The Governor General, who is chancellor and Principal Companion of the Order, bestowed the honour on 29 Members and 14 Officers.

The Order of Canada was created in 1967, during Canada's centennial year, to recognize a lifetime of outstanding achievement, dedication to the community and service to the nation. Since its creation, more than 5 000 people from all sectors of society have been invested into the Order.

Jamie MacDougall has worked tirelessly to improve the quality of life for deaf and disabled people in Canada. Associate professor of psychology at McGill University, he is the founder of the Canadian Deafness Research and Training Institute and of the Institute for Rehabilitation Research and Development. As executive director of the MacKay Centre School, he empowered students to achieve their full potential by introducing a program integrating the use of sign language with other communication modes. He developed innovative literacy training programs in Eastern and Atlantic Canada and he was the first to recognize and document the Inuit Sign Language. As part of his advocacy for equal rights and services for the deaf and the disabled, he has advised provincial, federal and territorial organizations.



**NOTE: The election ballots will be emailed to all members along with instructions for online voting unless members have specified that they prefer a surface mail ballot. Each ballot has a code personalized for each member in the upper right hand corner.**

### President-elect position

**Kerry J. Mothersill, Ph.D.**

Elected by Acclamation

Psychology has many diverse voices. The *Canadian Psychological Association* provides a forum for the collective insights and energies of its members. Through research, practice and education, we seek to understand behaviour and human functioning and assist and promote Canadians efforts to live active and rewarding lives.



Thank you to all who have supported my nomination as President-Elect of CPA and my efforts to contribute to psychological organizations over the years. In anticipation of my upcoming time on the CPA Board, I look forward to working with my colleagues to advance psychology's role in Canadian society and to make CPA an even better place for all psychologists to call their professional home.

By way of background, I graduated from the University of Western Ontario (now Western) with a degree in Experimental Psychopathology and Clinical Psychology. After a few years practicing in Ottawa, I was fortunate to receive additional training at the Center for Cognitive Therapy in Philadelphia while working in the hospital system in Calgary. My areas of practice and supervision include CBT for depressive and anxiety disorders and psychological/vocational assessments. I currently work in the following roles within Alberta Health Services: Psychology Professional Practice Leader (PPL) in the Calgary Zone (Adult), Coordinator of a Cognitive Therapy Service and Coordinator of the Regional Psychological Assessment Service.

I have had the pleasure of teaching part time for many years in the Department of Psychology, University of Calgary, where I am an Adjunct Associate Professor. Currently, my research focus is on the development, evaluation and dissemination of a transdiagnostic CBT/Mindfulness group for anxiety/depression. Past positions in Psychology organizations include: Chair, Clinical Section, CPA; Chair, *Canadian Council of Professional Psychology Programs (CCPPP)*; President, *Psychologists' Association of Alberta* and Board member of the *Canadian Register of Health Service Providers in Psychology*. I currently serve as the founding chair of the new CPA Section *Psychologists in Hospitals and Health Centers* and sit on the Professional Affairs Committee. I have met so many dedicated trainers, educators and students as a regular Site Visitor for the CPA Accreditation Panel.

CPA's current focus on advocacy, health psychology, collaborative practice, competency identification and evidence-based practice needs to continue. The innovative work of the three Directorates: Science, Education and Practice needs to be supported. From my perspective, the following are important issues to be addressed by CPA: enhanced funding for basic and applied research; strengthening Canadians and governments' recognition of psychologists as generators and applicators of knowledge about human functioning; development of traditional and new systems of internship training; increased focus on evidence based matched (stepped) care as well as primary care models of service delivery, enhancing the program development and trainer roles of psychologists in the health care system, expanding psychological services for the elderly and additional emphasis on positive psychology.



### Candidate for the Scientist-Practitioner position

#### E. Kevin Kelloway, Ph.D.

It is an honor to be nominated for the role of Scientist-Practitioner on the CPA Board of Directors. I received my PhD in Organizational Psychology from Queen's University and taught for eight years in the Psychology Department of the University of Guelph. In 1999 I returned "home" to Nova Scotia as Professor of Management in the Sobey School of Business. I currently hold the Canada Research Chair in Occupational Health Psychology and am cross-appointed as Professor of Psychology and Management at Saint Mary's University. I am a Fellow of CPA, the Society for I/O Psychology and the Association for Psychological Science and past chair and program coordinator for the Canadian Society for I/O Psychology. As a consultant, I work with both private and public sector organizations around issues of leadership development, occupational health psychology and human resource management. In my consulting and executive education work, I advocate for evidence-based management. I believe that psychologists are uniquely positioned to advise organizations on important issues. A number of factors have now converged to move workplace mental health to the top of many organizational agendas and I believe that CPA can, and should, be an active contributor to those discussions.



### Candidate for the Scientist-Practitioner position

#### Donald H. Saklofske, Ph.D.

I am most grateful to be nominated for the position of Scientist-Practitioner of the Canadian Psychological Association. It is a position that I am strongly committed to and would allow me to continue to serve CPA and the science and practice of psychology. I recently joined the Psychology Department, University of Western Ontario. Previously at the Universities of Calgary and Saskatchewan, I served as Professor, Associate Dean Research, and Clinical Training Director. My main research focus on individual differences, personality and intelligence (140 journal articles, 74 book chapters, 29 edited and authored books, and several hundred conference presentations) is theoretical and applied, correlational and experimental. The study of emotions and social cognition is motivated by the emphasis on prevention, resiliency, and psychological health. I am Editor of two journals, Associate Editor for another, and Editor for the Springer Human Exceptionality Book Series. I have held positions in professional psychology associations including provincial (PSS, SCP, SEPA) and national organizations (CPA, CASP, CCPPP), including past chair of the Psychologists in Education section and CPA committee memberships (e.g., Professional Affairs, Prescriptive Authority Task Force). Currently, I am president of the International Society for the Study of Individual Differences. And it is an honour to have been elected a Fellow of both CPA and APS.



### Candidate for the Director-at-large position

#### Gordon S. Butler, Ph.D.

Dr. Gordon Butler is a clinical health psychologist with the tertiary care QEII Health Sciences Centre in Halifax. He provides psychological services to Cardiology and does general consultation. Dr. Butler holds appointments as Associate Professor and Clinical Associate with the Dalhousie University Departments of Medicine (Psychiatry) and Psychology, respectively. He has published several research papers in different areas of health psychology and he maintains a small private practice.

Dr. Butler completed his undergraduate degree at UNB and his MSc at Memorial. He then worked as a psychologist in St. John's for two years before pursuing his doctorate at Queen's. He met his wife (also a clinical psychologist) at Queen's and after graduating they moved to take up positions in Calgary. They moved to Halifax in 1988. Dr. Butler's contribution to the CPA board would include his experience and interest working with professional organizations. Past positions include terms as President of the Association of Psychologists of NS, Chair of the NS Board of Examiners in Psychology, NSBEP representative to the Council of Provincial Associations of Psychology and the Canadian Register of Health Service Providers in Psychology, Executive Committee member of CRHSPP, and Secretary/Treasurer of the CPA Health Psychology Section.



### Candidate for the Director-at-large position

#### Théo A. De Gagné, Ph.D.

Dr. Theo De Gagne is the regional psychology practice leader and director of clinical training for Vancouver Coastal Health (VCH). He received his Ph.D. in clinical psychology from the University of Ottawa in 1997 and worked in multidisciplinary pain clinics, teaching hospitals in Calgary and Vancouver and private practice over the past 15 years. The role of practice leader for VCH is new, as this position was vacant for 12 years. This brings with it many opportunities for collaboration at the regional, provincial and national level. Educating provincial government about the role of psychology and how we add value is one of several initiatives Dr. De Gagne has spearheaded this year. He organized the first regional psychology conference in 12 years; followed by a special event on psychology in primary care. This was achieved in collaboration with VCH, College of Psychologists and BC Psychology Association; provincial, regional health authorities and family practitioners attended. Following recent meetings with government, he gained support at VCH to add psychologists to the primary care network. Dr. De Gagne's contributions to the CPA board would include a collaborative enthusiasm that focuses on building partnerships and recognizing unique opportunities for consumers to access psychological services.

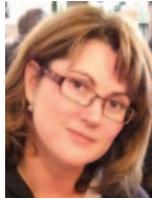




## Candidate for the Director-at-large position

**Judi L. Malone, Ph.D.**

As an active practitioner, educator, and researcher I have a particular interest in professional ethics, context of practice, and social advocacy issues. I am a regular contributor to professional and scientific literature and conferences within Canada and internationally with a focus on rural practice, health promotion, and interdisciplinary collaboration. Along with extensive professional association and university board governance experience I bring to the CPA board my interest and enthusiasm for regulatory issues, particularly as a psychologist registered in both Alberta and Australia, and a commitment to the development of the profession. My current CPA involvement includes chairing the Rural & Northern Section and serving on our Professional Affairs Committee. Previous involvement has included work with the Section for Women in Psychology (Status of Women Committee) and our Counseling Section.



Since my first involvement with CPA in 1998 I have been intrigued by our evolving collective professional identity and potential. I am committed to the challenge and reward of CPA's ongoing work to advance psychology, shape our profession, and further our understanding of people. Outside my role as a scientist-practitioner and volunteer I enjoy family time and running or skiing through the boreal forest.

## Scientist position

**John P. Meyer, Ph.D.**

Elected by Acclamation

Dr. John Meyer received his Ph.D. from The University of Western Ontario where he is now a professor and chair of the graduate program in industrial and organizational psychology. His research interests include employee commitment, work motivation, leadership, and organizational change. He is also co-author of *Commitment in the Workplace: Theory, Research and Application* (Sage Publications, 1997) and *Best Practices: Employee Retention* (Carswell, 2000), and co-editor of *Commitment in Organizations: Accumulated Wisdom and New Directions* (Routledge, 2009). He has consulted with private and public organizations in Canada on issues related to his research, and has been invited to conduct seminars and workshops in Europe, Asia, and Australia. Dr. Meyer is a fellow of the Canadian Psychological Association, the American Psychological Association, and the Society for Industrial and Organizational Psychology, and a member of the Academy of Management. He is a former chair of Canadian Society for Industrial and Organizational Psychology and editor of the OB/HRM section of the *Canadian Journal of Administrative Sciences*. He currently holds the Science seat on the Board of Directors for CPA and is Chair of the Publications committee. He looks forward to representing Science on the Board for another three years and invites members and affiliates to contact him with issues they would like to bring to the Board's attention.

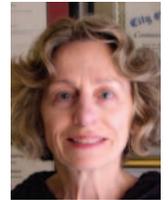


## Director-at-large position reserved for a Masters level Psychologist

**Dawn Hanson, M.A.**

Elected by Acclamation

Dawn Hanson has a Master's degree in Psychology from the University of Manitoba. She is certified as a school clinician, working for over 25 years as a school psychologist in Winnipeg. She is the chairperson of the Professional Development Committee for the Child Guidance Clinic Psychology Department. Dawn has served in several positions on the board of the Manitoba Association of School Psychologists (MASP) and is the current President of MASP. In addition to clinical work in both public and private practice, Dawn is a practicum supervisor for the School Psychology Training Program at the University of Manitoba. Dawn is a certified Triple P practitioner. She enjoys working with families and facilitating parent education and support groups. She is keenly interested in the applied research literature related to the emotionally and behaviourally disordered (EBD) student population. Helping the parents and teachers of EBD children better cope with the challenges of teaching or raising an EBD child is an important focus of her current work. Dawn has served on the CPA Board representing Masters level Psychologists.



## Director-at-large position reserved for an Experimental Psychologist conducting basic research

**Aimée Surprenant, Ph.D.**

Elected by Acclamation

Aimée M. Surprenant (Ph.D., Yale University) is a professor in the Department of Psychology at Memorial University of Newfoundland and is the Director of the CFI and NSERC funded Cognitive Aging and Memory Laboratory (CAMEL). Prior to joining the faculty at Memorial, she was a post-doctoral fellow at Indiana University and then a faculty member in the Department of Psychological Sciences at Purdue University. Her research focuses on the effects of noise on memory as well as the impact of age-related sensory decline on memory. She is an author or co-author on over 25 refereed articles as well as editor or author of 4 books. She is on the editorial boards of the *Journal of Experimental Psychology: Learning, Memory, and Cognition*, *Memory & Cognition*, and the *Canadian Journal of Experimental Psychology*. As a member of the Board of CPA, she is interested in finding ways to strengthen the ties between basic and applied research areas in Canadian Psychology. Aimée has served on the CPA Board representing Experimental Psychologists conducting basic research.





**REMARQUE :** Les bulletins de vote seront envoyés par courriel à tous les membres ainsi que les consignes pour le scrutin en ligne à moins que les membres aient indiqué qu'ils préfèrent recevoir leur bulletin de vote par courriel de surface. Les bulletins sont dotés d'un code personnalisé pour chaque membre dans le coin droit supérieur.

**Président désigné**

**Kerry J. Mothersill, Ph.D.**

Élu par acclamation



La psychologie compte des voix nombreuses et diverses. La *Société canadienne de psychologie* constitue une tribune pour faire valoir des perspectives et harnacher l'énergie collective de ses membres. Par la recherche, la pratique et l'éducation, nous cherchons à comprendre le comportement et le fonctionnement humain et à encourager et à promouvoir des modes de vie active et gratifiante au pays.

Je tiens à remercier tous ceux qui ont appuyé ma nomination au titre de président désigné de la SCP et mes efforts pour contribuer aux organisations de psychologie au fil des ans. Juste à l'idée de siéger au conseil d'administration de la SCP, me donne l'envie de travailler avec mes collègues dans le but de faire progresser le rôle de la psychologie dans la société canadienne et rendre la SCP un endroit encore meilleur que tous les psychologues pourront appeler leur foyer professionnel.

En ce qui concerne mes antécédents, je suis diplômé de l'Université de Western Ontario (maintenant appelée Western) en psychopathologie expérimentale et en psychologie clinique. Après quelques années de pratique à Ottawa, j'ai eu la chance de pouvoir suivre une formation additionnelle au Center for Cognitive Therapy à Philadelphie tout en travaillant dans le système hospitalier à Calgary. Mes domaines de pratique et de supervision incluent la TCC pour les troubles de la dépression et de l'anxiété et les évaluations psychologiques/professionnelles. Je joue actuellement les rôles suivants au sein des services de santé albertains : leader de la pratique professionnelle de la psychologie (LPPP) dans la zone de Calgary (pour les adultes), coordonnateur d'un service de thérapie cognitive et coordonnateur du service d'évaluation psychologique régional. J'ai eu le plaisir

d'enseigner à temps partiel pendant de nombreuses années au Département de psychologie de l'Université de Calgary où je suis professeur agrégé associé. En ce moment, ma recherche porte sur le développement, l'évaluation et la diffusion d'un groupe transdiagnostique TCC/pleine conscience pour l'anxiété/dépression. J'ai déjà occupé les postes suivants dans les organisations de psychologie : président, section clinique, SCP; président, *Conseil canadien des programmes de psychologie professionnelle (CCPPP)*; président, *Psychologists' Association of Alberta* et membre du conseil d'administration du *Répertoire canadien des psychologues offrant des services de santé*. Je siége actuellement à titre de président fondateur de la nouvelle section des *Psychologues en milieux hospitaliers et en centres santé* de la SCP et je siége aussi au Comité des affaires professionnelles. J'ai rencontré un grand nombre de formateurs, d'enseignants et d'étudiants dévoués dans mon rôle de visiteur d'installations pour le jury d'agrément de la SCP.

Il faut actuellement poursuivre le travail actuel de la SCP au chapitre de la représentation, en psychologie de la santé, en pratique collaborative, en identification des compétences et en pratique fondée sur des données probantes. Le travail innovateur des trois directions générales : la science, l'éducation et la pratique doit être soutenu. À mon sens, la SCP doit se pencher sur les questions importantes suivantes : l'amélioration du financement de la recherche fondamentale et appliquée; le renforcement de la reconnaissance par les Canadiens et du gouvernement des psychologues en tant que générateurs et applicateurs des connaissances sur le fonctionnement humain; l'enrichissement des systèmes traditionnels et la création de nouveaux systèmes de formation en internat; l'accroissement de l'accent mis sur les soins fondés sur les données probantes selon un modèle échelonné (adapté) ainsi que les modèles de soins primaires de prestation de services, l'amélioration des programmes et des rôles des formateurs de psychologues dans le système de soins de santé, la prolongation des services de psychologie pour les personnes âgées et un accent accru sur la psychologie positive.



## Candidat au poste de scientifique-praticien

### E. Kevin Kelloway, Ph.D.

C'est un honneur pour moi d'avoir été nommé au titre de scientifique-praticien au conseil d'administration de la SCP. J'ai obtenu mon Ph.D. en psychologie organisationnelle de l'Université Queen's et j'ai enseigné pendant huit ans au Département de psychologie de l'Université de Guelph. En 1999, je suis retourné « à la maison » en Nouvelle-Écosse à titre de professeur de gestion au Sobey School of Business. Je suis actuellement titulaire d'une chaire de recherche du Canada en psychologie de la santé professionnelle et je suis aussi professeur de psychologie et de gestion à l'Université Saint Mary's. Je suis fellow de la SCP, de la Société de psychologie I/O et de l'Association for Psychological Science et ancien président et coordonnateur de programme pour la Société canadienne de psychologie I/O. En tant que consultant, je travaille auprès d'organisations dans les secteurs privé et public touchant les questions de perfectionnement du leadership, de psychologie de la santé professionnelle et de gestion des ressources humaines. Dans mon travail de consultation et de sensibilisation des cadres, je préconise une gestion fondée sur des données probantes. Je crois que les psychologues sont idéalement placés pour conseiller les organisations sur des questions importantes. Un grand nombre de facteurs ont maintenant convergé pour amener la santé mentale en milieu de travail tout en haut de l'ordre du jour d'un grand nombre d'organisations et je suis d'avis que la SCP peut, et devrait, être un contributeur actif dans ces discussions.



## Candidat au poste de scientifique-praticien

### Donald H. Saklofske, Ph.D.

Je suis très reconnaissant d'avoir été nommé au titre de scientifique-praticien de la Société canadienne de psychologie. C'est un poste qui m'intéresse vivement et qui me permettrait de continuer de servir la SCP et la science et la pratique de la psychologie. Je suis récemment entré au Département de psychologie, de l'Université de Western Ontario. Auparavant aux universités de Calgary et de Saskatchewan, j'ai occupé les postes de professeur, de doyen associé en recherche et de directeur de la formation clinique. Ma recherche théorique et appliquée, corrélationnelle et expérimentale porte principalement sur les différences individuelles, la personnalité et l'intelligence (140 articles de revues, 74 chapitres de livres, 29 livres édités et signés et plusieurs centaines de présentations à des conférences). L'étude des émotions et de la cognition sociale est motivée par l'insistance sur la prévention, la résilience et la santé psychologique. Je suis rédacteur en chef de deux revues, rédacteur adjoint d'une autre, et rédacteur en chef de la Springer Human Exceptionality Book Series. J'ai occupé des postes dans des associations de psychologie professionnelle, y compris dans les organisations provinciales (PSS, SCP, SEPA) et les organisations nationales (SCP, ACPS,



CCPPP). J'ai occupé la présidence de la section des psychologues en éducation et j'ai siégé à des comités de la SCP (p. ex. affaires professionnelles, le Groupe de travail sur l'autorisation de prescrire des médicaments d'ordonnance). Je suis actuellement président de l'International Society for the Study of Individual Differences. Et ce fut un honneur d'avoir été élu fellow de la SCP et de l'APS.

## Candidat au poste de directeur non désigné

### Gordon S. Butler, Ph.D.

D<sup>r</sup> Gordon Butler est un psychologue en santé clinique dans les soins tertiaires du QEII Health Sciences Centre d'Halifax. Il assure la prestation de services de psychologie en cardiologie et fait des consultations générales. Il est professeur agrégé et associé en clinique aux départements de médecine (psychiatrie) de l'Université de Dalhousie et en psychologie, respectivement. Il a publié de nombreux articles de recherche dans différents domaines de la psychologie de la santé et il maintient une petite pratique privée.



D<sup>r</sup> Butler a obtenu son diplôme de premier cycle à l'UNB et une maîtrise à l'Université Memorial. Il a ensuite travaillé à titre de psychologue à St. John's pendant deux ans avant de poursuivre ses études de doctorat à l'Université Queen's. Il a rencontré sa conjointe (aussi une psychologue clinique) à Queen's et après qu'il eu obtenu son diplôme, ils ont tous deux acceptés des postes à l'université de Calgary. Ils ont déménagé à Halifax en 1988. La contribution de D<sup>r</sup> Butler au conseil d'administration de la SCP serait notamment son expérience et son intérêt à travailler avec les organisations professionnelles. Il a notamment accepté des mandats à la présidence de l'Association of Psychologists de Nouvelle-Écosse, présidé le NS Board of Examiners in Psychology, et il a été représentant du NSBEP au Conseil des sociétés provinciales de psychologie et au Répertoire canadien des psychologues offrant des services de santé. Il a aussi été membre du Comité exécutif du RCPOSS et secrétaire-trésorier de la section de psychologie sur la santé de la SCP.

## Candidat au poste de directeur non désigné

### Théo A. De Gagné, Ph.D.

D<sup>r</sup> Theo De Gagné est le leader de la pratique de psychologie régionale et directeur de la formation clinique du Vancouver Coastal Health (VCH). Il a obtenu son Ph.D. en psychologie clinique de l'Université d'Ottawa en 1997 et travaillé dans des cliniques de la douleur multidisciplinaires, des hôpitaux d'enseignement à Calgary et Vancouver et dans la pratique privée au cours des 15 dernières années. Le rôle de leader de la pratique pour le VCH est nouveau, étant donné que ce poste a été vacant pendant 12 ans. Ce poste amène de nombreuses occasions de collaboration au niveau régional, provincial et national. La sensibilisation du gouvernement provincial au rôle de la psychologie et la façon dont nous ajoutons de la valeur est une des nombreuses initiatives de D<sup>r</sup> De Gagné qu'il a mises de l'avant cette année. Il a organisé la première conférence en psychologie ré-



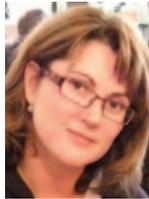


gionale en 12 ans qui a été suivie d'un événement spécial en psychologie de soins primaires. Cet événement a été réalisé en collaboration avec le VCH, le College of Psychologists et la BC Psychology Association; les autorités de santé provinciales, régionales et les médecins de famille faisaient partie de l'auditoire. À la suite de réunions récentes avec le gouvernement, il a obtenu l'appui du VCH pour ajouter des psychologues au réseau de soins primaires. Les contributions de D<sup>r</sup> De Gagné au conseil d'administration de la SCP incluraient un enthousiasme à la collaboration qui met l'accent sur la création de partenariats et la reconnaissance des occasions exceptionnelles pour les consommateurs d'accéder aux services de psychologie.

### Candidate au poste de directeur non désigné

**Judi L. Malone, Ph.D.**

En tant que praticienne, enseignante et chercheuse actives, j'ai un intérêt particulier pour la déontologie professionnelle, le contexte de la pratique et les questions de représentation sociale. Je suis une contributrice régulière à la littérature professionnelle et scientifique et aux conférences au Canada et à l'échelle internationale avec un intérêt particulier pour la pratique rurale, la promotion de la santé et la collaboration interdisciplinaire. En plus de mon expérience exhaustive dans la gouvernance d'associations professionnelles et de conseils d'administration universitaires, je propose au conseil d'administration de la SCP mon intérêt et mon enthousiasme pour les questions réglementaires, particulièrement en tant que psychologue autorisée en Alberta et en Australie, et un engagement à veiller à l'essor de la profession. Mon engagement auprès de la SCP inclut la présidence de la section rurale et nordique et j'ai aussi siégé au Comité des affaires professionnelles. J'ai aussi travaillé dans la section des femmes en psychologie (Comité du statut de la femme) et dans notre section de counseling.



Depuis mon premier engagement à la SCP en 1998 j'ai été intriguée par notre identité et notre potentiel professionnels collectifs en pleine évolution. Je voudrais relever les défis et pro-

fitier de la gratification que procure le travail continu au sein de la SCP dans le but de faire progresser la psychologie, façonner notre profession et pousser plus loin notre compréhension des personnes. Outre mon rôle en tant que scientifique-praticienne et bénévole, j'aime le temps en famille et la course ou le ski dans la forêt boréale.

### Poste de scientifique

**John P. Meyer, Ph.D.**

Élu par acclamation

D<sup>r</sup> John Meyer a obtenu son Ph.D. de l'Université de Western Ontario où il est maintenant professeur et président du programme d'études supérieures en psychologie industrielle et organisationnelle. Ses intérêts en recherche incluent l'engagement des employés, la motivation au travail, le leadership et le changement organisationnel. Il est également coauteur de *Commitment in the Workplace: Theory, Research and Application* (Sage Publications, 1997) et *Best Practices: Employee Retention* (Carswell, 2000) et corédacteur de *Commitment in Organizations: Accumulated Wisdom and New Directions* (Routledge, 2009). Il a agi à titre de consultant auprès d'organismes privés et publics au Canada sur des questions liées à sa recherche et il a été invité à diriger des séminaires et des ateliers en Europe, en Asie, et en Australie. D<sup>r</sup> Meyer est fellow de la Société canadienne de psychologie, de l'American Psychological Association et de la Société de psychologie industrielle et organisationnelle et membre de l'Academy of Management. Il est ancien président de la Société canadienne de psychologie industrielle et organisationnelle et rédacteur en chef de la section OB/HRM du *Canadian Journal of Administrative Sciences*. Il représente actuellement la science au conseil d'administration de la SCP et est président du Comité des publications. Il a hâte de représenter la science au conseil d'administration au cours des trois prochaines années. Il invite les membres et les affiliés à communiquer avec lui s'ils ont des questions qu'ils aimeraient porter à l'attention du conseil d'administration.



## February is Psychology Month!

We'd like to hear about your plans for Psychology Month. Whether you're planning a Community Education night or hosting an open house, email Tyler Stacey-Holmes ([styler@cpa.ca](mailto:styler@cpa.ca)) and let us know how you're participating in Psychology Month!

Get involved! Download Psychology Fact Sheets, share facts about Mental Health and Psychology in Canada, and turn-out for some of the various events happening across the country.

A National Calendar of Events can be found online, at [www.cpa.ca/psychologymonth](http://www.cpa.ca/psychologymonth).



## Poste de directeur non désigné réservé pour un psychologue au niveau de la maîtrise

**Dawn Hanson, M.A.**

Élue par acclamation

Dawn Hanson détient une maîtrise en psychologie de l'Université du Manitoba. Elle est une clinicienne scolaire autorisée qui a travaillé pendant plus de 25 ans à titre de psychologue scolaire à Winnipeg. Elle est présidente du Professional Development Committee for the Child Guidance Clinic Psychology Department. Dawn a occupé de nombreux postes au conseil d'administration de la Manitoba Association of School Psychologists (MASP) et en est actuellement la présidente. Outre son travail clinique dans la pratique publique et privée, Dawn est superviseure du Programme de formation en psychologie scolaire à l'Université du Manitoba. Dawn est une praticienne triple P agréée. Elle aime travailler auprès des familles et faciliter l'apprentissage des parents et des groupes de soutien. Elle est vivement intéressée par la littérature en recherche appliquée liée à la population étudiante atteinte de troubles affectifs et comportementaux (TAC). L'aide aux parents et aux enseignants d'enfants atteints de TAC occupe actuellement son attention de façon importante dans son travail. Dawn a siégé au conseil d'administration de la SCP représentant les psychologues au niveau de la maîtrise.



## Poste de directeur non désigné réservé pour un psychologue expérimental menant de la recherche fondamentale

**Aimée Surprenant, Ph.D.**

Élue par acclamation

Aimée M. Surprenant (Ph.D., Yale University) est professeure au Département de psychologie de l'Université Memorial de Terre-Neuve et elle est directrice du Cognitive Aging and Memory Laboratory (CAMEL) subventionné par la FCI et le CRSNG. Avant d'entrer à la faculté de Memorial, elle était fellow postdoctorale à l'Indiana University et ensuite membre du corps professoral au Department of Psychological Sciences à la Purdue University. Sa recherche est axée sur les effets du bruit sur la mémoire ainsi que l'impact du déclin sensoriel lié à l'âge sur la mémoire. Elle est auteure ou coauteure de plus de 25 articles évalués par des pairs ainsi que la rédactrice en chef ou l'auteure de quatre livres. Elle fait partie du comité de rédaction du Journal of Experimental Psychology: Learning, Memory, and Cognition, Memory & Cognition et de la Revue canadienne de psychologie expérimentale. À titre de membre du conseil d'administration de la SCP, elle est intéressée à trouver des façons de renforcer les liens entre les domaines de recherche fondamentale et appliquée dans la psychologie canadienne. Aimée a siégé au conseil d'administration de la SCP à titre de représentante des psychologues expérimentaux menant de la recherche fondamentale.



## CAREER OPPORTUNITIES Addictions & Mental Health



Alberta Health Services (AHS) Addictions & Mental Health has a variety of positions for registered nurses/registered psychiatric nurses, social workers, psychologists, occupational therapists, counsellors, and mental health therapists across the province.

Addictions & Mental Health provides crisis, forensics, detox and residential treatment to adults, youth, children and seniors in a variety of settings — hospitals, emergency departments or outpatient clinics throughout Alberta. As a member of the Addictions & Mental Health team, you will work with a strong community of collaboration and innovation, in different practice settings with a variety of populations.

*what's your reason?*

[www.albertahealthservices.ca/careers](http://www.albertahealthservices.ca/careers)

For more information email [careers@albertahealthservices.ca](mailto:careers@albertahealthservices.ca)





## Response to “Have Your Say” column in Psynopsis Fall 2012

Sandra L. Clark, Ph.D., and Stephan Kennepohl, Ph.D.,  
Co-Chairs, CPA Accreditation Panel and Melissa Tiessen, Ph.D.,  
Director, Education Directorate & Registrar, Accreditation

The article in the Fall 2012 edition of *Psynopsis* by Sabrina Hassan, *Querying the 10-Hour Per Week Rule in Graduate Clinical Psychology*, includes some thoughtful comments regarding this issue. We would like to provide some factual clarification as well as some general comments regarding accreditation standards and procedures.

The first important point of clarification is that the CPA *Accreditation Standards and Procedures* state that students cannot work more than 20 hours per week outside of their program, not 10 as indicated in the article.

We also wish to emphasize that the accreditation standards and guidelines are for and have been developed by the professional psychology community, with the belief that consensus in identifying standards for training of professional psychologists can be achieved. The author is correct in that the intent of the 20 hour guideline is to ensure protected time for studying, research, and clinical training activities. This intent is to provide a balance for students across two main areas of consideration; namely, ensuring that the learning as defined by the program occurs, and that this is done in a timely manner. The standard does not preclude students from seeking paid employment. In the spirit and service of students being supported adequately through their studies, however, we encourage students to bring their needs and circumstances to the attention of their programs – particularly so that collaborative problem solving can occur when funding or support falls short of need.

While some U.S. programs may support acceptance of students with prior professional experience and continued employment while pursuing graduate studies, this has not been the tradition for Canadian programs. Obtaining clinical experience while pursuing one’s degree can be complementary – and indeed the required clinical experiences of one’s graduate program serve to meet this need – but assuming that one must “come prepared with real-life examples of the same phenomena” and that “[paid] professional experience also enables students to challenge personal biases and encourages clinical

sensitivity and compassion” is not necessarily so. The intent of the accreditation standards is to ensure that programs are providing excellence in education and training for professional psychology and its competent practice. They also ensure some degree of accountability in professional training, most notably in the form of recognized, supervised practice (including a formal evaluation of the student’s work). There is no evidence that work experience outside of the supervised clinical experiences of graduate school makes the student a better clinician. Having a set of standards and guidelines for training provides consistency and, most importantly, better ensures that experience is grounded in science – which cannot always be ensured in an unsupervised experience. In addition, standards provide a benchmark for programs to ensure that students have equal access to clinical opportunities.

While additional relevant experiences can and are important

to applicants for practicum and internship, the definition of relevant may vary in the eyes of the person obtaining that experience, and in the goals set out by internship and practicum programs. There is already much pressure on students to prepare for clinical placements. This includes some misguided direction advising students to amass more and more hours of experience in order to be competitive for practicum and internship placements. Many students are swayed by the myth that they need more and more experience, which often comes at the expense of completing other degree requirements such as comprehensives and the dissertation – which can potentially make them a less competitive applicant for internship, while also significantly delaying time to completion. We refer readers to the CCPPP

website and the article that discusses the preparation and selection of internship, which hopefully dispels some myths for students.

Working in a clinical setting does provide individuals with a sense of professional identity. While a goal of graduate training can include obtaining practical experiences and making connections to secure employment upon graduation, this should not be the sole focus. Training priorities must centre on the acquisition of appropriately supervised, sequenced and well-rounded education and experiences so that the graduate is able to practice effectively, ethically and competently.





# Canadian Perceptions of Psychologists and Psychological Services

Andrea Piotrowski, Ph.D., Practice Directorate Council Chair  
John Service, Ph.D

In 2010, the Practice Directorate engaged a communications company, Delta Media, to refine its strategic directions and communications. During this three year relationship, a major piece of the contract was the commissioning of a national study to evaluate the knowledge and attitudes of Canadians towards psychology and psychological services by way of an EKOS poll in June 2011. The study was funded by CPA and the individual provincial/territorial associations. Results from this survey are an important source of information when members of the Practice Directorate and CPA advocate for increased access to psychologists with government and other key stakeholders.

## Demographics

The survey included a larger than usual representative sample of 2,832 Canadians from all provinces and territories, ranging in age, education and income levels. The results of the survey are predicted to be accurate to within +/- 1.85% and at a confidence interval of 95%.

## Association with Prevalent Conditions

A series of open-ended questions found that Canadians identified psychologists as one of the top three health professions that are best able to care for people with depression and anxiety disorders and to help people cope with the stress of being diagnosed with a disease like cancer. To a lesser extent (though still within the top three professions), psychologists are also associated with being able to care for people with addictions, dementia, and learning disabilities.

Family medicine is the only other profession that is consistently identified within the top three professions associated with being best able to care for individuals with these conditions. This finding is not surprising given that the family physician is often the first point of contact for medically-related conditions. It also guides the Practice Directorate and CPA to develop strategies that include educating, collaborating and working with family physicians to ensure that their patients can access psychologists for mental and behavioral health conditions and disorders.

## Confidence in Psychologists

When Canadians were explicitly asked to consider the provision of treatment for mental health problems, they reported having the most confidence in psychiatrists (33%), followed by psychologists (26%) and family physicians (18%). Looking more specifically at psychologists, Canadians reported being

somewhat confident (35%), confident (42%), or very confident (17%) in the ability of psychologists to care for individuals with mental health problems.

## Perceptions of Psychologists

As a follow-up to the preceding questions, Canadians reported that psychologists are effective or very effective in treating depression and anxiety disorders (73%), helping people cope with the stress of being diagnosed with a disease like cancer (63%), addictions (54%), learning disabilities (44%), and dementia (38%). This information suggests that Canadians are most likely to associate work done by psychologists closely with treating mental health problems, and be less aware of other health-related or assessment-related competencies of psychologists.

## Knowledge about Access to Psychologists

There are mixed results regarding knowledge about accessing psychologists. Only 39% of Canadians reported that psychologists can be accessed through the public health system. Thirty-six percent said that there are no publicly funded psychologists and 25% said that they did not know.

In terms of accessing a psychologist through an employee's extended health care benefits plan, 52% of Canadians said that individuals could access services, 27% reported that they could not access services, and the remaining 21% were either unemployed or did not know. These results are somewhat difficult to interpret since it is not known whether the 27% of respondents who indicated that they could not access services are either unaware of psychological services in their plan or whether their plan does not include access to psychologists.

Canadians reported that if they wanted to access services from a psychologist, they would ask their family physician (60%), search the yellow pages/web (18%), ask family/friends (12%), or contact employee assistance programs (7%). Additional organizations that were mentioned, to a lesser extent, included psychological associations, CLSC, hospitals, and word-of-mouth.

The perceived average cost of a session with a psychologist was \$103, with the majority of people identifying the cost between \$100-\$150+ (44%). Canadians reported that the average number of sessions required to treat depression or anxiety disorders is 23, but the majority of respondents identified a range of 10-15 sessions (32%).

## Barriers to Accessing a Psychologist

Canadians reported that significant or very significant bar-

*Continued on page 55*



# Successes in Advocacy:

## A Story from the 1970s and Some Numbers from the 1960s

John B. Conway, Ph.D., CPA Archivist and Historian

In a recent interview, Bob Wilson of Vancouver told me the story of what it took to start-up his psychological health services firm in the early 1970s. His story is worth retelling here. It offers a few lessons about advocating for better access to our services.

*“I quit my job as a psychologist with the B.C. government to start what would become Wilson/Banwell. We had my pension from the government which would have lasted about 6 months. We had a mortgage, and three children. No income. No prospects.*

*“I wanted to offer psychological health services to employers as a benefit for their employees. There was nothing like this in the country.*

*“I put together a brochure and I rehearsed a talk, a sales pitch. I went through the Better Business directory of all businesses in Vancouver, A-Z, and started calling them.*

*“The first organization that let me in the door was a shipping outfit in North Vancouver. This was after maybe 40 or 50 calls. I put on my one suit. It was black. I looked like a Seventh Day Adventist. I was so confident that this was going to be my first contract. I was selling apple pie. How could anyone not want this benefit?*

*“As I walked down the hallway to the CEO’s office, I could smell the alcohol and cigar smoke. The CEO was maybe 6’8”, about 400 lbs, beet red, drunk and angry.*

*He didn’t know why I was there. I launched into my wonderful spiel about the psychological benefits I would provide for his employees. I don’t think I got past the first 4-5 sentences. Something was wrong, the atmosphere was not right.*

*“Things happened so fast after that that I was in a daze for hours. He literally reached across the desk and grabbed me by the shoulder and lifted me out of the chair. He started yelling at me. Called me every name in the book. I was wasting his time. Why did I think he would do anything for those SOB employees working for him. He marched me out the front door.*

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In the *Oral History Project* the CPA Archivist/Historian hopes to add interviews with another hundred psychologists to the archives—interviews with psychologists who have made significant contributions since the 1970s, contributions in research, practice and education over the past forty years of tremendous growth in the discipline and profession.

*“I could not believe what had happened. This was my very first attempt to sell a psychological health benefit. It had been an absolute and miserable failure. What had I gotten into, I thought. I’d made at least 40 calls and nobody was responding, and then*

*the first CEO I meet throws me out. I convinced myself that this was an anomaly, and got back on the phone.*

*“I eventually got opportunities to go out and interview others. They were polite. All said “No.” Some thought it was an intriguing idea, that my services would be nice to have, but that they didn’t have the money. “The employees aren’t asking for this,” they said. “Why would we buy this?”*

*“And so about 350 calls later, I was getting desperate. We were just about out of money. Finally, I got an appointment with the CEO of London Drugs. So, again I put on my one suit. I knew my 3 minute pitch very well by then. It hadn’t worked. You think I’d have learned by this time that it was the wrong pitch. Life is an IQ test that I had kept failing. Within seconds, I could read all the signals. Once again, this wasn’t going to work. At least I had learned to read the non-verbals.*

*“And, then, I was shocked. The CEO sat there shaking his head. He said, “Dr Wilson, stop. You come here and sit where I am, let me sit where you are.” Well, that was at least different—all of a sudden I’m the CEO of London Drugs. He then launched into a one minute description of my benefit. It was not like anything I had heard before but I recognized that it was my benefit. He said to me, “Would you buy that.” I said, “I sure would.” He said, “So would I. Let’s sign a contract.”*

*“He had a far better pitch than mine. He changed the whole story. It wasn’t about psychology. It wasn’t about trying to help a profession get recognized, or about helping people get access to psychological services. It was about his employees. It was about what they needed. He never once mentioned the word “Psychology.”*

*“In hindsight, it was so obvious. But I hadn’t been trained as a salesman.*

*“The contract with London Drugs continues to this day.”*

When Bob sold his firm (renamed Human Solutions) a couple of years ago, it was providing services in 40 countries, had more than 1500 psychologists around the world providing those services, as well as hundreds of social workers and nurses.

*“It is not about Psychology.”* Advocating for better access to psychological services *is* about the health and mental health needs of Canadians. The needs today are many and they are largely unmet. The public must know this and demand better

*Continued on page 55*



## Successes in Advocacy:

*Continued from page 54*

psychological services. Eventually, governments, health care providers, and employers will listen.

Persevering in the face of long odds is oftentimes the best we can do. How many advocacy and lobbying efforts have Canadian psychologists pursued over the past forty years? I have no idea, but the persistence of a Bob Wilson is necessary.

I'll end with, no not another story, but rather some numbers reflecting the success of a persistent lobbying effort for increased funding for research in psychology during the 1960s.

During the 1960s, the CPA was involved in at least eight significant advocacy efforts to increase funding for researcher in universities—major reports, briefs to government, meetings with officials and legislators, and a bit of national media attention. In 1960, the NRC (the predecessor to NSERC) funding for researchers in psychology was \$63K. NRC funding in 1970 was \$1.5 million, a 24-fold increase in funding for psychological research in universities. During the decade, the CPA budget was less than \$40K, of which a small portion was spent on advocacy for research funding. The numbers of psychologists in universities grew tremendously in the 1960s—more than a seven-fold increase in psychology professors—and the growth in our numbers was, importantly, related to growth in our research funding. Persistent lobbying was, surely, also of great value.

*John B. Conway is the CPA Archivist and Historian. He is the author of **A Chronicle of the Work of the CPA, 1938-2010**, published in 2012 and available from the CPA.*

## National Survey

*Continued from page 53*

riers to accessing psychologists included: cost (80%), lack of coverage through provincial/territorial health plans (75%), lack of coverage through an employee's benefits plan (67%), long wait times (67%), preference to address problems themselves (50%), and stigma (39%). The cost barrier is even greater for individuals making less than \$40,000/year per household. Given the reported barrier of cost to see a psychologist, it is not surprising that 85% of respondents reported that it is important or very important to have access to psychologists covered by public health plans.

### Where do we go from here?

The results from the survey provide valuable data to guide the Practice Directorate in its National Advocacy Campaign, "Solutions." The general advocacy message focuses on increasing access to psychological services for mental and behavioural health problems and conditions. More specific materials have been developed that focus on increasing services in the areas of: a) primary care; b) children, youth, and young adults; and c) medically unexplained symptoms.

Advocacy for the profession of psychology is the responsibility of all psychologists. The EKOS poll data (national and provincial/territorial results) and materials developed by the Practice Directorate and CPA are available on the Practice Directorate page of the CPA website.

**74<sup>th</sup> Annual Convention / 74<sup>e</sup> Congrès annuel**

CANADIAN PSYCHOLOGICAL ASSOCIATION / SOCIÉTÉ CANADIENNE DE PSYCHOLOGIE

**June 13-15 / juin 2013**

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# Psychology's “Tough Mudder”

Caelin White M.A.

As mental health professionals, we know the statistics reflecting the alarming scope and severity of mental illness both in Canada and around the world, and we are intimately aware that effective and economical psychological treatments exist. So why don't people receive the help they need for mental health issues? Because it is not readily accessible to those who need them. Time and time again, research has demonstrated that the *stigma associated with mental illness* and the *limited access to psychological services* are the two fundamental obstacles standing in the way of Canadians receiving help for mental health difficulties. The reality is that most Canadians who suffer with mental illness do so alone and do not receive the treatment they need.

Through my training as a doctoral student in clinical psychology at the University of Manitoba as well as in my role as student director at the Manitoba Psychological Society, I have become deeply passionate about meeting these obstacles head on and in finding unique ways to promote public awareness of the issue. During the past year, I launched a race campaign that combined my interest in mental health advocacy with my passion for an increasingly popular sport known as “obstacle racing”.

In May 2012, I competed in an obstacle race titled *Tough Mudder* and, through it, qualified for the world championship race called *World's Toughest Mudder*. The championship event is set to take place in New Jersey on November 17-18, 2012 – less than a week from the day I have sat down to write this article. Next week, athletes will run repeated laps of a 10-mile, ultra-endurance course featuring 40 of the world's most challenging obstacles designed by British Special Forces. We will be required to repeatedly scale 12-foot walls, carry logs and tires, run through mud and fire, squeeze through underground tunnels and trenches, swim through ice-cold water, and endure countless 10,000-volt electric shocks. The winner is the athlete that completes the greatest number of laps over a cold and grueling 24-hour period.

So why on Earth would I do this to myself? Because to me, this race is a perfect metaphor for what most Canadians have to endure to get access to psychological services. Getting access to psychological services is also a veritable gauntlet, filled with intimidating and unfamiliar obstacles – one after the other. Just as it is in this extreme obstacle race, most of those who start simply quit and never arrive at the end where the payoff lies.



Successfully completing this race requires cardiovascular stamina, brute strength, agility, dexterity, and most of all mental resilience and a passion to prove oneself. In my preparation for this event, I have had to do extensive physical conditioning: six days per week of long distance running, biking, swimming, cold water immersions, plyometric drills, resistance training, as well as nutrition and hydration training. And mental preparation was also critical. I have had to work at cultivating many psychological skills (e.g., mindfulness, visualization) for tolerating and managing extreme discomfort and for maintaining focus under pressure. All the while, I have had to ensure that I was getting adequate rest, maintaining a (bit of a) social life, and meeting the requirements of my clinical Ph.D. program. The unexpected bonus of this training is that it has also proven to be as applicable to preparing for the role of advocate.

The first thing I learned is that *advocacy skills are trainable*. Like my physical training, I had to start from scratch, learning the basics of how to interact with members of the media and how to manage interviews in order to communicate the points I wanted to get across. Over time, I have noted that I have become more comfortable during interviews (and, I hope, less clumsy). And at every stage, when I needed guidance and would reach out, I found that experienced mentors for guidance were available. If you want to become involved in advocacy, look around. Many experienced people are already out there and more than willing to offer you the lessons learned from their experience.

The second lesson I learned is that *anyone interested in advocacy can do it*. There is nothing fundamentally different between me and anyone else who is interested in taking on this role. Although the concept of my race campaign is somewhat unique, everyone has something unique that they can offer. It's a matter of finding what that quality is and running with it.

Finally, I learned a third and equally important lesson: beyond employing traditional marketing strategies for our advocacy (meeting with politicians, funding agencies, etc.), *we must also make an effort to develop fresh, bold, and exciting ways to advocate for psychology, itself*. We need to develop initiatives that truly stand out, that capture the public eye, that excite with possibilities. We know that “psychology works” and the public needs to know that too. So I've become a firm believer in using the knowledge in our field and applying it in novel ways to make these changes happen.

<sup>1</sup> Caelin White M.A. is a doctoral candidate in Clinical Psychology at the University of Manitoba

# Memoranda of understanding and international relations in psychology

Janel Gauthier, Ph.D., Chair, International Relations Committee

National psychology associations interact with national psychology associations in other countries, primarily through information exchange and discussion of common issues. Sometimes, they formalize some of these contacts through signing a Memorandum of Understanding (MOU) with individual associations. Typically, the signed MOU articulates the mutual goals of psychology associations and agrees to regularly communicate and consider the development of joint activities. It is not legally binding in the way that a contract is, but it is stronger than a verbal agreement.

CPA has Memoranda of Understanding (MOU) with the American Psychological Association (APA) (1989), the Russian Psychological Society (2008), the Psychological Society of South Africa (2009), and the Australian Psychological Society (2010). Interestingly, three out of four MOU were signed within the last four years, and 23 years separate the signing of the second MOU from that of the first one.

This trend in the signing of MOU with foreign national psychology associations is not unique to CPA. For example, APA has signed MOU with CPA and ten other national associations (<http://www.apa.org/international/outreach/understanding-memorandum/index.aspx>). Most of them (9 out of 11) were signed within the last five years, and only one other MOU was signed during the 22-year period separating the first and the third MOU.

What does it mean? Are we in the presence of an international trend reflecting a growing interest in formalizing inter-association goodwill and the commitment to collaboration at the international level? In a way, I think we are. The sharp increase in the number of MOU signed in the last few years both by CPA and APA speaks for itself.

MOU are good ways to start off a formal, recognized partnership with someone. They can contain as little or as much obligation as both parties are willing to sign, and be as specific or general as needed. In the end, even a general and short MOU can be the start of working towards a more meaningful relation-



ship or goal. As well, gaining an affirmation from well-established foreign associations can provide for enhanced credibility of the partner associations and opportunities for program exchange and collaborative activities. Sometimes, the more MOU an association can show funding agencies and other potential partners, the better. MOU can help to bring an association the services or funds that it lacks for the work it wants done. This is true locally, nationally and internationally.

There are national psychology associations which clearly value MOU with foreign national psychology structures. One of them is the Psychological Society of South Africa. Since 1998, it has signed MOU with fifteen national associations (<http://www.psyssa.com/aboutus/history.asp>).

Are these links important? I think they are. Isaac Asimov (1920-1992) wrote: “No sensible decision can be made any longer without taking into account not only the world as it is, but the world as it will be.” Memoranda of understanding are important symbols of shared values, demonstrating a spirit of openness in our work as part of a worldwide community of psychology. Maintaining contact with key psychological associations is valuable in supporting members’ interests and ensuring representation of Canadian psychology in key international forums. We also need to take account of the wider world in our own policy formulation; many issues such as ethics and statutory regulation are shared with international colleagues.

CPA did not seek MOU from psychological societies in Russia, South Africa and Australia. However, when proposals for establishing formal liaisons came from these countries, CPA responded positively. Whether or not CPA should take a more active role in establishing links through MOU with key national psychology organizations in other countries is a question that warrants discussion in today’s globalizing world. This issue will be discussed at the next annual meeting of the CPA International Relations Committee during the CPA’s convention in Quebec City, June 13-15, 2013.

The role of the Committee is to advise the CPA Board of Directors and to take actions on behalf of the Association in international affairs.

*Memoranda of understanding are important symbols of shared values, demonstrating a spirit of openness*



# The African Initiative for Integrated Responses to VAWG and HIV/AIDS

Leah Teklemariam, Director of Programmes,  
Stephen Lewis Foundation

It was an urgent request that Dr. Denis Mukwege, the visionary Medical Director of the Panzi Hospital in Bukavu, Democratic Republic of Congo (DRC), shared with Stephen Lewis in 2008: could the Stephen Lewis Foundation (SLF) organize a team of French-speaking clinical psychologists to travel to Panzi to help ease the overwhelming trauma experienced by the hospital's staff? Since the Panzi Hospital opened in 1999, they have been on the frontlines of the intractable conflict in DRC, repairing the broken bodies and fractured psyches of over 30,000 women who have survived the horrific sexual violence that has become such a trademark strategy of the war raging within the country's borders. In the face of unrelenting violence, unreliable basic infrastructure, and a woeful lack of human resources<sup>1</sup> they have pioneered innovative techniques in obstetrics (particularly in repairing traumatic fistula), inspiring doctors from around the world to travel the dusty, disintegrating roads of Bukavu to learn from their work. A painful and reluctant expertise developed as a result of the violence with which women are brutalized, leaving them broken, incontinent, vulnerable to HIV/AIDS and often ostracized from their families and communities. To Dr. Mukwege "the word rape or sexual violence cannot fully translate the horror I see hundreds of thousands of women living through in this part of the world."

"The word rape or sexual violence cannot fully translate the horror I see hundreds of thousands of women living through in this part of the world."

Frontline service providers in situations like the DRC also face a painful double jeopardy of trauma: they spend their days helping mend the bodies and psyches of their patients and return home to their families where they too are subject to the violence and instability of living in a war zone. A recent study of 94 Panzi staff members showed that 60% of them have lost a close relative to the war and an unimaginable 25% have themselves experienced sexual torture. How can a therapeutic process be sustained when the trauma mounts daily? What does healing mean when the threat is ever-present? Who cares for the carers?

The SLF approached the Canadian Psychological Association (CPA) with Dr. Mukwege's request and the CPA was quick to offer its expertise and solidarity. The SLF convened the Toronto "Crisis in Counselling" meeting in July 2008 which brought together members from the CPA along with African mental health and well-being experts from projects the SLF funds in Kenya, Rwanda, South Africa, and Zimbabwe to de-

sign an urgent assistance plan for Panzi Hospital. The meeting also created the space to consider concrete methods of strengthening the capacity of grassroots organizations in Africa to respond to violence and HIV/AIDS. The idea of an institute was born.

The African Institute for Integrated Responses to Violence Against Women and Girls and HIV/AIDS (AIR) is unlike anything else that exists on the continent: imagine a dynamic, mobile, expert response team, ready to assist women and organizations throughout Africa, armed with expertise in counselling and trained to assist frontline workers, counsellors,

nurses and doctors. AIR also serves as a much-needed forum for advocates to come together to exchange and document new ideas, approaches and lessons learned around violence and AIDS.

AIR has succeeded in turning indignation into action. It has facilitated a detailed needs assessment at the Panzi Hospital to understand and document the scope of need amongst the staff. This paved the way for AIR to identify and support two psychologists from Kenya to undertake a one-

month psychological residency at the Panzi Hospital— working with the staff to establish peer support groups and providing one-on-one counselling for the most urgent cases. AIR will continue to provide ongoing follow-up support to these peer groups as the staff at Panzi work together to nurture a culture of resilience and healing.

AIR also seeks to strengthen the body of knowledge and quality of thinking around violence, well-being, and HIV/AIDS rooted in a feminist perspective and an African context. To date it has documented five powerful and practical interventions focusing on integrated service responses, action research, and innovative counselling methodologies. As part of this documentation process, Johanna Kistner, Executive Director of Sophiatown Community Psychological Services, one of AIR's founding members in South Africa, reflected on their context:

*In the communities in which I work, suffering cannot be dissected into clearly identifiable events which cause clearly identifiable symptoms... In these communities poverty, disease, abuse, war, violence, displacement etc permeate every aspect of existence, from birth to death. Unless we acknowledge the totality of the landscape of suffering, we are at risk of offering services which are at best piece meal and at worst completely divorced from the social and cultural realities of the communities most affected by HIV... And if we (as doctors, therapists, healers and helpers) are able and willing to step out of our own frames of reference, to move into the landscapes of others, to*

*walk with them and become part of their landscape, we need to learn to bear the unbearable, to listen to that which no one wants to hear, and to put into words that which seems unspeakable.*

AIR is made possible because of the wealth of transformative approaches and expertise that is currently powering the grassroots response to violence and trauma in the context of HIV across Africa. AIR is not a service provider. Rather, it supports, strengthens, connects, and adds value to existing responses and works to fill gaps when they are identified. AIR's culture of internal support, reflection, and critique will keep it pushing the boundaries of existing knowledge, fearlessly exploring bold new thinking and unorthodox ideas.

AIR is an initiative by and for African women. While the Stephen Lewis Foundation has played a facilitating role, it is governed by a steering committee made up of diverse and determined women from across Africa. AIR is based at the Graça Machel Trust in Johannesburg, South Africa. Graça Machel, a trailblazing women's and child rights advocate and wife of Nelson Mandela, has been one of the earliest supporters of AIR's work and her generous offer to host the institute provides a powerful opportunity for AIR's analysis and expertise to inform the regional and international platforms Mrs. Machel occupies, and vice versa.

The CPA has been an ally of AIR from vision to this exciting reality. Its generous donation of \$10,000 will add further momentum to AIR's organizational and programmatic development. Some of the plans for the upcoming year include developing a database of African technical expertise which can be mobilized to support organizations in need, documenting more innovative practices and response models, and developing think pieces /critiques of existing models by practitioners in AIR's thematic areas. We look forward to ongoing collaboration with the CPA as AIR continues to make profoundly important investments in the bold, women-driven responses that are creating real change in the lives of African women.

[www.stephenlewisfoundation.org](http://www.stephenlewisfoundation.org)

<sup>1</sup> Panzi Hospital has only one psychiatrist on staff and a handful of social workers. In the Department of Gynecology and Obstetrics, 29 staff and 4 specialists treated 2800 patients and delivered over 3300 babies in 2011.

## New Hires / New Positions

**CPA is pleased to announce the appointment of two new administrative assistants. Linda joins us with responsibilities for accreditation and general office operations. Celine (pictured) joins us with responsibilities mainly for convention.**

### Linda Rochefort

Accreditation and Administration Assistant / Adjointe à l'agrément

Email - [accreditationoffice@cpa.ca](mailto:accreditationoffice@cpa.ca)

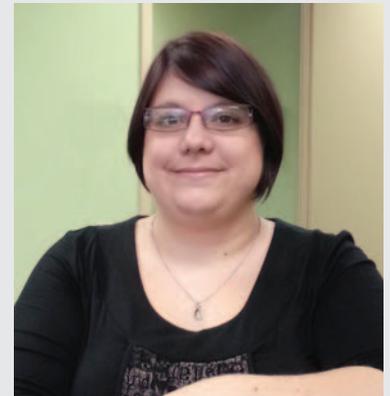
Tel: 613-237-2144 / Toll free (in Canada): 1-888-472-0657 ext. 328

### Céline Delangis

Convention and Administration Assistant / Adjointe au congrès

Email - [convention@cpa.ca](mailto:convention@cpa.ca)

Tel: 613-237-2144 / Toll free (in Canada): 1-888-472-0657 ext. 338



**Additionally, CPA is pleased to announce two of our current employees moving into new positions. Kimberley Black (formerly Convention Assistant) has assumed the role of Executive Assistant. Josée Paliquin (formerly Administrative Assistant) has assumed the role of Membership Assistant – Francophone.**

### Kimberley Black

Executive Assistant / Adjointe au bureau de la direction

Email – [executiveoffice@cpa.ca](mailto:executiveoffice@cpa.ca)

Tel: 613-237-2144 / Toll free (in Canada): 1-888-472-0657 ext. 323

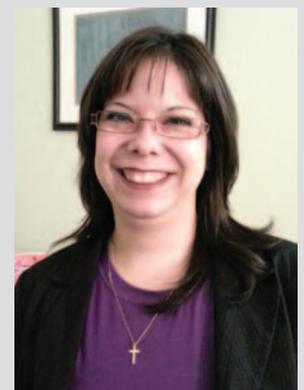


### Josée Paliquin

Admin Assistant, Membership (Francophone) / Adjointe administrative – Services aux membres & administration

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# The University of Victoria – Department of Psychology

Lindsay J. McCunn, MSc, Ph.D. Student  
(Graduate Student Representative)

**Background:** The University of Victoria (UVic) is located in British Columbia's capital city, Victoria. The department of psychology has been housed in the iconic Cornett Building since 1967. Cornett has been home to social science departments at UVic for over 40 years.



**Undergraduate:** UVic's undergraduate psychology program offers two introductory courses to give students an overview of the topics in the field of psychology. The courses offer opportunities to participate in research projects being conducted in the department. They are also pre-requisites for other courses within the department and popular electives for students from other disciplines. A psychology major at UVic has a breadth of upper-level courses to choose from. Special-topics courses are also offered for psychology majors and honours students.

**Graduate:** Graduate students may focus on one of six broad training areas: clinical psychology, cognition and brain science, experimental neuropsychology, lifespan development, social psychology, or individualized programs. The largest individualized program focuses on environmental psychology. All areas have a strong research focus. A thesis and dissertation are required for students earning MSc and PhD degrees respectively.

**Clinical Psychology:** The APA- and CPA-accredited graduate program in clinical psychology provides high quality training in the knowledge base and clinical skills essential to effective psychological research and practice. The program adheres to the Boulder scientist-practitioner model of clinical psychology training, providing a balanced emphasis on (1) science and research, (2) application and practice, and (3) the meaningful integration of science and practice.

The department has a psychology clinic, which serves as a training facility for clinical psychology graduate students. The clinic is open to the community for trainees, under the supervision of Registered Clinical Psychologists, to complete assessments and therapeutic interventions for children, adults, couples and families.

**Cognition and Brain Science:** The cognition and brain science program focuses on understanding the nature of the representations and processes that give rise to mental events and the influence of memory on subsequent experience and behaviour. This is done through naturalistic studies of children and adults, experiments conducted in laboratory contexts, brain imaging, case studies of brain-damaged patients, and computational modeling.

Researchers have begun conducting functional magnetic resonance imaging (fMRI) research at a nearby hospital and have developed an fMRI methods course. Also, student involvement in event-related potential (ERP) research has been so intense that ERP facilities have been doubled to meet the demand. An eye-tracking system has been acquired to obtain real-time

measurements of what subjects are looking at moment to moment. The program has also obtained a 3-D kinematic tracking system that can measure the trajectory of a person's hand reaching to grasp an object.

**Experimental Neuropsychology:** Focusing on the investigation of the relation between behaviour and brain function, researchers in this program study aspects of aphasia and agnosia; the development of disabilities in brain-damaged children; cerebral organization of cognitive functions; basic mechanisms of the epilepsies; neural mechanisms of memory; visual-spatial localization; cognitive loss and recovery after brain injury; intellectual and memory changes seen in normal aging and in Alzheimer's disease; and related topics.

UVic recently launched a neuroscience degree program that draws on strengths in numerous academic units on campus, including the department of psychology (primarily the cognition and brain science program), the department of biology, and the division of medical sciences.

**Lifespan Development:** The UVic lifespan development program focuses on advancing knowledge of the processes of change for individuals across the lifespan. Topics of interest include developmental theories and methods of investigating lifespan change, as well as cognition, memory, theories of mind, identity, risk-taking, social relationships, and problem behaviour. Faculty members have expertise in childhood, adolescence, adulthood, and aging.

**Social:** Social psychology is a broad field that includes the study of individual cognitions, feelings, and behaviours in self-reflection and interaction with others. Faculty members conduct research at a broad range of levels of analysis (e.g., individual, interpersonal, intra-group, intergroup, and societal levels), providing students the opportunity to master multiple perspectives on human behaviour.

**Individualized:** The department has a long tradition of individualized graduate study. Degree requirements are generally the same as degrees in the established programs. However, instead of taking a standardized set of courses from a group of faculty members who are part of a specific program, each student's coursework is uniquely constructed to represent the in-

Continued on page 62

# Using Social Psychology to Make a University Campus a Safer Place<sup>i</sup>

Anne Forrest, Ph.D. and Charlene Y. Senn, Ph.D.,  
University of Windsor

Suddenly, bystander education is everywhere; it's the newly discovered solution to school yard and online bullying, racist and homophobic comments at work, sexual assault, and other abuses of power and privilege. Bystander programs are effective because they combine good social psychology with good citizenship. The message, somewhat simplified — see the problem, empathize with the victim, you have the capability, do something to help — energizes the “good person” inside most of us; we are called to live up to our own ideals: compassion, gender equality, multi-culturalism, and inclusivity. The helping skills learned and the personal confidence built are a welcome antidote to the exaggerated individualism and passivity we often complain about.

Our Bystander Initiative to reduce the incidence of sexual assault at the University of Windsor is part of this “movement.” We share the enthusiasm for the community-building politics that underpin bystander education, especially its built-in expectation of action for social change, and we find the evidence of effectiveness convincing. However, we are also aware of the limitations of fad-like uptake. If the goal is organization change — in our case, a change in campus norms about the acceptability of sexual assault and a greater willingness of peers to interrupt this aggressive sexual behaviour and its precursors — then there must be long-term commitment and investment. Too often, good ideas are championed by volunteers who are left to do all of the heavy lifting. But volunteer energy and capacity are finite. Evidence of buy-in and effectiveness soon fall off and people start looking for other silver-bullet ideas. We do not believe in quick fixes, certainly not for sexual assault, which is endemic on university and college campuses across North America. For change to take hold there must be long-term organizational investment of leadership, time, and money.

This is the case we put to our university administration. The result was a Strategic Priority Fund grant in 2010 that allows us to institutionalize bystander education related to sexual assault on our campus. In our view, the only way to do that in a university setting is to embed the education in the curriculum. Our long-term strategy has two elements: the first is two new undergraduate courses that educate male and female students about sexual assault and the social psychology of bystander be-

haviour (course 1) and train select male-female pairs to deliver, with supervision, bystander workshops to other undergraduates (course 2); the second element is the delivery of the three hour bystander workshops to 400+ undergraduate students each year as part of the curriculum of their appropriate courses. Both of these elements are funded indefinitely. In addition, we have money for five years to research the effectiveness of the workshops for the individuals who receive them.

Bystander education is an effective tool in sexual assault prevention campaigns for several reasons. Most rapes and other sexual assaults are committed by men against women (Johnson & Dawson, 2011, Chapter 5). The majority of these crimes occur in acquaintance contexts of parties, heterosexual dating, and other social interactions which are commonplace on our campuses (e.g., Tjaden & Thoennes, 2000). The majority (approximately 60%) of sexual assaults are committed by a minority of men who are repeat perpetrators (Lisak & Miller, 2002). Most men do not condone these other men's behaviour and yet many men buy into or are pressured into supporting attitudes and beliefs that increase hostile masculinity, blame women for their victimization, and relieve men of full responsibility for their actions (for study of impact of rape supportive social norms see Eyssel, Bohner, & Siebler, 2006). The gendered nature of the crime poses a difficult dilemma for educators. Prevention guidelines are clear that men should be targeted (Lonsway et al., 2009), but targeting them is prone to create defensiveness and decrease volunteering for the education. The literature is replete with education attempts where participation of men was extremely low.

Bystander education overcomes the “male-bashing” stigma attached to traditional sexual assault education because it approaches both men and women as potential intervenors, as caring and concerned citizens who can and should make a difference on their campuses by taking action to interrupt situations that are becoming dangerous. This approach encourages students to believe that their actions can make a difference. The social psychology theory of bystander intervention, based on years of empirical evidence (e.g., Darley & Latane, 1968), increases the likelihood of pro-social helping behaviour because students learn to identify risk/danger in situations they are observing, assess that help is needed and that they have a social

*Continued on page 62*

<sup>i</sup> This initiative has been made possible by the financial support of The University of Windsor's President's Strategic Priority Initiative. Our course instructors Dr. Betty Barrett and PhD candidate Ms. Dusty Johnstone have brought life to our ideas. We are extremely grateful to Mary Moynihan, Vicki Banyard, and Bobby Eckstein for their support along the way and the generous permission to use their program.



## The University of Victoria

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terests of the student, in consultation with his or her supervisor. Each individualized program does have a particular focus that must be close to the research interests of the supervisor. Courses may be selected from those required for thematic programs, other courses in the department, and courses outside the department.

**Student Societies and Involvement:** Students who wish to make connections with faculty and participate in academic and social activities within the department can become involved with the PSYCHOS student society or with Psi Chi. Both undergraduate and graduate students have the opportunity to serve as student representatives on department committees.

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*One urban myth about the Cornett Building is that it was designed to resemble the human brain because it has always been the home of the psychology department.*

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## Social Psychology

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responsibility to provide it, and decide how to intervene while keeping themselves safe. Of all of the programs reported in the literature, *Bringing in the Bystander*<sup>TM</sup> from the University of New Hampshire was the one with the best evidence of efficacy when we began (Banyard, Moynihan, & Plante, 2007; Banyard, Plante, & Moynihan, 2004; Moynihan, Eckstein, Banyard & Plante, 2012). We continue to work in collaboration with Mary Moynihan, Victoria Banyard, Robert Eckstein and their colleagues to adapt the program for our purposes on our campus. They have been exceptionally generous with their time and expertise.

We see, now, that we were rather naive in our enthusiasm. Because we are the first, and possibly the only campus in North America to institutionalize bystander education through the undergraduate curriculum we were not prepared for all of the glitches in implementation. Some we did predict, for example, the need for a more engaged pedagogy than is normal on our campus and the need to develop buy-in from faculty colleagues and academic advisors. The most significant challenge we did not anticipate is on-going difficulty with student recruitment, not withstanding the enthusiastic response of students involved with the Bystander Initiative. Raising the profile of the two new courses is not a one-time effort, as we had thought. The courses are buried in the list of course offerings and prospective students need program-specific counselling to know where they fit into their major's requirements. Overcoming these challenges requires sustained effort, every fall term, to ensure the first of the two courses is fully subscribed and has a balance of male and female students from a variety of disciplines.

We are meeting this challenge by asking supportive male faculty to post information about the courses on their doors and course websites, working with students to give brief talks in courses, one-to-one recruitment in student spaces, and pitching the program to our women's basketball and men's football teams. It seems to be working, but we are not funded for the time and effort this level of out-reach demands. We are hoping in the longer term to argue for a funded part-time staff person to recruit potential facilitators for the courses and to do the extensive administration involved in offering the workshops to 10 or more simultaneous small groups (20 students in single-sex groupings) per undergraduate class. It is our belief and hope that increasing campus-wide advocacy will emerge as the number of students who have been touched by the courses and workshops grows and the proof of the ways in which the workshop is effective is provided by our evaluation research. Whatever the speed of progress, or the limits of our reach so far, this advocacy project is an exciting example of community-building grounded in social psychology practice and research.

For a complete listing of references, go to [www.cpa.ca/Psynopsis](http://www.cpa.ca/Psynopsis)



# SWAP Archives Find a Home at the University of Ottawa



*Lucie Desjardins (University of Ottawa), Fran Cherry (SWAP), John Conway (CPA Archivist), Karen Cohen (CPA CEO) signing the deed of gift of the SWAP archives to the University of Ottawa, Library Network, Archives and Special Collections*



*Lucie Desjardins (University of Ottawa), Fran Cherry (SWAP), John Conway (CPA Archivist) looking through the SWAP fonds*

## *Sandra Pyke, Ph.D., SWAP Chair, Archive Committee Founding Coordinator*

In 2009 the SWAP Executive approved a proposal submitted by Esther Greenglass, Sandra Pyke and Shake Toukmanian to collect, catalogue and preserve archival material relevant to the history of SWAP. To this end, the search for materials extended beyond our own files to requests for items from CPA head office, and a solicitation in the SWAP Newsletter as well as contacts with past Coordinators. Information about the maintenance of archival materials was also obtained from APA. In addition, other individuals with interests relevant to the project were incorporated into the group – Alex Rutherford, John Conway, Fran Cherry, Karen Cohen, Jenna Mackay and the SWAP Coordinator, Carmen Poulin.

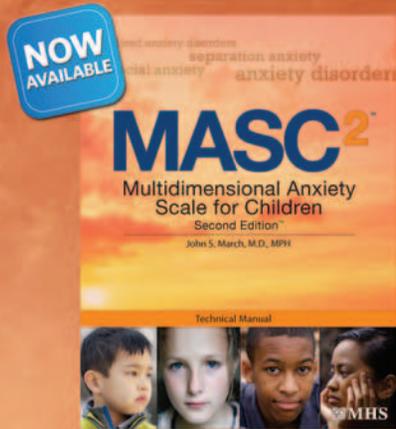
By September of 2010, over 400 individual items had been collected and catalogued in a 16 page document. The earliest items derived from 1976 and comprised materials pertaining to the founding of the Section (aka the CPA Interest Group on Women and Psychology). The most recent items stem from 2009 – the edited book of the papers presented at the 2008 Institute in Halifax. Other materials included items from Business Meetings, correspondence, items concerning the selection of Distinguished Member Award recipients, issues around the Section program at the convention, SWAP Newsletters, items rel-

evant to SWAP institutes, various forms, and publications.

Fran Cherry and Jenna Mackay spearheaded the search for an appropriate location for our materials. In October, 2010, they met with Archivist Lucie Desjardins, of the Canadian Women's Movement Archives (CWMA) at the University of Ottawa. For various reasons, the CWMA seemed particularly suitable as a home for the SWAP archives. The Section voted its approval of this location at its business meeting in 2011. Over the next 12 months, the support of CPA Archivist, John Conway and CPA CEO Karen Cohen, was solicited and their enthusiastic support for the project was much appreciated. John's letter of May 1, 2012 endorsing the proposal was especially helpful. Karen presented the proposal to the CPA Board in June 2012 and enlisted their support. A meeting of the archives group was held at the CPA Convention and a report was presented to the Section at the June, 2012 Business Meeting by Sandra Pyke. Subsequently Carmen Poulin submitted a couple of additional boxes of materials, most items derived from the files of Teresa Janz. Fran Cherry transported all these materials from Toronto to Ottawa in the fall of 2012.

On January 8, 2013, the SWAP archives were delivered to CWMA. The ceremony for the signing of the deed of gift was attended by Fran Cherry, Lucie Desjardins, Karen Cohen and John Conway. Karen Cohen signed the agreement on behalf of CPA.

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## Linking research and practice through progress monitoring: Learning from clinicians

Terra Kowalyk: B.A., Louise Overington: B.Sc., M.A., Gabriela Ionita: B.A., M.A., Marilyn Fitzpatrick: B.A., M.Ed., Ph.D., Department of Educational and Counselling Psychology, McGill University

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## Using Social Psychology to Make a University Campus a Safer Place

Anne Forrest, PhD and Charlene Y. Senn, PhD, University of Windsor

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## Mr. Gay Canada: Changing perceptions of mental health from within the LGBTQ community

William Rylie Moore, MSc, University of Victoria

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## Using a professional values approach to build advocacy partnerships

James K. Hill, Ph.D., Psychologist Professional Practice Leader, Waypoint Centre for Mental Health Care

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## Building Healthier Workplaces: National Standard on Psychological Health and Safety

Louise Bradley, MS, RN, CHE; Joti Samra, Ph.D., R. Psych.; Sapna Mahajan, MPH, PMP, Mental Health Commission of Canada

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<sup>1</sup> Smetanin, P., Stiff, D., Briante, C., Adair, C., Ahmad, S., & Khan, M. (2011) The life and economic impact of major mental illnesses in Canada: 2011 to 2041. RiskAnalytica, on behalf of the Mental Health Commission of Canada.

<sup>2</sup> Butler, Don. (2011, June 28). "PS disability claims soaring." Ottawa Citizen.

<sup>3</sup> The standard will be made available free of charge for the first five years to help with its implementation.

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