



THE CANADIAN CLINICAL PSYCHOLOGIST

NEWSLETTER OF THE CLINICAL SECTION OF THE CANADIAN PSYCHOLOGICAL ASSOCIATION

Message from the Chair

Jennifer C. Garinger, PhD, R.Psych.

The Section's Executive Committee: Comings & Goings

I first want to extend my sincere appreciation to Dr. Margo Watt, out-going Past-Chair, who has recently completed almost 10 years as part of the Clinical Section's executive. Margo first served as newsletter editor between 2005 and 2012. And since 2009, she has moved through nearly all of the executive positions! She served as Secretary-Treasurer from 2009-2011, Chair-Elect from 2011-2012, Chair from 2012-2013, and finally as Past-Chair during this last year. Margo's presence will be greatly missed. She has been an invaluable addition to the executive over the years, providing a sense of continuity within our ever-changing committee.

I also want to take this opportunity to welcome a new addition to our executive this year, Dr. Lachlan McWilliams, who has joined us as Chair-Elect. Lachlan is a clinical psychologist in Saskatoon, SK. He is an Associate Professor of Psychology at University of Saskatchewan where he teaches and conducts research on a variety of topics including chronic pain, psychopathology, and adult attachment. Lachlan has worked and published widely in these areas and, among other distinctions, was the 2007 recipient of the CPA President's New Researcher Award. We look forward to working with Lachlan in the coming years!

Continuing members of the executive include Dr. Martin Drapeau (Past-Chair), Dr. Sheryl Green (Secretary-Treasurer), Dr. Al-Noor Mawani (Member-at-Large), and Ms. Skye Fitzpatrick (Student Representative). In addition, Dr. Elizabeth Levin and Ms. Andrea Woznica continue to work with the section to produce this award-winning newsletter. Congratulations to Elizabeth and Andrea for winning the 3rd Annual CPA Section Newsletter award this past spring and many thanks for all the work you put into these newsletters!

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CPA Annual Convention 2014

Unfortunately I was unable to attend this past June's annual convention in Vancouver due to the birth of my first child. However, my fellow executive members reported that the section-sponsored presentations were very well received and attended. The section was pleased to be able to sponsor a number of speakers, including a pre-convention workshop entitled, *Therapist-Assisted Internet Cognitive Behavioural Therapy: From Research to Practice* presented by Dr. Heather Hadjistavropoulos. Dr. Hadjistavropoulos also served as the discussant for a student symposium highlighting student research on *New Technologies in Psychological Treatments*. The Clinical Section also sponsored a public lecture, presented by Dr. Mark Lau, titled *Mindfulness-Based Cognitive Therapy in the Treatment of Mood and Anxiety Disorders: Can Cultivating a Mode of 'Non-Doing' Do Anything For You?* The section co-sponsored with CPA a presentation by Dr. Charlotte Johnson titled *Families and ADHD*. Finally, 2014 marked the return of the Master Clinician Workshop. We were very pleased that one of the section's 2013 Fellows, Dr. Paul Hewitt, agreed to present. His talk was titled *Treatment of Perfectionism: A Psychodynamic/Interpersonal Approach*. Thank you to all of our speakers for agreeing to share their expertise with our fellow colleagues!

Congratulations to all of this year's award recipients. The section's executive was pleased to be able to present awards at our annual business meeting to Dr. Paul Frewen (2014 recipient of the Scientist-Practitioner Early Career Award) and Ms. Nicole Pugh (2014 recipient of the Ken Bowers Award for Student Research). Read on in this edition of the newsletter for more information about these award winners, in addition to those students receiving Educational Activity Grants and Travel Awards in 2014.

Looking Ahead

2015 Annual Convention

The Clinical Section executive is looking forward to next year's annual convention in Ottawa, ON. Planning is underway already with speakers to be announced in the coming months. CPA will be accepting online submissions this month. Keep an eye out for news from CPA regarding upcoming deadlines. We hope to see submissions from you, our section members, highlighting the great work you are doing!

Membership Survey

You might recall being asked to participate in an online survey of our Clinical Section membership this past spring. Thanks to all those who shared feedback about various aspects of the section's business, including the use of our list serv, website, and newsletter. What became clear to me when I was reading your comments was that many people who become section members are unfamiliar with the work being done by its' executive. My hope is to try to improve our communication with you, our members, this year. The executive is currently investigating ways to improve our use of the section's list serv, based on your feedback. We also are looking at making a number of changes to the content included on our website, making it much more consumer-oriented. Ideally, we would love to be able to use the website as a way to support knowledge translation and dissemination. Watch for updates on these changes in the coming months, in addition to a formal summary of the results from the membership survey.

Finally, I'd be remiss if I didn't take this opportunity to encourage you to consider becoming a member of the executive committee. This is a relatively easy way to contribute to our profession and engage with colleagues from across the country (and to find out what the section does!). We will be looking to fill a number of executive positions in 2015, including Member-at-Large, Secretary-Treasurer, Chair-Elect, and Student Representative. Feel free to contact myself (Email: jennifer.garinger@albertahealthservices.ca) if you would like further information about these opportunities!

From the Editor's Desk

The Clinical Section expresses its sincere condolences to the families of the two soldiers slain in Canada in two different incidents in October. We also extend condolences to our members who are in the Canadian military and to all those affected by these traumatic acts. Clinical psychologists have a role to play in helping individuals cope with these tragedies and we thank everyone who provided assistance and assurance to individuals, first responders, school children, military personnel and others who were affected. The events should not have happened; it is good we were able to help.

Please see page 10 of this newsletter for some results of the Clinical Section membership survey that was conducted last spring. As Jennifer mentioned above, a formal summary of the survey results will be made available, however we wanted to highlight several that pertain to this newsletter.

Enjoy your newsletter and best wishes for the season ahead,

Elizabeth and Andrea



**Special Thanks to Sophie Nash, Hons. B.A. Psychology from Laurentian University
for her assistance in design, layout and putting this newsletter together.**

Scientist-Practitioner Early Career Award (SPECa)



**CONGRATULATIONS
TO THE 2014
RECIPIENT OF THE
SPECa,
DR. PAUL FREWEN!**

Brief Biography Statement

Dr. Paul Frewen joined the departments of psychiatry and psychology at the University of Western Ontario in London, Ontario, Canada in September 2008. He completed his doctorate in clinical psychology at Western and his post-doctoral residency at the Royal Ottawa Mental Health Centre. He is past-chair of the Traumatic Stress Section of the Canadian Psychological Association (CPA). He received the President's Early Research Award from the CPA in 2010, and the Distinguished Early Career Achievement Award from the American Psychological Association Trauma Psychology Section. He has authored nearly 50 peer-reviewed articles on the subjects of trauma, affect regulation, mindfulness, dissociation, and the self, primarily utilizing functional neuroimaging, experimental social cognition, and psychometrics approaches. His text, *"Healing the Traumatized Self: Consciousness, Neuroscience & Treatment"*, co-authored with Dr. R. Lanius, is commissioned for publication within the Norton Series in Interpersonal Neurobiology in 2014. He is also the incoming and inaugural international co-editor of the forthcoming journal, *International Journal of Multidisciplinary Trauma Studies*. He currently has a clinical psychology practice in London, Ontario where he primarily sees adults with PTSD, dissociative disorders, and/or chronic pain disorders and principally utilizes emotion-focused and mindfulness-based approaches to psychotherapy.

Research Program. Dr. Frewen's program of study seeks to advance our scientific understanding of the processes of human self-regulation within the context of significant environmental and interpersonal stress from the theoretical and methodological vantages of psychology and cognitive-affective-social neuroscience. More specifically, he studies the psychological and functional neurobiological effects of severe life stress, occurring at different stages across the lifespan, as presented clinically in an array of psychiatric disorders, particularly the affective disorders (including posttraumatic stress disorder, unipolar depression, generalized social anxiety disorder, borderline personality disorder) and dissociative disorders. He also studies the psychological and functional neurobiological bases of healthy and resilient adaptation to life stress. His research program utilizes clinical, phenomenological, psychometric, cognitive psychology, computational (neural-network) modeling, psychophysiology, and neuroimaging methods.

Vision. Dr. Frewen's professional goal is to help better the quality of life of youth and adults living with psychological problems that have developed as a result of adverse life experiences through both scientific and clinical work. He aims first to contribute to our scientific understanding of the complex psychological and functional neurobiological effects of severe life stress, and second to our knowledge of the most effective means of the amelioration of these adverse effects via psychological interventions such as cognitive-behavioural, process-experiential, and mindfulness-based psychotherapy. In both his clinical and research roles he seeks to emulate the scientist-practitioner model of clinical psychology.

CPA 2014 Annual Convention: Vancouver, B.C. Convention Reports

Symposium: Public Education and Advocacy in Psychology

The results of a recent national survey (EKOS) indicate that psychologists are the third professional that people would go to for their mental health issues, following family physicians and psychiatrists. The main barrier to mental health services was access to care, not stigma. What can we do to increase public understanding of access to psychological care and the important role that psychologists play? The CPA 2014 symposium on “Public Education and Advocacy in Psychology” served to answer these questions.

First, Dr. Pamela Holens presented on a timeline for organizing a successful Psychology month (February) in Manitoba. She explained that a huge factor contributing to the success of this campaign was the enthusiasm of psychologists in Manitoba to be involved by giving talks to the public.

Dr. Brent Macdonald then shared his experiences in Alberta, along with tips on spreading the word about psychology in the media including defining the message to the local community, keeping the news stories and communications with the press succinct and interesting, and preparing for interviews by knowing the background of the media outlet and the audience.

Dr. Michael Mandrusiak then shared on the successful Piece of Mind art exhibit initiative in BC that aimed to answer the question: What does psychological health mean to you? People who attended the exhibit walked away thinking more about psychological health. Future steps include incorporating more information about psychologists and extending the reach to the rest of BC.

Finally, Dr. Rehman Abdulrehman presented on the Mind Your Mental Health campaign, initiated in Manitoba and spread to the rest of Canada. Goals include improving awareness about the importance of addressing mental health and to encourage the public to inform the government about this need from a grassroots level. Celebrity endorsements were very helpful in promoting the cause.

Overall, I came away from this symposium even more convinced that as psychologists--or future psychologists--we have an ethical responsibility to be recognizable in the public and be easily accessible in order to facilitate the well-being of people in need. We still have a long way to go in order to make this happen. However, with the initiatives of these presenters, as well as other psychologists in Canada, we are moving forward. We can all get involved: visit www.mymh.ca and send a letter to your MP, volunteer in a local advocacy initiative, and get word out to friends and family!

- by Joanne Park (University of British Columbia)

Symposium:

Youth with Mental Health and Substance Use Concerns: Complexity, Unmet Needs, and Trauma in Diverse Clinical and Community Context

The four individual presentations in this symposium addressed a wide range of topics from the unique substance use and mental health challenges of early adolescence, to the particular needs of adolescent girls involved in the justice system. While the topics were diverse, the common thread of the symposium was a call to care systems, researchers, and practitioners, to approach adolescents with complex needs in a more individualized manner.

In her presentation on *Youth Service Needs Across Sectors: Findings from a National Screening Project*, Gloria Chaim advocated for taking a more development and gender-informed perspective in assessing adolescents' needs. Joanna Henderson's presentation, *Understanding the Mental Health, Substance Use and Trauma-related Needs of Girls: A Comparison of the Needs of Girls Presenting for Court-ordered and Non-court Ordered Services*, is carved out of a dearth of research on how to best meet the mental health and substance use needs of young women involved with the justice system. In her closing remarks, Dr. Henderson advocated for thinking in terms of trauma and addiction when working with this population. She posed the question: how can we work to meet the needs of the justice system while still maintaining a trauma informed approach? The conference theme of bridge building was particularly apt in pulling together the take away message of this symposium. Bridge building across legal and care systems, community, research, and clinical settings is essential to comprehensively address the complex needs of these adolescents. The innovative research of the bridge-builders in this symposium provides an exciting direction for future research and systems collaboration.

– by Joelle T. Taknint (University of Victoria)

Master Clinician Workshop: The Treatment of Perfectionism: A Psychodynamic/Interpersonal Approach

Paul Hewitt, a renowned expert from the University of British Columbia, led the clinician workshop at CPA this year on the subject of perfectionism. The workshop followed an enlightening symposium on perfectionism and depression and nicely supplemented the information already presented. Paul Hewitt carefully built the workshop to allow for a progressive understanding of perfectionism, how it can be conceptualized and its importance for treatment. Perfectionism can be defined as “the requirements for/demand of perfection for oneself or others” and leads individuals to experience the lack of enjoyment, even during successful times, and rigid expectations associated with the pursuit for perfection. When listening to Paul Hewitt, we quickly come to realize perfectionism implies more than it seems as the construct consists of traits (self-oriented, other-oriented, socially prescribed), interpersonal expression-self presentations (self-promotion, non-disclosure of imperfections), and intrapersonal expression-cognitions (ideal self-schema and perfectionistic self-statements). The development of perfectionism must be understood in the context of early childhood and attachment and object relations theories provide powerful frameworks to conceptualize the idiosyncratic formation of perfectionism for our clients. Furthermore, perfectionism can maintain several mental disorders, interfere with the effectiveness of several treatment plans and strain the client's close interpersonal relationships, as well as the therapeutic relationship during treatment. If there is one message to retain from the workshop, it would be the following one: assess for perfectionism and carefully consider it during treatment planning!

– by Fanie Collardeau (University of Victoria)

Clinical Section Preconvention Workshop: **Therapist-Assisted Internet-Based Cognitive Behavior Therapy:** **From Research to Practice**

The CPA Clinical Section preconvention workshop entitled *Therapist-assisted Internet-based Cognitive Behavior Therapy: From Research to Practice* was an eye-opening look into how the internet can be used to effectively deliver treatment for psychological conditions like depression and anxiety. The workshop, presented by Dr. Heather Hadjistavropoulos from the University of Regina, addressed the strengths and challenges of Therapist-assisted Internet-based Cognitive Behavior Therapy (TAICBT) in addition to laying out what the program looks like from both a therapist and a patient perspective.

The workshop was artfully delivered, highly informative, and refreshingly interactive. Not only did we have question and discussion periods to address the strengths and challenges of TAICBT, but we also got to try our own hand at writing therapist responses to patient emails as we went through a step-by-step demonstration of what the program looks like from start to finish. Patients have 8 weeks to complete the 5 lessons that comprise the Online-CBT Wellbeing Course. Throughout the course therapists keep track of symptoms using questionnaires at the beginning of each lesson. Once completed, patients have access to all their course materials for an extra 3 months, after which they take more questionnaires to assess the long-term effectiveness of TAICBT. Weekly therapist contact happens through email to ensure that patients get plenty of support, but phone calls may also be given if a patient hasn't been logging in or is showing an increase in depressive symptoms.

Since it's still a relatively new means of delivering treatment, TAICBT does have its limitations. Some of the ones brought up included the issue of getting patients to adhere to the programs, assessing whether a sufficiently strong and trusting patient-therapist relationship can be formed without the face-to-face contact you would get with standard CBT, and the challenge of ensuring privacy and confidentiality. Nonetheless, the literature shows that when delivered with therapist assistance, TAICBT is comparable to (if not just as effective as) group CBT and even face-to-face CBT. Perhaps the biggest take home of the workshop is that the implications of TAICBT are huge for individuals with conditions like anxiety and depression because it increases the accessibility of treatment for people who wouldn't otherwise get it. Since the need for widespread access to mental healthcare is becoming more and more recognized, the work Dr. Hadjistavropoulos is doing on TAICBT is one huge step in the right direction; encouraging a promising future to mental health care.

- by Sumeyye Cakal (University of British Columbia)

Do you have any comments or suggestions about the Clinical Section Newsletter? We'd love to hear them!

Email Dr. Elizabeth Levin at elevin@laurentian.ca or
Andrea Woznica at awoznica@psych.ryerson.ca

Clinical Section Public Lecture:

New Developments in the Psychological Treatment of Depression and Anxiety: An Introduction to Mindfulness-Based Cognitive Therapy

This year's Clinical Section Public Lecture was delivered by Mindfulness-based Cognitive Therapy (MBCT) expert, Dr. Mark Lau. During an engaging and humorous two hour presentation, Dr. Lau enlightened the Vancouver public with a concise review of the history of meditative practice and the use of mindfulness meditation in treating mental health problems. A clinician and scientist, Dr. Lau incorporated the latest research in neuroscience and clinical psychology to describe how and why MBCT works to reduce the recurrence of major depression and as a treatment for depression and anxiety. In describing his clinical experiences with MBCT and mindfulness meditation, Dr. Lau gave a first-hand account of the impact that MBCT continues to have in the world of clinical psychology. Building on his explanation of various empirical and clinical findings, Dr. Lau gave all attendee's something to walk away with when he lead the entire room in a series of exercises allowing everyone to experience mindful meditation. This quickly turned into an audience-wide discussion of individual experiences of mindfulness and meditation, facilitated by Dr. Lau. His message of "everyone can live mindfully" was capped with Dr. Lau offering lecture attendee's a long list of resources, both online and in Vancouver, where people could pursue more information about MBCT and mindful meditation. In what proved to be a captivating lecture, Dr. Lau was able to effectively bridge the gap between the often disconnected spheres of academia, clinical work, and the general public to give attendees a solid understanding of the basics of MBCT.

- by **Matthew R. J. Vandermeer** (The University of Western Ontario)

Effective Management of Needle Pain and Distress in Children: The Psychologist's Role

By Kathryn Birnie, PhD candidate, BA(Hons) and Katelynn Boerner, PhD student, BSc(Hons)
Clinical Psychology, Dalhousie University; Centre for Pediatric Pain Research, IWK Health Centre

Needle procedures are a very common experience for both healthy and medically ill children. They include immunizations, bloodwork, and other procedures to diagnose or treat illness, and can occur in doctor's offices, at school immunization clinics, or during hospital stays. Despite their relative frequency, needle procedures are often very painful and distressing experiences for children and their parents. If we do a poor job managing these needle procedures, the negative impact can last long in to the future. Previous research has shown that poorly managed needle procedures can lead to more pain and distress at subsequent needles, the development of needle phobia, and avoidance of medical care. Psychological interventions play a key role in preventing these negative consequences by helping needle procedures to go well from the outset.

Our group recently conducted a systematic review and meta-analysis of the highest quality evidence to identify the most effective psychological interventions for managing pain and distress from needle-related procedures in youth aged 3-19 years (Birnie et al., 2014; Uman et al., 2013). What we learned is that distraction and hypnosis are both evidence-based psychological interventions for reducing pain and distress from needles in this age group. Although other psychological

strategies have been studied (e.g., provision of preparatory information, combined cognitive-behavioural strategies, virtual reality), there is currently no evidence supporting their use.

Distraction interventions are the most extensively studied and typically involve drawing children's attention away from the needle to more interesting and enjoyable stimuli, such as listening to music, watching a video, looking at a kaleidoscope, or talking with parents. Distraction is a very accessible strategy and can be implemented by almost anyone, including psychologists, parents, other health care providers, or sometimes children themselves. Our review of the literature suggests that distraction is effective for reducing pain across a variety of settings (e.g., doctor's office, hospital, school-based immunization clinic), and that the type of distracter doesn't seem to matter. It also appears that distraction is useful for children of all ages, although fewer studies have been conducted with adolescents. Hypnosis is also an effective strategy for reducing pain and distress for children, particularly for more invasive needle procedures (e.g., lumbar punctures). However, effective implementation of hypnosis typically requires preparatory sessions for the child to learn the skill from a psychologist trained in hypnosis techniques.

An accompanying piece in the journal *Clinical Practice in Pediatric Psychology* (Boerner et al., in press) highlights practical considerations for increasing access and implementing these evidence-based strategies. In particular, it discusses how to effectively use these interventions in more complex clinical situations that are often not addressed in research, such as diverse populations (e.g., children with developmental delays, children with needle anxiety or phobia), different environmental settings (e.g., school-based immunization clinics), and difficult practical or logistical issues (e.g., inadequate preparation time). Case examples are also provided.

There is a strong evidence base that demonstrates the efficacy of psychological interventions for reducing pain and distress during needle procedures in children. However, the unfortunate reality is that psychologists often only become involved after an episode of poorly managed pain and distress that resulted in the development of significant behavioural challenges or anxiety in response to needles. All psychologists can play a role in preventing these negative outcomes by promoting effective management of pain and distress from needle procedures, leading to better outcomes for children and their families.

What can psychologists do?

1. Educate themselves about the importance of effective pain management for needle procedures in children and adolescents, and the evidence supporting use of distraction or hypnosis to reduce pain and distress in this population.
2. Where appropriate, be involved in the delivery of psychological interventions to manage pain and distress from needles.
3. Educate themselves about the role of poorly managed needle procedures in the development of severe needle-related anxiety or phobia, as well as develop competencies in identifying and treating significant needle-related fears.
4. Advocate for better pain management for all children and adolescents.
5. Support parents in their own role in using psychological strategies to support their children during needle procedures and in advocating for better pain management for their children.

Key References

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Uman, L.S., Birnie, K.A., Noel, M., Parker, J.A., Chambers, C.T., McGrath, P.J., & Kisely, S.R. (2013). Psychological interventions for needle-related procedural pain and distress in children and adolescents. *Cochrane Database of Systematic Reviews*, Issue 10.

Additional Resources for Psychologists and Parents

Fact Sheet on Procedural Pain in Children and Adolescents:

<http://www.apadivisions.org/division-54/evidence-based/procedural-pain.aspx>

Fun, light-hearted, and engaging short video for parents and health professionals on psychological strategies to manage needle pain in children:

<http://www.pediatric-pain.ca/it-doesnt-have-to-hurt>

Videos and guides for parents from Help ELiminate Pain in KIDS (HELPinKIDS) team on pain management during immunizations: <http://www.immunize.ca/en/parents/pain.aspx>



Clinical Section Membership Survey

As members of the Clinical Section of the CPA, you may recall completing an online survey this past spring. There was a good response to the survey with 300 individuals responding, including 68 students. Ninety-two percent of you read the newsletter at least some of the time, and many of you (56%) would like us to move to three issues annually from our current two. In addition, most of you think that the length of the newsletter is appropriate. These statistics encourage us to think you like what you read. The most widely read articles are clinical practice-related, so please contribute in this area. Your contributions are integral to the success of this newsletter. We always look forward to receiving submissions!

Call for Nominations: SPECA (2014-2015)

Mises en Candidatures Prix du Scientifique-Praticien en Début de Carrière de la Section Clinique (2014-2015)

The Clinical Section Scientist-Practitioner Early Career Award recognizes members of the Clinical Section who exemplify the integration of the two core domains of clinical psychology: (1) clinical practice and training and (2) psychological science and research. Candidates should be less than 10 years since receiving their Ph.D. in clinical psychology, and less than 10 years since receiving their first clinical psychology license; they should have an outstanding record in at least one of the core domains, and a solid record of achievement in the other domain. Evidence of integration across the two domains will be favourably reviewed.

Nominations for the Scientist-Practitioner Early Career award shall consist of a letter of nomination with a supporting statement by a Member or Fellow of the clinical section, a current curriculum vitae of the nominee, and letters of support from two people familiar with the nominee's contributions. At least one of these three letters should include comments on the candidate's research contributions, and at least one of these three letters should include comments on the candidate's clinical contributions. Comments on the ways in which the candidate integrates research and clinical work are required in the nomination letter, and encouraged in the support letters.

Although nominees will no longer be automatically reconsidered in future years' competitions, should the nominee not be selected in the year submitted, he or she is encouraged to re-apply in subsequent years.

Successful candidates will be invited to present their work at the 2015 CPA convention in Ottawa, ON. The deadline for receipt of the nomination letter and supporting materials is **April 15th, 2015**. All materials should

Le prix du scientifique-praticien en début de carrière de la section clinique reconnaît les membres de la section clinique qui authentifient l'intégration des deux principaux domaines de la psychologie clinique : 1) la pratique clinique et la formation et 2) la science et la recherche psychologiques. Les candidats ne doivent pas avoir reçu leur Ph.D. en psychologie clinique et leur première autorisation d'exercer en psychologie clinique depuis plus de dix ans; ils devraient avoir un dossier exceptionnel dans au moins l'un des principaux domaines et un solide dossier de réalisation dans l'autre. Les manifestations d'intégration dans les deux domaines seront vues d'un bon oeil.

Les nominations pour le prix du scientifique-praticien en début de carrière doivent être constituées d'une lettre de nomination avec une déclaration à l'appui par un membre ou un fellow de la section clinique, un curriculum vitae à jour de la personne proposée et des lettres d'appui de deux personnes familières avec les contributions de cette personne. Au moins l'une de ces trois lettres devrait inclure des commentaires sur les contributions à la recherche du (de la) candidat(e) et une autre devrait inclure au moins des commentaires sur les contributions cliniques de la personne proposée. Les commentaires sur les façons que le (la) candidat(e) intègre la recherche et le travail clinique sont requis dans la lettre de nomination et encouragés dans les lettres d'appui.

Si la personne nommée n'est pas choisie l'année où sa candidature a été proposée, elle sera automatiquement reconsidérée aux deux années suivantes. Les candidat(e)s retenu(e)s seront invités à présenter leur travail au congrès de 2015 de la SCP à Ottawa. La date limite pour la réception de la lettre de nomination et du matériel connexe est **le 15 avril 2015**. Tout le matériel doit être envoyé par voie électronique au **Dr. Lachlan McWilliams** at lachlan.mcwilliams@usask.ca.

Call for Nominations: Clinical Section Fellows (2014-2015)

Mises en Candidatures Fellows de Section Clinique (2014-2015)

In accordance with the by-laws for CPA sections, the Clinical section calls for nominations from its members for Fellows in Clinical Psychology. Criteria for fellowship are outstanding contribution to the development, maintenance and growth of excellence in the science or profession of clinical psychology. Some examples are: (1) creation and documentation of innovative programs; (2) service to professional organizations at the national, provincial or local level; (3) leadership on clinical issues that relate to broad social issues; and (4) service outside one's own place of work. Note that clinical contributions should be given equal weight compared to research contributions. In order for nominees to be considered for Fellow status by the executive council, nominations must be endorsed by at least three members or Fellows of the Section and supportive evidence of the nominee's contribution to clinical psychology must accompany the nomination.

Nominations should be forwarded by **April 15, 2015** to:

Dr. Lachlan McWilliams
Department of Psychology
University of Saskatchewan
9 Campus Drive
Saskatoon, SK
S7N 5A5
Phone: (306) 966-6966
Email: lachlan.mcwilliams@usask.ca

Conformément aux procédures régissant les sections de la SCP, la section clinique invite ses membres à présenter des candidats pour le statut de Fellow en psychologie clinique. Les critères de sélection sont la contribution exceptionnelle au développement, au maintien et à l'accroissement de l'excellence dans la pratique scientifique ou professionnelle de la psychologie clinique. En guise d'exemples: (1) création et évaluation de programmes novateurs ; (2) services rendus aux organismes professionnels de niveau national, provincial ou régional; (3) leadership dans l'établissement de rapports entre la psychologie clinique et les problèmes sociaux de plus grande envergure ; et (4) services rendus à la communauté en dehors de son propre milieu de travail. À ces fins, les contributions cliniques et les contributions en recherche seront considérées comme étant équivalentes. Les dossiers des candidats seront examinés par le comité exécutif. Les mises en candidature doivent être appuyées par au moins trois membres ou Fellow de la Section et la contribution du candidat à la psychologie clinique doit y être documentée.

La date de clôture des candidatures est le **15 avril 2015**. Adressez les candidatures à:

Dr. Lachlan McWilliams
Department of Psychology
University of Saskatchewan
9 Campus Drive
Saskatoon, SK
S7N 5A5
Phone: (306) 966-6966
Email: lachlan.mcwilliams@usask.ca

Student Section

Student Representative Column

Hi there! I'm Skye Fitzpatrick, and I am continuing in my role as the Student Representative for the Clinical Section Executive Committee of the CPA for my second and final year.

The latest convention in Vancouver was one of our best ones yet, and I am very much looking forward to the upcoming convention in Ottawa. We continued to invite students to serve as "convention reporters", which meant that students attended various Clinical Section events and reported back for those of you who may have missed them. You can read their reports in this newsletter. The Section has already hit the ground running to make the Ottawa convention a memorable one, and we're already thrilled about the opportunities we have planned for students. I am looking forward to seeing many of the Clinical Section students in attendance. **Please remember to submit your abstracts to the Clinical Section by December 1st**, as students whose abstracts are accepted by the Section are eligible to apply for three awards: the Ken Bowers Research Award, the Best Student Conference Presentation Awards, and the Clinical Section Travel Awards. These awards are for Clinical Section members only, and are an exciting opportunity for students. I encourage all students that are eligible to apply! You can find more information about both awards on the Clinical Section website as it becomes available (<http://www.cpa.ca/aboutcpa/cpasections/clinicalpsychology/>), and keep an eye out for reminders via the Clinical Section listserv.

This year, Nicole Pugh of the University of Regina won The Ken Bowers Award for her project examining the efficacy of a therapist-assisted internet-delivered cognitive behavioural therapy program for women with postpartum depression. You can read a summary of her research in this edition of the newsletter. Congratulations, Nicole! I'd also like to congratulate the Student Travel Award winners; Kathleen Tallon of Ryerson University, Luke Schneider of the University of Regina, and Samantha Fashler of York University. In addition, I'd like to congratulate the winners of the Best Student Conference Presentation award: Rachael Neal of Concordia University was the overall winner, with Andrea Woznica and Kathleen Tallon of Ryerson University as the runners-up. Thank you to all the applicants for the Travel Awards and the Best Student Conference Presentation Award.

In other student news, the **Clinical Section Educational Activity Grant** will continue for a fifth year. This grant provides student members the opportunity to apply for funding to host an extracurricular educational activity. The deadline for applications has been extended, so please see the ad in the newsletter or the website for more information. Congratulations to Amy Burns from the University of British Columbia, who received the grant last year to fund a workshop titled "Psychological Treatment of Addiction and Concurrent Disorders", and to Lyndsay Crump, of the University of New Brunswick who received the grant last year to fund a workshop titled "Evidence-Based Assessment". A description of the workshop held at University of British Columbia is also in this newsletter.

I am happy to report that the Student Symposium at the annual convention continues to be a success. Last year's symposium focused on new technologies in mental-health such as internet-based interventions. This was an interesting symposium that highlighted a wide variety of student research. Thanks to all the presenters and to Dr. Heather Hadjistavropoulos, who served as the discussant. Also, I am thrilled to announce that the theme for the 2015 Student Symposium is **love, attachment, and couple's interventions**. Dr. Sue Johnson will be serving as the discussant. Please make sure to mark this on your convention itinerary!

Feel free to contact me with any questions or comments about matters relating to the Clinical Section, the input of student members of the Clinical Section is invaluable. Looking forward to seeing you in Ottawa!

- Skye Fitzpatrick,
Skyler.fitzpatrick@psych.ryerson.ca

Clinical Section's Student Symposium at the 2014 CPA Convention: New Technologies in Psychological Treatments: A Focus on Graduate Student Contributions to the Literature



Kathy Chan, Nicole Pugh, Heather Hadjistavropoulos, Janine Olthuis, Sara Austin.

The Clinical Section's Student Symposium titled *New Technologies in Psychological Treatments: A Focus on Graduate Student Contributions to the Literature* explored the current research surrounding internet therapy from four speakers across Canada. This talk was exciting and innovative, showcasing the promising future of internet-based therapy among different populations. All four presenters alluded to the barriers of face-to face therapy, such as money, location, stigma, and time, before presenting their interesting research.

First, Kathy Chan from the University of Ottawa discussed her current research examining online parenting interventions for treating children with disruptive behaviour problems. She suggested that offering web-based parenting interventions is a viable solution to target more parents, as these interventions can be practical, flexible, and engaging.

Second, Janine Olthuis from Dalhousie University presented a systematic review of the efficacy of therapist-assisted internet CBT for treating anxiety disorders. The systematic review by Olthuis and colleagues revealed that all internet-based interventions produced better outcomes than waitlist control.

Third, Sara Austin from Simon Fraser University discussed the advantages of implementing the Treatment Outcome Monitoring System (TOM). The TOM was described as a novel assessment tool that may provide insight and awareness for clients, enhance communication among patients and clinicians, and aid in risk assessment by indicating when a client is experiencing a treatment set-back.

Fourth, Nicole Pugh from the University of Regina presented her current research examining the efficacy of a novel treatment approach for new mothers experiencing postpartum depression. Results revealed that the therapist-assisted internet-based CBT treatment program was more effective than the waitlist control.

A final commentary by Dr. Heather Hadjistavropoulos from the University of Regina provided an insightful glimpse into the future of mental health, stating that we as graduate students have the power to transform the mental health system through technology. In my opinion, this symposium highlighted the importance of graduate student research and set an encouraging and passionate tone for the future of psychological treatment. To conclude, this presentation demonstrated that internet-based treatments may be a novel and efficacious solution to overcoming various barriers associated with face-to-face treatment.

-by Melissa Wuerch, University of Regina

Ken Bowers Student Research Award Winner 2014:

An Efficacy Trial of a Therapist-Assisted Internet-Delivered Cognitive Behaviour Therapy Program for Women with Postpartum Depression

**Nicole Elizabeth Pugh, PhD Candidate
University of Regina, Saskatchewan**

Postpartum depression (PPD) impacts up to 15% of Canadian women following childbirth and is related to short and long-term consequences of her infant's development. Many women suffering from PPD do not receive appropriate treatment. While evidence suggests that therapist-assisted Internet-delivered Cognitive Behaviour Therapy (TAICBT) is efficacious to treat general depression (Johansson & Andersson, 2012), research has not investigated TAICBT for PPD. It was hypothesized that TAICBT participants would demonstrate greater symptom improvement than delayed intervention participants on all primary and secondary outcome measures, with a medium effect size. These changes were expected to be reliable, clinically significant, and maintained at follow-up. It was also predicted that participants who were more satisfied with TAICBT and indicated a stronger therapeutic alliance would exhibit greater reduction in PPD symptoms.

Method. Women ($n = 50$) scoring above 10 on the Edinburgh Postnatal Depression Scale (EPDS; Cox et al., 1987) were randomly assigned to receive either TAICBT or delayed-intervention/treatment as usual (DI/TAU). Criteria for inclusion were: (a) ≥ 18 years of age; (b) gave birth to an infant within the past year; (c) residing in Saskatchewan; (d) self-reported access to and comfort using a computer and the Internet; (e) self-reported symptoms of clinical or subclinical PPD; (f) consent to notify a physician of their participation; (g) not participating in other psychotherapy; (h) if taking medication, stable dose for more than a month; (i) no past or present psychotic mental illness or bipolar disorder; and (j) no current suicide plan or intent.

Outcome measures were administered at baseline, post-treatment (10 weeks), and 4-week follow-up. The EPDS (Cox et al., 1987) assessed symptoms of PPD and postnatal anxiety while the Depression Anxiety Stress Scale-Short Form (DASS; Lovibond & Lovibond, 1995) measured dysphoric mood, fear and autonomic arousal, and general nervousness and agitation. The Parenting Stress Index-Short Form (PSI-SF; Abidin, 1995) determined parental distress, parent-child dysfunctional interaction, and perception of a difficult child. The World Health Organization Quality of Life Assessment BREF (WHOQOL-BREF; Skevington, Lotfy, & O'Connell, 2004) assessed quality of life. Treatment satisfaction, therapeutic alliance, and open-ended questions were also explored.

Maternal depression online (MDO). MDO consisted of seven interactive CBT modules adapted from a TAICBT program for general depression (Hadjistavropoulos et al., 2011). MDO was specialized for the treatment of PPD, including relevant content and homework exercises. Username and passwords allowed participants to access MDO and message their therapist over a private messaging system. The Internet therapists included two trained and supervised Clinical Psychology doctoral students. They emailed their assigned participants on a set day each week to provide support, encouragement, and to answer questions. Phone calls were made to participants as requested or after failure to log onto the program after one week of absence.

Delayed Intervention/Treatment as Usual Intervention. Participants randomized to the DI/TAU condition were provided with a psycho-educational information pamphlet. They were eligible to participate in MDO subsequent to the 7-10 week wait period.

Sample Size Determination and Statistical Analysis. To achieve power at 90% ($\alpha = 0.05$), $n = 23$ participants per group was required to detect a medium effect size (F test). All clinical outcome data were analyzed on an intention-to-treat basis. Mixed effects models and multiple regression analyses were computed to determine treatment efficacy. The two-step Jacobson and Truax (1991) method determined symptom improvement and recovery. Qualitative data were analyzed by two independent coders using thematic content analysis.

Results. Participants included a total of 50 women who were, on average, 31-years of age, Caucasian (92%), and married or common law (82%). The two groups were not significantly different on demographic variables.

Program Engagement and Satisfaction. TAICBT participants completed on average 5.92 of the seven modules (60% of the participants completed all of the seven modules). The website was extensively used by participants as indicated by the mean number of program visits ($M = 26.88$; $SD = 11.63$) and the number of emails sent ($M = 5.4$; $SD = 4.15$) and received by the client ($M = 10.52$; $SD = 3.95$). Satisfaction with MDO was acceptable with 79.57% of the participants reporting that they liked the program, while 81.57% of participants reported enjoying communicating with their Internet therapist. Results from a longitudinal mixed model indicated that participants who were more satisfied with the treatment tended to decrease in PPD symptoms more quickly over the weeks, $F(1, 6.63) = 3.74, p = .048$.

Between Group Intervention Effects. Symptoms of PPD and postnatal anxiety decreased more quickly over time for participants in the TAICBT group compared to those in the DI/TAU group, $F(1, 11.82) = 5.15, p = .02$ and $F(1, 36.78) = 5.40, p = .013$, respectively. These results were clinically significant, reliable, and maintained at follow-up. The overall change in PPD symptoms for the TAICBT group tended to decrease by 4.31 points, which is considered a large effect size (Affonso et al., 2000). Further, the degree of change with respect to symptom improvement and symptom recovery was substantially different between participant groups. Approximately, 62% of the TAICBT group were considered recovered, while 20% of TAICBT participants were considered improved. On the other hand, while 38% of the participants allocated to DI/WLC condition demonstrated improvement or recovery of symptoms, over 50% exhibited no change. The multiple regression models suggested that TAICBT participants also demonstrated a greater reduction of postnatal anxiety, general stress, parental distress, and an increase in quality of life when compared to the DI/TAU participants.

Qualitative Results. Overall, the participants stated that TAICBT is convenient and allows for the therapist to be highly responsive during a period of isolation. Participants consistently noted the convenience of working on the program at home around their child-caring schedule, often noting that traditional therapy would not be possible due to time and mobility constraints. The integral role of the Internet therapist was often highlighted including how she assisted with motivation, provided support, and was often available outside of traditional face-to-face therapy hours. Identified challenges included managing time to log onto the program, the fast pace, completion of homework around childcare duties, and challenges of not having a face-to-face therapist. Suggestions for future programming were also offered.

Discussion. Consistent with efficacy trials (e.g., Cuijpers et al., 2010), the results of this study suggest that TAICBT is appealing and efficacious for the treatment of PPD. The reduction of symptoms, high rate of recovery, and improvement in quality of life evidenced by the TAICBT participants was promising given not only the morbidity and consequences associated with PPD for the mother (Pearlstein et al., 2009), but also the pervasive effects PPD has on the infant and family (Feldman et al., 2009). Further, TAICBT was evaluated on women afflicted with sub-clinical and clinical PPD; therefore, the results may suggest that this form of treatment fits well into the stepped-care model. Future research exploring TAICBT for the treatment of other perinatal clinical disorders is warranted as well as a transdiagnostic program to address symptoms of perinatal anxiety and depression. To address research limitations, research should replicate this study using a larger, more diverse sample and when implemented as part of a community program.

Due to space constraints it is not possible to reproduce all references.

For the full reference list please contact one of the authors.

Nicole Pugh recently completed her Pre-Doctoral Clinical Psychology Residency at Vancouver Coastal Health. Under the direction of Dr. Heather Hadjistavropoulos, she received her Masters Degree in Clinical Psychology from the University of Regina and graduated with a PhD from the same program this fall, 2014. Nicole's clinical and research interests are in the area of perinatal mental health and Internet therapy. She has published and presented her research widely, and has recently been invited to present at the International Society for Research on Internet Interventions (ISRII) in Valencia, Spain. Nicole has been hired as a psychologist at Vancouver General Hospital and as the director of research for Vancouver Coastal Health's Kelty Online Therapy Service.

Best Student Conference Presentation Winners

An Experimental Investigation of Reassurance Seeking Behaviour in OCD: Familiar Versus Unfamiliar Others

Rachael L. Neal, B.A., & Adam S. Radomsky, Ph.D.
Concordia University

Excessive reassurance seeking (RS) is a hallmark symptom of obsessive-compulsive disorder (OCD). This experiment examines how interpersonal context impacts upon the likelihood that individuals will seek reassurance. Participants (projected $N = 90$; $n = 45$ tested to date) will complete an ambiguous dishwashing task while being video recorded, in the company of a familiar or an unfamiliar partner. Afterwards, the participant and their partner will complete a range of measures assessing familiarity and OCD symptomatology. The experimenter will then inform the participant that the video malfunctioned so she was unable to tell from the video whether the plates are clean/safe. The participant is then provided an opportunity to seek reassurance from their partner. *In-vivo* RS as well as self-reported RS will be assessed. Preliminary results suggest that individuals in the familiar partner condition seek more reassurance than do individuals in the unfamiliar condition, when the RS is reported by the partner rather than the participant ($F(1, 42) = 7.406, p = .009$). Results will be discussed in terms of cognitive formulations and interventions for RS in OCD, and in other related pathologies.

Is There a Relationship between Paranoia and Anger in Social Anxiety?

Andrea Woznica, Jennifer Monforton, and Martin Antony
Ryerson University

The present study explored the role of paranoia in the relationship between social anxiety (SA) and anger, and whether paranoia plays a more prominent role for those with high SA compared to low SA, as well as whether it mediates the relationship between SA and anger in a high SA sample. Undergraduate students ($n = 123$) high and low in SA completed measures assessing levels of social anxiety, paranoia, anger experience, and depression. Significant correlations were found between SA and anger ($r = .45$), SA and paranoia ($r = .36$), and paranoia and anger ($r = .57$) in the high SA group. In the low SA group, SA and paranoia were not significantly correlated. A mediation analysis within the high SA group using SA as the predictor, anger as the dependent variable, and paranoia as a potential mediator, found that the relationship between social anxiety and anger experience was fully mediated by paranoia. Furthermore, depression was not significantly correlated with SA and anger scores in the high SA group, indicating that elevations in depressive symptoms could not account for this finding. These results are consistent with the a priori hypothesis that there is a unique relationship between experienced anger and paranoia in individuals with high SA, and suggest that these constructs might represent important features of SA, relevant to the diagnosis and treatment of social anxiety.

Paranoid Beliefs and Interpretation Bias in Generalized Anxiety Disorder

Kathleen Tallon, Michelle Marcos, Elizabeth Pawluk, and Naomi Koerner
Ryerson University

Anxiety and worry have been shown to be related to paranoia and persecutory delusions (e.g., Foster et al., 2010; Lincoln et al., 2010). Individuals with generalized anxiety disorder (GAD), a disorder characterized by anxiety and worry, have been shown to have a negative interpretation bias (IB). Negative IB is defined as the tendency to perceive ambiguous stimuli as threatening (Eysenck et al., 1987). Information processing biases have been shown to moderate the relationship between anxiety and paranoia (Lincoln et al., 2010). Therefore, it is possible that elevations in paranoid beliefs are associated with worry and negative IB in people with GAD. It was hypothesized that (1) worry and GAD symptoms would be positively related to paranoid beliefs and (2) that increased paranoid beliefs would predict greater IB in individuals with probable GAD. Undergraduate students (N=71) completed self-report measures of GAD symptoms, worry, IB, and three measures of paranoid thoughts and beliefs. Elevations in GAD symptoms, worry, and IB were significantly related to elevations in multiple measures of paranoid beliefs ($r=.24$ to $.49$). In addition, two paranoid beliefs, negative beliefs about the self ($\beta=.411$; $p<.01$) and mistrust/wariness of others ($\beta=.371$; $p<.05$), were unique predictors of negative IB in individuals with probable GAD. Implications and future directions will be discussed. **note: this presentation was also a winner of a student travel award.**

Student Travel Award Winners:

Initial Perceptions of Internet-Based Cognitive Behaviour Therapy for Chronic Pain among Potential Users: Examining Perceived Strengths and Limitations

Luke Schneider, MA, and Heather D. Hadjistavropoulos, PhD.
University of Regina

Introduction. Chronic pain is an important area of study given that 15 to 18% of the Canadian population will develop a chronic pain condition during their lifetime. One difficulty in the self- management of chronic pain is the lack of resources available for those who suffer from this condition. Although preliminary research has demonstrated Internet Cognitive Behaviour Therapy (ICBT) for chronic pain to be a viable treatment option, potential users' initial perceptions towards this mode of delivery may pose a barrier for the adoption of such programs.

Purpose. The purpose of the study was threefold: to develop an ICBT perceptions questionnaire (ICBT-PQ) that captures the perceptions of potential users of the service, to examine variables that may predict early perceptions of ICBT (e.g., age, sex, computer self-efficacy), and to identify perceptions of what intervention features would be most appropriate for ICBT.

Procedure. Given the steps necessary to address the research questions, the overall project was divided into two studies. In study one, the ICBT-PQ was developed based on a comprehensive review of the literature and telephone interviews with 11 participants who had chronic pain. The preliminary version of the ICBT-PQ was then reviewed by researchers with

ICBT experience and by a lay audience to ensure readability and acceptability. In study two, a total of 129 people with chronic pain completed a web-based survey consisting of a demographic questionnaire, the finalized ICBT-PQ, and measures of computer self-efficacy and computer anxiety. Participants were predominantly female (82%), Caucasian (90%), middle-aged (average age = 47), and had chronic pain for an average of 12 years. Quantitative methods (e.g., factor analysis, multiple regressions) were then used to address the research questions.

Results. Through the factor analysis, the ICBT-PQ items were grouped into two categories: statements of potential ICBT strengths and statements of potential ICBT limitations. The majority of participants endorsed ICBT strength statements and disagreed with ICBT limitation statements. Regressions indicated that female participants and participants high in computer self-efficacy were likely to endorse statements of ICBT strengths and disagree with statements of ICBT limitations. All participants provided beneficial information regarding ICBT features, most notably endorsing the use of multimedia features and group contact features in ICBT.

Conclusions. The findings suggest that participants without prior ICBT experience held pre-existing perceptions towards ICBT, which may affect future use of this service. The perceived strengths of ICBT outweighed the perceived limitations among study participants, which indicates that ICBT may be well received if offered to Canadians with chronic pain. Additionally, computer self-efficacy and sex differences were found to be a predictor of ICBT perceptions and will need to be studied further. Finally, participants were able to request specific features of ICBT, indicating the usefulness of involving the general public when planning new interventions. Future research will need to investigate the impact of ICBT multimedia and group contact features on participant engagement and program efficacy. Overall, the results of this study provide important information that could assist with future attempts to deliver ICBT to people with chronic pain.

An Experimental Investigation of Reassurance Seeking Behaviour in OCD: Familiar Versus Unfamiliar Others

Rachael L. Neal, B.A., & Adam S. Radomsky, Ph.D.

Excessive reassurance seeking (RS) in the context of obsessive-compulsive disorder (OCD) is affected by feedback ambiguity (Parrish & Radomsky, 2011), and is theorized to be associated with a transfer of responsibility. Research in other areas of psychopathology suggests that familiarity with a partner can influence the likelihood that symptoms will be expressed. This experiment tested hypotheses that individuals would seek more reassurance from partners with whom they were familiar than from relative strangers following an ambiguous task, and that individuals who seek reassurance would subsequently report lower perceptions of responsibility, and those from whom the reassurance was sought would report an increase in subjective responsibility following reassurance provision; that is, a transfer of responsibility would occur.

Ninety undergraduate participants were recruited for this study. Participants were asked to bring a familiar person to the lab for the study. Following the provision of informed informed consent, participants were randomly assigned to complete the study in the company of their familiar other or in the company of a relative stranger (i.e., a confederate).

Participants followed a set of ambiguous pictorial instructions to complete a dishwashing task in the company of a familiar or unfamiliar partner, while being video recorded. After the dishwashing task, participants and their assigned partners completed ratings of perceived responsibility for the safety of the dishes while the experimenter supposedly reviewed the video to ensure that all of the steps had been completed properly. Several minutes later, participants and their assigned partners were falsely informed that the video recording had malfunctioned, such that the experimenter could not be certain that the instructions were followed correctly, or that the plates were clean. The experimenter informed the participant that this was a problem for the next step of the study, which was for the participant, assigned partner, or experimenter to be randomly assigned to eat off of one of

the plates that had been washed. The experimenter then asked the participant to speak into an audio recorder to try to resolve any questions that s/he had during the task in order to be certain that the plates were clean, and to also make a decision as to whether s/he thought the plates were safe to eat from; the experimenter specified that the participant could either speak aloud to him or herself, or could speak to the assigned partner. This exchange served as the RS opportunity. Following the audio recording task, participants and assigned partners completed a second rating of responsibility, as well as a questionnaire assessing how many times reassurance was sought during the audio recording task (i.e., the participant self-reported RS behaviour, while the partner provided a collateral report of the participant's RS behaviour). Finally, participants and accompanying others were fully debriefed.

Results showed that participants sought more reassurance from familiar vs. unfamiliar others ($F(3, 86) = 11.44, p < .001$, partial $\eta^2 = .29$); the effect was robustly significant when reported by the partner ($F(1, 88) = 33.94, p < .001$, partial $\eta^2 = .28$), trended towards significance when reported by the participant ($F(1, 88) = 3.16, p = .079$, partial $\eta^2 = .04$), and was not significant when using objectively-coded data ($F(1, 88) = 0.14, p = .71$). RS was not associated with responsibility changes on the part of the reassurance seeker ($F(1, 58) = .57, p = .45$) or reassurance provider ($t(31) = .11, p = .91$). These findings suggest that RS may be perceived as more excessive by reassurers than by seekers of reassurance, which may contribute to the distress experienced by carers of individuals with OCD. Results are discussed in terms of cognitive formulations of and interventions for RS in OCD.

Educational Activity Grant 2014 Winner

The University of British Columbia Clinical Psychology Program in collaboration with Simon Fraser University hosted Dr. Heather Fulton as she shared her expertise on the topic of "Psychological Treatment of Addiction and Concurrent Disorders" on Friday, May 9th. Dr. Fulton is a registered psychologist from the Burnaby Centre for Mental Health and Addictions. She is an engaging and dynamic speaker who has been working in the field of addiction and concurrent disorders for nearly a decade, using both animal and human models. Her talk offered a superb blend of knowledge, demonstrations and exercises. This full day event was supported by an Educational Activity Student Grant provided by the Clinical Section of the Canadian Psychological Association.

Over 55 graduate students in psychology and social work and community professionals with backgrounds in psychology, nursing, social work and addiction services attended the workshop. Dr. Fulton began the workshop by reviewing the current state of addictions science and conceptualization. In particular, she highlighted new research and the changes to addictions diagnoses in DSM-5. In the afternoon, she taught how common strategies from CBT and motivational interviewing could be used specifically in an addictions context. Workshop attendees were provided with opportunities to practice these techniques in small groups.

The feedback from the event was overwhelmingly positive. Participants indicated that they enjoyed and benefitted from learning about the evidence-based treatments, and appreciated the emphasis on real-world skills that are directly relevant to working with clients with addictions. Participants also reported enjoying the opportunity to talk about their approaches to addictions with their colleagues within psychology and across disciplines. The UBC Clinical Psychology Program thanks the Clinical Section of CPA for their generous support, without which this workshop would not have been possible. In addition, we would like to thank the UBC Psychology Department, Dr. Brandy McGee, Dr. Charlotte Johnston, as well as the Psychology Clinic's administrative assistant, Grace Kerr, for their assistance in organizing this event. Finally, many thanks to Dr. Fulton for expertly providing us with this practical and accessible workshop on a topic often underrepresented in clinical psychology training.

- Amy Burns (University of British Columbia)

Clinical Section Educational Activity Student Grant

Established in 2008, the Clinical Section Educational Activity Student Grant was designed to help Clinical Section students extend their educational experience through organizing extracurricular educational activities (e.g., workshops, lectures, round tables). The Clinical Section Educational Activity Student Grant, a maximum value of up to \$2000, or two awards of \$1000 each, will provide further support for student members of the Clinical Section and will be awarded annually.

In the Fall of each year, the Student Grant will be awarded to one or multiple submissions, depending on the number of applications received and the amount requested.

To be eligible:

- Must be a student member of the Clinical Section of CPA and must, therefore, also be a student member of CPA.
- The proposed activity must be relevant to clinical psychology and must be consistent with the Clinical Section's commitment to evidence-based practice.
- When feasible, the activities supported by the Grant should encourage a broad and/or diverse audience in addition to the graduate students in the organizing department (e.g., graduate students from multiple universities; clinicians within the community).
- The proposed educational activity must have the support of both the Chair of the Psychology Department and the Director of Clinical Training of the student's program.
- The activities supported by this Clinical Section Educational Activity Student Grant are encouraged to also be financially supported by other sources, such as a university, hospital, or community organization.
- The activity must be held at a university or hospital.
- If the activity is a workshop, it must be a minimum of one half-day in length.

How to Apply:

- Complete and submit the application form, available at: <http://www.cpa.ca/aboutcpa/cpasections/clinicalpsychology/clinicalsectionnewsandevents/>
- Submit a description of the educational activity (e.g., the format and who will be presenting), its relation to clinical psychology and the logistics of the educational activity (e.g., when and where it will take place, how long it will be, who is invited, etc.) (max 1 page)
- Submit a detailed proposed budget, including delineating where additional money not covered by the grant will come from (max 1 page), whether there is potential for revenue for the event (and how much), and what outstanding costs will exist after taking into account other sources of funding and potential revenues
- ***Please note:** Documents exceeding the maximum page limits will not be reviewed.
- Have both the Chair of the Department and the Director of Clinical Training submit a letter or email in support of the educational activity and to confirm where the additional funds will come from.
- Submit all of the above to the Student Representative of the Clinical Section of CPA, **Skye Fitzpatrick**, skyler.fitzpatrick@psych.ryerson.ca by **January 15, 2015**.

Conditions of the Grant:

- Upon receiving notification of winning the Student Grant, direct confirmation should be provided from the speaker(s) or presenter(s) of the educational activity to the Treasurer of the Clinical Section regarding the planned date and format of the activity.
- Funds will be released to the Director of Clinical Training or the Chair of the Department after the event has taken place and receipts have been submitted in order to reimburse event coordinators for any costs incurred. Applicants may ask for the funds to be released in advance, in whole or in part, in order to cover certain expenses (e.g., down deposit to secure a venue).
- Awardees will submit receipts to the secretary-treasurer of the Clinical Section of the Canadian Psychological Association for reimbursement after the event is held. Awardees must also account for other sources of funding at this time, such as revenues and profits from attendance fees, and indicate the outstanding balance after these revenues are taken into the account. Educational Activity Grant funds will be awarded to cover outstanding balances after profits and revenues are taken into account. If there are no outstanding balances after taking revenues into account, the Educational Activity Grant funds will not be released.
- All money awarded must be used for the educational activity and any unused funds will not be released for reimbursement.
- The Clinical Section reserves the right to withhold the reimbursement of funds, or request return of funds, after the educational event has occurred, in the event that the activity is **substantially** altered from that originally proposed (e.g., change of speaker(s)), or revenue from the event has covered any costs incurred by putting on the event.
- Following notification regarding winning the Student Grant, changes to the originally submitted budget (i.e., reallocation of funds) that exceed 20% of the total budget must be submitted for approval to the Treasurer and Student Representative of the Clinical Section. Proposed changes may be reviewed by the original selection committee.
- After completion of the educational activity, have both the Department Chair and the Director of Clinical Training submit a letter or email to confirm the date of the activity and the number of attendees.
- Recipients of the Clinical Section Educational Activity Student Grant will be asked to provide a summary of the completed activity for the section newsletter.

Ken Bowers Student Research Award

The Ken Bowers Student Research Award was established to honour the enormous contributions of Dr. Ken Bowers (1937-1996) to the field of clinical psychology. Dr. Bowers is widely considered to have been one of the world's pre-eminent hypnosis researchers. In addition, he is renowned for his contributions to our understanding of personality, revolutionizing the trait-situation debate through his assertion of a situation-by-person interactional model. One of Dr. Bowers' last works was a highly influential paper on memory and repression that appeared in a 1996 volume of *Psychological Bulletin*. Dr. Bowers saw the philosophical foundations of inquiry as the common basis for both research and clinical practice. He was a consummate scientist-practitioner who devoted his career to the Department of Psychology at the University of Waterloo. The memory of his intellectual rigor and scholarship continues to shape UW's clinical training program.

The Ken Bowers Student Research Award is given by the Clinical Section to the student with the most meritorious submission to the Clinical Section of the CPA annual convention. **All students whose presentations have been accepted**

within the Clinical Section program are invited to apply. The winning submission is recognized with a certificate and \$1000, and the student is invited to describe her/his work in the fall edition of the Clinical Section newsletter, *The Canadian Clinical Psychologist*.

To be eligible you must:

- Be a student who is first author of a presentation that has been accepted in the Clinical Section at the CPA annual convention in Vancouver, June 2014.
- Submit an APA-formatted manuscript describing your research*
- Be prepared to attend the Clinical Section business meeting at the Montreal convention, where the award will be presented
- Be a member of the Clinical Section at the time of submission of your paper**

*The manuscript must include a title page and abstract page, and must be no more than 10 pages, double-spaced with 2cm margins and 12-point font. Figures, tables and references are not included in the page count. Manuscripts that do not conform to these criteria will not be reviewed. The deadline for submission of applications is **May 1, 2015**. Submissions in either English or French should be sent by e-mail to Dr. Lachlan McWilliams (lachlan.mcwilliams@usask.ca). If you have any questions about the submission process, please contact Dr. McWilliams by e-mail.

**If you are a CPA member but not a Clinical Section member contact membership@cpa.ca or 1-888-472-0657; if you are not a CPA member go to <http://www.cpa.ca/clinical/membership/index.html> and be sure to indicate Clinical Section membership on your invoice.

Call for Clinical Section Student Symposium Submissions

The CPA Clinical section is pleased to be sponsoring a student symposium at this year's upcoming CPA Annual convention. Submissions from students are invited for the symposium to be held at the 76th Annual CPA Convention, which will take place in Vancouver from June 4th to 6th, 2015. To qualify, a student must be first author of a proposed presentation, and must be a student member of the Clinical Section, and therefore a student member of CPA, by the time of the convention. Each year, the student symposium has a theme that is relevant to the work of one of the section's invited speakers. This year, we are looking for student presentations on the general topics of **love, attachment, and couples interventions**. We are pleased to announce that **Dr. Sue Johnson** of the **University of Ottawa** will act as discussant for the symposium.

The steps for making a submission are as follows:

- 1) Please create a submission abstract according to the CPA guidelines: 250 characters for the title, 1400 characters for the text (not including name or affiliation). For more information, please visit: <http://www.cpa.ca/convention/>
- 2) Email your submission to the Clinical Section Student Representative, Skye Fitzpatrick, at skyler.fitzpatrick@psych.ryerson.ca by Friday, November 7th, 2014.
- 3) Applicants will be notified by Friday, November 14th, 2014. This will allow students whose submissions are not selected for the symposium to submit their abstracts to the general call for submissions before the CPA deadline of Monday, December 1st 2014. Presentations selected for the symposium will be submitted by the Clinical Section Student Representative, who will chair the student symposium.

Best Student Conference Presentation Award

The **Best Student Conference Presentation Awards** are designed to recognize and support high quality student research. These awards are also designed to encourage communication between Clinical Section students and to promote the development of reviewing skills.

There are three awards. First prize, worth \$200, is given to the highest-ranking submission overall. There are two runners-up, awarded to the next two highest-ranking submissions, each worth \$100.

These awards are adjudicated through a peer-review process. Students who apply will be expected to evaluate 2-3 posters/presentations over the course of the convention. Students will receive a list of posters/presentations to evaluate and the reviewing form at least 1 week before the conference. Students will be required to submit their evaluations within 1 week after the conference.

Please note:

Any students that fail to either complete and/or submit all of their assigned evaluations will **NOT** be eligible for the award.

To be eligible, students must be:

- First author on a poster or oral presentation accepted by the Clinical Section for the annual convention of CPA. The poster or oral presentation must present the results of an empirical study. Presentation of literature reviews and conversation sessions are not eligible.
- A student member of the Clinical Section at the time of submission, and must, therefore, also be a student member of CPA.
- A Canadian citizen or attending a Canadian university.

To apply:

please submit the application form

(<http://www.cpa.ca/aboutcpa/cpasections/clinicalpsychology/clinicalsectionawards>) and a copy of your accepted abstract via e-mail to the student representative of the Clinical Section, Skye Fitzpatrick (skyleer.fitzpatrick@psych.ryerson.ca) before **May 15th, 2015**.

Clinical Section Travel Awards

The Clinical Section Travel Awards were designed to help clinical section students from across Canada to travel to the annual conference of the Canadian Psychological Association. There are four Clinical Section Travel Awards, each valued at \$300. All students who have posters or presentations accepted by the Clinical Section are invited to apply. This award is separate from the travel bursaries granted by CPA to students traveling long distances.

To be eligible, students must be:

- Enrolled in a university that is **at least 500km** from the city in which the conference is being held.
- First author on a poster or oral presentation accepted by the Clinical Section for the annual convention of CPA. The poster or oral presentation must present the results of an empirical study. Presentation of literature reviews and conversation sessions are not eligible.
- A student member of the Clinical Section at the time of submission, and must, therefore, also be a student member of CPA.
- A Canadian citizen or attending a Canadian university.

To apply, please submit:

1. Application form (found at <http://www.cpa.ca/aboutcpa/cpasections/clinicalpsychology/clinicalsectionawards>)
2. 1 page summary of the project (Single spaced, 1 inch margins, size 12 font)
3. A copy of the notification of submission acceptance

Please submit via e-mail to the student representative of the Clinical Section, Skye Fitzpatrick (skyler.fitzpatrick@psych.ryerson.ca) before **April 1, 2015**.

Notification of the results will occur via email by May 1, 2015. Participants will be reimbursed at the convention once they provide travel receipts. If you have any questions, please contact Skye Fitzpatrick.