Thinking
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Thinking

Peter Graf, Ph.D., University of British Columbia

Henry Ford, the founder of the Ford Motor Company, suggested that “thinking is the hardest work there is, which is probably the reason why so few engage in it”. Johann von Goethe, the German writer and statesman, argued that “thinking is easy, acting is difficult, and to put one’s thought into action is the most difficult thing in the world”. This issue of Psynopsis is not about the opinions offered by Ford or von Goethe; it is about thinking, defined as the act of using one’s mind to produce and evaluate ideas, decisions, classifications, memories, etc. Fundamental questions about thinking -- how it is realized in the brain; how it develops and changes across the lifespan -- are at the heart of cognitive science, and questions about the connection between thinking and action are prime motivators of both clinical and applied research. Articles included elsewhere in this issue provide selective glimpses into contemporary basic and applied research on different aspects of thinking. To set a stage for these articles, I will here briefly comment on a few general trends in contemporary cognitive science.

Cognitive science is an enormously large field of study. Its basic content areas are sensation, perception, attention, learning, memory, language, and problem solving/decision making, and investigations in these domains are fueled by basic and applied questions not only from psychology, but also from philosophy, linguistics, anthropology and the computer science branch known as artificial intelligence. Moreover, since the 1990s, cognitive science has been radically transformed by insights, questions and developments in neuroscience -- the scientific study of the nervous system, and especially by advances in neuroimaging, that is, by novel techniques for revealing the structure and function of the nervous system, and for linking activity...
in specific brain areas with specific mental functions and distinct behaviors.

Perhaps because of the rich variety of disciplinary perspectives and investigative methods that are brought to bear on questions about thinking, cognition today is increasingly regarded as being both embodied and embedded. In this context, embodied refers to the idea that thinking and other higher level processes occur in the brain whose functioning depends on its ecosystem, that is, the body system in which the brain resides. Embodied cognition assumes that cognition is heavily influenced by the state of the body, including by factors that determine its physiological and emotional state. The word embedded is used to capture the idea that we function in a physical world, that there are constraints on the range of possible interactions between our body and the world, and that these constraints also influence the cognitive processes that govern our interactions with the world. The embodied/embedded view of cognition is to some extent a rejection of the previously-prevailing cognitivist conviction that our brains are abstract and pure logical computational/storage devices (like computer programs that are portable from one device to the next). More importantly, this view helps us to make sense of the fact that remembering, for example, depends on a person’s emotional state, or that our ability to cope with stress can be compromised by ill health or by disruptions in social-support networks.

Consistent with the embedded cognition perspective, contemporary cognitive science is also highlighting the social dimensions of cognition. Although we have long known that social interactions and judgments are compromised by a variety of mental illnesses or disorders (e.g., schizophrenia, autism), research is now giving insight into how a disease might alter the processing of social information, and into how the disease-skewed processing of information might produce the symptoms associated with a particular condition.

By emphasizing the interdependence of the mind, the body, and the social and physical world, cognitive science reminds us that a holistic approach is required for developing cognition as well as for augmenting or fixing breakdowns in cognition. However, this lesson is not yet widely appreciated and remains to be translated into everyday practice. In connection with normal cognitive aging, for example, there exists today a vast and rapidly expanding market for false remedies, such as unproven nutraceutical products and digital devices for exercising the brain. It appears that many of us who are experiencing the normal changes in cognition that accompany aging would prefer a Viagra for the flaccid brain, rather than heed grandma’s advice: Eat healthy, get a good night’s sleep and remain physically, socially and emotionally active.
Les tendances en science cognitive

Peter Graf, Ph.D., Université de la Colombie-Britannique

Henry Ford, le fondateur de la Ford Motor Company, disait que « [r]éfléchir est la tâche la plus ardue qui soit, ce qui explique probablement pourquoi si peu d’entre nous se livrent à cette activité ». L’écrivain allemand et homme d’État Johann von Goethe soutenait que « [r]éfléchir est facile. Agir est difficile. Mais agir en accord avec les pensées d’un autre est plus difficile que tout ». Le présent numéro de *Psynopsis* ne porte pas sur les opinions exprimées par Ford ou Goethe, mais sur la pensée, c’est-à-dire l’acte d’utiliser sa propre capacité de réflexion pour produire et évaluer des idées, des décisions, des classifications, des souvenirs, etc. Au cœur de la science cognitive se trouvent les questions fondamentales concernant la pensée — comment la pensée se manifeste-t-elle dans le cerveau; comment se développe-t-elle et évolue-t-elle au cours d’une vie — et le sujet de la connexion entre la pensée et l’action est le facteur intrinsèque de la recherche clinique et de la recherche appliquée. Les articles présentés dans le présent numéro fournissent un aperçu sélectif de la recherche fondamentale contemporaine et appliquée sur les différents aspects de la pensée. En guise d’introduction, je commenterai brièvement quelques tendances générales qui s’observent dans la science cognitive contemporaine.

La science cognitive est un champ d’études extrêmement vaste. Ses domaines d’intérêt de base sont les sensations, la perception, l’attention, l’apprentissage, la mémoire, le langage et la résolution de problèmes/prise de décisions; les recherches dans ces domaines sont alimentées par des questions qui relèvent de la science fondamentale et appliquée, émanant non seulement de la psychologie, mais aussi de la philosophie, la linguistique, l’anthropologie et la branche des sciences informatiques appelée « intelligence artificielle ». En outre, depuis les années 1990, la science cognitive s’est radicalement transformée grâce aux connaissances spécialisées, aux questions et aux développements dans le domaine des neurosciences – l’étude scientifique du système nerveux – et en particulier grâce aux progrès de la neuroimagerie, une technique nouvelle qui permet de révéler la structure et la fonction du système nerveux, et de relier les activités qui se déploient dans les zones du cerveau à des fonctions mentales particulières et des comportements distincts.

Sans doute à cause de la grande variété de perspectives disciplinaires et de méthodes de recherche qui s’appliquent à la pensée, on considère de plus en plus la cognition comme un processus incarné et intégré. Dans ce contexte, la nature incarnée de la cognition renvoie à l’idée que la pensée et d’autres processus de haut niveau se produisent dans le cerveau, dont le fonctionnement dépend de son écosystème, c’est-à-dire du corps dans lequel se trouve le cerveau. La cognition incarnée présuppose que la cognition est fortement influencée par l’état du corps, y compris par des facteurs qui déterminent l’état physiologique et émotionnel de ce dernier. Le terme « intégré » est utilisé pour appréhender l’idée que nous fonctionnons dans un monde réel, qu’il y a des contraintes quant à la gamme d’interactions possibles entre notre corps et le monde, et que ces contraintes ont également une incidence sur les processus cognitifs qui régissent nos interactions avec le monde. La vision incarnée et intégrée de la cognition constitue, dans une certaine mesure, le rejet de la conviction qui régnait précédemment chez les cognitivistes, pour lesquels le cerveau est un système de stockage/computationnel abstrait et purement logique (comme les programmes d’ordinateur qui sont transférables d’un périphérique à l’autre). Mais surtout, cette vision de la cognition nous aide à donner un sens au fait que la remémoration, par exemple, dépend de l’état émotionnel de la personne, ou au fait que notre capacité à faire face au stress peut être compromise par la maladie ou par des perturbations dans les réseaux de soutien social.

Conformément à la perspective intégrée de la cognition, la science cognitive contemporaine met également en évidence les dimensions sociales de la cognition. Bien que nous sachions depuis longtemps que les interactions sociales et les jugements sont affectés par une variété de maladies mentales ou de troubles mentaux (par exemple, la schizophrénie, l’autisme), la recherche explore maintenant la manière dont la maladie peut modifier le traitement des informations sociales, ainsi que la façon dont le traitement de l’information, lorsqu’il est biaisé par la maladie, peut produire les symptômes associés à une maladie ou à un trouble particuliers.

En faisant ressortir l’interdépendance de l’esprit, du corps, du monde social et du monde réel, les sciences cognitives nous appellent que l’approche holistique s’impose pour développer la cognition, et pour augmenter la capacité cognitive ou en inverser la dégradation. Toutefois, cette leçon n’est pas encore reconnue à grande échelle, et il reste à la mettre en application dans la pratique quotidienne. En ce qui a trait au vieillissement cognitif normal, par exemple, le marché des « faux remèdes », comme les produits nutraceutiques non éprouvés et les dispositifs numériques pour entraîner le cerveau, ne cesse de se développer. Il semble que plusieurs d’entre nous, qui vivent des changements cognitifs normaux propres au vieillissement, préféreraient prendre du Viagra pour guérir la flaccidité de leur cerveau, plutôt qu’écoutent les conseils de grand-maman : Bien manger, bien dormir, et rester actif physiquement, socialement et émotionnellement, c’est ainsi que le cerveau restera en forme.
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Recognizing our fallibility: Addressing cognitive bias in clinical reasoning

Meadow Schroeder, Ph.D. & Gabrielle Wilcox, Psy.D.
University of Calgary

Psychological assessment involves organizing of a large amount of data from various sources. Through clinical reasoning, psychologists conceptualize cases and come to a diagnostic conclusion. During the reasoning process, psychologists’ reasoning can be fallible; they can be susceptible to cognitive biases, or errors in reasoning. Interestingly, a review of the psychology literature found that understanding the effect of biases in clinical reasoning of psychologists has been, with a few exceptions, under-researched. Most recent research on the impact of thinking errors on clinical reasoning has occurred within the medical field. Medical education has recognized the need to train medical professionals to recognize and to reduce error in their assessment process. This gap in the literature is significant since psychology is a field focused on human behavior and because it is challenging for psychologists to synthesize and interpret large amounts of client information. Furthermore, psychologists’ clients tend to represent a skewed sample of potential problems as people typically are referred to a psychologist due to impaired functioning. This makes it difficult to maintain perspective of the relative frequency of potential problems. As a result, it is easy to pathologize individuals who are demonstrating behaviors that are of no greater frequency than the general population.

To illustrate, there is currently a debate regarding the extent to which ADHD is over-diagnosed. A few studies have found a trend for potential over-diagnosis. One study sent psychotherapists a case study and asked them to determine if there was justification for a diagnosis of ADHD. Four different versions of the case were provided that varied by the number of symptoms (i.e., meets or does not meet threshold for the disorder) and by the gender of the child. Participants were twice as likely to diagnose ADHD in cases with a sub-threshold number of symptoms for males as for females. The authors argued that this may be due to clinicians letting the gender of the child bias their analysis.

Confirmation bias is a common example of a cognitive bias that can detrimentally affect clinical reasoning. Confirmation bias is the tendency to seek out, and pay more attention to, information that confirms one’s hypotheses. In clinical assessment, confirmation bias can result in psychologists primarily focusing on data supporting one hypothesis rather than actively attempting to rule-out that initial hypothesis.

To address our potential for cognitive bias in assessment, we outline several tips for teaching and applying clinical reasoning in psychological assessment. First, use a structured process to collect and organize assessment information to inform case conceptualization. This includes following assessment procedures that are consistent with best practice guidelines, using standardized assessment tools, and adhering to diagnostic criteria. Additionally, consider base rates of disorders and actively pursue alternative diagnoses. Using this structured process will enable clinicians to confirm or disconfirm data through systematic hypotheses testing.

Second, teach students in graduate training programs how to systematically approach case conceptualization. Have students write down the diagnoses they are considering. Then have them list the data supporting each diagnosis, the data not supporting each diagnosis, and the data they would expect for each diagnosis that is missing. This will help students to make better informed diagnostic decisions and will help them communicate their decision-making process more effectively. Integrated
within the case conceptualization process, instructors can highlight potential areas for cognitive bias.

A third strategy is to engage regularly in reflective practice. We need to acknowledge our propensity for cognitive bias. Unfortunately, experience does not eliminate our susceptibility. (If you are denying this claim right now you may be falling into the blind spot bias). Part of this process is being aware of our particular vulnerable areas (e.g., hunger, fatigue, stress, recent immersion in a particular disorder) and making sure that we slow down to minimize the impact of cognitive bias in our reasoning\textsuperscript{4}.

Lastly, regularly seek consultation with colleagues on cases to identify information you may have overlooked, disregarded, or over-emphasized. When possible, new clinicians should work within organizations that house other psychologists rather than working alone in private practice.

These suggestions are especially important for clinicians with limited experience such as practicum/intern students and provisional psychologists. It is a way to develop good habits and ethical practice early in one’s career. However, we argue that these suggestions are also good reminders for experienced clinicians. As psychologists gain experience, they are more likely to recognize similar patterns between cases and take shortcuts in clinical reasoning. Furthermore, we might dismiss or not seek out relevant information for the sake of meeting time constraints and clinical workloads. These suggestions are a good reminder to new and experienced psychologists alike in attending to cognitive bias in assessment practices.

For a complete list of references, please go to www.cpa.ca/psynopsis

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**Du bureau du président**

**Procédures de programme**

Plusieurs psychologues qui sont embauchés par des organisations travaillent au sein d’une ou de plusieurs équipes multidisciplinaires. Les programmes de traitement ont tendance à comprendre des procédures qui influencent la pratique. Par exemple, certains programmes imposent des limites quant au nombre de séances qui peuvent être fournies aux clients et aux services qui peuvent être offerts, tandis que d’autres déterminent comment et quand les clients se présentent. Certains programmes demandent que le client soit recommandé par un médecin, tandis que d’autres ne le font pas. Le degré de supervision du travail du psychologue varie considérablement. Les gestionnaires de programme, qui ne sont pas des psychologues, ont parfois des attentes en matière de pratique qui sont incompatibles avec les compétences du psychologue ou dans de rares cas, qui sont contraires à l’éthique du psychologue.

**Considérations complexes relatives aux règles de pratique**

Prenons l’exemple d’un psychologue embauché par une clinique de traitement des traumatismes liés au stress opérationnel, qui traite un patient suicidaire prêt à passer à l’acte. Pour décider de l’intervention à choisir, le psychologue va s’appuyer sur ses connaissances et son expérience, et aura peut-être à : 1) Consulter les travaux de recherche sur les déterminants du comportement suicidaire, les méthodes d’évaluation efficaces et les interventions fondées sur des preuves; 2) Garder à l’esprit l’éthique, les normes et la jurisprudence relatives à la violation de la confidentialité, s’il y a lieu; 3) Consulter les lignes directrices de pratique pertinentes (par ex. les lignes directrices du National Institute for Health and Care Excellence [NICE]) en ce qui concerne l’intervention devant un acte autodestructeur; 4) Respecter les exigences de l’organisation et/ou du programme en vue d’évaluer la gravité des tendances suicidaires, utiliser la documentation et consulter les autres membres de l’équipe. En outre, les cliniques de traitement des traumatismes liés au stress opérationnel sont financées par une organisation (ministère des Anciens Combattants) et gérées par des organismes locaux de services de santé.

Bien que ces considérations à volets multiples s’ajoutent au travail quotidien du psychologue, l’effort est généralement récompensé par les bons résultats cliniques qu’il apporte.

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Thinking

Taking the Other’s Perspective: Applications in Paediatric Oncology

Cybelle Abate, Ms. Sc. Candidate 1, Lucie Gouveia, Ph.D. Candidate 1 & Serge Sultan, Ph.D

Advances in the field of cognitive psychology have given rise to new interdisciplinary areas of research calling for the application of early theoretical concepts to novel scientific inquiry. Psychological knowledge and methods are being applied in some areas of medicine, such as medical communication and professional training. This process of translational research is exemplified in the domain of paediatric psycho-oncology. At a time when whole patient care is highly valued, researchers are becoming interested in the complex cognitive mechanisms underlying empathy and related interpersonal processes.

Pediatric cancer causes obvious and significant emotional distress for the affected families1. Of special interest is healthcare providers’ (HCPs) ability to understand the personal experience of patients and family members. Although we know quite a lot about evaluating quality of life and emotional distress using tests and interviews, little is known on the socio-cognitive factors that allow HCPs to form accurate judgements on an individual’s well-being and/or psychological state. Similarly, very little is known about the skills a parent calls upon to evaluate his/her child’s quality of life. Studies show that parent/child evaluations of paediatric cancer survivors’ quality of life are low on concordance2. Indeed, parents tend to exaggerate their child’s quality of life or make judgments based on their own subjective distress2. Adult oncology studies also demonstrate low HCP-patient agreement on patient distress3—5. Given that both parents and HCPs often struggle to accurately report this attribute, there is a pressing need to identify the specific cognitive mechanisms involved. The present state of research then begs the question: How can we help HCPs better recognize the personal experience of members of affected families and how can we help parents do the same with their children?

An interesting answer to this question comes from social psychology and was proposed by Batson’s research on perspective taking6—7. He posits that there are two ways of taking another’s perspective: imagine-self, where one imagines which feelings he/she would experience in the other’s situation, and imagine-other, where one imagines which feelings the other person is experiencing in his/her own unique way. Research suggests that individuals who adopt an imagine-self perspective will develop proportionally more self-oriented negative emotions and less altruistic behaviour, compared to individuals who adopt an imagine-other perspective6. This is problematic to the extent that emotional distress is associated with poorer emotion recognition8—9. In fact, parents who present high levels of emotional distress, depression and anxiety are more prone to erroneously report their child’s quality of life2. Interestingly, neuroimaging studies suggest that self-other differentiation is more difficult when adopting an imagine-self perspective10—12. Although yet to be tested, it is plausible to hypothesise that adopting an imagine-other perspective would allow for more accurate emotion recognition.

Basic socio-cognitive theories like the one proposed by Batson offer precious building blocks for specific and teachable perspective taking strategies. When assessing a child’s personal experience, emotional distress and quality of life, HCPs often turn to parents as informants. Offering perspective taking skills training to parents could help improve the accuracy of their judgements. Similarly, initial and continuing education programs could help HCPs better perceive parent’s needs and subjective experience. Ultimately, a better understanding of patients and their families would result in improved collaboration and referral to psychosocial services.

As pediatric cancer survival rates rise, it is becoming increasingly important to address the psychosocial aftermath of the disease. Tapping into the wealth of psychological research will allow HCPs to better understand pediatric patients and their families, and offer tailored services. It will also help clarify the effects of paediatric cancer on the quality of life of those affected by cancer. Undoubtedly, this work will contribute to the development of interventions better suited to families’ needs. This topic also speaks to the important applications of basic psychological research to the problems people face.

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10 – Winter 2015 – Psynopsis, the magazine of the Canadian Psychological Association
Time and Numbers:
The Link between Developmental Arithmetical Difficulties and Time Comprehension Problems

Doug Alards-Tomalin, Ph.D. Candidate
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An important milestone in human cognitive development is the emergence of skills related to the comprehension of number. As learning how to read falls under the domain of literacy, a basic understanding of quantity (e.g., three items are greater than two), and knowing how to add and subtract, is referred to as numeracy. While Developmental Dyslexia is a well-known early-onset disorder that affects childhood reading skills, Developmental Dyscalculia (DD) impacts on the acquisition of arithmetical facts and basic numeracy skills such as subitizing (the ability to quickly recognize a quantity without counting), number estimation, and arranging digits along a number line.

Explanations for DD have varied, with some attributing its cause to deficiencies with working memory1, or long-term memory retrieval2; however, this is not entirely consistent with the fact that in many cases of pure DD (which has a prominence between 3 and 6% in the population3), general IQs are normal, and other aptitudes unrelated to number are entirely unaffected. Recently the cause of pure DD has been tied to functional and structural deficiencies (e.g. reduced gray matter density) in a region of the parietal lobe called the intraparietal sulcus (or IPS)4. This brain area is thought to play a crucial role in our ability to represent and compare numbers according to their magnitude, and is closely associated with the development of arithmetical skills5. In particular, in people with DD, it is often found that this system does not distinctly represent number magnitude with a high level of acuity. This means that while for the average person •• (two) and ••• (three) form distinct numerical categories that are easily recognized, there may be a tendency in people with DD for these concepts to bleed into each other, leading to confusion.

Research has further found that the IPS is involved in comparing quantitative dimensions other than number (e.g., space and time). For example, people compare the length of lines, the obliqueness of angles6, or perform timing judgments7 (e.g., which interval of time was longer). This has resulted in the theory that space, time, number and size can unintentionally interfere with each other. For example, people are faster, and make fewer errors, when comparing the numerical magnitudes of two digits (2 – 8, which is larger?), when the digits are presented in font sizes consistent with those magnitudes (2 – 8) versus inconsistent (2 – 8). This is found despite font size being completely irrelevant8. Additionally, number and time both interfere with basic visual-spatial/motor processes. For instance, people are faster at responding to both small digits (1, 2) and short duration intervals when using their left-hand, and large digits (8, 9) and long duration intervals when using their right10, 11. Interestingly, when people are asked to categorize words that refer to either the past (e.g., yesterday) or the future (e.g., tomorrow), again, they are significantly faster at making a response when using the conceptually appropriate hand (past à left-hand, future à right-hand)12. Furthermore, the magnitude of a number can directly interfere with time estimation, with large numbers being perceived to last for longer durations than small numbers13.

One prediction of the above mentioned theory that number, time and space share a common representational format in the brain, is that disabilities related to the processing of one dimension (number) should be matched by equivalent deficits in the processing of other interrelated dimensions (time, space). While casual reports provided by caregivers have suggested that children with DD may exhibit difficulties with concepts related to time, few experimental studies have formally investigated the matter, with the few that have, finding mixed results. For example, while adults with DD perform identically to healthy controls on time estimation tasks14 (e.g., judging the duration of a
Tapping True Potential:
A Focus on Self-control, Willpower, and Self-regulation

Simon Lisaingo, B.Ed.

Students rely on self-control to prevent them from succumbing to temptations and distractions; they require willpower to persevere through challenging times; and, they draw on self-regulatory strategies that enable them to manage their thoughts and actions towards self-relevant goals. Following through with plans and goals can break down at many levels. In classrooms, students may not have control over their environment or those around them, and, at times, they may feel that they do not have control of their own thoughts. By understanding where it can break down, professionals and parents who work with students can be better equipped to support students in their day-to-day activities.

Why focus on self-control, willpower, and self-regulation? It is important to be aware and reminded of all the possible aspects of a learner that allow them to succeed. If we think about all the different cognitive factors that influence academic success as levers that serve to support students, some levers move more easily than others. It may be difficult to improve students’ specific cognitive abilities, such as processing speed or fluid reasoning; but, by providing students with strategies that help them focus, avoid distractions, and improve their effort, we can help them best utilize and enhance the abilities they have.

Influence of the Environment. Ideally, most adults would like students to complete their work in isolated rooms, free from distractions. In reality, students have their own goals that are situated in classrooms and homes where distractions and temptations abound. Psychologists use classroom observations and questionnaires to provide a glimpse into the diverse influences on a student’s learning. In most cases, these distractions and temptations are difficult to control, but adaptations or modifications at this level can have immediate effects. For example, choosing a seating location in the classroom away from distracting peers, or using a computer app that blocks the use of the Internet for a set period of time can help students avoid or modify situations before they require the use of their self-control. First and foremost, however, it is important to understand the goals that students have for themselves.

Influence of Others. Parents and teachers play a large role in promoting strategies and attitudes that support self-regulation. Students may lack motivation when tasks are not meaningful, not challenging, or lack student choice. Helping students identify ways to work with teachers to give them more ownership of their learning can have large impacts on their sense of autonomy and motivation. Students’ peer groups also have a large influence on their ability to focus and pay attention. Psychologists use functional behaviour assessments to identify
Tapping True Potential

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behavioural antecedents and consequences that are maintaining such behaviour, however, this process typical occurs outside of the awareness of the student. Involving the student in recognizing the triggers of their behaviour can be empowering for the student.

Depletion of Self-Control. Experimental research has demonstrated that like a muscle, self-control can be depleted with use [1]. Interestingly, researchers have found that even seemingly unrelated tasks can draw upon the same cognitive resources of self-control. For instance, they found that when participants exerted self-control in one situation (e.g. resisting chocolate), their performance on an unrelated task (e.g. persistence on unsolvable puzzles) was impaired. Many factors have been demonstrated to deplete self-control: exposure to stressors such as noise, coping with stress, regulating one’s emotional state, dieting, resisting temptations, delaying gratification, and making choices.

Taking back control. A short-term, immediate solution to improving self-control, according to experimental studies, might be to drink a milkshake (increasing blood-sugar level has been shown to counter the effects of self-control depletion [2]). Thus, offering students a snack during breaks may serve to increase their focus and attention — even though it may not always be the healthiest option.

In the classic delay of gratification marshmallow task, Walter Mischel found that children, who delayed gratification, used self-regulatory strategies such as self-talk and selective attention [3]. When students talked out-loud to themselves about their thought process, it helped remind them of their goal and distract them from the temptation of eating the marshmallow. Other students chose to avoid the temptation by looking around the room or away from the marshmallow. Students can also be taught contingency plans through if-then statements, for example, “If I get frustrated with a problem, then I will take a brain break” — as oppose to allowing their emotions to interfere [4]. Student can learn these strategies through modeling and/or explicitly.

The ways in which students think about situations can also influence their self-control. If students think about homework as an opportunity to develop useful skills rather than as a dreaded chore, homework will be less depleting on their self-control. Recent research has indicated that simply believing that willpower is an unlimited resource can reduce the effects of self-control depletion [5]. Changing the way students cognitively appraise situations is a challenging undertaking, but research in this area may prove to be very promising for assessment and interventions.

By supporting students’ self-control, willpower, and self-regulation, professionals, parents, and students themselves can get the most out of their true potential.

Time and Numbers

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target interval as shorter or longer than a comparison interval), a study that tested 8-year olds with DD against healthy age-matched controls, discovered a tendency for the DD group to underestimate time (i.e., judge an interval as shorter than it actually was). Additionally, this tendency was unique to very short intervals (less than a second), and did not occur when estimating longer (greater than a second) durations15. Alternatively, a recent study that compared 4th graders with DD against healthy 4th and 2nd graders, found the opposite result. In this study, the 4th graders with DD made more errors than age-matched controls when estimating intervals of time that were longer than a second, and were developmentally delayed, performing equivalently to the 2nd graders16.

Therefore, while it appears that time perception may be impacted in children with DD, the full extent of this impact is not fully understood. Additionally, it is not yet understood how people compensate for these deficiencies in adulthood. So, if you find on your next dinner date that you are having difficulty mentally calculating the tip, while running late to catch a movie, keep in mind that both issues may very well have the same neurological underpinnings.

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
Thinking

Systems Thinking as a Mental Processing Model

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In order to interact with, learn from, and understand various environments, human beings develop internal cognitive representations of external reality. These representations can be thought of as mental processing models that take shape over the course of one's life, and are constructed through individual experiences, perceptions, and knowledge about the external world. These cognitive structures influence what we attend to and how this information is sifted through and stored, thus implicating individuals' decision making processes, reasoning, conception of knowledge, and behaviour.

One psychological construct that appears to satisfy the criteria of a mental processing model is systems thinking. Systems thinking has been conceptualized as a cognitive paradigm involving an implicit tendency to perceive phenomena as an interacting set of elements that collectively comprise an emergent whole. This construct has been assessed with the use of The Systems Thinking Scale Revised devised by Randle and Stroink, which is a 15-item self-report measure designed to assess one's capacity to think in systems.

As a construct, systems thinking emerged during the twentieth century from complexity theory and, more specifically, complex adaptive systems theory. A complex adaptive system (CAS) is a collection of individual nodes (i.e., agents, elements) that self-organize and exchange information amongst each other locally, to produce spontaneous and emergent global outcomes. They are dynamic, contain a multitude of positive and negative feedback mechanisms, and are entwined with, and contained within, other CASs. Some salient examples include: the stock market, local food hubs, wetlands, the climate, and the human brain.

In essence, systems thinking is a means of being able to sufficiently acknowledge that they are members of these complex systems themselves and not just objective, external observers. It follows that they perceive outcomes and behaviour as the result of a host of interacting variables, rather than a chain of linear causal events.

Previous research has also shed some interesting insights on how systems thinking as a mental processing model influences cognition and behaviour. For instance, systems thinkers appear to harbour biospheric values, respecting and valuing all biological life forms for their inherent right to existence. They have also been demonstrated to experience a greater sense of connectivity with nature and engage more frequently in pro-environmental behaviours. In general, these results point to the systems thinker possessing a pro-environmental orientation.

Systems thinkers also appear to be more creative, intelligent, and inclined to engage in deep and meaningful thought. Moreover, those with a systems mindset appear to be more tolerant of diversity and less likely to engage in prejudice and discrimination.

Collectively these results suggest that systems thinking is associated with a number of desirable and positive psychological characteristics. For this reason, it would be prudent for future research to examine whether this construct is teachable. Prospective investigations will be needed to determine what systems thinking is and what other outcomes and characteristics it is associated with.

Research into mental processing models provides a glimpse into the content and emergence of thought. It demonstrates why our thinking implicates, and is implicated by, various psychological components such as perception, attitudes, values, emotions, and behaviour. The construct of systems thinking represents a particular mental processing model, which provides individuals with the capacity to better perceive and understand complex phenomena. As modern society becomes increasingly dynamic and complex, it is no doubt that systems thinking will receive more academic attention in the coming years.

For a complete list of references, please go to www.cpa.ca/psynopsis
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Cows say moo

The emergence of inductive reasoning during early childhood

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Category-based inductive reasoning is a fundamental aspect of human learning that involves inferring a general rule or principle from a specific case. When making inductive inferences, individuals first observe a property of a given entity (e.g., carrots are good for you), decide that two entities belong to the same category (e.g., carrots and cucumbers are both vegetables), and then infer that the second entity also possesses the property (e.g., therefore, cucumbers are also good for you). Thus, this type of reasoning allows individuals to go beyond the information that they are given and form more global concepts.

The mobilization of inductive reasoning as a cognitive process is especially critical in early childhood. During this period, children must make sense of a vast amount of new information. Inductive reasoning can help them organize their world, as their acquired knowledge can be applied in new contexts. At the same time, the ability to categorize objects and extend properties from one category member to another allows children to store and retrieve information more efficiently, thereby reducing the demands of learning. In other words, children do not need to keep track of all the individual items that they encounter; instead, they can incorporate new information into existing categories and generalize properties accordingly.

Extensive research has examined the emergence of inductive reasoning abilities during the early childhood years, with the aim of establishing the developmental trajectory of category-based induction. This research has demonstrated that preschoolers possess sophisticated inductive reasoning abilities (e.g., Gelman, 1988; Gelman & Markman, 1986; Gelman & O’Reilly, 1988). For example, preschoolers will extend stable properties (e.g., lives in a nest) from one category member to another category member but will not extend transient properties (e.g., sleepy; Gelman & Coley, 1990) or arbitrary properties (e.g., fell on the floor this morning). Furthermore, preschoolers’ willingness to generalize a property from one object to another depends upon the perceived similarity between the given entities. In the absence of other information, 2- to 4-year-olds consistently rely on perceptual similarity to guide their inferences, generalizing a property only to objects that look alike (Gelman & Coley, 1990; Graham, Booth, & Waxman, 2012; Noles & Gelman, 2012). Preschoolers, however, can go beyond surface similarities and make inferences on the basis of conceptual knowledge (i.e., knowledge about object kind). For example, when objects are labeled with the same count noun (e.g., “This is a bird”), which is a conventional marker of category membership, children as young as 2 ½ years of age will generalize properties to category members that are perceptually dissimilar (e.g., a robin and a penguin; Gelman & Coley, 1990). At the same time, preschoolers also recognize that some labels, such as adjectives, do not mark category membership, and will not use these shared labels to guide their inferences (e.g., Graham, Booth, & Waxman, 2012).

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Concussions, Thinking, and Our Kids: Time For Change

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It was common, not long ago, for sports announcers and coaches to commonly say, “He just got his bell rung” after an athlete sustained a big hit to the head, a statement that reflected a naive attitude about concussion. For many years, collegiate and professional athletes continued to play in the same game despite incurring a concussion. Now, many organizations have adopted a zero tolerance policy. The presence of symptoms signals the need to be removed from play followed by physical and cognitive rest in order for the healing process to begin. A gradual, step-wise return-to-play protocol based on the absence of physical and cognitive symptoms at each step is now common practice in the management of concussions, which is facilitated by a pre-injury assessment to determine baseline functioning.

Recommendations and policies in place for professional and collegiate athletes apply to children as well. Children who play contact sports are likely to experience at least one head injury, yet few report their symptoms or seek treatment. In one study, less than half of high school athletes who sustained a concussion reported it to a trained professional for one of three reasons. The athletes either did not think the injury was serious, did not want to be withheld from competition, or lacked awareness of the signs and symptoms of concussion. Parents also lack awareness of the key symptoms of concussion. This makes identification of a concussion that much more difficult in youth sports since there are few trained professionals working with these teams. Coaches and trainers are often volunteers or parents without adequate training in concussion management. Education geared towards young athletes, their parents, and coaches is necessary to increase the likelihood of early detection, proper management, and recovery.

It can be argued that appropriate concussion management is more important with children than adults due to the brain’s ongoing cognitive maturation that occurs during childhood, making it more vulnerable to disruption of essential cognitive processes. To monitor cognitive effects following concussion, it is helpful to know the athlete’s baseline cognitive functioning. Unlike collegiate and pro-
Concussions, Thinking, and Our Kids

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It is not common practice for minor leagues or schools to perform baseline testing. Although existing research on the cognitive outcomes following concussion is controversial due to poor methodologies, the acute symptoms have a definite impact on academic and psychosocial functioning in children. Somatic symptoms (e.g., headache and light or noise sensitivity) interfere with efficient information processing and concentration, and problems with attention, memory, and reaction time impact their ability to learn properly. Even one year later, individuals with concussion still had lower scores on thinking and memory tests and demonstrated evidence of brain damage on diffusion tensor imaging. Thus, acquiring a concussion in childhood can have long-standing cognitive effects.

This highlights the need for policy changes across athletic organizations and implementation of concussion management strategies at all levels of play. Every team should use baseline testing and return-to-play protocols for any player who is suspected of a concussion. Since a child’s primary activities involve learning, return-to-learn protocols have been developed and should be followed. Children with concussive symptoms typically struggle with school due to their somatic and cognitive complaints, often missing days or weeks as a result. The Ontario Neurotrauma Foundation suggests that concussed children should begin treatment with complete cognitive and physical rest for at least 24 hours, followed by a gradual return of academic-related activities as tolerated. Consequently, return-to-learn protocols should be individually tailored. Only once the child is able to function properly in the classroom should the return-to-play protocol begin. If during recovery symptoms return, physical activity should stop and the child should only fully engage in sport when symptom-free.

In conjunction with the release of these concussion guidelines, the Ontario Ministry of Education has mandated that all school boards develop concussion policies to be implemented by February 2015. The policy must include procedures for concussion awareness, prevention, and identification, as well as management procedures for a diagnosed concussion. By implementing these policies, students and parents will learn about the signs, symptoms, and effects of concussion, which will assist with recognition and proper treatment. Additionally, the use of these guidelines in schools will reinforce changes to policies and practices in community athletic organizations. This type of statute is unprecedented in Canada and will go a long way toward protecting children from the problems associated with unmanaged concussions. Most U.S. states have enacted concussion legislation and it is time that all provinces in Canada follow suit.

Cows say moo

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Research has also shown that inductive reasoning emerges during the infancy years. Infants as young as 9-months of age show basic inductive reasoning abilities (Baldwin et al., 1993; Mandler & McDonough, 1998). For example, 9- to 14-month-olds generalize properties to members of the same broad category, but not beyond that category. In these studies, infants extended the property of drinking to diverse members of the animal category, but not to members of the vehicle domain (Mandler & McDonough, 1996, 1998; McDonough & Mandler, 1998). Furthermore, like preschoolers, infants will use shared perceptual features to guide their inferences when no other information is provided (Baldwin et al., 1993; Graham & Diesendruck, 2010; Graham, Kilbreath, & Welder, 2004). However, 13- to 22-month-olds will also infer that objects that are named with the same count noun label shared nonobvious properties, even when they do not look similar (Keates & Graham, 2008; Welder & Graham, 2001). Moreover, by 15-months of age, infants also understand that distinct count nouns signal different category membership, and will appropriately inhibit their generalizations (Graham et al., 2013). Finally, similar to preschoolers, infants are also selective in the type of labels that they use to guide their inferences, privileging conventional category markers (i.e., count nouns) over other types of labels (e.g., adjectives; Keates & Graham, 2008).

Together, this body of research suggests that young children have sophisticated inductive reasoning abilities, as they appropriately adjust their inferences depending on the cues that are available. More importantly, these investigations have laid the foundation for understanding more complex types of reasoning. For example, on a daily basis, we make inferences about someone’s behaviour or characteristics, or the outcome of a situation based on our previous experiences. That is, we often have expectations about the characteristics of certain groups (e.g., girls like pink) and generalize this information to new individuals that are members of that group. However, generalizations in the social domain can have undesirable consequences, and may result in stereotyping and disregard for individual differences within groups. By understanding the nature and development of children’s early reasoning, we can begin to apply that knowledge to more complex processes, such as how children make social inferences, in an attempt to prevent overgeneralization of properties or characteristics.

For a complete list of references, please go to www.cpa.ca/psynopsis
Gimme a break:
Recharge mental functioning by connecting with nature

Colin A. Capaldi, M.A., Carleton University

It is an all too common phenomenon. It is a weekday afternoon, you are at work or school and attempting to finish that report or prepare that presentation. No matter how hard you try to will yourself to stay focused, your mind wanders and you find yourself browsing the web or reaching for another cup of coffee. What would have taken you only 30 minutes to complete earlier in the day with a full tank of energy, ends up taking you the rest of your workday to finish.

What is going on in this regrettably familiar scenario? Fortunately, psychologists have conducted countless experiments in order to answer this question. The findings from these studies have led some to argue that self-control, colloquially known as willpower, functions analogous to a muscle. Similar to how it becomes harder to lift a weight during a workout after several repetitions, exerting mental effort on earlier tasks can negatively impact our ability to perform subsequent ones, even when they are completely unrelated. In other words, avoiding that muffin at Tim Hortons, intently working on a spreadsheet for hours on end, and resisting the temptation to check your phone during your morning meeting are all impairing your capacity to finish that report later in the day because willpower is a limited resource that can become depleted.

Is there anything we can do to remedy this or must we accept this unfortunate aspect of our psychology? Various interventions (e.g., ingesting glucose) have been proposed, but I will focus on one in particular, namely, contact with nature.

Long before any formal scientific evidence was collected, prominent thinkers, such as Henry David Thoreau and pioneering landscape architect Frederick Law Olmsted, had been extolling the restorative benefits of interacting with the natural world. In fact, some have noted long standing traditions in both Eastern and Western cultures of incorporating nature near places dedicated to learning and contemplation (the ubiquity of quads on university campuses is a modern example of this).

Empirical research conducted over the past three decades appear to support the idea of nature contact being restorative. Experiments have found that brief exposures to nature can improve the performance of mentally fatigued participants on a variety of cognitive tasks involving attention, logical reasoning, working memory, and persistence. These effects are observed using a variety of exposure techniques ranging from walking in nature to simply viewing photographs of natural environments. Furthermore, there is evidence that even those diagnosed with depression benefit cognitively (and emotionally) from contact with the natural world. It appears Thoreau and Olmsted were right after all.

But why does nature exposure have this positive impact on mental functioning? In order to explain these findings, researchers in this area distinguish between two types of attention: voluntary and involuntary. The former is directed, effortful, and requires self-control (e.g., reading a particularly dense textbook on statistics), while the latter is effortless and activated automatically (e.g., observing the colourful autumn tree leaves as one walks through a park). Natural environments are particularly adept at capturing our attention in an effortless manner, providing a break and allowing time for our directed attention capabilities to recharge. This is why mentally fatigued participants who have been exposed to nature perform better on cognitive tasks compared to those in control conditions (e.g., walking downtown or viewing photographs of urban environments).

These findings have important implications. On the individual level, connecting with nature may be a relatively easy and inexpensive way to hit the reboot button on one’s brain and shake off mental fatigue. Rather than continuing to work on a half-filled or empty tank, taking a break and spending some time in nature or bringing nature to you (e.g., including plants and nature pictures in your office) will likely help you work both smarter and harder in the long-run (not to mention the documented stress-reducing and emotional well-being benefits that nature contact can provide). In addition to regular interventions, practicing psychologists may want to suggest to their clients experiencing mental fatigue and sub-optimal cognitive functioning to connect with nature. Organizations and governments may want to make it easier for workers and citizens to experience the restorative effects of nature. This is especially relevant when one considers that 80% of Canadians live in urban areas. Maintaining and investing in green spaces appears to be a wise public policy that could potentially provide a significant return on investment.

For a complete list of references, please go to www.cpa.ca/psynopsis
Les confabulations

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Le phénomène de confabulation intéresse les cliniciens et les chercheurs depuis plus de cent ans. Initialement, les confabulations étaient considérées comme des histoires fabriquées de toutes pièces afin de masquer les lacunes en mémoire. Cette vision initiale a été critiquée puisque les « confabulateurs » ne sont généralement pas conscients de leur amnésie et par conséquent, ne peuvent être accusés de tenter de tromper l’interlocuteur1. Ainsi, une distinction est établie entre le mensonge et la confabulation. Toutefois, il apparaît plus difficile de différencier les confabulations des délires.

Il n’existe actuellement pas de définition consensuelle des confabulations. Une conceptualisation simple les décrit comme des propos ou des actions impliquant une distorsion mnésique2. Traditionnellement, les auteurs distinguent les confabulations selon le contexte dans lesquelles elles se manifestent : de façon spontanée ou provoquée. Le contenu des confabulations spontanées est généralement plus stable et de nature grandiose ou fantastique. Les confabulations provoquées surviennent en réponse à une question sollicitant la mémoire; leur contenu est généralement plausible3.

Étiologie et substrats neuroanatomiques

Les confabulations peuvent être observées dans une variété de troubles neurologiques tels le syndrome de Korsakoff, les anévrismes cérébraux, les encéphalites, les tumeurs cérébrales, les traumatismes crâniens, les états confusionnels et les démences.
Les confabulations

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**Corrélat neuropsychologiques et modèles explicatifs**


1. Les *modèles temporels* se basent sur la démonstration que des événements réels (souvent des habitudes ou des routines du passé5) sous-tendent une grande proportion des confabulations. Les individus confabulant de façon spontanée présenteraient une difficulté accrue à inhiber les associations mentales n’appartenant pas au temps présent. Par conséquent, les souvenirs du passé semblent aussi vivides et pertinents que les événements récents6.


**Les confabulations en contexte d’évaluation**

Certaines tâches neuropsychologiques peuvent provoquer des confabulations2. Par exemple, le rappel d’une histoire après un délai peut mener à la production d’éléments qui ne sont pas reliés au récit original. Ce type de confabulation verbale a été relevé chez près de 20% des patients atteints de démence d’étiologies variées. Un phénomène de confabulation graphique a été décrit chez environ 5% des patients. Ces derniers rappelaient des figures « significatives » (p.ex. maison, visage) plutôt que la figure abstraite initialement présentée (Figure complexe de Rey).

**Interventions**

Le phénomène de confabulation est habituellement transitoire. Par conséquent, les techniques d’intervention ont suscité peu d’intérêt. Il est toutefois essentiel de s’y attarder lorsqu’elles surviennent dans le cadre d’une maladie dégénérative. La psychoéducation auprès des proches est à privilégier. Mieux comprendre le phénomène des confabulations, leur lien avec les lésions cérébrales et les troubles cognitifs permet au proche d’ajuster ses interactions avec la personne atteinte. Plutôt que de confronter la personne sur le caractère irréaliste de la confabulation, le proche pourrait utiliser son contenu pour enrichir la discussion, par exemple en saisissant l’occasion pour parler d’un rôle qui a valorisé la personne.

**Conclusion.**


*Pour la liste des références, voir www.cpa.ca/psynopsis*
Robert Sommer Award for Best Student Paper

Graduate and undergraduate students conducting research in any aspect of environmental psychology are eligible to enter their research into a competition for Robert Sommer Award from the CPA Section on Environmental Psychology. Award submissions will consist of 1000-word extended abstracts of original research for which the student is first author. The submissions need not be papers submitted for presentation at CPA conventions; they may be thesis work, journal papers, or papers presented at other conferences.

Each recipient will receive a certificate to commemorate their receipt of the award and a $300 prize.

Requirements:
The student must be the first author on the project.

Due Date: April 30, 2015

To Apply: Students who would like their work considered for the award must make a submission. This submission should include the following.

1. A cover letter indicating that they would like to be considered for the award.
2. A letter from the student’s supervisor confirming that the applicant is a student in psychology and that the applicant’s work on the project merits first authorship.
3. A 1000-word extended abstract for Committee Review. This abstract must contain the name(s) and institution(s) of the author(s). The following headings and format should be used.
   A. Title:
   B. Area: Briefly state your specific issue.
   C. Context: Put the research in context by providing adequate background information on relevant scholarly literatures, including references.
   D. Methodology: State the design, size and characteristics of the sample, procedure, materials, and statistical tests employed, providing rationale as needed.
   E. Results: Key findings.
   F. Conclusions and implications.
4. Two copies of the abstract should be submitted: one with the authors’ names included and one without, so blind reviews may be done.

All materials must be e-mailed with the subject line “Robert Sommer Award” to: Loraine.Lavallee@unbc.ca
Psychological Practice... It’s Complicated

Kerry Mothersill, Ph.D., CPA President (2014-2015)

Practicing psychology in organizations (health care, military, educational, correctional, WCB, corporate, etc) is complicated. The professional psychologist is required to be informed of the multitude of factors that influence and direct the provision of services. Competent practice requires the ability to weigh and balance often competing and at times inconsistent expectations and demands and only then make service implementation decisions. Acquiring core biopsychosocial knowledge and applied skills is only the beginning. As illustrated in the figure, what a practitioner actually does on the job is subject to a number of additional expectations and requirements.

Core Knowledge

Core knowledge of the psychological, sociological and biological determinants of human functioning as well as skills in research, assessment, intervention, consultation, program development/evaluation, supervision, etc are learned initially in university and topped up via continuing education over a practitioner’s career. The Canadian Psychological Association (CPA) makes a material contribution to formative endeavours through the process of setting standards for and accrediting both academic and residency/internship programs in Canada. Through its journals and other publications, the annual convention and the growing list of online training experiences, CPA seeks to satisfy the perpetual professional cerebral thirst for new knowledge and skills.

www.cpa.ca/professionaldevelopment
www.cpa.ca/membership/membershipbenefitsandservices/cpajournals
www.cpa.ca/Convention

Code of Ethics

The CPA Canadian Code of Ethics for Psychologists is an internationally recognized document that serves as an aspirational standard and guide for decision making in all aspects of academic and professional activity. This far reaching Code is the bedrock of ethical practice.

www.cpa.ca/aboutcpa/committees/ethics/Companion

College Practice Standards

Each of the Provincial/Territorial regulatory bodies in Canada has a Standard of Practice that provides a more prescriptive compass to follow in psychological practice. Colleges are established by provincial/territorial law to regulate the profession and protect the public. Together with the CPA Code of Ethics, the Standards are used by the Colleges to determine if a practitioner’s professional activities are competent and ethical. The various Standards differ so learning a set in one province does not automatically map onto another if one relocates or obtains an additional licence to practice in another jurisdiction. See www.acproaocrp.ca for a list of Colleges in Canada. In addition, Colleges frequently provide practice updates and occasionally revise their standards.

Provincial/Territorial/Federal Laws

In addition to Federal statues (8) and case law, each Canadian Province and Territory has laws, which speak to or determine how psychologists practice. In Alberta, there are 31 (www.cap.ab.ca/pdfs/HPA jurisprudence.pdf). Some (e.g. Health Information Act) but not all are applicable to practice in general, and most are focused on particular areas or populations (e.g. Age of Majority Act, Workers Compensation Act). Laws...
Evidence Based Practice

One of the hallmarks of psychological practice is that it is evidence based. The application of service is best guided by outcome research. RCTs, meta-analyses and effectiveness studies can inform a practitioner’s decision making as to which intervention will be the most efficacious. Psychometric research can help determine which assessment measure will yield the most accurate information. Cost-effective and cost-offset research can help support the inclusion of psychological services in organizations that are keen on increasing access and reducing costs. CPA has a number of documents that can assist in the process of evaluating services based on research evidence.

www.cpa.ca/docs/File/Practice/TheEfficacyAndEffectivenessOfPsychologicalTreatments_web.pdf

Numerous other international documents provide evidence based information that can guide practice, (e.g. see www.nice.org.uk/guidancemenu/conditions-and-diseases/mental-health-and-behavioural-conditions)

Up to date research evidence may be at odds with a psychologist’s previous training. Treatment methods continue to be refined and improved and new psychometric test editions, norms and interpretative information becomes available with each journal issue.

Practice Guidelines

Practice Guidelines are typically developed to assist psychologists who practice in a particular area. They can summarize valuable information to inform best practice. CPA (www.cpa.ca/practitioners/resourcesofinterest), APA (www.apa.org/practice/guidelines), regulatory colleges (e.g. http://cap.ab.ca/frnPage.aspx?Page=Index) and many special interest groups (e.g. Canadian Pain Society, Fibromyalgia Guidelines http://fmguidelines.ca/) continue to prepare and update practice guidelines.

Organizational Values

Employees of organizations are subject to the values adopted for service. For example, health care organizations may place emphases on Collaborative Practice, Patient – Family Focused Care and Recovery Based Treatment (e.g. see www.albertahealthservices.ca/190.asp). Another example would be the emphasis on Restorative Justice as adopted by Correctional Service Canada (www.csc-scc.gc.ca/restorative-justice/index-eng.shtml). Values of “Students Come First” and “Creating Inclusive Environments” can be adopted by Boards of Education. Organizational values influence practice, often through policies and procedures adopted by the organization. Organizational values may change to reflect societal or political perspectives.

Organizational Policies

Each employer of psychologists has numerous policies, with frequent revisions, that all employees are expected to follow in providing service. Typical policies that impact practice include Health Information Management, Suicide Risk Management, and Management of Aggressive or Disruptive Clients. School Boards often have regulations that must be followed when conducting research in schools. Failure to follow institutional policies and procedures can result in disciplinary action.

Program Procedures

Many psychologists employed in organizations work on one or more multidisciplinary teams. Treatment programs tend to have procedures that influence practice. For example, some programs place limits on the number of sessions that can be provided to clients and the services that can be offered while others may determine how and when clients are scheduled. Some programs require a referral from a physician for services, while others do not. The degree to which practice may be supervised varies considerably. Program managers, who are not psychologists, may have expectations for practice that are inconsistent with the competencies or in rare instances, the ethics of psychology staff.

Complicated Considerations for Good Practice

Take the example of a psychologist in an Occupational Stress Injury Clinic who is treating a client with active suicidal intent. In deciding on the best course of action, the psychologist will draw on their knowledge and experience, and may need to: 1) consult the research on determinants of suicidal behaviour, effective assessment methods and evidence based interventions, 2) keep in mind the ethics, standards and case law related to breaking confidentiality as needed, 3) consult relevant practice guidelines (e.g. NICE guidelines for Self Harm intervention), and 4) adhere to organizational and/or program requirements for evaluating severity of suicidality, documentation and consultation with other team members. In addition, OSI Clinics are funded by one organization (Veterans Affairs) and operated by local health care agencies.

Although multifaceted considerations may require an extra step or two in daily practice, the effort is typically rewarded with good clinical outcomes.
Du bureau du président

L'exercice de la psychologie... dans toute sa complexité

Kerry Mothersill, Ph.D., président de la SCP (2014-2015)

L’exercice de la psychologie dans les organisations (soins de santé, milieu militaire, établissements d’enseignement, services correctionnels, commissions des accidents du travail, entreprises, etc.) est complexe. Le psychologue professionnel doit être au courant d’une multitude de facteurs qui influencent et orientent la prestation des services. Pour exercer sa profession avec compétence, le psychologue doit être capable de soulever et de contrebalancer des attentes et des demandes souvent opposées et parfois, incompatibles.

Ce n’est qu’ensuite qu’ils pourront prendre des décisions sur les services à mettre en œuvre. L’acquisition des connaissances biopsychosociales de base et des compétences pratiques n’est que le début. Comme l’illustre la figure, ce que fait concrètement le praticien dans le cadre de son travail est soumis à des attentes et des exigences supplémentaires.

Connaissances de base

Les connaissances de base sur les déterminants psychologiques, sociologiques et biologiques du fonctionnement humain, ainsi que les compétences en recherche, en évaluation, en intervention, en consultation, en élaboration/évaluation de programmes, en supervision, etc. s’apprennent d’abord à l’université, et s’enrichissent par le truchement de l’éducation permanente tout au long de la carrière du praticien. La Société canadienne de psychologie (SCP) apporte une contribution appréciable aux efforts liés à la formation en établissant des normes et en agréant les programmes universitaires et les programmes de résidence/internat en psychologie au Canada. Avec ses revues et ses publications, son congrès annuel et la liste croissante de formations qu’elle offre en ligne, la SCP cherche à assouvir la soif intellectuelle et professionnelle des psychologues, qui veulent sans cesse acquérir de nouvelles connaissances et de nouvelles compétences.

http://www.cpa.ca/developmentprofessionelle/
http://www.cpa.ca/hesion/avantagesdemembresdelascp/revuesdelascp/
http://www.cpa.ca/Congres/

Code de déontologie

Le Code canadien de déontologie professionnelle des psychologues de la SCP est un document reconnu internationalement, qui tient lieu de norme souhaitable et oriente la prise de décisions dans tous les aspects des activités universitaires et professionnelles. Ce code ambitieux sert de balise éthique de la profession de psychologue.

http://www.cpa.ca/aproposdelascp/comites/ethics/Companion/
s’appliquent pas nécessairement à une autre; si un praticien change de province ou veut obtenir l’autorisation d’exercer ailleurs au Canada, il devra connaître les normes de l’endroit où il compte exercer. La liste des organismes de réglementation au Canada se trouve à l’adresse suivante : www.acpro-aocrp.ca. En outre, les ordres professionnels fournissent fréquemment des mises à jour sur l’exercice de la profession et révisent leurs normes à l’occasion.

Lois provinciales/territoriales et fédérales

En plus des lois fédérales (au nombre de huit) et de la jurisprudence, chaque province et territoire canadiens dispose de ses propres lois, qui s’appliquent à la pratique des psychologues ou déterminent comment les psychologues doivent exercer. En Alberta, il y en a 31 (www.cap.ab.ca/pdf/HPAjurisprudence.pdf). Certaines d’entre elles (p. ex. la Loi sur les renseignements médicaux), mais pas toutes, s’appliquent à la pratique en général, et la plupart s’adressent à des domaines particuliers ou des populations précises (p. ex. la Loi sur l’âge de la majorité, la Loi sur les accidents du travail). Les lois sont fréquemment revues et mises à jour et les lois provinciales varient d’une province à l’autre.

Certaines lois passent outre aux preuves scientifiques et aux lignes directrices de pratique. Par exemple, les règles de procédure en vigueur en Alberta permettent que les évaluations/exams indépendants de la partie demanderesse soient observées en personne par un professionnel de la santé désigné ou par des moyens électroniques (y compris par vidéo). Cela va à l’encontre des données de recherche qui ont prouvé les effets négatifs de l’observation sur les scores aux graphie). Cela va à l’encontre des données de recherche qui ont prouvé les effets négatifs de l’observation sur les scores aux tests cognitifs (Eastvold, Bélanger et Vanderploeg, 2012) et des énoncés de position et des lignes directrices émises par la SCP, le College of Alberta Psychologists et l’American Board of Professional Neuropsychology.

Pratique fondée sur des données probantes

L’un des traits caractéristiques de la pratique de la psychologie est qu’elle est fondée sur des preuves. Les résultats de recherche permettent de mieux orienter la demande de service. Les essais cliniques randomisés, les métas-études et les études d’efficacité aident le psychologue à décider de l’intervention qui sera la plus efficace. La recherche psychométrique peut aider à déterminer la mesure d’évaluation qui produira les informations les plus précises. Des recherches rentables, avec compensation des coûts, peuvent aider à appuyer l’inclusion des services psychologiques dans les organisations qui veulent augmenter l’accès et réduire les coûts. La SCP a produit un certain nombre de documents qui aident au processus d’évaluation des services, fondé sur des données de recherche.

www.cpa.ca/docs/File/Practice/TheEfficacyAndEffectivenessOfPsychologicalTreatments_web.pdf


Il arrive également que les nouvelles données de recherche contredisent ce qu’a appris le psychologue au cours de sa formation. Les méthodes de traitement continuent de se perfectionner et de s’améliorer, et de nouvelles éditions de tests psychométriques, normes et informations explicatives se font connaître à chaque parution d’une revue scientifique.

Lignes directrices de pratique


Valeurs de l’organisation


Politiques organisationnelles

Les organisations qui emploient des psychologues ont de nombreuses politiques, qui sont révisées fréquemment, et que tous les employés doivent suivre lorsqu’ils fournissent le service. Les politiques typiques qui ont une incidence sur la pratique concernent notamment la gestion de l’information sur la santé, la gestion des risques de suicide et la gestion des clients ayant des comportements agressifs ou perturbateurs. Les conseils scolaires ont des règlements qui doivent être suivis lors des recherches dans les écoles. Le non-respect des politiques et des procédures institutionnelles peuvent entraîner des mesures disciplinaires.
Head Office Update

Karen R. Cohen, Chief Executive Officer; Lisa Votta-Bleeker, Deputy CEO and Director, Science Directorate; Melissa Tiessen, Director, Education Directorate & Registrar, Accreditation; Cara Bernard, Acting Manager, Practice Directorate; Tyler Stacey-Holmes, Manager of Association Development & Membership; Meagan Hatch, Manager of Public Affairs & Communications

What follows is an update of activity undertaken by Head Office staff and leadership since the Fall 2014 update. 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) on national activities for practice. Lisa Votta-Bleeker leads our science activity (lvottableeker@cpa.ca). Cara Bernard staffs our Practice Directorate which focuses on inter-jurisdictional practice (cbernard@cpa.ca), while Amy Bernard is on maternity leave until February 2015 after which time you can reach Amy at abarnard@cpa.ca. For information on accreditation and continuing education, contact Melissa Tiessen (mtiessen@cpa.ca). Meagan Hatch is responsible for public affairs, government relations and advocacy (mhatch@cpa.ca). For information on membership, contact Tyler Stacey-Holmes (styler@cpa.ca).

Psychology Employment Survey. As noted in previous Head Office Updates in Psynopsis, the CPA secured the permission of the APA to use and revise their Doctoral Employment Survey for application in the Canadian context. This is being done in response to the discontinuation of various Statistics Canada surveys that have left us with severe gaps in knowledge as relates to the supply and demand of psychologists in Canada. In consultation with the Chairs of the Committees on Education and Training, as well as Scientific Affairs, revisions were completed and the survey finalized; it will be pilot-tested online in the new year. Following that testing, we hope to launch the survey, in both English and French, in late January. The CPA will use various communication mechanisms and various partnerships to disseminate word of the survey. The CPA will rely on the membership to both complete the survey but also send it out to any colleagues who are not CPA members.

MITACS Internships. In November, the CPA’s Deputy CEO and Science Director, Dr. Lisa Votta-Bleeker, met with Dr. Rob Annan, Interim President at MITACS. The focus of the discussion was on industry-partnered internships for psychology graduate students. The CPA will be working with MITACS in the new year to facilitate relationships between MITACS staff and Psychology departments so that psychology graduate students can assess their eligibility for these internships.

Canadian Consortium for Research (CCR). Dr. Lisa Votta-Bleeker continues to serve as Chair of the Canadian Consortium for Research (CCR). In December, the CPA hosted the CCR’s 3rd Annual Breakfast with the funders. Representatives from CIHR (Dr. Jane Aubin), NSERC (Dr. Pierre Charest), SSHRC (Dr. Ted Hewitt), MITACS (Dr. Rob Annan) and CFI (Mr. Pierre Normand) attended and offered their views on issues facing Canadian researchers.

In November and December, the CCR had a number of meetings with MPs. Dr. Votta-Bleeker attended meetings with MP Murray Rankin (NDP, FINA Committee member), MP Andrew Saxton (PC, Parliamentary Secretary to the Minister of Finance), MP Ted Hsu (Liberal, Science and Technology Critic), and MP Kennedy Stewart (NDP, Science and Technology Critic). The focus of the meetings was to discuss the CCR’s asks for budget 2015 and issues facing Canadian students and researchers. Key issues coming out of the meetings with MPs were requests for support for their respective Bills. Mr. Stewart is putting forth one to create an independent Parliamentary Science Officer, while Mr. Hsu is putting forth a Bill to re-instate the long-form Census. With respect to Mr. Hsu’s Bill, he asked for assistance compiling information from the research community on the impacts of the long-form Census being discontinued. In response, Dr. Votta-Bleeker developed a survey which was sent to all 19 member organizations of the CCR, with a request that it be circulated broadly; the survey was also sent to the CPA membership.

Journals and Publications. In May 2014, CPA re-applied to SSHRC’s Scholarly Aid for Journals program for continued funding for CP and CJBS for 2015 through 2017 (each grant has a three year term). In late-November, we were thrilled to learn that we our grant applications were successful and we were awarded funding for both CP and CJBS.

Journal editors in 2015 are Dr. Martin Drapeau (CP), Dr. William Roberts (CJBS) and Dr. Penny Pexman (CJEP). Each editor has special issues planned for each of the journals; notice of the Special Issues will be circulated via various CPA communications modes.

CJBS is currently inviting applications for the position of Associate Editor. The term of the Associate Editor will begin July 1, 2015 and end December 31, 2017; interested applicants must be able to fully read and write in French and English. The Associate Editor is responsible for reviewing all manuscripts submitted in French, as well as any manuscripts for which the Editor is in potential conflict of interest. Candidates are invited to submit their resume to the Editor at Wroberts@tru.ca Deadline for applications is March 1, 2015.

Fact Sheets. The following new fact sheets have been posted to the CPA’s website: Autism Spectrum Disorder, Applying to Canadian Graduate Schools, Post-Traumatic Stress Disorder, and Pre-employment Personality Assessment in Personnel Selection. A number of other fact sheets are either in review or in development. Requests for updates have been sent to all authors of fact sheets posted prior to 2013.
**Head Office Update**

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**Science Advocacy Presentations.** In November, the CPA’s Deputy CEO and Science Director was invited to share her experiences advocating for psychological science in a presentation on science advocacy to the Canadian Council of University Biology Chairs. This presentation was followed up with meetings with the Executive Director of Evidence for Democracy (E4D), a not-for-profit organization that advocates for the transparent use of science and evidence in public policy and government decision-making. E4D is interested in working with both the CPA and the CCR in lobbying on behalf of science in the New Year as relates to budget 2015 and future elections.

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**International Congress of Applied Psychology (ICAP).** In spring 2014, CPA has signed a number of agreements to host the 2018 International Congress of Applied Psychology (ICAP) in Montreal. The Congress dates are June 26th through the 30th 2018. ICAP 2018 co-Presidents, Drs. David Dozois and Peter Graf, authored articles in the fall issue of Psynopsis on ICAP2014 and ICAP2018. At the time of this writing, a Congress logo has been developed and a website is in development. The Committee Structure to support the delivery of ICAP2018 has been developed and includes a Visioning Committee, Sponsorship Committee, Communications Committee, Finance Committee, and a Planning Committee. CPA and Mitacs have a reporting responsibility to IAAP over the next 4 years of Congress planning.

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**Annual High School Science Awards.** Following another successful competition of the Annual High School Science Awards, the CPA is pleased to continue this program, now entering its 5th year, which is designed to honour Canadian high school students who have completed and submitted a psychology-relevant project to their respective high school science fairs. These awards, which are made possible by the generous support of Scotiabank, are presented at CPA’s Annual convention in June. For more information, please visit www.cpa.ca/Convention/HighSchoolScienceAwards.

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**Advisory Panel on Health Innovation.** The Federal Minister of Health, Rona Ambrose, has struck an Advisory Panel on innovation. The Advisory Panel invited submissions from Canadians about new and creative healthcare ideas and approaches. The Government hopes to identify five areas of healthcare innovation that have the potential to reduce health care spending while also improving care. CPA received an invitation to submit which we did following consultation with the membership. A number of CPA members provided us with excellent contributions that helped shape our submission which can be found here http://www.cpa.ca/docs/File/Government%20Relations/Advisory%20Panel%20on%20Healthcare%20Fin

al%20website.pdf CPA CEO Dr. Karen Cohen also participated in a full day face to face session with other key stakeholders which focused on identifying factors that can advance innovation as well as the how’s, what’s and who’s of making change happen.

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**Disability Tax Credit.** CPA met with senior officials at Canada Revenue Agency (CRA) in December 2014 to discuss the Disability Tax Credit Promoters Restrictions Act. The Act proposes to limit the fees that a promoter may charge to complete a disability tax credit request. CRA is now consulting with Canadians on how to simplify the disability tax credit application process, determine who is a promoter, set the fees that a promoter may charge to complete a disability tax credit request, and clarify the steps Canadians need to take to apply for the credit. CPA provided CRA with a number of ways that they can improve the application form and argued that psychologists should not be considered promoters and should be except from the Act. For more information on how to participate, go to http://www.cra-arc.gc.ca/disability/

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**Important changes to HST/GST.** In budget 2013, the Federal government put forward amendments to clarify that GST/HST applies to supplies of reports, examinations and other property or services that are not made for the purpose of the protection, maintenance or restoration of the health of a person or for palliative care. The amendments apply to supplies made after March 21, 2013.

It has been CPA’s position that psychological assessments, even those that determine liability in a court proceeding or under an insurance policy, must be considered a basic health service. Medical legal assessments and insurance assessments are used to determine the nature of a health problem and to recommend the type and length of the treatment required. These assessments are necessary to demonstrate that the person has met the eligibility criteria to access the service and to receive the funds to pay for it. Determining liability in a court proceeding or under an insurance policy is therefore essential for many Canadians to gain access to the mental health treatment they need.

CPA has been actively lobbying the Federal Government highlighting our concerns about proposed changes to the application of the GST/HST as it affects the practice of psychology in Canada. Dr. Karen Cohen’s presented to the Standing Committee on Finance and had multiple meetings with Finance Canada and Canada Revenue Agency. Meetings also took place with the NDP and Liberal opposition critics responsible.

Finally, in October 2014, Canada Revenue Agency (CRA) posted a clarification document about what is and what is not considered a Qualifying Health Care Supply. It is important that you contact your accountant to discuss these changes and determine how they will affect your practice. CRA is accepting feedback until February 28th, 2015. The document has now been posted for public comment and we encourage you to par-
Head Office Update

Participate in this consultation process. CPA will be making a submission in advance of the February 28th deadline which will make available to members once completed. CPA’s standing positions on the application of GST/HST can be found at http://www.cpa.ca/docs/File/Government%20Relations/Finance%20Committee_HST_April-29-2013.pdf http://www.cpa.ca/docs/File/Government%20Relations/May2013_gsthst.pdf

For more information visit http://www.cra-arc.gc.ca/E/pub/gi/notice286/notice286-e.pdf

Practitioner liability insurance: We have navigated the transition to a new program and broker in 2014/15 with great success. We are projecting to end the policy year with as many, if not more, numbers of psychologists participating in the insurance program compared to last year, inclusive of CPA members and members of the provincial/territorial associations who make up CPAP (Council of Professional Associations of Psychologists) which sponsors the program along with CPA. Reports on the program, inclusive of its service providers (e.g. Gowlings legal) have been overwhelmingly positive. It is our goal to continually innovate improvements and enhancements to the program which will be announced at renewals.

Association of State and Provincial Psychology Boards (ASPPB) and Association of Canadian Psychology Regulatory Organizations (ACPRO): ASPPB held its fall meeting in California and CPA was represented by Dr. Carole Sinclair who joined a Panel on ethics and Dr. Melissa Tiessen who joined a Panel on training and accreditation. The ASPPB fall meeting theme focused on advocacy and partnership. CPA’s CEO also contributed to a November meeting of ACPRO at which the regulators launched a position statement on national entry to practice standards for psychology in Canada. This was a very significant development for the regulatory community and the statement can be found at http://www.acproacorp.ca/documents/ACPRO%20Position%20Statement%20-%20National%20-%20November%202014.pdf

Practice Directorate (PD). PD has partnered with the Canadian Physiotherapy Association in a report on extended health benefits and future trends in models of private insurers; a report commissioned from 3Sixty Public Affairs in December 2014.

The Practice Directorate has once again been working on the Mind Your Mental Health Campaign that was started last year as a way to celebrate Psychology Month. This year, psychologists are more prominent in the title of the campaign. With participation from the provinces, more celebrities and senior government officials have been contacted and provided with MYMH t-shirts. They’ve been encouraged to ‘tweet’ a photo of themselves wearing a MYMH t-shirt.

Mind Your Mental Health. Be sure to visit our new advocacy and awareness campaign, Mind Your Mental Health (MYMH). This national campaign aims to:

Help increase awareness among the public and government about mental health;

Provide information to the public about psychological topics and disorders and how to prevent, manage and treat them; and

Encourage the public, and other stakeholders in health, to let their governments know that Canadians need better access to treatments provided by psychologists, in the public health care system.

Please help to spread the word about this very important campaign. The MYMH campaign will officially launch during Psychology Month (February) in 2015. Visit MYMH.ca today!

Other Psychology Month activity will feature our: Who did you Talk to Campaign! This campaign will award weekly prizes in February to scientists and practitioners who bring the science or practice of psychology to the public via public lectures or articles in the popular press. Visit www.cpa.ca/psychologymonth for details.

Call for Submissions – Psynopsis. The spring 2015 issue of Psynopsis Magazine – Canada’s Psychology Magazine, is devoted to Crisis Response / First Responders. We are inviting submissions from researchers and practitioners that offer information and perspective about the issues, factors and considerations when psychologists and other stakeholders respond to crisis and engage in crisis management. The focus is more on first response (crisis management) rather than tertiary response (treatment for PTSD). First response can include a diversity of responders and settings – policing or other correctional service response, health community response to medical crises (e.g SARS), social or health service response to environmental or political crises, health provider and educators responses to crises and issues within school communities. Send 400-900 words to Managing Editor, Tyler Stacey-Holmes (styler@cpa.ca). Spring submissions are due by March 1st, 2015. Please note that submissions may be edited with the author’s consent. If you have ideas for Psynopsis themes, please contact its Editor-in-Chief, Dr. Karen Cohen (kcohen@cpa.ca)

Health Action Lobby (HEAL). HEAL’s principal activity in fall 2014 has been the development and dissemination of its consensus statement on health care innovation and the role of the federal government. HEAL released the report, The Canadian Way: Accelerating Innovation and Improving Health System Performance, at a Press Conference on Parliament Hill on December 2nd http://www.cpa.ca/docs/File/Press%20Re-
recommendations as we approach a 2015 federal election.

Canadian Alliance of Mental Illness and Mental Health (CAMIMH). CAMIMH led another very successful Mental Illness Awareness Week in October 2014 in which we recognized five Faces of mental illness. The October event included a lobby day on Parliament Hill with approximately 60 meetings convened with Parliamentarians and led by CAMIMH members along with the Faces of Mental Illness. CPA’s CEO attended the lobby day along with CPA intern, Lyndsay Evraire who did an excellent job in meetings with Parliamentarians. CAMIMH convened a membership meeting also in October. Agenda items included the discussion of
• 2015 pre-budget submissions and presentations to the House of Commons Finance Committee from among the mental health community. CAMIMH made a pre-budget submission which included recommendations for a mental health innovation fund, the national development of mental health performance indicators, the implementation of the Mental Health Commission of Canada’s (MHCC) National Standard for Psychological Health and Safety in the Workplace within the federal government, implementations of a strategy to better meet the mental health needs in areas of the government’s direct authority and renew the mandate of the MHCC.
• Organization and resourcing of CAMIMH relevant to its priorities and recommendations listed above.
   CPA’s CEO agreed to Chair CAMIMH’s Nominating Committee, charged with re-populating its Executive Committee, plan succession of its Co-Chairs and plan succession of its MIAW Chair.

Canadian Health Workforce Conference. CPA’s CEO sat on the conference committee for this conference which took place on October 21st and 22nd in Ottawa. The goals of the conference were to advance health workforce management and planning across Canada’s jurisdictions. Dr. Cohen and Dr. Votta-Bleeker presented on CPA’s Need, Supply and Demand Summit.

Mental Health Commission of Canada (MHCC). We continue to work in concert with the MHCC and meet on a regular basis with the MHCC CEO. Its recent accomplishments have included the dissemination and uptake of the National Standard on Psychological Health and Safety in the Workplace, training Canadians in mental health first aid, convening conversations across the country with MPs about mental health, establishing the Knowledge Exchange Centre, developing comprehensive care guidelines and completing the At Home/Cher Soi homelessness project. MHCC is seeking a renewed federal investment in its mandate through to 2015 to enable it to implement its Mental Health Strategy which CPA has supported. CPA and psychology is currently represented on MHCC advisory groups on e-mental health and on suicide prevention. Other of MHCC priorities for engagement include mental health in seniors, children and youth, and new Canadians.

Canadian Mental Health Association (CMHA). CPA meets regularly with the CEO of the CMHA to discuss our respective issues and priorities. One of CMHA’s policy goals is to call for more comprehensive access to services and supports. We have asked the CMHA to reconsider the description of the services of mental health professionals, specifically psychologists, on their website so that it more accurately describes our training and role. We are pleased to report that our request was fully granted.

Partners for Mental Health. Partners and its founding Chair, Michael Kirby, are calling on government to invest in youth suicide prevention. In its 2015 pre-budget submission and presentation to government, Partners asked the federal government for $100 million over five years for a National Youth Suicide Prevention Fund. The Fund would support communities in developing community based programs, based on evidence, to prevent youth suicide.

Department of National Defence (DND). CPA continues to work with the Department of National Defence on the issue of recruitment and retention of psychologists. We have had a series of meetings over the course of 2014 and believe that our messages about the need for DND involvement in training and the need for meaningful conditions and requirement of work have been heard. A web-based workshop on PTSD in military populations should be publicly available via CPA at the time of this printing.

Access to psychological services for Canadians: We continue in our efforts to disseminate the findings and recommendations of our access report: An Imperative for Change: Access to Psychological Services for Canadians A summary of the report and its findings was published in an editorial in the May 2014 Special Issue on Access to Psychological Services in Canadian Psychology. In addition to the companion pieces to the report which included a tool kit of briefs and advocacy materials for our provincial and territorial
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partner organizations to use in their advocacy work with their respective governments and funders, we continue to meet with insurers and employers in an effort to move the report’s recommendations forward.

Recent activity has included meetings with the Canadian Life and Health Insurance Association, a presentation at an Economics Club of Canada luncheon in Ottawa http://www.cpa.ca/bulletins/#WMH, and meetings with collegial professional associations who share in our third party payment concerns. In October 2014, CPA presented to a meeting of Quebec based stakeholders acting on the recommendation of the Quebec Minister of Health that access to psychological services be enhanced under the public purse.

CPA in consultation with the Practice Directorate has been partnering with collegial health profession associations, as well as members of the Canadian Life and Health Insurance Association, coming together to develop a guidance document for health providers delivering insured service. Coincident with this project, we are hoping to be able to collect data from insurers about conditions, requirements and limitations of coverage for psychological services.

CPA has also strongly encouraged our provincial and territorial association partners to bring the access report and its materials to the attention of their governments and stakeholders and to feel free to call upon CPA to assist or collaborate at any time. CPA has also developed advocacy tool kits for the provincial associations to feel free to use with government. We are hoping to work with PD to survey the p/t associations about their view and use of the report and to identify any ways in which we can facilitate further dissemination and uptake at the provincial level.

Accreditation. The Accreditation Panel has published the second issue of the Accreditation Update newsletter: http://www.cpa.ca/resources/newsletters which reports on the Panel’s recent activities, and items of importance to accredited programs, site visitors, and programs interested in becoming accredited. The Panel is engaged in ongoing recruitment for multiple open positions, and invites applications from any interested CPA members. Further details on Panel membership are available at: http://www.cpa.ca/docs/File/AccUpdate-Vol1Issue1-Summer2014.pdf The Panel is also continually in need of site visitors. Programs are welcome to contact the CPA Accreditation Office at accreditation@cpa.ca if your faculty/staff would be interested in hosting a free workshop.

Other activity highlights since the fall 2014 update:

- Meeting and consultation to the Ottawa Academy of Psychology on topics related to practice and advocacy.
- Presentation to Ottawa High School students on the science and practice of psychology.
- Consultation with the CAPDA about specialty recognition for psychologists working in the area of disability assessment.
- Re-drafting of CPA’s Operating Regulations.
- Tele-psychology. In addition to participating on the steering committee of the eMental health report of the Mental Health Commission of Canada, CPA’s CEO has participated in meetings with the Association of State and Provincial Psychology Boards (ASPPB) looking at issues and opportunities related to the practice of telepsychology and participated in a webinar on this topic organized by the Ontario Psychological Association in November 2014.
- CPA has also been approached by a software company offering e-practice management and service delivery resources for psychologists. We have begun some due diligence to collect information about this service and potential opportunity not only to support service delivery but also to provide opportunity for the collection of aggregated outcome data about the effectiveness of psychological services.
- Other professional advocacy. Several meetings over the last quarter with practitioners concerned about issues related to the coverage of psychological services by private insurance, about the interface of professional practice with conditions of employment in public institutions, and about internship program sustainability.
- CPA strategic plan. In September 2014, CPA staff held a retreat to review the plan and map the activities and indicators which will enable us to annually report on our progress.
- Conference Board of Canada. CPA has been glad to participate in two significant Conference Board projects. The first is our participation in an advisory group for a research project on mental health strategies in the workplace entitled “Healthy Brains at Work: The Employer Role in Addressing Mental Health”. The second is participation in an expert model validation workshop on sustainable health care.

Recent Head Office media of note:

- “There’s a lot more to treating mental illness than pills” http://www.ipolitics.ca/2014/09/30/theres-a-lot-more-to-treating-mental-illness-than-pills/
- “The complexity of closing gaps in Canada’s healthcare system” http://www.huffingtonpost.ca/karen-r-cohen/mental-health-cpa_b_5715519.html
Voici une mise à jour des activités entreprises par le personnel et la direction du siège social depuis l’automne 2014. Pour avoir des renseignements supplémentaires sur les activités décrites ici, n’hésitez pas à communiquer avec nous. Nous vous invitons à nous faire part de vos commentaires. Nous voulons avoir votre opinion. À moins d’indication contraire, la personne avec qui communiquer pour toute question relative aux activités nationales touchant la pratique est Karen Cohen (kcohen@cpa.ca). Lisa Votta-Bleeker dirige nos activités relatives à la science (lvotta@cpa.ca). Cara Bernard s’occupe de la Direction générale de la pratique, qui s’intéresse à la pratique dans les provinces/territoires (cbernard@cpa.ca), pendant le congé de maternité d’Amy Bernard, qui prend fin en février 2015. Vous pourrez alors joindre Amy à abarnard@cpa.ca. Pour avoir de l’information sur l’agrément et l’éducation permanente, communiquez avec Melissa Tiessen (mtiessen@cpa.ca). Meagan Hatch est responsable des affaires publiques, des relations gouvernementales et de la représentation (mhatch@cpa.ca). Pour plus d’informations sur l’adhésion, communiquez avec Tyler Stacey-Holmes (styler@cpa.ca).

Enquête sur la situation professionnelle des psychologues. Comme nous l’avons mentionné dans les éditions précédentes de Psynopsis, la SCP a obtenu la permission de l’APA d’utiliser et de réviser son enquête sur la situation professionnelle des titulaires d’un doctorat afin d’adapter celle-ci au contexte canadien. Nous avons décidé de poursuivre cette enquête en réponse à l’abandon de différentes enquêtes de Statistique Canada, qui nous prive de données importantes en ce qui concerne l’offre et la demande de psychologues au Canada. Avec la collaboration des présidents du Comité de l’éducation et de la formation et du Comité des affaires scientifiques, des révisions ont été apportées, et la conception de l’enquête est maintenant terminée; celle-ci sera mise à l’essai en ligne au cours de la nouvelle année. Après cet essai, nous espérons lancer l’enquête, en anglais et en français, à la fin de janvier. La SCP utilisera des mécanismes de communication et partenariats afin de passer le mot à propos de l’enquête. La SCP invitera les membres à participer à l’enquête, et encouragera ces derniers à envoyer le sondage à leurs collègues, qui ne sont pas membres de la SCP.

Stages de recherche offerts par Mitacs. En novembre, la directrice générale associée et directrice de la Direction générale de la science de la SCP, Dʳ Lisa Votta-Bleeker, a rencontré le Dʳ Rob Annan, qui est le président intérimaire de Mitacs. Ils ont discuté, à cette occasion, des stages offerts en partenariat avec l’industrie aux étudiants diplômés en psychologie. En 2015, la SCP travaillera avec Mitacs pour faciliter les relations entre le personnel de Mitacs et les départements de psychologie, pour permettre aux étudiants diplômés en psychologie d’évaluer leur admissibilité à ces stages.

Consortium canadien pour la recherche (CCR). La SCP a obtenu la permission de l’APA d’utiliser et de réviser son enquête sur la situation professionnelle des psychologues. Nous avons décidé de poursuivre cette enquête en réponse à l’abandon de différentes enquêtes de Statistique Canada, qui nous prive de données importantes en ce qui concerne l’offre et la demande de psychologues au Canada. Avec la collaboration des présidents du Comité de l’éducation et de la formation et du Comité des affaires scientifiques, des révisions ont été apportées, et la conception de l’enquête est maintenant terminée; celle-ci sera mise à l’essai en ligne au cours de la nouvelle année. Après cet essai, nous espérons lancer l’enquête, en anglais et en français, à la fin de janvier. La SCP utilisera des mécanismes de communication et partenariats afin de passer le mot à propos de l’enquête. La SCP invitera les membres à participer à l’enquête, et encouragera ces derniers à envoyer le sondage à leurs collègues, qui ne sont pas membres de la SCP.

Revue des publications. En mai 2014, la SCP a soumis une nouvelle demande de subvention auprès du programme d’Aide aux revues savantes du CRSH, qui couvrira la période de 2015 à 2017 (chaque subvention est d’une durée de trois ans), afin de maintenir le financement de Psychologie canadienne (PC) et de la Revue canadienne des sciences du comportement (RCSC). À la fin de novembre, nous avons été ravis d’apprendre que nos demandes de subvention ont été acceptées; nous avons donc reçu du financement pour Psychologie canadienne et la Revue canadienne des sciences du comportement.
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En 2015, les rédacteurs en chef des revues sont le Dʳ Martin Drapeau (PC), le Dʳ William Roberts (RCSC) et la Dʳ Penny Pexman (RCPE). Chaque rédacteur en chef prévoit publier un numéro spécial dans sa revue; l’annonce des numéros spéciaux sera communiquée par l’intermédiaire des différents modes de communication de la SCP. La RCSC est présentement à la recherche d’un rédacteur en chef adjoint et invite les personnes intéressées à présenter leur candidature. Le mandat du rédacteur en chef adjoint commence le 1er juillet 2015 et se termine au 31 décembre 2017; les candidats intéressés doivent être capables de lire et d’écrire parfaitement en français et en anglais. L’éditeur en chef adjoint est chargé de réviser tous les manuscrits soumis en français, ainsi que les manuscrits pour lesquels le rédacteur en chef se placerait potentiellement en conflit d’intérêts. Les candidats sont invités à soumettre leur curriculum vitae au rédacteur en chef, à Wroberts@tru.ca. La date limite de présentation des candidatures est le 1er mars 2015.

Fiches d’information. Les nouvelles fiches d’information suivantes ont été publiées sur le site Web de la SCP : Le trouble du spectre de l’autisme, Faire une demande d’admission aux programmes d’études de cycles supérieurs en psychologie auprès des universités canadiennes, L’état de stress post-traumatique et L’évaluation de la personnalité dans la sélection du personnel. D’autres fiches d’information sont en cours de révision ou de préparation. Des demandes de mise à jour ont été envoyées à tous les auteurs de fiches d’information publiées avant 2013.

Activités de représentation au nom de la science. En novembre, la directrice générale associée et directrice de la Direction générale de la science de la SCP a été invitée à venir parler des activités de représentation au nom de la psychologie scientifique auxquelles elle a pris part, lors d’une présentation sur la défense des intérêts de la science devant le Conseil Universitaire des Directeurs de Biologie du Canada. Cette présentation a été suivie par des rencontres avec la directrice générale d’Evidence for Democracye (E4D), une organisation sans but lucratif qui milite pour l’utilisation transparente de la science des preuves scientifiques dans les politiques publiques et les décisions du gouvernement. E4D souhaite, au cours de la nouvelle année, se joindre à la SCP et au CCR dans leurs efforts de lobbying au nom de la science en lien avec le budget de 2015 et les élections à venir.


Prix scientifiques annuels pour les élèves du secondaire. Après le succès remporté encore cette année par le concours des Prix scientifiques annuels pour les élèves du secondaire, qui en est maintenant à sa cinquième édition, la SCP est heureuse de continuer à offrir ce programme, qui honore les élèves du secondaire qui ont réalisé et présenté un projet ayant trait à la psychologie dans le cadre de l’expo-sciences de leur école. Ces prix, rendus possibles grâce au généreux appui de la Banque Scotia, sont remis au congrès annuel de la SCP, en juin. Pour plus d’informations, veuillez vous rendre sur le site http://www.cpa.ca/Congres/PrixScientifiques/.

Groupe consultatif sur l’innovation des soins de santé. La ministre fédérale de la Santé, Rona Ambrose, a mis sur pied un groupe consultatif sur l’innovation des soins de santé. Le groupe consultatif a invité les Canadiens à soumettre des mémoires au comité, afin de lui faire part d’idées et d’approches nouvelles et originales en matière de soins de santé. Le gouvernement espère déterminer cinq secteurs d’innovation des soins de santé, qui pourraient contribuer à réduire les dépenses en santé, tout en améliorant les soins. La SCP a été invitée à soumettre un mémoire, que nous avons rédigé après avoir consulté les membres. Un certain nombre de membres de la SCP ont fait d’excellentes contributions, qui nous ont aidés à formuler notre mémoire; vous pouvez consulter celui-ci en vous rendant à l’adresse http://www.cpa.ca/docs/File/Government_Relations/Advisory_Panel_on_Healthcare_Final_website.pdf. La chef de la direction de la SCP, la Dʳ Karen Cohen, a aussi participé à une journée complète de rencontres individuelles avec d’autres intervenants importants, qui portaient sur les catalyseurs de l’innovation, et s’articulaient autour des questions « Qui, quoi et comment » pour déterminer les éléments qui contribueront à la concrétisation des changements.

Crédit d’impôt pour personnes handicapées. En décembre 2014, la SCP a rencontré des hauts fonctionnaires de l’Agence du revenu du Canada (ARC) afin de discuter de la Loi sur les restrictions applicables aux promoteurs du crédit d’impôt pour personnes handicapées. La Loi limite le montant des frais pouvant être facturés par les personnes qui demandent le crédit d’impôt pour personnes handicapées. L’ARC consulte actuellement les Canadiens sur la façon de simplifier le processus de demande lié au crédit d’impôt pour les personnes handicapées.
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Changements importants à la TVH/TPS. Dans son budget de 2013, le gouvernement fédéral proposait des modifications dans le but de préciser que la TPS/TVH s’applique aux rapports, examens et autres services qui ne sont pas fournis à des fins de protection, de maintien ou de rétablissement de la santé d’une personne ou dans le cadre de soins palliatifs. Les modifications s’appliquent aux rapports, examens et autres services fournis après le 21 mars 2013.

La SCP estime que les évaluations psychologiques, même si celles-ci sont utilisées pour déterminer la responsabilité dans le cadre de procédures judiciaires ou aux termes d’une police d’assurance, doivent être considérées comme des services de santé de base. Les évaluations effectuées dans le contexte judiciaire et les expertises d’assurance servent à déterminer la nature d’un problème de santé et à recommander le type et la durée du traitement requis. Elles sont nécessaires pour démontrer que la personne satisfait aux critères d’admissibilité au service dont elle a besoin et qu’elle a droit à un remboursement pour payer le service. Pour de nombreux Canadiens, il est donc essentiel de déterminer la responsabilité dans le cadre d’une procédure judiciaire ou en vertu d’une police d’assurance, car sans cela, ils n’ont pas accès aux traitements spécialisés en santé mentale dont ils ont besoin.

La SCP a fait un travail de lobbying important auprès du gouvernement fédéral, afin de faire connaître ses préoccupations par rapport aux modifications proposées à l’application de la TPS/TVH car celles-ci ont une incidence sur la pratique de la psychologie au Canada. La Dʳ Karen Cohen a fait une présentation au Comité permanent des finances et a rencontré à plusieurs reprises des représentants du ministère des Finances et de l’Agence du revenu du Canada. Elle a également rencontré des porte-parole de l’opposition du Nouveau parti démocratique et du Parti libéral.

Finalement, en octobre 2014, l’Agence du revenu du Canada (ARC) a publié un document de clarification précisant ce qui est considéré comme une « fourniture admissible de soins de santé » et ce qui ne l’est pas. Il est important que vous communiquez avec votre comptable afin de discuter de ces changements et de déterminer comment ils affecteront votre pratique. L’ARC recevra les commentaires jusqu’au 28 février 2014. Ce document est maintenant publié dans le but d’obtenir les commentaires du public et nous vous encourageons à participer à ce processus de consultation. La SCP présentera un mémoire avant la date limite du 28 février, qu’elle mettra à la disposition de ses membres, lorsqu’il sera terminé. Les énoncés de position de la SCP sur l’application de la TPS/TVH se trouvent aux adresses suivantes : http://www.cpa.ca/docs/File/Government%20Relations/Finance%20Committee_HST_April-29-2013.pdf; http://www.cpa.ca/docs/File/Government%20Relations/May82013_gsthst.pdf.


Direction générale de la pratique (DGP). La DGP s’est associée à l’Association canadienne de physiothérapie pour produire un rapport sur les prestations d’assurance-maladie complémentaire destinées aux services psychologiques et sur les tendances futures des modèles utilisés par les assureurs privés; le rapport a été confié à 3Sixty Public Affairs en décembr
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2014. La Direction générale de la pratique a travaillé une fois de plus à la campagne « Ayez votre santé mentale en tête », lancée l’année dernière pour célébrer le Mois de la psychologie. Cette année, les psychologues sont plus en vue dans le cadre de la campagne. Avec la participation des provinces, les organisateurs de la campagne ont communiqué avec un plus grand nombre de personnalités et de hauts fonctionnaires du gouvernement, à qui ils ont remis le t-shirt « Ayez votre santé mentale en tête ». Ceux-ci ont été encouragés à faire suivre à leurs abonnés Twitter une photo d’eux-mêmes revêtant le t-shirt officiel de la campagne.

### Ayez votre santé mentale en tête.
Ne manquez pas de suivre notre nouvelle campagne de représentation et de sensibilisation, Ayez votre santé mentale en tête. Cette campagne nationale vise à :

- Aider à accroître la sensibilisation auprès du public et du gouvernement de l’importance de la santé mentale;
- Fournir de l’information au public au sujet de la psychologie et des troubles psychologiques, et de la manière de les prévenir, les gérer et les traiter;
- Encourager le public et d’autres intervenants du secteur de la santé à dire à leurs élus que la population canadienne a besoin d’un meilleur accès aux traitements offerts par les psychologues dans le système de soins de santé public.
- Passez le mot sur cette campagne capitale! Le lancement officiel de la campagne Ayez votre santé mentale aura lieu en 2015, au cours du Mois de la psychologie (février). Rendez-vous sur le site Web de la campagne :
http://mynh.ca/fr/


### Appel d’articles - Psynopsis.
Le numéro du printemps de Psynopsis - le magazine des psychologues du Canada - sera consacré aux premières interventions/premiers intervenants. Nous invitons les chercheurs et les praticiens à présenter des articles qui donnent de l’information et différents points de vue sur les questions, les facteurs et les considérations qui entrent en jeu lorsque les psychologues et d’autres intervenants réagissent à une crise et participent à la gestion de crise. Les articles doivent porter sur les premières interventions (gestion de crise) plutôt que sur les interventions tertiaires (traitement de l’ESPT). Les premières interventions font appel à une gamme d’intervenants et de milieux d’intervention : intervention policière ou dans le milieu correctionnel, intervention de santé communautaire en situation de crise médicale (par ex. SRAS), intervention des services sociaux ou des services de santé dans des situations d’urgence environnementale ou politique, intervention des fournisseurs de soins de santé et des éducateurs auprès des populations scolaires en cas de crise et de problèmes dans les écoles. Envoyez votre texte (de 400 à 900 mots) au directeur des services de rédaction, Tyler Stacey-Holmes (styler@cpa.ca). La date d’échéance pour soumettre un article pour l’édition du printemps de Psynopsis est le 1er mars 2015. Veuillez noter que les textes peuvent être modifiés avec le consentement de l’auteur. Si vous avez des idées de thèmes pour les prochains numéros de Psynopsis, veuillez écrire à sa rédactrice en chef, la Dʳ Karen Cohen (kcohen@cpa.ca).

### Groupe d’intervention action santé (HEAL).

### Alliance canadienne pour la maladie mentale et la santé mentale (ACMMMS).
L’ACMMSM a organisé, en octobre 2014, une autre semaine de sensibilisation aux maladies mentales, au cours de laquelle le parcours de cinq Canadiens qui incarnent les « Visages de la maladie mentale » a été souligné. Dans le cadre de cette semaine, une journée de lobbying a été organisée sur la Colline du Parlement. L’activité a rassemblé près de 60 parlementaires, les membres de l’ACMMMS, ainsi que les visages de la maladie mentale. La chef de la direction de la SCP a assisté à la journée de lobbying. Elle était accompagnée de la stagiaire de la SCP, Lyndsay Evraire, qui a fait de l’excellent travail lors des rencontres avec des parlementaires. L’ACMMSM a également tenu une réunion avec ses membres en octobre.

Dans le cadre de cette réunion, on a discuté des présentations et des mémoires qui seront soumis par les intervenants du milieu de la santé mentale au Comité des finances de la Chambre des Communes dans le cadre des consultations prébudgétaires de 2015. L’ACMMSM a préparé une présentation dans le cadre des consultations prébudgétaires, qui recommande la création d’un fonds d’innovation en santé mentale, l’élaboration à l’échelle nationale des indicateurs de rendement en santé mentale, la mise en œuvre, au gouvernement fédéral, de la Norme nationale du Canada sur la santé et la sécurité psychologiques en milieu de travail de la Commission de la santé mentale du Canada (CSMC), la mise en œuvre d’une stratégie visant à
mieux répondre aux besoins en santé mentale dans les domaines qui relèvent directement du gouvernement et à renouveler le mandat de la CSMC.

Organisation et ressources de l’ACMMSM en ce qui a trait aux priorités et aux recommandations ci-dessus.

La chef de la direction de la SCP a accepté la présidence du Comité des mises en candidature de l’ACMMSM; elle sera chargée de nommer de nouveaux membres au comité exécutif, de planifier la succession des coprésidents du comité exécutif et de planifier la succession du président du comité organisateur de la Semaine de sensibilisation aux maladies mentales.


Commission de la santé mentale du Canada (CSMC). Nous continuons de travailler de concert avec la CSMC et rencontrons régulièrement la présidente-directrice générale de la CSMC. Les activités récentes de la Commission sont la diffusion et l’adoption de la Norme nationale du Canada sur la santé et la sécurité psychologiques en milieu de travail, la formation des Canadiens sur les premiers soins en santé mentale, des rencontres partout au pays avec des députés afin de parler de santé mentale, l’établissement du centre d’échange des connaissances, l’élaboration de lignes directrices complètes en matière de soins et le projet Chez Soi pour les itinérants. La CSMC demande au gouvernement fédéral de renouveler son mandat jusqu’en 2015 afin de lui permettre de mettre en œuvre sa stratégie en matière de santé mentale, que la SCP appuie. La SCP et la psychologie sont actuellement représentées au sein de groupes consultatifs de la CSMC, qui se penchent sur la cybersanté mentale et la prévention du suicide. Les autres priorités de la CSMC sont la santé mentale chez les personnes âgées, les enfants et les jeunes, et les nouveaux Canadiens.

Association canadienne pour la santé mentale (ACSM). La SCP rencontre régulièrement le chef de la direction de l’ACSM pour discuter des problèmes et des priorités de chaque organisation. L’ACSM a comme objectif stratégique de réclamer un accès plus vaste aux services et au soutien. Nous avons demandé à l’ACSM de revoir la description des services des professionnels de la santé mentale, en particulier ceux des psychologues, présentés sur son site Web, afin que ceux-ci décri-vent avec plus d’exactitude notre formation et notre rôle. Nous sommes heureux de vous annoncer que l’ACSM a acquiescé à notre demande : http://www.cmha.ca/mental_health/getting-help/#.VFK7GvnF-4I.

Partenaires pour la santé mentale. Partenaires pour la santé mentale et son président fondateur, Michael Kirby, demandent au gouvernement d’investir dans la prévention du suicide chez les jeunes. Dans sa présentation en prévision du budget de 2015 et son mémoire au gouvernement, Partenaires pour la santé mentale demande au gouvernement fédéral de consacrer 100 millions de dollars sur cinq ans à un fonds national de prévention du suicide chez les jeunes. Le fonds pourrait appuyer les collectivités en finançant des programmes communautaires, fondés sur des preuves, dans le but de prévenir le suicide chez les jeunes.

Ministère de la Défense nationale (MDN). La SCP continue de travailler avec le ministère de la Défense nationale sur la question du recrutement et du maintien en poste des psychologues. Nous avons eu une série de rencontres au cours de l’année 2014 et nous pensons que nos messages sur la nécessité, pour le MDN, de s’impliquer dans la formation et de fournir aux psychologues des conditions et des exigences professionnelles intéressantes ont été entendus. Au moment d’écrire ces lignes, un atelier sur le Web portant sur l’ESPT chez les militaires devrait avoir été lancé.

Accès aux services psychologiques au Canada : nous poursuivons nos efforts pour diffuser les conclusions et les recommandations du rapport sur l’accès aux services psychologiques intitulé An Imperative for Change : Access to Psychological Services for Canadians http://www.cpa.ca/docs/File/Position/An_Imperative_for_Change.pdf. Le résumé du rapport ainsi que ses conclusions ont été publiés dans un éditorial du numéro spécial de mai 2014 de Psychologie canadienne, qui portait sur l’accès aux services psychologiques. En plus de la trousse d’outils, qui renferme des mémoires et des documents de représentation que nous mettons à la disposition de nos organismes partenaires dans les provinces et les territoires pour les épauler dans leurs activités de représentation auprès de leur gouvernement respectif et des bailleurs de fonds, nous continuons de rencontrer les assureurs et les employeurs afin de donner suite aux recommandations du rapport.

Dernièrement, la SCP a rencontré l’Association canadienne des compagnies d’assurances de personnes, a fait une présentation lors d’un dîner organisé par le Club économique du Canada à Ottawa (http://www.cpa.ca/bulletins/#WMHI) et a rencontré des associations professionnelles qui ont les mêmes préoccupations que nous en ce qui concerne le paiement à des tiers. En octobre 2014, la SCP a fait une présentation lors d’une
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réunion d’intervenants du Québec, qui agissent sur la recommandation du ministre de la Santé du Québec, afin de faire valoir que l’accès aux services psychologiques doit être renforcé à l’aide des fonds publics.

La SCP, en collaboration avec la Direction générale de la pratique, a établi un partenariat avec d’autres associations des professionnels de la santé, et avec les membres de l’Association canadienne des compagnies d’assurance-vie, qui se sont réunis pour élaborer un document d’orientation à l’intention des fournisseurs de soins de santé qui offrent des services assurés. En conformité avec ce projet, nous espérons être en mesure de recueillir des données de la part des assureurs sur les conditions, les exigences et les restrictions relatives aux services psychologiques couverts.

Nous avons également encouragé vivement nos associations partenaires à porter à l’attention du gouvernement et des intervenants de leur province ou leur territoire le rapport, et les documents qui l’accompagnent, et les avons invités à communiquer avec nous, en tout temps, si elles ont besoin de notre aide ou de notre collaboration. La SCP a aussi créé une trousse d’outils pour les associations provinciales afin d’aider celles-ci dans leurs activités de représentation auprès du gouvernement. Nous espérons travailler avec la Direction générale de la pratique pour sonder les associations des provinces et des territoires afin d’avoir leur avis sur le rapport et de savoir comment elles l’utilisent; nous voulons de cette façon trouver des façons de faciliter la diffusion et l’adoption du rapport à l’échelle provinciale.

Agrément. Le Jury d’agrément a publié le deuxième numéro de son bulletin, intitulé Nouvelles du Jury d’agrément (http://www.cpa.ca/resources/newsletters); on y présente un compte rendu des travaux récents du Jury d’agrément et on y traite de sujets importants pour les programmes agréés, les visiteurs d’établissement et les programmes qui veulent être agréés. Le Jury d’agrément a plusieurs postes à combler et invite les membres de la SCP intéressés à poser leur candidature. Pour avoir de l’information supplémentaire sur le Jury d’agrément, rendez-vous à :

http://www.cpa.ca/docs/File/AccUpdate-Vol1Issue1-Summer2014.pdf. Le Jury d’agrément a également constamment besoin de visiteurs d’établissement. Nous invitons les programmes à communiquer avec le bureau d’agrément de la SCP à accreditation@cpa.ca, si leurs professeurs ou leur personnel souhaitent offrir un atelier gratuit.

Autres activités menées depuis la mise à jour de l’automne 2014 :

• Réunion et consultation auprès de l’Académie de psychologie d’Ottawa sur différents sujets liés à la pratique et aux activités de représentation.
• Présentation à des étudiants du secondaire d’Ottawa sur la science et la pratique de la psychologie.
• Consultation de la Canadian Academy of Psychologists in Disability Assessment (CAPDA) sur la reconnaissance de la spécialité des psychologues qui travaillent dans le domaine de l’évaluation de l’invalidité.
• Rédaction de la version actualisée des règles de fonctionnement de la SCP.
• Télépsychologie. En plus de faire partie du comité directeur sur la cybersanté mentale de la Commission de la santé mentale du Canada, la chef de la direction de la SCP a rencontré à quelques reprises l’Association of State and Provincial Psychology Boards (ASPPB) afin d’examiner les enjeux de la télépsychologie et les possibilités qu’offre ce genre de pratique. Elle a aussi participé à un webinaire sur le sujet organisé par l’Ontario Psychological Association.
• Une entreprise de logiciels, qui offre des outils électroniques de gestion pour les praticiens et des ressources pour la prestation de services à l’intention des psychologues, a communiqué avec la SCP. Nous devons faire preuve de diligence raisonnable dans la collecte d’informations sur ce service et sur les possibilités qu’il offre, non seulement parce qu’il peut soutenir la prestation des services, mais aussi parce qu’il donne la possibilité de recueillir des données agrégées faisant état de l’efficacité des services psychologiques.
• Autres activités de représentation. Au cours du dernier trimestre, la SCP a eu plusieurs réunions avec les praticiens qui se préoccupent de la question de la couverture des services psychologiques par les assurances privées, du lien entre la pratique professionnelle et les conditions de travail dans les établissements publics et de la viabilité des programmes de stage.
• Plan stratégique de la SCP. En 2014, le personnel de la SCP s’est réuni pour une journée de réflexion dans le but d’examiner le plan stratégique et de dresser les activités et les indicateurs qui nous permettront de rendre compte chaque année des progrès réalisés.
• Conference Board du Canada. La SCP est heureuse de participer à deux projets importants du Conference Board du Canada. D’abord, nous nous joindrons à un groupe consultatif qui participera à un projet de recherche sur les stratégies en matière de santé mentale en milieu de travail, intitulé « Healthy Brains at Work: The Employer Role in Addressing Mental Health ». Ensuite, nous participerons à un atelier de validation du modèle d’expert sur la viabilité des soins de santé.

La psychologie dans les médias :

• « There’s a lot more to treating mental illness than pills » http://www.ipolitics.ca/2014/09/30/theres-a-lot-more-to-treating-mental-illness-than-pills/
• « The complexity of closing gaps in Canada’s healthcare system » http://www.huffingtonpost.ca/karen-r-cohen/mental-health-cpa_b_5715519.html
Information on the 2015 Election on the CPA Board of Directors

For 2015, nominations were required for President-elect and one director-at-large position reserved for a Francophone. A call for nominations was published in the Summer and Fall issue of Psynopsis as well as on the CPA Web site and sent to the membership through CPA News. At the deadline of November 10, 2014 no nominations were received for either position. A last call for nomination was then sent to the membership with the extended deadline of November 28th. Only one nomination for President-elect was received.

By-Law 5.04 stipulates that “directors shall be elected by the members by ordinary resolution at an annual meeting of members at which an election of directors is required”. Accordingly, all nominees must be presented to the membership for election. Whereas elections were conducted electronically and by mail in February, they now must be held at an annual general meeting. This means that nominations are presented to the membership on a slate of the Board seats, for election by the membership at the AGM in June. The only way for a slate to be overturned is for the membership to present an alternate slate which they must do between 65 and 30 days before the AGM (see By-Law 5. iv below). Advance voting will occur within 30 days of AGM to allow for any alternate slates to be known. Results of both advance and AGM votes will be announced at the AGM.

Advance voting
In June 2014, an amendment to enable the fullest member participation in elections possible was passed.

By-law 5.05
Absentee Voting by Mailed-In Ballot or Electronic Ballot
A Member entitled to vote at a meeting of Members may vote by mailed-in ballot or may vote by means of a telephonic, electronic or other communication facility if the Corporation has a system set out in Operating Policies that enables the votes to be gathered in a manner that permits their subsequent verification, and permits the tallied votes to be presented to the Corporation without it being possible for the Corporation to identify how each Member voted.

The mechanism for advance voting is articulated in CPA’s Operating Regulations as follows:
• Advance voting to occur within 30 days of AGM to allow for any alternate slates to be known
• Advance voting by electronic and/or paper and results counted in advance of AGM
• Voting at AGM to be electronic and/or paper with results counted on site

• Results of both advance and AGM votes to be announced at AGM and emails sent from floor to candidates.

Advance Notice for Nomination
In June 2014, a By-Law amendment was passed to ensure a fair and efficient electoral process to require that such nominations come with advance notice to the Corporation (i.e. CPA). Such advance notice will help (i) facilitate an orderly and efficient meeting process; (ii) ensure that all members receive adequate notice of director nominations and sufficient information with respect to all nominees; (iii) allow the Corporation and members to evaluate all nominees’ qualifications and suitability as a director of the Corporation; and (iv) allow members to cast an informed vote.

By-Law 5.06
Nomination of Directors
a) Subject only to the Act and the Articles, only persons who are nominated in accordance with the following procedures shall be eligible for election as Directors of the Corporation. Nominations of persons for election to the Board may be made at any annual meeting of Members, or at any special meeting of Members if one of the purposes for which the special meeting was called is the election of Directors:
(i) by or at the direction of the Board, including pursuant to a notice of meeting;  
(ii) by or at the direction or request of one or more Members pursuant to a proposal made in accordance with the Act, or a requisition of the Members made in accordance with the Act; or
(iii) by any person (“Nominating Member”): (A) who, at the close of business on the date of the giving of the notice provided for below and on the record date for notice of such meeting, is entered in the Corporation’s membership records being entitled to vote at such meeting; and (B) who complies with the notice procedures set forth below.
b) Timely Notice - In addition to any other applicable requirements, for a nomination to be made by a Nominating Member, the Nominating Member must have given timely notice in proper written form to the Secretary of the Corporation at the registered office of the Corporation. To be timely, a Nominating Member’s notice to the Secretary of the Corporation must be made:

(iv) in the case of an annual meeting of Members, not less than 30 nor more than 65 days prior to the date of the annual meeting of Members; provided, however, that in the event that the annual meeting of Members is to be held on a date that is less than 50 days after the date (the Notice Date) on which notice of the annual meeting was made, notice by the Nominating Member may be made not later than the close of business on the tenth (10th) day following the Notice Date; and

(v) in the case of a special meeting (which is not also an annual meeting) of Members called for the purpose of electing Directors (whether or not called for other purposes), not later than the close of business on the fifteenth (15th) day following the date on which the first public announcement of the date of the special meeting of Members was made;

in no event shall any adjournment or postponement of a meeting of Members or the announcement thereof commence a new time period for the giving of a Nominating Member’s notice as described above.

c) Proper Form - To be in proper written form, a Nominating Member’s notice to the Secretary must set forth:

(vi) as to each person whom the Nominating Member proposes to nominate for election as a Director: (A) the name and address of the person; (B) the principal occupation or employment of the person; and (C) any other information confirming that the person meets all of the qualification requirements of Directors set out in the By-laws of the Corporation and such other applicable policies of the Corporation; and

(vii) as to the Nominating Member giving the notice, (A) the name and the residential address of the person; (B) the principal occupation or employment of the person; (C) the class of membership of the person of the Corporation; and (D) confirmation that the person has the right to vote at the meeting of Members where election is to be held;

provided that the Corporation may also require any proposed nominee to furnish such other information, including a written consent to act, as may reasonably be required by the Corporation to determine the eligibility of such proposed nominee to serve as a Director of the Corporation.

d) Eligibility - No person shall be eligible for election as a Director of the Corporation unless nominated in accordance with the provisions of this Section 5.06; provided, however, that nothing in this Section 5.06 shall be deemed to preclude discussion by a Member (as distinct from the nomination of Directors) at a meeting of Members of any matter in respect of which it would have been entitled to submit a proposal pursuant to the Act. The chair of the meeting shall have the power and duty to determine whether a nomination was made in accordance with the procedures set out in this Section 5.06 and, if any proposed nomination is not in compliance, to declare that such defective nomination shall be disregarded.

e) Deliver of Notice - Notwithstanding any other provision of this By-law, notice given to the Secretary of the Corporation pursuant to this Section 5.06 may only be given by personal delivery, facsimile transmission or by email (at such email address as stipulated from time to time by the Secretary of the Corporation for purposes of this notice), and shall be deemed to have been given and made only at the time it is served by personal delivery, email (at the aforesaid address) or sent by facsimile transmission (provided that receipt of confirmation of such transmission has been received) to the Secretary at the address of the registered office of the Corporation; provided that if such delivery or electronic communication is made on a day which is a not a business day or later than 5:00 p.m. (EST) on a day which is a business day, then such delivery or electronic communication shall be deemed to have been made on the subsequent day that is a business day.

Notwithstanding the foregoing, the Board may, in its sole discretion, waive any requirement in this Section.

Instructions for Advance Notice of Nominations

As per By-Law 5.06, any CPA Members could submit nominations for elections on the Board of Directors for the two open positions of President-elect and Director-at-large reserved for a Francophone, not less than 30 nor more than 65 days prior to the date of the annual meeting of Members.

Each nomination must include a curriculum vitae for the candidate, including educational background, present and former positions, and research and/or professional activities. It must be accompanied by a letter from the nominator and signed by 5% of the members entitled to vote (200 signatures) (see By-Law 4.13 below). The letter must state the position for which the candidate is being nominated, expresses support for the candidate, and contains a statement to the effect that the nominator has ascertained the candidate’s willingness to stand for nomination.

The names and supporting materials of nominees must be received by May 5th, 2015 at CPA Head Office and should be sent preferably by email to:

governance@cpa.ca
Chair, Nominating Committee
Canadian Psychological Association
141, Laurier Ave. West, Suite 702
Ottawa, Ontario K1P 5J3
By-Law 4.13
Proposals at Annual Meetings

Subject to compliance with section 163 of the Act, a member entitled to vote at an annual meeting may submit to the Corporation notice of any matter that the member proposes to raise at the annual meeting (a “proposal”). Any such proposal may include nominations for the election of directors if the proposal is signed by not less than five per cent (5%) of the members entitled to vote at the meeting. Subject to the Act, the Corporation shall include the proposal in the notice of meeting and if so requested by the member, shall also include a statement by the member in support of the proposal and the name and address of the member. The member who submitted the proposal shall pay the cost of including the proposal and any statement in the notice of meeting at which the proposal is to be presented unless otherwise provided by ordinary resolution of the members present at the meeting.

Candidate for the seat of President-elect:
Dr. David J. A. Dozois

It is an honour to be nominated again as a candidate for CPA President-Elect. I have been involved in the leadership of CPA in some capacity for many years. I have served on the Professional Affairs Committee (1995-1997), Educational and Training Committee (1997-1998), PsyD Taskforce Committee (1997-1998), Student Section (1995-1998; as Chair from 1995-1997) and Clinical Section (2001-2006; as Chair in 2004). I also served on the CPA Board of Directors from 2005-2013, first for two terms in the capacity of Director of Science and then as a Presidential officer. What can I say? CPA is in my blood.

I am a Full Professor in the Department of Psychology at the University of Western Ontario. My research focuses on the role of cognition in depression and cognitive-behavioural therapy. I have published 145 peer-reviewed articles, book chapters and co-edited books, and presented over 280 conference papers. I am currently serving on the Board of Directors for the Ontario Mental Health Foundation and the International Association of Applied Psychology.

A key mandate of my Presidency (2011-2012) was to help CPA become an international leader in evidence-based practice. In 2011, CPA launched a Task Force on Evidence-Based Practice of Psychological Treatments which generated a set of criteria and developed a position statement regarding the optimal integration of research evidence into practice. Dr. Sam Mikail co-chaired the task force with me. A total of 11 members who represented a variety of research, practice, knowledge-translation, consumer, and community perspectives participated (cf. Dozois et al., 2014). This report was intended to be a “living document.” As such, I would like to continue to promote this initiative by fostering interest, encouraging development, and promoting effectiveness in evidence-based practice.

I am intricately involved in the preparations (as Co-President, together with Dr. Peter Graf) for the next International Congress of Applied Psychology (ICAP 2018) to be held in Montréal.

ICAP 2018 is an important undertaking for CPA. As President, I would be able to be close to the action and help to guide the important decision-making needed within our organization. If elected as CPA President, I will focus on a number of objectives: (1) foster growth of the Association to better meet the needs of all members of CPA; (2) facilitate the generation, translation and dissemination of psychological science; (3) continue to promote the excellent advocacy work that takes place at CPA; (4) support new directions for CPA’s leadership on evidence-based practice; (5) ensure that ICAP 2018 is a resounding success; (6) advocate for increased resources for basic and applied research; and (6) promote the value of psychological assessment and treatment.

CPA has played a pivotal role in the advancement of Canadian Psychology and has promoted the complementary strengths of its scientists and practitioners. Given my background as an academic and practitioner, coupled with my previous experiences, I believe that I can represent well the diverse interests of our Association. I look forward to the opportunity to serve you again as CPA President.

Reference
Information sur l’élection du conseil d’administration de la SCP de 2015

En 2015, des mises en candidature étaient requises pour le poste de président désigné et un poste d’administrateur non désigné réservé à un psychologue francophone. Un appel de mises en candidature a été publié dans les numéros d’été et d’automne de *Psynopsis* et a été envoyé aux membres par l’intermédiaire des Nouvelles de la SCP. À la date limite du 10 novembre 2014, aucune mise en candidature n’avait été transmise pour l’un ou l’autre des postes. Un dernier appel de mises en candidature, qui reportait la date limite au 28 novembre, a ensuite été envoyé aux membres. Une seule candidature a été reçue, pour le poste de président désigné seulement.

Selon l’article 5.04 des règlements administratifs, « les administrateurs doivent être élus par les membres par résolution ordinaire à une assemblée annuelle des membres au cours de laquelle l’élection des administrateurs est requise ». Par conséquent, pour être élus, tous les candidats doivent être présentés aux membres. Considérant que les élections devaient se faire par voie électronique et par la poste en février, elles devront maintenant se tenir à l’assemblée générale annuelle (AGA). Cela signifie que les candidatures sont présentées aux membres sur une liste de candidats aux sièges du conseil d’administration, qui seront élus à l’AGA, en juin. La seule façon pour les membres de rejeter la liste de candidatures est de présenter une autre liste de candidats, entre 65 et 30 jours précédant l’AGA (voir le paragraphe 5.iv ci-dessous). Le vote par anticipation aura lieu dans les 30 jours précédant l’AGA afin de faire connaître les autres listes de candidats. Les résultats du vote par anticipation et du vote tenu à l’AGA seront annoncés durant l’AGA, et les candidats sont avisés par courriel au même moment.

**Préavis de présentation d’une candidature**

En juin 2014, une modification aux règlements administratifs a été adoptée dans le but de veiller à ce que le processus électoral soit équitable et efficace. En vertu du nouveau règlement, un préavis doit être donné à la Société (c.-à-d. la SCP) lorsqu’un membre veut proposer un candidat à l’élection. Ce préavis contribuera à :
(i) faciliter la tenue d’une assemblée ordonnée et efficace; (ii) veiller à ce que les membres soient informés suffisamment à l’avance de la mise en candidature d’une personne au poste d’administrateur et de disposer de tous les renseignements nécessaires sur tous les candidats; (iii) permettre aux membres d’évaluer les compétences des candidats proposés et leur aptitude à siéger comme administrateur; (iv) permettre aux membres de voter en conscience de cause.

**Paragraphe 5.06 des règlements administratifs**

*Mise en candidature des administrateurs*

a) Sous réserve de la Loi et des règlements de la Société, seules les personnes dont la candidature est proposée conformément à la procédure prévue ci-après sont admissibles à l’élection comme administrateurs de la Société. Les mises en candidature en vue de l’élection de membres du conseil d’administration de la Société peuvent être faites à une assemblée générale annuelle des membres ou à une assemblée extraordinaire des membres, entre autres, aux fins de l’élection d’administrateurs :
(i) par le conseil ou sous sa directive, y compris aux termes d’un avis de convocation à l’assemblée;  
(ii) par un ou plusieurs membres, ou sous leur directive ou requête, aux termes d’une proposition faite conformément aux dispositions de la Loi, ou aux termes d’une
(iii) par toute personne (« un membre proposant la candidature ») : (A) qui, à la fermeture des bureaux le jour où l’avis prévu ci-dessous dans le présent règlement est donné et à la date de référence aux fins de l’avis de convocation à l’assemblée, est inscrite dans le registre des membres de la Société en tant que membre habile à voter à ladite assemblée; (B) qui suit la procédure relative aux avis prévue ci-dessous.

b) Avis dans les délais impartis – En plus des autres exigences applicables, pour qu’une candidature puisse être proposée, le membre proposant une candidature doit avoir donné dans les délais impartis un avis écrit en bonne et due forme au secrétaire de la Société envoyé au siège social de la Société. Pour être donné dans les délais impartis, un avis donné par un membre proposant une candidature au secrétaire de la Société doit :

(iv) dans le cas d’une assemblée annuelle d’actionnaires, avoir été donné au moins 30 jours et pas plus de 65 jours avant la date de l’assemblée annuelle des actionnaires; toutefois, si l’assemblée annuelle des actionnaires doit être tenue moins de 50 jours après la date (la « date de l’avis ») de la première annonce publique de la date de l’assemblée annuelle, l’actionnaire proposant une candidature pourra donner son avis au plus tard à la fermeture des bureaux le dixième (10e) jour suivant la date de l’avis; et

(v) dans le cas d’une assemblée extraordinaire (qui n’est pas également une assemblée annuelle) des membres convoquée aux fins de l’élection d’administrateurs (peu importe qu’elle ait été convoquée également à d’autres fins), avoir été donné au plus tard à la fermeture des bureaux le quinzième (15e) jour suivant la date de la première annonce publique de la date de l’assemblée extraordinaire des membres.

Le report ou l’ajournement d’une assemblée des membres ou l’annonce de son report ou ajournement ne donne aucunement ouverture à une nouvelle période pour le calcul du délai applicable à l’avis donné par un membre proposant une candidature décrit ci-dessus.

c) Bonne et due forme de l’avis – Pour être dûment donné par écrit, l’avis donné par le membre proposant une candidature au secrétaire de la Société doit comporter les renseignements suivants :

(vi) relativement à chaque candidat à l’élection comme administrateur proposé par le membre proposant une candidature : (A) le nom et l’adresse de cette personne; (B) l’occupation principale ou l’emploi de cette personne; (C) toute autre information confirmant que la personne a toutes les qualifications requises pour occuper un poste d’administrateur, tel qu’énoncé dans les règlements de la Société et les autres politiques de la Société applicables;

(vii) en ce qui concerne le membre proposant une candidature et donnant l’avis, (A) le nom et l’adresse domiciliaire de cette personne; (B) l’occupation principale ou l’emploi de cette personne; (C) la catégorie de membre à laquelle cette personne appartient dans la Société; (D) la confirmation que la personne a le droit de voter à l’assemblée des membres pendant laquelle l’élection doit avoir lieu.

Toutefois, la Société peut exiger qu’un candidat proposé lui fournisse toute autre information, dont un consentement écrit, qui serait raisonnablement nécessaire pour établir l’admissibilité de ce candidat à siéger comme administrateur de la Société.

d) Admissibilité – Quiconque n’a pas été mis en candidature conformément aux dispositions énoncées à la section 5.06 ne peut être candidat à l’élection au poste d’administrateur de la Société; toutefois, aucune disposition prévue à la section 5.06 n’est réputée empêcher la tenue d’une discussion par un membre (par opposition à la mise en candidature des administrateurs) à une assemblée des membres sur un sujet relativement auquel il aurait eu droit de présenter une proposition en vertu de la Loi. Le président de l’assemblée aura le pouvoir et le devoir de déterminer si une mise en candidature respecte la procédure énoncée à la section 5.06 et, advenant qu’une mise en candidature ne soit pas conforme, de déclarer que cette mise en candidature non conforme est rejetée.

e) Remise d’un avis – Malgré toute autre disposition du présent règlement, un avis donné au secrétaire de la Société conformément à la section 5.06 doit uniquement être livré en personne ou transmis par télécopieur ou courrier électronique (à l’adresse électronique indiquée de temps à autre par le secrétaire de la Société aux fins d’un tel avis), et sera réputé avoir été donné uniquement au moment où il est livré en personne ou par courrier électronique (à l’adresse susmentionnée) ou transmis par télécopieur (à la condition qu’un accusé de réception de cette transmission ait été reçu) au secrétaire à l’adresse des bureaux principaux de direction de la Société; toutefois, si cette livraison ou communication électronique a lieu un jour qui n’est pas un jour ouvrable ou après 17 h (heure de l’Est) un jour ouvrable, cette livraison ou communication électronique sera alors réputée avoir eu lieu le jour ouvrable suivant.

Nonobstant ce qui précède, le Conseil peut, à sa seule discrétion, renoncer à toute exigence de cet article.

Instructions relatives au préavis de présentation d’une candidature

En vertu du paragraphe 5.06 des règlements administratifs, les membres peuvent présenter une candidature aux deux postes ouverts au conseil d’administration, soit le poste de président désigné et un poste d’administrateur non désigné réservé à un psychologue francophone, au moins 30 jours et pas plus de 65 jours avant la date de l’assemblée annuelle des membres.

Chaque candidature doit renfermer le curriculum vitae du candidat, lequel doit mentionner la formation du candidat, les postes qu’il occupe ou a déjà occupés et ses activités professionnelles et/ou de recherche. Elle doit être accompagnée d’une lettre de la
personne qui propose la candidature et signée par 5 pour cent des membres ayant le droit de vote (200 signatures) (voir le paragraphe 4.13 ci-dessous). La lettre doit indiquer le poste pour lequel le candidat est proposé, confirmer l’appui à la personne proposée et inclure une déclaration statuant que la personne qui propose la candidature s’est assurée que le candidat est disposé à se porter candidat.

Les noms et les documents à l’appui des candidats doivent parvenir avant le 5 mai 2015 au siège social de la SCP et être envoyés de préférence par courriel à :

governance@cpa.ca
Président, Comité des mises en candidature
Société canadienne de psychologie
141, avenue Laurier Ouest, bureau 702
Ottawa (Ontario) K1P 5J3

Paragraphe 4.13 des règlements administratifs
Propositions aux assemblées annuelles
Sous réserve de l'article 163 de la Loi, un membre habile à voter lors d’une assemblée annuelle peut donner avis à la Société d’une question qu’il se propose de soulever (une « proposition »). Une telle proposition peut inclure les nominations pour l’élection des administrateurs si la proposition est signée par au moins cinq pour cent (5 %) des membres habiles à voter à l’assemblée. Sous réserve de la Loi, la Société peut inclure la proposition dans l’avis de convocation si le membre en fait la demande. Celle-ci doit comprendre une déclaration du membre à l’appui de la proposition et son nom et son adresse. Le membre qui soumet la proposition doit payer le coût d’inclure la proposition et toute déclaration dans l’avis de convocation d’assemblée à laquelle la proposition sera présentée à moins d’une disposition contraire par résolution ordinaire des membres présents à l’assemblée.

Candidat au poste de président désigné :
Dr David J.A. Dozois


J’occupe le poste de professeur titulaire au département de psychologie de l’Université Western. Ma recherche porte sur le rôle de la cognition dans la dépression et sur les théories et la thérapie cognitivo-comportementales. J’ai publié 145 articles évalués par les pairs, des chapitres de livre et des ouvrages dont j’ai codirigé la rédaction; j’ai en outre présenté plus de 280 communications lors de différents congrès. Je suis actuellement membre du conseil d’administration de la Fondation ontarienne de la santé mentale et de l’Association internationale de psychologie appliquée.

Alors que j’assumais la présidence de la SCP (2011-2012), j’avais comme important mandat d’aider la SCP à devenir un chef de file international de la pratique fondée sur des données probantes. En 2011, la SCP a lancé un groupe de travail chargé de se pencher sur l’utilisation des traitements psychologiques fondés sur des données probantes; le groupe de travail a produit un ensemble de critères et rédigé un énoncé de position sur l’intégration optimale des résultats de recherche dans la pratique. Le Dr Sam Mikail partageait avec moi la présidence du groupe de travail. Onze membres au total, qui représentaient une grande variété de points de vue — le milieu de la recherche, de la pratique, de l’application des connaissances, des consommateurs et des collectivités — ont participé au groupe de travail (voir Dozois et coll., 2014). Le rapport qui a émané des travaux du groupe de travail se voulait un « document évolutif ». Dans cette optique, j’aimerais continuer à promouvoir cette initiative, en suscitant l’intérêt à l’égard de la pratique fondée sur des données probantes, en encourageant son développement et en faisant la promotion de son efficacité.

Je suis étroitement impliqué dans les préparatifs (en tant que coprésident, au côté du Dr Peter Graf) de l’International Congress of Applied Psychology (ICAP2018) qui se tiendra à Montréal. L’ICAP2018 est un engagement important pour la SCP. En tant que président, j’aimerais être dans le « feu de l’action » et aider à orienter les décisions importantes que devra prendre notre organisation.

Si je suis élu président de la SCP, je me concentrerai sur les objectifs suivants : (1) favoriser la croissance de l’association afin de mieux répondre aux besoins de tous les membres de la SCP; (2) faciliter la production, l’application et la diffusion de la psychologie scientifique; (3) continuer à promouvoir l’excellente valeur et l’efficacité de la pratique; (4) soutenir les nouvelles orientations prises par la direction de la SCP sur la pratique fondée sur des données probantes; (5) veiller à ce que l’ICAP (2018) soit un grand succès; (6) plaider pour l’augmentation des ressources destinées à la recherche fondamentale et appliquée; (6) promouvoir la valeur des évaluations et des traitements psychologiques.

La SCP a joué un rôle essentiel dans l’avancement de la psychologie au Canada et a fait la promotion des forces complémentaires de ses scientifiques et de ses praticiens. Comptez mes expériences comme membre du conseil d’administration de la SCP, je crois capable de représenter les divers intérêts de notre association. J’espère avoir la chance de vous servir de nouveau comme président de la SCP.

Référence
International Knowledge Exchange:
Reflection of a Canadian Psychologist

Peter Suedfeld, Ph.D.

Dr. Suedfeld, a member of the CPA's International Relations Committee has provided the following on his recent scholarly exchanges at two international venues; China and The Czech Republic.

Two recent international trips have made me aware of the extent to which psychologists elsewhere want to share knowledge (theirs and ours) with Canadian colleagues. Canadian psychology is considered a strong and diverse contributor to both basic and applied knowledge, and I think in some areas foreign psychologists are more familiar with those contributions than we appreciate.

In October 2014, Beihang University in Beijing, which specializes in aerospace studies, held its first conference on the psychological aspects of spaceflight. I was invited to give the opening keynote address, on the evolution and current state of the field. The Chinese space program is progressing rapidly, but until recently psychology has not been a primary concern. Now, preparing for long-duration space station deployments, Beihang is planning to run analogue studies on psychological and neuropsychological processes.

In my talk, I traced space agencies' change from the view that astronauts who had "the right stuff" would have no psychological difficulties to past issues and those that may do so in long flights beyond the Earth-Moon vicinity. Nick Kanas, an American space psychiatrist, was the other non-Chinese presenting at the conference. Our comments sparked many questions and comments, and we also had informal discussions with faculty and advanced students. I later gave a lecture on life in isolated and confined environments -- in which Canada abounds, in the North, in resource extraction camps, etc. -- to about 200 students. Additionally, political scientists from several Beijing universities came to my subsequent presentation about the use of thematic content analysis of archival materials in the study of political leadership and decision-making. Several of them were already familiar with the theory and method, as well as with much of my previous research, and planned to develop a Chinese version of the coding manual.

In November 2014, I was invited to the Czech Republic by Malus Marek, then a faculty member of the Palaczky University in Olomouc and now at Ostrava University, a 2-hr. drive away. Several psychologists in Moravia had started a program of research and therapy using a dark, silent chamber, in which volunteer participants spent between one and two weeks for stress reduction, time out from their usual hectic schedules, and an opportunity to reflect on their life. If the person wished it, a counselor entered the dark chamber to speak with the individual once a day. There were a depth interview, some measures of cognitive performance, and several mood and personality measures, mostly translated from standard English-language scales.

Marek knew that the origin of his technique led from Donald Hebb's McGill "perceptual isolation" studies to John Zubek's sensory deprivation research at Manitoba and my own several decades of research on the diverse effects of both chamber and flotation tank REST (Restricted Environmental Stimulation Technique) at UBC. Marek wanted to inform interested faculty members and practitioners about the previous literature on these topics.

In November, I first spoke to the Department of Philosophy on the history of philosophical, religious, artistic, and scientific approaches to solitude and reduced levels of environmental stimuli. On the second day, speaking to the Department of Psychology, I focused on past and current research on REST, and on possible future directions for research and applications and the collection of more detailed data than before.

At a conference in Ostrava on Psychological Aspects of Helping Behaviour, I described a content analysis I had done on memoirs and interviews of individuals who during World War II had resisted German occupiers either by rescuing Jews, political dissidents, escaping Allied soldiers, etc., or by engaging in armed combat as partisans. Thematic content analysis of these documents showed several interesting similarities and differences in the personal values of these resisters.

That was followed by a combined shortened version at Ostrava of my two previous chamber REST presentations. Next, we were driven to Beskydy, to an elegant physical and psychological rehabilitation resort. It had catered to high-ranking officials during the Communist era, and now treated people with physical injuries, movement disorders, and stress. A physician there had set up a chamber REST environment for high-level professionals who wanted some time out. I spoke with the physician and with a woman who was just finishing a week in the chamber. By the way, the physician gave me a copy of his book on "darkness therapy" and a sealed tin can that he joked contained "ecological darkness" to be used at need. (Airport security screeners had some fun with that!). I also visited two men who are setting up another chamber REST/darkness therapy facility, which will be much less elegant and much more affordable than Beskydy. One of them is also a gourmet cook, and lunch was outstanding.

Continued on page 46
CALL FOR NOMINATIONS

Associate Editor
Canadian Journal of Behavioural Science

The Canadian Journal of Behavioural Science (CJBS), a Canadian Psychological Association journal published jointly with the American Psychological Association, invites applications for the position of Associate Editor. The term of the Associate Editor will begin July 1, 2015 and end December 31, 2017; interested applicants must be able to fully read and write in French and English. The Associate Editor is responsible for reviewing all manuscripts submitted in French, as well as any manuscripts for which the Editor is in potential conflict of interest. CJBS publishes original, empirical contributions in the following areas of psychology: abnormal, behavioural, community, counseling, educational, environmental, developmental, health, industrial-organizational, clinical, neuropsychological, personality, psychometrics, and social. Candidates are invited to submitted their resume to the Editor at Wroberts@tru.ca. Questions may also be addressed to the Editor at that same email address. Deadline for applications is March 1, 2015.

La Revue canadienne des sciences du comportement (RCSC), publiée par la société canadienne de psychologie en association avec l’American Psychological Association sollicite des candidatures pour le poste de rédacteur en chef adjoint. Son mandat débutera le 1er juillet 2014 pour se terminer le 31 décembre 2017. Les candidats à ce poste doivent être en mesure de lire et rédiger en Français et en Anglais. Le rédacteur en chef adjoint est chargé d'examiner tous les manuscrits soumis en français, ainsi que les manuscrits pour lesquels l'éditeur en chef se trouve en conflit d'intérêts potentiel. La RCSC publie des articles rapportant des travaux empiriques originaux dans les domaines suivants: psychologie clinique, étude du comportement, psychologie communautaire, counseling, éducation, environnement, développement, santé, psychologie industrielle et organisationnelle, neuropsychologie, personnalité, psychométrie et psychologie sociale. Les candidats sont invités à soumettre leur curriculum vitae en adressant un courriel à l'éditeur en chef : Wroberts@tru.ca. Des questions peuvent également être adressées à l'éditeur à la même adresse courriel. La date limite des candidatures est le 1 mars 2015.
Update to CPA’s Rules and Procedures for Dealing with Reports and Complaints of Unethical Behaviour

Carole Sinclair, Ph.D.
Chair, Committee on Ethics

The Canadian Psychological Association archives indicate that, similar to most other Canadian professional associations, CPA has accepted and adjudicated complaints about its members’ ethical behaviour for many decades. It was not until 1990, however, that the Association developed and implemented a detailed set of procedures for handling such complaints. Entitled Rules and Procedures for Dealing with Ethical Complaints, the document set out the criteria for accepting complaints, outlined procedures for addressing and investigating complaints, specified options for disposition, allowed for consultation regarding membership questions, and provided some brief rules with respect to records of complaints. These Rules and Procedures have remained in place for over two decades, with only a few minor language changes.

Needless to say, since 1990, the context in which the Rules and Procedures are being implemented has changed. There have been developments with respect to the organization of Canadian psychology, changes to the CPA bylaws, clarification of and changes to the legal framework for non-profit corporations, increasing case law relevant to professional organizations, and extensive developments in technology and communications. In response to this changing context, the Committee on Ethics began a review and updating process of the Rules and Procedures about two years ago. This process led to an updated set of procedures that is more in keeping with the current context, strengthens due process requirements, more readily ensures timely resolution of complaints, and promotes informal resolution of complaints where appropriate. The CPA Board of Directors approved the updated version, now entitled Rules and Procedures for Dealing with Reports and Complaints of Unethical Behaviour, at its meeting in November 2014.

Many of the positions and directions included in the former Rules and Procedures remain in the updated version. For example: (a) complaints still can be accepted only if they are about individual Members or Affiliates (not non-members or groups of Members or Affiliates); (b) complaints against Members or Affiliates who are members of a regulatory body are still deferred to the regulatory body; (c) the Association remains interested in the outcome of regulatory body or other statutory body proceedings regarding any CPA member; (d) the same range of possible dispositions remains in place; (e) there are rules regarding the keeping of records related to the Rules and Procedures; and (f) the Committee on Ethics remains involved in Membership/Affiliateship decisions where there are questions about ethical behaviour.

Changes in the new Rules and Procedures document relate primarily to its organization, amount of detail, and sophistication in light of the current context. For example, a rationale is provided for an association like CPA being concerned about reports and complaints of unethical behaviour, and the need for fairness, reasonableness and impartiality toward all parties is emphasized. Separate procedures are provided for review of: (a) relevant applications, renewals and requests for re-admission which involve possible previous unethical behaviour; (b) third-party reports of unethical behaviour (e.g., media reports, regulatory body disciplinary reports, court records); and (c) complaints of unethical behaviour. In addition, separate sections are provided for confidentiality and record keeping, which reflect recent developments in laws and ethical guidelines regarding privacy as well as the benefits and risks of using electronic technologies for communication.

Members of the Committee on Ethics found that one of the most difficult-to-understand aspects of the Rules and Procedures (both former and new) is the difference between the Canadian Psychological Association and a regulatory body in terms of expectations and requirements for handling complaints of unethical behaviour. This is evident in the number of members of the public who first bring their complaints of unethical behaviour to CPA rather than to the appropriate regulatory body. It is also evident when complainants and members expect the Rules and Procedures to be very similar to the procedures followed by regulatory bodies (e.g., involvement of lawyers, formal “hearings” etc.). In updating the document, Committee members found it helpful to familiarize themselves as much as possible with both statutory and case law related to the difference between the two types of bodies.

Under Canadian law, the Canadian Psychological Association is considered a corporate body that is non-statutory and private in nature. It is not considered a regulatory body established under statutory law. Individuals providing psychological services, research or teaching are not required to be members of CPA, and CPA does not have the power to regulate, supervise, or control them.

1 Membership or Affiliateship in CPA is voluntary. Decisions of a regulatory or other statutory body can have a direct impact on an individual’s ability to carry out their occupational activities. In contrast, the decisions of a voluntary organization may have some implications for an individual’s reputation, but have no direct impact on the individual’s occupational activities. Generally, individual membership in a private voluntary association is viewed as a contract, the parameters of which are based on the constitution and bylaws of the association. These governing documents provide the association with the legal authority to establish the rights, privileges and obligations of membership, including the expectation that both the as-


Ethics

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sociation and the member will adhere to the established terms and provisions of the contract.

In making decisions related to denying, restricting or terminating membership, all organizations, whether statutory or voluntary, are expected to meet the requirements of natural justice (“procedural fairness”) and to do so to a level and degree that is proportionate to the likely consequences of their decisions. In revising the Rules and Procedures, care has been taken to ensure that all reasonable requirements of natural justice are met: (a) notification; (b) opportunity to be heard; and (c) decision based on a process that is known to members and is impartial. However, proportionate to the role and mandate of CPA, decisions are based only on continuation of the former process of review and consideration of written submissions, and no longer include the possibility of being based on a formal, in-person hearing with lawyers present – a process used only once by CPA.

A copy of the new Rules and Procedures can be downloaded from the “Ethics” page on the CPA website.

Invitation: Please feel free to send any ideas you might have regarding topics for future Ethics Corner articles to ethicscttee@cpa.ca.

International Knowledge Exchange

Continued from page 43

My next stop was in Budapest, where I had several meetings with two colleagues who will be involved in a proposed research project at Concordia and Halley Stations in Antarctica. The study has been approved by the European Space Agency, which controls research there, and we have submitted a grant proposal to the Canadian Space Agency. I am the Principal Investigator on the project, which would measure several dimensions of voice communications throughout the austral winter. I will content analyze the material.

The last stop was a plenary presentation in Antwerp, Belgium, at an international conference on Collective Decision-making in Complex Environments. I spoke on integrative complexity, a cognitive variable related to long-term success among high-level political and military leaders. Surprising to some colleagues, in some environments, high complexity is actually detrimental to success. Two presentations by Belgian researchers had used my method for scoring integrative complexity.

European colleagues showed serious interest in topics that have attracted significant Canadian research. Several commented that Canadian psychologists relatively seldom traveled to conferences outside North America, and also seldom invited psychologists from other continents to our meetings. Budgetary restrictions are a major problem; but they would like at least to have intensified exchanges of papers and presentations. The language problem was also mentioned more than once: they feel that to gain visibility, they had to publish in English-language journals, and their command of the language is not always adequate for scientific publication. In fact, the Director General of my co-researchers’ department at the Hungarian Academy of Sciences asked whether it would be feasible for his unit to create a new journal on the psychology of restricted environments, to be published in English with editorial help from Canadian collaborators.
Pre-Convention Workshop

Date: Wednesday, June 3, 2015
Location: The Westin Ottawa
11 Colonel By Drive,
Ottawa, Ontario K1N 9H4

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 5, 2015.

Please note: Pre-Convention Workshops can be cancelled due to low registration up until May 12th, 2015.

Those who register for a pre-convention workshop are eligible for a reduced convention fee only until May 5, 2015 23:59 EST.

Please note: Online registration will be opened as of mid-February.

Please register online at http://www.cpa.ca/convention/registration/

Workshop #1

Addressing Insomnia in Those with Depression:
A Step-by-Step Evidence-Based Approach

Presented by: Colleen Carney, Ryerson University

Sponsored by: CPA Section on Clinical Psychology

Note: Morning and afternoon coffee will be provided.

Cost: CPA/OPA * Members: $200.00 **
CPA/OPA* Student Affiliates: $85.00 **
Non-Members: $250.00**
Student Non-Affiliates: $85.00**

Duration: 9:00 am – 4:00 pm

Workshop Description:
Insomnia is a highly prevalent problem in those with depression and brief, effective evidence-based approaches exist to address insomnia, i.e., Cognitive Behaviour Therapy for Insomnia (CBT-I). Treating insomnia in the context of depression is important because even after successful depression treatment, insomnia and fatigue often remain and predict subsequent depressive relapse. Insomnia is also a predictor of suboptimal response to depression therapies. Although there is strong evidence for CBT-I in those with depression, there can be some treatment delivery challenges in this patient group. Thus, this all-day workshop will deliver: 1) a rationale for treating insomnia; 2) what your clients need to know about sleep regulation and its relation to their mood; 3) key competencies in assessment; 4) step-by-step instructions for CBT-I; 5) troubleshooting strategies for problems such as early morning awakenings, anhedonia and using the bed for escape; 6) how to combine depression and sleep strategies; and 7) strategies for effective relapse prevention.

Workshop #2

Fighting Fires and Solving Problems:
Challenging Dilemmas in the Training of Professional Psychology Students

Presented by: Arlene Young, University of Guelph
Mike Teschuk, University of Manitoba

Sponsored by: The Canadian Council of Professional Psychology Programs (CCPPP)

Note: Continental breakfast, coffee break and lunch provided.
**CONVENTION / CONGRÈS**

**Workshop Description / Description de l’atelier :**
This half-day workshop is focused on decision-making and problem solving for professional psychologists in a training context. In our various roles, as a Director of Clinical Training (DCT), Internship or Residency Training Director (TD), Practicum Coordinator or someone who provides professional supervision to student clinicians, we encounter a variety of challenging situations. For example, how to effectively address student competency problems while avoiding legal or ethical pitfalls? The workshop will employ guided large and small group discussion using vignettes and an experienced DCT and TD as facilitators. Participants will have an opportunity to share their training challenges and successes with their peers and benefit from collective wisdom and problem solving. To prepare for the workshop, we ask that you identify at least one time you encountered a memorable training challenge or success (one that you can share with the group). This workshop is specifically designed for those in supervisory/training roles and, as such, is not appropriate for students.

**WORKSHOP / ATELIER #3**

**CE CREDITS – 6.5 - Crédits d’éducation**

**Practical Strategies for Psychological Assessment of Culturally and Linguistically Diverse Children and Adolescents**

**Presented by / Présenté par :**
Judith Wiener, OISE/University of Toronto
Esther Geva, OISE/University of Toronto

**Sponsored by / Commandité par :**
CPA Section on Educational and School Psychology

**Cost / Coût :**
CPA/OPA * Members: $150.00 **
CPA/OPA * Student Affiliates: $75.00 **
Non- Members: $200.00**
Student Non- Affiliates: $75.00**

**Duration / Durée :**
9:00 am – 5:00 pm

**Workshop Description / Description de l’atelier :**
Canada has a growing Aboriginal population and approximately 250,000 immigrants and refugees coming each year. It is therefore important for psychologists to be skilled in assessment of culturally and linguistically diverse (CLD) children and adolescents. In this workshop we provide participants with the conceptual background and the research underlying the strategies needed for a valid assessment of these children and adolescents. We describe practical strategies for assessing them and working with their families and teachers and provide informal assessment materials. The following topics are included: 1) An overview of the Canadian cultural and linguistic context; 2) research on the language and literacy development of typically developing and at-risk second language learners and the implications for assessment and diagnosis of intellectual disabilities and learning disabilities; 3) cultural factors that affect psychologists’ communication with CLD children and families and the communication process including methods for conducting intake and feedback interviews, working with interpreters, school collaboration, and report writing; 4) strategies for assessment of oral language, intelligence, academic achievement, and social and emotional functioning including observation, interviews, standardized tests, informal tests, and dynamic assessment; and 5) diagnostic formulation. In this workshop we will discuss some of the myths pertaining to assessment of CLD children and adolescents.

We will provide and discuss the administration and interpretation of several informal tasks, checklists, and interview protocols designed to assess oral language executive functioning, culture and acculturation, and social and emotional development or to communicate the results of an assessment. We will use case studies to illustrate the diagnostic process and engage participants in problem solving activities in relation to these cases.

**WORKSHOP / ATELIER #4**

**CE CREDITS – 2.75 - Crédits d’éducation**

**Advanced Workshop on Motivational Communication Skills for Health Behaviour Change**

**Presented by / Présenté par :**
Kim Lavoie, University of Quebec at Montreal (UQAM)
Tavis Campbell, University of Calgary
Kim Corace, University of Ottawa
Catherine Laurin, Montreal Behavioral Medicine Center
Research Center – MBMC
Simon Bacon, Concordia University
Michael Vallis, Dalhousie University

**Sponsored by / Commandité par :**
CPA Section on Health Psychology and Behavioural Medicine

**Cost / Coût :**
CPA/OPA * Members: $100.00 **
CPA/OPA * Student Affiliates: $40.00 **
Non- Members: $125.00**
Student Non- Affiliates: $40.00**

**Duration / Durée :**
9:30 am – 1:30 pm

**Workshop Description / Description de l’atelier :**
Poor health behaviors (tobacco smoking, poor diet, excess alcohol consumption, physical inactivity, and non-adherence to treatment and medical advice) are common causes and/or exacerbators of chronic disease (asthma, COPD, CVD, diabetes, obesity) and death. Interventions focusing on education and “advice-giving” have failed to produce significant behavior/lifestyle change in the majority of patients, often resulting in patient dissatisfaction with care and provider frustration. Motivational communication (MC), which derived from motivational interviewing (MI), is an empirically-validated client centered communication style that has become increasingly popular within health care settings. This advanced workshop will briefly review the main concepts, skills and applications of MC in the healthcare setting, and will focus on demonstration of the skills with more challenging cases (e.g., mother resistant to vaccinating her child against MMR; obese patient resistant to diet/exercise as a condition of undergoing bariatric surgery; teenage smoker with asthma). Breakout sessions will be conducted for supervised role play exercises with constructive feedback.
WORKSHOP / ATELIER #5

Canadian Network for Health Behavior Change and Promotion: Challenges and opportunities

Presented by / Présenté par :
Kim Lavoie, University of Quebec at Montreal (UQAM)
Michael Vallis, Dalhousie University
Tavis Campbell, University of Calgary
Simon Bacon, Concordia University
Kim Corace, University of Ottawa
Catherine Laurin, Montreal Bahavioral Medicine Center
Research Center – MBMC

Sponsored by / Commandité par :
CPA Section on Health Psychology and Behavioural Medicine

Note : Afternoon coffee provided

Cost / Coût : 
CPA/OPA * Members: $50.00 **
CPA/OPA* Student Affiliates: $20.00 **
Non- Members: $75.00**
Student Non- Affiliates: $20.00**

Duration / Durée : 1:45 pm - 5:00 pm

Workshop Description / Description de l'atelier :
The Canadian Network for Health Behavior Change and Promotion (CNHBCP) is composed of academic and practice leaders in the design and delivery/dissemination of health behavior change interventions that promote the adoption and maintenance of healthy lifestyles. The network’s mission is to define and promote the implementation of evidence-based motivational and health behavior change interventions in primary, secondary and tertiary care in order to optimize health services and outcomes in patients with chronic disease. The objectives of this workshop are to define the key health behavior change challenges at the patient, provider, healthcare system, and healthcare policy levels, and propose evidence-based solutions from the areas of motivational and cognitive-behavioral science. Presenters will review the efficacy of current health behavior change approaches in chronic disease management, as well as the quality and effectiveness of training programs for healthcare professionals who treat patients with chronic disease. Workshop participants will be invited to contribute to a discussion of how to mobilize the health psychology and behavioral medicine community to meet these challenges by proposing solutions and defining a strategy for implementation.

WORKSHOP / ATELIER #7

Confirmatory Factor Analysis: From Basic Concepts to Advanced Applications

Presented by / Présenté par :
Dennis Jackson, University of Windsor
Chelsea McLellan, University of Windsor

Sponsored by / Commandité par :
CPA Section on Quantitative Methods

Note : Morning coffee included

Cost / Coût : 
CPA/OPA * Members: $120.00 **
CPA/OPA* Student Affiliates: $50.00 **
Non- Members: $150.00**
Student Non- Affiliates: $50.00**

Duration / Durée : 9:00 am – 1:00 pm

Workshop Description / Description de l'atelier :
Confirmatory factor analysis (CFA) is a powerful statistical technique in the family of structural equation modeling techniques. In contrast to exploratory factor analysis, CFA is used to test a predetermined pattern of loadings for a sample of data. In CFA, the researcher is assumed to know the number of factors as well as which...
measured variables load onto each factor. CFA has been widely applied in the psychological literature to investigate such questions as whether or not a particular hypothesized structure of a measurement tool (e.g., a survey of attitudes toward education, or an IQ test) is consistent with data obtained from that measurement tool; or which of two competing conceptualizations of a measurement tool better describes the data obtained from the tool. Other questions addressed using CFA techniques include a test of competing theories about the structure of some phenomenon of interest (e.g., the structure of personality, or intelligence); or an investigation of certain hypotheses such as whether the structure of a psychological entitlement measure is consistent across multiple samples, such as sex or age, or even whether it is consistent for the same sample across time. In short, CFA is a technique well-suited to investigating the quality of our measures and can address questions related to both validity and reliability. Participants in this workshop will learn how to test CFA models, interpret findings, and evaluate the robustness of the solution.

WORKSHOP / ATELIER #8

CE CREDITS – N/A - Crédits d’éducation

Why Women and Men should be Able to be Happily and Productively Employed, have Babies and Raise Happy, Healthy Families all at the Same Time: How do we Make this Happen?

Presented by / Présenté par :
Lynda Ross, Athabasca University
Taslim Alani, Lakehead University
Lucie Kocum, Saint Mary’s University
Janelle Kwee, Trinity Western University
Jessica McCutcheon, University of Saskatchewan

Sponsored by / Commandité par :
CPA Section on Women and Psychology

Note :
Coffee breaks included

Cost / Coût :
CPA/OPA * Members: $100.00 **
CPA/OPA* Student Affiliates: $25.00 **
Non- Members: $150.00**
Student Non- Affiliates: $25.00**

Duration / Durée : 9:00 am - 5:00 pm

Workshop Description / Description de l’atelier :
Motherhood has emerged over the past 25 years as a significant area of scholarly inquiry, engaged by a variety of academic disciplines and studied through a diverse range of topics. This workshop will focus on a number of discrete, yet overlapping topics designed to stimulate discussion about the relationships between parenting and professional work. This workshop will broadly interrogate the why’s and how’s to be used to inform ways in which psychologists can play a central role in the re-imagining of parenting, work and the workplace to better shape the demands of a post-modern society. • Reflections on academic institutions in Canada. • Policy and a re-envisioning of work and workplaces. • Real mothers; real fathers: A day in the life of professional working parents. • Adding parenting as a central focus in psychology courses and curriculums. • Mental health: Pregnancy and the postpartum period. • The practice of contemporary parenting: Who really benefits from attachment parenting and intensive mothering? This workshop will provide the space for participants to learn about the current state of affairs with regards to professional working parents, to share interests related to parenting and work-life balance concerns, and to foster collaborative partnerships in the areas covered in the workshop. This workshop will also help participants to develop concrete strategies to cope with work-life balance stressors.

WORKSHOP / ATELIER #9

CE CREDITS – 5.5 - Crédits d’éducation

Integrated CBT Treatment for Anxiety in Clinical Practice

Presented by / Présenté par :
Noah Lazar, CBT Associates of Toronto
Eilenna Denisoff, CBT Associates of Toronto

Sponsored by / Commandité par : N/A

Note :
Morning coffee provided

Cost / Coût :
CPA/OPA * Members: $195.00 **
CPA/OPA* Student Affiliates: $70.00 **
Non- Members: $250.00**
Student Non- Affiliates: $70.00**

Duration / Durée : 9:00 am - 4:00 pm

Workshop Description / Description de l’atelier :
Anxiety disorders are one of the most prevalent psychiatric disorders affecting Canadian adults. Diagnostically, we have traditionally conceptualized anxiety disorders as separate entities, with numerous disorders and diagnostic categories reflected in DSM-5. Cognitive Behavioural Therapy (CBT) has emerged as a gold standard in effectively treating anxiety disorders, with high efficacy and low rates of relapse prevention. This has resulted in numerous treatment manuals that are generally specifically-tailored to each anxiety disorder. Physiologically, anxiety, regardless of the specific diagnosis, is the activation of the "fight-or-flight" response, also known as the sympathetic nervous system. Therefore, the same system is activated trans-diagnostically. The main difference between each disorder can be boiled down into one question: "What are you afraid of?" In this workshop, we will discuss the physiology of the anxiety system, and, drawing on the work of many experts, will propose an integrated CBT model to explain the development and maintenance of anxiety disorders through well-researched principles of behavioural conditioning and cognitive science. We will discuss an integrated CBT treatment protocol that will be applicable to the vast majority of anxiety disorders. The workshop will involve didactic presentations, group discussions and role plays to illustrate how the model can be tailored to specific anxiety disorders.

Please note: Material will be presented at a beginner level.
part on the presenter's book Private Practice Made Simple, will cover many of the issues involved, including: Making the decision to open a practice, selecting a location, finding appropriate office space, creating a website, getting and managing referrals, communicating with other providers, deciding whether to incorporate, setting up payroll systems, managing client information efficiently, coping with financial issues, hiring an assistant, avoiding burnout, and finding an enjoyable and sustaining balance between the various roles and opportunities available to a psychologist. Along the way participants will learn: Why not to start a blog, why accountants are essentially free, 10 tips on career longevity, and why private practitioners need something other than psychology to maintain their own stability. The program should be of interest to those wishing to fine-tune their existing practices, and to those contemplating starting out in private practice.
Evidenced Based Correctional Practice for Managing and Treating Offenders with Mental Illness

Presented by / Présenté par :
Robert Morgan, Texas Tech University
Jeremy Mills, Carleton University

Sponsored by / Commandité par :
CPA Section on Criminal Justice Psychology

Note : Morning coffee provided

Cost / Coût :
CPA/OPA * Members: $225.00 **
CPA/OPA* Student Affiliates: $75.00 **
Non- Members: $225.00**
Student Non- Affiliates: $75.00**

Duration / Durée : 9:00 am - 5:00 pm

Workshop Description / Description de l’atelier :
Minimal progress in the treatment of justice involved offenders with mental illness (OMI) has been made in the last 30 years (Snyder, 2007). To improve criminal justice outcomes, we must provide services that address the underlying causes of criminal behavior. Justice involved OMI have limited access to comprehensive treatments that target co-occurring issues of mental illness and criminal behavior (Morgan et al., 2010). In this workshop I will provide participants with a model and summarize an evidenced-based intervention for intervening with justice involved OMI in correctional or community mental health settings. I will begin the workshop by reviewing the prevalence rates of mental illness in corrections, including both incarcerated and community settings. I will then review Risk-Need-Responsivity (RNR) as a model of service delivery for offenders, and psychosocial rehabilitation as a model of service delivery for persons with mental illness. Finally I will provide participants with a theoretical model to guide interventions for OMI, as well as teach evidenced-based practices for intervening with this population. To accomplish this I will present criminality and mental illness as co-occurring problems, and I will summarize one evidenced-based intervention (Changing Lives and Changing Outcomes: A Treatment Program for Offenders with Mental Illness) as a sample therapeutic program for OMI.

Ontario Psychological Association
**listed price does not include HST
Aboriginal Psychology / Psychologie autochtone
Section Invited Speaker / Conférencière invitée par la section
“Breath and Spirit: The Decolonial Option in Psychology”
Rave Sinclair, University of Regina
Reception / Réception • Annual Meeting / Réunion annuelle

Addiction Psychology / Psychologie de la dépendance
CPA/Section Co-sponsored Invited Speaker / Conférencier invité par la SCP et la section
“False Starts and New Directions in Understanding and Treating Co-occurring Anxiety Disorders and Alcohol Dependence”
Matt G Kushner, University of Minnesota
Annual Meeting / Réunion annuelle

Adult Development and Aging / Développement adulte et vieillissement
*CPA-sponsored Invited Speaker / Conférencier invité de la SCP
“Canada’s Coming of Age: How should we meet the Needs of our Ageing Population?”
Samir Sinha, Mt Sinai Hospital / University of Toronto
Section Invited Speaker / Conférencier invité par la section
“Predictors of Safe Driving in Older Adults: Preliminary Lessons from the Candrive II Cohort Study”
Sylvain Gagnon, University of Ottawa
Annual Meeting / Réunion annuelle

Brain and Cognitive Science / Cerveau et science cognitive
**Section Invited Speaker / Conférencière invitée par la section
“The Misregulation of Distraction”
Lynn Hasher, University of Toronto
Annual Meeting / Réunion annuelle

Clinical Psychology / Psychologie clinique
Section Invited Speaker / Conférencier invité par la section
“Trauma-Related Altered States of Consciousness: Dissociation, PTSD, and the 4-D Model”
Paul Frewen, University of Western Ontario
Reception / Réception • Annual Meeting / Réunion annuelle

Clinical Neuropsychology / Neuropsychologie clinique
*CPA-sponsored Invited Speaker / Conférencier invité de la SCP
“Canada’s Coming of Age: How should we meet the Needs of our Ageing Population?”
Samir Sinha, Mt Sinai Hospital / University of Toronto
Section Invited Speaker / Conférencier invité par la section
“Memory Impairment and Rehabilitation: A Call to Arms”
Patrick Davidson, University of Ottawa
Reception / Réception • Annual Meeting / Réunion annuelle

Community Psychology / Psychologie communautaire
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Robert Flynn, University of Ottawa
Annual Meeting / Réunion annuelle

Counselling Psychology / Psychologie du counseling
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“Progress and Backlash of the Gender Equity Movement in Taiwan: Responses from Counselling Psychology”
Shuchu Chao, National Chianghua University of Education
Reception / Réception • Annual Meeting / Réunion annuelle

Criminal Justice Psychology / Psychologie et justice pénale
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“A Prospective look at Psychology and Criminal Justice: Cautious Optimism?”
Kirk Heilbrun, Drexel University
CPA/Section Co-sponsored Invited Speaker / Conférencier invité par la SCP et la section
“Reintegration, Rehabilitation, or Both? Unpacking Factors that Contribute to Community Outcomes for High-Risk Violent Offenders”
Devon Polaschek, Victoria University of Wellington
Section Invited Speaker / Conférencier invité par la section
“The Challenge of Incorporating Evidence into Correctional Decision-Making”
Ruth E Mann, National Offender Management Service
Don Andrews Career Contribution Award: Presentation and Keynote (TBD)

Developmental Psychology / Psychologie du développement
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“The Misregulation of Distraction”
Lynn Hasher, University of Toronto
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Education and School Psychology / Psychologie éducationnelle et scolaire
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Donald H Saklofske, University of Western Ontario
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David Nussbaum, University of Toronto Scarborough
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Section Invited Speaker / Conférencier invité par la section
“Time, Fear, and Doubt: Subjective Judgments of Uncertainty in the Face of Future Climate Change”
Anne E. Wilson, Wilfrid Laurier University
Annual Meeting / Réunion annuelle

Family Psychology / Psychologie de la famille
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Leon Kuczynski, University of Guelph
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Health Psychology and Behavioural Medicine / Psychologie de la santé et médecine du comportement
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Samir Sinha, Mt Sinai Hospital, University of Toronto

“Asking “So what?” About our Scholarship: Why Values Matter when Planning, doing, and Disseminating Research”
Janice D. Yoder, University of Akron

“Reintegration, Rehabilitation, or Both? Uppacking Factors that Contribute to Community Outcomes for High-Risk Violent Offenders”
Devon Polaschek, Victoria University of Wellington School of Psychology

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Matt G Kushner, University of Minnesota

“Treating Traumatic Bereavement”
Laurie A Pearlman, Trauma Research Education and Training Institute Inc.

Keynote Speakers Conférenciers d’honneur

CPA PRESIDENTIAL ADDRESS / ALLOCUTION PRÉSIDENTIELLE

“Positivity Enhancement in Cognitive Therapy”
Kerry Mothersill Ph.D., CPA President

HONORARY PRESIDENT’S ADDRESS / ALLOCATION DU PRÉSIDENT D’HONNEUR

“How should we be treating neuroticism instead of anxiety and depression?”
David Barlow Ph.D., Professor of Psychology and Psychiatry Founder and Director Emeritus, Center for Anxiety and Related Disorders at Boston University

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La psychologie à l’Université Laval

Geneviève Hébert et Sophie Regueiro


À l’Université Laval, il est possible de travailler dans plusieurs domaines et champs de recherche, soit la psychologie clinique; la neuropsychologie clinique; les neurosciences cognitives, sociales et comportementales; la psychologie du développement, ainsi que la psychologie sociale et communautaire. Plusieurs laboratoires au sein de l’École de psychologie mènent des recherches touchant plusieurs populations et une grande variété de problématiques cliniques, par exemple les troubles psychiatriques, neurodégénératifs, neurodéveloppementaux, neuropyschologiques, de l’humeur et de la personnalité.

Au baccalauréat, les étudiants ont l’opportunité de s’inscrire dans l’un des trois profils offerts : 1) Le profil international leur permet de parfaire leurs connaissances à l’étranger, entre autres aux États-Unis, en France, en Suisse ou en Espagne. 2) Le profil entrepreneurial, quant à lui, représente l’occasion idéale de développer un projet individuel ou collectif, de créer sa propre entreprise ou de devenir travailleur autonome, tout en étant encadré par des professeurs qualifiés. 3) Le profil distinction a été conçu pour accélérer le passage à la maîtrise, avec ou sans mémoire, pour les étudiants mérités.

L’École de psychologie met plusieurs ressources à la disposition des étudiants. Il est entre autres possible de bénéficier de bourses et d’aide financière, ainsi que d’une aide à la recherche. Un centre de documentation donne aussi accès à une multitude de documents, dont plusieurs tests psychométriques.

Les étudiants peuvent s’impliquer dans la vie universitaire par l’entremise de divers comités et regroupements, tels que le comité socioculturel et le journal étudiant. L’Association étudiante et la Connexion interétudiante, quant à elles, ont pour mission de représenter les étudiants et de les aider, au besoin. Les étudiants du premier cycle et des cycles supérieurs peuvent également s’impliquer au sein de ces associations. Aussi, beaucoup d’activités sont organisées tout au long de l’année, témoignant du dynamisme de la vie étudiante en psychologie à l’Université Laval. Le Psycolloque, le Rallye appâtt, le Vin et fromages et la cabane à sucre n’en sont que quelques exemples. Par ailleurs, les étudiants de psychologie ont la possibilité d’assister aux parties de l’équipe de football du Rouge et Or, glorieux vainqueurs de la Coupe Vanier à huit reprises.

Enfin, l’Université Laval se démarque par son souci d’offrir un enseignement de qualité, tout en ayant à cœur le bien-être des étudiants. Y étudier en psychologie permet non seulement de parfaire sa formation, mais de s’impliquer dans toutes sortes d’activités et de comités qui contribueront à rendre votre passage à l’Université Laval inoubliable.

Pour plus de plus amples informations concernant l’Université Laval et l’École de psychologie, veuillez visiter les sites web suivants: www2.ulaval.ca et www.psy.ulaval.ca.
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CAMPUS PROFILE

Psychology at University Laval

Geneviève Hébert and Sophie Regueiro

Teaching of Psychology at Laval University dates back to 1945. Since 1974, the School of Psychology has been an integral part of the Faculty of Social Sciences, and is viewed as a highly dynamic and innovative institution in teaching and research. It offers students a variety of educational programs at certificate, bachelor, master and doctorate levels. The latter has three options: PhD in Psychology (Psy.D.); a doctorate in psychology, research and intervention, clinical orientation (Ph.D.); and, finally a doctorate in psychology, research (Ph.D.). The first two are accredited by the Canadian Psychological Association (CPA).

At Laval University, one can study many disciplines of research including clinical psychology; clinical neuropsychology; cognitive, social and behavioral neuroscience; developmental psychology and social and community psychology. Several laboratories within the School of Psychology contain a large number of researchers, working to address a wide variety of clinical problems, such as psychiatric, neurodegenerative, neurodevelopmental, neuropsychological, mood and personality disorders.

Bachelor’s students can elect to enroll in one of three offered profiles: 1) The international profile allows them to hone their skills abroad, including the United States, France, Switzerland and Spain. 2) The entrepreneurial profile is an ideal opportunity for students to work on an individual project, to create their own business or to learn how to succeed in self-employment, whilst being supervised by qualified teachers. 3) The distinction profile has been designed to accelerate the transition to master programs.

The School of Psychology offers students a number of available resources. It is possible to obtain scholarships and financial aid, as well as support for research projects. An administration center provides access to a multitude of documents, including several psychometric tests.

Students can become involved in « university life » through various committees and groups such as the socio-cultural committee and the student newspaper. The Student Association and Student Connection Association, are responsible for representing students, and providing support if and when required. Both undergraduate and graduate students can become involved in these associations. Also, many activities are organized throughout the year, reflecting the dynamism of student life in the school. Each year, the « Psycholoque » conference, « Rallye apart », a wine and cheese evening and visits to a local sugar shack, are some of the exciting activities organised for students. Psychology students can also attend regular football matches starring the university team, « Rouge et Or », glorious eight time winners of the Vanier Cup.

Finally, Laval University stands by its commitment to provide a quality education, whilst having at its heart the welfare of its students. Studying psychology here is not only about getting a great education, but also about getting involved in all sorts of activities and committees that help make your time at Laval University an unforgettable one!

For more information about Laval University and the School of Psychology, please visit the following web sites: www2.ulaval.ca and www.psy.ulaval.ca.
Need, supply, and demand for psychologists are pivotal topics for the profession, and for the health of our society as a whole. To date, data available in Canada have been collected by various independent organizations, but without comprehensive integration of the information. Of even more concern, as discussed during the course of the Need, Supply and Demand Summit that the CPA hosted in November 2013, two Statistics Canada surveys (UCASS; University and College Academic Staff System Survey, and SED; Survey of Earned Doctorates) have recently been cancelled. This creates significant implications for psychology human resource surveillance and planning.

In light of this, the CPA has explored ways in which we can begin collecting data of this nature to fill the data gap. Given that the CPA is the national association representing the interests of all psychologists across Canada, we have now taken the initiative to implement a comprehensive ongoing survey of psychology master’s and doctoral graduates. With time, our goal is to obtain a complete demographic profile of all psychologists working across the multiple domains of psychology in Canada. Findings will provide valuable information to assist with the education, science, and practice of psychology.

In developing the survey, we conferred with the American Psychological Association’s Center for Workforce Studies (APA CWS) and obtained their permission to use and modify the APA’s Doctoral Employment Survey for the Canadian context, and to also include master’s level graduates. Leading this charge have been Dr. Melissa Tiessen (CPA’s Registrar, Accreditation and Education Director) and Dr. Lisa Votta-Bleeker (CPA’s Deputy CEO and Science Director), who have created a draft of the survey, which is now under review by the CPA’s Education and Training and Scientific Affairs Committees. The survey will be available in an online format, and all data collected from the survey will be held securely by the CPA on our servers, ensuring all privacy/confidentiality standards are upheld. Our intention is to launch the survey, in both English and French, in early 2015, casting as broad a response net as possible of all individuals in Canada with a graduate degree in psychology.

The launch of the survey will certainly require a comprehensive communication strategy involving many external partners (e.g. Practice Directorate, CCPPP, CCDP, ASPBB, CSBBCS, etc.). We recognize the challenges of response rates for voluntary surveys. We also recognize the additional challenge of the survey reaching those individuals with psychology master’s and doctoral degrees who are not registered and/or do not work in academic settings. To address this, we have begun reaching out to employers such as the Public Health Agency of Canada (PHAC), Statistics Canada, National Research Council (NRC), and the Canadian Institute for Health Information (CIHI) – to name a few – to let them know about our survey. We also intend to reach out to university alumni departments/representatives to see if they would be willing to include a link to our survey in their communications.

What we need from you!

Clearly, the success of this survey effort – both now and in the future – depends on the participation of psychologists across the country, master’s and doctoral trained, in all specialty areas. Once the survey is ready to ‘go live’, a notice will go out to all CPA members through a CPA News blast; please take a few minutes to provide your responses. Please also help us to spread the word by forwarding the survey notice to colleagues who may not be CPA members, and especially those who may be working in non-traditional areas. Finally, please feel free to contact Dr. Votta-Bleeker at lvottableeker@cpa.ca with any suggestions regarding the dissemination of the survey.
A New Home for the CPA Foundation

A Vision for a Psychologically Healthy Canada

Judy Hills, Executive Director at Psychology Foundation of Canada

For the past forty years, The Psychology Foundation of Canada (PFC) has worked to realize the vision of a psychologically healthy Canada. From our Ontario Psychological Association roots to our current role as a national charitable organization creating practical programs helping children thrive and become confident, and productive adults, we are helping children to establish the essential building blocks for healthy, happy futures. We are giving their parents, teachers, caregivers, health and social service professionals strategies to build children’s resiliency skills to deal with the everyday stresses of life that affect learning and health. We are providing Canadians with the tools to be psychologically healthy.

Throughout our history, we have had a strong team of trustees, volunteers and partners who share their time and expertise to monitor community trends and needs, identifying emerging social changes affecting the mental health of Canadians. We thank them for their help to deliver on our goal to address those needs. The success of The Foundation is due in large part to their commitment to use the best psychological knowledge to develop creative and effective programs and resources. We also thank our thousands of delivery partners who reach Canadians in their local communities, in workplaces, schools and homes. More than 9,000 trainers or facilitators deliver PFC programs and resources in communities across Canada and our volunteers, many of whom are psychologists present at more than 140 national, provincial and local conferences and workshops across Canada.

Getting to know PFC...

Research showed that strong and healthy parent-child relationships are a key factor in raising resilient, psychologically healthy individuals. Early programs focused on proactive programs to support parents and strengthen families. This award winning public education program included the distribution of more than two million booklets on topics related to parenting, a bus shelter campaign, conferences and Speaker’s Bureau events as well as the development of a Facilitator’s Guide for Parenting the School aged Child.

A signature program, Kids Have Stress Too!(R) was launched in 2000 to help parents and caregivers understand childhood stress and how to provide children with the tools to deal with stress effectively. It is a broad based primary prevention program for children ages 2½ to 14 years of age and has received international recognition. More than 7,000 facilitators are trained to deliver the program and the Preschool Program is being included in the curriculum of institutions training our Early Childhood Educators. More than 20,000 educators or those who support teachers have ordered the programs for teachers of grades 1-3 and Stress Lessons for grades 4-6 and grades 7-9 to help them deal with the growing need to address childhood stress.

Stress in the workplace is a growing concern, not just because it contributes to $50 billion in lost productivity a year but also because it affects family life and the work-life balance that families are striving to achieve. In 2008, The Foundation launched a workplace mental health project that brings important information to employers and employees across Canada. The workplace also serves as a venue to reach people with messages about maintaining their mental fitness and mental health in the family too.

Diversity in Action addresses the mental health needs of newcomer groups and the model developed during the pilot project is available on the web site as an e-learning module for agencies that deliver traditional mental health services.

The First Three Years organization joined the Foundation in the spring of 2012. Their Make the Connection attachment programs are interactive parenting programs that promote secure attachment, two-way communication and infant-led learning, the essential building blocks for healthy happy futures.

We are one of a few organizations focused on enhancing mental wellness. We have taken strides with innovation and are expanding our existing programs across Canada. We reach out to educators, social service, health professionals and others in the community to join us as partners in these initiatives. We welcome the members of The Canadian Psychological Association to help us enable the profession and discipline of psychology move its charitable agenda forward. Through its new partnership with the CPA, the PFC will maintain two charitable activities formerly carried out by the CPA Foundation. These include awards for psychology graduate student research and awards for psychological service innovations.

We thank you all for making PFC the home of the charitable activities of the members of the CPA. We are greatly indebted to the many corporations, foundations, government organizations and individuals who contribute resources and funds to keep The Foundation moving forward utilizing the valuable knowledge we have to enhance people’s lives- to “bring psychology to life”.

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The Canadian Psychological Association (CPA) is pleased to announce the release of a new edition of *Psychology and Public Policy: A Government Relations Guide for Psychologists*. This updated guide is designed to encourage psychologists toward greater political participation and provides the basic tools and guidance needed for bringing issues forward to government. This new version includes expanded appendices with the tools you will need to craft letters and meet with elected representatives.

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Chidambaram S. & al. (2014). Patient and provider concordance on symptoms during the oncology outpatient clinic visit. *Journal of Community and Supportive Oncology*, 12(10), 370-377.
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Pour proposer votre annonce pour fins de publication, communiquez avec le siège social de la SCP à l’adresse publicrelations@cpa.ca.
# 2013/2014 Advertising Rate Sheet

### Publication Details
- **Issued:** Quarterly – January, April, July, October
- **Deadline:** December 1st, March 1st, June 1st, September 1st
- **Circulation:** 6,500 paid subscriptions
- **ISSN #:** 1187 - 1180

### Artwork Requirements
- Acrobat PDF Files
- Adobe Illustrator (EPS)
- Adobe Photoshop (300 dpi)

### Standard Sizes (width x height)
- **Full Page:** 7.5” x 9.5”
- **Half Page, Wide:** 7.5” x 4.5”
- **Half Page, Tall:** 3.5” x 9.5”
- **Quarter Page, Wide:** 7.5” x 2.25”
- **Quarter Page, Tall:** 3.5” x 4.5”

### Premium Positions
- **Inside Cover, Front:** Standard Ad + $650/insertion
- **Inside Cover, Back:** Standard Ad + $400/insertion
- **Outside Cover, Back:** Standard Ad + $500/insertion

<table>
<thead>
<tr>
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<th>2 Insertions+</th>
<th>3 Insertions+</th>
<th>4 Insertions+</th>
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<tbody>
<tr>
<td></td>
<td>Single Ad</td>
<td>(10% Discount)</td>
<td>(15% Discount)</td>
<td>(20% Discount)</td>
</tr>
<tr>
<td>Full Page</td>
<td>$1,650.00 B&amp;W</td>
<td>$2,970.00 B&amp;W</td>
<td>$4,207.50 B&amp;W</td>
<td>$5,280.00 B&amp;W</td>
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<tr>
<td></td>
<td>$2,150.00 Colour</td>
<td>$3,870.00 Colour</td>
<td>$5,482.50 Colour</td>
<td>$6,880.00 Colour</td>
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<tr>
<td>Half Page, Wide &amp; Tall</td>
<td>$825.00 B&amp;W</td>
<td>$1,485.00 B&amp;W</td>
<td>$2,103.75 B&amp;W</td>
<td>$2,640.00 B&amp;W</td>
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<td></td>
<td>$1,325.00 Colour</td>
<td>$2,385.00 Colour</td>
<td>$3,378.75 Colour</td>
<td>$4,240.00 Colour</td>
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<tr>
<td>Quarter Page, Wide &amp; Tall</td>
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<td>$1,205.00 B&amp;W</td>
<td>$1,721.25 B&amp;W</td>
<td>$2,160.00 B&amp;W</td>
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<td>$1,175.00 Colour</td>
<td>$2,115.00 Colour</td>
<td>$2,996.25 Colour</td>
<td>$3,760.00 Colour</td>
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*Rates effective August 1st, 2013 and are listed before taxes.

+Multiple insertion rates only apply when the same ad is repeated. Discount included in listed price.