



THE CANADIAN CLINICAL PSYCHOLOGIST

NEWSLETTER OF THE CLINICAL SECTION OF THE CANADIAN PSYCHOLOGICAL ASSOCIATION

Message from the Chair

Aislin Mushquash, C. Psych

This year has brought some changes to our Clinical Section executive. I would like to start by thanking those whose terms ended this year. Dr. Lachlan McWilliams served on the executive in many roles including chair-elect, chair, and most recently past-chair. Carley Pope served as our student representative for two years. Their support, initiative, and expertise will be missed! We are excited to welcome and introduce our new executive members who joined us in July. Dr. Kristin Reynolds is our new chair-elect. She is an Assistant Professor in the Department of Psychology (Clinical Area) at the University of Manitoba. As Director of the Health Information Exchange Lab, Dr. Reynolds is interested in decreasing gaps in the translation of health-related knowledge to the public, and increasing access to health-related information and services. Her areas of research and clinical interest and expertise include knowledge translation, mental health literacy, mental health service use, community mental health, geriatric psychology, perinatal health, and health psychology. Dr. Reynolds is passionate about clinical psychology and the advancement of science and practice. In addition to being the chair-elect for the Clinical Section, she is the Communications Director of the Manitoba Psychological Society. Matthew Bernstein joins us as our new student representative. He is a PhD candidate in the Clinical Psychology program at the University of Manitoba, working under the supervision of Dr. John Walker. His research interests include knowledge translation and health psychology. His dissertation will focus on evaluating information needs of persons with anxiety disorders, existing anxiety websites, and a new information decision aid on anxiety disorders and their treatment. Matthew's clinical interests include health psychology and anxiety disorders. With returning members Dr. Maxine Holmqvist (past-chair), Dr. Pamela Holens (secretary-treasurer), and Dr. Caelin White (member-at-large), along with newsletter editors Dr. Elizabeth Levin and Dr. Andrea Linett, we anticipate a productive year ahead.

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Much of our focus over the last number of months has been planning for the upcoming convention. This year is unique in that the CPA is hosting the International Congress of Applied Psychology (ICAP) in Montreal from June 26-30th 2018. The theme for ICAP2018 – *Psychology: Connecting Science to Solutions* – was chosen to promote the exchange of science and science-based solutions among psychologists from around the globe. Certainly, this theme is of relevance to members of the Clinical Section. More information about ICAP2018 can be found at <http://icap2018.com> including a list of invited congress speakers (<http://icap2018.com/congress-speakers/>). The Congress will include a variety of exciting activities including Pre-Congress and In-Congress Professional Development Workshops, Advanced Research Training Seminars designed for building capacity in doctoral students, Symposia, Gimme-5 Presentations, Spoken Presentations, Discussion Forums, and various Poster Sessions. The submission system opened in early October (see <http://icap2018.com/submissions>). As a reminder, the CPA will subsidize the cost of registration for all of its members and student affiliates who register by the early bird deadline (February 28, 2018). The early bird registration fee for CPA and IAAP members to attend ICAP 2018 has been set at \$595. CPA will give an automatic reduction of \$100 to all CPA members who register for ICAP 2018 by the early bird registration deadline. This means that instead of paying the early bird registration rate of \$595 to attend the five-day, international conference CPA members will pay \$495. All CPA student affiliates will receive a \$75 reduction in conference registration fees no matter when they register, meaning that they can attend the ICAP for as low as \$175. Registration is scheduled to open in late October 2017 (check <http://icap2018.com/registration> for updates).

In thinking ahead to ICAP2018, we have also been reflecting on our most recent CPA Annual Convention which occurred in Toronto in June 2017. The Clinical Section offered a variety of sessions which were engaging and well received, including two pre-convention workshops: *Maximizing PTSD Assessment and Treatment by Incorporating Significant Others* by Dr. Candice Monson, and *Cognitive-Behavioural Therapy for Psychosis* by Dr. Noah Lazar and Dr. Eilenna Denisoff; and three master clinician workshops: *Cognitive Behavioral Therapy for Menopausal Symptoms* by Dr. Sheryl Green, Dr. Randi McCabe, and Dr. Eleanor Donegan, *Cognitive-Behavioural Therapy for Perfectionism* by Dr. Martin Antony, and *Mindfulness-Based Cognitive Therapy* by Dr. Zindel Segal. Dr. David Moscovitch was featured as our invited section speaker and he spoke about *Understanding and Treating Social Anxiety Disorder: Fresh Insights Bring New Challenges*. He also chaired our student symposium titled: *Innovative Ideas and Approaches to Understanding and Treating Social Anxiety*. We also partnered with the Centre for Addiction and Mental Health in Toronto to host a public presentation and panel discussion with Dr. Stephen Lewis who spoke about his research and personal experience with non-suicidal self-injury. This moving talk brought together academic, front-line, and public participants to increase awareness and understanding of non-suicidal self-injury. And finally, our section program was rounded out by additional symposia, posters presentations, and Gimme-5 presentations. Thank you to everyone who worked so hard to make this past year a success including all of our presenters and submission reviewers.



JUNE 26-30
29th International Congress
of Applied Psychology
MONTREAL



Registration is now open for the 29th annual ICAP convention which runs from June 26th to June 30th. The clinical section has a range of exciting presentations with special guest speakers. Visit the website for more information at www.icap2018.com

We hope to see many of you there!

ICAP 2018 organizers invite submissions from all fields of psychology applications and backgrounds for the **29th International Congress of Applied Psychology**.

The ICAP 2018 program will include the following presentation formats:

- Poster (90 min)
- Gimme-5 (5 min oral presentations)
- Spoken Presentation (15 min oral presentations)
- Symposia (80 min, minimum 4 papers)
- Discussion Forums (25 min)
- In-Congress Professional Development Workshops (80 min)

All abstracts must be submitted electronically via the official Congress website: www.icap2018.com.

General Questions about ICAP 2018: icap2018@cpa.ca

- Questions about the CPA's Pre-Congress Workshops program (June 24-25, 2018): education@cpa.ca

From the Editors' Desk



Greetings Clinical Section Members,

Andrea and I began working as co-editors of the Clinical Section newsletter in the fall of 2011. This means that we are now beginning our seventh year as newsletter co-editors and alas, all good things must come to an end, as they say. It has been a wonderful seven years but regretfully it will be our last. Please consider this as an informal notice that the Clinical Section will be seeking new editors for the newsletter. You may express interest as a team, or as an individual - and if as an individual you wish to work with a co-editor, let us know and we will do our best to find one for you. Andrea and I did not know each other at all when we took on this role and it has worked out beautifully. Keep in mind that this position may be of interest to an advanced graduate student as well as to those who have graduated and are applying their skills in the profession. Andrea was a graduate student when we began and she has since graduated and will shortly be pursuing independent practice. I have been working for several decades yet still learned a great deal in this role.

We are proud of the work we have done on the newsletter over the years. We have twice won the Annual CPA Section Newsletter Award! This award was developed in 2012 to recognize the efforts involved in creating and maintaining section newsletters.

The section newsletter has enjoyed consistency in editorship. Numerous editions of our older newsletters can be found on the CPA website dating back to 1990. They show that David Hart edited the newsletter for many years, followed by Deb and Keith Dobson, then Margo Watt and Jessey Bernstein until Andrea and I took over in 2011. It has been a blast but it is time to find a new editor. If you would like further information please contact Andrea or myself or the section chair.

Best wishes to all our readers.

Elizabeth & Andrea

Special thanks to Paige Smith & Jaffni Pagavathsing, MA Applied Psychology Candidates from Laurentian University for their assistance in design, layout and putting this newsletter together.

Match Made on Earth

A Student Guide to Navigating the Psychology Internship Application Process

Dr. Rebecca Pillai Riddell & Dr. Melanie Badali

Dear Colleagues,

I would like to share with you an exciting new resource for students who are applying to clinical psychology internships. It is the second edition of the book Match Made on Earth. With my co-editor, Melanie Badali and 4 other superstar authors (Drs. Melanie Noel, Nicole Racine, Katie Birnie, and Melanie Khu) from across Canada, we have created a FREE e-book now available at <http://ccppp.ca/resource-documents> (with enhanced navigation features and custom view options). There is also a pdf version.

We have worked hard to target this book for students at all stages of their graduate training (from the years before internship to a chapter on strategies while you are on internship!). We are also grateful to the 20+ Training Directors and Directors of Clinical Training who contributed their perspectives to the book and the Canadian Council of Professional Psychology Programs who contributed resources and impartial peer review to ensure the quality.

Please do share this extensive resource to your home departments and on other listserves where people train or are being trained to be registered clinical psychologists!!

We would love to hear from you at <https://www.facebook.com/matchmadeonearth/>. With an e-book format we hope to ensure the book never goes 13 years out of date again (first edition was released in 2004)! Help us keep this resource for our profession up to date!

Enjoy!

Dr. Rebecca Pillai Riddell, CPsych
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CALL FOR PAPERS: SPECIAL ISSUE OF CANADIAN PSYCHOLOGY ON: **PSYCHOTHERAPY**

Deadline for submissions: FEB. 25, 2018

Papers can be submitted in French or in English.

LES ARTICLES PEUVENT ETRE SOUMIS EN FRANÇAIS OU EN ANGLAIS.

Editor: Prof. Martin Drapeau



[Canadian Psychology](#), a Canadian Psychological Association journal published jointly with the American Psychological Association, invites the submission of manuscripts for a special issue on *PSYCHOTHERAPY*.

Examples of topics include, but are not limited to:

- Value and benefits of psychotherapy (efficacy, effectiveness, cost-benefit, etc.)
- Potential harm of psychotherapy
- Access to psychotherapy
- Evidence based practice, best practices, and psychotherapy
- Factors that explain the effects of psychotherapy (therapist factors, common factors, therapist techniques, etc.)
- Psychotherapy and the training and/or professional identity of psychologists
- Psychotherapy with specific populations (e.g., youth, LGBTQ, immigrants, indigenous people, elderly populations, etc.)
- Innovation in psychotherapy: new techniques, new tools, new technologies (e.g., virtual reality, mobile apps, etc.)
- Guidelines for the practice of psychotherapy
- Psychotherapy and stepped care
- Informed consent and ethics in psychotherapy

We encourage submissions from a range of disciplines within psychology. **THESE SUBMISSIONS CAN BE A) REVIEW AND SCOPING PAPERS** (e.g., a review on the effects of a psychotherapy; preference will be given to systematic reviews), **B) SURVEYS OF CANADIAN PSYCHOLOGISTS** (e.g., theoretical models used, techniques used, etc.), **C) DESCRIPTIONS OF INNOVATIVE MODELS, METHODS, OR APPROACHES IN THERAPY**, with a presentation of the research to support these practices, **D) ORIGINAL STUDIES THAT ARE OF POTENTIAL INTEREST TO MANY CANADIAN PSYCHOLOGISTS, AND E) COMMENTARIES THAT ADDRESS CHALLENGES RELATED TO THE PRACTICE OF PSYCHOTHERAPY.**

We will accept articles of no more than 30 pages, including references (systematic reviews may have up to 35 pages or more if needed). All submissions will undergo peer-review. Manuscripts can be submitted [via our online portal](#). **Authors must indicate clearly that their submission should be considered for this special issue. The deadline for submissions is February 25, 2018. Papers can be submitted in French or in English.**

For questions or further information please contact the Editor, Dr. Martin Drapeau at martin.drapeau@mcgill.ca.

Ken Bowers Student Research Award Winner

Social anxiety in an associative learning framework

By Klint Fung & Lynn E. Alden, University of British Columbia

Our understanding and treatment of anxiety disorders has greatly benefited from in-laboratory investigations. Such investigations allow researchers to directly test conceptualizations and tease apart the effects of minute psychological processes otherwise much more difficult in less controlled settings. For example, exposure therapy, one of the most efficacious treatments available, was based on the principle of extinction derived from experimental findings (Vervliet, Craske, & Hermans, 2013). The utility of this experimental psychopathology approach has led to a recent revival in foundational research.



Contemporary models of anxiety disorders are based on the framework of associative learning (Mineka & Zinbarg, 2006). According to this framework, humans learn to experience anxiety towards neutral conditioned stimuli (i.e., CS) that co-occur with threatening unconditioned stimuli (i.e., US), an effect that was first shown in the famous “Little Albert” demonstration (Watson & Rayner, 1920). Neuropsychological evidence suggest that two stages of processing underlie this phenomenon (LeDoux, 2015). First, an implicit association is formed between the CS and the US in the amygdala. The distressing, conscious feeling of anxiety is experienced with delayed input from higher order cognitive processes in various areas of the cortex.

The focus of the current investigation was on social anxiety, characterized by conscious feelings of anxiety in and avoidance of social situations. Specifically, we examined whether social threat learning varies for high versus low socially anxious individuals, and if so, at which stage of processing. Two hundred and sixty-three undergraduate students participated in a 30-minute in-laboratory study. They first reported on demographics and symptoms of social anxiety (Mattick & Clarke, 1998), and subsequently completed a conditioning task on the computer software E-PRIME 2.0 (Psychology Software Tools, Pittsburgh, PA).

The basic building block of the conditioning task was one trial. For each trial, a fixation cross appeared at the centre of the computer screen for one second. Then, the cross was replaced by the neutral expression of a face (i.e., CS), which was presented for one second, followed by the same face showing either a friendly, neutral, or hostile facial expression, as well as various valence-congruent verbal statements presented as written text beneath the face (i.e., CS and US).

The CS and US presentation remained until participants indicated its valence, that is, friendly, neutral, hostile, by pressing keyboard buttons. Strength of the implicit association between a CS and a valenced reaction was operationalized as the reaction time needed to correctly indicate the valence for that CS, with a lower reaction time indicating a stronger association.

The main conditioning procedure consisted of an acquisition and an extinction sequence. Three portraits of different women served as the CS. During acquisition, each CS was paired with either 10 trials of friendly, neutral or hostile reaction, counterbalanced across participants. CS paired with friendly, neutral, and hostile reaction during acquisition are referred to as CS_{friendly}, CS_{neutral}, and CS_{hostile} respectively. During extinction, each CS was paired with 10 trials of faces with neutral reactions. Before and after acquisition and extinction, the implicit association between each CS and each type of valenced reaction, as well as subjective ratings of anxiety, anticipated probability of hostile reaction, pleasantness, and anticipated probability of friendly reaction towards each CS were measured.

As expected, for all participants, ratings of the conscious experience of anxiety for the hostile CS increased after acquisition and decreased after extinction, and implicit associations between CS_{hostile} and hostility strengthened after acquisition and weakened after extinction. Furthermore, we replicated results from other conditioning studies (e.g., Lissek et al., 2008) and found that the acquisition effect for conscious feelings of anxiety was especially enhanced for high socially anxious participants. However, change in the strength of the implicit association between CS_{hostile} and hostility was not moderated by social anxiety. As mentioned earlier, conscious feelings of anxiety arise through the two stages of implicit associative processes and higher-order cognitive processes. Our results suggest that differences in higher-order cognitive processes, and not in associative processes, facilitate the development of conscious feelings of anxiety towards socially hostile stimuli in high socially anxious individuals.

As with other conditioning studies, the obvious caveat of the current results pertains to the highly artificial context, and hence, uncertain ecological validity. However, it is worth noting that performance on conditioning tasks were found to prospectively predict anxiety symptoms (Lenaert et al., 2014). Also, minute examination of basic psychological processes, which serves as the foundation for better theoretical understanding of anxiety disorders, is only feasible in controlled settings. Although treatment recommendations based on the current findings are premature, further experimental investigation on the topic will likely improve existing prevention and treatment approaches.

For a full list of references please contact the author: fung@psych.ubc.ca

Transdiagnostic psychological factors and sexual health: Looking through a broader lens at men's and women's sexual experiences

Allison J. Ouimet, Krystelle Shaughnessy, & Jessica S. Tutino
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As clinicians, we are generally aware of the degree to which mental health and sexual health go hand-in-hand. Nonetheless, many clinicians who focus primarily on mental health may not readily assess for sexual health, and many who focus primarily on sexual health may underestimate the potential role of mental health issues. Additionally, researchers and clinicians alike sometimes forget that people's sexual lives include more than sexual (dys)function, such as sexual satisfaction, frequency of sexual activities, and non-clinical sexual difficulties. Moreover, much of the research with men centers on sexual arousal and functioning, and much of the research with women centers on sexual well-being. We endeavoured to begin exploring the roles of psychological factors implicated in mood and anxiety disorders in diverse sexual outcomes among men and women, with the hope of better informing clinical assessment, intervention, and prevention practices for both types of problems. This research resulted in two recently published articles (one with women and one with men), and some interesting ideas for future research.

Our collaboration began after reading a cross-sectional study demonstrating relationships between anxiety sensitivity and decreased sexual functioning and satisfaction among women (Gerrior, Watt, Weaver, & Gallagher, 2015). People with high anxiety sensitivity—the fear of certain physiological sensations because of their perceived catastrophic consequences—likely share a vulnerability for problems with both anxiety and sexuality. People who are anxious about increased heart rate, sweating, and shortness of breath, because they may be indicators of a heart attack, losing control, being negatively evaluated, or something bad happening, are at increased risk for anxiety disorders and depression (Naragon-Gainey, 2010). Given that many of those sensations also occur during sexual arousal, people high in anxiety sensitivity are also likely at increased risk for sexual problems. There are demonstrated links between anxiety, depression and sexual dysfunction (Dèttore, Pucciarelli, & Santarnecki, 2013; Fabre & Smith, 2012), but no researchers have looked at how these relationships extend to other important sexual outcomes. Recent findings highlight both the potentially mediating and moderating role of emotion regulation in the relationship between anxiety sensitivity and anxiety and depressive severity (Kashdan, Zvolensky, & McLeish, 2008; Ouimet, Kane, & Tutino, 2016). Understanding the role of multiple psychological factors in mental health and sexual health outcomes is warranted.

We developed two parallel studies—one in men and one in women—comparing four transdiagnostic models of mental and sexual health. In all of the models, we hypothesized that anxiety sensitivity would predict mood and anxiety symptoms which would subsequently predict sexual function, sexual satisfaction, and frequency of sexual activities. The two models of interest differed in whether emotion regulation mediated or moderated the relationship between anxiety sensitivity and mood and anxiety symptoms.

We conducted online surveys using gender-specific questionnaires assessing anxiety sensitivity, emotion regulation, anxiety and depressive symptom severity, sexual functioning, sexual quality of life, and frequency of diverse sexual experiences with 327 young women (Study 1; Tutino, Ouimet, & Shaughnessy, 2017) and 306 young men (Study 2; Tutino, Shaughnessy, & Ouimet, 2017). Both men and women who reported higher anxiety sensitivity also reported greater sexual health and mental health difficulties. Moreover, for both samples: 1) psychological distress (i.e., anxiety and depressive symptoms) was partially responsible for the relationship between anxiety sensitivity and decreased sexual quality of life; 2) emotion regulation was partially responsible for the relationship between anxiety sensitivity and psychological distress; and 3) people who reported both higher anxiety sensitivity and poorer emotion regulation also reported the greatest severity of anxiety and depressive symptoms.

Despite these similar findings for men and women, we observed gender differences in the types of sexual outcomes affected by psychological factors. Women with higher anxiety sensitivity reported greater problems with sexual arousal, orgasm, and pain, decreased sexual quality of life, and less partnered sexual activity. Men with higher anxiety sensitivity reported greater problems with sexual desire, arousal, and quality of life. For men only, psychological distress fully accounted for the relationship between anxiety sensitivity and sexual arousal. Taken together, these findings suggest that although anxiety sensitivity, emotion regulation, and anxiety and depressive symptoms are important constructs for understanding diverse sexual outcomes in men and women, they may appear differently in men and women seeking services.

We think these findings have potential important implications for both research and clinical practice. Although we were highly inclusive in our recruitment (e.g., we included people of multiple genders, including transgender, and multiple sexual orientations), research related to diverse sexual health outcomes in sexual minorities is sparse. This paucity is particularly problematic given elevated rates of mental health problems within these populations. Also, although researchers have observed relationships among sexual and mental health problems, it remains unclear whether one of these types of problems makes people vulnerable for the other, or whether transdiagnostic factors (like the ones we studied here) may lead to problems in both areas. Finally, there is very limited experimental research (if any) systematically evaluating the causal roles of psychological factors in sexual health problems (and vice-versa!). We hope our preliminary findings will lead to continued research in these areas.

Clinically, we encourage clinical psychologists to routinely assess for *both* sexual and mental health. Similar to a recent push to treat mental health problems by targeting transdiagnostic factors such as emotion regulation, perfectionism, and intolerance of uncertainty, we wonder whether cognitive-behavioural case formulation of comorbid mental and sexual health problems may lead to more efficacious and faster reduction in both types of symptoms.

For a full list of references please contact the author, Allison.Ouimet@uottawa.ca



We are conducting a research study to collect information about the current trends in screening and assessment of school-aged children (ages 4-21) for Autism Spectrum Disorders (ASDs) used by clinicians in Canada. We need your help to describe clinical practice with regards to ASDs in Canada, including the challenges and barriers in the screening and assessment process. We invite clinicians involved in screening, assessment, or diagnosis of ASDs in school-aged children to complete a short (15-30 minute) online survey that you can access here: https://umanitobapsych.az1.qualtrics.com/jfe/form/SV_1ZW1bT3p4q0xpz

Your help is extremely valuable in terms of informing training or professional development needs for clinicians in Canada, which ultimately benefits children with ASDs and their families seeking access to funding, intervention, and understanding of their child's difficulties.

As a thank you for participation, you will be given the option to enter a draw to win a \$50 Amazon eGift Card. Additional information will be provided upon completion of the survey.

This project is funded by the Canadian Institutes of Health Research. This research has been approved by the Psychology/Sociology Research Ethics Board.

Please contact us if you have questions.

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New Book Publications!

A Practitioner's Guide to Ethics and Mindfulness- based Interventions

This book focuses on the role of ethics in the application of mindfulness-based interventions (MBIs) and mindfulness-based programs (MBPs) in clinical practice. The book offers an overview of the role of ethics in the cultivation of mindfulness and explores the way in which ethics have been embedded in the curriculum of MBIs and MBPs. Chapters review current training processes and examines the issues around incorporating ethics into MBIs and MBPs detailed for non-secular audiences, including training clinicians, developing program curriculum, and dealing with specific client populations. Chapters also examine new, second-generation MBIs and MBPs, the result of the call for more advanced mindfulness-based practices. The book addresses the increasing popularity of mindfulness in therapeutic interventions, but stresses that it remains a new treatment methodology and in order to achieve best practice status, mindfulness interventions must offer a clear understanding of their potential and limits.

Topics featured in this book include:

- Transparency in mindfulness programs.
- Teaching ethics and mindfulness to physicians and healthcare professionals.
- The Mindfulness-Based Symptom Management (MBSM) program and its use in treating mental health issues.
- The efficacy and ethical considerations of teaching mindfulness in businesses.
- The Mindful Self-Compassion (MSC) Program.
- The application of mindfulness in the military context.

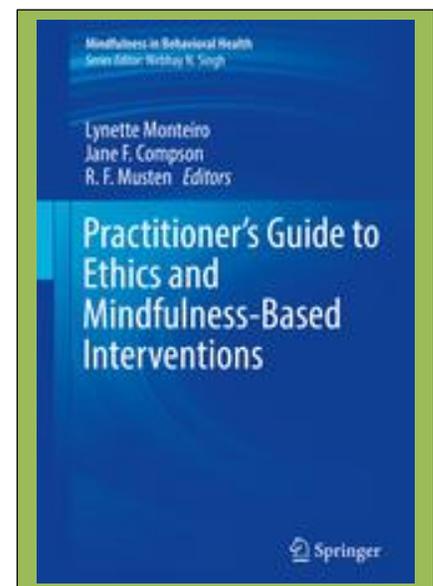
Practitioner's Guide to Mindfulness and Ethics is a must-have resource for clinical psychologists and affiliated medical, and mental health professionals, including specialists in complementary and alternative medicine and psychiatry. Social workers considering or already using mindfulness in practice will also find it highly useful.

Link to the order page:

<http://www.springer.com/us/book/9783319649238>

Editors

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Jane F. Compson
Frank Musten

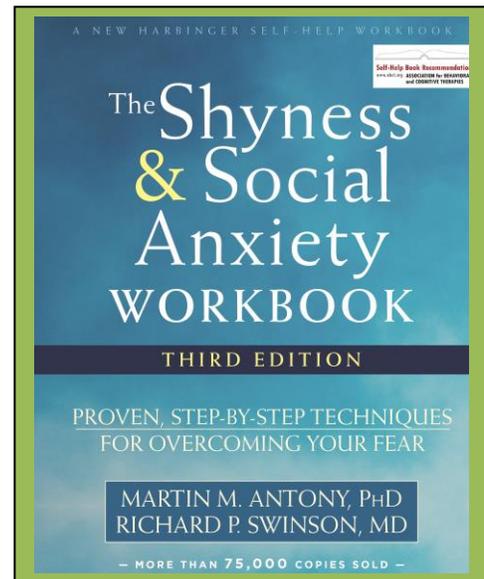


Shyness and Social Anxiety Workbook

Antony, M.M., & Swinson, R.P. (2017). *Shyness and social anxiety workbook: Proven, step-by-step techniques for overcoming your fear*, 3rd ed. Oakland, CA: New Harbinger Publications.

This fully revised and updated third edition incorporates breakthrough new research and techniques for overcoming social phobia, including a new chapter on mindfulness-based treatments, updated information on medications, and an overview of treatment-enhancing technological advances. As you complete the activities in this workbook, you'll learn to find your strengths and weaknesses using self-evaluation, explore and examine your fears, create a personalized plan for change, and put your plan into action through gentle and gradual exposure to the very social situations that cause you to feel uneasy. After completing this program, you'll be well-equipped to make connections with the people around you. Soon, you'll be on your way to enjoying all the benefits of being actively involved in the social world. People can learn more about the book

here: <https://www.newharbinger.com/shyness-and-social->



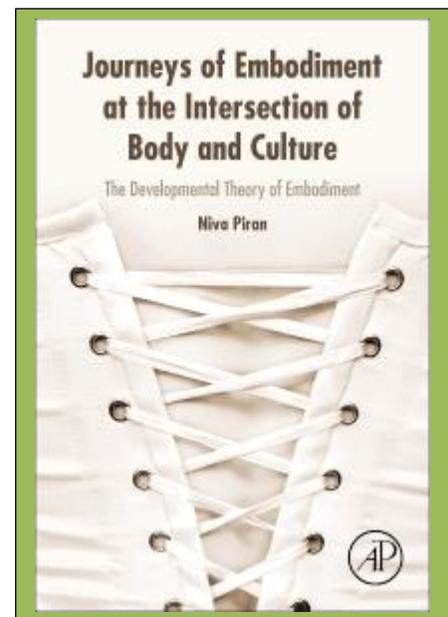
Journeys of Embodiment at the Intersection of Body and Culture

Author: Dr. Niva Piran

Journeys of Embodiment at the Intersection of Body and Culture: The Developmental Theory of Embodiment describes an innovative developmental and feminist theory—understanding embodiment—to provide a new perspective on the interactions between the social environment of girls and young women of different social locations and their embodied experience of engagement with the world around them. The book proposes that the multitude of social experiences described by girls and women shape their body experiences via three core pathways: experiences in the physical domain, experiences in the mental domain and experiences related directly to social power.

For more information or to order a copy visit

<https://www.elsevier.com/books/ISBN/9780128054109>



Collaborative Care: Community Involvement of Healthcare Practitioners in the South Asian Community

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The South Asian community (SAC) highly stigmatizes mental illness. Although there are currently resources available for access to the general population, there are fewer resources available to those that cater to the SAC. Both depression and suicide do not discriminate in race, age, or socioeconomic status. Therefore, the depression and suicide epidemic is one that impacts all communities in diverse ways. Within the SAC, individuals are often required to hide their illness to avoid being ostracized. Furthermore, those that are courageous enough to seek help often turn to community resources associated with culture and faith. To successfully minimize this mental health dilemma, healthcare practitioners need to work within community confines to provide resources that work in collaboration with the efforts of cultural and religious practices.

Individuals who have gone through migration, including the SAC, are particularly 'at-risk' for mental illness. The SAC is considered 'at-risk' due to the many barriers they face. Amongst these barriers include those of language and stigmatization. The language used in resources for Canadian migrants often does not translate accurately into their language. Also, it is often assumed that the SAC can fluently speak their native language. Mental health has become so stigmatized within the SAC that it can impact marriage potential for those that are found to have mental illness (4). Studies have demonstrated that there are high amounts of depression for younger refugees within countries like Canada. Female migrants have a particularly high exposure to post-traumatic stress disorder and violence without evidence of any clinical intervention (2). The adversity impacting the SAC is evident through the high proportion of individuals with major depressive disorder (48%) that have not received mental healthcare support, as well as the high proportion of perceived barriers for available mental healthcare (when compared with 8 ethnic additional ethnic groups within Canada) (1). The SAC, like other 'at-risk' groups, may be more likely to consult community resources and family physicians for their mental health needs opposed to those specialized in mental health. Choosing these resources may be due to stigmatization created by the community surrounding mental health care. Moreover, refugees tend to replace the psychological symptoms of mental illness by focusing on somatic symptoms. Although family physicians can refer clients to specialists, it is often a difficult procedure if the patients fail to acknowledge psychological symptoms and only focus on somatic symptoms. Visiting a mental health professional one-on-one can also be intimidating for many in the SAC and therefore, group therapy may be more effective (4). To combat the difficulties challenging the SAC, healthcare practitioners need to structure their care from a case-by-case bases opposed to a generalized approach.

The reality is that generalized mental health care cannot meet the needs of the SAC. Facilities and resources need to cater to the unique needs of their clients, especially when dealing with 'at-risk' communities. Catering to the SAC involves understanding mental illness from a specialized perspective. For example, many in the SAC fall under the religious faith of Hindu. Hindus see mental illness from a biological, psychological and spiritual framework (3). Through collaboration with spiritual leaders and community members clinicians will be able to provide resources that work 'with' the initiatives of the SAC opposed to 'against' them. Moreover, understanding and accepting the cultural practices with the SAC will allow more individuals to feel comfortable to gain information regarding mental health therefore reducing its stigma. Many individuals may not be aware that resources are available outside of talk therapy, including options like art therapy, that may fall more in-line with their spiritual or cultural needs.

Community organizations such as MannMukti (<https://www.mannmukti.org>) are working to reduce the stigma within the SAC surrounding mental health. MannMukti is hoping to facilitate an international movement to create awareness and change within the SAC. Clinicians and the SAC may benefit from accessing their resources to help effectively collaborate with community resources. Through discussion and local initiatives, clinicians can collaborate with community members in the SAC to ensure that resources are accessible and stigma can be reduced.

For references, please contact the Corresponding Author: suman.banik@mail.utoronto.ca

CALL FOR NOMINATIONS CLINICAL SECTION SCIENTIST- PRACTITIONER EARLY CAREER AWARD

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

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

Although nominees will no longer be automatically reconsidered in future years' competitions, should the nominee not be selected in the year submitted, he or she is encouraged to re-apply in subsequent years. The deadline for receipt of the nomination letter and supporting materials is April 15th. All materials should be sent electronically to the clinical section's chair-elect (see the section's webpage for his/her contact information). The award will be presented at the section's business meeting held during the CPA convention. The award winner will be invited to present his or her work at the CPA convention in the following year.

MISES EN CANDIDATURES

PRIX DU SCIENTIFIQUE-PATICIEN EN DÉBUT DE CARRIÈRE DE LA SECTION CLINIQUE (2017-2018)

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

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

Si la personne nommée n'est pas choisie l'année où sa candidature a été proposée, elle peut resoumettre sa candidature les années suivantes si elle veut être considérée dans le cadre du concours. La date limite pour la réception de la lettre de nomination et du matériel connexe est le 15 avril. Les documents doivent être soumis à l'attention du président désigné. Veuillez visiter la page web de la Section Psychologie Clinique pour de plus amples informations. Les candidat(e)s retenu(e)s seront invités à présenter leur travail au congrès de de la SCP.

CALL FOR NOMINATIONS CLINICAL SECTION FELLOWS (2017-2018)

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

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

Nominations should be forwarded by **April 15, 2018** to:

La date de clôture des candidatures est **le 15 avril 2018**. Adressez les candidatures à:

Dr. Kristin Reynolds
Department of Psychology
University of Manitoba
P313 Duff Roblin Building, 190 Dysart Road
Winnipeg, MB., R3T 2N2
Kristin.Reynolds@Umanitoba.ca

REPORTS FROM THE 78TH ANNUAL CPA CONVENTION – JUNE 2017, TORONTO

Title of the event: Cognitive Behavioural Therapy for Psychosis

Presenters/Authors of the event: Dr. Noah Lazar and Dr. Eilenna Denisoff, CBT Associates

Name of convention reporter: Erika Portt

Affiliation: Lakehead University

Dr. Noah Lazar and Dr. Eilenna Denisoff facilitated a pre-convention workshop entitled, “Cognitive Behavioural Therapy for Psychosis.” They provided an overview of the symptoms of psychosis, the neurobiology related to psychosis, cognitive behavioural therapy (CBT), and how to use CBT techniques with clients with psychosis. They emphasized that CBT does not remove the neuropsychological processes that contribute to psychosis, but rather, it addresses clients’ interpretations of their symptoms and reduces the distress or impairment associated with psychotic symptoms.

The presenters discussed the importance of building the therapeutic alliance and emphasized that trying to understand a client’s experience and their beliefs can help to build rapport. They also discussed how it can be normalizing for clients to learn that many other people experience symptoms such as hallucinations at some point in time. For example, hearing one’s name when it is not actually being called was discussed as a common auditory hallucination. The presenters explained how to assess psychotic symptoms, develop an ongoing case formulation, and work with hallucinations and delusions during therapy. They used numerous clinical examples to help demonstrate how to use techniques such as Socratic questioning, cognitive restructuring, behavioural experiments, and other behavioural strategies. The importance of Socratic questioning was highlighted as a means to help clients come to their own conclusions about their experiences.

It was also noted that it is important to consider the role of psychotic symptoms in an individual’s life. For example, if a particular belief is promoting one’s self esteem, there could be a cost to changing that belief. In that case, other ways of building the client’s self-esteem could be addressed in addition to challenging the belief. The presenters also discussed ways of adjusting the therapy format to suit each individual. For example, sessions could be shorter for someone with attention difficulties or homework could be written down for someone with memory difficulties. Lastly, the presenters noted that CBT for psychosis works better for positive symptoms and for individuals experiencing an acute episode of psychosis.

Title of the event: Cognitive Behavioral Therapy for Menopausal Symptoms

Presenters/Authors of the event: Sheryl Green, PhD, CPsych, Eleanor Donegan, PhD, CPsych (Supervised practice), Randi McCabe, PhD, CPsych McMaster University & St. Joseph's Healthcare

Name of convention reporter: Caitlin Foster, University of Calgary Alumna

The purpose of the workshop was to bring greater awareness and understanding for clients experiencing the physical and mental symptoms of menopause and to highlight CBT as an effective treatment for these symptoms. The presenters stressed that the purpose of treatment is to address the symptoms of menopause and not to pathologize menopause, which is a natural transition that all women go through in their lives. However, every woman experiences the menopausal transition differently.

The workshop began with a description of the menopausal transition and the common menopausal symptoms experienced by women, including: vasomotor symptoms, sleep disruption, urogenital and sexual problems, anxiety and mood changes. A comprehensive CBT protocol, which addresses each symptom of menopause, is currently being evaluated in a large-scale RCT underway at St. Joseph's Healthcare in Hamilton, ON. The presenters have also developed a workbook for clients, *The Cognitive Behavioral Workbook for Menopause: A Step-by-Step Program for Overcoming Hot Flashes, Mood Swings, Insomnia, Anxiety, Depression, and Other Symptoms*.

The presenters outlined treatment options for menopausal symptoms including Hormone Therapy and Anti-Depressants; however, these treatments can pose health risks and can be associated with side-effects. CBT is a low risk intervention for menopausal symptoms, which can be used as a stand-alone treatment or as a complimentary treatment to medical interventions. The treatment components include psychoeducation regarding the menopausal transition, behavioural strategies to replace identified problematic behaviours for each targeted symptom, and cognitive strategies to challenge problematic thinking associated with each targeted symptom.

The workshop then focused specifically on the treatment of vasomotor symptoms, which includes Hot Flashes and Night Sweats. The success of treatment for vasomotor symptoms is defined by more than just the absence or presence of these symptoms; frequency, duration, intensity, interference and distress can all be indicators of success. To highlight treatment for vasomotor symptoms video sessions with a client were played to demonstrate experiences pre- and post-CBT. Treatment included a Hot-Flash Diary, behavioural strategies such as Paced Respiration, and cognitive strategies including a Hot Flash Thought Record.

Although clinicians may not be operating out of specialized clinics for the treatment of menopausal symptoms it is likely that they will encounter clients who may be experiencing the physical and mental symptoms of menopause. Therefore, it is important to consider this transition in clinical practice. CBT is an appropriate treatment for the broad range of symptoms that women report during the menopausal transition.

Event Title: Clinical Section Student Symposium - Understanding and Treating Social Anxiety: Innovative Ideas and Approaches

Discussant: Dr. David Moscovitch

Authors: Nick Zabara & David A. Moscovitch; Klint Fung & Lynn E. Alden; Carly A. Parsons, Klint Fung, Allana Morai, Jeremy C. Biesanz, & Lynn E. Alden

Presentation Chair: Carley J. Pope

Convention reporter: Carley J. Pope, Lakehead University, Thunder Bay, Ontario.

The 2017 Clinical Section Student Symposium focused on some of the newest and most innovative research on social anxiety. Each of the symposium contributions were ranked through a competitive peer-review process and selected as outstanding empirical initiatives that are likely to further increase our understanding of the topic of social anxiety. Nick Zabara from the University of Waterloo presented on the nature, determinants, and consequences of “safety behaviours” in social anxiety. Zabara’s research indicates that it is the perceived utility of safety behaviours, as well as trait social anxiety, that predict one’s likelihood of using safety behaviours across a variety of social contexts. Klint Fung from the University of British Columbia discussed social anxiety disorder in an associative learning framework. His findings suggested that high socially anxious individuals acquire higher conscious feelings of anxiety towards social stimuli that are hostile. However, individuals across the social anxiety spectrum were comparable in terms of forming implicit associations between social stimuli and hostility. The findings suggest that higher-order and integrative processes in high socially anxious individuals facilitate the development of conscious feelings of anxiety.

Carly Parsons from the University of British Columbia examined online interactions as a new avenue for clinical practice with socially anxious individuals. Her findings indicate that socially anxious individuals often spend their online time browsing the profiles of others and passively consuming content, to their social and emotional detriment. When they do actively engage with others online, there appears to be a pre-existing expectation that those interactions will be particularly successful or beneficial, especially compared to face-to-face interactions. However, the analysis suggested that outcomes do not align with these expectations. Following the individual presentations, Dr. David Moscovitch from the University of Waterloo, highlighted the implications of each of these empirical initiatives and their relevance to our broader understanding of social anxiety and its treatment. The symposium was very well attended, leaving standing room only and an engaged audience. Thank you to the presenters and the discussant, Dr. Moscovitch, for a very interesting and thought-provoking experience.

JOINT CPA/CCPPP INTERNSHIP FAIR: PREPARING FOR YOUR PREDOCTORAL INTERNSHIP AND WHAT TRAINING DIRECTORS REALLY LOOK FOR

Presenters: Brent Hayman-Abello (Ph.D., C. Psych.), London Clinical Psychology Residency Consortium; Catherine Costigan (Ph.D., C. Psych.), University of Victoria; Kerri Ritchie (Ph.D., C. Psych.), The Ottawa Hospital; Arlene Young (Ph.D., C. Psych.), University of Guelph; Julie Wershler (B.A. Hons, Ph.D. Graduate Student), University of New Brunswick

Convention Reporter: Victoria Pitura (M.A., Ph.D. Graduate Student, Lakehead University)

This presentation provided graduate students with practical suggestions on preparing for psychology internship applications. In an attempt to reduce student apprehension about the application process, the presenters dispelled common myths surrounding readiness to apply for internship, applications and references, interviews, and the ranking process. In particular, they provided a number of general recommendations, including the following: (1) Progress as far as possible on your dissertation and attempt to defend prior to internship. Trust the judgement of your Director of Clinical Training with regards to your application readiness. (2) Beyond the minimum 600 hours of practicum training, more hours are not necessarily better. Sites vary considerably in the number and types of hours they require, so refer to program-specific guidelines. (3) Apply to numerous sites (5 to 15 recommended), but only if they align with your experiences and interests. Do so with the knowledge that you are not expected to be an expert; sites are looking for basic competencies in areas such as psychotherapy, assessment, and interviewing that can be further developed during internship. (4) Rank sites based on preferences and not solely on how you believe they ranked you (see the following video on the ranking process: <https://natmatch.com/psychint/aboutalg.html>). (5) If you do not match first round, do not panic! Phase 2 matches are increasingly common and successful.

Attendees were also provided with a number of more specific recommendations, including the following: (1) Seriously consider if applying to sites in the United States is in your best interests. Policies have recently changed substantially, and permission to enter the United States is ultimately decided upon arrival at the border (i.e., you may be refused entry). (2) In addition to the Phase I universal interview notification deadline (December 1 st , 2017 in Canada), this year there will be a new universal interview scheduling deadline as well (updates will be provided by CCCPP as they become available). (3) Interviews in Canada will be scheduled from West to East this year. If you are unable to attend all interviews in person, telephone/teleconference interviews are acceptable and are viewed as more of a limitation to the student (who is unable to visit the site) than the site directors/supervisors.

Overall, the authors were successful at dispelling several common myths that elicit anxiety in graduate students. Moreover, they did so in a lighthearted manner that incorporated humor, for which they should be commended!

The Royal Society of Canada has recently appointed new members to the College of New Scholars and Scientists. The individuals appointed to the College represent the next generation of intellectual, scientific and artistic excellence in Canada. Dr. Martin Drapeau was among the recipients of this very prestigious appointment. He is a professor at McGill University and clinical psychologist at Medipsy Psychological Services. Dr. Drapeau is a former Chair of the CPA's Clinical Psychology Section



Readers, what would you like to see in the Clinical Section Newsletter?

We'd love to hear from you!

Email Dr. Levin at elevin@laurentian.ca or

Andrea Linett at alinett@psych.ryerson.ca